Project Initiation Document
Emergency General Surgery Task and Finish Group - Planned Care Project
Clinical Services Plan

Document Version Control

Project	CSP – EGS Project

In development

Publication History

Version	Date	Reason for update	Updated by	Approved by	Approval date
V0.1		Initial draft version	HL		
V0.2	15/02/2024	Added updated structure chart and Finance methodology	ML		

Why is this project important?

In development

Project CSP – EGS Project

Team	**SRO:** Operations Director	**Service Lead:** Service Delivery Manager
	Project Manager	
Background	The Emergency General Surgery Task and Finish Group will report into the Planned Care Project group for all CSP activities. (link to Planned Care PID)	
Scope	Emergency General Surgery pathway is defined as patients who receive care following an Emergency Surgery Referral. Typically, this cohort of patients are referred for emergency surgical assessment via GP, Accident and Emergency and other In-Patient specialities. The EGS project will: • Undertake a Clinically led assessment of the EGS pathway at WGH, BGH & GGH since 2018 resulting in an issues paper outlining all the changes, impacts and issues to date	
Out of scope	• Any service areas and or pathways not defined within the 'scope' above • Options development (this may be undertaken at a later stage) • Opportunities for the new and repurposed hospital configurations (this may be undertaken at a later stage)	

How will the project be delivered?

In development

Project CSP – Ophthalmology Project

Agreed issues paper methodology	An issues paper will be developed for each service looking back to 2018, to understand what is good, what is not so good, and what needs to be improved. **What will the issues paper contain?** A review and documentation of all updates to **Public Board - temporary changes and Risks** **Targeted early engagement with a multidisciplinary team** who work within the service areas including Medical, Nursing, Therapies, Operational and Support staff. Staff members will be invited to provide their views about what was good, bad, needed improvement, and/or, any issues regarding the service(s) Review of **patient experience data** collated by the service(s) and Patient Experience team Review of **incidents, complaints, compliments and claims data** collated on the Health Board's concerns management system provided by DatixCymru and RLDatix **Targeted early engagement survey** undertaken with service users Service **Activity Data** including any identified **Outsourced Activity** Reference to **local & regional work** (where applicable) - ARCH and Getting It Right First Time (GIRFT) reports Reference to **National work** (where applicable) - National Clinical Strategies, Wales Audit Office Reviews Review of **workforce data** **Clinical effectiveness -** NICE Guidance and other national guidance **Finance** – Understand the key cost drivers for services

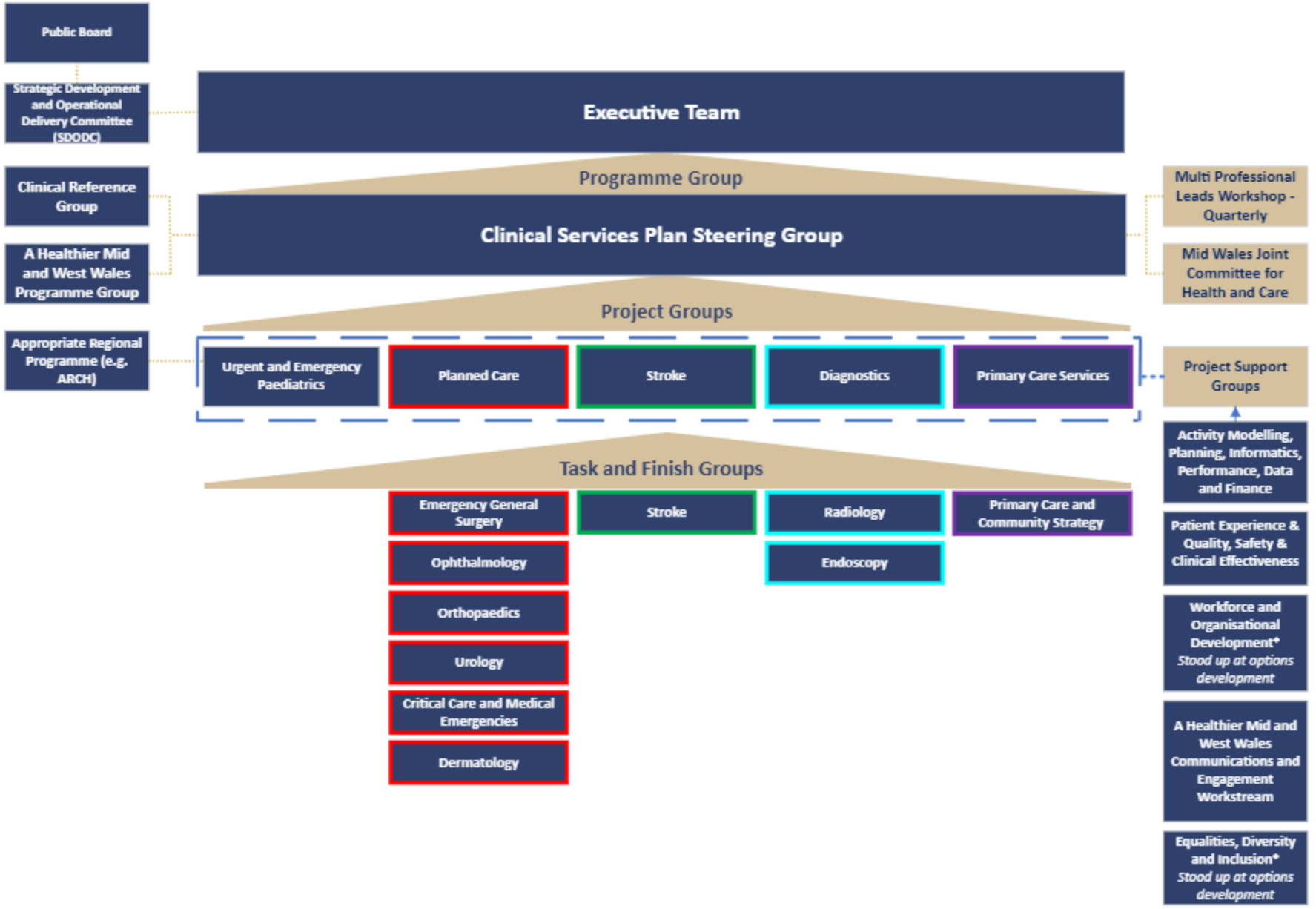
Why is this project important?

In development

Project CSP – EGS Project

Team	**SRO:** Operations Director	**Service Lead:** Service Delivery Manager
	Project Manager	
Assumptions	• The issues paper will be produced following the methodology agreed through the CSP Steering group (add link)	
Objectives	• Provide assurance to the Planned Care Project Group via the project manager • Refer decisions to the Planned Care Project Group • Ensure delivery of the EGS project aspect of the Clinical Services Plan programme in line with the defined scope agreed through the Planned Care Project Group • Identify any areas of clinical contention that could affect the Clinical Services Plan programme or limitations which could impact decision making to the Planned Care Project Group • Identify risks and issues relating to project activities and highlight these to the Planned Care Project Group • Ensure that there is sufficient stakeholder representation to provide assurance that robust clinical engagement has taken place. Assurance will be provided to the Clinical Services Plan Steering Group via the Planned Care Project Group • Provide and assess accurate data, based on clinical considerations and planning assumptions to deliver a robust assessment/report	

How will the project be delivered?



How will the project be delivered?

In development

Project CSP – EGS Project

Task and Finish Group Membership	1. Consultant Colorectal Surgeon/Clinical Lead (GGH Representative) 2. Consultant Surgeon/Withybush Hospital Director (WGH Representative) 3. Consultant Surgeon (BGH Representative) 4. General Surgeon and Clinical Director 5. Service Delivery Manager ENT & General Surgery 6. Service Manager for General Surgery & Associated Services 7. Senior Nurse Manager Specialist Services 8. Surgical Care Practitioner 9. Principal Programme Manager, Transformation Programme Office 10. Project Manager, Transformation Programme Office
Key Stakeholders	Stakeholder mapping and analysis - Emergency General Surgery.doc

How will the project be delivered?

In development

Project CSP – EGS Project

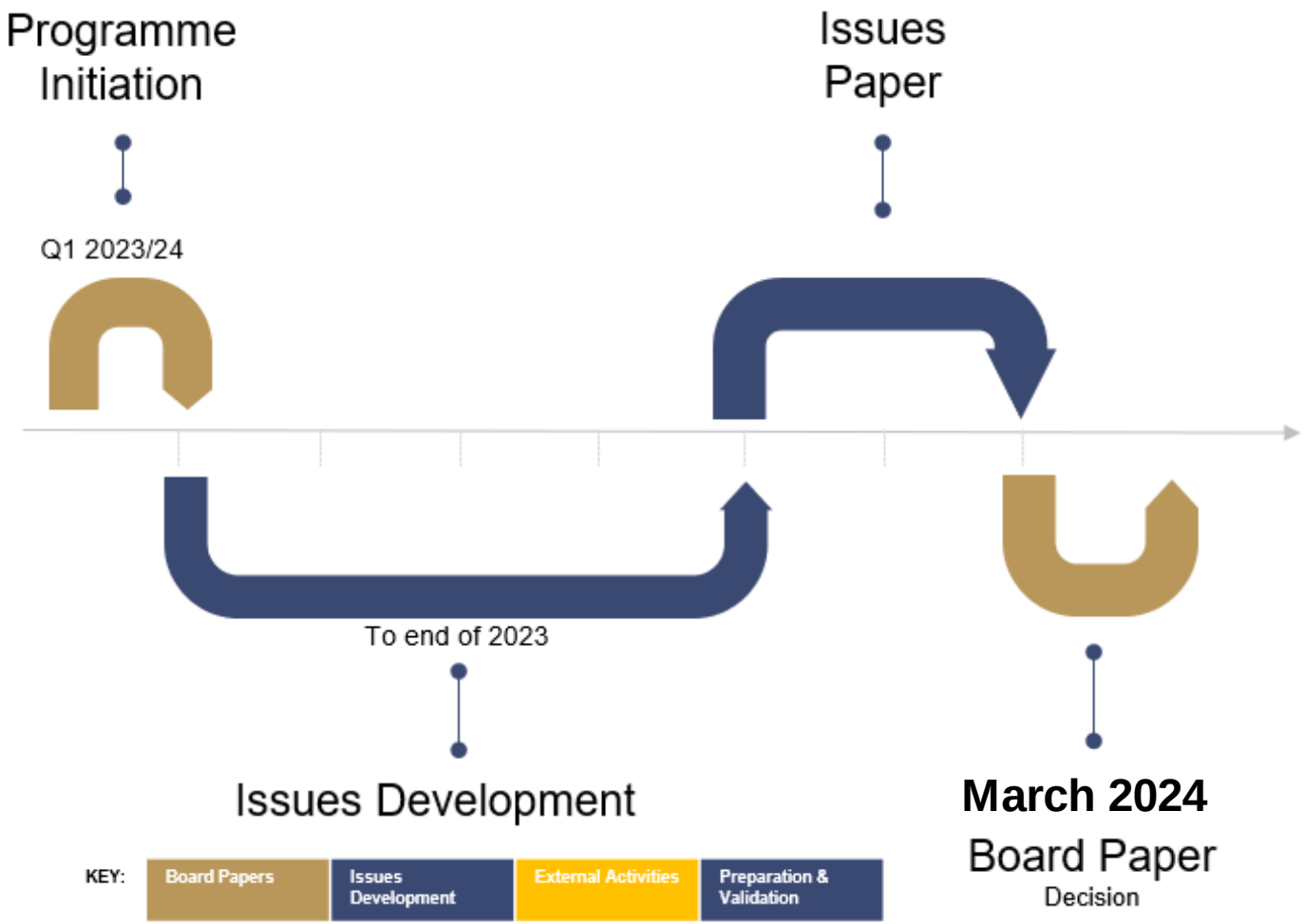
Targeted Staff Engagement Group	*What the group will do as per defined methodololgy*		
	Theatre & Anesthetics Service Delivery Manager **Radiology** Head of Radiology Site Lead Superintendent Radiographer GGH Site Lead Superintendent Radiographer WGH **Endoscopy** Service Delivery Manager **WGH Site Team** General Manager Service Delivery Manager Service Manager **BGH Site Team** General Manager Service Delivery Manager Service Manager **GGH Site Team** General Manager Service Delivery Manager Service Manager • Sisters or senior nurse managers from A&E departments on each site – managed by the site teams • Sisters or senior nurse managers from surgical wards on each site – managed by the site teams	**GGH Surgical Team** **Consultants x8** **Specialty doctors x9** ANP Physician Associate	**WGH Surgical Team** **Consultants x3** **Specialty doctors x4** SCP **BGH Surgical Team x4** **Specialty doctors x5**

Project Plan and Schedule

In development

Project	CSP – EGS Project

Project Plan	The Project Plan will be logged and managed through the PACE software application
Project Risks and Issues	Project Risks and Issues will be logged and managed through the PACE software application



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Project Initiation Document
Urology Task and Finish Group - Planned Care Project
Clinical Services Plan

Document Version Control

Project	CSP – Urology Project

In development

Publication History

Version	Date	Reason for update	Updated by	Approved by	Approval date
V0.1		Initial draft version	ML		
V0.2	28/09/2023	Accepted version with below changes: - Included stakeholder map - Included slide detailing methodology - Updated targeted staff engagement group	ML		28/09/2023
V0.3	15/02/2024	Added updated governance structure and Finance methodology	ML		

Why is this project important?

In development

Project CSP – Urology Project

Team	**SRO:** Operations Director **Project Manager**:
Background	The Urology Task and Finish Group will report into the Planned Care Project group for all CSP activities. (link to Planned Care PID)
Scope	To undertake a Clinically led assessment of the Urology pathway at all sites within the health board delivering Urology services since 2018 resulting in an issues paper outlining all the changes, impacts and issues to date Outsourced activity to the Werndale Hospital will be captured within the service activity data Urology pathway is defined as patients who receive care under the following sub-specialities:

Theatre		**Diagnostics**	**CNS**
• Nephrectomy • Circumcision • Vasectomy • Transurethral resection of the prostate (TURP) • Trans urethral removal of bladder tumour (TURBT) • Extracorporeal Shock Wave Lithotripsy (EWSL) • Holmium Laser Enucleation of the Prostate (HOLEP) • Meatal dilations	• Excision of lesion of epididymis • Hydrocele repair • Insertion / exchange of stent • Cystolithoplaxy • Percutaneous Nephrolithotomy (PCNL) • Frenuloplasty • Scrotal lesion removal • Varicocele • Prostatectomy • Meatal dilations	• Flexible Cystoscopy • Trans-rectal Ultrasound Scan and Biopsy (TRUS Bx) • Rigid Cystoscopy • Ureteroscopy • Penile Biopsy • Optical urethrotomy • Rectal needle biopsy of prostate • Trans perineal Template Biopsy • Cysto-diathermy	• Uroflowmetry (FLOWS) • Male Health – Penile Injections • Trial without catheter • Urodynamic studies

Why is this project important?

In development

Project	CSP – Urology Project

Team	**SRO:** Operations Director **Project Manager**:
Out of scope	• Any service areas and or pathways not defined within the 'scope' above • Options development (this may be undertaken at a later stage) • Opportunities for the new and repurposed hospital configurations (this may be undertaken at a later stage)
Assumptions	• The issues paper will be produced following the methodology agreed through the CSP Steering group
Objectives	• Provide assurance to the Planned Care Project Group via the project manager • Refer decisions to the Planned Care Project Group • Ensure delivery of the Urology project aspect of the Clinical Services Plan programme in line with the defined scope agreed through the Planned Care Project Group • Identify any areas of clinical contention that could affect the Clinical Services Plan programme or limitations which could impact decision making to the Planned Care Project Group • Identify risks and issues relating to project activities and highlight these to the Planned Care Project Group • Ensure that there is sufficient stakeholder representation to provide assurance that robust clinical engagement has taken place. Assurance will be provided to the Clinical Services Plan Steering Group via the Planned Care Project Group • Provide and assess accurate data, based on clinical considerations and planning assumptions to deliver a robust assessment/report

How will the project be delivered?

In development

Project CSP – Ophthalmology Project

Agreed issues paper methodology

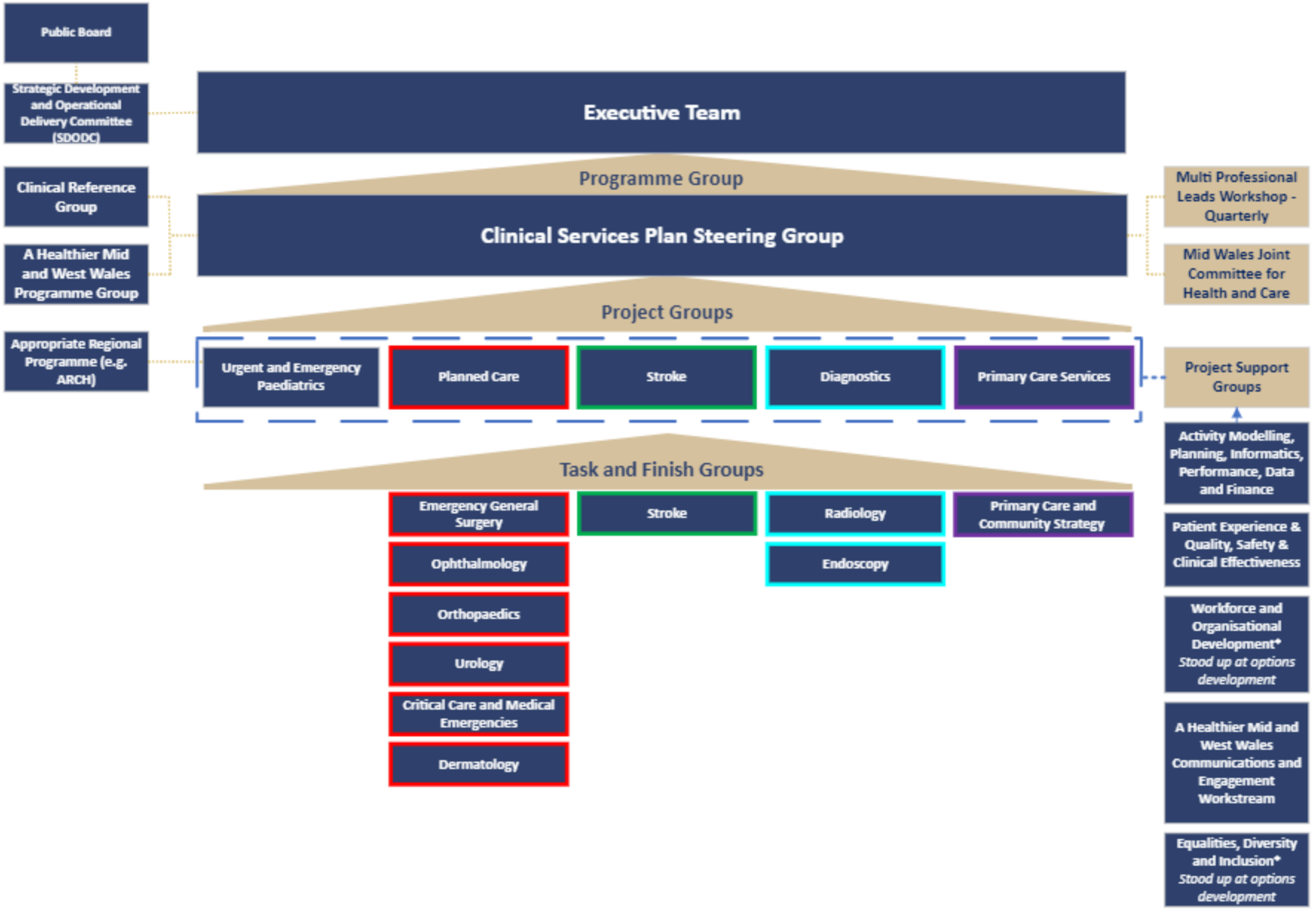
An issues paper will be developed for each service looking back to 2018, to understand what is good, what is not so good, and what needs to be improved.

What will the issues paper contain?

A review and documentation of all updates to **Public Board - temporary changes and Risks**
Targeted early engagement with a multidisciplinary team who work within the service areas including Medical, Nursing, Therapies, Operational and Support staff. Staff members will be invited to provide their views about what was good, bad, needed improvement, and/or, any issues regarding the service(s)
Review of **patient experience data** collated by the service(s) and Patient Experience team
Review of **incidents, complaints, compliments and claims data** collated on the Health Board's concerns management system provided by DatixCymru and RLDatix
Targeted early engagement survey undertaken with service users
Service **Activity Data** including any identified **Outsourced Activity.**
Reference to **local & regional work** (where applicable) - ARCH and Getting It Right First Time (GIRFT) reports
Reference to **National work** (where applicable) - National Clinical Strategies, Wales Audit Office Reviews
Review of **workforce data**
Clinical effectiveness - NICE Guidance and other national guidance
Finance – Understand the key cost drivers for services

How will the project be delivered?

Project	CSP – Urology Project



How will the project be delivered?

In development

Project	CSP – Urology Project

Task and Finish Group Membership	Consultant Urologist (Clinical Representative for all sites) Consultant Urologist (Clinical Representative for all sites) Macmillan Clinical Nurse Specialist – Urology Macmillan Clinical Nurse Specialist – Urology Service Delivery Manager, Urology Service Manager, Urology Principal Programme Manager, Transformation Programme Office Project Manager, Transformation Programme Office
Key Stakeholders	Urology stakeholder mapping and analysis v1.doc

How will the project be delivered?

In development

Project CSP – Urology Project

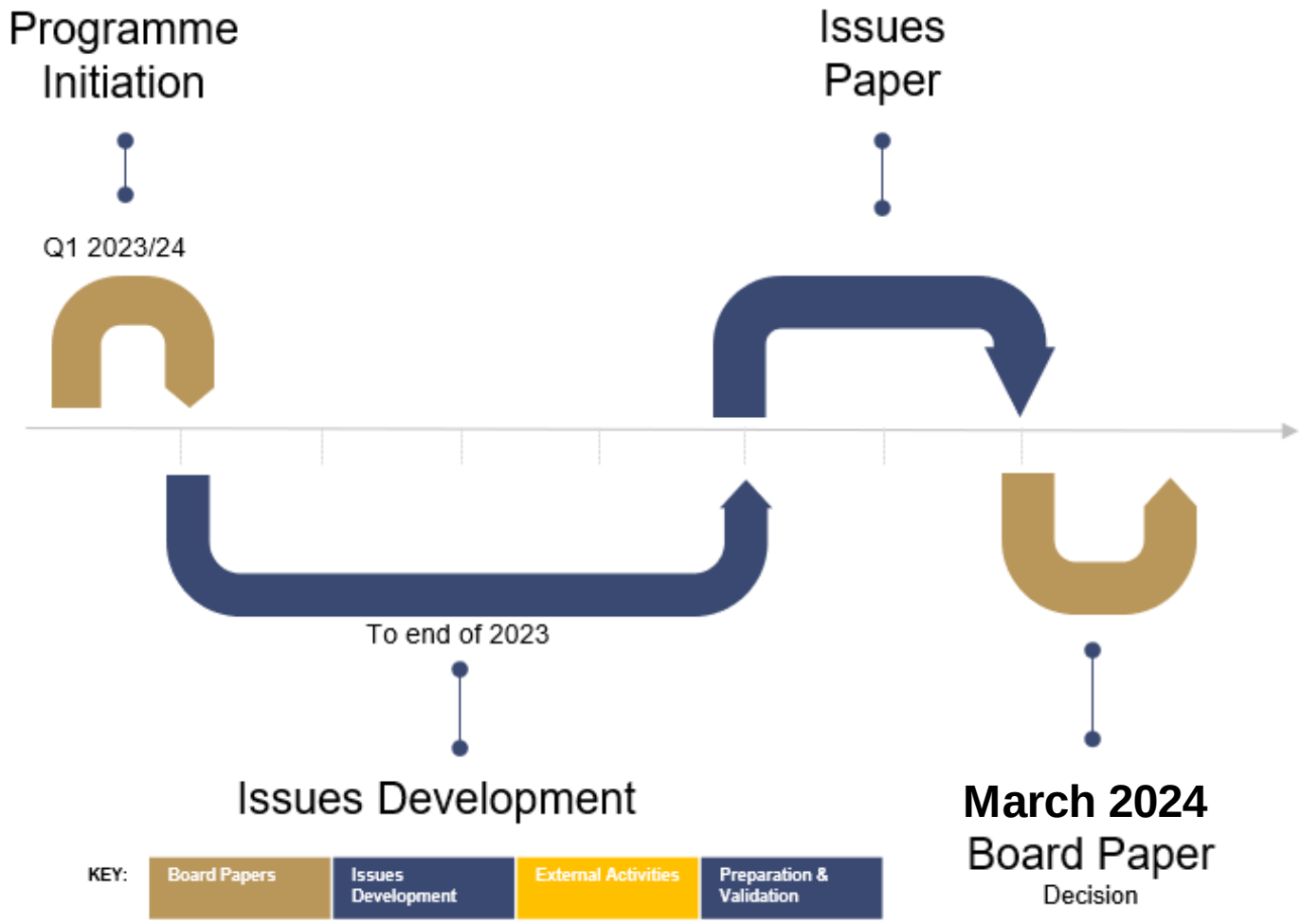
Targeted Staff Engagement Group	*What the group will do as per defined methodololgy*		
	Consultants x7 **Middle Grades x5** **Clinical Fellow x3** **Advanced Nurse Practitioner** **CNS Nurses x6**	**Secretaries x9** **Waiting List x6** **Key Services** Senior Clinical Manager Site Lead Super Independent Radiographer Head of Pathology Service Deputy Health Records Manager Contact Centre Supervisor Cancer Services Team Manager Single Cancer Pathway Support Manager Swansea Bay Oncology Swansea Bay Oncology	

Project Plan and Schedule

In development

Project CSP – Urology Project

Project Plan	The Project Plan will be logged and managed through the PACE software application
Project Risks and Issues	Project Risks and Issues will be logged and managed through the PACE software application



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Project Initiation Document
Critical Care & Medical Take Task & Finish Group - Planned Care Project
Clinical Services Plan

Document Version Control

Project	CSP – Critical Care & Medical Take Project

In development

Version	Comments	Issued to	Date
0.1	Initial First Draft	T&F Group	17th August 2023
0.2	Second Draft –updated methodology	T&F Group	7th September 2023

Why is this project important?

In development

Project	CSP – Critical Care Project

Team	**SRO:** Operations Director **Project Manager**:
Background	The Critical Care Task and Finish Group will report into the Planned Care Project group for all CSP activities. (link to Planned Care PID)
Scope	To undertake a Clinically led assessment of the Urology pathway at all sites within the health board delivering Critical Care services since 2018 resulting in an issues paper outlining all the changes, impacts and issues to date Critical Care pathway is defined as patients who receive care under the following sub-specialities: Level 1-3 Intensive Care PACU in GGH & BGH
Out of scope	• Any service areas and or pathways not defined within the 'scope' above • Options development (this may be undertaken at a later stage) • Opportunities for the new and repurposed hospital configurations (this may be undertaken at a later stage)
Assumptions	• The issues paper will be produced following the methodology agreed through the CSP Steering group
Objectives	• Provide assurance to the Planned Care Project Group via the project manager • Refer decisions to the Planned Care Project Group • Ensure delivery of the Urology project aspect of the Clinical Services Plan programme in line with the defined scope agreed through the Planned Care Project Group • Identify any areas of clinical contention that could affect the Clinical Services Plan programme or limitations which could impact decision making to the Planned Care Project Group • Identify risks and issues relating to project activities and highlight these to the Planned Care Project Group • Ensure that there is sufficient stakeholder representation to provide assurance that robust clinical engagement has taken place. Assurance will be provided to the Clinical Services Plan Steering Group via the Planned Care Project Group • Provide and assess accurate data, based on clinical considerations and planning assumptions to deliver a robust assessment/report

How will the project be delivered?

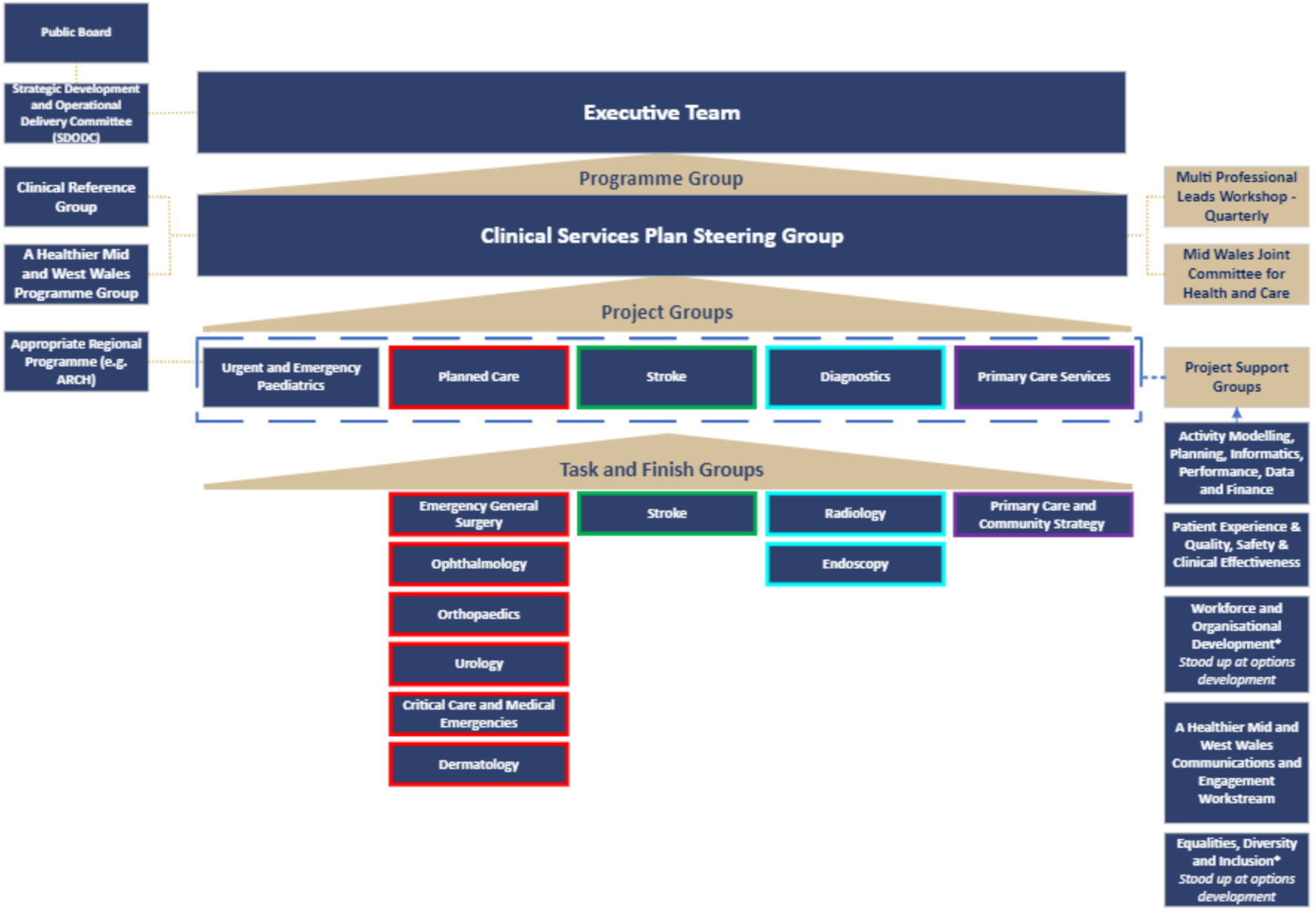
In development

Project CSP – Critical Care & Medical Take Project

Issues Paper Methodology	An issues paper will be developed for the service looking back to 2018, to understand what is good, what is not so good, and what needs to be improved. **What will the issues paper contain?** • A review and documentation of all updates to **Public Board - temporary changes which are still ongoing and haven't been reversed or made permanent, and Risks** • **Targeted early engagement with a multidisciplinary team** who work within the service areas including Medical, Nursing, Therapies, Operational and Support staff. Staff members will be invited to provide their views about what was good, bad, needed improvement, and/or, any issues regarding the service(s) • Review of **patient experience data** collated by the service(s) and Patient Experience team • Review of **concerns, complaints, compliments and claims data** collated on the Health Board's concerns management system provided by DatixCymru and RLDatix • **Targeted early engagement survey** undertaken with service users • Service **Activity Data** including any identified **Outsourced Activity.** • Reference to **local & regional work** (where applicable) - ARCH and Getting It Right First Time (GIRFT) reports • Reference to **National work** (where applicable) - National Clinical Strategies, Wales Audit Office Reviews • Review of **workforce data** • **Clinical effectiveness -** NICE Guidance and other national guidance • **Finance** – Understand the key cost drivers for services

How will the project be delivered?

Project CSP – Critical Care & Medical Take Project



How will the project be delivered?

In development

Project CSP – Critical Care & Medical Take Project

Task and Finish Group Membership	(Hywel Dda UHB - Service Delivery Manager for Theatres/DSU/PAC) (Hywel Dda UHB - Head of Nursing) (Hywel Dda UHB - Senior Nurse Manager) (Hywel Dda UHB - Consultant Anaesthetist) (Hywel Dda UHB - Consultant) (Hywel Dda UHB - Consultant Anaesthetist) (Hywel Dda UHB - Senior Nurse Manager) (Hywel Dda UHB - Principal Programme Manager Transformation) (Hywel Dda UHB - Project Manager)
Key Stakeholders	Link to stakeholder map Stakeholder mapping and analysis - Critical Care and Medical Intake.doc

How will the project be delivered?

In development

Project CSP – Critical Care Project

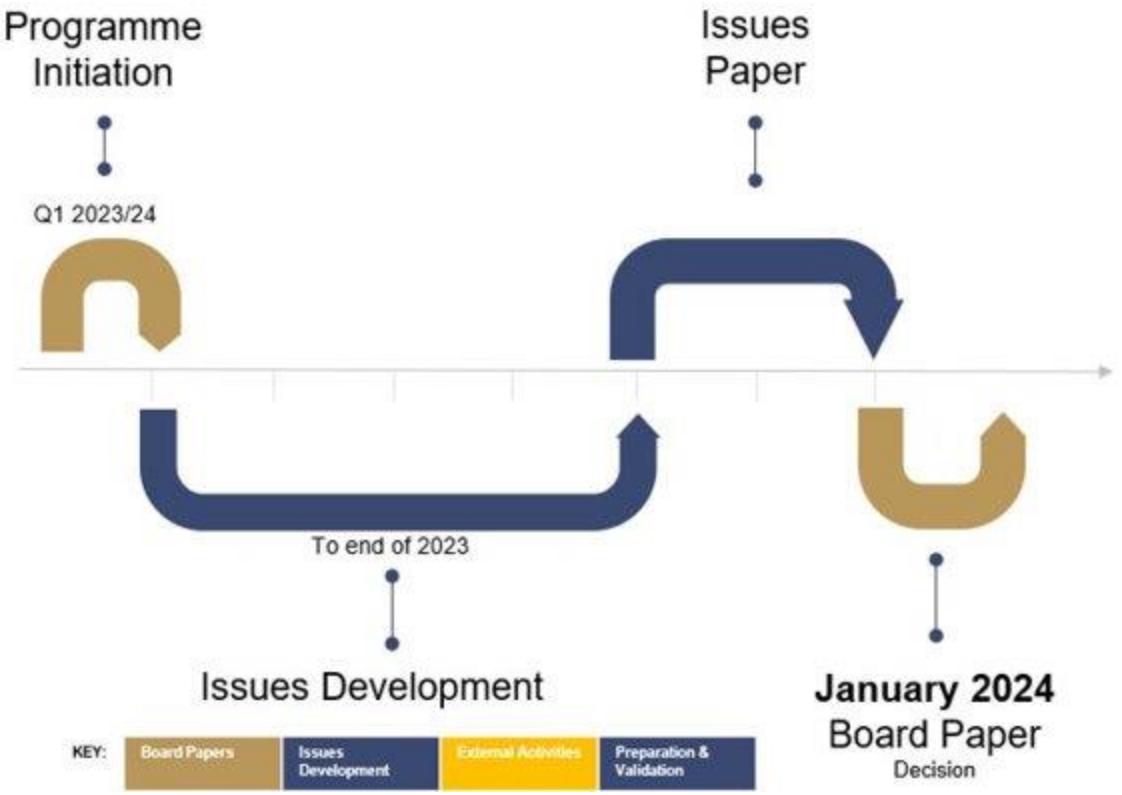
Targeted Staff Engagement Group	(Hywel Dda UHB - Cardiac Consultant);Sarah Stephens (Hywel Dda UHB - Senior Sister) (Hywel Dda UHB - Consultant Anaesthetist);Charlotte Grice (Hywel Dda UHB - Senior Nurse) (Hywel Dda UHB - Consultant Surgeon/ Deputy Medical Director – Acute Services); (Hywel Dda UHB - Senior Sister) (Hywel Dda UHB - Consultant); (Hywel Dda UHB - ITU/CCU) (Hywel Dda UHB - Hospital Director/ Respiratory) (Hywel Dda UHB - Sister ITU) (Hywel Dda UHB - Anaesthetics Consultant); (Hywel Dda UHB - Senior Sister) (Hywel Dda UHB - Consultant Physician and Endocrinologist); (Hywel Dda UHB - Junior Sister) (Hywel Dda UHB - Respiratory) (Hywel Dda UHB - Senior Sister) (Hywel Dda UHB - Consultant) (Hywel Dda UHB - Consultant Anaesthetist) (Outreach lead GGH) (Hywel Dda UHB - Critical Care Outreach Team Leader (Hywel Dda UHB - General Manager Scheduled Care); (Hywel Dda UHB - Service Delivery Manager for Theatres/DSU/PAC); (Hywel Dda UHB - ICU) (Hywel Dda UHB - Senior Nurse Manager); (Hywel Dda UHB - Senior Nurse Manager); Critical care Outreach- WGH.x8	Critical care Outreach- GGH x9 PPH ITU Staff emails x 24

How will the project be delivered? Part 2

In development

Programme CSP – Critical Care & Medical Take Project

Critical milestones - indicative	
Project Plan	Project Risks and issues will be managed through PACE software application
Project Risks & Issues	The Project Critical Path will be managed through the PACE software application



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Project Initiation Document
Dermatology Task and Finish Group - Planned Care Project
Clinical Services Plan

Document Version Control

Project	CSP – Dermatology Project

In development

Publication History

Version	Date	Reason for update	Updated by	Approved by	Approval date
V0.1	20/09/2023	Initial DRAFT version	HL		
V0.2	27/09/2023	Update to T&FG membership, and Methodology	HL		
V0.3	14/11/2023 14/12/2023	Update to project scope, timeline, and Methodology	HL ML		
V0.4	18/01/2024	Formatting updates, for consistency with PIDs across programme	HL		
V0.5	15/02/2024	Update to governance image and Methodology	HL		

Why is this project important?

In development

Project CSP – Dermatology Project

Team	**SRO:** Director of Operations
	Service Lead: Service Delivery Manager
	Project Manager: Project Support Manager
Background	The Dermatology Task and Finish Group will report into the Planned Care Project Group for all Clinical Services Plan (CSP) activities.
Scope	The Dermatology pathway is defined as patients who receive care, typically following a referral into the service from their GP. **Location:** PPH, GGH, WGH, CICC, South Pembs. Outsourced activity to the Werndale Hospital will be captured within the service activity data **Cohort:** Outpatient **Dermatology sub-specialties:** Dermatology Dermatology (USC) Dermatology (Minor Ops) Phototherapy **Clinical conditions within Dermatology** (Some patients are listed with no clinical condition attached to them) Dermatology – Acne – Nurse Led Dermatology – Biologics Dermatology – General Dermatology Dermatology – Lesion (Non USC) Dermatology – Lesion (USC) Dermatology – Paediatric Eczema – Nurse Led Dermatology – Paediatrics Dermatology – Psoriasis Dermatology – Teledermoscopy **OPD procedure list:** Shave Excision of Lesion of skin (Head/Neck) Shave Excision of Lesion of skin (other sites) Excision Lesion of skin (Head/Neck) Excision Lesion of skin (other sites) Curettage and Cauterisation of skin Curettage of skin Lesion (Head/Neck) Curettage of skin Lesion (other sites) Cauterisation of Lesion of skin (Head/Neck) Cryotherapy of Lesion of skin (Head/Neck) Cauterisation of Lesion of Skin (other sites) Cryotherapy of Lesion of skin (other sites) Punch Biopsy of Lesion of skin (Head/Neck) Punch Biopsy of Lesion of skin (other sites) Other Specified Punch Biopsy of Skin Shave Biopsy Lesion of skin (Head/Neck) Shave Biopsy Lesion of skin (other sites) Other Specified Shave Biopsy of Skin Biopsy of Lesion of skin (Head/Neck) Biopsy of Lesion of skin (other sites) Dressings to skin Unspecified Application Tests on Skin Subcutaneous Injection for Local Action The task is for a clinically led assessment of the Dermatology pathway within the health board since 2018/19, resulting in an Issues Paper outlining all the changes, impacts and issues to date, which will be presented to Public Board in March 2024.

Why is this project important?

In development

Project CSP – Dermatology Project

Out of scope	• Any subspecialities, clinical conditions, or outpatient procedures not listed within the scope (slide 3) • Any locations not listed within the scope • Any patient cohort not listed within the scope • Options development (this may be undertaken at a later stage) • Opportunities for the new and repurposed hospital configurations (this may be undertaken at a later stage)
Assumptions	• The Issues Paper will be produced following the methodology agreed through the Clinical Services Plan Steering Group.
Objectives	• Provide assurance to the Planned Care Project Group via the project manager • Refer decisions to the Planned Care Project Group • Ensure delivery of the Dermatology project aspect of the Clinical Services Plan programme in line with the defined scope agreed through the Planned Care Project Group • Identify any areas of clinical contention that could affect the Clinical Services Plan programme or limitations which could impact decision making to the Planned Care Project Group • Identify risks and issues relating to project activities and highlight these to the Planned Care Project Group • Ensure that there is sufficient stakeholder representation to provide assurance that robust clinical engagement has taken place. Assurance will be provided to the Clinical Services Plan Steering Group via the Planned Care Project Group • Provide and assess accurate data, based on clinical considerations and planning assumptions to deliver a robust assessment/report

How will the project be delivered?

In development

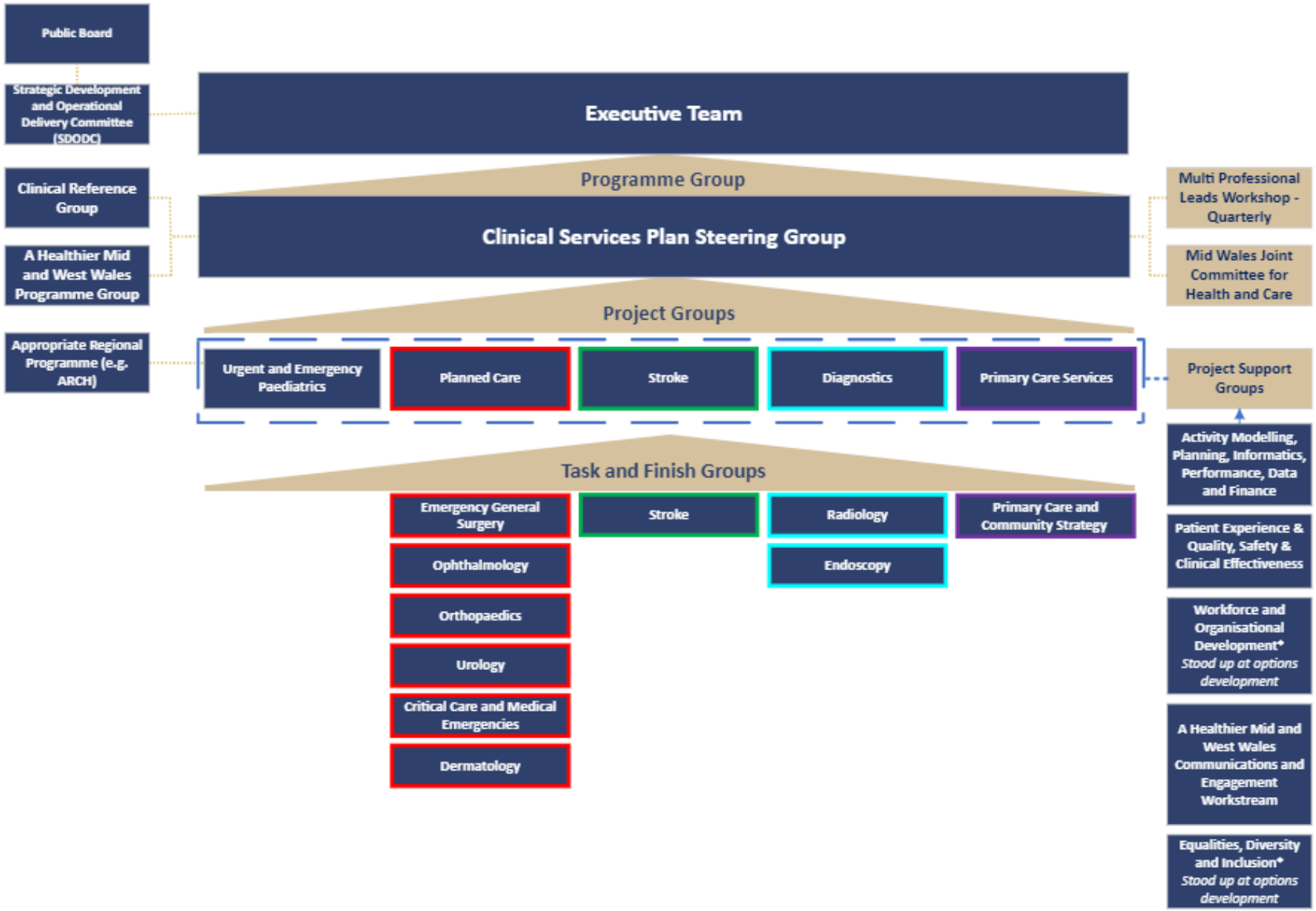
Project CSP – Dermatology Project

Agreed Issues Paper Methodology	An issues paper will be developed for the service looking back to 2018, to understand what is good, what is not so good, and what needs to be improved. **What will the issues paper contain?** A review and documentation of all updates to **Public Board - temporary changes and Risks** **Targeted early engagement with a multidisciplinary team** who work within the service areas including Medical, Nursing, Therapies, Operational and Support staff. Staff members will be invited to provide their views about what was good, bad, needed improvement, and/or, any issues regarding the service(s) Review of **patient experience data** collated by the service(s) and Patient Experience team Review of **incidents, complaints, compliments and claims data** collated on the Health Board's concerns management system provided by DatixCymru and RLDatix **Targeted early engagement survey** undertaken with service users Service **Activity Data** including any identified **Outsourced Activity** Reference to **local & regional work** (where applicable) - ARCH and Getting It Right First Time (GIRFT) reports Reference to **National work** (where applicable) - National Clinical Strategies, Wales Audit Office Reviews Review of **workforce data** **Clinical effectiveness -** NICE Guidance and other national guidance **Finance -** Understand the key cost drivers for services

How will the project be delivered?

In development

Project CSP – Dermatology Project



How will the project be delivered?

In development

Project CSP – Dermatology Project

Task and Finish Group Membership	Consultant Plastic Surgeon Consultant Plastic Surgeon GP GP Locum Consultant Locum Consultant Speciality Doctor Specialty Doctor Specialty Doctor Senior Nurse Scheduled Care Senior Nurse Manager Outpatients Clinical Nurse Specialist Clinical Nurse Specialist Clinical Nurse Specialist Clinical Nurse Specialist Clinical Nurse Specialist Clinical Nurse Specialist Clinical Nurse Specialist Pharmacist Support Worker Service Delivery Manager Service Manager Service Support Manager Principal Programme Manager Project Support Manager
Key Stakeholders	**Dermatology Stakeholder Map** Dermatology Stakeholder Mapping Analysis V1 as at 31.08.23.docx

How will the project be delivered?

In development

Project CSP – Dermatology Project

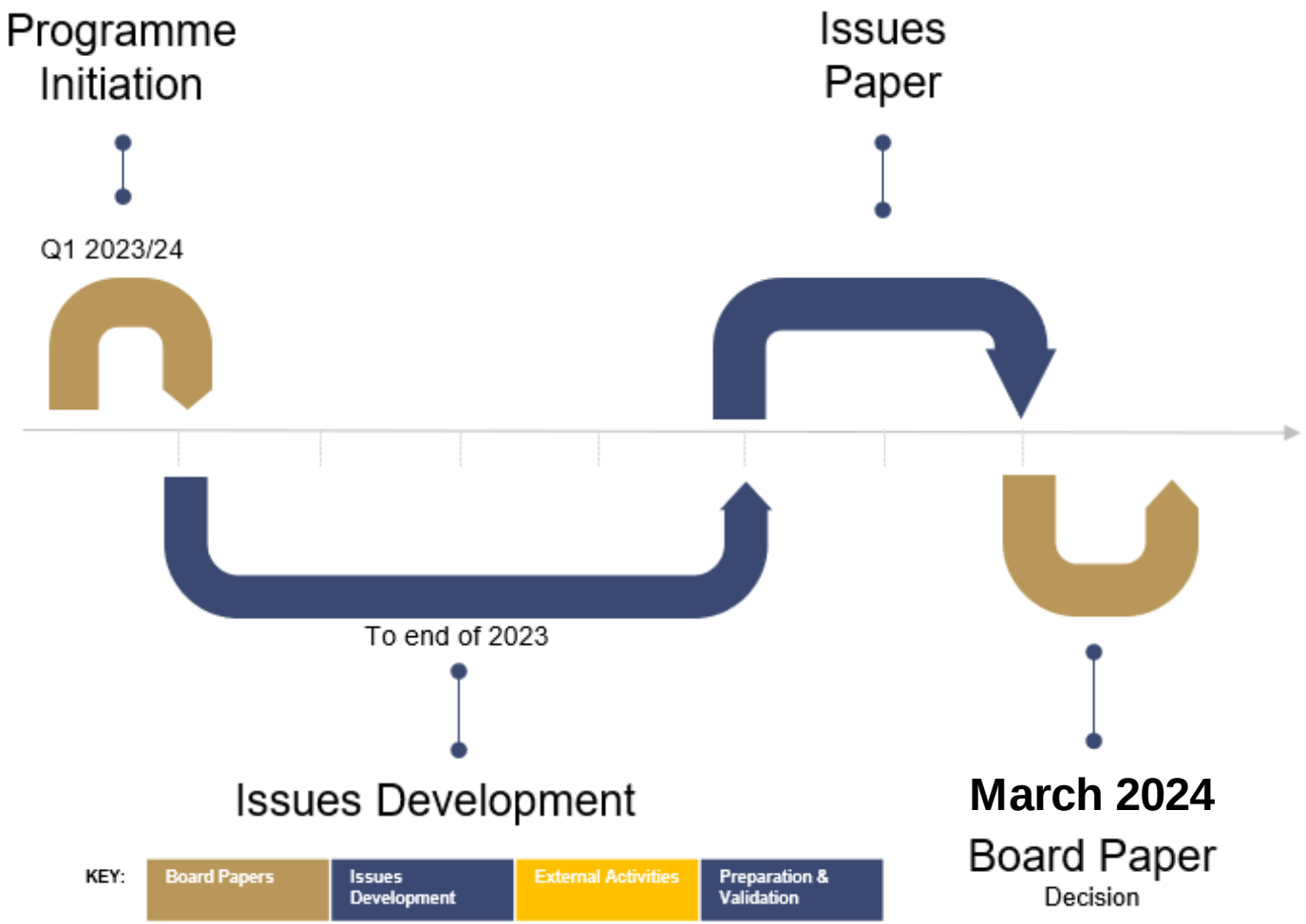
Targeted Staff Engagement Group	Consultant Plastic Surgeon Consultant Plastic Surgeon GP GP Locum Consultant Dermatology Locum Consultant Speciality Doctor Speciality Doctor Speciality Doctor Senior Nurse Scheduled Care Senior Nurse Manager Outpatients Clinical Nurse Specialist Clinical Nurse Specialist Clinical Nurse Specialist Clinical Nurse Specialist Clinical Nurse Specialist Clinical Nurse Specialist Clinical Nurse Specialist Pharmacist Support Worker Service Delivery Manager Dermatology Senior Service Manager for Dermatology and Neurology Service Manager Dermatology Service Support Manager Dermatology Medical Secretary Clinical Secretary Medical Secretary Clinical Secretary Medical Secretary Administrative Lead	Consultant Rheumatologist Head of Clinical Photography/ Medical Illustration Histology - Senior Biomedical Scientist Pharmacy – Homecare Pharmacy Technician Cancer Services - Service Manager Radiology - Site Lead Superintendent Radiographer Outpatients - Senior Nurse Manager Outpatients ENT - Service Manager Gastroenterology - Service Manager Blood Sciences - Blood Sciences Section Manager

Project Plan and Schedule

In development

Project CSP – Dermatology Project

Project Plan	The Project Plan will be logged and managed through the PACE software application
Project Risks and Issues	Project Risks and Issues will be logged and managed through the PACE software application



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Project Initiation Document
Ophthalmology Task and Finish Group - Planned Care Project
Clinical Services Plan

Document Version Control

Project	CSP – Ophthalmology Project

In development

Publication History

Version	Date	Reason for update	Updated by	Approved by	Approval date
V0.1		Initial draft version	ML		
V0.2	15/02/24	Added updated governance structure chart and finance methodology	ML		

Why is this project important?

In development

Project	CSP – Ophthalmology Project

Team	**Senior Responsible Officer:** Operations Director	**Service Delivery Manager:**
	Project Manager:	
Assumptions	• The issues paper will be produced following the methodology agreed through the CSP Steering group (add link)	
Objective	• Provide assurance to the Planned Care Project Group via the project manager • Refer decisions to the Planned Care Project Group • Ensure delivery of the Ophthalmology project aspect of the Clinical Services Plan programme in line with the defined scope agreed through the Planned Care Project Group • Identify any areas of clinical contention that could affect the Clinical Services Plan programme or limitations which could impact decision making to the Planned Care Project Group • Identify risks and issues relating to project activities and highlight these to the Planned Care Project Group • Ensure that there is sufficient stakeholder representation to provide assurance that robust clinical engagement has taken place. Assurance will be provided to the Clinical Services Plan Steering Group via the Planned Care Project Group • Provide and assess accurate data, based on clinical considerations and planning assumptions to deliver a robust assessment/report	

How will the project be delivered?

In development

Project CSP – Ophthalmology Project

Agreed issues paper methodology	An issues paper will be developed for each service looking back to 2018, to understand what is good, what is not so good, and what needs to be improved.

What will the issues paper contain?

A review and documentation of all updates to **Public Board - temporary changes and Risks**
Targeted early engagement with a multidisciplinary team who work within the service areas including Medical, Nursing, Therapies, Operational and Support staff. Staff members will be invited to provide their views about what was good, bad, needed improvement, and/or, any issues regarding the service(s)
Review of **patient experience data** collated by the service(s) and Patient Experience team
Review of **incidents, complaints, compliments and claims data** collated on the Health Board's concerns management system provided by DatixCymru and RLDatix
Targeted early engagement survey undertaken with service users
Service **Activity Data** including any identified **Outsourced Activity.**
Reference to **local & regional work** (where applicable) - ARCH and Getting It Right First Time (GIRFT) reports
Reference to **National work** (where applicable) - National Clinical Strategies, Wales Audit Office Reviews
Review of **workforce data**
Clinical effectiveness - NICE Guidance and other national guidance
Finance – Understand the key cost drivers for services

Why is this project important?

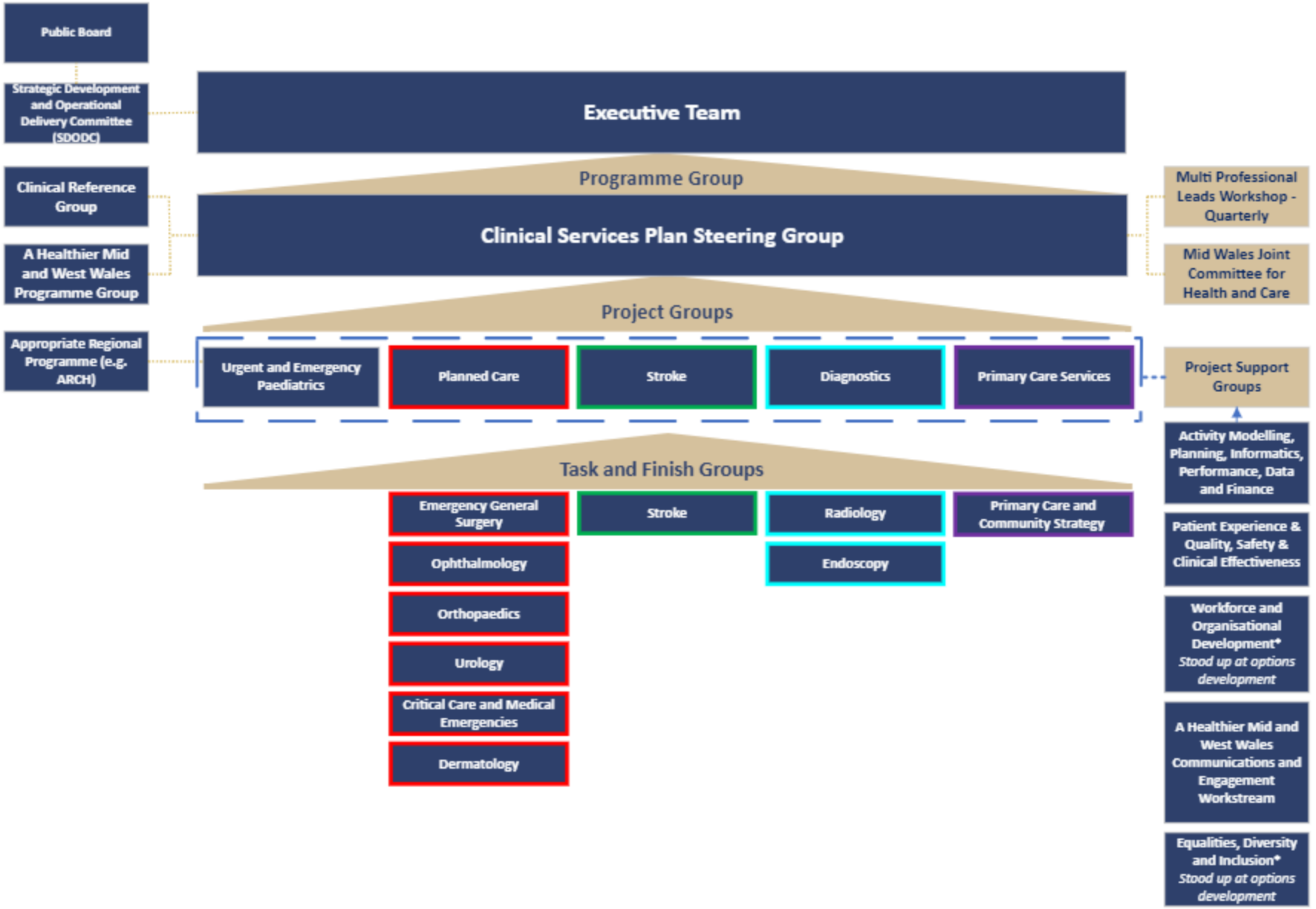
In development

Project	CSP – Ophthalmology Project

Team	**Senior Responsible Officer:** Operations Director	**Service Delivery Manager:**
	Project Manager:	
Background	The Ophthalmology Task and Finish Group will report into the Planned Care Project group for all CSP activities. (link to Planned Care PID)	
Scope	To undertake a Clinically led assessment of the Ophthalmology pathway at all sites within the health board delivering Ophthalmology services since 2018 resulting in an issues paper outlining all the changes, impacts and issues to date Ophthalmology pathway is defined as patients who receive care at; Amman Valley Hospital, GGH, PPH, North Road Eye Clinic, WGH, BGH, Cardigan Integrated Care Centre, Aberaeron Hospital and South Pembs Hospital under the following sub-specialities: - Cataract - Glaucoma - Cornea - Adult Motility - Paediatrics - Oculoplastic - Orbit - Vitro Retinal - Medical Retinal - Hydroxychloroquine retinopathy (HCQ) - Other (General, Chemo, Infection, Inflammation) - Diabetic Retinopathy Outsourced activity to the Werndale Hospital will be captured within the service activity data.	
Out of scope	• Any service areas and or pathways not defined within the 'scope' above • Options development (this may be undertaken at a later stage) • Opportunities for the new and repurposed hospital configurations (this may be undertaken at a later stage)	

How will the project be delivered?

Project	CSP – Ophthalmology Project



How will the project be delivered?

In development

Project CSP – Ophthalmology Project

Task and Finish Group Membership	Consultant Ophthalmology Consultant Ophthalmology Consultant Ophthalmology Consultant Ophthalmology Consultant Ophthalmology Consultant Ophthalmology Consultant Ophthalmology Consultant Ophthalmology Service Delivery Manager, Ophthalmology Senior Nurse Manager, Ophthalmology Senior Service Manager, Ophthalmology Service Manager, Ophthalmology Service Manager, Ophthalmology Service Support Manager, Ophthalmology Principal Programme Manager, Transformation Programme Office Project Manager, Transformation Programme Office
Key Stakeholders	Stakeholder map - Ophthalmology V1 11.09.23.doc

How will the project be delivered?

In development

Project CSP – Ophthalmology Project

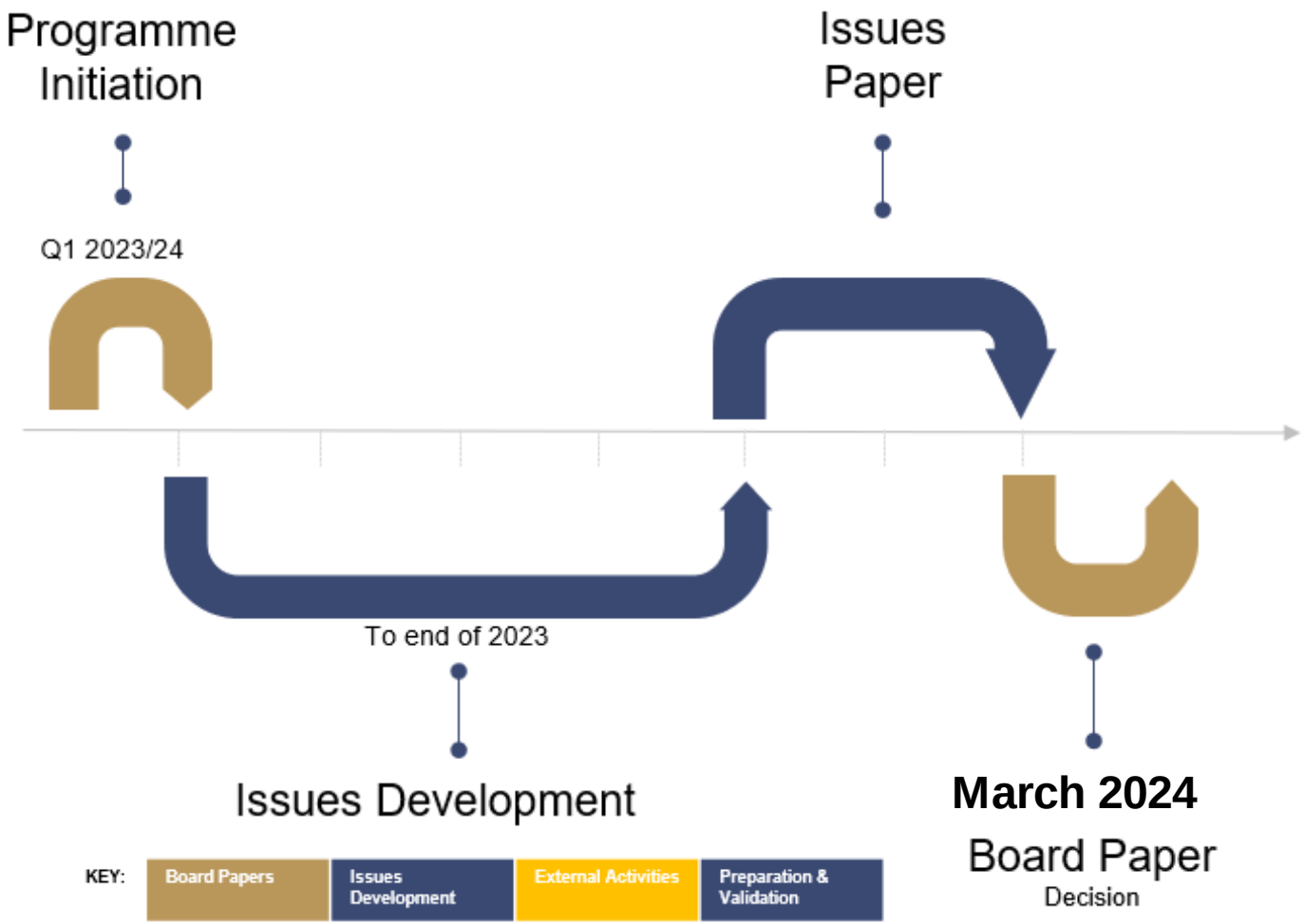
Targeted Staff Engagement Group	*What the group will do as per defined methodololgy*		
	Service Delivery Manager Senior Service Manager Senior Nurse Manager Service Manager Service Manager Service Support Manager Glaucoma Practitioner Glaucoma Practitioner HCSW HCSW HCSW HCSW HCSW HCSW HCSW IVT Practitioner IVT Practitioner IVT Practitioner Junior Sister Junior Sister Junior Sister Lead Opthalmic Technician Lead Opthalmic Technician Lead Opthalmic Technician Lead Opthalmic Technician Lead Opthalmic Technician Lead Opthalmic Technician Lead Opthalmic Technician Pre-Op Specialist Nurse Senior HCSW Senior Sister Senior Sister Senior Sister Staff Nurse Staff Nurse Staff Nurse Staff Nurse	Staff Nurse Staff Nurse Staff Nurse Staff Nurse Staff Nurse Staff Nurse Staff Nurse Staff Nurse Staff Nurse Staff Nurse Staff Nurse Staff Nurse Day Surgical Unit Sister PPH/AVH Sister DSU Senior Sister Senior Sister Theater Senior in Charge Substantive Consultant Substantive Consultant Substantive Consultant Locum Consultant Visiting Consultant Specialty Consultant Specialty Doctor Specialty Doctor Specialty Doctor Specialty Doctor Specialty Doctor Specialty Doctor Specialty Doctor Visiting Consultant Visiting Consultant Locum Consultant Locum Consultant Speciality Doctor Unit Clerk Unit Clerk Ophthalmology Co-Ordinator Ophthalmology Co-Ordinator	Glaucoma Co-Ordinator Clerical Officer Project Support Officer AMD AMD Co-Ordinator AMD Co-Ordinator Receptionist Receptionist Medical Secretary/Referrals Clerk Medical Secretary Medical Secretary Medical Secretary Medical Secretary Medical Secretary

Project Plan and Schedule

In development

Project	CSP – Ophthalmology Project

Project Plan	The Project Plan will be logged and managed through the PACE software application
Project Risks and Issues	Project Risks and Issues will be logged and managed through the PACE software application



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Project Initiation Document
Orthopaedics Task and Finish Group - Planned Care Project
Clinical Services Plan

Document Version Control

Project	CSP – Orthopaedics Project

Version	Comments	Issued to	Date
0.1	First Draft	Task & Finish Group	
0.2	Stakeholder Map Added	Task & Finish Group	23 October 2023
0.3	Link to NCSOS	Task & Finish Group	30 October 2023
0.4	Update to scope (data) Sites delivered (changes)	Task & Finish Group Planned Care Project Group Finance	04 January 2024
0.5	Objectives added	Task & Finish Group	12 January 2024

Why is this project important?

Project CSP – Orthopaedics Project

Team	**SRO:** Operations Director **Project Manager**:
Background	The Orthopaedics Task and Finish Group will report into the Planned Care Project group for all CSP activities. This in turn will feed into the Programme Initiation Document.
Scope	The scope of this project is to undertake a clinically led assessment of the Orthopaedics pathway at WGH, BGH, PPH & GGH since 2018 resulting in an issues paper outlining all the changes (As highlighted in the table below), impacts and issues to date. Outsourced activity will be captured within the service activity data. Orthopaedics Data will be based on the activity of Elective orthopaedics delivered at the sites in the table below. The Orthopaedics pathway is defined as patients who receive care for the following specified conditions: (This data was recorded more robustly from 2021 on wards) . For the purposes of this issues paper the data will be defined as per the service definition. (to include date types 'Trauma and orthopaedics', 'trauma and orthopaedics USC', 'Athroplasty', 'Assessment T&O')

Hip – Degenerative, TO10(A)
Hip – Post traumatic, TO10(B)
Hip – Soft tissue, TO10(C)
Hip – Revision, TO10(D)
Knee – Soft tissue (ACL meniscus), TO11(A)
Knee – Other soft tissue, TO11(B)
Knee – Degenerative, TO11(C)
Knee – Revision, TO11(D)
Spine – Cervical, TO12(A)
Spine – Lumbar, TO12(B)
Spine – Thoracic, TO12(C)
Spine – Other, TO12(D)
Shoulder, (TO13)
Elbow , (TO14)

Hand - Carpal tunnel, TO15(A)
Hand - Dupuytrens, TO(B)
Hand - Ganglion, TO(C)
Hand - Other soft tissue, TO(D)
Hand – Post trauma, TO(E)
Hand – Bony/ degenerative, TO(F)
Foot, TO16(A)
Forefoot HV, TP16(B)
Forefoot non HV, TO16(C)
Ankle/hindfoot, TO16(D)
Widespread pain, TO17
Paeds – Foot & Ankle, TO18(A)
Paeds – Hip & Pelvis, TO18(B)
Paeds – Spine, TO18(C)
Paeds – Knee, TO18(D)
Paeds – Upper Limb, TO18(E)

Site/ Elective Type	Outpatients (OPD)	Day Surgery	Inpatients Surgery
GH	Y	-	-
PPH	Y	Y	Y
BG	Y	Y	Y
WH	Y	Y	-
Community Sites	Y	-	

(Current Site Operations Post COVID-19)

Why is this project important?

Project	CSP – Orthopaedics Project

Team	**SRO:** Operations Director **Project Manager**:
Out of scope	• Any service areas and or pathways not defined within the 'scope' above • Options development (this may be undertaken at a later stage) • Opportunities for the new and repurposed hospital configurations (this may be undertaken at a later stage)
Assumptions	• The issues paper will be produced following the methodology agreed through the CSP Steering group
Objectives	• Provide assurance to the Planned Care Project Group via the project manager • Refer decisions to the Planned Care Project Group • Ensure delivery of the Orthopaedics project aspect of the Clinical Services Plan programme in line with the defined scope agreed through the Planned Care Project Group • Identify any areas of clinical contention that could affect the Clinical Services Plan programme or limitations which could impact decision making to the Planned Care Project Group • Identify risks and issues relating to project activities and highlight these to the Planned Care Project Group • Ensure that there is sufficient stakeholder representation to provide assurance that robust clinical engagement has taken place. Assurance will be provided to the Clinical Services Plan Steering Group via the Planned Care Project Group • Provide and assess accurate data, based on clinical considerations and planning assumptions to deliver a robust assessment/report

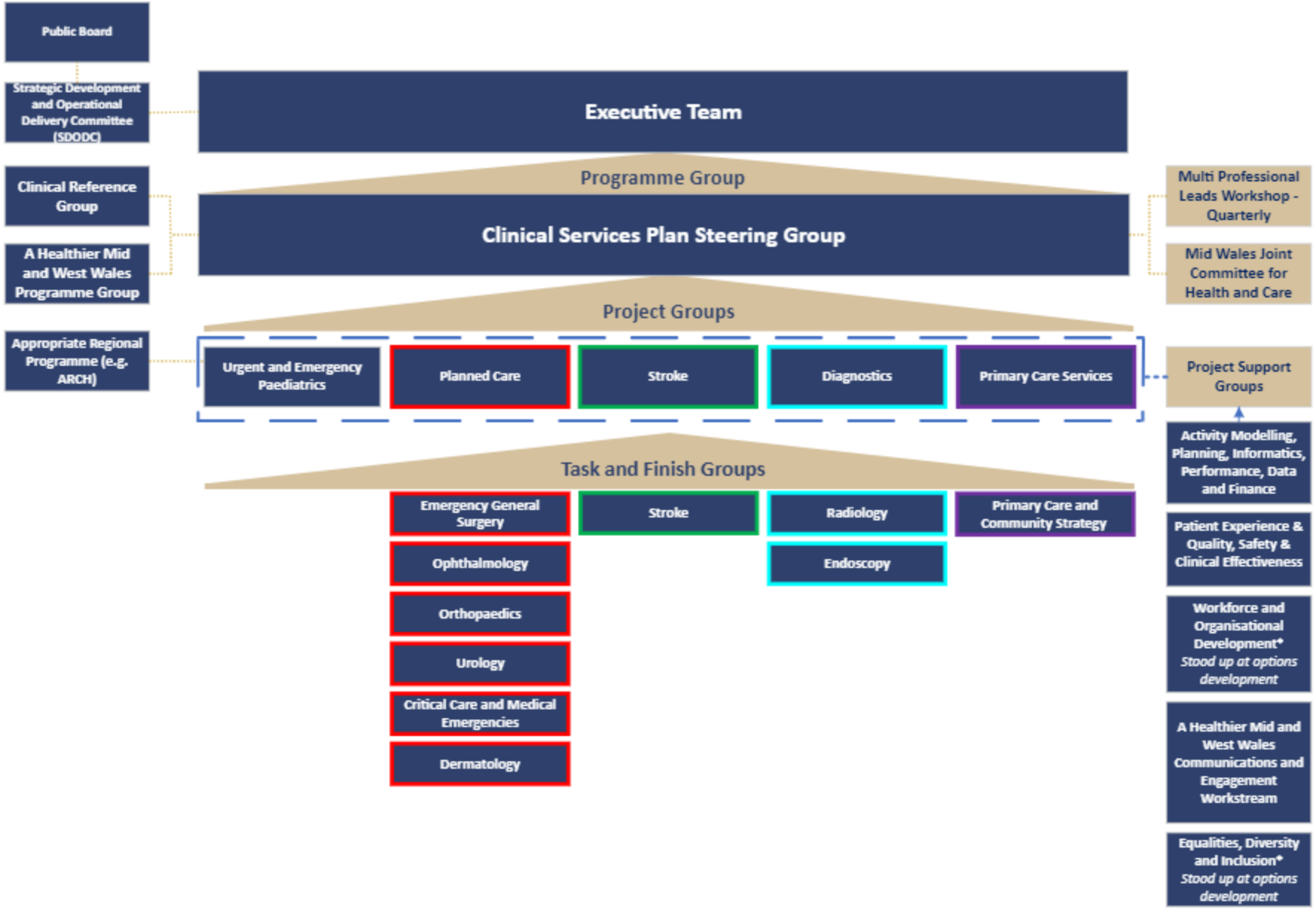
How will the project be delivered?

Project CSP – Orthopaedics Project

Agreed Issues Paper Methodology	An issues paper will be developed for each service looking back to 2018, to understand what is good, what is not so good, and what needs to be improved. **What will the issues paper contain?** A review and documentation of all updates to **Public Board - temporary changes and Risks** **Targeted early engagement with a multidisciplinary team** who work within the service areas including Medical, Nursing, Therapies, Operational and Support staff. Staff members will be invited to provide their views about what was good, bad, needed improvement, and/or, any issues regarding the service(s) Review of **patient experience data** collated by the service(s) and Patient Experience team Review of **incidents, complaints, compliments and claims data** collated on the Health Board's concerns management system provided by DatixCymru and RLDatix **Targeted early engagement survey** undertaken with service users Service **Activity Data** including any identified **Outsourced Activity.** Reference to **local & regional work** (where applicable) - ARCH and Getting It Right First Time (GIRFT) reports Reference to **National work** (where applicable) - National Clinical Strategies **Finance** -Understand the key cost drivers for services Review of **workforce data** **Clinical effectiveness -** NICE Guidance and other national guidance

How will the project be delivered?

Project	CSP – Orthopaedics Project



How will the project be delivered?

Project CSP – Orthopaedics Project

Task and Finish Group Membership	Clinical Lead, Trauma and Orthopaedics (Representative for GGH & PPH) Consultant Orthopaedics, Representative for WGH Consultant Orthopaedics, Representative for BGH Service Delivery Manager, Trauma and Orthopaedics Service Manager, Trauma and Orthopaedics Project Manager, Trauma and Orthopaedics Senior Nurse Manager, Trauma and Orthopaedics Principal Programme Manager, Transformation Programme Office Senior Project Manager, Transformation Programme Office
Key Stakeholders	Orthopaedics Stakeholder Map Orthopaedics Stakeholder Map v0.2

Stakeholder Group A – Consider	Stakeholder Group B – Involve (key players)	
Welsh Government Royal Colleges NICE guidelines GIRFT (Getting it Right First Time) Regional Collaborative Mid Wales Collaborative HEIW (Health Education and Improvement Wales) National Clinical Strategy for Orthopaedic Services (NCSOS) Media	CMAT (Clinical Musculoskeletal Assessment and Treatment Service) Medical Orthopaedic Medical Staff - Clinical leads - Junior - Middle Grade - Consultant Specialist Nurses Senior Nurse Managers Advanced Nurse Practitioners Plaster Service staff Therapy staff – acute and community - Physiotherapists - Occupational Therapists - Podiatry Orthopaedic Management team Pharmacy Anaesthetics (theatres and pain management)	Ward staff: - PPH – Ward 6 - Withybush – Ward 1 - Bronglais – Rhiannon / Ceredig Pre-assessment (PPH, Withybush, Bronglais, Glangwili) Theatres (PPH, Bronglais, Withybush) - Anaesthetics - Theatre support staff Waiting list teams (PPH, Bronglais, Withybush) Radiology (X-ray, MRI, CT, Ultrasound) Cardiology - ECG Outpatients (PPH, Bronglais, Withybush, Glangwili) Digital team Informatics Pathology Swansea Bay UHB – Orthopaedic services Neurophysiology Trade Unions
Stakeholder Group C – Inform	**Stakeholder Group D – Reach out**	
Universities Post-graduate services Tissue viability service Pain clinics Pharmaceutical support companies Equipment support companies Ystradgynlais clinic	General Practitioners Patients Carers and families Third Sector organisations - Versus Arthritis, Arthritis Care, British Red Cross (post-op) Nursing Homes General public Powys tHB (residents who access services) Betsi Cadwaladr (residents who access services) Staffing Agencies (medical and nursing) HSDU (sterile services) Community Hospitals/ Centres - Tenby Cottage Hospital (clinic)	Llais (previously CHC) Health records Medical secretaries Estates Hotel Services Ambulance Service Waiting list support service Orthopaedic Rehabilitation service Social Services Community health services - Community District Nurses - Practice Nurses - Therapy staff

How will the project be delivered?

In development

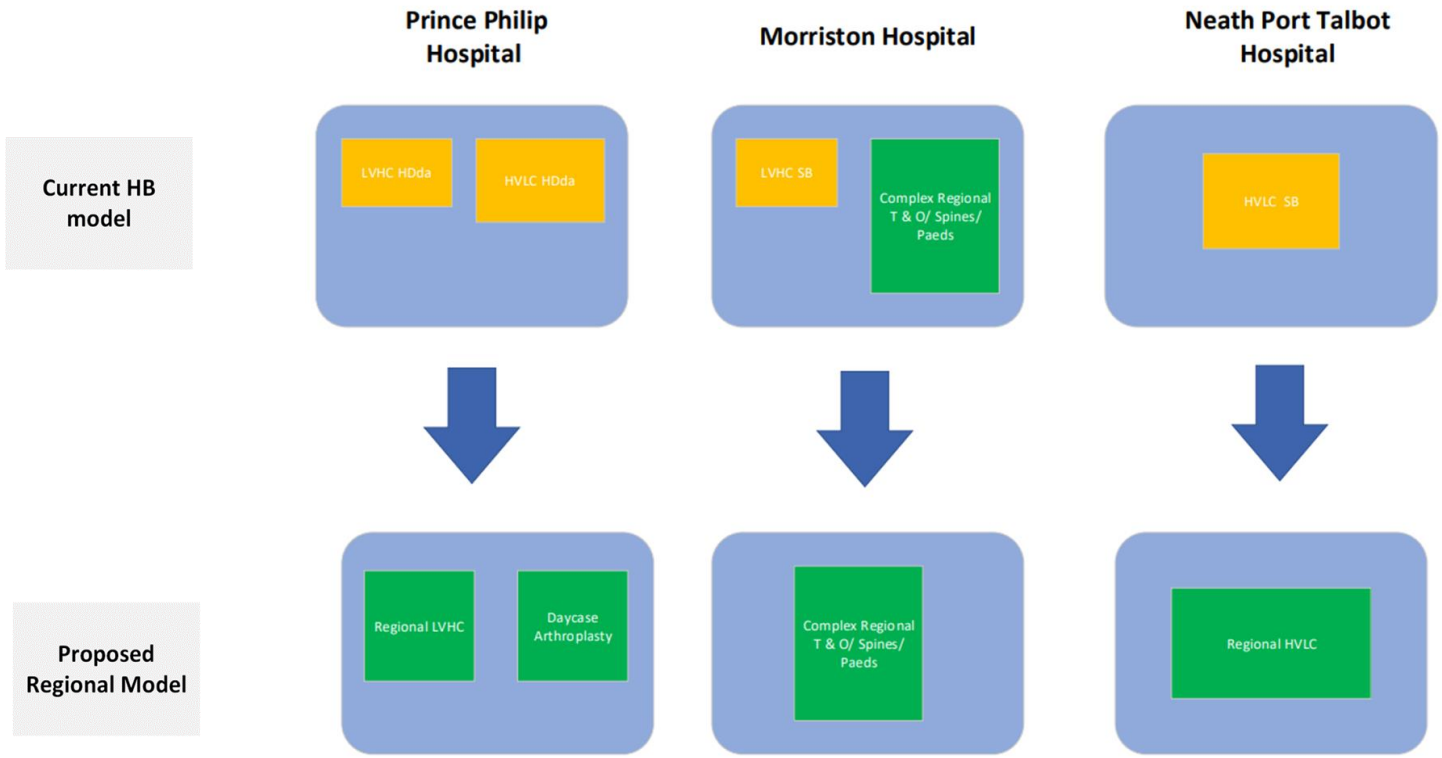
Project CSP – Orthopaedics Project

Targeted Staff Engagement Group	*What the group will do as per defined methodololgy*
	T&O Juniors WGH T&O Juniors WGH T&O Juniors WGH T&O Juniors WGH T&O Juniors WGH T&O Juniors WGH T&O Juniors in BGH T&O Juniors in BGH T&O Juniors in BGH T&O Juniors in BGH T&O Juniors in BGH T&O Juniors in BGH T&O Juniors GGH T&O Juniors GGH T&O Juniors GGH T&O Juniors GGH T&O Juniors GGH T&O Juniors GGH T&O Juniors GGH T&O Juniors GGH T&O Juniors GGH T&O Juniors GGH T&O Juniors GGH T&O Consultants Health Board Wide T&O Consultants Health Board Wide T&O Consultants Health Board Wide T&O Consultants Health Board Wide

Additional Project Considerations

Project	CSP – Orthopaedics Project

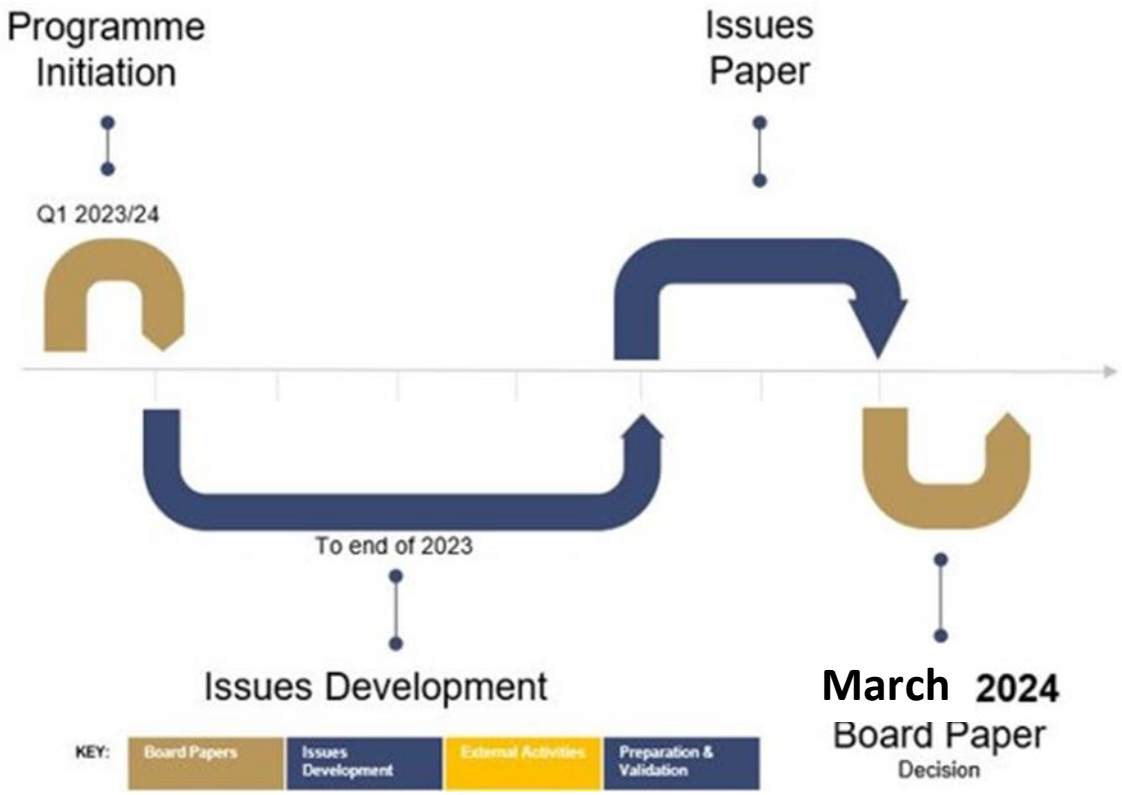
Regional Relationships	
	National Clinical Strategy for Orthopaedic Surgery Programme (NCSOS)
	South West Wales Demand Capacity Modelling 156 week waits – Hywel Dda and Swansea Bay University Health Boards **For Information Only** and does not form part of the Clinical Services Plan Programme - Current and Proposed Temporary Solution to reduce the 156 week waits



How will the project be delivered?

Programme	CSP – Orthopaedics Project

Critical milestones - indicative	
Project Risks and Issues	Project Risks and issues will be managed through PACE software application
Project Critical Path	The Project Critical Path will be managed through the PACE software application, accessible by using this link Project: Information: Planned Care - Orthopaedics - Power Apps (dynamics.com)



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Project Initiation Document
Radiology Task & Finish Group
Clinical Services Plan

Document Version Control

Project	CSP – Radiology T&F Group

Version	Comments	Issued to	Date
0.1	First Draft		
0.2	Updated group membership	T&F	29 August 2023
0.3	Stakeholder map v1 & methodology added	T&F	20 September 2023
0.4	Updated group membership	T&F	31 October 2023
0.5	Change of name to Radiology; additional pathways and modalities added; updated stakeholder map added	T&F	31 October 2023
0.6	Updated modalities by site	T&F	07 November 2023
0.7	Updated modalities by site, group membership	T&F	14 November 2023
0.8	Updated governance chart	T&F	26 February 2024

Why is this project important?

Project CSP – Radiology T&F Group

Team

SRO: Operations Director

Project Manager:

Background

The Radiology Task and Finish Group will report into the Diagnostic Project group for all CSP activities. (link to Diagnostic PID)

Scope (draft)

The scope of this project is to undertake a clinically led assessment of the Radiology pathway at WGH, BGH, PPH & GGH since 2018 resulting in an issues paper outlining all the changes, impacts and issues to date. The pathway is defined as patients who receive care for the following specified conditions:

		Sites							
Pathway	Modality	Bronglais	Glangwili	Prince Philip	Withybush	Cardigan	Tenby	Llandovery	South Pembrokeshire
All	CT	Y	Y	Y	Y	N			
All	FLUOROSCOPY	Y	Y	Y	Y	N			
All	INTERVENTIONAL	Y	Y	Y	Y	N			
All	MAMMOGRAPHY	Y	N	Y	Y	N			
All	MR	Y	Y	Y	Y	N			
All	NUCLEAR MEDICINE	NA	N	NA	Y	N			
All	OBSTETRIC US	Y	Y	Y	Y	N			
All	PLAIN X-RAY	Y	Y	Y	Y	Y	Y	Y	Y
All	Dexa (*Mobile Unit)	Y	Y(*)	Y(*)	Y(*)	N			
All	Dental	Y	Y	N	Y	Y			
All	ULTRASOUND	Y	Y	Y	Y	N			
Other	GP walk in access for x-ray (please specify)	NA	Y 9.30am - 7.30pm Every day for X-Ray	Y 8am - 5pm Monday - Friday	Y CXR only 3-4:30pm	N	Y 3pm-4.30pm	Y Tuesday 10-4pm	N
	GP appointments for x-ray	Mon-Fri 9am-4.30pm	N	N	Mon-Fri 9am-4.30pm Sat and Sun am	Mon-Fri 9am - 4.30pm	Yes 9am-4.30pm	Yes Tuesday 10-4pm	N
Other	Pathways (please specify)	LUMEN CHEST Cardiac CT,	LUMEN CHEST, Cardiac CT, Paed MRI (GA), Skeletal Surveys (NAI)	LUMEN CHEST, CT/Plain film clinical trials, Coronary Angiography	LUMEN CHEST	LUMEN CHEST			

Out of scope

- Any service areas and or pathways not defined within the 'scope' above
- Options development (this may be undertaken at a later stage)
- Opportunities for the new and repurposed hospital configurations (this may be undertaken at a later stage)

Assumptions

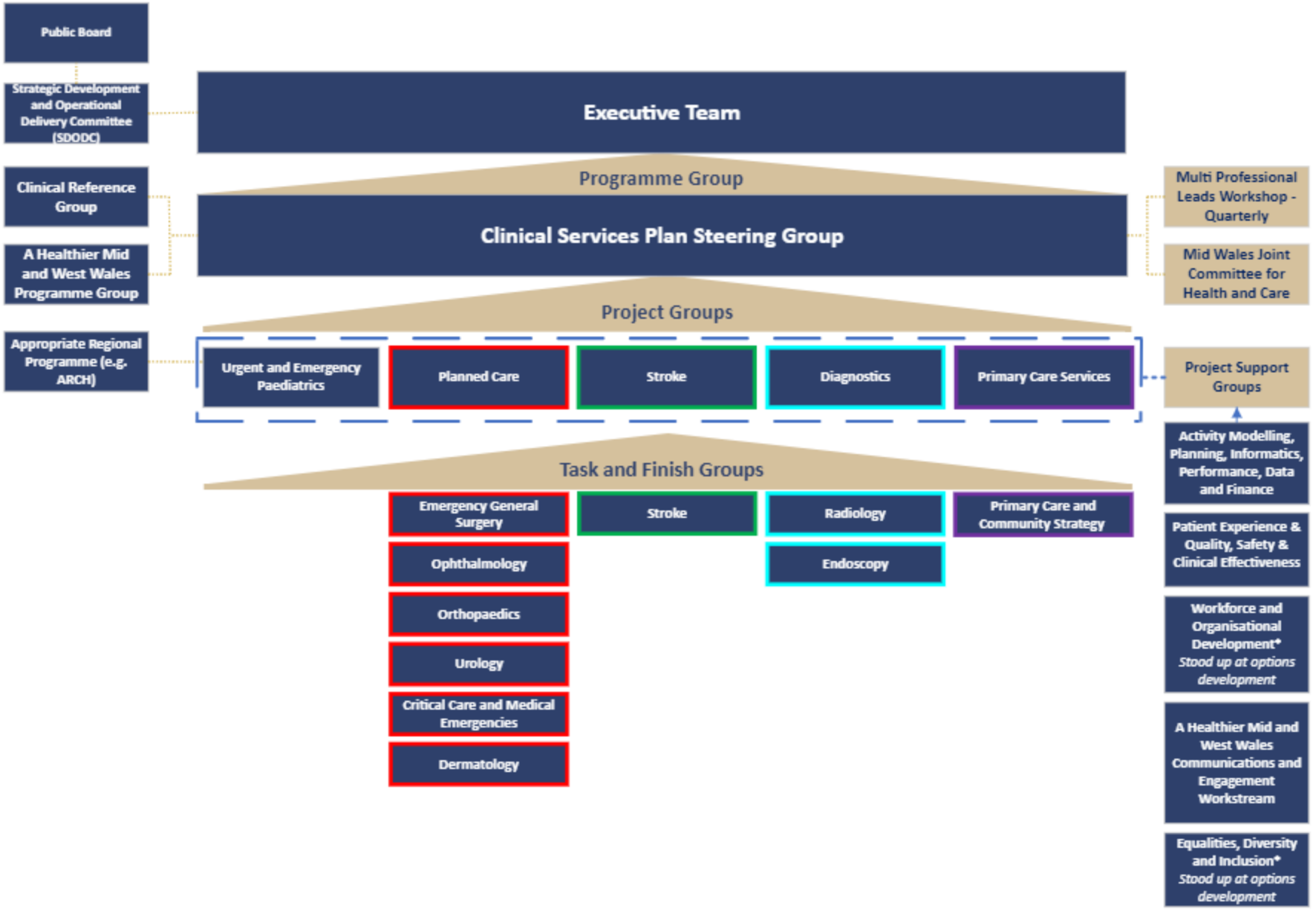
- The issues paper will be produced following the methodology agreed through the CSP Steering group (add link)

How will the project be delivered?

Agreed Issues Paper Methodology	An issues paper will be developed for each service looking back to 2018, to understand what is good, what is not so good, and what needs to be improved. **What will the issues paper contain?** A review and documentation of all updates to **Public Board - temporary changes and Risks** **Targeted early engagement with a multidisciplinary team** who work within the service areas including Medical, Nursing, Therapies, Operational and Support staff. Staff members will be invited to provide their views about what was good, bad, needed improvement, and/or, any issues regarding the service(s) Review of **patient experience data** collated by the service(s) and Patient Experience team Review of **incidents, complaints, compliments and claims data** collated on the Health Board's concerns management system provided by DatixCymru and RLDatix **Targeted early engagement survey** undertaken with service users Service **Activity Data** including any identified **Outsourced Activity.** Reference to **local & regional work** (where applicable) - ARCH and Getting It Right First Time (GIRFT) reports Reference to **National work** (where applicable) - National Clinical Strategies Review of **workforce data** **Clinical effectiveness -** NICE Guidance and other national guidance **Finance** - Understand the key cost drivers for services

How will the project be delivered?

Project	CSP – Radiology T&F Group



How will the project be delivered?

Project CSP – Radiology T&F Group

Task and Finish Group Membership	(Hywel Dda UHB - Head of Radiology) (Hywel Dda UHB - PA to Head of Radiology) Clinical Director Radiology, Consultant Radiologist (Hywel Dda UHB - Site Lead Superintendent Radiographer) (Hywel Dda UHB - Lead Superintendent Radiographer) (Hywel Dda UHB - Deputy Site/ General Lead Supt Radiographer) (Radiographer - Hywel Dda UHB) (Hywel Dda UHB - Lead Superintendent Radiographer)	(Hywel Dda UHB - BGH Radiology Site Lead Radiographer) (Hywel Dda UHB - General Superintendent Radiographer & Deputy Site Lead) (Hywel Dda UHB – Radiology Systems Manager) (General Manager Unscheduled Care - Hywel Dda UHB) Senior Project Manager, Transformation Programme Office Project Manager, Transformation Programme Office
Key Stakeholders	Stakeholder Map: Stakeholder map - Radiology.doc Please click on the link above for the full stakeholder map	Version 0.2:

Stakeholder Group A – CONSIDER	Stakeholder Group B – KEY PLAYERS	
Media (including social media) Local Politicians – Town & Community Councillors, County Councillors, MPs, MS	Unscheduled care: - A&E - SDEC - Minor Injuries - AMAU - CDU (Glangwili); ACDU (Withybush) - All inpatient Wards Cancer services - USC (Urgent Suspected Cancer) – primary and secondary care referrals - Staging Radiology staff: - Consultant Radiologists - Radiology Managers - Modality leads - PACS Manager Endoscopy Cardiology IT Site Managers	GP Practices Colorectal Breast clinic Respiratory Gynaecology Urology Obstetrics Trauma Orthopaedics Referrers (urgent): - Medical - Non-medical (nurses) Medical Physics Experts Trade Unions
Stakeholder Group C – INFORM	**Stakeholder Group D – MEET NEEDS / REACH OUT**	
Other Health Board staff Service Contract Providers – Preventative Maintenance and Repair services	Speech and Language Therapy Podiatry Physiotherapy Patients - including - PALS - Surveys - Social Media Llais Community Hubs (Llandovery, South Pembs, Cardigan ICC, Tenby) Estates Stores Hotel Services – Cleaners, Porters Fire Officers	Protected characteristics: Older people Disabilities Social disadvantage - E.g. lack of access to transport, affordability All Wales Imaging Essentials Group ARCH Swansea Bay UHB (eg specialist, cardiac) Cardiff & Vale UHB (e.g. paediatrics) Powys LHB WAST – patient transport Bed Managers

How will the project be delivered?

In development

Project CSP – Radiology T&F Group

Targeted Staff Engagement Group (draft)

What the group will do as per defined methodology

Glangwili Site	Withybush Hospital
(Hywel Dda UHB - Radiographer) (Hywel Dda UHB - CT Radiographer) (Hywel Dda UHB - Radiographer) (Hywel Dda UHB - Radiographer) (Hywel Dda UHB - Radiographer) (Hywel Dda UHB - Radiology Department GGH) (CT Assistant - Hywel Dda UHB) (Hywel Dda UHB - Radiographer) (Hywel Dda UHB - CT Radiographer) (Hywel Dda UHB - Deputy Site/ General Lead Supt Radiographer) (Hywel Dda UHB - Radiographer) (Hywel Dda UHB - Senior Radiographer) (Hywel Dda UHB - Radiographer) (Hywel Dda UHB - Radiographer) (Hywel Dda UHB - Radiographer) (Hywel Dda UHB - CT Lead Radiographer) (Hywel Dda UHB - Superintendent Radiographer - GGH) (Hywel Dda UHB - Radiographer) (Hywel Dda UHB - Radiographer) (Hywel Dda UHB - Senior Radiographer) (Hywel Dda UHB - Radiographer) (Hywel Dda UHB - Radiology Systems Manager) (Hywel Dda UHB - Radiographer) (Hywel Dda UHB - Radiographer) (Hywel Dda UHB - Radiographer) (Hywel Dda UHB -) (Hywel Dda UHB - Radiographer) (Hywel Dda UHB - Radiographer) (Hywel Dda UHB - Radiographer) (Hywel Dda UHB - Radiographer) (Hywel Dda UHB - Radiographer) (Hywel Dda UHB - MRI/PACS Radiographer) (Hywel Dda UHB - Radiographer) (Hywel Dda UHB - Radiographer) (Hywel Dda UHB - Radiographer) (Hywel Dda UHB - Radiographer) (Hywel Dda UHB - Radiographer)	(Hywel Dda UHB - Lead Superintendent Radiographer) (Hywel Dda UHB - MRI Radiographer (Hywel Dda UHB - Radiology Admin/computer Manager) (Hywel Dda UHB - Deputy Site/ General Lead Supt Radiographer) (Hywel Dda UHB - Pembs_Radiology) (Hywel Dda UHB - Senior Ultrasound Assistant) (Hywel Dda UHB - RADIOLOGY) (Hywel Dda UHB - Midwife Sonographer) (Hywel Dda UHB - Pembs_Radiology) (Hywel Dda UHB - Radiographer) (Hywel Dda UHB - Radiographer) (Hywel Dda UHB - RADIOLOGY) (Hywel Dda UHB - Diagnostic Radiographer) (Hywel Dda UHB - Pembs_Radiographer) (Hywel Dda UB - Radiographer) (Hywel Dda UHB - Superintendent Radiographer) (Hywel Dda UHB - Pembs_Clinical Technician) (Hywel Dda UHB - Radiographer) (Hywel Dda UHB - Radiographer) (Hywel Dda UHB - Radiographer) (Hywel Dda UHB - MRI assistant) (Hywel Dda UHB - Health Care Support Worker) (Hywel Dda UHB - PA To Superintendent Radiographer)

How will the project be delivered?

In development

Project CSP – Radiology T&F Group

Targeted Staff Engagement Group (draft)

What the group will do as per defined methodology

Prince Philip Hospital	
(Radiographer - Hywel Dda UHB) (Hywel Dda UHB - Appointments Officer and Radiology Office Manager) (Hywel Dda UHB - Clerical Officer) (Hywel Dda UHB - Radiologyr Assistant) (Hywel Dda UHB - Radiology Assistant) (Hywel Dda UHB - Radiography Assistant) (Hywel Dda UHB - Radiology Assistant) (Hywel Dda UHB - Radiography Assistant) (Hywel Dda UHB - HCSW) (Hywel Dda UHB - Consultant Radiologist) (Hywel Dda UHB - Xray Department PPH) (Hywel Dda UHB - Locum Radiologist) (Hywel Dda UHB - X-Ray Department) (Hywel Dda UHB - Consultant Radiologist) (Hywel Dda UHB - Consultant Radiologist MSK) (Hywel Dda UHB - Radiographer) (Hywel Dda UHB - Radiographer) (Hywel Dda UHB - Radiographer) (Hywel Dda UHB - Radiographer) (Hywel Dda UHB - Radiographer) (Hywel Dda UHB - Radiology - PPH) (Hywel Dda UHB - Radiographer) (Hywel Dda UHB - Radiographer) (Hywel Dda UHB - Radiographer) (Hywel Dda UHB - Clerical Officer) (Hywel Dda UHB - Radiographer) (Hywel Dda UHB - Specialist Radiographer) (Hywel Dda UHB - Radiographer) (Hywel Dda UHB - Xray Department PPH) (Hywel Dda UHB - Radiographer) (Hywel Dda UHB - Radiographer) (Hywel Dda UHB - Transport and Travel Administrator) (Hywel Dda UHB - Clerical Officer) (Hywel Dda UHB - Clerical officer) (Hywel Dda UHB - Clerical Officer)	(Hywel Dda UHB - Xray Department PPH) (Hywel Dda UHB - Domestic) (Hywel Dda UHB - Medical Secretary) (Hywel Dda UHB - Medical Secretary) (Hywel Dda UHB - Clerical Officer) (Hywel Dda UHB - Specialist Radiographer) (Hywel Dda UHB - Radiographer) (Hywel Dda UHB – Radiographer) (Hywel Dda UHB - Radiographer) (Hywel Dda UHB – Radiographer) (Hywel Dda UHB - Radiographer) (Hywel Dda UHB - Xray Department PPH) (Hywel Dda UHB - Specialist Radiographer) (Hywel Dda UHB - RAdiographer) (Hywel Dda UHB - Radiographer) (Hywel Dda UHB - Radiographer) (Hywel Dda UHB - Staff Nurse) (Hywel Dda UHB - CNS) (Hywel Dda UHB - S/N) (Hywel Dda UHB - X-Ray) (Hywel Dda UHB - Radiology Sister) (Hywel Dda UHB - Nurse) (Hywel Dda UHB - Reporting Radiographer) (Reporting Radiographer - Hywel Dda UHB) (Hywel Dda UHB - Sonographer) (Hywel Dda UHB - Radiography Assistant) (Hywel Dda UHB - Sonographer) (Hywel Dda UHB - Locum Sonographer) (Radiographer - Hywel Dda UHB) (Hywel Dda UHB - Radiographer)

How will the project be delivered?

In development

Project CSP – Radiology T&F Group

Targeted Staff Engagement Group (draft)

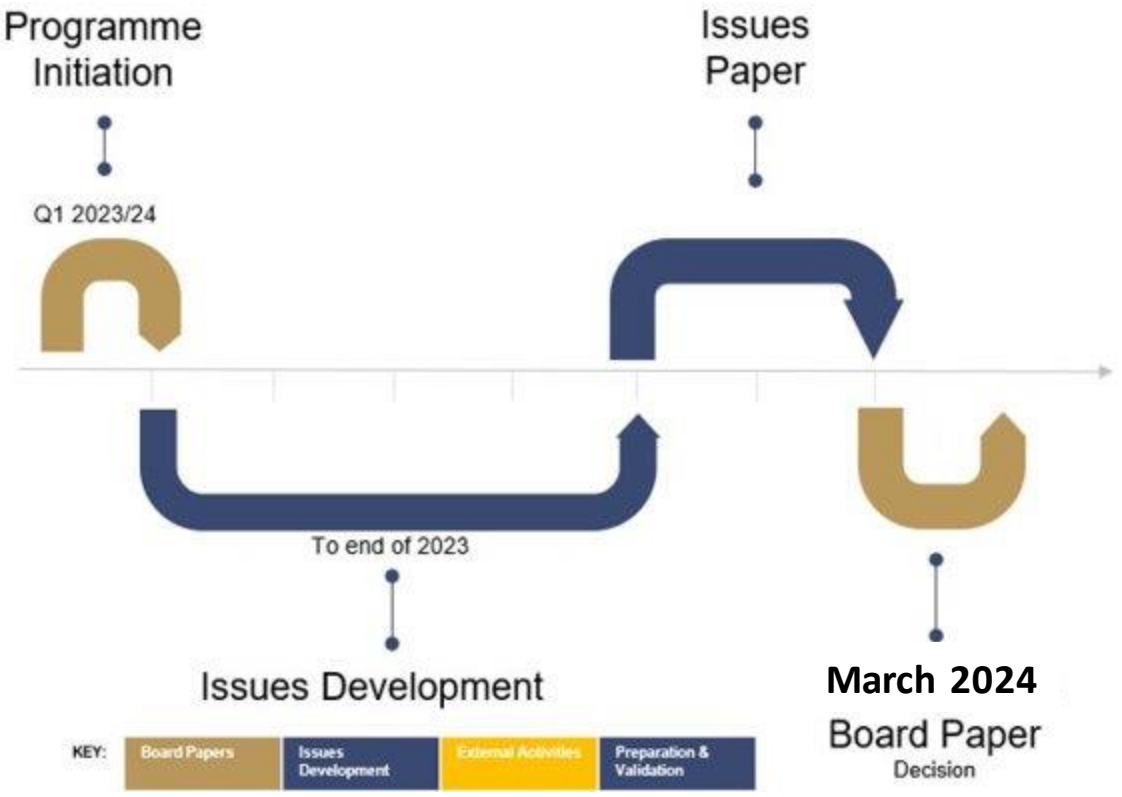
What the group will do as per defined methodology

Bronglais General Hospital	
(Hywel Dda UHB - Radiography Assistant Practitioner) (Hywel Dda UHB - Senior Radiographer) (Hywel Dda UHB - Radiography assistant practioner) (Hywel Dda UHB - Senior Radiographer) (Hywel Dda UHB - Imaging Assistant) (Hywel Dda UHB - Imaging Assistant) (Hywel Dda UHB - Senior Radiographer) (Hywel Dda UHB- Radiology Sister) (Hywel Dda UHB - Senior Radiographer) (Hywel Dda UHB - Radiographer) (Hywel Dda UHB - Senior Radiographer) (Hywel Dda UHB - MRI Superintendent Radiographer) (Hywel Dda UHB - BGH Radiology Site Lead Radiographer) (Hywel Dda UHB - Sonographer) (BCUHB - Radiology) (Hywel Dda UHB - Radiology Imaging Assistant) (Hywel Dda UHB - PACS Administrator/Secretary) (Hywel Dda UHB - Radiographer) (Hywel Dda UHB - HCSW) (Hywel Dda UHB - Senior Radiographer) (Hywel Dda UHB - Radiology Imaging Assistant) (Hywel Dda UHB - Support Worker) (Hywel Dda UHB - Radiographer) (Hywel Dda UHB - Radiology Clerical Officer) (Hywel Dda UHB - Assistant Practitioner in Radiology) (Hywel Dda UHB - Imaging Assistant) (Hywel Dda UHB - CT Superintendent Radiographer) (Hywel Dda UHB - Senior Radiographer) (Hywel Dda UHB - Healthcare Support Worker) (Hywel Dda UHB - RadioGraphy Helper) (Hywel Dda UHB - Senior Radiographer) (Hywel Dda UHB - Senior Radiographer) (Hywel Dda UHB - Advanced Practitioner Ultrasound) (Hywel Dda UHB - Senior Radiographer) (Hywel Dda UHB - Senior Radiographer) (Hywel Dda UHB - Senior Radiographer) (Hywel Dda UHB - Bronglais Radiology Office Supervisor)	(Hywel Dda UHB - Senior Radiographer) (Hywel Dda UHB - Radiology Clerical Officer) (Hywel Dda UHB - Radiology PACS & IT) (Hywel Dda UHB - Senior Radiographer BGH) (Hywel Dda UHB - Senior Radiographer) (Hywel Dda UHB - Lead Ultrasonographer) (Hywel Dda UHB - Radiographer) (Hywel Dda UHB - Senior Radiographer) (Hywel Dda UHB- Radiology) (Hywel Dda UHB - senior midwife) (Hywel Dda UHB - Senior Radiographer) (Hywel Dda UHB - Senior Radiographer) (Hywel Dda UHB - Radiology PACS Administrator) (Hywel Dda UHB - Bronglais Radiographer) (Hywel Dda UHB - Consultant Breast Radiographer) (Hywel Dda UHB - Senior Radiographer)

How will the project be delivered? Part 2

Programme	CSP – Radiology T&F Group

Critical milestones - indicative	
Project Plan	The Project Plan will be managed through PACE software application. https://orgb72f3d1c.crm11.dynamics.com/main.aspx?appid=05ef7176-29d5-ec11-a7b6-000d3ad48dab&pagetype=entityrecord&etn=msdyn_project&id=c16b57ad-8571-ee11-8179-6045bd0f5176&lid=1705313120298
Project Risks & Issues	The Project risks will be managed through the PACE software application



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Project Initiation Document
Stroke Project Group | Clinical Services Plan
January 2024

Document Controls

In development

Project	Stroke Project Group

Publication History

Version	Date	Reason for update	Updated by	Approved by	Approval date
V0.1	06 JUL 23	Initial draft version, issued to Stroke Steering Group	TPO team		
V0.2	02AUG23	Update to scope to align with wider Clinical Service Plan Programme	BR, TPO team		
V0.3	12JAN24	Updated to reflect SRO	RF,BR		

Why is this project important?

In development

Project	CSP – Stroke Project

Team	**SRO:** Executive Director of Therapies and Health Science
	Project Manager:
Background	The Stroke Task and Finish Group will report into the Stroke Steering group for all CSP activities. (link to Stroke Steering Group PID)
Scope	To undertake a Clinically led assessment of the Stroke pathway at all sites within the health board delivering Stroke services since 2018 resulting in an issues paper outlining all the changes, impacts and issues to date Stroke pathway is defined as patients who receive care under the following sub-specialities:
Out of scope	• Any service areas and or pathways not defined within the 'scope' above • Options development (this may be undertaken at a later stage) • Opportunities for the new and repurposed hospital configurations (this may be undertaken at a later stage)
Assumptions	• The issues paper will be produced following the methodology agreed through the CSP Steering group
Objectives	• Provide assurance to the Stroke Steering Group via the project manager • Refer decisions to the Stroke Steering Group • Ensure delivery of the Stroke project aspect of the Clinical Services Plan programme in line with the defined scope agreed through the Stroke Steering Group • Identify any areas of clinical contention that could affect the Clinical Services Plan programme or limitations which could impact decision making to the Stroke Steering Group • Identify risks and issues relating to project activities and highlight these to the Stroke Steering Group • Ensure that there is sufficient stakeholder representation to provide assurance that robust clinical engagement has taken place. Assurance will be provided to the Clinical Services Plan Steering Group via the Planned Care Project Group • Provide and assess accurate data, based on clinical considerations and planning assumptions to deliver a robust assessment/report

How will the project be delivered?

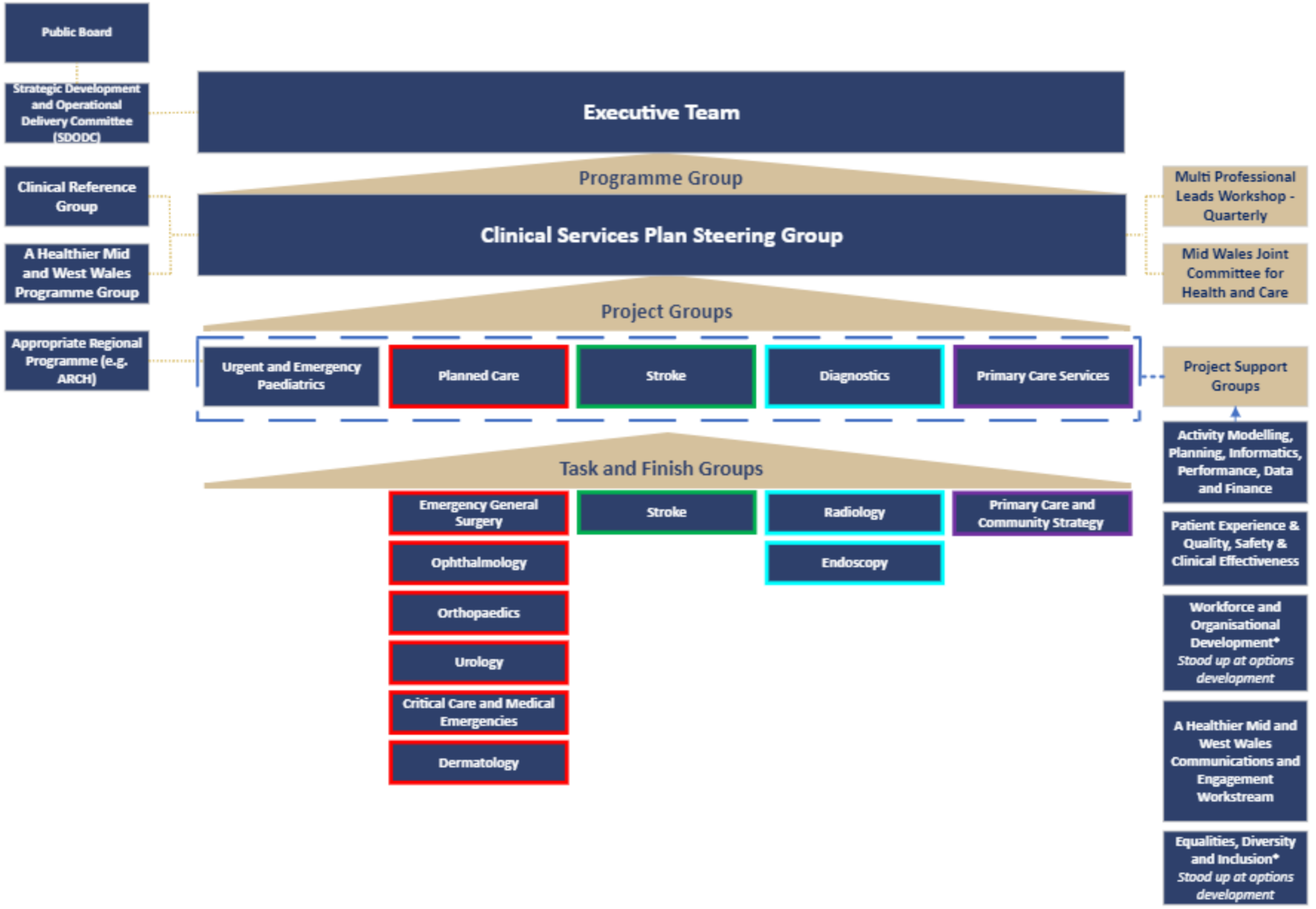
In development

Project CSP – Stroke Project

Agreed issues paper methodology	An issues paper will be developed for each service looking back to 2018, to understand what is good, what is not so good, and what needs to be improved. **What will the issues paper contain?** A review and documentation of all updates to **Public Board - temporary changes and Risks** **Targeted early engagement with a multidisciplinary team** who work within the service areas including Medical, Nursing, Therapies, Operational and Support staff. Staff members will be invited to provide their views about what was good, bad, needed improvement, and/or, any issues regarding the service(s) Review of **patient experience data** collated by the service(s) and Patient Experience team Review of **incidents, complaints, compliments and claims data** collated on the Health Board's concerns management system provided by DatixCymru and RLDatix **Targeted early engagement survey** undertaken with service users Service **Activity Data** including any identified **Outsourced Activity.** Reference to **local & regional work** (where applicable) - ARCH and Getting It Right First Time (GIRFT) reports Reference to **National work** (where applicable) - National Clinical Strategies, Wales Audit Office Reviews Review of **workforce data** **Clinical effectiveness -** NICE Guidance and other national guidance **Finance** – Understand the key cost drivers for services

How will the project be delivered?

Project	CSP – Stroke Project



How will the project be delivered?

In development

Project	CSP – Stroke Project

Task and Finish Group Membership	(Hywel Dda UHB - Senior Finance Business Partner (Unscheduled Care) (Hywel Dda UHB - Principal Programme Manager Transformation) (Hywel Dda UHB - Service Delivery Manager) (Hywel Dda UHB - Project Manager) (ARCH) (Hywel Dda UHB - Consultant Physician) (Hywel Dda UHB - Medicines Management Clinical Lead, Transformation Programme Office) (Hywel Dda UHB - Clinical Director of Therapies) (Hywel Dda UHB - Project Manager - Workforce Planning) (Hywel Dda UHB - Workforce Planning Project Manager) (Hywel Dda UHB - Unscheduled Care support manager) (Hywel Dda UHB - Senior Nurse Manager)
Key Stakeholders	Stakeholder mapping and analysis v1- Stroke 17OCT23.doc

How will the project be delivered? Part 1

Project group membership

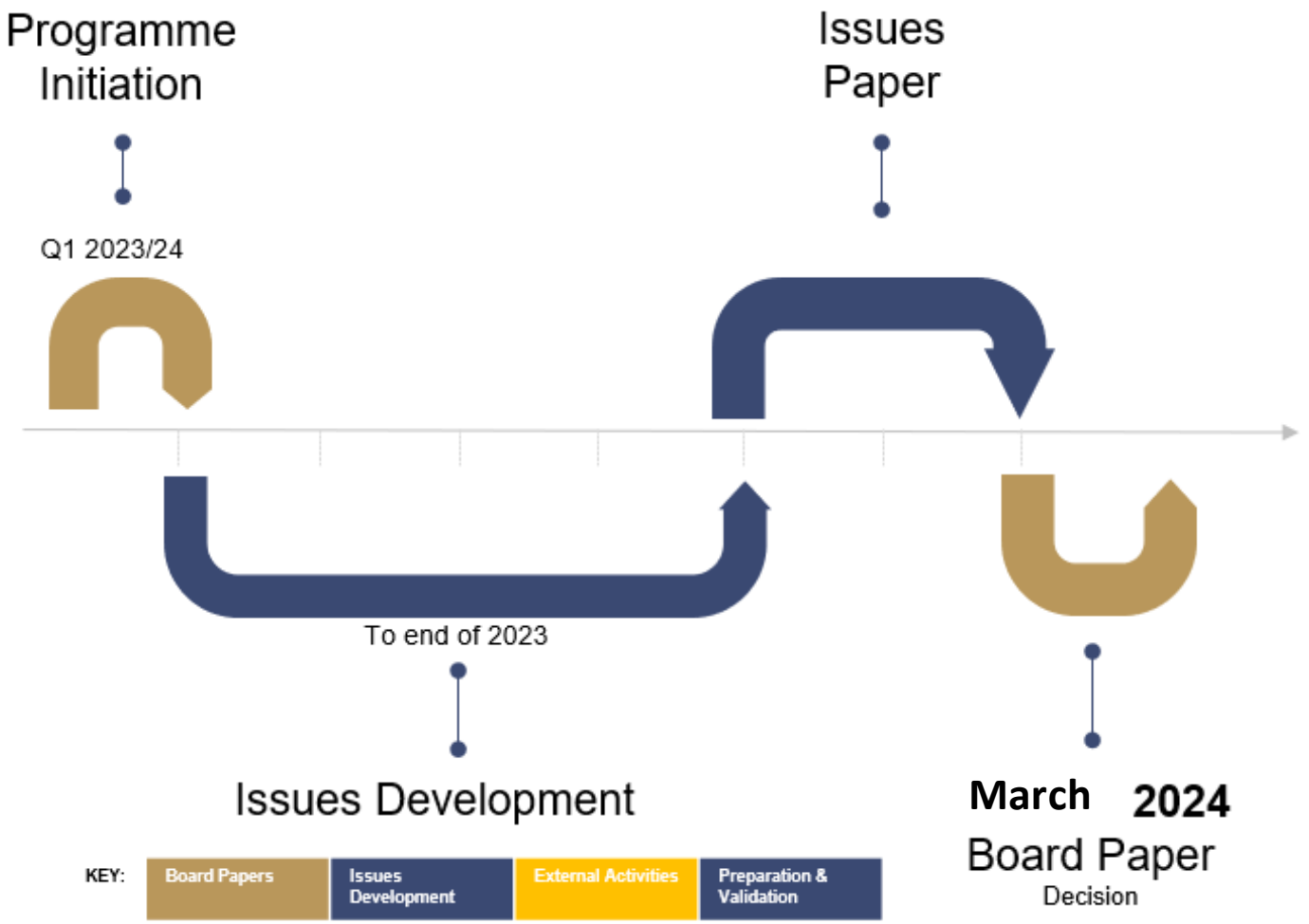
- Consultant Physician*
- Service Delivery Manager *
- Unscheduled Care Support Manager *
- Service Delivery Manager
- Senior Sister
- Associate Specialist
- Head of Nursing Withybush
- OT Stroke
- Stroke CNS/Day Hospital Manager
- Head of Occupational Therapy
- WAST
- Hospital Head of Nursing
- Clinical Queries Nurse Facilitator
- Cardiac Consultant
- Senior Sister
- Senior Ward Sister
- Deputy Site/General Lead Supt Radiographer
- Performance & Assurance Directorate (Swansea Bay)
- Consultant
- Clinical Research Specialist Nurse
- Deputy Head of Nursing
- NHS Executive
- General Manger
- CNS Stroke
- Ward Sister
- Senior Sister
- Clinical Director of Therapies*
- Head of Effective Clinical Practice & Quality Improvement
- Stroke Clinical Nurse Specialist
- Senior Nurse Manager
- Deputy Head of Nursing
- Senior Nurse Manager
- Radiology Systems Manager
- Consultant Physician
- Service Delivery Manager
- Sister
- Clinical Lead Physiotherapist
- Hospital Director/Respiratory
- Physiotherapist
- Highly Specialist SLT
- Clinical Lead Physiotherapist in Stroke
- General Manager Unscheduled Care
- Site Leas Superintendent Radiographer*
- Stroke Specialist Nurse
- Speech and Language Therapist
- Assistant General Manager
- Consultant Care for the Elderly
- Specialist Doctor
- Speech & Language
- Junior Sister
- Urology Consultant
- Staff Nurse
- Clinical Lead Occupational Therapy
- Stroke Association
- NHS Executive
- Senior Nurse Manager
- Clinical Lead Physiotherapist for Stroke
- Medicines Management Clinical Lead*
- Transformation Programme Office*
- Transformation Programme Office*

Project Plan and Schedule

In development

Project	CSP – Stroke Project

Project Plan	The Project Plan will be logged and managed through the PACE software application
Project Risks and Issues	Project Risks and Issues will be logged and managed through the PACE software application



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Project Initiation Document
Endoscopy Task & Finish Group
Clinical Services Plan

Document Version Control

Project	CSP – Endoscopy T&F Group

In development

Version	Comments	Issued to	Date
0.1	First Draft		
0.2	Updated with Stakeholder map	T&F	31OCT 23
0.3	Updated to reflect methodology update and outsourcing.	Steering Group	21DEC23

Why is this project important?

In development

Project CSP – Endoscopy T&F Group

Team	**SRO:** Operations Director **Project Manager**:
Background	The Endoscopy Task and Finish Group will report into the Diagnostic Project group for all CSP activities. (link to Diagnostic PID)
Scope	The scope of this project is to undertake a clinically led assessment of the Endoscopy pathway at WGH, BGH, PPH & GGH since 2018 resulting in an issues paper outlining all the changes, impacts and issues to date. The Endoscopy pathway is defined as patients who receive care for the following specified conditions: Outsourced activity to the Werndale & St Joseph's Hospital will be captured within the service activity data.

Procedure	Bronglais	Glangwili	Prince Philip	Withybush
Colonoscopy	Y	Y	Y	Y
Flexible sigmoidoscopy	Y	Y	Y	Y
Gastroscopy	Y	Y	Y	Y
Endoscopic ultra sound (EUS Radial/Linear)	N	Y	N	N
Endoscopic Retrograde Cholangiopancreatography (ERCP)	N	Y	N	N
Bronchoscopy/Endobronchial ultrasound (EBUS)	N	Y	Y	N
Transoesophageal echocardiogram (TOE)	N	N	Y	N
Cystoscopy procedures	Y	Y	Y	Y

Out of scope	• Any service areas and or pathways not defined within the 'scope' above • Options development (this may be undertaken at a later stage) • Opportunities for the new and repurposed hospital configurations (this may be undertaken at a later stage)

Why is this project important?

In development

Project CSP – Critical Care & Medical Take Project

Team	**SRO:** Andrew Carruthers, Operations Director **Project Manager**: Rian Furlong
Assumptions	• The issues paper will be produced following the methodology agreed through the CSP Steering group
Objectives	• Provide assurance to the Planned Care Project Group via the project manager • Refer decisions to the Planned Care Project Group • Ensure delivery of the Urology project aspect of the Clinical Services Plan programme in line with the defined scope agreed through the Planned Care Project Group • Identify any areas of clinical contention that could affect the Clinical Services Plan programme or limitations which could impact decision making to the Planned Care Project Group • Identify risks and issues relating to project activities and highlight these to the Planned Care Project Group • Ensure that there is sufficient stakeholder representation to provide assurance that robust clinical engagement has taken place. Assurance will be provided to the Clinical Services Plan Steering Group via the Planned Care Project Group • Provide and assess accurate data, based on clinical considerations and planning assumptions to deliver a robust assessment/report

How will the project be delivered?

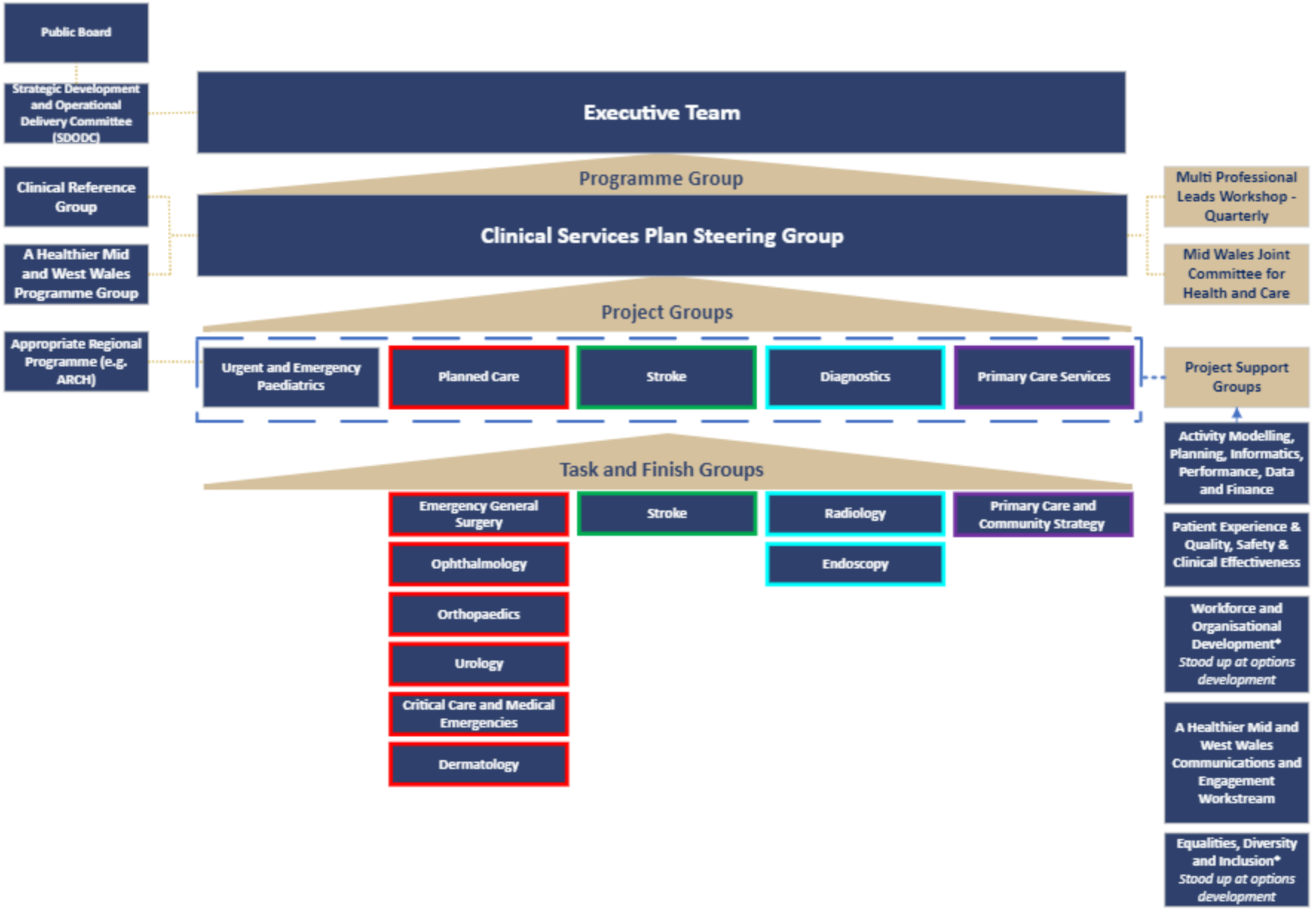
In development

Project CSP – Endoscopy T&F Group

Agreed Issues Paper Methodology	An issues paper will be developed for each service looking back to 2018, to understand what is good, what is not so good, and what needs to be improved. **What will the issues paper contain?** A review and documentation of all updates to **Public Board - temporary changes and Risks** **Targeted early engagement with a multidisciplinary team** who work within the service areas including Medical, Nursing, Therapies, Operational and Support staff. Staff members will be invited to provide their views about what was good, bad, needed improvement, and/or, any issues regarding the service(s) Review of **patient experience data** collated by the service(s) and Patient Experience team Review of **incidents, complaints, compliments and claims data** collated on the Health Board's concerns management system provided by DatixCymru and RLDatix **Targeted early engagement survey** undertaken with service users Service **Activity Data** including any identified **Outsourced Activity.** Reference to **local & regional work** (where applicable) - ARCH and Getting It Right First Time (GIRFT) reports Reference to **National work** (where applicable) - National Clinical Strategies Review of **workforce data** **Clinical effectiveness -** NICE Guidance and other national guidance **Finance** – Understand the key cost drivers for services

How will the project be delivered?

Project	CSP – Endoscopy T&F Group



How will the project be delivered?

In development

Project CSP – Endoscopy T&F Group

Task and Finish Group Membership	(Hywel Dda UHB - Service Delivery Manager - Endoscopy & Gastroenterology) (Hywel Dda UHB - Senior Project Manager) (Hywel Dda UHB - Service Manager - Endoscopy) (Hywel Dda UHB - Service Support Manager) (Hywel Dda UHB - Senior Nurse Manager - Endoscopy & Associated Services) (Hywel Dda UHB - Consultant Gastroenterologist (Medical)) (Hywel Dda UHB - Consultant Gastroenterologist & Lead for Endoscopy)
Key Stakeholders	Stakeholder Map: Stakeholder Mapping Analysis - Interpreting the map.docx Please click on the link above for the full stakeholder map

Stakeholder Mapping Analysis – Endoscopy (as at 19 September 2023)

Influence	Stakeholder Group A – Consider	Stakeholder Group B – Key players	
	JAG Endoscopy Programme National Executive All Wales National Diagnostic Programme NICE BSG ARCH HEIW Swansea Bay University Health Board Powys Teaching Health Board Mid Wales Collaborative Welsh Government Media Urology Respiratory	Endoscopist Endoscopy Nurses Professional Departments • Hotel Services • Endoscopy Waiting List/Administration • Medical Records • Pharmacy • Digital Services • Information Services • Nutrition / Dietetics Teams • Pathology • Radiology • Surgery • Paediatric Endoscopy • Urology • Respiratory • Decontamination Unit Suppliers of Equipment Patients	Endoscopy Programme National Executive All Wales Bowel Screening Wales Workforce • Service Delivery Managers • Clinical Leads – Surgery/ Medicine • Clinical Directors • Surgical Teams • Emergency Hospital Care Primary Care • GPs • Locality GP Leads Hywel Dda University Health Board • Executives • Hospital Directors • General Managers Trade Union WAST
	Stakeholder Group C – Inform	**Stakeholder Group D – Meet needs / Reach out**	
	Welsh Government Wider Public Charities • Bowel • Cancer • Colitis University (Teaching)	Patients Service Users Protected Characteristic Groups • Older People • Men • Disabled People Urology Respiratory	Bowel Screening Wales
	Interest		

Version 1 19.09.2023

How will the project be delivered?

In development

Project CSP – Endoscopy T&F Group

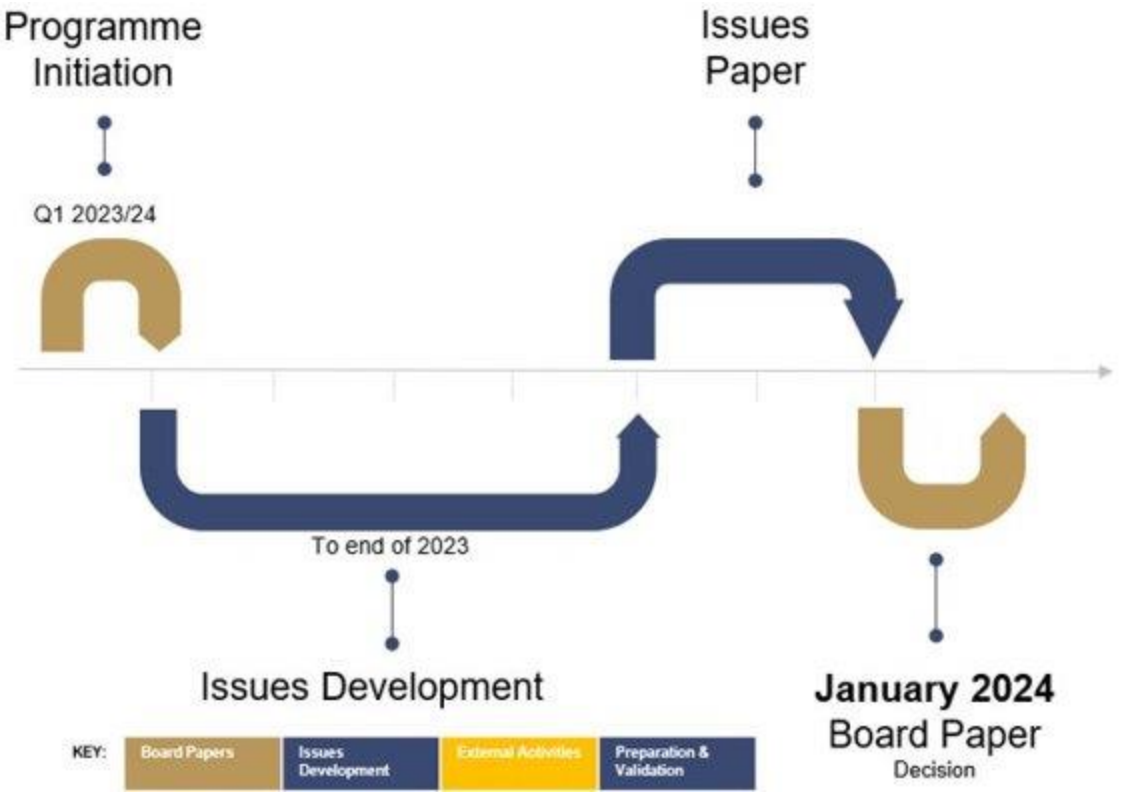
Targeted Staff Engagement Group	*What the group will do as per defined methodology*		
	Gastrointestinal Endoscopy Medical Team (Hywel Dda UHB - Consultant Gastroenterologist (Medical)) (Hywel Dda UHB - Consultant) (Hywel Dda UHB - Consultant Surgeon/ Deputy Medical Director – Acute Services) (Hywel Dda UHB - Consultant Gastroenterologist & Lead for Endoscopy) (Hywel Dda UHB - Consultant Surgeon) (Hywel Dda UHB - Surgical) (Hywel Dda UHB - Colorectal Consultant) (Hywel Dda UHB - Consultant) (Hywel Dda UHB - Locum Consultant in Gastroenterology) (Hywel Dda UHB - Staff Grade) (Hywel Dda UHB - Consultant Surgeon) (Hywel Dda UHB - Consultant Gastroenterologist) (Hywel Dda UHB - Locum Gastroenterolgy Consultant) (Hywel Dda UHB - Consultant Physician) (Hywel Dda UHB - Locum Consultant Physician) (Hywel Dda UHB - Consultant Gastroenterologist) (Hywel Dda UHB - Locum Consultant General Surgeon) (Hywel Dda UHB - GEN_SURGERY) (Hywel Dda UHB - Locum Consultant) (Hywel Dda UHB - GEN_SURGERY) (Hywel Dda UHB - Consultant - Colorectal Surgeon) (Hywel Dda UHB - Specialty Doctor)	**Nursing (Endoscopist, Unit Managers, Bowel Screening Wales & Pre-Assessment)** (Hywel Dda UHB - Nurse Endoscopist) (Hywel Dda UHB - Senior Sister Endoscopy) (Hywel Dda UHB - Senior Sister) (Hywel Dda UHB - Senior Sister) (Hywel Dda UHB - Junior Sister) (Hywel Dda UHB - Deputy Unit Manager) (Hywel Dda UHB - Junior Sister) (Hywel Dda UHB - sister) (Hywel Dda UHB - Sister) (Hywel Dda UHB - Bowel Screening Wales) (Hywel Dda UHB - Screening Practitioner) (Hywel Dda UHB - Endoscopy Pre-assessment Sister) (Hywel Dda UHB - Endoscopy Pre-Assessment Sister) **Managers** Service Delivery Manager Service Manager Senior Nurse Manager Service Support Manager **Colorectal Management (Colorectal endoscopy referral oversight and oversight of surgeon Endoscopists)** (Hywel Dda UHB - Service Delivery Manager ENT & General Surgery) (Hywel Dda UHB - Service Manager for General Surgery & Associated Services)	**Waiting List Team** (Hywel Dda UHB - Endoscopy Waiting List Clerk) (Hywel Dda UHB - Waiting List Clerk) (Hywel Dda UHB - Endoscopy waiting list coordinator) (Hywel Dda UHB - Health Records Clerk) (Hywel Dda UHB - Endoscopy Clerk) (Hywel Dda UHB - Endoscopy Waiting list coordinator) Urology Managers (diagnostic element of endoscopy) (Hywel Dda UHB - Service Delivery Manager of Urology) (Hywel Dda UHB - Service Manager) (Hywel Dda UHB - Service Support Manager) Respiratory Managers (diagnostic element of endoscopy) (Hywel Dda UHB - Service Delivery Manager) (Hywel Dda UHB - Hospital Director/ Respiratory) **Decontamination** (Hywel Dda UHB - Regional Sterile Services Manager) (Hywel Dda UHB - Theatres) (Hywel Dda UHB - Decontamination Manager) (Hywel Dda UHB - Decontamination Coordinator) (Hywel Dda UHB - Endoscopy Quality Coordinator) (Hywel Dda UHB - Endoscopy Quality Coordinator) (Hywel Dda UHB - Endoscopy Decon Quality Coordinator) (Hywel Dda UHB - HSDU Administration & Information Officer

How will the project be delivered? Part 2

In development

Programme	CSP – Endoscopy T&F Group

Critical milestones - indicative	
Project Plan	The Project Plan wiill be managed through PACE software application
Project Risks & Issues	The Project risks will be managed through the PACE software application, accessible by using this link xxxxxx



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University Health Board

Clinical Services Plan Early Engagement

Staff and Patient Surveys

Draft report of findings

Opinion Research Services

February 2024

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Clinical Services Plan Early Engagement

Staff and Patient Surveys

Opinion Research Services

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This study was conducted in accordance with ISO 20252:2019, ISO 9001:2015, and ISO 27001:2013.

The ORS project team

Project design and management

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Quantitative data analysis

Richard Harris

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Peter Maggs

Callum Irvine

Data capture and verification

Ellen Fitzpatrick

Michael King

Analysis and reporting

Catherine Wall

Karen Jenkins

Kelly Lock

Daisy Evans

Ffion Lowe

Contents

1. Project Overview

Introduction

1.1 As part of Hywel Dda University Health Board's (HDdUHB) Clinical Services Plan programme, HDdUHB carried out two initial online surveys; one with staff, and one with patients, to gather views on their experiences of working in/using one of nine services areas which operate at sites across the Hywel Dda area[1].

1.2 On some occasions the Health Board outsources its services, which normally would be delivered at a Health Board Hospital site. The feedback from those respondents to the questionnaire who used an outsourced service, as well as some patients who have opted to receive treatment at a private hospital and have responded to the questionnaire is summarised in a separate chapter for 'Outsourced Services' only.

1.3 The nine service areas are:

- Critical Care
- Emergency General Surgery
- Stroke
- Endoscopy
- Radiology
- Dermatology
- Ophthalmology
- Orthopaedic
- Urology.

1.4 A further online survey was later carried out with the Primary Care services workforce within the Hywel Dda area, which covers General Medical Services, Community Pharmacy, General Dental Services, and Optometry Services, and for the purposes of the survey, Community Dental Services (CDS) and the Out of Hours (OOH) service[2].

1.5 Opinion Research Services (ORS) was commissioned to process and analyse the survey responses and report on the findings. The main aim of this early engagement activity is for HDdUHB to understand what is good, bad or needs improving within each of the service areas.

[1] The list of clinical sites within the Hywel Dda area where at least one of the surveyed service areas operate include Aberaeron Integrated Care Centre, Aberaeron; Amman Valley Hospital, Ammanford; Bronglais Hospital, Aberystwyth; Cardigan Integrated Care Centre, Cardigan; Glangwili Hospital, Carmarthen; Llandovery Hospital, Llandovery; North Road Clinic, Aberystwyth; Prince Philip Hospital, Llanelli; South Pembrokeshire Hospital, Pembroke Dock; Tenby Hospital, Tenby; and Withybush Hospital, Haverfordwest.

[2] Both Community Dental Services and Out of Hours General Medical Services are staffed and directly managed by the Health Board.

1.6 The staff, Primary Care staff and patient surveys form just one element of a number of strands of work that HDdUHB are carrying out to develop an issues paper for the Clinical Services Plan programme.

1.7 The staff questions were the same across all service areas (apart from Primary Care), and the patient survey questions were also the same across all service areas, but the findings for each area will be analysed and reported separately.

1.8 The Primary Care staff survey questions differed to those asked to staff in the nine other service areas, and the responses to this survey are reported in a separate chapter within the report.

Methodology and Response

Staff survey

1.9 Task and Finish Groups identified just over 700 key staff who were then invited to attend an Early Engagement Session (webinar) on the 22 September 2023, which explained the Clinical Services Plan in more detail and why they were being targeted for feedback. These staff members were sent an email from the Director of Operations after the event itself, that included a link to the surveys that were being hosted on the Health Board's intranet page. Two follow up, Microsoft Teams hosted, drop-in sessions were held to be able to answer any queries or questions that staff had regarding the survey.

1.10 The survey was open to all staff that work within the Health Board, including staff that may not work directly for the service however provide support to the service (e.g. therapies). A message was placed on the wider staff global email the next working day, advertising the programme and survey on the staff intranet with follow up reminders sent two weeks, one week and the day before the closing date. Staff in each service area were reminded during Task and Finish Groups, and material support, by way of posters with QR codes leading to the survey, were provided for display in staff only areas. Advertising and reminders were also placed on the intranet. The survey closed to responses on 20 October 2023. In total 352 responses were received across the nine service areas[3].

Staff survey – Primary Care

1.11 A link to the online survey was sent to all the primary care contractor leads via the Primary Care Management team of the Health Board and was also shared with members of the professional representative groups by the Assistant Director of Primary Care. The Out of Hours workforce received the survey link via Out of Hours management staff, and the Community Dental Service workforce via the Health Board management team. Follow up reminders via meeting updates were sent prior to the survey closing.

1.12 The survey was open between 30 November 2023 and 2 January 2024, and a total of 40 responses were received[4].

[3] As the survey was open to all staff that work within the Health Board, including staff that support but may not work directly for the service, it is not possible to know the exact number of eligible respondents and therefore calculate a response rate.

[4] As the survey was open to all staff that work within the Health Board, including staff that support but may not work directly for the service, it is not possible to know the exact number of eligible respondents and therefore calculate a response rate.

Patient Survey

1.13 On 19 October 2023, HDdUHB sent links out via SMS (text message) to a selection of members of the public who have accessed one of the nine service areas (either used the service themselves, or care for someone who has) within the last 5 years (1 August 2018-31 July 2023).

1.14 Patient data for all services was sourced from WPAS (Welsh Patient Administration System), other than Radiology where the data was drawn down from RadIS (Radiology Information System). A randomised selection process ensured no activity types were discarded, for example, looking at first point of contact with the service could rule out In/Out-Patient data. An even proportioned split was adopted across all twelve months to target a range of activity types across sites.

1.15 The patient data was cleansed to remove duplications using 'NHS ID' and 'Service' (as well as mobile numbers where a family member or carer may have provided the same number for more than one patient) to ensure each patient appears only once, and that only valid mobile number entries were included. It was agreed that a sample of 50% of patients from each full year of service were targeted within each service area; due to low numbers following the cleansing of mobile number data 100% of patients were targeted for Stroke, and Critical Care. Following the initial launch of surveys, a second review was undertaken to check the numbers recorded as 'home numbers' on Critical Care and Stroke patient data for any mobile numbers that had been added here in error. This review identified an additional 117 Stroke and 92 Critical Care patients.

1.16 It is also important to note that patient data was cross-referenced so that only those with a positive outcome were contacted, to ensure that, as far as possible, survey invitations were not sent to deceased patients or bereaved families. This, therefore, may have had an impact on the demographic of respondents to the Emergency General Surgery, Stroke and Critical Care surveys, in particular.

1.17 The survey closed to responses on 2 November 2023. In total 5,927 responses were received across the nine service areas.

Interpretation of the data

1.18 For simplicity and ease of access, the results of the surveys are presented in a largely graphical format. Where possible, the colours used on the charts have been standardised with a 'traffic light' system in which:

- Green shades represent positive responses
- Yellow shades represent neither positive nor negative responses
- Red shades represent negative responses
- The bolder/darker shades are used to highlight responses at the 'extremes', for example, 'very good' or 'very poor'.

1.19 The number of valid responses recorded for each question (base size) are reported throughout. As not all respondents answered every question, the valid responses vary between questions. Every response to every question has been taken into consideration.

1.20 Where percentages do not sum to 100, this may be due to computer rounding, the exclusion of "don't know" categories, or multiple answers. Throughout the report an asterisk (*) denotes any value greater

than zero, but less than half of 1%. In some cases, figures of 2% or below have been excluded from graphs for presentational reasons. Quotes are edited using ellipses and square brackets [...] to ensure anonymity.

1.21 The numbers on charts are percentages indicating the proportions of respondents giving a particular view. It should be noted that when reporting combined percentages of poor and very poor ('poor'), or good and very good ('good'), responses in the text commentary, the figure may sum differently (+/- 1%) to the figures shown on charts due to rounding of decimal places.

1.22 Where there is a very low number of responses (i.e. less than 20) for any given sub-group (e.g. clinical site or year most recently used the service) these results have been shown on charts for full transparency, however they have not been referred to within the text commentary as the results can be misleading.

1.23 The questionnaires were designed to engage staff members and patients who have used services within the last five years across the nine service areas. All current staff/support staff were invited to take part in the staff survey, and while a random selection process was used to produce a sample of service users to be invited to take part in the patient survey, there were no controls set on who completed the survey (i.e. no quotas set to restrict responses from sub-groups within the population). This means the resulting sample was self-selecting and therefore cannot be said to be statistically representative of any particular 'population'. However, a diverse range of respondents took part in both surveys, and therefore the results are broadly indicative of opinions held by staff/patients. The findings that follow need to be understood in this context.

1.24 In some places the text commentary makes reference to apparent (indicative) differences between sub-groups (e.g. main hospital or clinical sites[5]), but as the samples are not representative of the whole population, differences between results cannot be said to be statistically significant and therefore caution should be applied when considering these results. It should also be noted that not all services are delivered in every hospital or clinical site – details about which hospitals/clinical site offer the service are provided in the introduction to each service area chapter.

1.25 Given the low number of staff surveyed, it is not sensible to code open text responses into themes in a quantitative manner; instead, a qualitative analysis has been carried out on these questions and the main points summarised in the report.

1.26 A higher number of responses to the patient survey has allowed for open text responses to be coded into themes, with the proportion of respondents giving a comment around each theme displayed in graphical form. For presentational reasons, these charts only show the most frequently raised themes and do not show the percentage of respondents who did not give a response at all; therefore, readers are encouraged to refer to the full tables of coded text, provided in Appendix 3, for a much fuller overview of the views expressed.

[5] Some services are offered at clinical sites other than hospitals, therefore where only hospitals are being discussed the report refers to 'hospitals', however where there is a mix of clinical sites, the report collectively refers to these as 'clinical sites.'

2. Executive summary

Overall

Staff survey

2.1 All staff that work in (or support those working in) one of nine service areas[6] within the Health Board were invited to take part in an online survey between 22 September and 20 October 2023, with an aim to understand what is good, bad or needs improving within each of the service areas.

2.2 The survey was promoted widely amongst staff via email and the intranet, followed by multiple reminders via email, the intranet, Task and Finish groups and posters (with QR codes leading to the survey) displayed in staff only areas. In total 352 responses were received across the nine service areas[7].

2.3 Staff working in Primary Care were also invited to take part in an online survey about their experience of working in the service. The survey was open to responses between 30 November 2023 and 2 January 2024, and in total 40 responses were received[8]. However, please note that while the Primary Care survey is part of the Clinical Services Plan, the objectives from the Issues Paper are different. Therefore, the Primary Care responses have not been included within the summary of overarching themes (a specific Primary Care summary follows the overall summary).

Experience of services – Overarching themes

2.4 Across all service areas, majorities of staff respondents said that their overall experience of working in/with their particular service was good.

2.5 In terms of what is/was good about their experience of working in/with their service, respondents most often highlighted:

- Their colleagues, who were variously described as ‘friendly’, ‘supportive’, ‘helpful’, ‘responsive’, ‘kind’, and ‘compassionate’
- Positive teamworking and good working relationships within the team and with other departments/services
- The willingness of staff to go above and beyond to provide good patient care.

2.6 As for what is/was difficult about their experience of working in/with their service, the most prevalent issues raised were around:

- Staff shortages, heavy workloads, and poor work-life balance

[6] The nine service areas that were surveyed are Critical Care, Emergency General Surgery, Stroke, Endoscopy, Radiology, Dermatology, Ophthalmology, Orthopaedic, and Urology.
[7] As the survey was open to all staff that work within the nine service areas across the Health Board, including staff that support but may not work directly for the service, it is not possible to know the exact number of eligible respondents and therefore calculate a response rate.
[8] As the survey was open to all staff that work within Primary Care across the Health Board, including staff that support but may not work directly for the service, it is not possible to know the exact number of eligible respondents and therefore calculate a response rate.

- Long waiting times for tests and appointments, and lengthy reporting times
- Ineffective communication between delivery staff and service/Health Board managers within the service
- A lack of managerial support
- A lack of staff input into decision-making
- Outdated working environments, equipment, and processes.

2.7 Most staff suggested ways to improve their experience of working in/with their service. The most common were to:

- Improve staff recruitment, retention, and capacity
- Provide funding to upgrade and provide new equipment
- Encourage more open communication and engagement between Health Board/service managers and delivery staff to improve working relationships and ensure the latter have a say in decision-making
- Managers praising good work, while also taking action to tackle poor behaviours.

Experiences of outpatient services – Overarching themes

2.8 Across all service areas, most of the staff survey respondents who use the outpatient department in the course of their work said that their overall experience of doing so was good.

2.9 Staff typically praised outpatient staff and the quality of care provided. However, in addition to service-specific comments, there was some negativity around:

- Outpatient environments no longer being fit for purpose
- A lack of organisation.

Patient survey

2.10 On 19 October 2023, Hywel Dda University Health Board (HDdUHB) sent links out via SMS (text message) to a selection of members of the public who have accessed one of the nine service areas[9] within the last 5 years (1 August 2018-31 July 2023), asking them to take part in an online survey about their experience of using the service. They were asked what was good, what could be improved, and about their experience of the outpatient department.

2.11 A randomised selection process was used to create a sample of patients to be invited to take part; however, due to low numbers, 100% of patients were targeted for Stroke services, and Critical Care.

2.12 The survey closed to responses on 2 November 2023. In total 60,992 invitations were sent, and 5,927 responses were received across the nine service areas. Response rates were good, varying from around 7% to 15%, with an especially large number of responses received from those services with a greater number of patients using them.

[9] The nine service areas that were surveyed are Critical Care, Emergency General Surgery, Stroke Services, Endoscopy, Radiology, Dermatology, Ophthalmology, Orthopaedic and Urology.

Experience of services – Overarching themes

2.13 Across all service areas, most patients said that their experience of using specific services was good.

2.14 In terms of what is/was good about their experience of using a specific service, respondents most often praised:

- The professional, kind, reassuring, and helpful staff
- The timeliness and efficiency of the service received
- Good communication and information provision
- The generally good quality of care.

2.15 Some, though, gave negative comments about:

- A lack of timeliness (especially in relation to appointment access and speed of diagnosis)
- Poor communication and information provision.

2.16 The main improvements to services as suggested by survey respondents were around:

- Speed and efficiency (including shortening waiting times and not cancelling appointments)
- Communication (including better explanations of tests, results, and treatments, and increased frequency of contact and follow up)
- Improvements to hospital environments.

2.17 However, frequently respondents mentioned that no improvements were needed.

Experiences of outpatient services – Overarching themes

2.18 Across all service areas, most patients who had used an outpatient department as part of their treatment said that their experience of doing so was good.

2.19 When patients were asked why they said their experience of using the outpatient department was good or poor, the most frequent positive comments related to receiving a generally good, quick, and efficient service; and the professional, kind, reassuring, and helpful staff. The most frequent negative comments were around service speed and efficiency (including access to appointments, tests, and results).

Primary Care Services

Staff survey

Respondent profile

2.20 All staff currently working in Primary Care[10] were invited to take part in a survey: 40 responses were received. Respondents were asked to indicate in which clusters they currently work, which included North Ceredigion (12 respondents); Teifi and South Ceredigion (six respondents); Amman Gwendraeth (five respondents); Taf/Tywi (2Ts) (five respondents); Llanelli (four respondents); South Pembrokeshire (four respondents);

[10] General Medical Services, Community Pharmacy, General Dental Services, Optometry Services, Community Dental Services, and the Out of Hours service.

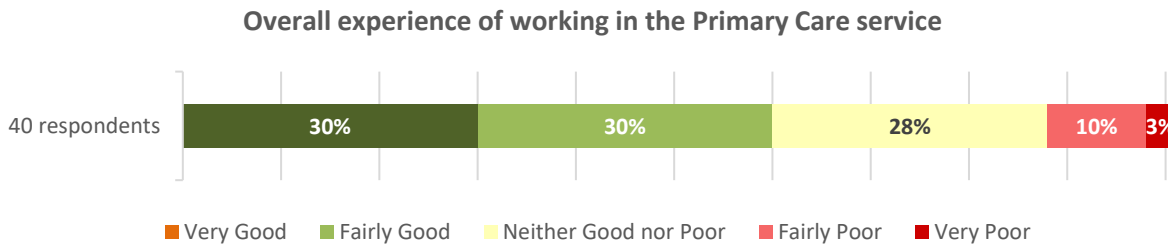
North Pembrokeshire (three respondents); and the whole of the Hywel Dda University Health Board footprint (three respondents)[11].

2.21 Respondents' core roles were in the following services: General Medical Services (23 respondents); Community Pharmacy (seven respondents); Optometry (seven respondents), Dental Services (two respondents), and Community Dental (one respondent).

Main survey findings

Experiences of the Primary Care service

2.22 60% of staff respondents said that their overall experience of working in the Primary Care service was good, whereas 13% said it was poor. 28% said their overall experience was neither good nor poor.



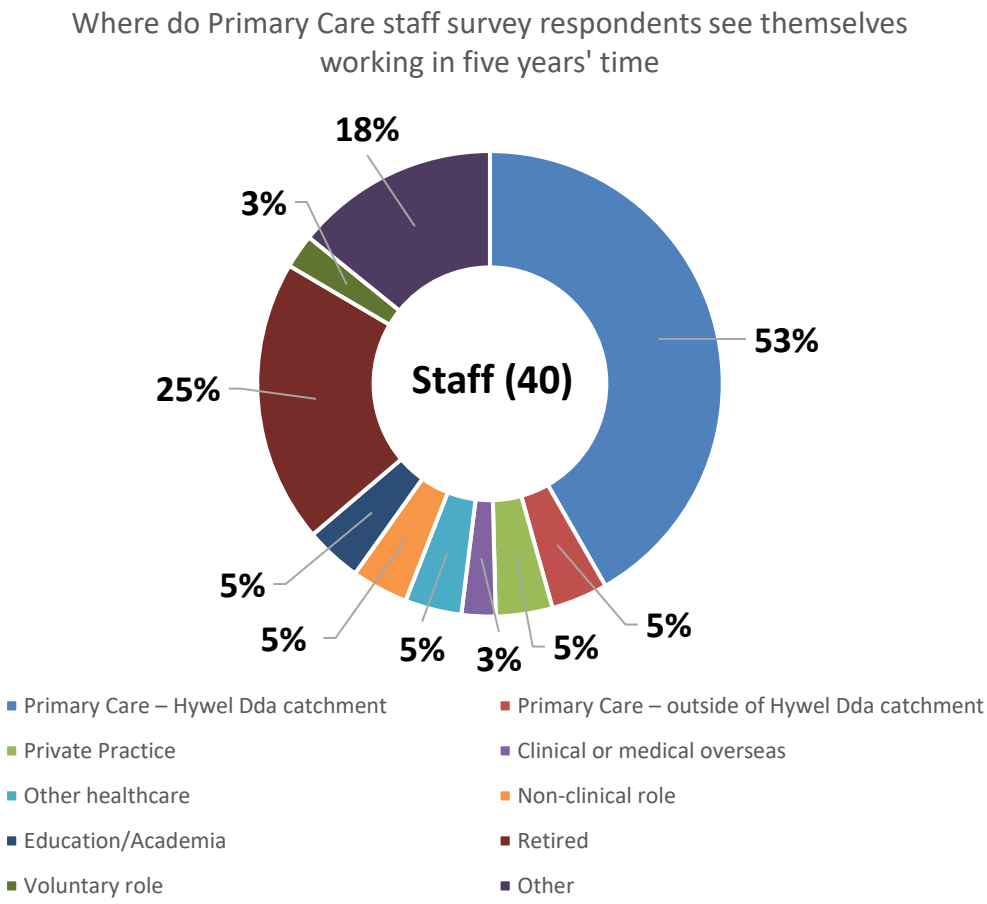
2.23 In terms of what is/was good about their experience of working in the Primary Care service, respondents highlighted the pride they feel through making a difference in their communities and helping and supporting people; the continuity of care provided to patients using a high standard, holistic way of working; effective teamworking and good working relationships within teams and across the service; the variation of the work; the ability to utilise higher qualifications within practices to develop services and improve the patient experience; the broad variety of skills possessed by staff; and the support received by management teams, specifically in General Medical Services.

2.24 Primary Care staff raised pay concerns and the need for adequate funding as the Service's biggest issues. Regarding the former, it was widely considered unfair that staff in similar roles within Secondary Care settings get paid more for doing a similar role; and in terms of funding for Primary Care, this was considered inadequate, and said to result in limited resources and poorer patient care and outcomes.

2.25 Other stated challenges were around a lack of training opportunities; the transfer of work from Secondary Care to Primary Care (without the required funding, resources, and training); outdated facilities and resources; increasing demand and time pressures; poor communication across the Service, and with community services and Secondary Care; a time consuming and unclear referral system; low morale among some Primary Care staff; and workforce issues such as administrative staff retention, the lack of development opportunities for clinical staff; and the need for more specialists.

2.26 Respondents to the Primary Care staff survey were asked about their future career plans and where they see themselves working in five years' time. Twenty-one respondents who are part of the contracted Primary Care services workforce saw themselves still working in Primary Care within the Hywel Dda catchment area in five years' time, however seven respondents saw themselves doing something else. Ten respondents think they will retire within the next five years.

[11] The total sums to more than 40 as respondents were able to select multiple locations.



2.27 When asked what would help them deliver sustainable Primary Care services in future, respondents most commonly suggested better long-term future planning for the Service; improving working relationships between Primary and Secondary Care; and reducing the bureaucracy associated with the GP contract[12]. Other suggestions included providing more support for the contractor model of care; more general support for services at cluster level; specialist HR support for recruiting managers in 'hiring the right people'; and more training opportunities for all staff. It was also said that there should be more careful redirection of patients from Secondary Care to Primary Care, as the latter often cannot deal with the more complex patients it receives.

Critical Care

2.28 In the following summary of findings, please note that where percentages do not sum to 100, this may be due to computer rounding, the exclusion of "don't know" categories, or multiple answers.

[12] Every individual or partnership of GPs must hold an NHS GP contract to run an NHS commissioned general practice. These set out mandatory requirements and services for all practices, and make provisions for other services that practices may also provide.

Staff survey

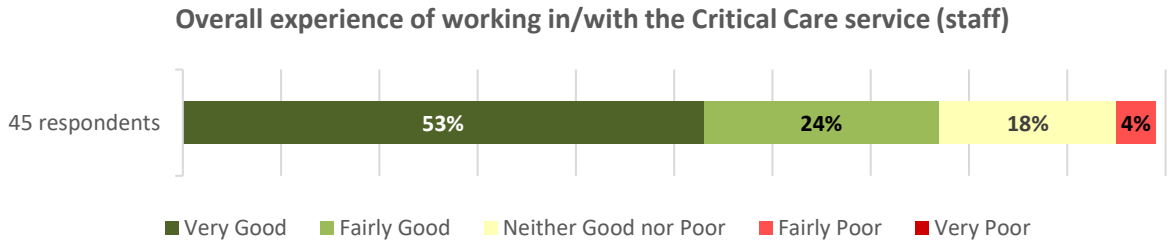
Respondent profile

2.29 All staff currently working in, or those who support staff working in, the Critical Care service were invited to take part in a survey: 46 responses were received. Respondents' main clinical base is/was Glangwili Hospital (15 respondents), Withybush Hospital (13 respondents), Prince Philip Hospital (13 respondents), and Bronglais Hospital (five respondents).

Main survey findings

Experiences of the Critical Care service

2.30 78% of staff respondents said that their overall experience of working in/with the Critical Care service was good, whereas 4% said it was poor.



2.31 In terms of what is/was good about their experience of working in/with the Critical Care service, staff expressed pride in the high level of care offered to patients and their families across all four sites. Respondents also commented positively on the variety of their roles; good training and professional development opportunities; the extensive skillsets and experience within Critical Care teams; positive working relationships and good teamwork (which has facilitated the successful development of multidisciplinary teams); the support provided by some managers; and the addition of the Critical Care Psychology Service to support patients in intensive care and their families.

2.32 As for what is/was difficult about their experience of working in/with the Critical Care service, the lack of a rehabilitation pathway within Critical Care was a particular concern in terms of limiting patient recovery and impacting patient outcomes. Comments were also made about the difficulties involved in standardising care across the four Critical Care units, not least due to an apparent reliance on agency staff; the lack of a clinical lead for the service; a lack of support and communication from some service and Health Board managers; delayed transfers of care due to limited bed capacity on wards; sometimes unnecessary transfers between sites due to a lack of consultant cover at Prince Philip Hospital; and the sometimes emotionally draining nature of the job.

2.33 Key suggested ways to improve the staff experience of working in/with the Critical Care service were to invest in the workforce, especially clinical psychologists[13] and Allied Health Professionals[14]); improve consultant recruitment and retention; fund, develop, and resource a rehabilitation pathway to meet the

[13] Experts or specialists in the branch of psychology concerned with the assessment and treatment of mental illness and psychological problems.
[14] A group of health professionals who apply their expertise to prevent disease transmission, diagnose, treat and rehabilitate people of all ages and all specialties.

standards for follow up patient care; offer better access to tertiary services[15]; continue to support the most serious patients at Prince Philip Hospital; and develop a clearer clinical leadership structure or role across the service.

Experiences of outpatient services

2.34 Four staff respondents said that they use the outpatient department in relation to Critical Care. Of these, one said that their overall experience of doing so was very good, two said it was neither good nor poor, and one said it was very poor. It is important to note here that while patients may come back to use outpatient services as part of their after-care in other service areas, outpatient services are not within the Critical Care service area of responsibility and are managed directly though the outpatient service.

Patient survey

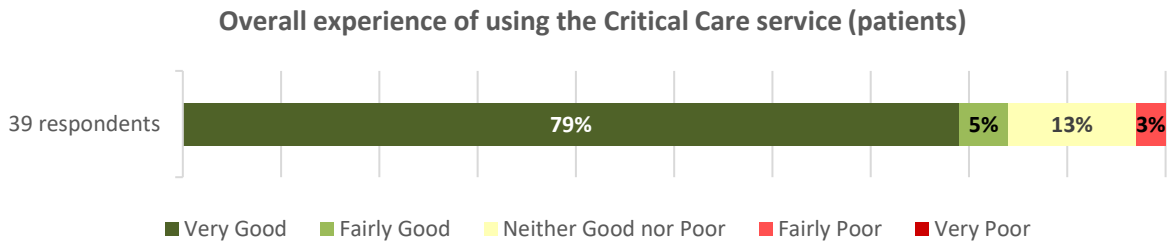
Respondent profile

2.35 All patients who accessed Critical Care services within the last five years (1 August 2018-31 July 2023) were invited to take part in a survey. 399 patients were sent an invitation, and 39 responses were received. Twenty respondents accessed most of their Critical Care at Glangwili Hospital, 13 at Bronglais Hospital, three at Withybush Hospital, and two at Prince Philip Hospital. The remaining respondent did not answer this question.

2.36 The Critical care service patient demographic is mixed, as equalities information collected suggests. This is broadly reflected in the profile of respondents to the patient survey. Tables showing the full profile breakdown of respondents are included in the full report.'

Main survey findings

2.37 85% of patient respondents said that their experience of using the Critical Care service was good, whereas 3% said it was fairly poor.



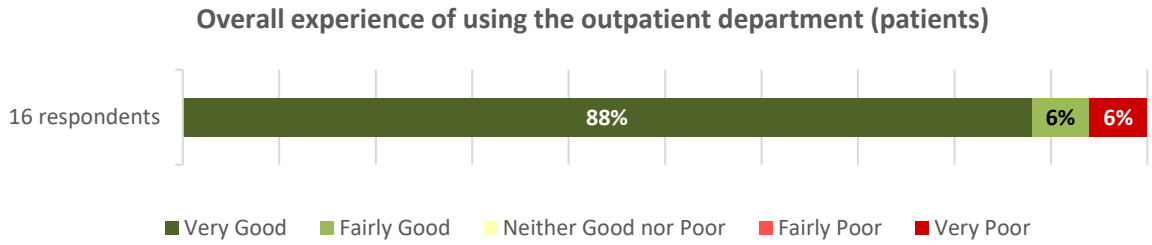
2.38 In terms of what was good about their experience of using the Critical Care service, patients mainly praised the professional, kind, reassuring, and helpful staff; the quality of care; the timeliness and efficiency of the service received; and good communication and information provision. Others, though, gave negative comments about poor communication and information provision.

2.39 The main improvements to Critical Care services as suggested by survey respondents were around staffing provision (including improvements to recruitment, training, incentives and wages); and communication (including better explanations of tests, results, and treatments, and increased frequency of contact and follow up). It should be noted, though, that 35% of respondents felt that no improvements are required.

[15] Highly specialised treatment requiring specific equipment and expertise.

Experiences of outpatient services

2.40 Less than half of patient respondents (46%) said they used the outpatient department as part of their treatment. Of these, the vast majority said it was good (94%). Only one respondent (6%) said it was very poor. It is important to note here that while patients may come back to use outpatient services as part of their after-care in other service areas, outpatient services are not within the Critical Care service area of responsibility and are managed directly though the outpatient service.



2.41 When patients were asked why they said their experience of using the outpatient department was good or poor, the most frequent comments related to receiving a generally good, quick, and efficient service; and the professional, kind, reassuring, and helpful staff.

Emergency General Surgery

2.42 In the following summary of findings, please note that where percentages do not sum to 100, this may be due to computer rounding, the exclusion of "don't know" categories, or multiple answers.

Staff survey

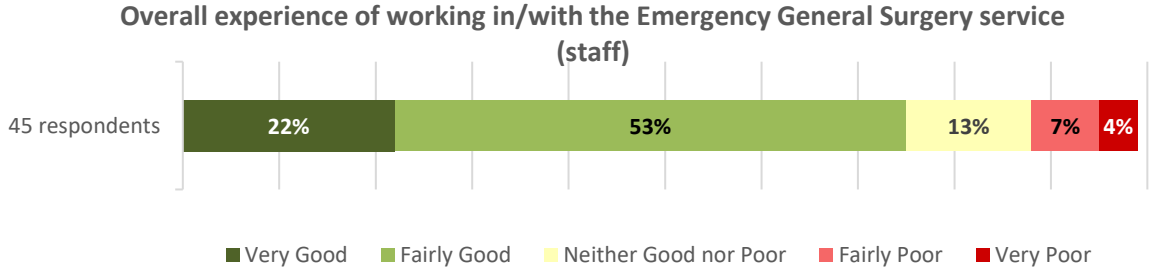
Respondent profile

2.43 All staff currently working in, or those who support staff working in, the Emergency General Surgery service were invited to take part in a staff survey: 47 responses were received. Respondents' main clinical base is/was Glangwili Hospital (24 respondents), Withybush Hospital (12 respondents), and Bronglais Hospital (10 respondents). One respondent did not identify their main hospital base.

Main survey findings

Experiences of the Emergency General Surgery service

2.44 76% of staff respondents said that their overall experience of working in/with the Emergency General Surgery service was good, with 22% saying it was very good. In contrast, 11% said it was poor.



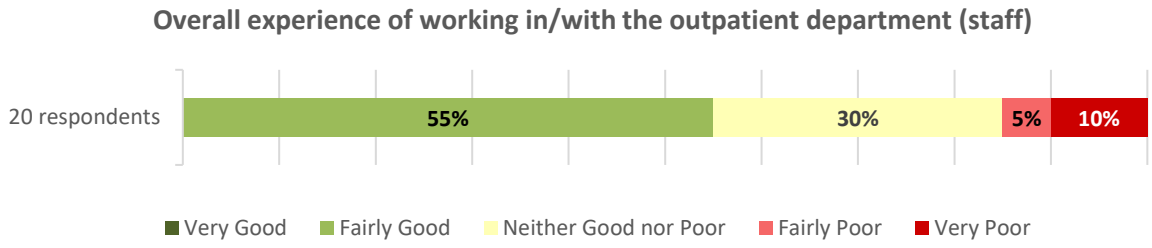
2.45 When asked what was good about their experience of working in/with the Emergency General Surgery service, staff respondents across all sites frequently highlighted the effective teamwork between experienced, hard-working, and dedicated staff. Other frequent comments included the positive working relationships formed between staff and managers, and the supportive and friendly environment formed by the teams. Some respondents praised the quality of care provided to patients; the communication within the service, and with supporting services; the availability of facilities in the department; and the learning and development opportunities provided through training and audits. Same day emergency care was also highlighted by some as a huge support to Emergency General Surgery.

2.46 The most common difficulties with working in/with the Emergency General Surgery service, according to staff respondents, was the lack of bed capacity across all sites; and the apparent inefficiency of using a paper-based system to book rooms and make notes. In addition, respondents gave negative comments about the poor staff retention; the lack of consultant cover at Withybush Hospital; and the treatment delays caused by transferring patients between sites to find an on-call consultant. Some also noted that the department can be unstructured due to the nature of its role, and that having patients spread across wards is a cause for concern.

2.47 Several suggestions were made by staff to improve their experience of working in/with the Emergency General Surgery service. The most common were to reassess the current on-call model of care; digitalise the service by creating an online rota system with live updates; develop a more supportive and guided environment by dispersing the Scheduled Care Management team across all sites; increase the workforce in the department, particularly consultants; improve teamwork within sites and across the whole Health Board; and to provide more training opportunities to staff. Other suggestions included to centralise the service to one or two sites; and to develop and/or maintain specific services within Emergency General Surgery (which are listed in the full report on page 90).

Experiences of outpatient services

2.48 44% of staff survey respondents use the outpatient department in delivering their Emergency General Surgery service. Of these, 55% said that their overall experience of working in the outpatient department was good, and 15% said it was poor.



2.49 The outpatient service was praised by staff respondents for being generally well organised with kind and hard-working staff. Negative comments included the limited room availability; the lack of time available for consultants to dedicate to the service; and the strain inflicted upon Glangwili Hospital staff by the frequent appointment transfers to the site from Withybush Hospital due to the Reinforced Autoclaved Aerated Concrete (RAAC)[16] issue.

[16] Reinforced Autoclaved Aerated Concrete is a material that was commonly used in the construction of buildings between the 1960s and 1990s. Its presence has been confirmed at Withybush Hospital and at a limited part of Bronglais Hospital.

Patient survey

Respondent profile

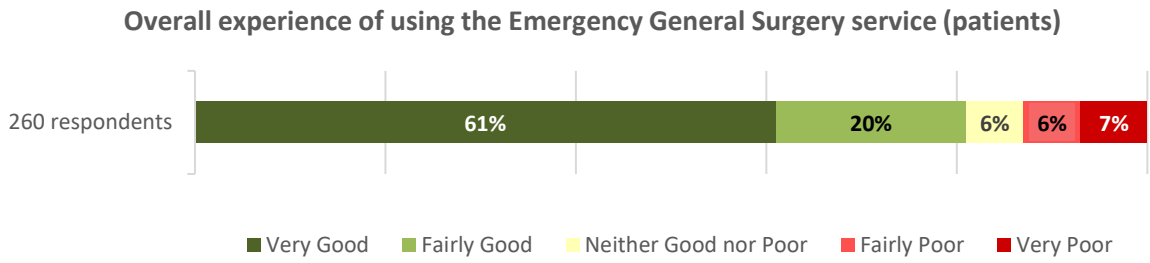
2.50 A randomly selected sample of patients who accessed Emergency General Surgery services within the last five years (1 August 2018-31 July 2023) were invited to take part in a survey. 2,327 patients were sent an invitation, and 265 responses were received. 35% of patient respondents accessed the majority of their Emergency General Surgery care at Glangwili Hospital, 31% at Withybush Hospital, and 26% at Bronglais Hospital.

2.51 The remainder said they had received care at another site; however, an Emergency General Surgery service is only provided at the aforementioned hospitals, therefore, it is likely that these respondents are answering in relation to other surgery they have had. All responses have been included in the findings presented in this report, however results from 'other' hospitals have not been highlighted in the text commentary.

2.52 The Emergency General Surgery service patient demographic is mixed. However, equalities information collected suggests that the majority of service users are white, heterosexual females over the age of 65. This is broadly reflected in the profile of respondents to the patient survey. Tables showing the full profile breakdown of respondents are included in the full report.

Main survey findings

2.53 81% of patient respondents said that their experience of using the Emergency General Surgery service was good, with 61% saying that it was very good. Around 7% said it was very poor.

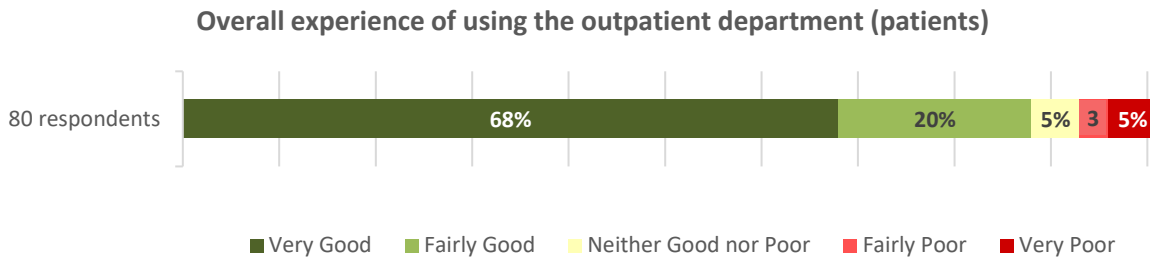


2.54 Key positive themes emerging from patients that used the Emergency General Surgery service is the professional, kind, reassuring, and helpful staff; the service efficiency and speed (including being seen on time and receiving a prompt diagnosis); the good quality of healthcare received including procedure, treatment, and outcome; and that the experience of and care received in the Emergency General Surgery department was generally good with no issues. In contrast, negative comments included that the service is inefficient and slow; that staff were unprofessional, unhelpful and could be more caring; and that they had a generally poor experience in the department.

2.55 While 22% of respondents felt that no improvements required, others did make suggestions to improve the Emergency General Surgery service. The most common were around speed and efficiency (including shortening waiting times and not cancelling appointments). Other common suggestions included to improve staffing provision (including recruitment, training, and incentives/wages) and to ensure staff adopt a more professional attitude.

Experiences of outpatient services

2.56 42% of patient respondents said they used the outpatient department as part of their Emergency General Surgery treatment. Of these, 88% said their experience of doing so was good, with 68% saying that it was very good, and 8% said it was poor.



2.57 The most common responses from patients who stated they received a good experience in the outpatient department, were that the service was generally good with no issues; staff were professional, kind, reassuring, and helpful; and that the service was efficient and quick, with patients seen on time and receiving prompt results/diagnoses. The most frequent negative comments were around service speed and efficiency; bad experience of staff (including unprofessional staff members and unkind and/or unhelpful attitudes); and poor communication (including explanations of tests, results, and treatments, and the frequency of contact and follow up).

Stroke Service

2.58 In the following summary of findings, please note that where percentages do not sum to 100, this may be due to computer rounding, the exclusion of "don't know" categories, or multiple answers.

Staff survey

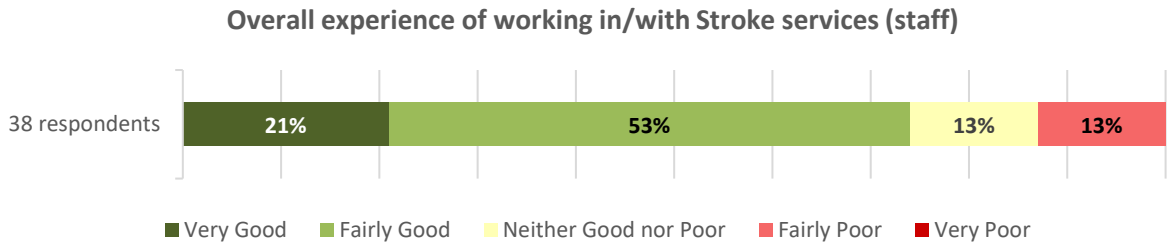
Respondent profile

2.59 All staff currently working in, or those who support staff working in, the Stroke service were invited to take part in a survey: 40 responses were received. Respondents' main clinical base is/was Glangwili Hospital (14 respondents), Withybush Hospital (nine respondents), Prince Philip Hospital (eight respondents) and Bronglais Hospital (six respondents). Three respondents did not identify their main hospital base.

Main survey findings

Experiences of the Stroke services

2.60 74% of respondents said that their overall experience of working in/with Stroke services was good. 13% said that it was fairly poor, with none saying it was very poor.



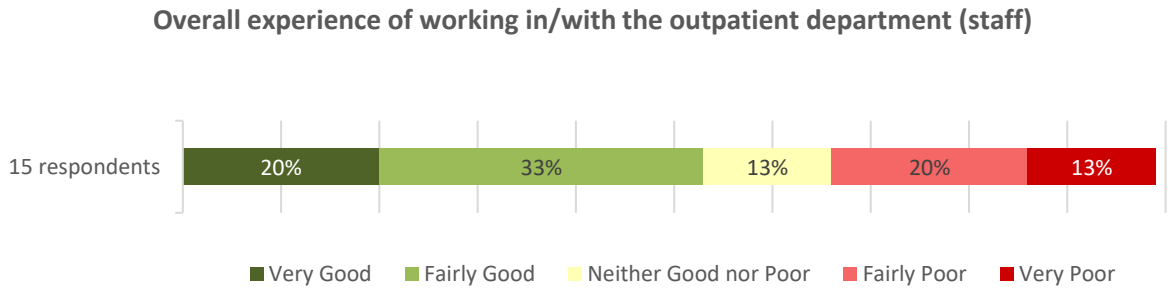
2.61 In terms of what is/was good about their experience of working in/with Stroke services, staff praised their colleagues, describing them as enthusiastic, passionate, caring, and committed to placing the patient at the centre of all care. It was also said that staff turnover within Stroke services is low, so teams are established, and communicate and engage well. Indeed, positive multidisciplinary team (MDT)[17] working was thought to have been one of the main contributors to the service's success in recent years. Other good aspects of staff experiences were around the generally good standard of Stroke care offered; therapists' level of knowledge; the flexibility of their work; and clear clinical pathways within the service.

2.62 As for what is/was difficult about their experience of working in/with Stroke services, the most prevalent issues raised were around capacity. Other key challenges were highlighted around consistency of staffing (because of employees being moved around to address gaps in other departments); the service's ability to meet national guidelines and standards; a lack of community support leading to discharge delays; and services being provided across multiple small units with no critical mass, leading to inefficiencies and variable standards. Many staff members also commented on issues around therapy provision for stroke rehabilitation, noting limited space and resources as the main barriers to providing this. Key areas of concern were speech and language therapy[18] and occupational therapy[19], which was said to be challenging to provide by small teams within hospitals, and in the community.

2.63 The key suggested way to improve the staff experience of working in/with the Stroke service was to increase staff numbers to help meet national guidelines and relieve capacity concerns. In particular, speech and language therapy, Occupational Therapy, and Early Supported Discharge were highlighted as requiring more resource. Other suggestions related to training and development opportunities for staff; funding and investment for Stroke equipment and environments; providing more 'social areas' for patient leisure and socialisation; developing community resources to support discharge and improve patient flow; better communication between acute and community teams; better communication and engagement between delivery staff and decision-makers; and, for a few respondents, a centralised Stroke Unit to tackle key challenges around staffing, service provision, and meeting national standards.

Experiences of outpatient services

2.64 39% of respondents said that they use the outpatient department in relation to Stroke services. Of these 53% said that their overall experience of outpatient services was good, whereas 33% said it was poor.



[17] A group of health and care staff who are members of different organisations and professions, that work together to make decisions regarding the treatment of individual patients and service users.
[18] Provides treatment, support and care for children and adults who have difficulties with communication, or with eating, drinking, and swallowing.
[19] An approach that uses activity to promote good mental health and assist recovery.

2.65 Staff respondents praised outpatient staff for being helpful, supportive, and organised. Most commented on why they chose a less positive rating however, with the most common response relating to difficulties making outpatient appointments. A few respondents also noted the limited space and staffing available to support the demand for outpatient services, and outpatient environments that are no longer fit for purpose.

Patient survey

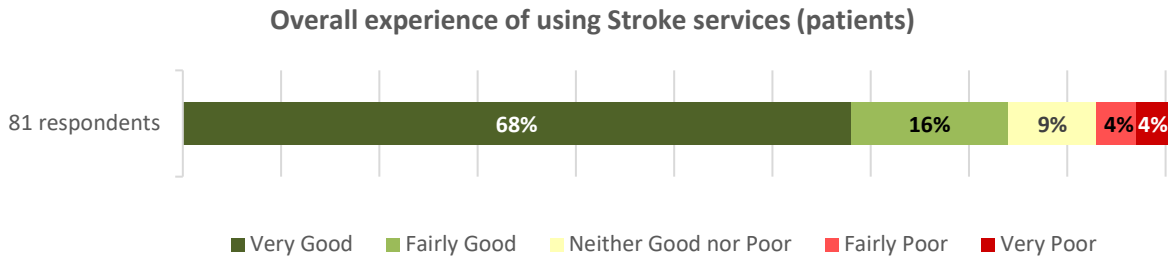
Respondent profile

2.66 All patients, with valid mobile phone numbers, who accessed these services within the last five years (1 August 2018-31 July 2023) were invited to take part in the patient survey. In total 779 patients were sent an invitation, and 85 responses were received. 40% of respondents accessed most of their Stroke care at Bronglais Hospital; 26% at Glangwili Hospital; 20% at Prince Philip Hospital; and 7% at Withybush Hospital. The remaining 7% were split out between various other clinical sites.

2.67 Patients tend to be over the age of 65. This is broadly reflected in the profile of respondents to the patient survey with around three fifths (59%) aged 65 years or more. Tables showing the full profile breakdown of respondents are included in the full report.

Main survey findings

2.68 84% of respondents said that their experience of using the Stroke service was good, whereas 7% said it was poor.

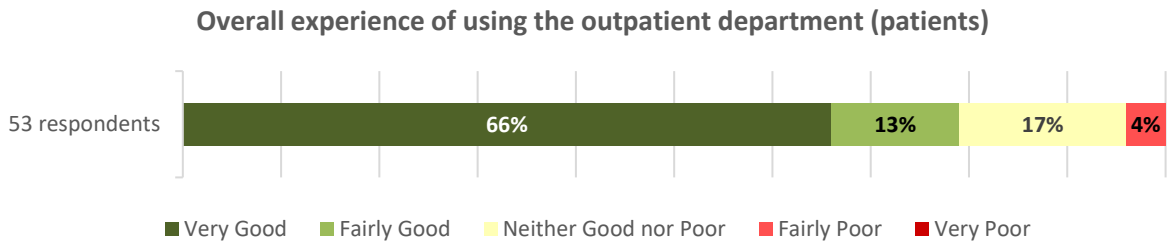


2.69 In terms of what was good about their experience of using the Stroke service, respondents mainly praised the professional, kind, reassuring, and helpful staff; the timeliness and efficiency of the service received; good communication and information provision; and the generally good quality of care. Others, though, gave negative comments about a lack of timeliness (especially in relation to appointment access and speed of diagnosis); and a generally poor standard of care.

2.70 The main improvements to Stroke services as suggested by survey respondents were around communication (including better explanations of tests, results, and treatments, and increased frequency of contact and follow up); and speed and efficiency (including shortening waiting times and not cancelling appointments). It should be noted, though, that 28% of respondents felt that no improvements are required.

Experiences of outpatient services

2.71 76% of respondents said they used the outpatient department as part of their Stroke treatment. Of these, 79% said it was good and 4% said it was (fairly) poor. 17% said it was neither good nor poor.



2.72 When patients were asked why they said their experience of using the outpatient department was good or poor, the most frequent positive comments related to receiving a generally good, quick, and efficient service; and the professional, kind, reassuring, and helpful staff. The most frequent negative comments were around service speed and efficiency (including access to appointments, tests, and results).

Endoscopy

2.73 In the following summary of findings, please note that where percentages do not sum to 100, this may be due to computer rounding, the exclusion of "don't know" categories, or multiple answers.

Staff survey

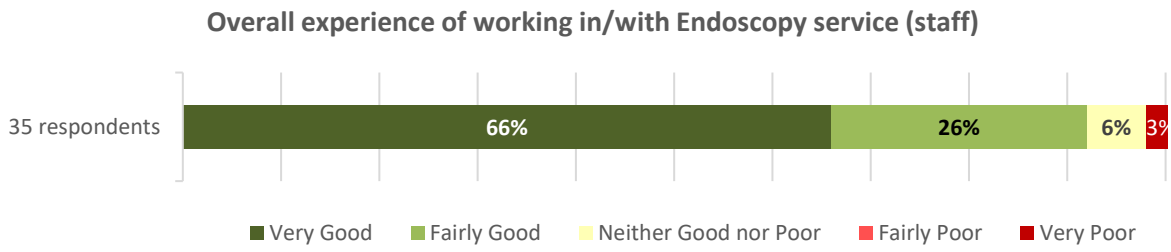
Respondent profile

2.74 All staff currently working in, or those who support staff working in, the Endoscopy service were invited to take part in a survey: 36 responses were received. Respondents' main clinical base is/was Bronglais Hospital (12 respondents), Prince Philip Hospital (nine respondents), Withybush Hospital (eight respondents), and Glangwili Hospital (six respondents). One respondent did not identify their main hospital base.

Main survey findings

Experiences of the Endoscopy service

2.75 91% of staff respondents said that their overall experience of working in/with the Endoscopy service was good, with 66% saying it was very good. Just 3% said it was very poor.



2.76 In terms of what is/was good about working in/with the Endoscopy service, staff respondents particularly noted the high-quality physical and mental health care provided to patients; the interesting and varied nature of the work; and the excellent teamwork between friendly, supportive, compassionate, proactive, committed, and experienced staff. Other frequent comments were that some management and senior staff

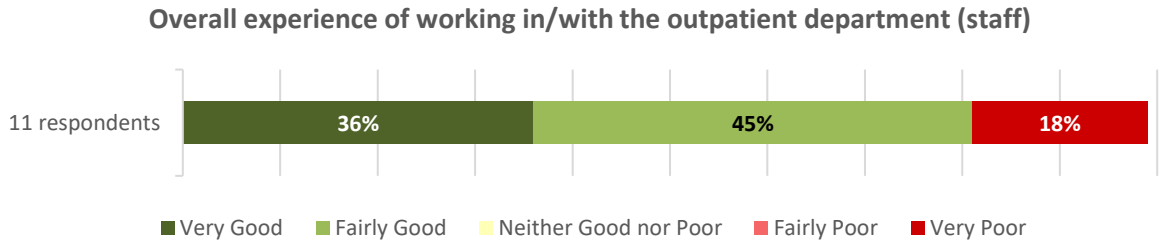
are supportive, approachable, and helpful; staff take pride in the JAG[20] accreditation awarded to Withybush Endoscopy service; and that new members of staff are made to feel like a valued member of the team.

2.77 When discussing the difficult aspects of their experience of working in/with the Endoscopy service, staff respondents widely noted the lack of good quality equipment, especially endoscopes; increased patient waiting times; poor staff retention; and insufficient funding or investment into the department to maintain a Gold Standard[21] of care and the JAG accreditation status at Withybush Hospital. Some staff members said they feel undervalued, demotivated, and under undue pressure.

2.78 The most common suggestion to improve the staff experience of working in/with the Endoscopy service was to replace old endoscopy equipment on a more regular basis. Some staff members also proposed investing in the service to create more Endoscopy lists, including on weekends; re-examining the current on-call rota to ensure fairness; and having a more mindful approach when hiring (i.e. ensuring new recruits have sufficient skills and/or experience in Endoscopy).

Experiences of outpatient services

2.79 27% of staff survey respondents use the outpatient department in delivering their Endoscopy service. Of these, 82% said that their overall experience of the outpatient department was good, and 18% said it was very poor.



2.80 Outpatient staff were praised by staff respondents for being friendly and helpful (especially at Bronglais Hospital); and it was said that the referrals and decontamination processes at Withybush Hospital and Prince Philip Hospital are working efficiently. Negative comments included that the outpatient department at Glangwili Hospital is outdated; and that duplicate referrals are sometimes received from the outpatient department at Withybush Hospital.

Patient survey

Respondent profile

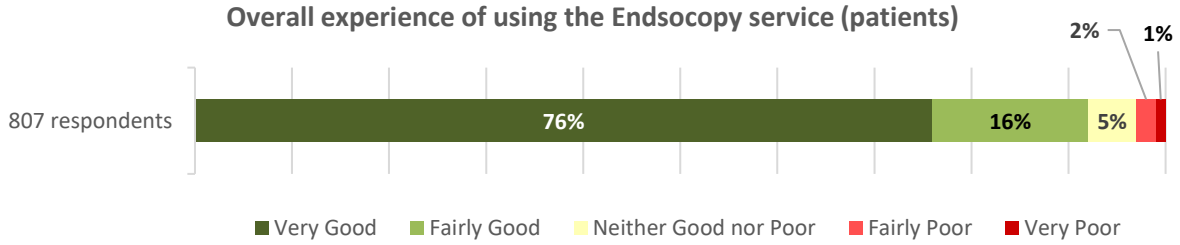
2.81 A randomly selected sample of patients who accessed Endoscopy services within the last five years (1 August 2018-31 July 2023) were invited to take part in a survey. 5,401 patients were sent an invitation, and 816 responses were received. 34% of respondents accessed most of their Endoscopy care at Glangwili Hospital, 27% at Withybush Hospital, 22% at Prince Philip Hospital, and 15% at Bronglais Hospital. The remainder were split out between various other clinical sites.

[20] Joint Advisory Group accreditation is awarded to endoscopy services that have been assessed and have demonstrated that they meet the JAG quality standards.
[21] Gold Standard Framework is a practical and evidence-based end of life care improvement programme followed by the NHS whereby staff work to a number of goals and standards to ensure all patients nearing the end of their lives are provided with a gold standard of care.

2.82 The Endoscopy service patient demographic is mixed. This is broadly reflected in the profile of respondents to the patient survey; however, 94% of respondents were aged 55 or over. Tables showing the full profile breakdown of respondents are included at the end of this chapter.

Main survey findings

2.83 92% of patient respondents said that their experience of using the Endoscopy service was good. 3% said it was poor.

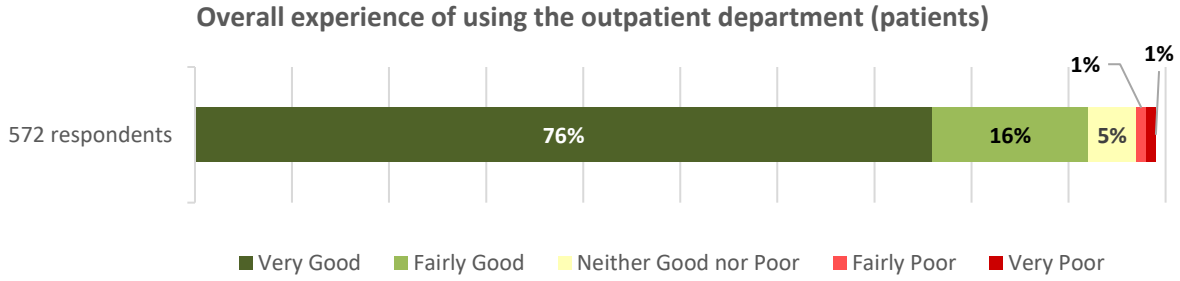


2.84 Key positive themes emerging from patients that used the Endoscopy service include the professional, kind, reassuring, and helpful staff in the department; good communication, with everything being explained sufficiently before/during/after the procedure; and the speed and efficiency of the service provided (including being seen on time and receiving prompt results/diagnosis). Whereas the most common negative comments regarding the service are around a dislike of the treatment or procedure received (including feeling embarrassed).

2.85 Over two-fifths (46%) of patient respondents feel there are no improvements required to the service. Other respondents, however, suggested to improve the speed and efficiency of the service (including shortening waiting times and not cancelling appointments); the quality of healthcare provided (including procedure, treatment, and outcome); and communication (including providing better explanations to patients, and increasing the frequency of contact and follow up).

Experiences of outpatient services

2.86 85% of patient respondents said they used the outpatient department as part of their Endoscopy treatment. Of these, 92% said their experience of doing so was good. 3% said it was poor.



2.87 When patients were asked why they said their experience of using the outpatient department was good or poor, the most frequent positive comments praised staff for their professional, kind, reassuring, and helpful nature; the efficient and quick service provided (including being seen on time and receiving prompt results and diagnosis); and the good communication, including good follow up and clear explanations throughout their experience. Just under a third (32%) felt their experience was good in general, with no issues. The

most frequent negative comment was that the service provided was slow and inefficient (including access to appointments, and time taken to receive results and diagnosis).

Radiology

2.88 In the following summary of findings, please note that where percentages do not sum to 100, this may be due to computer rounding, the exclusion of "don't know" categories, or multiple answers.

Staff survey

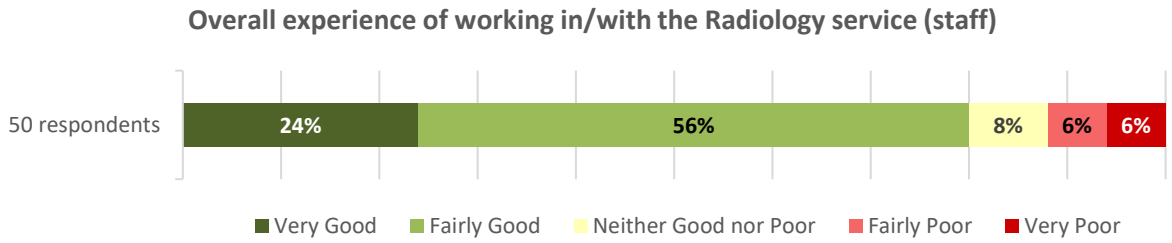
Respondent profile

2.89 All staff currently working in, or those who support staff working in, the Radiology service were invited to take part in a survey: 50 responses were received. Respondents' main clinical base is/was Bronglais Hospital (19 respondents), Withybush Hospital (13 respondents), Glangwili Hospital (10 respondents), and Prince Philip Hospital (six respondents). Two respondents did not identify their main hospital base.

Main survey findings

Experiences of the Radiology service

2.90 80% of staff respondents said that their overall experience of working in/with the Radiology service was good, whereas 12% said it was poor.



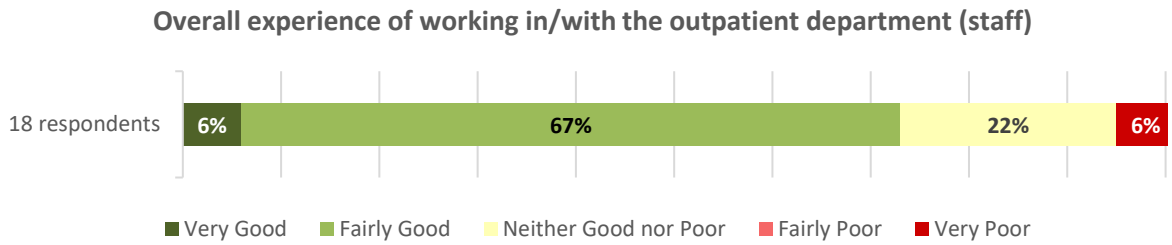
2.91 In terms of what is/was good about their experience of working in/with the Radiology service, staff respondents highlighted the friendly, supportive, helpful, responsive, kind, and compassionate team; the willingness of employees to share their knowledge with others, and to learn and adapt to changing circumstances; positive teamworking and good working relationships within the team and with other departments/services; the willingness of staff to go above and beyond to provide excellent, compassionate, and timely patient care; and positive management changes that have resulted in improved departmental structure and support and more and better opportunities for training and development.

2.92 As for what is/was difficult about their experience of working in/with the Radiology service, the most prevalent issues raised were around staff shortages, heavy workloads, and poor work-life balance. These were thought to have a detrimental impact on patient care, particularly in relation to long waits for tests and appointments, and lengthy reporting times. Other stated challenges were around radiographers having to undertake multiple duties in addition to their core roles, taking their focus away from their primary responsibilities; increasing numbers of sometimes unnecessary Radiology requests from clinicians; ineffective communication between delivery staff and managers within the service, and micromanagement and a lack of support on the part of the latter; a lack of staff input into decision-making; and outdated working environments, equipment, and processes.

2.93 Most staff suggested ways to improve their experience of working in/with the Radiology service. The most common were to improve staff recruitment, retention, and capacity; provide funding to upgrade and provide new equipment; and encourage more open communication and engagement between Health Board/service managers and delivery staff to improve working relationships and ensure the latter have a say in decision-making. Other suggestions were around more and better management training, and selection and interview processes for management staff; managers praising good work, while also taking action to tackle poor behaviours; the need for information and training for clinicians to manage the issue of increasing Radiology requests and referrals; and moving from a paper-based to a fully digital system.

Experiences of outpatient services

2.94 Around a third of the 50 staff survey respondents use the outpatient department in delivering their Radiology services. Of these, 72% (13 respondents) said that their overall experience of the outpatient department was good. Only one respondent (6%) said it was very poor.



2.95 Staff respondents praised outpatient staff for being hard-working, polite, organised, and caring; and liaison with Radiology was said to be good overall. However, a few specific negative comments were made around patients being given *"misinformation"* about Radiology by outpatient staff; outpatients being sent to Radiology all at once (at Withybush Hospital), as clinics are all held on the same day; improperly completed request forms; and poor-quality referrals for radiological imaging.

Patient survey

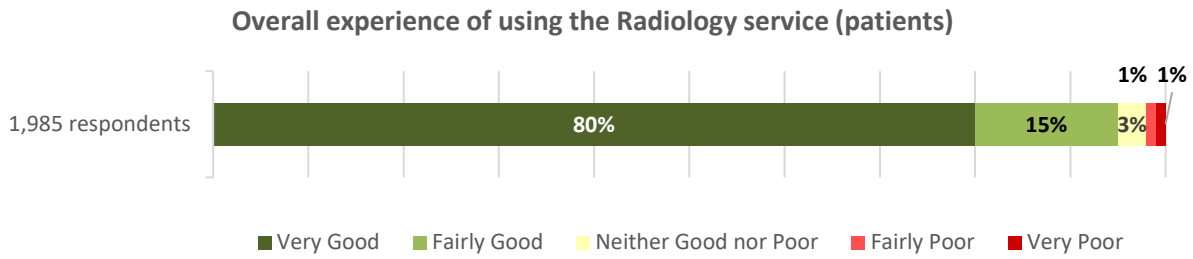
Respondent profile

2.96 A randomly selected sample of patients who accessed Radiology services within the last five years (1 August 2018-31 July 2023) were invited to take part in a survey. 29,854 patients were sent an invitation, and 2,029 responses were received, giving a response rate of 6.79%. 28% of respondents accessed the majority of their Radiology care at Glangwili Hospital, 24% at Withybush Hospital, and 22% at Prince Philip Hospital. A smaller proportion accessed services at Bronglais Hospital (13%) or other clinical sites.

2.97 The Radiology service patient demographic is mixed, as equalities information collected suggests. This is broadly reflected in the profile of respondents to the patient survey; however, 69% of respondents were women. Tables showing the full profile breakdown of respondents are included in the full report.

Main survey findings

2.98 95% of patient respondents said that their experience of using the Radiology service was good, whereas 3% said it was poor.

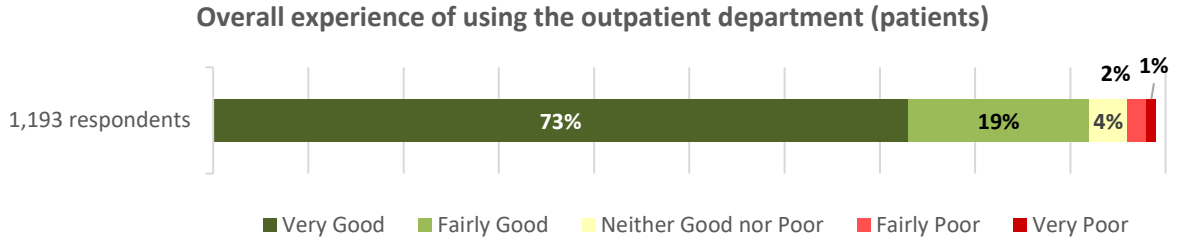


2.99 In terms of what was good about their experience of using the Radiology service, patients mainly praised the professional, kind, reassuring, and helpful staff; the timeliness and efficiency of the service received; good communication and information provision; and the generally good quality of care. Some, though, gave negative comments about a lack of timeliness (especially in relation to appointment access and speed of diagnosis).

2.100 The main improvements to Radiology services as suggested by survey respondents were around speed and efficiency (including shortening waiting times and not cancelling appointments); communication (including better explanations of tests, results, and treatments, and increased frequency of contact and follow up); and improvements to hospital environments. It should be noted, though, that 39% of respondents felt that no improvements are required.

Experiences of outpatient services

2.101 74% of patient respondents said they used the outpatient department as part of their Radiology treatment. Of these, 92% said their experience of doing so was good and 3% said it was poor.



2.102 When patients were asked why they said their experience of using the outpatient department was good or poor, the most frequent positive comments related to receiving a generally good, quick, and efficient service; and the professional, kind, reassuring, and helpful staff. The most frequent negative comments were around service speed and efficiency (including access to appointments, tests, and results).

Dermatology

2.103 In the following summary of findings, please note that where percentages do not sum to 100, this may be due to computer rounding, the exclusion of “don’t know” categories, or multiple answers.

Staff survey

Respondent profile

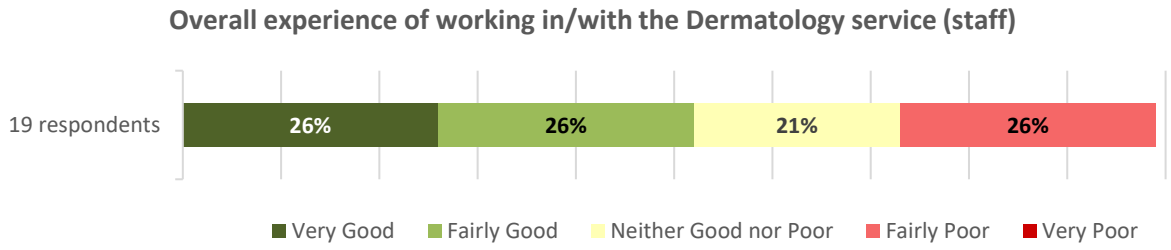
2.104 All members of staff currently working in or those who support staff working in the Dermatology service were invited to take part in a survey: 20 responses were received. Ten responses were from staff based

primarily at Prince Philip Hospital, with the rest mainly split between Glangwili Hospital (five respondents) and Withybush Hospital (two respondents). Three respondents did not identify their main hospital base.

Main survey findings

Experiences of the Dermatology service

2.105 53% of respondents said that their overall experience of working in/with the Dermatology service was good. 26% said that it was fairly poor, though none said it was very poor.



2.106 In terms of what is/was good about their experience of working in/with the Dermatology service, the most common positive themes raised across all sites related to staff. Respondents highlighted the good relationships formed in the workplace, describing their colleagues as dedicated, experienced, and helpful; and several praised clinicians' passion for their work and commitment to going above and beyond to help their patients. Managers were also considered by some to be approachable and responsive when dealing with queries and issues from their staff.

2.107 Dermatology staff highlighted employee retention across all sites as the Service's biggest issue: it was widely felt that staff losses, in addition to a lack of facilities and services like patch testing[22] and phototherapy[23], is compromising the level of care provided to patients. Other concerns were around limited capacity and appointments leading to frequent last minute clinic cancellations; some employees at Prince Philip Hospital feeling undervalued, unappreciated, and not listened to by management; a lack of adequate training and development opportunities; and poor communication across the multiple sites, which can affect the smooth running of the service.

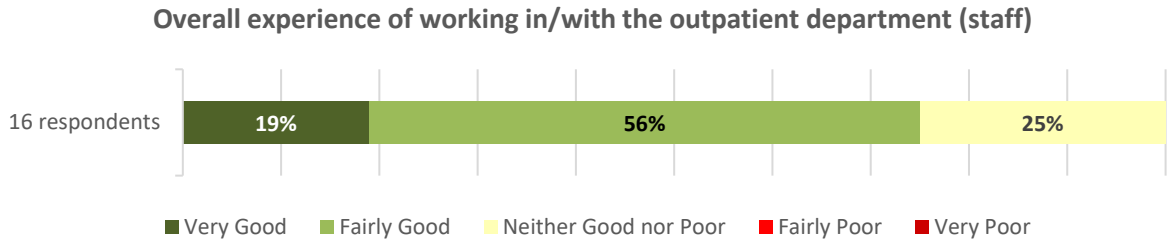
2.108 The main suggested way to improve employees' experience of working in/with the Dermatology service concerned increasing the workforce. The development of a single-site Dermatology department was also suggested, as was increasing the provision of services like patch testing and phototherapy. Other proposed improvements were to provide a more supportive environment for staff, whereby training, recognition, support, and praise is given when appropriate; hold regular team building sessions; employ an on-site department manager at each service location; and listen to clinicians' concerns about clinical risk, providing them with the appropriate equipment, training, and support to work safely and efficiently.

Experiences of outpatient services

2.109 89% of respondents said that they use the outpatient department in relation to Dermatology. Of these, 75% (12 individuals) said that their overall experience of outpatient services was good. None said that it

[22] A diagnostic method used to determine which specific substances cause allergic inflammation of a patient's skin.
[23] Light therapy used to treat various skin conditions using ultraviolet light.

was poor, although a quarter (four individuals) said it was neither good nor poor.



2.110 Staff respondents praised outpatient staff for being accommodating, supportive, helpful, friendly, and professional. Less positively though, several commented on poor facilities and equipment within outpatient departments. In this respect, it was also said that Cardigan Integrated Care Centre could be used as a model for other sites, in that it is newer and in very good condition.

Patient survey

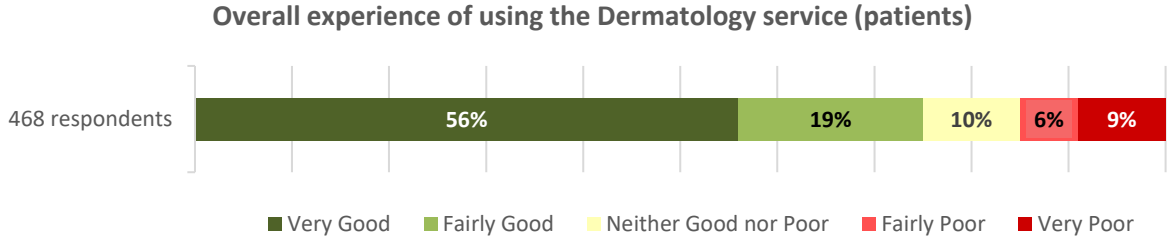
Respondent profile

2.111 A randomly selected sample of patients who accessed Dermatology services within the last five years (1 August 2018-31 July 2023) were invited to take part in a survey. In total 4,921 patients were sent an invitation, and 487 responses were received. 61% of respondents accessed most of their Dermatology care at Prince Philip Hospital, 18% at Glangwili Hospital, and 9% at Withybush Hospital. The remainder were split out between various other clinical sites.

2.112 The Dermatology service patient demographic is mixed, as equalities information collected suggests. This is broadly reflected in the profile of respondents to the patient survey. Tables showing the full profile breakdown of respondents are included at the end of this chapter.

Main survey findings

2.113 75% of respondents said that their experience of using the Dermatology service was good, whereas 14% said it was poor.



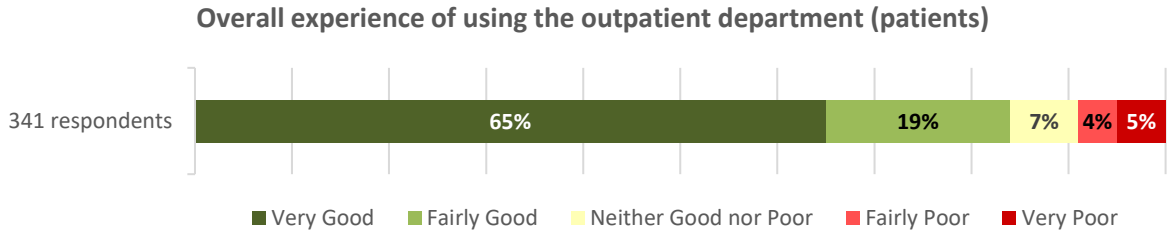
2.114 In terms of what was good about their experience of using the Dermatology service, patients mainly praised the efficiency and timeliness of the service received; the professional, kind, reassuring, and helpful staff; the quality of care; and good communication and information provision. Some, though, gave negative comments about a lack of timeliness (especially in relation to appointment access and speed of diagnosis); and poor communication and information provision.

2.115 The main improvements to Dermatology services as suggested by survey respondents were around speed and efficiency (including shortening waiting times and not cancelling appointments); and communication (including better explanations of tests, results, and treatments, and increased frequency of contact and

follow up). It should be noted, though, that over a quarter of respondents (27%) felt that no improvements are required.

Experiences of outpatient services

2.116 86% of patient respondents said they used the outpatient department as part of their Dermatology treatment. Of these, 84% said it was good, and 9% said it was poor.



2.117 When patients were asked why they said their experience of using the outpatient department was good or poor, the most frequent positive comments related to receiving a generally good, quick, and efficient service; the professional, kind, reassuring, and helpful staff; and good communication and information provision. The most frequent negative comments were around service speed and efficiency (including access to appointments, tests, and results); and communication (including explanations of tests, results, and treatments, and the frequency of contact and follow up).

Ophthalmology

2.118 In the following summary of findings, please note that where percentages do not sum to 100, this may be due to computer rounding, the exclusion of “don’t know” categories, or multiple answers.

Staff survey

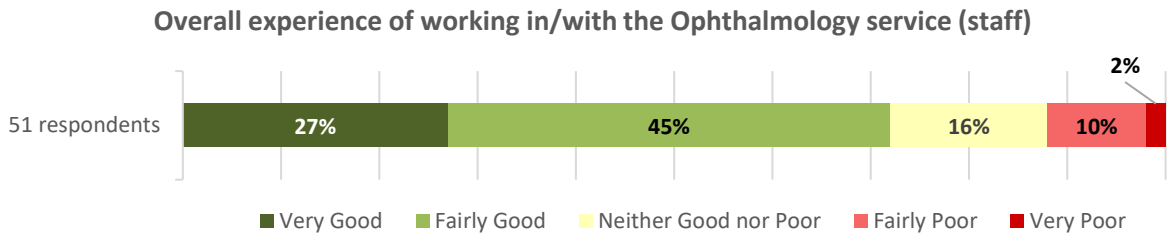
Respondent profile

2.119 All staff currently working in, or those who support staff working in, the Ophthalmology service were invited to take part in a survey: 51 responses were received. Respondents’ main clinical base is/was Glangwili Hospital (21 respondents), Amman Valley Hospital (14 respondents), North Road Clinic, Aberystwyth (eight respondents), Withybush Hospital (six respondents), and Bronglais Hospital (two respondents).

Main survey findings

Experiences of the Ophthalmology service

2.120 73% of staff respondents said that their overall experience of working in/with the Ophthalmology service was good, whereas 12% said it was poor.



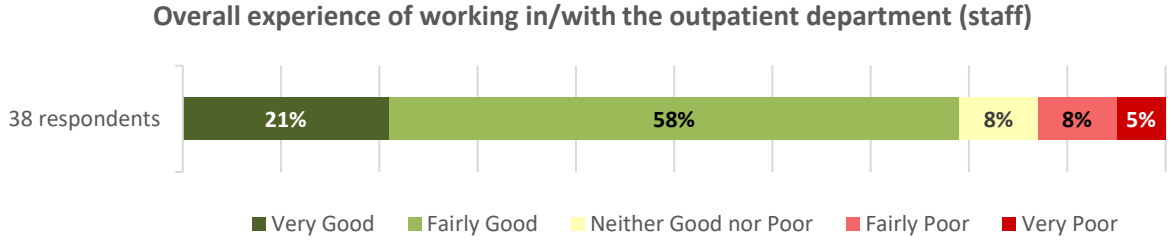
2.121 In terms of what is/was good about their experience of working in/with the Ophthalmology service, staff respondents particularly noted positive working relationships between managers and staff across all sites; effective teamwork between dedicated, respectful, and caring staff; and being able to take pride in providing good quality patient care. Some also highlighted opportunities to gain new skills, knowledge, and experience by working with experienced specialists within the service.

2.122 As for what is/was difficult about their experience of working in/with the Ophthalmology service, capacity was the key concern for staff respondents, with appointments in high demand and clinics often overbooked (mainly, it was felt, because of staff shortages and retention issues). Other stated challenges were around maintaining a good work/life balance; a lack of staff training opportunities and clear progression pathways; ineffective communication between delivery staff and managers within the service, and across the Health Board as a whole; a lack of staff input into decision-making; and the sometime inefficiency of the current paper-based notes system.

2.123 Most staff suggested ways to improve their experience of working in/with the Ophthalmology service. The most common were to improve staff recruitment, retention, and capacity; and encourage more open communication and engagement between Health Board/service managers and delivery staff to improve working relationships and ensure the latter have a say in decision-making. Other suggestions were around better and more structured onboarding for new starters and ongoing training for all staff; and ensuring the provision of correct, appropriate, and timely notes.

Experiences of outpatient services

2.124 85% of staff survey respondents use the outpatient department in delivering their Ophthalmology service. Of these, 79% (30 individuals) said that their overall experience of the outpatient department was good, and 13% (5 individuals) said it was poor.



2.125 Staff respondents praised outpatient staff for being helpful and dedicated, and for the quality of care they provide. However, it was said that more Ophthalmology-specific training and development for outpatient staff would be beneficial; that appointment delays should be addressed; and that additional administrative staff would improve the department's efficiency.

Patient survey

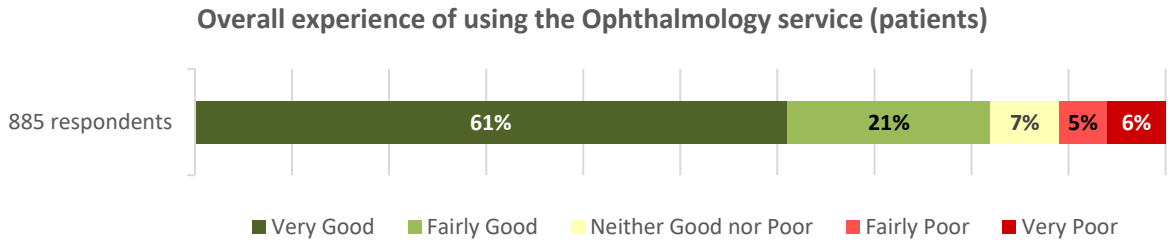
Respondent profile

2.126 A randomly selected sample of patients who accessed Ophthalmology services within the last five years (1 August 2018-31 July 2023) were invited to take part in a survey. 6,844 patients were sent an invitation, and 900 responses were received. 41% of respondents accessed most of their Ophthalmology care at Glangwili Hospital, 13% at Withybush Hospital, 12% at Prince Philip Hospital, and 10% at North Road Clinic, Aberystwyth. The remainder were split out between various other clinical sites.

2.127 The Ophthalmology service patient demographic is mixed, however equalities information collected suggests that the majority of service users are white, English-speaking female between the ages of 45-70. This is broadly reflected in the profile of respondents to the patient survey. Tables showing the full profile breakdown of respondents are included in the full report.

Main survey findings

2.128 82% of patient respondents said that their experience of using the Ophthalmology service was good, whereas 11% said it was poor.

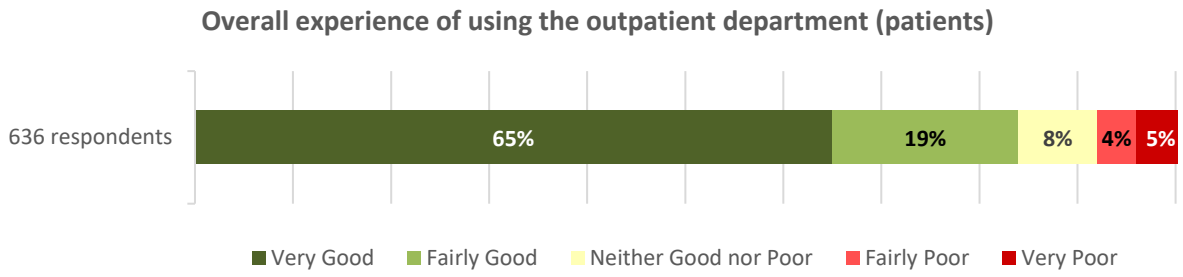


2.129 In terms of what was good about their experience of using the Ophthalmology service, patients mainly praised the professional, kind, reassuring, and helpful staff; the timeliness and efficiency of the service received; good communication and information provision; and the generally good quality of care. Others, though, gave negative comments about a lack of timeliness (especially in relation to appointment access and speed of diagnosis); and poor communication, information provision, and follow up.

2.130 The main improvements to Ophthalmology services as suggested by survey respondents were around speed and efficiency (including shortening waiting times and not cancelling appointments); and communication (including better explanations of tests, results, and treatments, and increased frequency of contact and follow up). It should be noted, though, that just over a quarter of respondents felt that no improvements are required.

Experiences of outpatient services

2.131 85% of patient respondents said they used the outpatient department as part of their Ophthalmology treatment. Of these, 83% said their experience of doing so was good and 8% said it was poor.



2.132 When patients were asked why they said their experience of using the outpatient department was good or poor, the most frequent positive comments related to receiving a generally good, quick, and efficient service; and the professional, kind, reassuring, and helpful staff. The most frequent negative comments were around service speed and efficiency (including access to appointments, tests, and results); and communication (including explanations of tests, results, and treatments, and the frequency of contact and follow up).

Orthopaedic service

2.133 In the following summary of findings, please note that where percentages do not sum to 100, this may be due to computer rounding, the exclusion of "don't know" categories, or multiple answers.

Staff survey

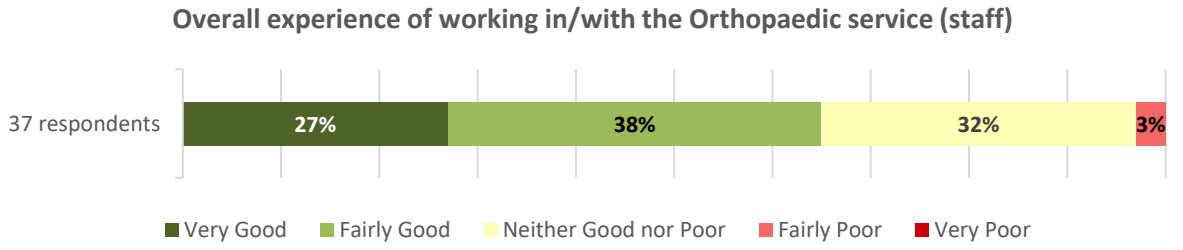
Respondent profile

2.134 All staff currently working in, or those who support staff working in, the Orthopaedic service were invited to take part in a survey: 42 responses were received. Respondents' main clinical base is/was Withybush Hospital (13 respondents), Glangwili Hospital (11 respondents), Bronglais Hospital (eight respondents), and Prince Philip Hospital (seven respondents). Three respondents did not identify their main hospital base.

Main survey findings

Experiences of the Orthopaedic service

2.135 65% of staff respondents said that their overall experience of working in/with the Orthopaedic service was good, whereas 3% said it was fairly poor. Almost a third (32%) said it was neither good nor poor.



2.136 In terms of what is/was good about their experience of working in/with the Orthopaedic service, staff across all sites highlighted positive working relationships within the service. Staff were said to be dedicated, helpful and approachable toward patients and colleagues; and to work well together within specific clinical roles and more broadly as a service. Other stated positives were around good clinical outputs and quality of

care; consultant responsiveness and communication; good service management, training opportunities and monitoring; and the benefits of multidisciplinary team meetings in ensuring better patient care and flow.

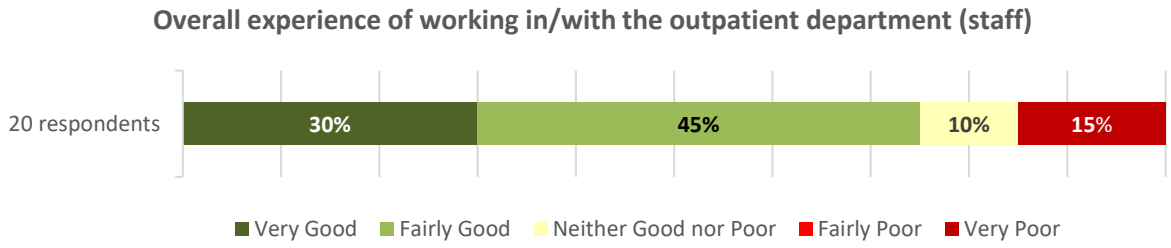
2.137 As for what is/was difficult about their experience of working in/with the Orthopaedic service, respondents mainly highlighted staffing shortages, leading to heavier workloads and a risk of burnout among employees. Others stated challenges were a lack of respect and poor communication between some staff; a lack of capacity and long waiting lists; a lack of access to ward-based and community rehabilitation[24], and support for hospital discharge; poor communication around hospital discharge between ward and rehabilitation staff, and with patients and their families; insufficient focus on therapy-led rehabilitation[25] and inconsistent training and ways of working among rehabilitation staff; and working environments and equipment that are not fit for purpose.

2.138 In considering ways to improve their experience of working in Orthopaedic services, staff proposed several strategic changes such as re-providing elective joint arthroplasty[26] at Withybush Hospital or, conversely, centralising planned services (like joint arthroplasty) at Prince Philip Hospital, with a focus on emergency care at Glangwili Hospital and an ambulatory service[27] at Withybush Hospital. However, it should be noted that for the purpose of this survey, any responses relating to emergency care (trauma) is out of the scope of the Issues paper on this occasion.

2.139 Other suggested improvements were to increase rehabilitation (especially physiotherapy) capacity within hospitals and the community; improve communication around patient discharge to avoid making unrealistic promises to patients and their families; and ensure different departments within the Orthopaedic service work together to ensure care is consistent and streamlined.

Experiences of outpatient services

2.140 54% of staff survey respondents use the outpatient department in delivering their Orthopaedic service. Of these, three-quarters (15 respondents) said that their experience of doing so was good, whereas 15% (three respondents) said it was very poor.



2.141 There was praise for outpatient services at most sites, with staff being described as helpful, friendly, dedicated, and knowledgeable. However, there was some negative feedback: the outpatient environment

[24] Rehabilitation is delivered by a multiple disciplines described as Allied Health Professionals (AHPs) and may include Physiotherapy, Occupational Therapy, Speech and Language Therapy and Psychosocial Services.
[25] Physiotherapy led rehabilitation is a clinically and cost-effective intervention designed for patients whose lives have been adversely affected by injury, illness, or disease.
[26] Arthroplasty is a surgical procedure to restore the function of a joint. A joint can be restored by resurfacing the bones. An artificial joint (called a prosthesis) may also be used.
[27] Services provided as an outpatient, where you do not need to stay in hospital. To have this care, you must be able to walk (ambulatory).

at Glangwili Hospital was considered poor and not fit for purpose; and some staff at Glangwili and Withybush Hospitals felt that their outpatient departments could be better organised.

Patient survey

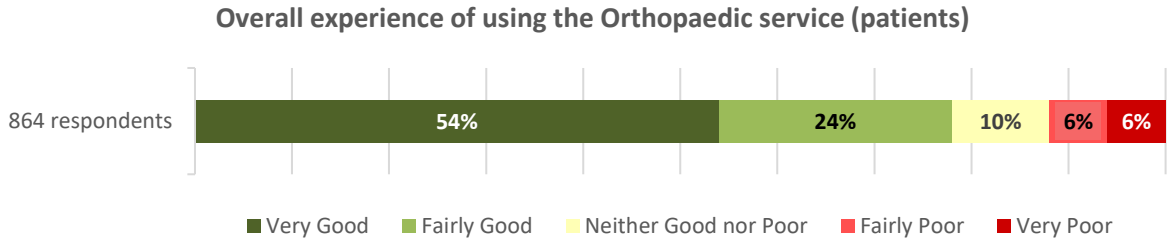
Respondent profile

2.142 A randomly selected sample of patients who accessed Orthopaedic services within the last five years (1 August 2018-31 July 2023) were invited to take part in a survey. In total 6,907 patients were sent an invitation, and 885 responses were received. 32% of respondents accessed most of their Orthopaedic care at Withybush Hospital, 29% at Prince Philip Hospital, 16% at Bronglais Hospital, and 15% at Glangwili Hospital. The remainder were split between various other clinical sites.

2.143 The Orthopaedic service patient demographic is mixed, as equalities information collected suggests. This is broadly reflected in the profile of respondents to the patient survey. However, 61% of respondents were women and 91% were aged 55 or over. Tables showing the full profile breakdown of respondents are included in the full report.

Main survey findings

2.144 78% of patient respondents said that their experience of using the Orthopaedic service was good, whereas 12% said it was poor.

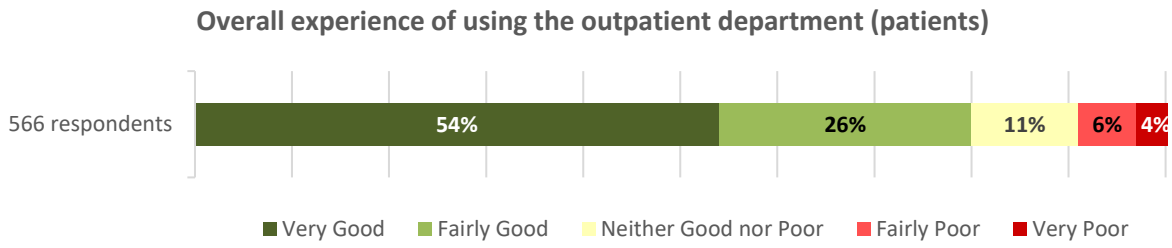


2.145 In terms of what was good about their experience of using the Orthopaedic service, patients mainly praised the professional, kind, reassuring, and helpful staff; the timeliness and efficiency of the service received; and the generally good quality of care. Where there was negative feedback, it included concerns about a lack of timeliness (especially in relation to appointment access and speed of diagnosis); and generally poor standards of care.

2.146 The main improvements to Orthopaedic services as suggested by survey respondents were around speed and efficiency (including shortening waiting times and not cancelling appointments); and communication (including better explanations of tests, results, and treatments, and increased frequency of contact and follow up). It should be noted though, that just under a fifth of respondents (18%) felt that no improvements are required.

Experiences of outpatient services

2.147 82% of patient respondents said they used the outpatient department as part of their Orthopaedic treatment. Of these, 80% said their experience of doing so was good and 9% said it was poor.



2.148 When patients were asked why they said their experience of using the outpatient department was good or poor, the most frequent positive comments related to the professional, kind, reassuring, and helpful staff; and receiving a generally good, quick, and efficient service. The most frequent negative comments were around service speed and efficiency (including access to appointments, tests, and results).

Urology

2.149 In the following summary of findings, please note that where percentages do not sum to 100, this may be due to computer rounding, the exclusion of "don't know" categories, or multiple answers.

Staff survey

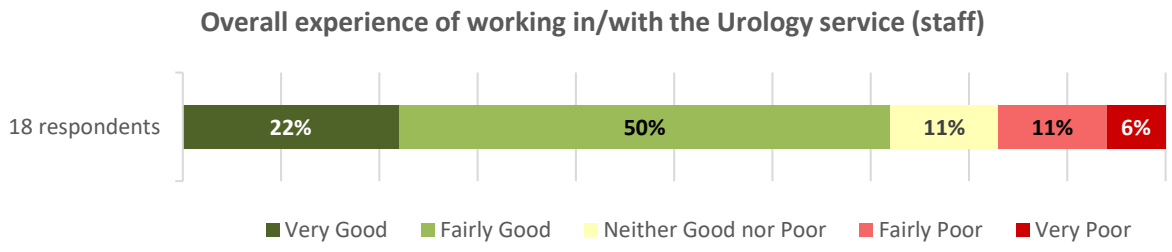
Respondent profile

2.150 All staff currently working in, or those who support staff working in, the Urology service were invited to take part in a survey: 20 responses were received. Respondents' main clinical base is/was Glangwili Hospital (14 respondents), Bronglais Hospital (three respondents), Prince Philip Hospital (two respondents), and Withybush Hospital (one respondent).

Main survey findings

Experiences of the Urology service

2.151 72% of staff respondents said that their overall experience of working in/with the Urology service was good, whereas 17% said it was poor.



2.152 In terms of what is/was good about their experience of working in/with the Urology service, staff respondents particularly noted the supportive, cohesive, welcoming, and dedicated nature of the team; and the encouragement and support from management when receiving new suggestions for innovative and modern ways of working.

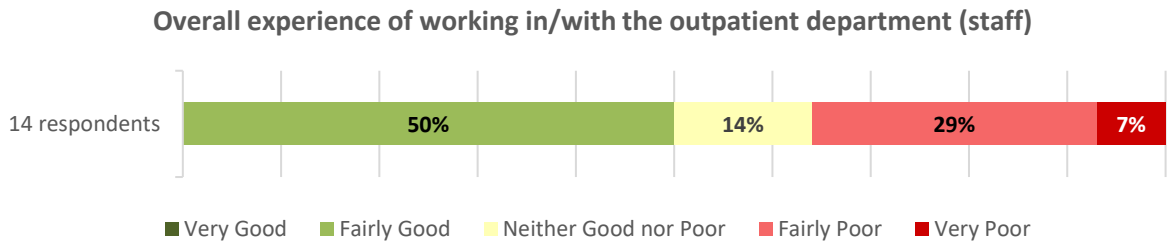
2.153 The lack of a dedicated Urology ward and clinical rooms was the key concern for respondents. This, it was felt, has led to a de-skilled workforce, and some post-operative Urology patients being cared for on other wards by staff with no service-specific experience. Other frequently stated challenges included a lack of

theatre capacity causing unmanageable waiting lists; poor staff retention (particularly consultant urologists at Bronglais Hospital); and delivering high quality of care with current staffing and resource levels. Some staff also gave negative comments about the confusion caused by the 'named consultant' procedure; travel for patients as the service is spread across a wide area; frequent managerial changes (especially at Glangwili Hospital, where some managers have no background in Urology) and the lack of support offered by some service managers; communication within and across Urology sites; some resistance to adopting positive practices among some senior clinicians; and problematic working relationships between some staff within and across Urology sites.

2.154 Most staff suggested ways to improve their experience of working in/with the Urology service, most commonly to employ more Urology trained staff, including a larger Clinical Nurse Specialist (CNS)[28] team and more cancer nurses. Other suggestions were to allocate the Urology department a private office; making Urology referral pathways clear; and placing the responsibility of Trial without Catheter[29] procedures (TWOCs) with community healthcare staff rather than specialist nurses (as was the case pre-COVID).

Experiences of outpatient services

2.155 83% of staff survey respondents use the outpatient department in delivering their Urology service. Of these, 50% (seven individuals) said that their overall experience of the outpatient department was fairly good, and 36% (five individuals) said it was poor.



2.156 When asked why they said their experience of working in/with the outpatient department was good or poor, responses came almost entirely from Glangwili Hospital staff. The most frequent comments were around the poor condition of the department (including that rooms are cold, damp, poorly ventilated and too small); insufficient room and storage capacity; and the poor standard of and limited access to equipment.

Patient survey

Respondent profile

2.157 A randomly selected sample of patients who accessed Urology services within the last five years (1 August 2018-31 July 2023) were invited to take part in a survey. 3,560 patients were sent an invitation, and 421 responses were received. 41% of respondents accessed most of their Urology care at Glangwili Hospital,

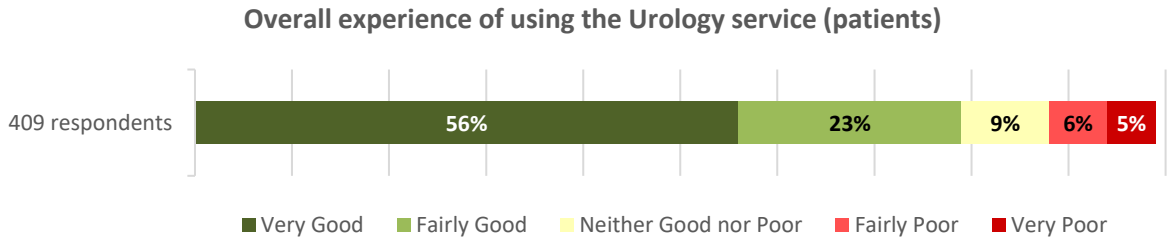
[28] An advanced practice registered nurse who has earned a master's or doctoral degree in nursing. They assess, diagnose, and treat patients and their role often extends into other areas, like health care management and research.
[29] A catheter (the tube inserted into the bladder to drain urine) is removed from the patient's bladder for a trial period to determine whether they can pass urine without it. This involves a scan of the bladder.

22% at Withybush Hospital, 21% Prince Philip Hospital, and 8% at Bronglais Hospital. The remainder were split out between various other clinical sites.

2.158 The Urology service patient demographic is generally older than that of the general population and favours males over females. Equalities information collected suggests that the majority of service users have been white, heterosexual males over the age of 50. This is broadly reflected in the profile of respondents to the patient survey. Tables showing the full profile breakdown of respondents are included in the full report.

Main survey findings

2.159 80% of patient respondents said that their experience of using the Urology service was good. 11% said their overall experience of using the Urology service was poor.

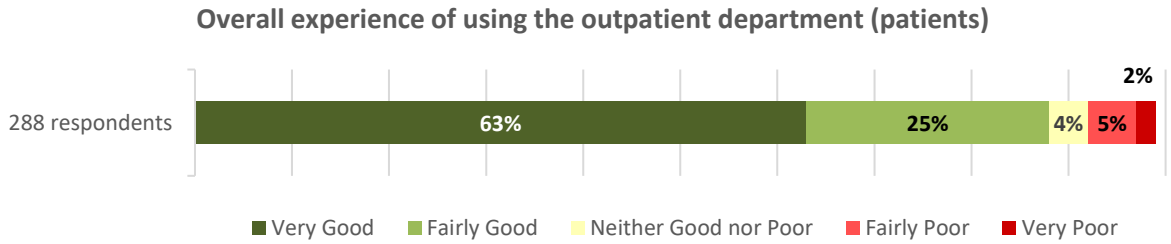


2.160 Key positive themes emerging from patients who used the Urology service were around the professional, kind, reassuring, and helpful staff; the efficiency and speed of the service received (including being seen on time and prompt results and diagnosis); and the good communication and clarity of information before, during and after the procedure, and on follow up. Others, though, said that they received a slow and/or inefficient service (regarding access to appointments and speed of results and diagnosis).

2.161 The main improvements to Urology services as suggested by survey respondents were around speed and efficiency (including providing better access to appointments and shortening waiting times for results and diagnosis); and communication (including better explanations, and increased frequency of contact and follow up). It should be noted over a fifth of respondents felt that no improvements are required.

Experiences of outpatient services

2.162 84% of patient respondents said they used the outpatient department as part of their Urology treatment. Of these, 88% said their experience of doing so was good, and 8% said it was poor.



2.163 When patients were asked why they said their experience of using the outpatient department was good or poor, the most frequent positive comments related to the professional, kind, reassuring, and helpful staff; and the speed and efficiency of the service received (including being seen on time and receiving prompt results and diagnosis). Just under three-in-ten patient respondents said they had experienced no issues.

The most frequent negative comment was around the speed and inefficiency of the service received (including not being seen on time, access to appointments, and a long wait time for results and diagnosis).

Outsourced services

2.164 In the following summary of findings, please note that where percentages do not sum to 100, this may be due to computer rounding, the exclusion of "don't know" categories, or multiple answers.

Patient survey

Respondent profile

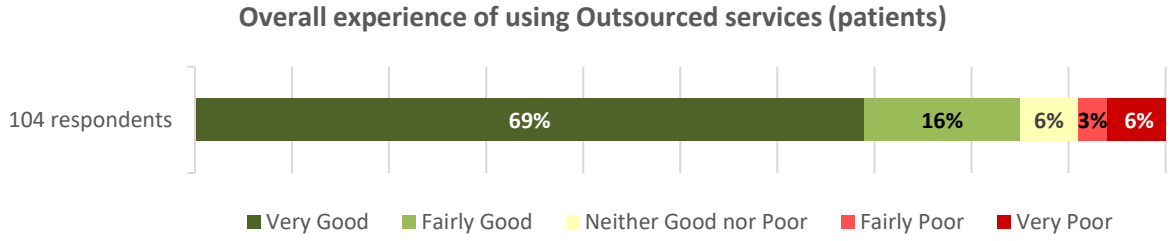
2.165 On some occasions the Health Board outsources its services, which normally would be delivered at a Health Board Hospital site. The following summaries the feedback from those respondents to the questionnaire who used an outsourced service, as well as some patients who have opted to receive treatment at a private hospital and have responded to the questionnaire.

2.166 In total 105 responses were received from those using outsourced services. 43% of respondents had accessed Orthopaedic services, 27% had accessed Ophthalmology services, 12% Dermatology services and 11% Radiology services. 7% had accessed Urology services.

2.167 The patient demographic of those using outsourced services is mixed, as equalities information collected suggests. This is broadly reflected in the profile of respondents to the patient survey; however, 94% of respondents were aged 55 or over. Tables showing the full profile breakdown of respondents are included in the full report.

Main survey findings

2.168 86% of patient respondents said that their experience of using the outsourced service was good, whereas 9% said it was poor.

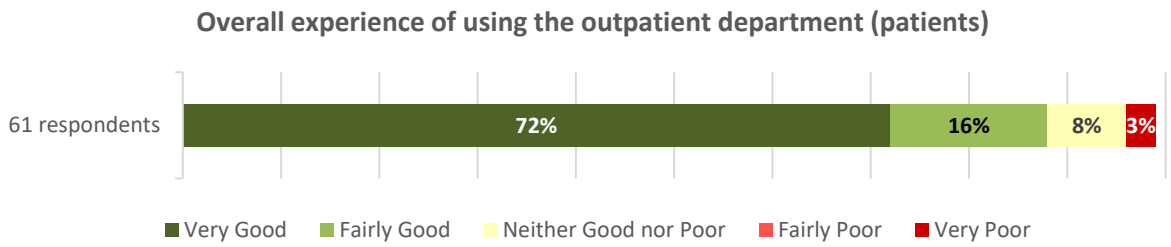


2.169 In terms of what was good about their experience of using the outsourced service, patients mainly praised the timeliness and efficiency of the service received, the professional, kind, reassuring, and helpful staff and the generally good service. Some, though, gave a negative comment about having to use private healthcare due to lack of appointments/treatment options.

2.170 The main improvements to outsourced services as suggested by survey respondents were around speed and efficiency (including shortening waiting times and not cancelling appointments); communication (including better explanations of tests, results, and treatments, and increased frequency of contact and follow up); and preventing the need to use private healthcare. It should be noted, though, that 18% of respondents felt that no improvements are required.

Experiences of outpatient services

2.171 73% of patient respondents said they used the outpatient department as part of their outsourced services treatment. Of these, 89% said their experience of doing so was good and 3% said it was very poor.



2.172 When patients were asked why they said their experience of using the outpatient department was good or poor, the most frequent positive comments related to the service being good in general, receiving a quick and efficient service; and the professional, kind, reassuring, and helpful staff. The most frequent negative comments were around service speed and efficiency (including access to appointments, tests, and results).

3. Primary Care

Introduction

3.1 Primary Care services within the Hywel Dda area covers General Medical Services, Community Pharmacy, General Dental Services, and Optometry Services. In addition to these four services (known as 'contractor' services) and for the purposes of this research, Primary Care also includes Community Dental Services (CDS) and the Out of Hours (OOH) service[30].

3.2 Provision of Primary Care services are split across seven clusters: Amman Gwendraeth, Llanelli, North Ceredigion, North Pembrokeshire, South Pembrokeshire, Taf/Tywi, and Teifi and South Ceredigion.

3.3 All current members of staff working in or those who support staff working in Primary Care (the contracted Primary Care services workforce) were invited to take part in the survey. In total 40 responses were received.

3.4 The contracted Primary Care services workforce was asked to complete a slightly different questionnaire to that which staff working in other service areas were provided, as such care should be taken when comparing results from this chapter with others.

3.5 Tables showing the full profile breakdown of respondents are included at the end of this chapter.

Main survey findings

Clusters worked in - Staff survey

3.6 Respondents to the Primary Care staff survey were asked to indicate in which clusters they currently work. The responses are detailed in the table overleaf, where it can be seen that three-in-ten responses (30%) are from those working in North Ceredigion, 15% from those working in Teifi and South Ceredigion, around one-in-eight (13%) from those working in Amman Gwendraeth and (13%) in Taf/Tywi (2Ts). One-in-ten (10%) responses were from those working in Llanelli and (10%) South Pembrokeshire, with less than one-in-ten (8%) working in North Pembrokeshire and (8%) in the whole of the Hywel Dda University Health Board footprint.

[30] Both Community Dental Services and Out of Hours General Medical Services are staffed and directly managed by the Health Board.

Table 1: What Cluster(s) do you work in currently? - All Respondents working in Primary Care (Note: respondents were able to select multiple locations and, therefore, the percentages may sum to greater than 100%.)

Clusters Worked In	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Amman Gwendraeth	5	13%
Llanelli	4	10%
North Ceredigion	12	30%
North Pembrokeshire	3	8%
South Pembrokeshire	4	10%
Taf/Tywi (2Ts)	5	13%
Teifi and South Ceredigion	6	15%
The whole of the Hywel Dda University Health Board footprint	3	8%
Total number of valid respondents	**40**	-

Service of core role – Staff survey

3.7 Respondents to the Primary Care staff survey were also asked in which service is their core role. Nearly six-in-ten (58%) responses are from those in general medical services, under a fifth (18%) in community pharmacy and (18%) optometry, one-in-twenty (5%) responses are from those in dental services and 3% of responses from those in community dental.

Table 2: In which service is your core role? - All Respondents working in Primary Care – (Note: Figures may not sum due to rounding)

Service of Core Role	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Community Dental	1	3%
Community Pharmacy	7	18%
Dental Services	2	5%
General Medical Services	23	58%
Optometry	7	18%
Total number of valid respondents	**40**	**100%**

Role – Staff survey

3.8 Respondents to the Primary Care staff survey were asked to select their role from a list provided. The responses are detailed in the table overleaf.

Table 3: Please select your role from the list below - All Respondents working in Primary Care – (Note: Figures may not sum due to rounding)

Role	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Community Dental Service Dental Nurse	1	3%
Dental Nurse	1	3%
General Practitioner Partner	4	10%
Health Care Assistant	2	5%
Mobile Optometrist	1	3%
Nurse	5	13%
Optometrist	6	15%
Pharmacist	8	20%
Pharmacy Technician	1	3%
Practice Administration	3	8%
Practice Management	8	20%
Total number of valid respondents	**40**	**100%**

Time worked in Primary Care – Staff survey

3.9 Respondents were asked how long they have worked in Primary Care. Nearly six-in-ten (58%) of those responding to the Primary Care staff survey have worked in Primary Care for ten or more years, 15% have worked in Primary Care for between three and five years, around one-in-eight (13%) of those responding have worked in Primary Care for between six and ten years, one-in-ten (10%) of those responding have worked in Primary Care for between one and two years, with one-in-twenty (5%) responses from those who have worked in Primary Care for less than a year.

Table 4: How long have you worked in Primary Care? - All Respondents working in Primary Care – (Note: Figures may not sum due to rounding)

Time Worked in Primary Care	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Less than a year	2	5%
1-2 years	4	10%
3-5 years	6	15%
6-10 years	5	13%
10 years+	23	58%
Total number of valid respondents	**40**	**100%**

What was good about your experience of working in Primary Care

Staff survey

3.10 Primary Care staff consistently highlighted the pride they feel through making a difference in their communities and helping and supporting people. Several commented that providing continuity of care through consistent face-to-face interaction allows them to get to know their patients and be a part of their healthcare journey.

> *"I love meeting the huge range of patients we do on a daily basis and making a difference to their lives in most cases." (Optometry, North Ceredigion)*

3.11 The high standard of care provided by General Medical Services staff was praised by several respondents as *"patient centred", "individualised"* and "*holistic".* An individual respondent also said that the focus on promoting health education within General Medical Services is an effective strategy for improving patients' long-term medical prospects.

> *"Working in a close networking team environment, which allows continuity of care for the patients using a holistic way of working." (General Medical Services, North Ceredigion)*

3.12 Effective teamwork and collaboration between staff was another key theme among respondents. Some staff reported a supportive culture and good working relationships across the different services within Primary Care.

> *"Collaboration and supportive of each other's service." (Community Dental, South Pembrokeshire)*
>
> *"I have developed good working relationships with other members of the primary healthcare team and with my regular patients." (Community Pharmacy, Taf/Tywi [2Ts])*

3.13 Several staff members across the service felt that the work in Primary Care is "*varied"* and covers *"all aspects of medicine"*. One Community Pharmacy respondent also praised the expansion of the clinical role of pharmacists, which has enhanced both their consultation skills and job satisfaction. With regards to job satisfaction, a member of staff working in General Medical Services stated that they *"enjoy doing"* their job and like that they can work *"sociable hours"*.

> *"No two days are ever the same in Primary Care." (General Medical Services, whole Hywel Dda University Health Board footprint)*

3.14 Two Optometry staff members emphasised the freedom and benefits that come with having higher qualifications in their practices in terms of improving the patient experience. For example, one North Pembrokeshire practice uses these qualifications to support its *"under-resourced"* Secondary Care colleagues by extending health care to acute and chronic eye problems; and a staff member from a North Ceredigion practice said that their independent prescribing qualifications[31] make their job *"incredibly rewarding and a constant mental challenge (in a good way!)".* This was echoed by a Community Pharmacy staff member in South Pembrokeshire who stated that they enjoy the freedom of being able to take ownership of their role and make decisions to implement new services.

[31] Optometrists with an independent prescribing (IP) qualification can clinically assess a patient for conditions affecting the eye, and the tissues surrounding the area, establish a diagnosis, determine the clinical management required and prescribe where necessary.

> *"As a practice owner, it is fantastic to be constantly working on ways of improving patient experience within the practice." (Optometry, North Ceredigion)*

3.15 The broad variety of skills possessed by Primary Care staff members was praised by some respondents, and one person working in Optometry across the whole HDdUHB area felt that there is an *"appetite"* among staff to do more with the skills they have.

3.16 Some individual staff in General Medical Services made positive comments about their management teams, stating that they receive adequate support from practice managers (and their direct Primary Care team as a whole); and that they feel seen and valued by them.

> *"For me personally, my skills have been recognised by my managers and I have been given opportunities to progress." (General Medical Services, whole Hywel Dda University Health Board footprint)*

3.17 Another individual working in General Medical Services in Amman Gwendraeth noted the ability to develop programmes through cluster working to ensure *"wider community support"*, stating that this is the *"forefront of multidisciplinary working".*

What is difficult or could be improved about working in Primary Care

Staff survey

3.18 The most prevalent issue raised by respondents across Primary Care was that staff feel underpaid for their workload and level of responsibility. Some noted that staff in similar roles in Secondary Care settings get paid more; for example comparisons were made between hospital nurses and staff in Health Board-run practices.

> *"The pay isn't fair for the amount of work and responsibility… not just for me but with colleagues and peers." (General Medical Services, North Ceredigion)*

3.19 This was widely believed to be caused by a lack of financial resource, and respondents in General Medical Services suggested that increasing funding would attract staff to Primary Care roles. A couple of staff members felt that long-term future planning is needed to ensure proper funding for Primary Care, and an individual working in Community Dental services said that there needs to be more understanding of opportunities to apply for funding.

3.20 A General Medical Services staff member felt strongly that pay increases should reflect the living wage but acknowledged that this is difficult for practices to implement as there is no funding available for it. This individual urged the provision of adequate funding for more Primary Care staff, and pay rises for existing staff, at the beginning of each financial year. Another couple of individuals from General Medical Services proposed that any future NHS funding increases should also be passed on to GP practices.

3.21 The funding provided to Primary Care by the Welsh Government and HDdUHB was also discussed on a wider level by respondents. A couple of Community Pharmacy staff members claimed that a lot of work is being shifted from GPs to pharmacists without the requisite funding; and one explained how the

mechanism for paying for pharmaceutical services creates *"massive advance payments and recovery differences of up to 15% of total paid"*. This, it was said, causes stress and cash flow problems, resulting in staff training (for example, to be an independent prescriber) suffering due to affordability, as well as a lack of mentors and locum cover. Also with regard to training, a pharmacy technician said they feel *"underutilised"* as they have not had the opportunity to widen their role within Primary Care.

3.22 Two staff members from North Ceredigion (one from General Medical Services and the other from Dental Services) explicitly said that the level of care they provide is *"poor"* due to a lack of funding and resources. One (Dental Services staff member) commented negatively on the treatment provided specifically via the General Dental Services (GDS) Reform Programme[32].

3.23 Individual issues raised by General Medical Services staff members around a lack of funding included that they are unable to develop other services needed in their communities; that the below-inflation increase in GP practice funding is *"eroding"* general practice and leading to recruitment and retention issues; and that new GPs are not taking up partnership roles at practices as there is no incentive offered by the Health Board for this.

3.24 Several staff members also gave negative comments about outdated facilities and other resources within Primary Care. A General Medical Services staff member said that this can result in "*unhappy*" patients if they are not provided with the expected level of care or offered appointments when they need them. Community Pharmacy resource problems were said to include printers, scanners, and computers that break down frequently; poor IT systems; and drug shortages that mean they must buy medicines above the Drug tariff[33] and dispense at a loss.

3.25 Time pressure was another common difficulty raised by respondents in General Medical Services and Community Pharmacy, especially in terms of Chronic Disease Management[34]. It was said that there is not enough time to do everything that is needed, and that staff training is suffering as a result. Several respondents said that the service is getting busier with increasing demands from the Health Board and patients, but that working hours remain the same.

3.26 Some Optometry staff also commented on the stress of their role, suggesting that a sometimes-poor level of care within Secondary Care Ophthalmology increases the pressure on Primary Care and results in worsening patient outcomes. The apparently poor quality of Secondary Care treatment was also noted by a staff member working in a dental practice (who said they are leaving the sector due to this); and by another Optometry staff member who noted the *"knock on challenges"* experienced by practice staff in resolving concerns from patients who are overdue secondary care follow up.

3.27 Respondents across Optometry, Community Pharmacy, and General Medical Services gave negative comments around poor communication between Primary and Secondary Care, the local Health Board and GP surgeries, and between different workgroups. The distance between sites was raised by many as a catalyst for communication issues.

[32] A Programme being developed by Health Boards and the Welsh Government, with a vision to *'provide good access to safe, high quality dental care, responsive to the needs of the population, promoting a preventative approach delivered locally by a highly skilled dental team using skill mix to ensure ongoing service sustainability'.*

[33] The Drug Tariff, also known as Drug Tariff price, is that amount that the NHS repays pharmacies for generic prescription medications.

[34] An integrated care approach to managing illness which includes screenings, check-ups, monitoring and coordinating treatment, and patient education.

> *"Working between many sites it is difficult to touch base with team members." (General Medical Services, Amman Gwendraeth)*

3.28 Several comments were also made regarding the need for better working relationships with and more support from Secondary Care, which was again said to be down to a lack of communication between the two sectors.

3.29 Referrals were considered problematic, mainly due to the high number of pathways and a shortage of services in Wales. They were said to be time consuming and confusing as there is no confirmation that referrals have been actioned once they have been completed; and some staff members commented that instructions on referral pathways and protocols are *"extremely disjointed"* and unclear. It was also said that Community Pharmacy is receiving numerous referrals from GP surgeries for issues outside its remit.

3.30 Other issues within Optometry specifically were a lack of on-call staff available to take emergency referrals at some sites; routine referrals taking a long time; and an over-reliance on Word documents with email updates as a method of organising referral pathways. These were said to be particular issues at the North Road Eye Clinic, Aberystwyth.

3.31 The issue of low morale among Primary Care staff was frequently noted and said to be mainly caused by increased workloads; poor performance not being addressed by the Health Board (especially within General Medical Services); a lack of value being placed on General Medical Services by HDdUHB and the Welsh Government; and abuse by some patients.

> *"I feel that morale in Primary Care is low at the moment, it's getting busier, patients are more demanding and sometimes abusive, this isn't helped by all the extra coding and administration that is required…" (General Medical Services, North Ceredigion)*

3.32 With regard to workforce issues, staff members across Primary Care noted several difficulties. These included the poor retention of *"knowledgeable"* administrative staff within General Medical Services; the ongoing challenges of needing to recruit new staff and develop existing clinical colleagues to fill vacancies within Optometry; and the need for more subspecialist ophthalmologists to improve Secondary Care services (and decrease the pressures on Primary Care). An individual working in Optometry also said that the frequent changes in personnel within the Health Board leads to a lack of consistent understanding of the challenges faced by the service.

3.33 Many respondents raised issues around bureaucracy, particularly that the GP contract[35] needs to be reduced to ensure staff, especially GPs, can focus on patient care. A respondent working in Optometry also commented negatively on the bureaucracy involved in arranging work experience for Primary Care trainees within Secondary Care workplaces, despite the fact that their practice actively facilitates reciprocal placements for both Primary and Secondary Care colleagues.

[35] Every individual or partnership of GPs must hold an NHS GP contract to run an NHS commissioned general practice. These set out mandatory requirements and services for all practices, and make provisions for other services that practices may also provide.

> *"Bureaucratic and financial restraints which stop us from performing to the best of our ability." (General Medical Services, whole Hywel Dda University Health Board footprint)*

3.34 One respondent in Community Pharmacy felt that they are too reliant on GP surgeries (for example for formulary substitutions or script signing) and suggested that there should be a list of interchangeable items that staff can switch to when prescribing during stock shortages. Another Community Pharmacy respondent argued that being an independent prescriber pharmacy results in a significant workload from local surgeries that does not align with its capacity.

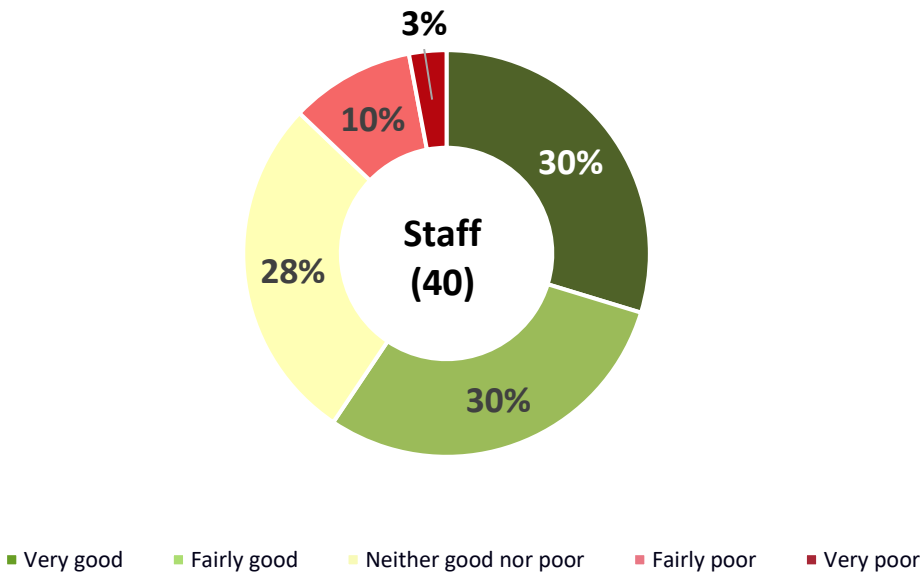
3.35 Additional individual comments included that:

- There is a need to provide better care for patients when they are discharged from hospital, as one week of support is apparently not enough time for them to realise that they need to order new items, or for pharmacy staff to organise new nomad trays[36] (Community Pharmacy)
- The care delivered by Primary Care in general does not align with the current public perception of the service whereby there is thought to be a high rate of sickness and absence and unusual working patterns (Optometry).

Overall experience

3.36 Three fifths of those respondents who are part of the contracted Primary Care services workforce (24 respondents) said that their overall experience of working in Primary Care was good, with three-in-ten (12 respondents) saying it was very good, and three-in-ten (12 respondents) saying it was fairly good. Around one-in-eight (five respondents) said their overall experience was poor (Figure 1 below).

Figure 1: Overall experience of working in Primary Care.

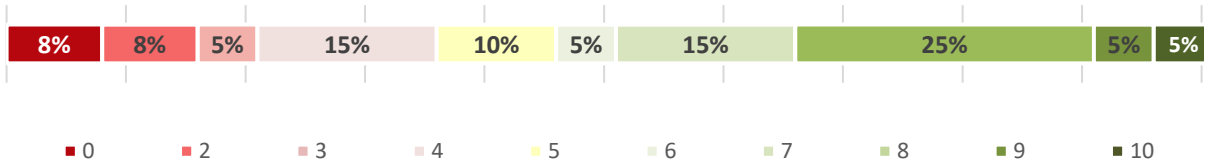


Base: Number of respondents shown in brackets (excludes 'don't know' responses)

[36] Pre-packed medications that are delivered weekly by a chemist.

3.37 When asked how likely they were to recommend working in Primary Care in the Hywel Dda area to friends and colleagues one-in-ten of those responding (4 respondents) gave a rating of between 9 and 10, and two-fifths (16 respondents) gave a rating of between 7 and 8. Half of those responding (20 respondents) who are part of the contracted Primary Care services workforce gave a rating of 6 or less (Figure 2 below).

Figure 2: Based on your overall experience, on a scale of 0-10, how likely are you to recommend working in Primary Care in the Hywel Dda area to friends and colleagues?



Base: 40 respondents (excludes 'don't know' responses)

Future career plan – Staff survey

3.38 Respondents to the Primary Care staff survey were asked about their future career plans and where they see themselves working in five years' time. Over half of respondents (21 respondents) who are part of the contracted Primary Care services workforce saw themselves still working in Primary Care within the Hywel Dda catchment area in five years' time. However, a quarter (ten respondents) saw themselves as having retired within five years. Under a fifth (seven respondents) saw themselves doing something else. A full breakdown of responses can be seen in the table below.

Table 5: Considering your future career plan, where do you see yourself working in five years' time? - All Respondents working in Primary Care – (Note: respondents were able to select multiple options and, therefore, the percentages may sum to greater than 100%.)

Working Location/Role in Five Years Time	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Primary Care – Hywel Dda catchment	21	53%
Primary Care – outside of Hywel Dda catchment	2	5%
Private Practice	2	5%
Clinical or medical overseas	1	3%
Other healthcare	2	5%
Non-clinical role	2	5%
Education/Academia	2	5%
Retired	10	25%
Voluntary role	1	3%
Other	7	18%
Total number of valid respondents	**40**	-

Anything else that will help to support you to deliver sustainable Primary Care in the future

Staff survey

3.39 Primary Care staff mostly commented that they need more general support for services at cluster level. It was also said by some General Medical Services staff members that there is a need for more support for

the contractor model of care, and more discussions with practices around contractual issues and enhanced services.

> *"We lack so much support locally… that working life can be difficult." (Optometry, North Ceredigion)*

3.40 Several staff members suggested providing specialist support for recruiting managers in developing the skills needed to identify the best candidate at interview. Similarly, many respondents felt that all staff should receive better training and development opportunities to enable them to deal with increasingly complex patients.

> *"We are expected to deal with more complex patients with depleted resources and finance." (General Medical Services, Teifi and South Ceredigion)*

3.41 One respondent claimed that the current structure of Community Pharmacy is unsustainable, with pharmacists playing a significantly larger role within HDdUHB due to GP shortages. Another commented that patients make frequent complaints about poor customer service within local GP surgeries and that pharmacies are left to *"pick up the pieces"*.

3.42 Furthermore, in reference to redirecting patients from Secondary Care to Community Pharmacy, a couple of staff members working in the latter said that they do not have the capacity to cope with the *"extra pressures that we are being subjected to"* because some of these patients have issues that are *"beyond our capabilities"*. This concern was also expressed by a respondent working in General Medical Services who feels that they are increasingly being expected to undertake work that would be better delivered in secondary care, such as Covid-19 and flu immunisation.

> *"Waiting lists [are] so long in secondary care it is falling on primary care to pick up the pieces." (General Medical Services)*

3.43 One respondent working in General Medical Services across the whole Health Board footprint made several suggestions to improve the administrative aspect of primary care. This included creating a centralised appointment booking and telephone triage system (like the 111/999 service) whereby patient requests can be safely triaged and signposted by non-clinical staff; and having templated clinic letters from secondary care consultants with clearly identified GP actions to avoid ambiguity. The same individual stated that primary care should be consulted when investing in technology tools and solutions, as many secondary care solutions *"do not translate to primary care"*; and suggested developing *"better joined up solutions"* across and between all primary care and community services to prevent patients being passed between them.

3.44 A staff member working in Community Pharmacy highlighted the importance of taking the time to educate the public and other Health Board staff about the high degree of professionalism within Primary Care to eradicate inaccurate negative perceptions. In contrast, one staff member working in Optometry agreed with these perceptions, stating that sickness levels are high and partly facilitated by *"overly generous terms and conditions which provide little incentive to return to work"*. This individual suggested that people and workforce management could learn from private practices.

3.45 A General Medical Services staff member commented on the amount of work required to keep a GP surgery open, highlighting how deadlines, targets, and paperwork *"take over the daily running of the*

practice", exacerbated by staff shortages and increase in patient demand. Additionally, in terms reducing pressures, a staff member working in Optometry suggested making the Open Eyes service[37], or a suitable equivalent, work.

3.46 Several issues discussed in the previous section were revisited in response to this question, including funding and staff shortages (specifically ophthalmologists in secondary care, and GPs and prescribing clinicians in General Medical Services); poor communication between primary and secondary care and the need for a more cohesive relationship between the two sectors; heavy workloads and increased patient demands; staff feeling underpaid and undervalued; a lack of funding for clusters; and the need to improve and clarify pathways between services.

Respondent Profile

3.47 HDdUHB are committed to ensuring that everyone receives fair and equal respect and endeavours to treat everyone with dignity whatever their age, disability, ethnicity, faith, gender reassignment or sexual identity. This can only be achieved if this information is provided by service users and staff, therefore all survey respondents were asked to answer a series of equality monitoring questions. These questions were optional, and respondents were assured that the data would be used for monitoring purposes only and held in the strictest confidence.

3.48 The tables that appear without commentary on the following pages show the profile of respondents, who worked in Primary Care, in relation to a range of characteristics. Each table includes details about the number and percentage of staff responding in each category. Where no responses were received for any given category, these have not been included in the following tables, however the full range of response options, based on HDdUHB's standard equality questions, were provided on the questionnaires. In some instances, where only very small numbers of respondents selected individual response options, these have been grouped together for presentational convenience, and to minimise the risk of inadvertently identifying any individuals. For example, the group 'any other ethnicity' etc may include respondents who selected a variety of response options, where the counts of these options are very low.

3.49 'Not known' shown on each table includes all respondents who either did not provide an answer or selected 'prefer not say'.

3.50 Please note that the figures may not always sum to 100% due to slight rounding errors. *% denotes a proportion of less than 1% but greater than zero.

[37] An electronic patient record application for ophthalmology.

Staff Survey

Table 6: County lived in - All Respondents who are part of the contracted Primary Care services workforce (Note: Figures may not sum due to rounding)

County lived in	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Carmarthenshire	15	41%
Ceredigion	15	41%
Pembrokeshire	6	16%
Other	1	3%
Total number of valid respondents	**37**	**100%**
Not Known	*3*	-

Table 7: Age - All Respondents who are part of the contracted Primary Care services workforce – (Note: Figures may not sum due to rounding)

Age	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
34 or under	4	11%
35 to 44	5	14%
45 to 54	16	43%
55 or over	12	32%
Total number of valid respondents	**37**	**100%**
Not Known	*3*	-

Table 8: Gender - All Respondents who are part of the contracted Primary Care services workforce – (Note: Figures may not sum due to rounding)

Gender	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Female	24	67%
Male	11	31%
Other	1	3%
Total number of valid respondents	**36**	**100%**
Not Known	*4*	-

Table 9: All Respondents who are part of the contracted Primary Care services workforce – (Note: Figures may not sum due to rounding)

Sexual orientation	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Heterosexual or Straight	35	100%
Other sexual orientation	0	-
Total number of valid respondents	**35**	**100%**
Not Known	*5*	-

Table 10: Marital Status - All Respondents who are part of the contracted Primary Care services workforce – (Note: Figures may not sum due to rounding)

Marital Status	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Married/In a Civil Partnership	20	59%
Not married/Not in a Civil Partnership	14	41%
Total number of valid respondents	**34**	**100%**
Not Known	*6*	-

Table 11: Have any dependent children - All Respondents working in Primary Care – (Note: Figures may not sum due to rounding)

Dependent children	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Yes	13	36%
No	23	64%
Total number of valid respondents	**36**	**100%**
Not Known	*4*	-

Table 12: Disability - All Respondents who are part of the contracted Primary Care services workforce – (Note: Figures may not sum due to rounding)

Disability	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Yes	4	11%
No	32	89%
Total number of valid respondents	**36**	**100%**
Not Known	*4*	-

Table 13: Ethnic group - All Respondents who are part of the contracted Primary Care services workforce – (Note: Figures may not sum due to rounding)

Ethnic group	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Asian	0	-
White British	35	97%
White other	1	3%
Any other ethnic group	0	-
Total number of valid respondents	**36**	**100%**
Not Known	*4*	-

Table 14: Religion - All Respondents who are part of the contracted Primary Care services workforce – (Note: Figures may not sum due to rounding)

Religion	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Christian	18	53%
Buddhist	1	3%
No religion	15	44%
Total number of valid respondents	**34**	**100%**
Not Known	*6*	-

Table 15: Providing unpaid care - All Respondents working in Primary Care – (Note: Figures may not sum due to rounding)

Providing unpaid care	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Yes	5	16%
No	26	84%
Total number of valid respondents	**31**	**100%**
Not Known	*9*	-

Table 16: Household income - All Respondents working in Primary Care – (Note: Figures may not sum due to rounding)

Household Income	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
£40,000 or less	8	29%
Over £40,000	20	71%
Total number of valid respondents	**28**	**100%**
Not Known	*12*	-

Table 17: Main language used at home - All Respondents working in Primary Care – (Note: Figures may not sum due to rounding)

Main language used at home	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
English	31	86%
Welsh	4	11%
Bilingual Welsh and English	1	3%
Total number of valid respondents	**36**	**100%**
Not Known	*4*	-

4. Critical Care

Introduction

4.1 Critical Care provides treatment to adults, in a separate and self-contained area of the hospital. The units are dedicated to the management and monitoring of patients with life-threatening and critical conditions. The service offers specialist skills which include medical, nursing and other personnel experienced in the management of these patients. A Critical Care service is delivered at Glangwili Hospital, Carmarthen; Bronglais Hospital, Aberystwyth; Prince Philip Hospital, Llanelli; and Withybush Hospital, Haverfordwest.

4.2 To put the survey results into context, it is important to note that there have been some recent temporary service changes at one of the hospital sites. On 25 July 2022, an operational decision was implemented to amend the admission protocols to the Critical Care Unit at Prince Philip Hospital. From this date, admission protocols to the unit were amended to patients requiring Level 1 and 2 Critical Care[38], with patients requiring Level 3 care to be admitted/transferred to neighbouring Critical Care units, appropriate to their clinical needs.

4.3 This decision was made as a consequence of a further deterioration in the availability of Critical Care consultant staff to provide appropriate and sustainable levels of on-site support to the unit. This adjustment to the admission protocol was intended as a temporary measure, with restoration of the previous arrangements dependent upon an improvement in consultant level Critical Care staffing resources.

4.4 All members of staff currently working in, or those who support staff working in, the Critical Care service were invited to take part in the staff survey. In total 46 responses were received.

4.5 Approximately 6,300 patient admissions were recorded across Critical Care services between August 2018 and July 2023. In total 399 patients were sent an invitation to take part in the survey, and 39 responses were received, giving a response rate of 9.77%.

4.6 The Critical Care service patient demographic is mixed. The profile of patient survey respondents broadly reflects this with a diverse range of respondents taking part in the survey. Tables showing the full profile breakdown of respondents are included at the end of this chapter.

4.7 Throughout this chapter, please note that where percentages do not sum to 100, this may be due to computer rounding, the exclusion of “don’t know” categories, or multiple answers.

[38] Patients under Level 1 Critical Care (Enhanced Care / Ward Ready) require detailed observations or interventions and generally have needs that cannot be met on a normal ward. They normally have a nurse/patient ratio of 1 to 4. Patients under Level 2 Critical Care Patients require increased levels of observations or interventions (beyond Level 1) and have a nurse/patient ratio of 1 to 2.

Main survey findings

Main hospital base - Staff survey

4.8 Respondents were asked to indicate which site is their main hospital base. The responses from staff respondents in Critical Care are detailed in the table below, where it can be seen that responses are fairly evenly split between Glangwili Hospital, Prince Philip Hospital and Withybush Hospital, with around one-in-ten saying Bronglais was their main hospital base.

Table 18: Main hospital base - All Respondents working in Critical Care (Note: Figures may not sum due to rounding. 'Not known' includes respondents who said 'Don't know/Can't remember' or did not respond to the question.)

Main hospital base	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Bronglais Hospital, Aberystwyth	5	11%
Glangwili Hospital, Carmarthen	15	33%
Prince Philip Hospital, Llanelli	13	28%
Withybush Hospital, Haverfordwest	13	28%
Total number of valid respondents	**46**	**100%**

Main hospital - Patient survey

4.9 Respondents were asked to indicate at which site they accessed the majority of their hospital care for Critical Care. The responses from patient respondents in Critical Care are detailed in the table below, where it can be seen that around half of the responses are from those who accessed Critical Care services at Glangwili Hospital, and a further third from those who accessed Critical Care services at Bronglais Hospital, for the majority of their hospital care.

Table 19: Main hospital accessed - All Respondents who have used/care for someone who has used Critical Care services (Note: Figures may not sum due to rounding. 'Not known' includes respondents who said 'Don't know/Can't remember' or did not respond to the question.)

Main hospital accessed	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Bronglais Hospital, Aberystwyth	13	33%
Glangwili Hospital, Carmarthen	20	51%
Prince Philip Hospital, Llanelli	2	5%
Withybush Hospital, Haverfordwest	3	8%
Other	1	3%
Total number of valid respondents	**39**	**100%**

Years worked in service – Staff survey

4.10 Respondents were also asked to indicate in which years between 2018 and 2023 they worked in or supported staff working in the Critical Care service. The responses are detailed in the table overleaf.

Table 20: In which of the following year(s) have you worked in/with the Critical Care service? - All Respondents working in Critical Care – (Note: respondents were able to select multiple years and, therefore, the percentages may sum to greater than 100%. 'Not known' includes respondents who said 'Don't know/Can't remember' or did not respond to the question.)

Years worked in service	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
2018	21	47%
2019	20	44%
2020	28	62%
2021	31	69%
2022	35	78%
2023	40	89%
Total number of valid respondents	**45**	-
Not Known	*1*	-

Years accessed service – Patient survey

4.11 Respondents were also asked to indicate in which years between 2018 and 2023 they accessed the Critical Care service. The responses are detailed in the table below.

Table 21: In which of the following year(s) were you seen by the Critical Care service - All Respondents who have used/care for someone who has used Critical Care services – (Note: respondents were able to select multiple years and, therefore, the percentages may sum to greater than 100%. 'Not known' includes respondents who said 'Don't know/Can't remember' or did not respond to the question.)

Years accessed service	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
2018	1	3%
2019	6	16%
2020	7	18%
2021	7	18%
2022	12	32%
2023	12	32%
Total number of valid respondents	**38**	-
Not Known	*1*	-

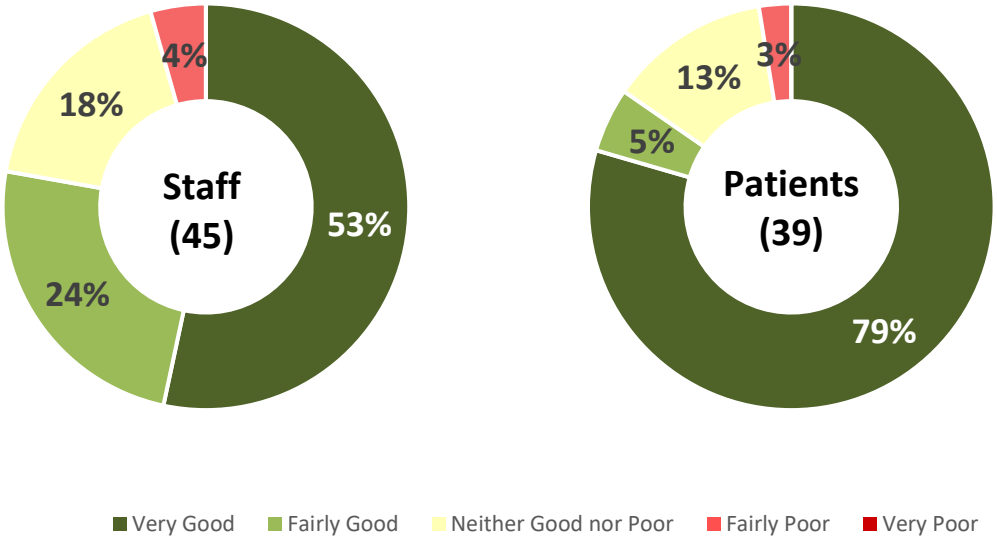
Overall experience

4.12 Almost four fifths of staff respondents (78%) said that their overall experience of working in/with the Critical Care service was good, with over half (53%) saying it was very good. Only 4% said that it was fairly poor, while none said it was very poor (Figure 3 overleaf)

4.13 Over four fifths of patient respondents (85%) said that their experience of using the Critical Care service was good, with the majority of these (79% overall) saying that it was very good. Again, none said it was very poor, while only 3% said it was fairly poor (Figure 3 overleaf)

4.14 The few respondents who said 'fairly poor' are all either staff or patients at Glangwili Hospital, Carmarthen. Respondent numbers are too low to allow for analysis of responses by the year the service was accessed.

Figure 3: Overall experience of working in/using the Critical Care service.



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

What was good about your experience of working in/using the Critical Care service

Staff survey

4.15 The high level of care for patients across all four sites was the main theme apparent across question responses. Several staff members stated that they feel proud of the care they provide, and many highlighted that the support offered extends beyond the patient to their families. It was also said that being a part of a patient's journey throughout their time in Critical Care and seeing very ill patients being discharged with improved health were positive aspects of the role.

> *"Most of the ICU[39] patients have life threatening conditions, they need… advanced quality care. As a ICU nurse I like to provide all care that based on my all experience and knowledge. When they [are] discharged and tell us thanks with [a] smile [it] makes me happy." (Prince Philip Hospital)*
>
> *"The nursing staff on Critical Care are always exceptionally patient focused with the patients' needs at the forefront of all of their decision making. They are brilliant patient advocates and will go above and beyond for their patients." (Glangwili Hospital)*

4.16 The general experience of working in Critical Care was also frequently mentioned, from day-to-day duties to professional development opportunities. The general consensus was that no two days are the same, and that this variation is welcome in allowing staff to gain experience working with different levels of patients.

[39] Intensive Care Unit – Critical Care Units include Intensive Care Units (ICUs) which are specialist hospital wards that provide treatment and monitoring for people who are very ill.

> *"I love the variety of Critical Care and that every day is different, some days look after level 3 sick patients[40], other days level 2's[41] and level 1's[42]." (Glangwili Hospital)*

4.17 Several staff members recognised their colleagues' strengths, particularly their extensive skillsets and vast experience having worked within Critical Care for many years. It was widely felt that staff receive adequate training and opportunities to upskill, with some citing their personal career progression as evidence of the success of the Health Board's training programme.

> *"Good team of nursing staff, anaesthetists and auxiliary staff to provide safe quality care to patients." (Withybush Hospital)*

4.18 Another common theme was the positive staff relationships formed and good teamwork within the Critical Care units, as evidenced by the successful development of multidisciplinary teams (MDTs). Several respondents described their colleagues and other staff members as *"friendly"*, *"helpful"*, and *"supportive"*. A few positive comments were also made around the support provided by some managers and former managers/leaders.

> *"Staff have been very supportive and lovely to work with." (Bronglais Hospital)*

4.19 The addition of the Critical Care Psychology Service at Glangwili Hospital to support patients in intensive care and their families (which is also available at all other sites) was praised. Respondents mentioned the *"excellent"* range of service delivery options provided for patients, their families, and staff members within this service, specifically the upskilling of staff in screening techniques which has allowed patients to be screened for psychological morbidity and cognitive difficulties upon their admission to Critical Care. Staff in the Critical Care Psychology Service were frequently praised by respondents, with one commenting that there is a strong, supportive relationship between them and the general Critical Care team. Indeed, the Critical Care service was hailed as a *"lovely environment"* to work in by many respondents.

Patient survey

4.20 Respondents were asked what was good about their experience of using the Critical Care service (Figure 4 overleaf). The most frequently mentioned comments were positive, with over three fifths (62%) saying that the staff were good (i.e. professional, kind, reassuring and helpful), and almost a quarter (23%) saying there was a good quality of healthcare in relation to the procedure, treatment and outcome. It was also

[40] Patients requiring advanced respiratory support alone or monitoring and support for two or more organ systems. This includes all complex patients requiring support for multi-organ failure. Critical Care comprises of 4 levels of Care from 0 - least poorly and ready for discharge and level 3 - most poorly and most intensive care required.
[41] Patients requiring more detailed observation or intervention including support for a single failing organ system or post-operative care and those 'stepping down' from higher levels of care. Critical Care comprises of 4 levels of Care from 0 - least poorly and ready for discharge and level 3 - most poorly and most intensive care required.
[42] Patients at risk of their condition deteriorating, or those recently relocated from higher levels of care, whose needs can be met on an acute ward with additional advice and support from the Critical Care team. Critical Care comprises of 4 levels of Care from 0 - least poorly and ready for discharge and level 3 - most poorly and most intensive care required.

mentioned that there was an efficient and/or quick service, for example being seen on time (15%), and good communication/information, including good follow up (15%).

4.21 The number of responses to this question are too small to analyse any differences between hospitals accessed or the year in which the service was accessed.

Figure 4: Can you tell us what was good about your experience of using the Critical Care service and the care provided?

Base: Respondents to survey (39)

4.22 Below are some examples of comments given:

> *"All members of staff dealing with my stay were very caring and efficient. They kept me informed of everything involved in my treatment. I couldn't fault any part of my stay, from porters, doctors, nursing staff and cleaners." (Bronglais Hospital)*
>
> *"Care provided was phenomenal and they always made sure I had everything I needed. There was always somebody to talk to as we were in lockdown all over the country." (Bronglais Hospital)*
>
> *"Everything was explained and I knew what was going to happen. Nursing and physio staff were helpful." (Glangwili Hospital)*
>
> *"The staff were incredibly friendly and helpful. They made me feel safe and explained things clearly when I was unable to understand what was happening to me." (Bronglais Hospital)*

What was difficult about your experience of working in the Critical Care service

Staff survey

4.23 The lack of a rehabilitation pathway within Critical Care was a particular concern, with many respondents stating that patients are receiving *"inadequate"* aftercare due to the lack of integrated Allied Health Professionals[43] within the service. This, it was said, limits the recovery and rehabilitation of patients, resulting in *"poor outcomes"*.

> *"The lack of a rehabilitation pathway severely impacts upon patient care in terms of recovery and outcomes." (Glangwili Hospital)*

4.24 Some comments were made around the difficulties involved in standardising care across the four Critical Care units, with a reliance on agency staff allegedly causing increased workloads for regular staff due to their unfamiliarity with the different environment and ward procedures. The lack of a clinical lead was also highlighted as leaving the service with *"no progressive plan"*, or oversight of clinical practice and developments, and contributing to *"anxieties, uncertainty and dissatisfaction"* among some staff members. There were also a few comments regarding the lack of support from some managers and leaders, which has increased anxiety and led to low confidence among some staff.

> *"The high intensity, lack of support from other areas of the hospital and management and lack of prioritization of Critical Care has been difficult and challenging." (Glangwili Hospital)*

4.25 Another common theme raised by respondents was the delay in transfers of care due to limited bed capacity on wards. Patients that have been declared fit for discharge to a ward can be left waiting in Intensive Care beds for *"up to seven days"* as a result.

4.26 Several respondents also explained that Critical Care patients are sometimes transferred from Prince Philip Hospital to Glangwili Hospital due to a lack of consultant cover at the former. However, it was widely felt that transfers between the sites are often unnecessary as Prince Philip Hospital has the *"facilities, skills and staff"* to provide the required standard of care for patients, without causing unneeded stress and upset to patients and their families.

4.27 Some staff said that communication from management and the Health Board in general is sometimes poor, particularly regarding the future of the Critical Care unit at Prince Philip Hospital. The regular transfer of nurses from this hospital to other sites heightens this feeling of anxiety, with some staff stating that they worry before coming into work as they do not know where they will be transferred to that day, or whether they have the experience to fulfil the designated role effectively. This uncertainty not only causes low morale amongst the team but is also said to have been a driving force for many staff members who have left the service. It was also highlighted that as the four sites are distributed across such a large area, staff are sometimes left with a considerable commute when transferred to a different hospital.

[43] Health care professionals that provide a range of diagnostic, technical, therapeutic, and support services in connection with health care.

> *"Not knowing what the future is for the unit which has lowered staff morale and even resulted in experienced staff leaving." (Prince Philip Hospital)*

4.28 The emotional wellbeing of staff can, it was said, be further compromised by the intense environment of the Critical Care service. Some respondents noted that it can be an emotionally draining job, particularly when patients they have cared for die, and when delivering bad news to families. For all of the reasons outlined above, several staff members from three of the four hospitals reported low morale amongst staff in their units, with Bronglais Hospital serving as the exception.

> *"The environment is very intense and can be draining in certain situations." (Glangwili Hospital)*

What could be done differently to improve your/others experience of working in/using Critical Care service

Staff survey

4.29 Investment in the workforce and resources was commonly suggested by staff, specifically in terms of employing clinical psychologists[44] and Allied Health Professionals. Consultant recruitment and retention was another common suggestion for improvement to the service.

4.30 Staff members were passionate about the need to fund, develop, and resource a rehabilitation pathway to meet the standards for follow up patient care. It was also highlighted that the Health Board should provide better access to tertiary services[45] including paediatric surgery, orthopaedic care, and colorectal cancer treatment.

4.31 It was frequently said that level 3 patients[46] should continue to be supported in Prince Phillip Hospital to provide consistency for patients and junior nurses. Ensuring consultants are willing to work across all sites to cover current shortages would, it was felt, help accommodate this.

4.32 Some staff members suggested developing a clearer clinical leadership structure or role across the service, to improve consistency and provide better support for the team.

4.33 Several comments were also made regarding the process of requesting shifts; it was suggested that staff should be able to request all shifts, rather than a set amount.

4.34 Some additional suggestions or comments from individuals were as follows:

- More support from clinical leads and managers to restart services would have been welcomed at Withybush Hospital. The same respondent also stated that Withybush Hospital has seen the closure of several surgical services including colorectal surgery, the surgical day unit, orthopaedic day

[44] Experts or specialists in the branch of psychology concerned with the assessment and treatment of mental illness and psychological problems.
[45] Highly specialised treatment requiring specific equipment and expertise.
[46] Patients requiring advanced respiratory support alone or monitoring and support for two or more organ systems. This includes all complex patients requiring support for multi-organ failure. Critical Care comprises of 4 levels of Care from 0 - least poorly and ready for discharge and level 3 - most poorly and most intensive care required.

surgery, and the out of hours service, despite potentially having the staff and space for *"five well maintained theatres and five Critical level 3*[47] *beds"*.

- Centralising Critical Care beds into one acute centre to mitigate against the shortage of specialist staff.
- Adopting a co-ordinated, comprehensive program to address modifiable risk factors for delirium at an early stage of admission, to help reduce increased morbidity and mortality associated with delirium and enable patients to remain well longer, and reduce the need for higher levels of care at discharge.
- Maintaining parity of pay between the same roles across other Health Boards.
- Consideration of the cost of attending compulsory study/training days amid the current cost-of-living climate.
- Providing *"better information regarding what is happening within Critical Care in Hywel Dda*" and specifically Prince Philip Hospital.

Patient survey

4.35 Respondents were asked what could be done differently to improve their experience of using the Critical Care service (Figure 5 overleaf).

4.36 For presentational reasons, the figure only shows themes raised by 5% or more of respondents; therefore, readers are encouraged to refer to the full tables of coded text, provided in Appendix 3, for a much fuller overview of the views expressed.

4.37 Over a third (35%) felt that no improvements were needed. However, 14% gave comments in relation to improving staffing provision including improvements to recruitment, training, incentives and wages, and 14% gave comments in relation to improving communication, for example better explanations, frequency of contact/follow ups.

4.38 The number of responses to this question are too small to analyse any differences between hospitals accessed, or the year in which the service was accessed.

[47] Patients requiring advanced respiratory support alone or monitoring and support for two or more organ systems. This includes all complex patients requiring support for multi-organ failure. Critical Care comprises of 4 levels of Care from 0 - least poorly and ready for discharge and level 3 - most poorly and most intensive care required.

Figure 5: Can you tell us what we could do differently to improve your and other patients' experience when using the Critical Care service and the care provided? (Only shows themes raised by 5% or more of respondents)

Base: Respondents to the survey (37).

4.39 Below are some examples of comments given:

> *"I cannot think of anything that could improve the service I received." (Bronglais Hospital)*
>
> *"Keep patients informed about what is happening. Could have done with some aftercare information as well since I have no dressings or know how to care for my wound. Think I was supposed to be referred to the crisis team but never heard from them." (Prince Philip Hospital)*
>
> *"Answering direct questions." (Glangwili Hospital)*
>
> *"It was a shock to go from one-to-one care, and then move up to a general ward where there were no staff for hours on end. Patients in more pain than me, I had a self-dispensing pump, were in tears and it was tough to listen to without wanting to help." (Glangwili Hospital)*
>
> *"Visiting medical doctors need to introduce themselves and take time to explain treatments to the patient rather than just their team. Medical teams need to speak to each other, the patient and families so that everyone knows what's planned, important!" (Glangwili Hospital)*

Experience of outpatient services

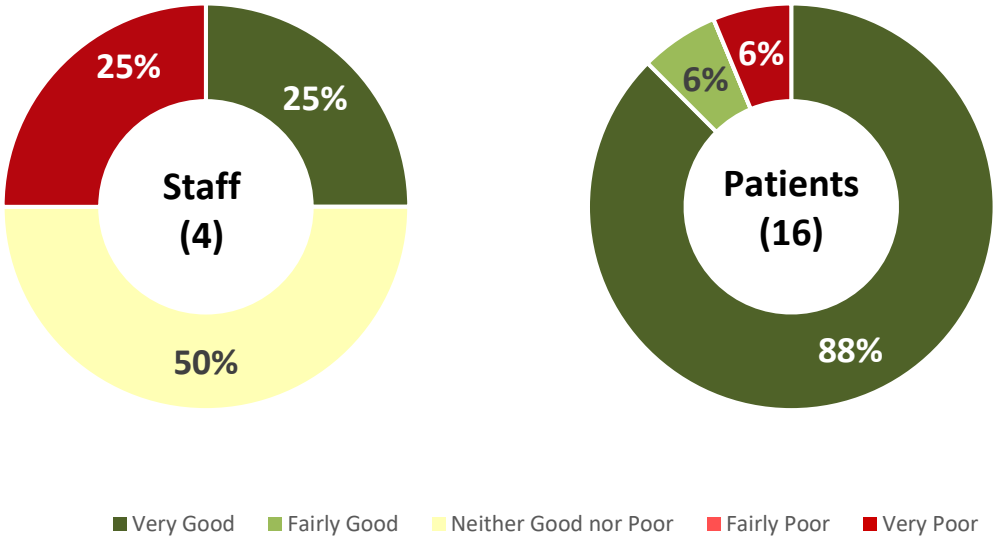
4.40 One-in-ten of staff respondents (four respondents) said that they use the outpatient department in relation to Critical Care. It is important to note here that while patients may come back to use outpatient services as part of their after-care in other service areas, outpatient services are not within the Critical Care service area of responsibility and are managed directly though the outpatient service.

4.41 Of these, one said that their overall experience of working in the outpatient department was very good, two said it was neither good nor poor, and one said it was very poor (Figure 6 overleaf).

4.42 Less than half of patient respondents (46%) said they used the outpatient department as part of their treatment in Critical Care. Of these, the vast majority said it was good (94%) with almost nine-in-ten (88%) saying it was very good, and 6% (one respondent) saying it was fairly good. However, one respondent (6%) said it was very poor (Figure 6 overleaf).

4.43 Respondent numbers are too low to allow for analysis of responses by hospital or by the year the service was accessed.

Figure 6: Overall experience of working in/using the outpatient department in the Critical Care service.



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

4.44 Staff respondents were asked why they said their overall experience of working in the outpatient department in the Critical Care service was good or poor. Only one respondent answered this question, but repeated concerns made previously, rather than commenting on outpatient services.

4.45 Patient respondents were also asked why they said their overall experience of using the outpatient department as part of their Critical Care treatment (as part of their aftercare)[48] was good or poor. More than two fifths (44%) of respondents said that there was a good service (experience/care) generally and/or that there were no issues. Around a further two fifths (38%) gave comments praising the staff including that they were professional, kind, reassuring or helpful (Figure 7 overleaf).

4.46 The number of responses to this question are too small to analyse any differences between hospitals accessed or the year in which the service was accessed.

[48] Critical Care does not have an outpatient department; however, it is likely that respondents have answered the questions about outpatients based on their experience of outpatients as part of their aftercare for their condition in other service areas.

Figure 7: Please can you tell us why you chose that rating (experience of using the outpatient department in Critical Care)?

Base: Respondents to the survey (16)

4.47 Below are some examples of comments given:

"As I've said, no matter the workload, they have always given me 5-star care and respect." (Glangwili Hospital)

"I felt I could ask the nurse anything that was bothering me." (Bronglais Hospital)

"Quick efficient service given with empathy." (Glangwili Hospital)

"Waiting time and several cancellations." (Bronglais Hospital)

"Doctors paid attention." (Glangwili Hospital)

Respondent profile

4.48 HDdUHB are committed to ensuring that everyone receives fair and equal respect and endeavours to treat everyone with dignity whatever their age, disability, ethnicity, faith, gender reassignment or sexual identity. This can only be achieved if this information is provided by service users and staff, therefore all survey respondents were asked to answer a series of equality monitoring questions. These questions were optional, and respondents were assured that the data would be used for monitoring purposes only and held in the strictest confidence.

4.49 The tables that appear without commentary on the following pages show the profile of respondents, who have worked in/used Critical Care services, in relation to a range of characteristics. Each table includes details about the number and percentage of staff or patients responding in each category. Where no responses were received for any given category, these have not been included in the following tables, however the full range of response options, based on HDdUHB's standard equality questions, were provided on the questionnaires. In some instances, where only very small numbers of respondents selected individual response options, these have been grouped together for presentational convenience, and to minimise the risk of inadvertently identifying any individuals. For example, the group 'any other ethnicity' etc. may include respondents who selected a variety of response options, where the counts of these options are very low.

4.50 'Not known' shown on each table includes all respondents who either did not provide an answer or selected 'prefer not say'.

4.51 Please note that the figures may not always sum to 100% due to slight rounding errors. *% denotes a proportion of less than 1% but greater than zero.

4.52 There is no specific service demographic or 'typical patient' for Critical Care. The profile of patient survey respondents broadly reflects this with a diverse range of respondents taking part in the survey.

Staff survey

Table 22: County lived in - All Respondents working in Critical Care (Note: Figures may not sum due to rounding)

County lived in	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Carmarthenshire	17	49%
Ceredigion	5	14%
Pembrokeshire	11	31%
Other	2	6%
Total number of valid respondents	**35**	**100%**
Not Known	*11*	-

Table 23: Age - All Respondents working in Critical Care – (Note: Figures may not sum due to rounding)

Age	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
34 or under	7	21%
35 to 44	9	27%
45 to 54	11	33%
55 or over	6	18%
Total number of valid respondents	**33**	**100%**
Not Known	*13*	-

Table 24: Gender - All Respondents working in Critical Care – (Note: Figures may not sum due to rounding)

Gender	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Female	25	78%
Male	7	22%
Total number of valid respondents	**32**	**100%**
Not Known	*14*	-

Table 25: Sexual orientation - All Respondents working in Critical Care – (Note: Figures may not sum due to rounding)

Sexual orientation	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Heterosexual or Straight	26	84%
Other sexual orientation	5	16%
Total number of valid respondents	**31**	**100%**
Not Known	*15*	-

Table 26: Marital Status - All Respondents working in Critical Care – (Note: Figures may not sum due to rounding)

Marital Status	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Married/In a Civil Partnership	23	74%
Not married/Not in a Civil Partnership	8	26%
Total number of valid respondents	**31**	**100%**
Not Known	*15*	-

Table 27: Have any dependent children - All Respondents working in Critical Care – (Note: Figures may not sum due to rounding)

Dependent children	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Yes	13	41%
No	19	59%
Total number of valid respondents	**32**	**100%**
Not Known	*14*	-

Table 28: Disability - All Respondents working in Critical Care – (Note: Figures may not sum due to rounding)

Disability	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Yes	3	9%
No	30	91%
Total number of valid respondents	**33**	**100%**
Not Known	*13*	-

Table 29: Ethnic group - All Respondents working in Critical Care – (Note: Figures may not sum due to rounding)

Ethnic group	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Asian	5	16%
White British	21	66%
White other	5	16%
Any other ethnic group	1	3%
Total number of valid respondents	**32**	**100%**
Not Known	*14*	-

Table 30: Religion - All Respondents working in Critical Care – (Note: Figures may not sum due to rounding)

Religion	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Christian	14	44%
Hindu	4	13%
No religion	14	44%
Total number of valid respondents	**32**	**100%**
Not Known	*14*	-

Table 31: Providing unpaid care - All Respondents working in Critical Care – (Note: Figures may not sum due to rounding)

Providing unpaid care	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Yes	6	19%
No	26	81%
Total number of valid respondents	**32**	**100%**
Not Known	*14*	-

Table 32: Household income - All Respondents working in Critical Care – (Note: Figures may not sum due to rounding)

Household Income	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
£40,000 or less	7	30%
Over £40,000	16	70%
Total number of valid respondents	**23**	**100%**
Not Known	*23*	-

Table 33: Main language used at home - All Respondents working in Critical Care – (Note: Figures may not sum due to rounding)

Main language used at home	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
English	25	83%
Welsh or both English and Welsh	5	17%
Total number of valid respondents	**30**	**100%**
Not Known	*16*	-

Patient survey

Table 34: Key demographic response profile of respondents who have used/care for someone who has used Critical Care services:– compared with the population aged 18+ of Carmarthenshire, Ceredigion and Pembrokeshire counties

Characteristic		Questionnaire Responses		Population aged 18+
		Number of Respondents	%	
BY COUNTY LIVED IN	Carmarthenshire	9	38%	49%
	Ceredigion	11	46%	19%
	Pembrokeshire	4	17%	32%
	Total number of valid respondents	**24**	**100%**	**100%**
	Other areas	*5*	-	-
	Not Known	*10*	-	-
BY AGE	24 or under	1	3%	9%
	25 to 34	1	3%	13%
	35 to 44	2	7%	13%
	45 to 54	8	28%	16%
	55 to 64	7	24%	18%
	65 to 74	7	24%	17%
	75 or over	3	10%	14%
	Total number of valid respondents	**29**	**100%**	**100%**
	Not Known	*10*	-	-
BY DISABILITY	Has a disability	13	45%	25%
	No disability	16	55%	75%
	Total number of valid respondents	**29**	**100%**	**100%**
	Not Known	*10*	-	-

Table 35: Gender - All Respondents who have used/care for someone who has used Critical Care services – (Note: Figures may not sum due to rounding)

Gender	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Female	16	55%
Male	13	45%
Total number of valid respondents	**29**	**100%**
Not Known	*10*	-

Table 36: Sexual orientation - All Respondents who have used/care for someone who has used Critical Care services – (Note: Figures may not sum due to rounding)

Sexual orientation	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Heterosexual or Straight	21	78%
Other sexual orientation	6	22%
Total number of valid respondents	**27**	**100%**
Not Known	*12*	-

Table 37: Marital Status - All Respondents who have used/care for someone who has used Critical Care services – (Note: Figures may not sum due to rounding)

Marital Status	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Married/In a Civil Partnership	18	64%
Not married/Not in a Civil Partnership	10	36%
Total number of valid respondents	**28**	**100%**
Not Known	*11*	-

Table 38: Have any dependent children - All Respondents who have used/care for someone who has used Critical Care services – (Note: Figures may not sum due to rounding)

Dependent children	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Yes	4	14%
No	25	86%
Total number of valid respondents	**29**	**100%**
Not Known	*10*	-

Table 39: Ethnic group - All Respondents who have used/care for someone who has used Critical Care services – (Note: Figures may not sum due to rounding)

Ethnic group	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
White British	25	89%
White other	2	7%
Any other ethnic group	1	4%
Total number of valid respondents	**28**	**100%**
Not Known	*11*	-

Table 40: Religion - All Respondents who have used/care for someone who has used Critical Care services – (Note: Figures may not sum due to rounding)

Religion	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Christian	16	59%
No religion	11	41%
Total number of valid respondents	**27**	**100%**
Not Known	*12*	-

Table 41: Providing unpaid care - All Respondents who have used/care for someone who has used Critical Care services – (Note: Figures may not sum due to rounding)

Providing unpaid care	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Yes	4	14%
No	25	86%
Total number of valid respondents	**29**	**100%**
Not Known	*10*	-

Table 42: Household income - All Respondents who have used/care for someone who has used Critical Care services – (Note: Figures may not sum due to rounding)

Household Income	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Below £10,000	2	11%
£10,001 - £20,000	3	17%
£20,001 - £30,000	3	17%
£30,001 - £40,000	4	22%
Over £40,000	6	33%
Total number of valid respondents	**18**	**100%**
Not Known	*21*	-

Table 43: Main language used at home - All Respondents who have used/care for someone who has used Critical Care services – (Note: Figures may not sum due to rounding)

Main language used at home	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
English	23	82%
Welsh	5	18%
Total number of valid respondents	**28**	**100%**
Not Known	*11*	-

5. Emergency General Surgery

Introduction

5.1 Emergency General Surgery (EGS) is a surgical discipline encompassing predominantly abdominal emergencies. The general surgical service is for the treatment of patients with emergency problems.

5.2 An Emergency General Surgery service is delivered at Glangwili Hospital, Carmarthen; Bronglais Hospital, Aberystwyth; and Withybush Hospital, Haverfordwest.

5.3 All current members of staff working in or those who support staff working in the Emergency General Surgery service were invited to take part in the survey. In total 47 responses were received.

5.4 Approximately 5,344 patient activities were recorded across Emergency General Surgery services between August 2018 and July 2023, and a randomly selected sample of patients who accessed these services within this period were invited to take part in the patient survey. In total 2,327 patients were sent an invitation, and 265 responses were received, giving a response rate of 11.39%.

5.5 Although the patient base for Emergency General Surgery is broadly representative of the general population, equalities information collected suggests that the majority of service users are white, female, heterosexual and over the age of 65. This is broadly reflected in the profile of respondents to the patient survey with two fifths (40%) aged 65 years or more, and around three fifths (62%) being female. Tables showing the full profile breakdown of respondents are included at the end of this chapter.

5.6 Throughout this chapter, please note that where percentages do not sum to 100, this may be due to computer rounding, the exclusion of “don’t know” categories, or multiple answers.

Main survey findings

Main Clinical site - Staff survey

5.7 Respondents were asked to indicate which clinical site is their main base. The responses from staff respondents in Emergency General Surgery are detailed in the table overleaf, where it can be seen that around half of responses (52%) are from staff working at Glangwili Hospital, Carmarthen; around a quarter (26%) from staff working at Withybush Hospital, Haverfordwest; and just over a fifth (22%) from staff working at Bronglais Hospital, Aberystwyth.

Table 44: Which is your main hospital base? - All Respondents working in Emergency General Surgery (Note: Figures may not sum due to rounding. 'Not known' includes respondents who said 'Don't know/Can't remember' or did not respond to the question.)

Main hospital base	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Bronglais Hospital, Aberystwyth	10	22%
Glangwili Hospital, Carmarthen	24	52%
Withybush Hospital, Haverfordwest	12	26%
Total number of valid respondents	**46**	**100%**
Not Known	*1*	-

Main clinical site accessed - Patient survey

5.8 Respondents were asked to indicate at which clinical site they accessed the majority of their care for Emergency General Surgery. The responses from patient respondents in Emergency General Surgery are detailed in the table below, where it can be seen that just over a third (35%) of the responses are from those who accessed Emergency General Surgery services at Glangwili Hospital, Carmarthen; just under a third (31%) at Withybush Hospital, Haverfordwest; and just over a quarter (26%) at Bronglais Hospital, Aberystwyth.

5.9 Twenty respondents (8%) said they accessed the majority of their care for Emergency General Surgery at other hospitals, however an Emergency General Surgery service is only provided at Bronglais Hospital, Glangwili Hospital, and Withybush Hospital, therefore it is likely that these respondents are answering in relation to other surgery they have had. All responses have been included in the findings presented in this chapter, however results from 'other' hospitals have not been highlighted in the text commentary.

Table 45: In which hospital did you access the majority of your hospital care for Emergency General Surgery services? All Respondents who have used/care for someone who has used Emergency General Surgery services (Note: Figures may not sum due to rounding. 'Not known' includes respondents who said 'Don't know/Can't remember' or did not respond to the question.)

Main hospital accessed	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Bronglais Hospital, Aberystwyth	69	26%
Glangwili Hospital, Carmarthen	92	35%
Withybush Hospital, Haverfordwest	80	31%
Other	20	8%
Total number of valid respondents	**261**	**100%**
Not Known	*4*	-

Years worked in service – Staff survey

5.10 Respondents were also asked to indicate in which years between 2018 and 2023 they worked in or supported staff working in the Emergency General Surgery service. The responses are detailed in the table overleaf.

Table 46: In which of the following year(s) have you worked in/with the Emergency General Surgery Service? - All Respondents working in Emergency General Surgery – (Note: respondents were able to select multiple years and, therefore, the percentages may sum to greater than 100%. 'Not known' includes respondents who said 'Don't know/Can't remember' or did not respond to the question.)

Years worked in service	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
2018	23	50%
2019	26	57%
2020	28	61%
2021	33	72%
2022	33	72%
2023	43	93%
Total number of valid respondents	**46**	-
Not Known	*1*	-

Years accessed service – Patient survey

5.11 Respondents were also asked to indicate in which years between 2018 and 2023 they accessed the Emergency General Surgery service. The responses are detailed in the table below.

Table 47: In which of the following year(s) were you seen by the Emergency General Surgery service - All Respondents who have used/care for someone who has used Emergency General Surgery services – (Note: respondents were able to select multiple years and, therefore, the percentages may sum to greater than 100%. 'Not known' includes respondents who said 'Don't know/Can't remember' or did not respond to the question.)

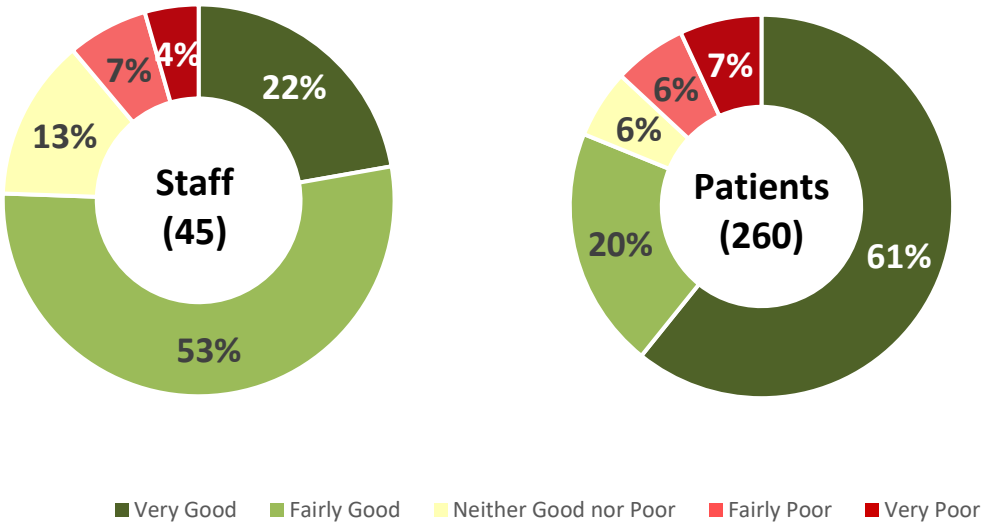
Years accessed service	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
2018	23	10%
2019	52	22%
2020	48	20%
2021	62	26%
2022	66	28%
2023	99	42%
Total number of valid respondents	**237**	-
Not Known	*28*	-

Overall experience

5.12 Around three quarters (76%) of staff respondents said that their overall experience of working in/with the Emergency General Surgery service was good, with just over a fifth (22%) saying it was very good. Just over one-in-ten (11%) said that it was poor, with 4% saying it was very poor (Figure 8 overleaf).

5.13 Over four fifths (81%) of patient respondents said that their experience of using the Emergency General Surgery service was good, with around three fifths (61%) saying that it was very good. Around one-in-eight (13%) said it was poor, with 7% saying it was very poor (Figure 8 overleaf).

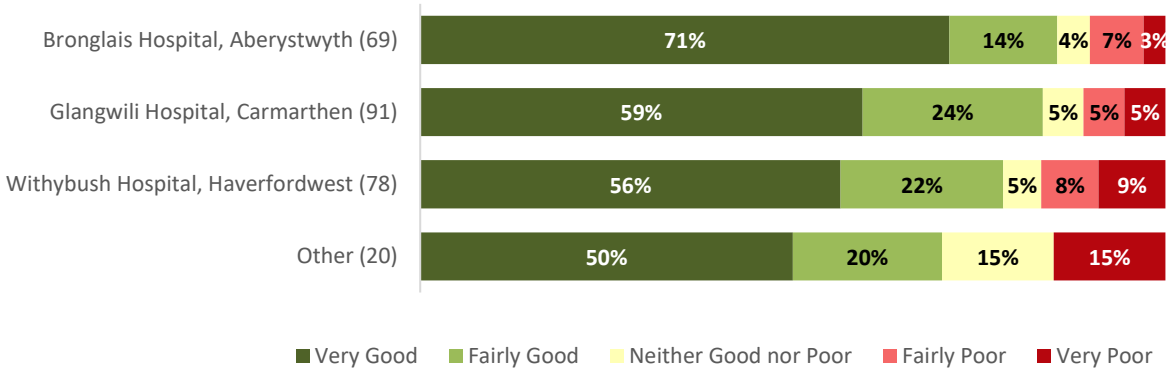
Figure 8: Overall experience of working in/using the Emergency General Surgery service.



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

5.14 Figure 9 shows how responses to this question in the patient survey vary by main hospital used. The proportion of patient respondents who said that that their overall experience of using the Emergency General Surgery service was good is fairly consistent across all of the three hospitals that provide this service, though it is highest for those using Bronglais General Hospital (86%) and lowest at Withybush Hospital, Haverfordwest (78%), where the proportion of respondents saying their overall experience was poor is also the highest (17%).

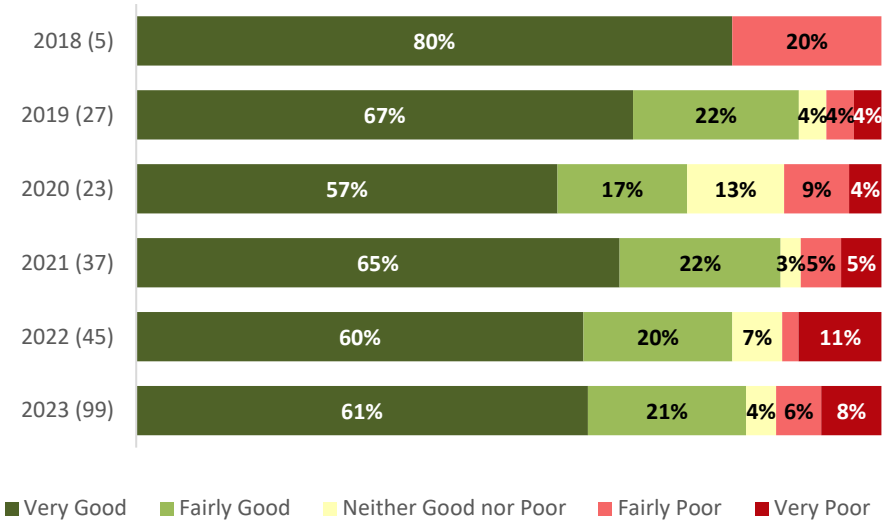
Figure 9: Overall experience of using the Emergency General Surgery service by main hospital used – patient survey.



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

5.15 In terms of years within which they accessed the service (Figure 10 overleaf), compared to the overall result, a slightly higher proportion of patients who most recently accessed the Emergency General Surgery service in either 2019 (89%) or 2021 (86%) said their overall experience of using the service was good.

Figure 10: Overall experience of using the Emergency General Surgery service by year most recently accessed the service – patient survey.



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

What was good about your experience of working in/using the Emergency General Surgery service

Staff survey

5.16 It was widely said that staff in Emergency General Surgery are *"experienced"* and *"hard working",* with several respondents highlighting their dedication to helping patients. Clinicians (including consultants and surgeons) were especially praised for the *"excellent"* level of care they provide. Teams comprise employees working in different specialities and at different grades, who apparently work together effectively to create friendly and supportive environments at each hospital.

> *"Everyone in the department is very supportive and works together as a team." (Glangwili Hospital)*

5.17 The Emergency General Surgery management team was described by several respondents as supportive, approachable, and attentive; and some positive comments were made regarding the active effort made to improve practice within the service, particularly through process and performance audits.

> *"The team is regularly auditing their practice and participate in national audits." (Bronglais Hospital)*

5.18 Staff at Bronglais and Withybush Hospitals stated that there is a *"good teaching and learning environment"* (Bronglais Hospital) with *"ample opportunity to learn"* (Withybush Hospital) within their hospitals. One Bronglais respondent also highlighted the benefit of monthly Clinical Governance meetings, which complement Morbidity and Mortality meetings (M&Ms)[49] in terms of learning from events, quality improvement, audits, and research.

[49] Meetings to discuss the outcomes of patients and mortality rates, with the view to improving clinical care, quality control and professional education.

5.19 Several respondents felt that they provide a high-level of patient care within Emergency General Surgery, and it was said that there is good communication both within the service (between management and clinical teams for example) and with supporting services such as A&E.

5.20 Some staff members commented that there is good theatre availability across all sites, and that as patients generally arrive from A&E having already been investigated, the service can be provided to patients in a *"timely manner."* Referral pathways from the community to secondary care[50] at Glangwili Hospital were also described as *"systematic"* by one respondent, as GPs can contact the on-call surgical registrar for advice and patient reviews.

5.21 Finally, Same Day Emergency Care[51] (SDEC) at Withybush Hospital was praised for its efficiency and co-ordination by some of its staff. It was said to be a *"tremendous support"* to Emergency General Surgery by facilitating the management of same day GP referrals.

> *"SDEC works well in facilitating same day management of GP referrals, enabling discharge and next day review if necessary, thus reducing number of admissions." (Withybush Hospital)*

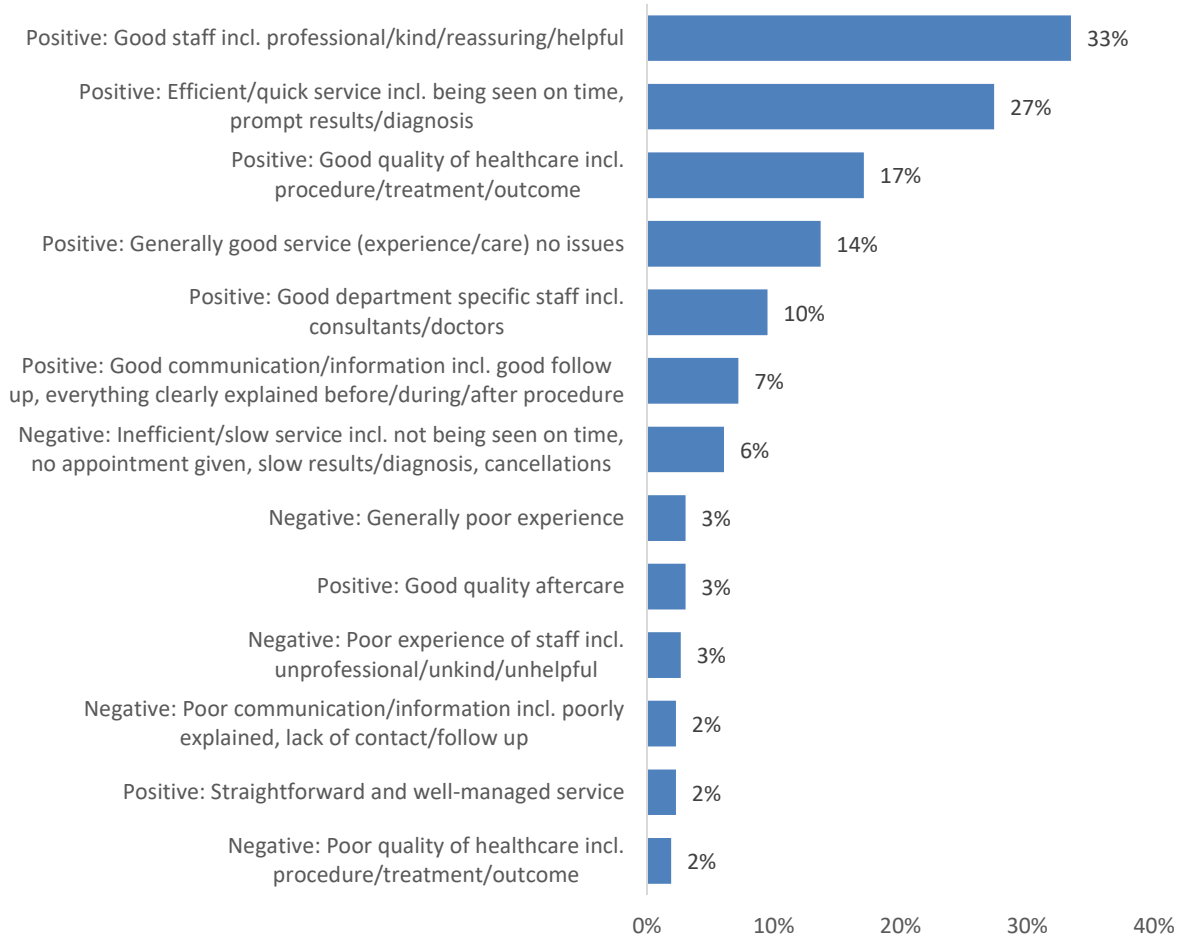
Patient survey

5.22 Respondents were asked what was good about their experience of using the Emergency General Surgery service (Figure 11 overleaf). For presentational reasons, the figure only shows themes raised by 2% or more of respondents; therefore, readers are encouraged to refer to the full tables of coded text, provided in Appendix 3, for a much fuller overview of the views expressed.

5.23 A third (33%) of patient respondents praised the staff saying they were professional, kind, reassuring and helpful, whilst over a quarter (27%) said there was an efficient and/or quick service including being seen on time and prompt results/diagnosis.

[50] Services provided by a specialist healthcare provider who has particular expertise in whatever problem a patient is having.
[51] A service that provides emergency care to patients without the need for an admission to hospital.

Figure 11: Can you tell us what was good about your experience of using the Emergency General Surgery service and the care provided? (Only shows themes raised by 2% or more of respondents)



Base: Respondents to the survey (263)

5.24 Compared to the overall results, a higher proportion of those who most recently accessed the Emergency General Surgery service in 2022 gave comments around receiving a generally good service with no issues (27%), and a higher proportion of those who most recently accessed the Emergency General Surgery service in 2019 gave comments around good quality aftercare (18%).

5.25 Compared to the overall results, a higher proportion of those who accessed the majority of their care in the Emergency General Surgery service at Bronglais Hospital said the service was efficient/quick (39%), and a higher proportion of those who accessed the majority of their care in the Emergency General Surgery service at Withybush Hospital said there was a generally good service (22%).

5.26 Below are some examples of comments given:

> *Arrived at A & E at 6am with bad pains in abdomen. I had a scan. Next thing I recall is going to theatre at 12.30 the same day. The treatment from all staff was superb, absolutely 1st class. Cancer in bowel and lungs. They have looked after me with the utmost care. Every department has been fabulous. Staff going the extra mile with every appointment. Well done all NHS staff in Glangwili and Prince Philip. (Glangwili Hospital)*

Considering Covid was a big concern, I was sat in A&E for far too long, 12 hours, considering I was classed as being C E V[52], which reception staff were informed of at registration. I had no idea who I was sat in the full waiting area with and felt extremely vulnerable. (Withybush Hospital)

From seeing the GP to undergoing the procedure, everything was dealt with quickly and efficiently. I felt well informed along the way. (Bronglais Hospital)

The service was dreadful. I waited 15 hours in A&E to be seen by a doctor and have a scan for what was eventually diagnosed as acute appendicitis. (Withybush Hospital)

The staff were wonderful: caring, gentle, kind, explained everything they were doing, made sure my needs were met without me having to ask. They carried out personal care & I didn't feel embarrassed. I was just so grateful that they were doing it. (Bronglais Hospital)

What was difficult about your experience of working in the Emergency General Surgery service

Staff survey

5.27 Bed capacity was a common issue raised across all sites. Several respondents highlighted bed shortages in emergency departments and on wards causing severe care delays, as some patients in need of surgery are allegedly *"remaining in A&E chairs for many hours post admission."* One Glangwili respondent said that they had to review a patient from inside an ambulance due to bed shortages in the hospital. Staff were concerned about the impact of these delays on patient outcomes. It is worth noting, however, that although they are usually the 'front door' for patients, the Emergency General Surgery service does not have management control over the emergency departments (i.e. A&E).

5.28 The sometimes *"chaotic"* and *"unstructured"* nature of the Emergency General Surgery departments was described as challenging by a couple of respondents, as was the apparent inefficiency of using a paper-based rather than a digital system for bookings and notes. A couple of respondents also noted that surgical patients are spread across multiple wards at Glangwili Hospital, meaning the Emergency General Surgery ward rounds consist of *"more than 8 clinical areas."* This, it was said, is not only clinically inefficient, but also means many patients are not being cared for on specialist surgical wards.

5.29 Several respondents gave negative comments about poor staff recruitment and retention, and it was widely said that the lack of consultant cover at Withybush Hospital on weekends and after 5pm on weekdays is a cause for concern and frustration across the Health Board. In relation to this, the model of alternating consultant cover for Withybush Hospital was thought to be *"fragile"*, potentially unattractive to new consultants, and difficult to manage. Furthermore, one Withybush respondent said that locums from other sites are frequently brought in to cover, which can lead to *"stagnation of a department for ongoing development"*; and another said that that the shortage of consultants negatively affects training opportunities for junior doctors.

5.30 In light of the consultant cover issues described above, patients in need of urgent surgery out-of-hours are apparently being transferred from Withybush to Bronglais or Glangwili Hospitals, increasing the stress on surgical teams at these sites. Where this is not possible, patients are said to have to wait overnight at

[52] Clinically extremely vulnerable.

Withybush Hospital for next day treatment. In both instances, patients were thought to be experiencing treatment delays that could be detrimental to their outcomes.

5.31 The stated increase in transferring patients between hospitals is seemingly causing some discomfort among staff at Bronglais and Glangwili Hospitals. For example, one Bronglais respondent felt that consideration should be given to workforce distribution given that *"theatres in Withybush Hospital are currently 80% redundant."* Staff at Withybush Hospital itself felt that Emergency General Surgery at the hospital is not supported by Health Board management.

5.32 Certain services within Emergency General Surgery, including the colorectal service[53] (Withybush and Bronglais Hospitals), the Trauma Unit[54] (Bronglais Hospital), automatic repatriation acceptance[55] (Bronglais Hospital), and the anaesthetic service (Glangwili Hospital) are apparently suffering as a result of lack of funding and a reluctance to invest. A Glangwili Hospital respondent also stated that *"the surgical wards are in an awful state"* despite a refurbishment being planned 15 years ago.

5.33 Site-specific individual comments included:

- Glangwili Hospital
  - Advice and treatment sometimes differs from HDdUHB guidance as registrars have several different background trusts/hospitals.
  - The workforce has become deskilled due to limited training opportunities, which has also affected retention.
  - Staff are not given their allocated SPA[56] time, as agreed in their job plans.
  - Some patients are not *"properly reviewed"* by senior clinicians in A&E prior to being sent to Emergency General Surgery.
- Bronglais Hospital
  - *"Loss of autonomy of the department and the whole hospital"* as a result of distant centralised management, which also results in silo working and an *"inability to get rapid solutions to day-to-day problems that then fall to site to resolve."*
  - Lack of a pathway to review patients without putting an additional burden on A&E.
  - Discharge delays due to a lack of beds in community hospitals and/or difficulties accessing social services.
- Withybush Hospital
  - The prospect of centralising on-call general surgery at Glangwili Hospital is not supported by Withybush consultants while there is unrestricted adult attendance at A&E.

> *"Removal of acute general surgery is highly detrimental to A&E … Most self-present to A&E so would lead to transfer/treatment delays."*

[53] A service provided by a multi-disciplinary team of professionals who deal with all aspects of colorectal disorders within the colon, rectum, and anus.
[54] Provides the full spectrum of care for the most critically injured patients, from initial resuscitation through to rehabilitation and discharge.
[55] Hospitals that receive patients with major trauma who need resuscitation or stabilisation before transfer to the major trauma centre.
[56] Supporting Professional Activities: paid time to participate in activities that underpin clinical care and contribute to ongoing professional development as a clinician.

- Uncertainty in relation to ongoing recruitment and the evolution of rotas.

What could be done differently to improve your/others experience of working in/using the Emergency General Surgery service

Staff Survey

5.34 The most common suggestion made by staff across all sites was to reassess the current on-call model of care. In an ideal world, respondents proposed always having two full-time doctors on call; planning cover in advance; moving all out-of-hours staff onto a shift-based rota; providing consultant support on weekends; and ensuring adequate senior surgical cover within departments at all times. Several staff members also highlighted that an online rota system with live updates would be more efficient than the current system.

5.35 The digitalisation of the Emergency General Surgery service was another frequent suggestion to alleviate some of the aforementioned comments about the inefficiency of the current paper-based system.

> *"Changing the work system to [a] fully digital system would improve the service provided and will make it more efficient and safe." (Withybush Hospital)*

5.36 Several staff members from Withybush and Glangwili Hospitals felt that more training opportunities should be provided, specifically: systems training for registrars to maintain consistency across the Health Board; workshops for junior doctors and surgical staff to ensure sufficient levels of care for trauma patients; and some surgical training for nursing staff to broaden their understanding and raise awareness of critical situations.

> *"… I feel there needs to be more health board specific teaching for the registrars to be aware of how systems work in Hywel Dda... I also feel that nursing staff could benefit from surgical teaching regarding the reasoning behind certain common decisions and critical situations to be aware of." (Glangwili Hospital)*

5.37 Another suggestion from respondents across all sites was to create a more supportive and guided environment for staff. A couple of Bronglais Hospital respondents felt that this could be achieved by dispersing the Scheduled Care Management team more widely, *"and making [them] more accountable for service[s] delivered in a locality"*. Other suggestions were to firmly establish morning meetings to improve efficiency and identify issues of concern; and ensure doctors and nurses take their allocated breaks.

5.38 Respondents across all sites raised the need to recruit more staff, and there was a general feeling that better teamwork and a stronger 'whole Health Board' ethos is needed to ensure all departments work coherently as one service.

5.39 Some staff at Glangwili and Bronglais Hospitals felt that it is the Health Board's responsibility to agree on a sitewide model of care to support and develop the service. In this regard, a few respondents suggested centralising services at one or two sites to increase efficiency and decrease the pressures caused by a limited workforce.

"Centralise it all on one site and give us the staff and resources…" (Glangwili Hospital)

5.40 The development of certain services within Emergency General Surgery was commonly suggested. These included:

- A Surgical Admissions Unit[57] with an out-of-hours service, providing *"robust and effective pathways"* for emergency surgical patients (Glangwili and Withybush Hospitals).
- Establishing 'HOT Clinics[58]' to assess patients and facilitate earlier discharge of inpatients (Glangwili and Withybush Hospitals).
- Maintaining the Colorectal[59] service and re-introducing colorectal surgery at Withybush Hospital.

5.41 One individual from Glangwili Hospital suggested implementing a comprehensive co-ordinated programme across the Health Board that addresses *"modifiable risk factors for delirium[60] at an early stage of admission".* This, they felt, would *"reduce morbidity[61] and mortality[62] associated with delirium"* by increasing patients' independence, thus reducing the need for higher levels of care at discharge. As a result, the number of 'occupied bed days'[63] would decline, benefiting the service by *"reducing costs and increasing patient through-put"*.

5.42 Additional individual site-specific comments included:

- Bronglais Hospital
  - Give the local team the support required to become more autonomous.
- Glangwili Hospital
  - Divert emergency surgical admissions from Withybush Hospital to Glangwili Hospital only.
  - Dedicated beds and spaces to be available at all times in A&E for the timely and dignified examination of patients referred to General Surgery.
  - Ensure all patients referred to the Emergency General Surgery team by A&E have been reviewed by senior doctors prior to referral.
- Withybush Hospital
  - Provide more investment and strategic support to the hospital as a whole.
  - Prevent the closure of services at the hospital.
  - Health board to provide funding for its own ambulances to reduce patient transfer delays.

Patient survey

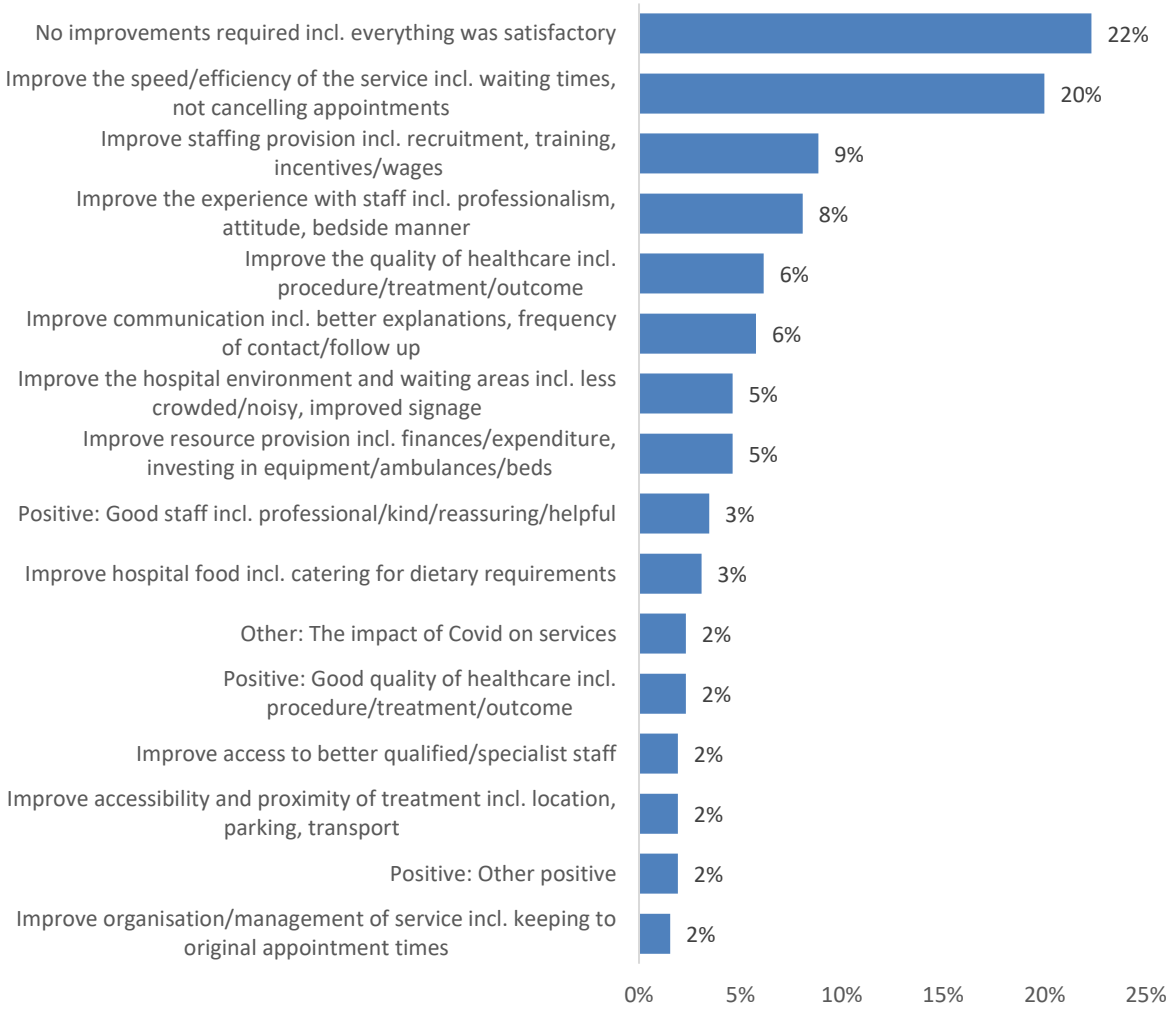
5.43 Respondents were asked what could be done differently to improve theirs or others experience of using the Emergency General Surgery service (Figure 12 overleaf). For presentational reasons, the figure only

[57] An admissions unit for emergency surgical admissions, that usually take patients directly from A&E or primary care. It offers pre- and post-operative care for minor and major surgical procedures.
[58] HOT clinics are designed to assess and address patients' needs rapidly and prevent the need for hospital admission where possible.
[59] Relating to the colon or rectum.
[60] A mental state in which you are confused, disoriented and not able to think or remember clearly.
[61] The rate of disease in a population
[62] The state of death
[63] Sum of the number of days a bed is used by an inpatient at the bed count.

shows themes raised by 2% or more of respondents; therefore, readers are encouraged to refer to the full tables of coded text, provided in Appendix 3, for a much fuller overview of the views expressed.

5.44 Just over a fifth (22%) felt that no improvements are required/everything was satisfactory. However, a further fifth (20%) gave suggestions around improving the speed and efficiency of the service including waiting times and not cancelling appointments, whilst almost one-in-ten (9%) said staff provision should be improved, including recruitment, training and incentives/wages, and 8% said the experience with staff should be improved including comments around professionalism, attitude and bedside manner.

Figure 12: Can you tell us what could be done differently to improve your and other patients' experience of using the Emergency General Surgery service and the care provided? (Only shows themes raised by 2% or more of respondents)



Base: Respondents to the survey (260)

5.45 Compared to the overall results, a higher proportion of those who most recently accessed the Emergency General Surgery service in 2020 gave comments around the impacts of Covid (17% in 2020 vs 2% overall).

5.46 Compared to the overall results, a higher proportion of those who accessed the majority of their care in the Emergency General Surgery service in Bronglais Hospital said that no improvements were needed (38%). The proportion of respondents saying no improvements were needed was 17% for those who accessed the majority of their care at Glangwili Hospital, and 14% for those who accessed the majority of their care at Withybush Hospital.

5.47 Below are some examples of comments given:

I would like to say that despite how busy the hospital was, I was treated extremely well by everyone and everything that was done, was done very well. Under the circumstances, I consider it to have been a very positive experience for which I am very grateful. (Bronglais Hospital)

Better communication with patients and their relatives. (Withybush Hospital)

Hard to say really. More Doctors and appointments, cut waiting lists down. The care for patients will still be there. (Withybush Hospital)

I cannot think of anything to improve my experience. My after care is excellent too. (Withybush Hospital)

More staff are needed to help with the smooth running of the department - something you are already screaming for no doubt. There needs to be some more joined up thinking on the part of the Consultants. If there had been, maybe I wouldn't have had my gallbladder removed unnecessarily. (Bronglais Hospital)

Waiting time in A&E is difficult, and you're in pain, and wait twenty hours for a bed. (Withybush Hospital)

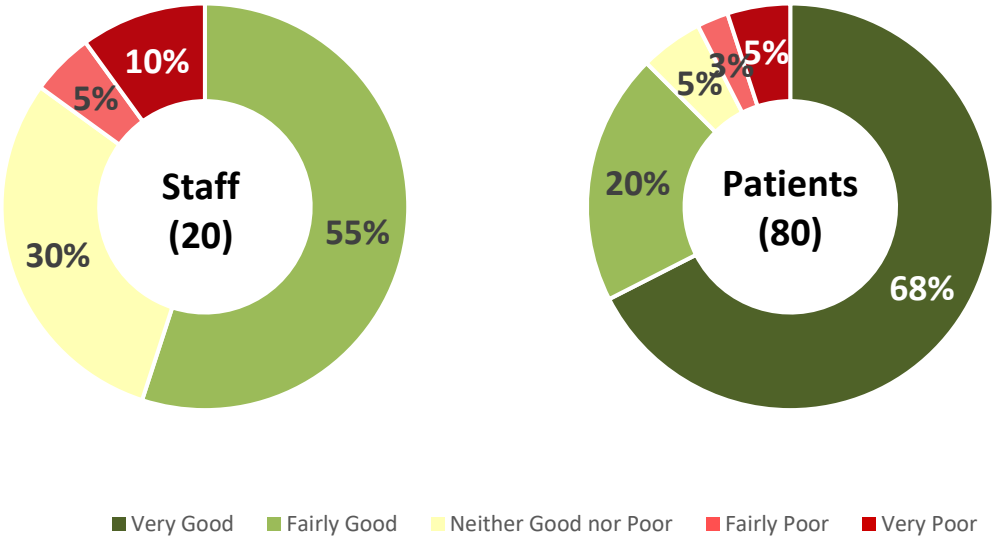
After care/ discharge care need altering or offered. Nurses on wards need to be more friendly and listen to patients. (Glangwili Hospital)

Experience of outpatient services

5.48 Less than half (44%) of staff respondents said that they use the outpatient department in relation to Emergency General Surgery. Of these, over half (55%) said that their overall experience of outpatient services was good, though none said it was very good. 15% said it was poor with one-in-ten (10%) saying it was very poor (Figure 13 overleaf). It is important to note here that while patients may come back to use outpatient services as part of their after-care, outpatient services are not within the service area of responsibility and are managed directly though the outpatient service.

5.49 Just over two fifths (42%) of patient respondents said they used the outpatient department as part of their treatment in Emergency General Surgery. Of these, almost nine-in-ten (88%) said it was good with around two thirds (68%) saying it was very good. Less than one-in-ten (8%) said it was poor, with 5% saying it was very poor (Figure 13 overleaf).

Figure 13: Overall experience of working in/using the outpatient department in the Emergency General Surgery service.

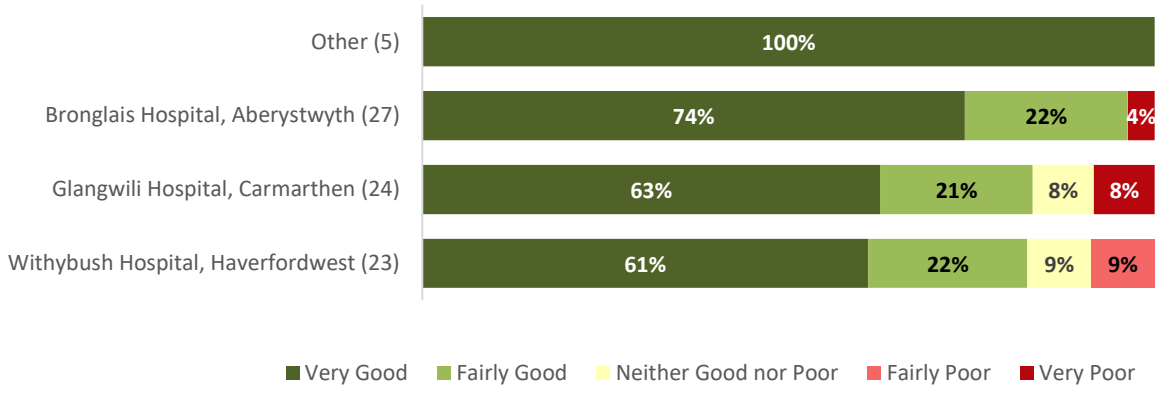


Base: Number of respondents shown in brackets (excludes 'don't know' responses)

5.50 Figure 14 below shows how responses to this question in the patient survey vary by main hospital base. Considering the three hospitals specifically providing an Emergency General Surgery service, the proportion of patient respondents who said that their overall experience of using the Emergency General Surgery outpatient department was good is highest for those who used Bronglais Hospital, Aberystwyth where the vast majority gave a positive response (96%).

5.51 The hospitals with the lowest proportion of respondents who said their experience of using the outpatient department was good are Withybush Hospital, Haverfordwest, and Glangwili Hospital, Carmarthen, however this is still over four fifths (83%) of respondents.

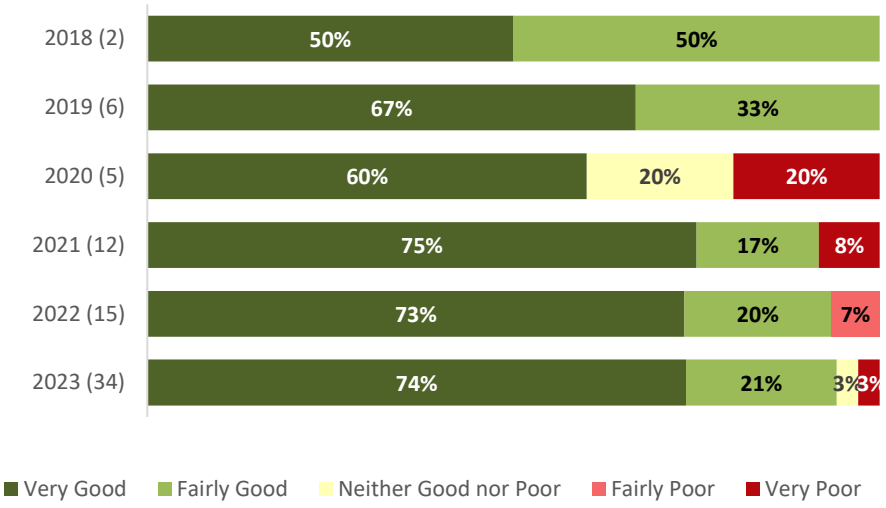
Figure 14: Overall experience of using the outpatient department in the Emergency General Surgery service by main hospital base – patient survey.



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

5.52 In terms of years within which they accessed the service (Figure 15 overleaf), while the proportion of patient respondents saying their experience was good is generally high, it can be seen that, compared to overall, a higher proportion (94%) of patients who most recently accessed the outpatient department as part of their Emergency General Surgery treatment in 2023, said their overall experience of using the outpatient department was good.

Figure 15: Overall experience of using the outpatient department in the Emergency General Surgery service by year most recently accessed the service – patient survey.



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

Staff survey

5.53 Outpatient Services received some positive feedback from some Emergency General Surgery respondents at every site. The service was described as generally well organised, with kind and hard-working staff.

> *"The volume of extra work done by everyone is commendable." (Bronglais Hospital)*

5.54 Room availability was described as an issue at all sites, with one Bronglais Hospital respondent stating that they only hold one clinic per month due to a lack of space.

> *"Reviewing patients is the most difficult issue in emergency surgery, there is no room to assess, examine patients." (Withybush Hospital)*

5.55 The same participant felt that this is a barrier to learning opportunities and is a *"waste"* of resources and skills, as staff in training are unable to frequently attend clinics with senior staff.

5.56 The lack of time available to dedicate to outpatients was also raised as an issue by several respondents. One Glangwili Hospital staff member said they had witnessed consultants asking to increase their clinic offer to see a higher number of patients, only to have their requests denied by the outpatient team.

5.57 Some Glangwili Hospital staff gave negative comments about the complexity of the BookWise[64] application platform; the apparent lack of medical record support when arranging additional clinics in response to demand; and the current RAAC[65] situation at Withybush Hospital, which is apparently putting further strain on the outpatient service at Glangwili Hospital due to appointment transfers. One Glangwili Hospital employee also claimed that supporting services are not as accountable in terms of reaching government

[64] A healthcare scheduling application for real-time room and resource availability.
[65] Reinforced Autoclaved Aerated Concrete is a material that was commonly used in the construction of buildings between the 1960s and 1990s. Its presence has been confirmed at Withybush Hospital and at a limited part of Bronglais Hospital.

targets as the service team, and that there is a *"lack of working towards the same targets/goals"* across different departments.

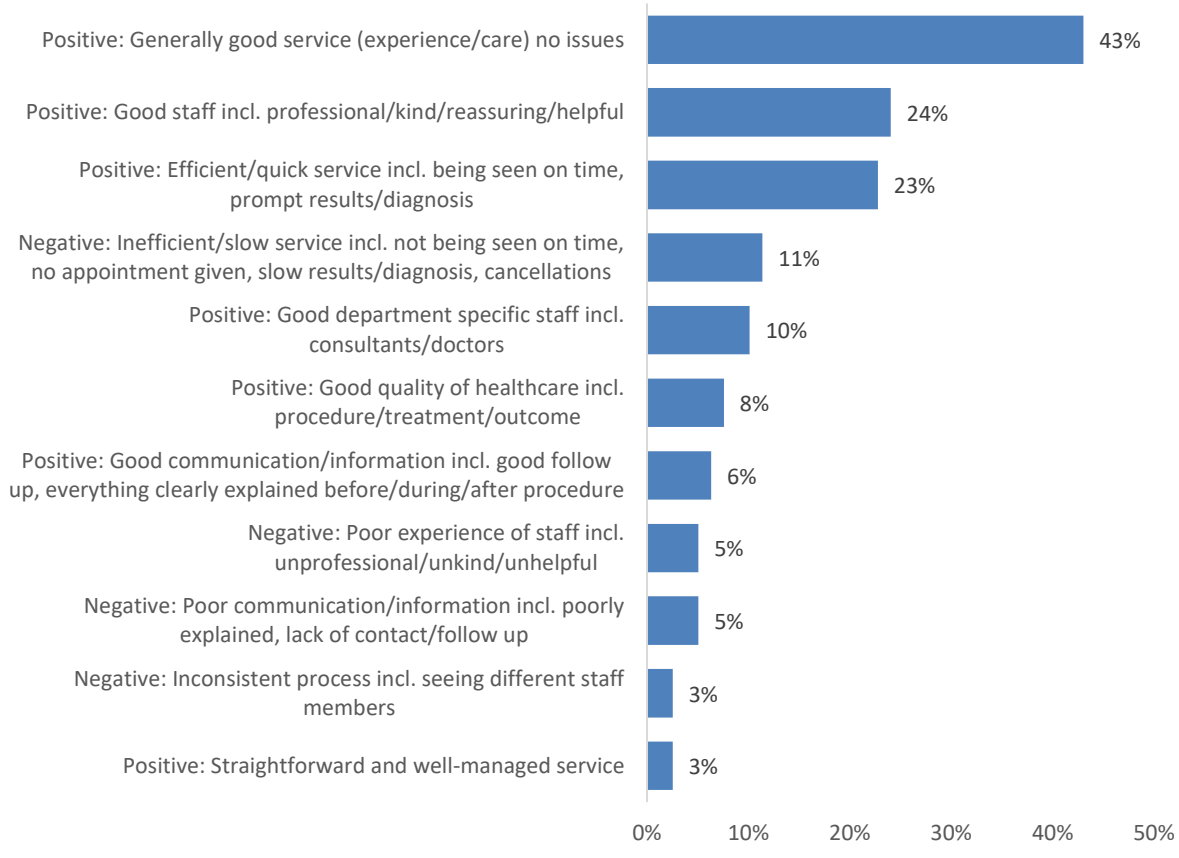
5.58 Finally, one respondent highlighted an apparent risk of accidents and injury at Bronglais Hospital due to the layout of the outpatient clinic, which sits off the corridor of the main hospital, with the waiting area only separated from the corridor by a wooden barrier. This, they felt, could potentially cause collisions between staff, patients, and/or visitors.

Patient survey

5.59 Patient respondents were also asked why they said their overall experience of using the outpatient department as part of the Emergency General Surgery treatment was good or poor (Figure 16 below). For presentational reasons, the figure only shows themes raised by 3% or more of respondents; therefore, readers are encouraged to refer to the full tables of coded text, provided in Appendix 3, for a much fuller overview of the views expressed.

5.60 The most frequently given comments were related to the service in the Emergency General Surgery outpatient department being generally good, with no issues (43%). Almost a quarter of patient respondents gave positive comments about staff, saying that they were professional, kind, reassuring and helpful (24%), or that the service was efficient and quick, including being seen on time and prompt results/diagnosis (23%). Just over one-in-ten (11%) said that the outpatient department was inefficient/slow.

Figure 16: Can you tell us why you chose that rating (experience of using the Emergency General Surgery outpatient department)? (Only shows themes raised by 3% or more of respondents)



Base: Respondents to the survey (79)

5.61 The number of responses to this question are too small to analyse any differences between hospitals accessed or the year in which the service was accessed.

5.62 Below are some examples of comments given:

> *Always been seen to quickly and the staff have always been very efficient. (Glangwili Hospital)*
>
> *Didn't have a long wait, treatment was efficient, staff were very nice, they were calm, and put you at ease. (Glangwili Hospital)*
>
> *The staff were caring, they explained things in detail. I felt confident. I was well looked after. (Glangwili Hospital)*
>
> *Very busy which was expected but times should have been anticipated. (Withybush Hospital)*
>
> *Because the waiting time is overwhelming, but ignoring that, the service is really good. (Withybush Hospital)*
>
> *I had an invasive and potentially embarrassing procedure, but the doctors and nurses really put me at ease. (Bronglais Hospital)*

Respondent profile

5.63 HDdUHB are committed to ensuring that everyone receives fair and equal respect and endeavours to treat everyone with dignity whatever their age, disability, ethnicity, faith, gender reassignment or sexual identity. This can only be achieved if this information is provided by service users and staff, therefore all survey respondents were asked to answer a series of equality monitoring questions. These questions were optional, and respondents were assured that the data would be used for monitoring purposes only and held in the strictest confidence.

5.64 Although the patient base for Emergency General Surgery is broadly representative of the general population, equalities information collected suggests that the majority of service users are white, female, heterosexual and over the age of 65. This is broadly reflected in the profile of respondents to the patient survey with two fifths (40%) aged 65 years or more, and around three fifths (62%) being female.

5.65 The tables that appear without commentary on the following pages show the profile of respondents, who have worked in/used Emergency General Surgery services, in relation to a range of characteristics. Each table includes details about the number and percentage of staff or patients responding in each category. Where no responses were received for any given category, these have not been included in the following tables, however the full range of response options, based on HDdUHB's standard equality questions, were provided on the questionnaires. In some instances, where only very small numbers of respondents selected individual response options, these have been grouped together for presentational convenience, and to minimise the risk of inadvertently identifying any individuals. For example, the group 'any other ethnicity' etc may include respondents who selected a variety of response options, where the counts of these options are very low.

5.66 'Not known' shown on each table includes all respondents who either did not provide an answer or selected 'prefer not say'.

5.67 Please note that the figures may not always sum to 100% due to slight rounding errors. *% denotes a proportion of less than 1% but greater than zero.

Staff survey

Table 48: County lived in - All Respondents working in Emergency General Surgery (Note: Figures may not sum due to rounding)

County lived in	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Carmarthenshire	15	39%
Ceredigion	6	16%
Pembrokeshire	10	26%
Other	7	18%
Total number of valid respondents	**38**	**100%**
Not Known	*9*	-

Table 49: Age - All Respondents working in Emergency General Surgery – (Note: Figures may not sum due to rounding)

Age	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
34 or under	11	29%
35 to 44	9	24%
45 to 54	7	18%
55 or over	11	29%
Total number of valid respondents	**38**	**100%**
Not Known	*9*	-

Table 50: Gender - All Respondents working in Emergency General Surgery – (Note: Figures may not sum due to rounding)

Gender	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Female	12	32%
Male	25	68%
Total number of valid respondents	**37**	**100%**
Not Known	*10*	-

Table 51: Sexual orientation - All Respondents working in Emergency General Surgery – (Note: Figures may not sum due to rounding)

Sexual orientation	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Heterosexual or Straight	34	92%
Other sexual orientation	3	8%
Total number of valid respondents	**37**	**100%**
Not Known	*10*	-

Table 52: Marital Status - All Respondents working in Emergency General Surgery – (Note: Figures may not sum due to rounding)

Marital Status	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Married/In a Civil Partnership	21	60%
Not married/Not in a Civil Partnership	14	40%
Total number of valid respondents	**35**	**100%**
Not Known	*12*	-

Table 53: Have any dependent children - All Respondents working in Emergency General Surgery – (Note: Figures may not sum due to rounding)

Dependent children	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Yes	11	30%
No	26	70%
Total number of valid respondents	**37**	**100%**
Not Known	*10*	-

Table 54: Disability - All Respondents working in Emergency General Surgery – (Note: Figures may not sum due to rounding)

Disability	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Yes	1	3%
No	37	97%
Total number of valid respondents	**38**	**100%**
Not Known	*9*	-

Table 55: Ethnic group - All Respondents working in Emergency General Surgery – (Note: Figures may not sum due to rounding)

Ethnic group	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Asian	9	25%
White British	14	39%
White other	4	11%
Any other ethnic group	9	25%
Total number of valid respondents	**36**	**100%**
Not Known	*11*	-

Table 56: Religion - All Respondents working in Emergency General Surgery – (Note: Figures may not sum due to rounding)

Religion	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Buddhist	1	3%
Christian	12	33%
Hindu	4	11%
Muslim	11	31%
No religion	8	22%
Total number of valid respondents	**36**	**100%**
Not Known	*11*	-

Table 57: Providing unpaid care - All Respondents working in Emergency General Surgery – (Note: Figures may not sum due to rounding)

Providing unpaid care	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Yes	2	5%
No	35	95%
Total number of valid respondents	**37**	**100%**
Not Known	*10*	-

Table 58: Household income - All Respondents working in Emergency General Surgery – (Note: Figures may not sum due to rounding)

Household Income	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
£40,000 or less	1	4%
Over £40,000	25	96%
Total number of valid respondents	**26**	**100%**
Not Known	*21*	-

Table 59: Main language used at home - All Respondents working in Emergency General Surgery – (Note: Figures may not sum due to rounding)

Main language used at home	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
English	25	81%
Welsh or both English and Welsh	1	3%
Other	5	16%
Total number of valid respondents	**31**	**100%**
Not Known	*16*	-

Patient survey

Table 60: Key demographic response profile of respondents who have used/care for someone who has used Emergency General Surgery services:– compared with the population aged 18+ of Carmarthenshire, Ceredigion and Pembrokeshire counties

Characteristic		Questionnaire Responses		Population aged 18+
		Number of Respondents	%	
BY COUNTY LIVED IN	Carmarthenshire	56	36%	49%
	Ceredigion	43	28%	19%
	Pembrokeshire	55	36%	32%
	Total number of valid respondents	**154**	**100%**	**100%**
	Other areas	*21*	-	-
	Not Known	*90*	-	-
BY AGE	24 or under	0	0%	9%
	25 to 34	11	6%	22%
	35 to 44	14	8%	13%
	45 to 54	30	17%	16%
	55 to 64	48	28%	18%
	65 to 74	60	34%	17%
	75 or over	11	6%	14%
	Total number of valid respondents	**174**	**100%**	**100%**
	Not Known	*91*	-	-
BY DISABILITY	Has a disability	44	26%	25%
	No disability	123	74%	75%
	Total number of valid respondents	**167**	**100%**	**100%**
	Not Known	*97*	-	-

Table 61: Gender - All Respondents who have used/care for someone who has had Emergency General Surgery – (Note: Figures may not sum due to rounding)

Gender	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Female	107	62%
Male	65	38%
Other	1	1%
Total number of valid respondents	**173**	**100%**
Not Known	*92*	-

Table 62: Sexual orientation - All Respondents who have used/care for someone who has had Emergency General Surgery – (Note: Figures may not sum due to rounding)

Sexual orientation	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Heterosexual or Straight	135	87%
Other sexual orientation	21	13%
Total number of valid respondents	**156**	**100%**
Not Known	*109*	-

Table 63: Marital Status - All Respondents who have used/care for someone who has had Emergency General Surgery – (Note: Figures may not sum due to rounding)

Marital Status	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Married/In a Civil Partnership	113	68%
Not married/Not in a Civil Partnership	54	32%
Total number of valid respondents	**167**	**100%**
Not Known	*98*	-

Table 64: Have any dependent children - All Respondents who have used/care for someone who has had Emergency General Surgery – (Note: Figures may not sum due to rounding)

Dependent children	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Yes	32	19%
No	137	81%
Total number of valid respondents	**169**	**100%**
Not Known	*96*	-

Table 65: Ethnic group - All Respondents who have used/care for someone who has had Emergency General Surgery – (Note: Figures may not sum due to rounding)

Ethnic group	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
White British	152	92%
White other	11	7%
Any other ethnic group	3	2%
Total number of valid respondents	**166**	**100%**
Not Known	*99*	-

Table 66: Religion - All Respondents who have used/care for someone who has had Emergency General Surgery – (Note: Figures may not sum due to rounding)

Religion	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Christian	97	59%
Any other religion	4	2%
No religion	63	38%
Total number of valid respondents	**164**	**100%**
Not Known	*101*	-

Table 67: Providing unpaid care - All Respondents who have used/care for someone who has had Emergency General Surgery – (Note: Figures may not sum due to rounding)

Providing unpaid care	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Yes	38	22%
No	133	78%
Total number of valid respondents	**171**	**100%**
Not Known	*94*	-

Table 68: Household income - All Respondents who have used/care for someone who has had Emergency General Surgery – (Note: Figures may not sum due to rounding)

Household Income	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Below £10,000	16	13%
£10,001 - £20,000	33	27%
£20,001 - £30,000	29	24%
£30,001 - £40,000	12	10%
Over £40,000	31	26%
Total number of valid respondents	**121**	**100%**
Not Known	*144*	-

Table 69: Main language used at home - All Respondents who have used/care for someone who has had Emergency General Surgery – (Note: Figures may not sum due to rounding)

Main language used at home	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
English	141	83%
Welsh	28	16%
Other	1	1%
Total number of valid respondents	**170**	**100%**
Not Known	*95*	-

6. Stroke service

Introduction

6.1 A stroke is a serious life-threatening medical condition that happens when the blood supply to part of the brain is cut off.

6.2 A Stroke service is delivered at Glangwili Hospital, Carmarthen; Bronglais Hospital, Aberystwyth; Prince Philip, Llanelli; and Withybush Hospital, Haverfordwest.

6.3 All current members of staff working in or those who support staff working in the Stroke service were invited to take part in the survey. In total 40 responses were received.

6.4 Approximately 3,084 patient admissions were recorded across Stroke Services between January 2019 and March 2023. In total 779 patients were sent an invitation to take part in the survey, and 85 responses were received, giving a response rate of 10.91%.

6.5 Equalities information collected suggests that the majority of Stroke service users are over the age of 65. This is broadly reflected in the profile of respondents to the patient survey with around three fifths (59%) aged 65 years or more. Tables showing the full profile breakdown of respondents are included at the end of this chapter.

6.6 Throughout this chapter, please note that where percentages do not sum to 100, this may be due to computer rounding, the exclusion of "don't know" categories, or multiple answers.

Main survey findings

Main Clinical site - Staff survey

6.7 Respondents were asked to indicate which clinical site is their main base. The responses from staff respondents working in Stroke services are detailed in the table below, where it can be seen that around half of responses (52%) are from staff working at Glangwili Hospital, Carmarthen; around a quarter (26%) from staff working at Withybush Hospital, Haverfordwest; and just over a fifth (22%) from staff working at Bronglais Hospital, Aberystwyth.

Table 70: Which is your main hospital base? - All Respondents working in Stroke services (Note: Figures may not sum due to rounding. 'Not known' includes respondents who said 'Don't know/Can't remember' or did not respond to the question.)

Main hospital base	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Bronglais Hospital, Aberystwyth	6	16%
Glangwili Hospital, Carmarthen	14	38%
Prince Philip Hospital, Llanelli	8	22%
Withybush Hospital, Haverfordwest	9	24%
Total number of valid respondents	**37**	**100%**
Not Known	*3*	-

Main clinical site accessed - Patient survey

6.8 Respondents were asked to indicate at which clinical site they accessed the majority of their care for Stroke services. The responses from patient respondents in Stroke services are detailed in the table below, where it can be seen that two fifths (40%) of the responses are from those who accessed Stroke services at Bronglais Hospital, Aberystwyth; just over a quarter (26%) at Glangwili Hospital, Carmarthen; a fifth (20%) at Prince Philip Hospital, Llanelli; and (7%) at Withybush Hospital, Haverfordwest. Five respondents (6%) said they accessed the majority of their Stroke care at other hospitals.

Table 71: In which hospital did you access the majority of your hospital care for Stroke services? All Respondents who have used/care for someone who has used Stroke services (Note: Figures may not sum due to rounding. 'Not known' includes respondents who said 'Don't know/Can't remember' or did not respond to the question.)

Main hospital access	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Bronglais Hospital, Aberystwyth	34	40%
Glangwili Hospital, Carmarthen	22	26%
Prince Philip Hospital, Llanelli	17	20%
Withybush Hospital, Haverfordwest	6	7%
Other	5	6%
Total number of valid respondents	**84**	**100%**
Not Known	*1*	-

Years worked in service – Staff survey

6.9 Respondents were also asked to indicate in which years between 2018 and 2023 they worked in or supported staff working in the Stroke service. The responses are detailed in the table below.

Table 72: In which of the following year(s) have you worked in/with the Stroke Service? - All Respondents working in Stroke Services – (Note: respondents were able to select multiple years and, therefore, the percentages may sum to greater than 100%. 'Not known' includes respondents who said 'Don't know/Can't remember' or did not respond to the question.)

Years worked in service	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
2018	23	58%
2019	29	73%
2020	29	73%
2021	31	78%
2022	36	90%
2023	37	93%
Total number of valid respondents	**40**	-

Years accessed service – Patient survey

6.10 Respondents were also asked to indicate in which years between 2018 and 2023 they accessed the Stroke service. The responses are detailed in the table overleaf.

Table 73: In which of the following year(s) were you seen by the Stroke service - All Respondents who have used/care for someone who has used Stroke services – (Note: respondents were able to select multiple years and, therefore, the percentages may sum to greater than 100%. 'Not known' includes respondents who said 'Don't know/Can't remember' or did not respond to the question.)

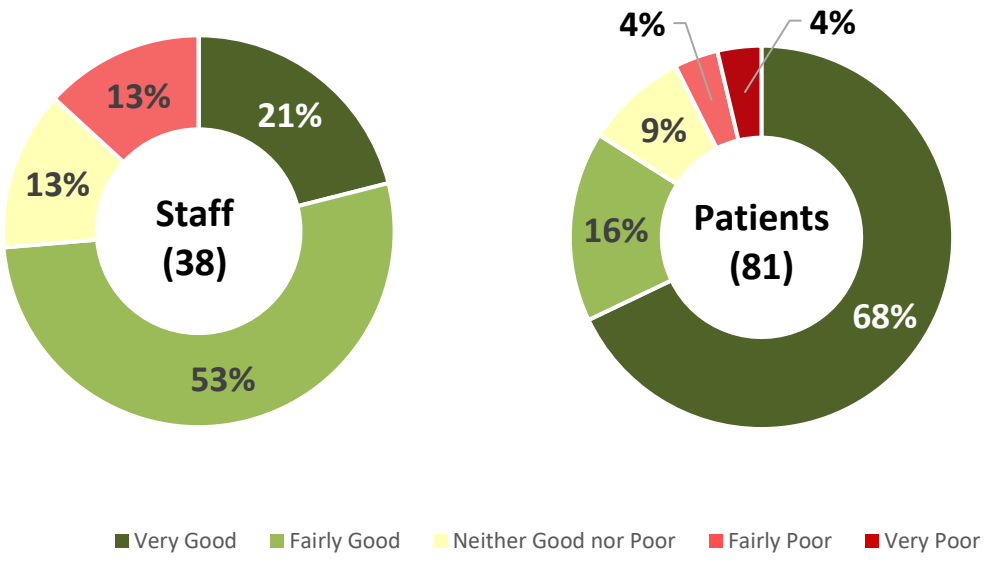
Years accessed service	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
2018	8	10%
2019	6	8%
2020	8	10%
2021	14	18%
2022	26	34%
2023	28	36%
Total number of valid respondents	**77**	-
Not Known	*8*	-

Overall experience

6.11 Around three quarters (74%) of staff respondents said that their overall experience of working in/with the Stroke service was good, with just over a fifth (21%) saying it was very good. Around one-in-eight (13%) said that it was fairly poor, with none saying it was very poor (Figure 17 below).

6.12 Over four fifths (84%) of patient respondents said that their experience of using the Stroke service was good, with around two thirds (68%) saying that it was very good. Less than one-in-ten (7%) said it was poor, with 4% saying it was very poor (Figure 17 below).

Figure 17: Overall experience of working in/using Stroke services.

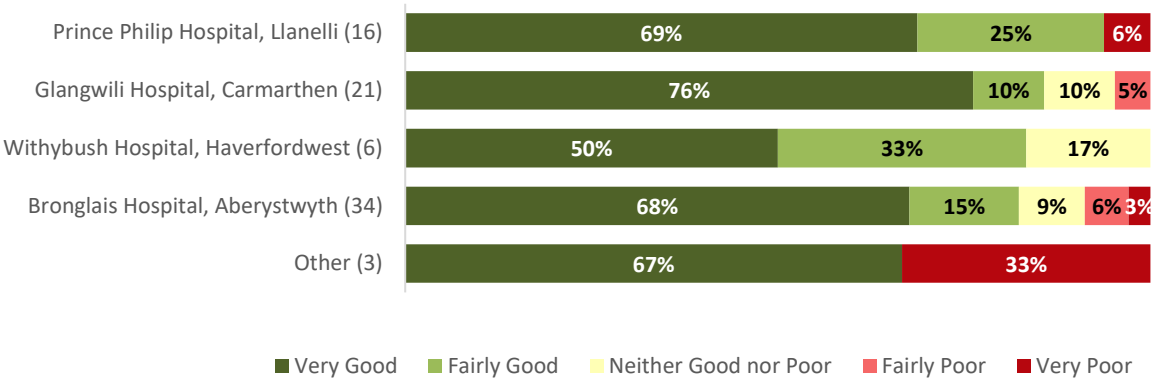


Base: Number of respondents shown in brackets (excludes 'don't know' responses)

6.13 Figure 18 overleaf shows how responses to this question in the patient survey vary by main hospital used. The proportion of patient respondents who said that that their overall experience of using the Stroke service was good is highest for those using Prince Philip Hospital, Llanelli (94%) and lowest at Bronglais

Hospital, Aberystwyth (82%), where the proportion of respondents saying their overall experience was poor is also the highest (9%).

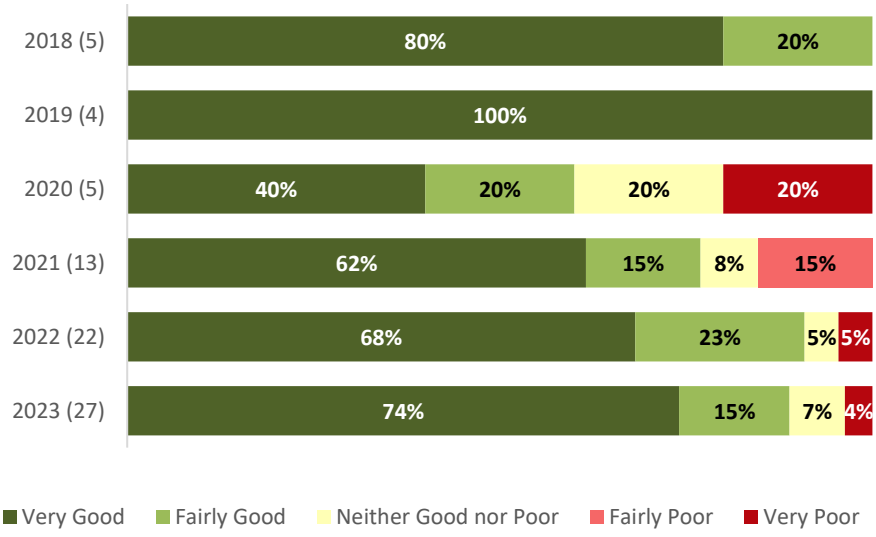
Figure 18: Overall experience of using Stroke services by main hospital used – patient survey.



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

6.14 In terms of years within which they accessed the service (Figure 19 below), compared to the overall result, a higher proportion of patients who most recently accessed the Stroke service in 2022 (91%) or 2023 (89%), and a lower proportion of patients who most recently accessed the Stroke service in 2021 (77%) said their overall experience of using the service was good. The numbers of respondents who most recently accessed the Stroke service in 2018, 2019 or 2020 are very low and therefore caution should be applied when considering these results – for reference, they are still shown in the chart below.

Figure 19: Overall experience of using Stroke services by year most recently accessed the service – patient survey.



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

What was good about your experience of working in/using Stroke services

Staff survey

6.15 Stroke staff at all four sites (Glangwili, Withybush, Prince Philip, and Bronglais Hospitals) praised their colleagues within the service, describing them as enthusiastic, passionate, caring, and committed to placing the patient at the centre of all care. It was said that staff turnover within Stroke services is low, so teams are established, and communicate and engage well with colleagues in their own and other departments.

> *"The stroke team, which includes all the clinical staff members from doctors to therapists, work very hard and often go above and beyond to deliver the best possible service to their patients. The staff are passionate about the service and always put what is best for the patients first." (Withybush Hospital)*

6.16 Multidisciplinary team (MDT) working was said to be well embedded within HDdUHB's Stroke services. Indeed, several members of staff felt that positive MDT working has been one of the main contributors to the service's success in recent years, providing individuals with valuable insight into other roles within the team, and enabling colleagues to support each other in achieving good patient outcomes.

> *"I feel the Stroke team is a unique MDT in the health board. They have [unfaltering] motivation… fighting against the odds with the patients' needs and rehabilitation at the forefront of their determination in providing the best care. Everyone has such a good insight into each other's roles within the MDT and this compliments the team ethos and the team's ability to support each other and the patients' needs." (Glangwili Hospital)*

6.17 A few respondents noted the quality of care provided within Stroke services as a key positive aspect of their working experience. Stroke care was described as *"incredible*" and "*highly skilled"*, which instils staff with a sense of pride and reward in their work.

> *"The specialism itself is fascinating and working… in a true MDT is extremely rewarding. It is fabulous to see a patient's journey and progression. Every day is different, and every stroke patient is very different." (Withybush Hospital)*

6.18 Other good aspects of staff's experiences were around therapists' level of knowledge, the flexibility of their work, and clear clinical pathways within the service.

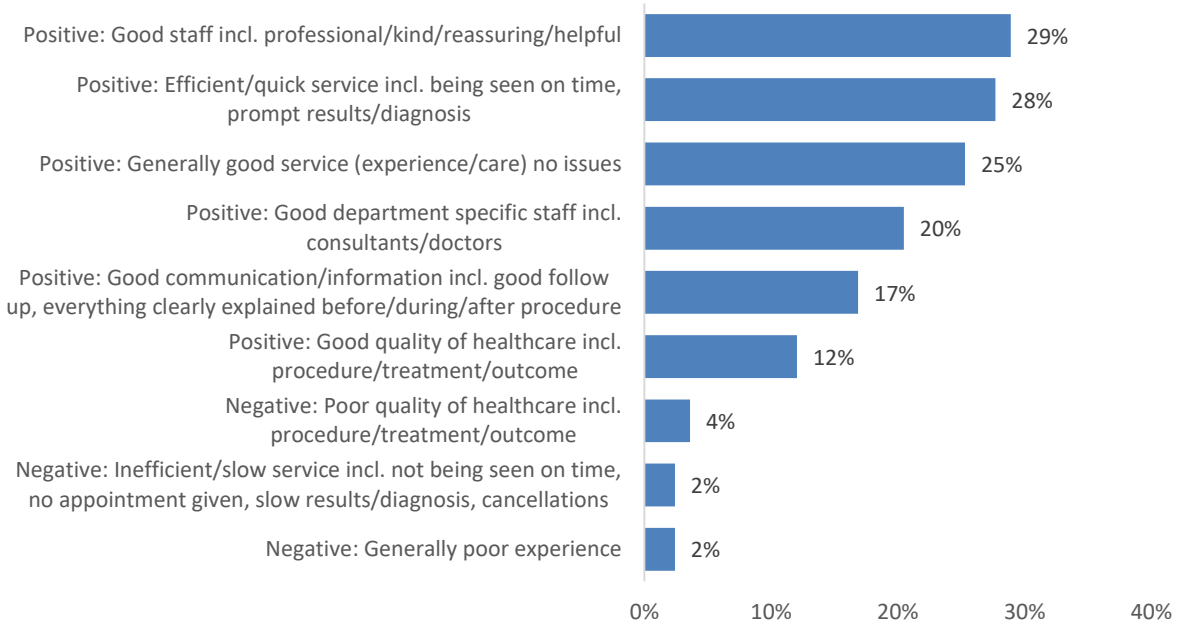
Patient survey

6.19 Respondents were asked what was good about their experience of using the Stroke service (Figure 20 overleaf). For presentational reasons, the figure only shows themes raised by 2% or more of respondents; therefore, readers are encouraged to refer to the full tables of coded text, provided in Appendix 3, for a much fuller overview of the views expressed.

6.20 Almost three-in-ten (29%) patient respondents praised the staff saying they were professional, kind, reassuring and helpful, and/or said that there was an efficient and/or quick service including being seen on

time and prompt results/diagnosis (28%). A quarter (25%) gave comments around the service (care/experience) being good generally/that there were no issues.

Figure 20: Can you tell us what was good about your experience of using the Stroke service and the care provided? (Only shows themes raised by 2% or more of respondents)



Base: Respondents to the survey (83)

6.21 The number of responses to this question are too small to analyse any differences between hospitals accessed.

6.22 In terms of the year within which the Stroke service was most recently accessed, compared to the overall results, a higher proportion of those who accessed the majority of their care in 2022 said there was a good quality of healthcare including comments on procedure, treatment and outcome (27%).

6.23 Below are some examples of comments given:

Every staff member I met was caring, helpful, friendly, calm, communicative, informative and professional towards me during my experience at the hospital and clinics. (Bronglais Hospital)

It took only three weeks to be seen by a specialist doctor. Clinic staff were friendly and efficient. I was seen by the doctor very quickly. The doctor was ready to listen to what had happened and had plenty of time to explain things to me. I was made to feel that I was important and not just another medical number. (Glangwili Hospital)

Swift, informative, an exemplar of what we aspire the NHS to be in all aspects of its care. (Bronglais Hospital)

The stroke department in Prince Phillip are absolutely amazing! I can't thank them enough for all they have done and still do for me. So friendly, professional, kind and caring! (Prince Philip Hospital)

Excellent care and anxiety issues dealt with very caringly. (Withybush Hospital)

I was seen quite soon after being referred. I didn't feel hurried and was taken seriously. (Bronglais Hospital)

What was difficult about your experience of working in Stroke services

Staff survey

6.24 Capacity concerns were prevalent among respondents: several commented on a general lack of staff in all Stroke services across the Health Board. It was also said that Stroke services sometimes lack consistency of staffing, with employees being moved around to address gaps in other departments.

6.25 A key concern for Stroke staff was the service's ability to meet national guidelines and standards. Particular challenges highlighted were a lack of community support leading to discharge delays; services being provided across multiple small units with no critical mass, leading to inefficiencies and variable standards; and staff shortages within, and lack of funding for, therapy services, meaning patients are not receiving their recommended therapy time.

"At present it has been difficult to achieve 3 hours of therapy a day as stipulated by the national guidelines due to staff shortages/annual leave/sickness. We are working across both acute and community settings with current staff levels. As a result of this it has been challenging to see patients consistently and provide the level of intensity required." (Prince Philip Hospital)

6.26 Many staff members commented on the challenges around therapy provision for stroke rehabilitation. Staff from Bronglais, Glangwili, and Withybush Hospitals noted limited space and resources as the main barriers to providing this. It was suggested that this will become even more problematic in future because of the introduction of more challenging standards.

"... There are shortfalls in therapy staff compared to recommended standards which makes covering the service and delivering optimal rehabilitation challenging. This becomes more challenging as the expectation of amount of rehabilitation has increased in the new standards…" (Withybush Hospital)

6.27 A key area of concern was speech and language therapy[66] (SLT), which was said to be challenging to provide by small teams within hospitals. This, it was said, impacts patient *"wellbeing, rehabilitation and prognosis of speech and language therapy related difficulties"* (Withybush Hospital).

"… Within Speech and language therapy across all hospital sites we work as one team and cover the whole hospital. This means that we cannot prioritise stroke rehabilitation over a patient who is null by mouth and needs a swallow assessment before being able to eat." (Glangwili Hospital)

6.28 In relation to this, a couple of respondents from Glangwili and Prince Philip Hospitals highlighted how demoralising it is to be judged as a 'poor' service or department as a result of being judged against national staffing standards, when in reality employee levels are not sufficient to enable these standards to be met.

[66] Provides treatment, support and care for children and adults who have difficulties with communication, or with eating, drinking, and swallowing.

> *"… The current therapy staffing levels are nowhere near the national guidelines for stroke, however we are measured against standards that were set with the national staffing guideline. This is sometime absolutely crushing when in meetings you have justify "poor" performance when in reality you had 1 therapist covering the whole hospital in addition to the stroke ward…" (Glangwili Hospital)*

6.29 A few staff respondents also called for more funding to support Occupational Therapy (OT)[67] and psychology and mental health needs within the service. This, it was felt, would help support discharge planning alongside rehabilitation to reduce length of stay and improve patient outcomes.

6.30 These issues were not thought to be restricted to acute hospital settings. A lack of community based SLTs and OTs was said to restrict possibilities for ESD (Early Supported Discharge[68]) in many cases; and some discharged patients with ongoing communication and/or swallowing difficulties are apparently waiting 12+ weeks to access the service.

6.31 A few respondents from Withybush Hospital felt that better access to third sector and community rehabilitation services could improve provision of care, and it was suggested that more emphasis should be placed on rehabilitation within all hospital environments to encourage patient independence and development.

> *"… Community resources are limited and access to dedicated MDT rehabilitation is limited. The ESD [Early Supported Discharge] staff are more involved in the acute part of the intervention... Specialist equipment, rehabilitation technology and dedicated rehabilitation space on the ward and in the community is also very limited. Communication between the acute and community staff is limited with very limited specialist medical support." (Withybush Hospital)*

6.32 Other reported issues related to a lack of bed capacity (meaning *"patients are not located on the stroke unit [and] the stroke team is having to go to other areas to see the patients which spreads the teams resources thin…"* [Withybush Hospital]); and lack of support and appreciation from senior management within the service, especially when concerns are raised; and a lack of career progression opportunities for Stroke staff.

[67] An approach that uses activity to promote good mental health and assist recovery.
[68] A multi-disciplinary team providing specialist stroke input to patients in the community. The aim of the service is to support early discharge from the hospital setting.

What could be done differently to improve your/others experience of working in/using Stroke services

Staff survey

6.33 When considering ways to improve Stroke services, the most common response was to increase staff numbers to help meet national guidelines and relieve capacity concerns. SLT[69] was again highlighted as a key area requiring more resource, as were OT[70] and ESD[71].

> *"Increased therapy resource to support improved patient outcomes which in turn will reduce care needs on discharge…" (Glangwili Hospital)*

6.34 For existing staff, a couple of respondents recommended more training opportunities to improve understanding and knowledge, particularly around communication and swallowing issues.

6.35 Other main suggestions related to funding and investment for stroke equipment and environments. A few respondents at Bronglais and Glangwili Hospitals saw a need for more on-site, private rehabilitation space to improve patient comfort away from their bedside. A couple of others stressed the benefits of specialist equipment and technology: they felt that more investment in this could "*enable best practice and increase the prescribed intensity to achieve better outcomes."* (Withybush Hospital).

> *"Provide us with a rehab room to allow patients to have rehab away from bedside and that can be used for MDT meetings, Family meetings, breakfast and lunch clubs." (Bronglais Hospital)*

6.36 Related to this, providing more 'social areas' for patient leisure and socialisation opportunities was suggested as essential to patient wellbeing and recovery.

> *"… The average length of stay for a stroke patient can be 6 weeks and their mental health and wellbeing is essential. Having space to eat at a table or watching TV and not be by their bed 24/7 for 6 weeks is so important but we cannot provide this in GGH" (Glangwili Hospital)*

6.37 A few respondents suggested improvements around assessment. A couple desired a better assessment environment at Bronglais Hospital; and another couple wanted better access to instrumental swallow assessments[72] for patients who fail an initial swallow screen to reduce hospital stays and improve their quality of life.

6.38 Another suggested change was to develop community resources to support discharge (including early discharge) and improve patient flow. A few respondents from Withybush, Glangwili, and Bronglais

[69] Speech and Language Therapy for stroke includes initial assessment and subsequent rehabilitation of swallowing and communication difficulties following acute stroke.
[70] Occupational Therapy's primary role in stroke recovery is to assist survivors to regain independence with their daily activities.
[71] Stroke Early Supported Discharge is a service that is offered to people who have had a new stroke, are well enough to leave hospital and who have been identified as appropriate for further specialist stroke therapy at home.
[72] An assessment of the swallow done with a camera that is inserted into the nose and that looks down into the throat.

Hospitals stressed the need for more focus on and support for the whole stroke pathway, including community care. It was also said that better communication between acute and community teams could improve rehabilitation opportunities through early supported discharge, thus increasing bed availability in hospitals.

> *"Provide care and support for the whole pathway from acute to community to long term care. Invest in community led MDTs with medical support and links to the wider community." (Withybush Hospital)*

6.39 A centralised stroke unit was suggested by a few respondents. This, it was said, would help tackle challenges around staffing, service provision, and meeting national standards.

> *"Focused stroke unit in Carmarthenshire. Optimize staffing to meet the required criteria and improve standards continually with main focus on therapies, particularly SLT [speech and language therapy]." (Prince Philip Hospital)*

6.40 More engagement with senior service and Health Board management would be appreciated by a few members of staff. They acknowledged the need to review and improve the service; and felt that this process could be enhanced through better communication between delivery staff and decision-makers, and the latter having a greater presence 'on the ground' to ensure they understand the service's delivery challenges.

> *"… Senior staff and decision makers spending time on the ward and with the staff at regular intervals, to really know what life on the ward is like and to 'hear' the members of staff." [Prince Philip Hospital]*

6.41 Other, more specific, comments made by individuals were that:

- HDdUHB should adopt a co-ordinated, comprehensive program to address modifiable risk factors for delirium at an early stage of admission, to help reduce increased morbidity and mortality associated with delirium and enable patients to remain well longer, and reduce the need for higher levels of care at discharge.
- For continuity, the same therapist should provide input throughout a patient's journey.
- Self-management booklets for patients would assist them with their individual goals.
- The service should have more focus on patient mental health.
- More basic supplies - razors, soap, and shampoo for example – should be purchased so that patients with no families have their basic fundamental needs met, and to assist therapists during assessments.
- HDdUHB should work more collaboratively with Swansea Bay Health Board in delivering Stroke Services.

- Use of Telemedicine[73] could meet the demands of fast-evolving acute stroke care.

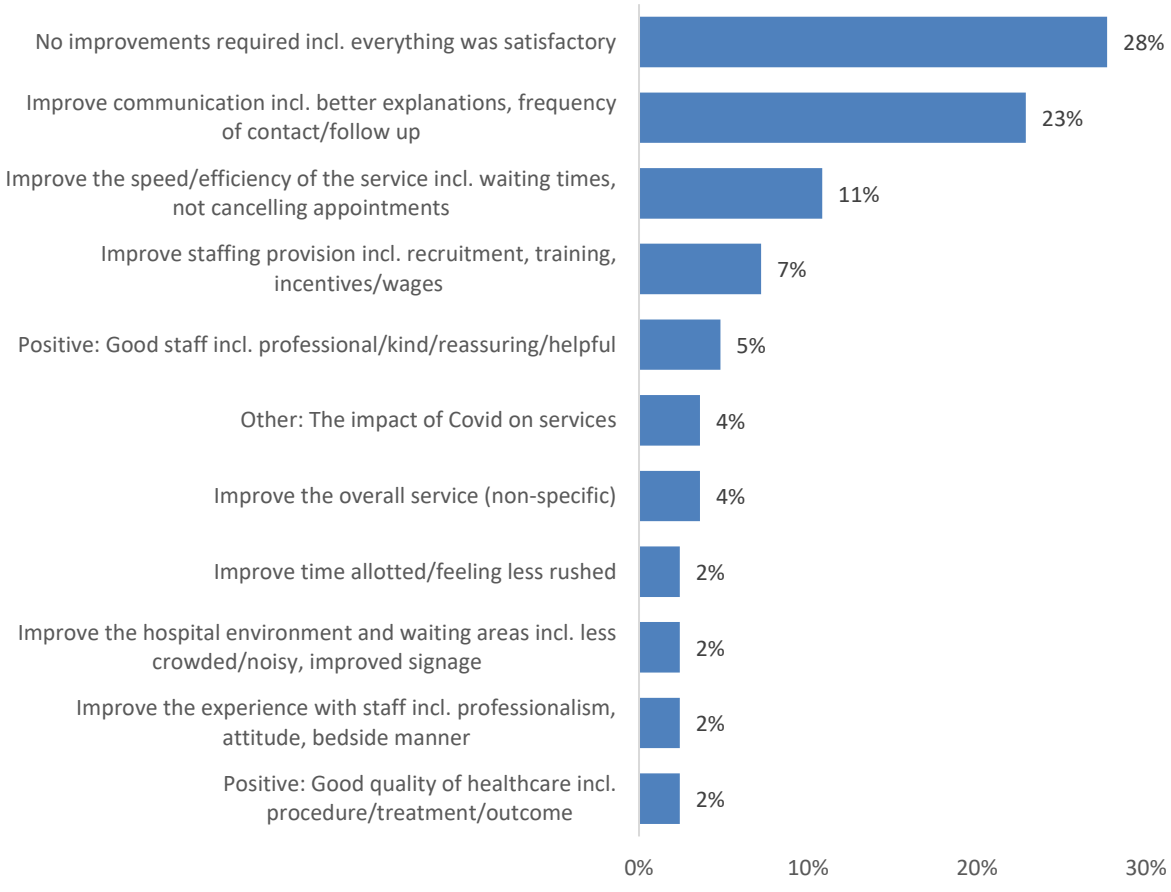
Patient survey

6.42 Respondents were asked what could be done differently to improve theirs or others experience of using the Stroke service (Figure 21 below). For presentational reasons, the figure only shows themes raised by 2% or more of respondents; therefore, readers are encouraged to refer to the full tables of coded text, provided in Appendix 3, for a much fuller overview of the views expressed.

6.43 Close to three-in-ten (28%) felt that no improvements are required/everything was satisfactory. However, almost a further quarter (23%) gave suggestions around improving communication including better explanations, frequency of contacts/follow ups, and around one-in-ten (11%) said that the speed and efficiency of the service including waiting times and not cancelling appointments should be improved.

6.44 The number of responses to this question are too small to analyse any differences between hospitals accessed or the year in which the service was accessed.

Figure 21: Can you tell us what could be done differently to improve your and other patients' experience of using the Stroke service and the care provided? (Only shows themes raised by 2% or more of respondents)



Base: Respondents to the survey (83)

6.45 Overleaf are some examples of comments given:

[73] Telemedicine is a term that covers the use of technology to deliver clinical care at a distance.

Act in a more timely manner. I had to chase up my referral and should have been seen, had my investigations and treatment at least a week earlier. (Bronglais Hospital)

As far as I'm concerned you could not improve anything about the treatment I received. (Bronglais Hospital)

I was told that they would call me back in a year's time. Still waiting for an appointment!!! (Other hospital)

I would have liked better communication regarding the results of the scan. (Prince Philip Hospital)

Nothing at all, first-class service provided. (Bronglais Hospital)

More information of the service and how to access it should be more available. (Glangwili Hospital)

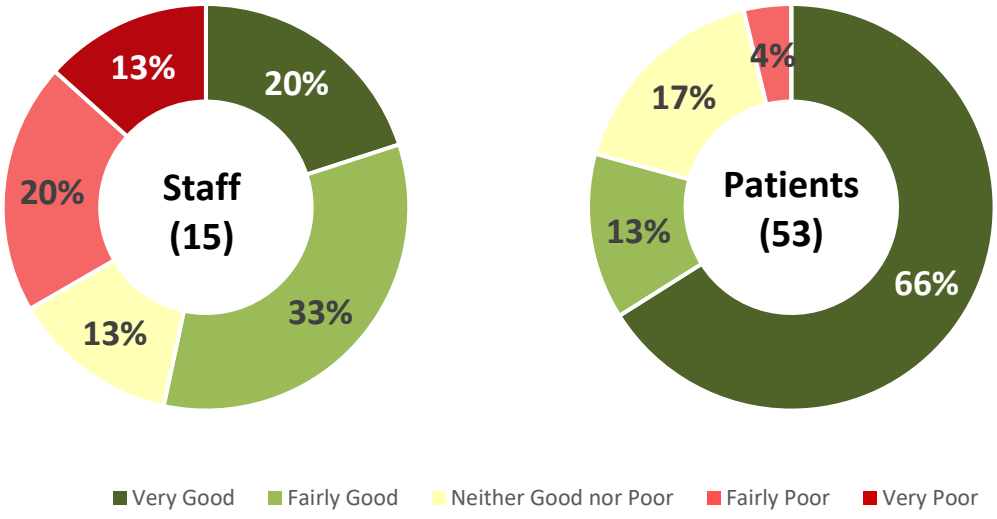
Ensure that you have more dedicated specialists to analyse CT & MRI results in order to put worried patients at ease. (Bronglais Hospital)

Experience of outpatient services

6.46 Around two fifths (39%) of staff respondents (15) said that they use the outpatient department in relation to Stroke services. Of these, over half (53% - eight respondents) said that their overall experience of outpatient services was good, with a fifth (20% - three respondents) saying it was very good. A third (33% - five respondents) said it was poor with one-in-eight (13% - two respondents) saying it was very poor (Figure 22 below).

6.47 Around three quarters (76%) of patient respondents said they used the outpatient department as part of their treatment in Stroke services. Of these, almost four fifths (79%) said it was good with around two thirds (66%) saying it was very good. Less than one-in-twenty (4%) said it was poor, with none saying it was very poor (Figure 22 below).

Figure 22: Overall experience of working in/using the outpatient department in Stroke services.



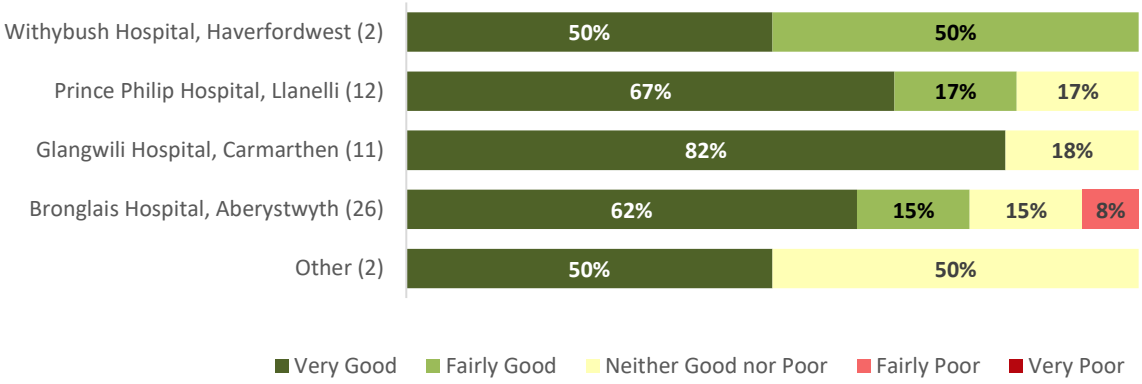
Base: Number of respondents shown in brackets (excludes 'don't know' responses)

6.48 Figure 23 overleaf shows how responses to this question in the patient survey vary by main hospital base. The proportion of patient respondents who said that their overall experience of using the Stroke service

outpatient department was good is highest for those who used Withybush Hospital, Haverfordwest (100% - two respondents), and Prince Philip Hospital, Llanelli (83%) however, caution should be applied as the number of respondents giving a response within each group is very low.

6.49 The only respondents saying their experience of the Stroke service outpatients department was poor (8%) accessed the majority of their care at Bronglais Hospital, Aberystwyth.

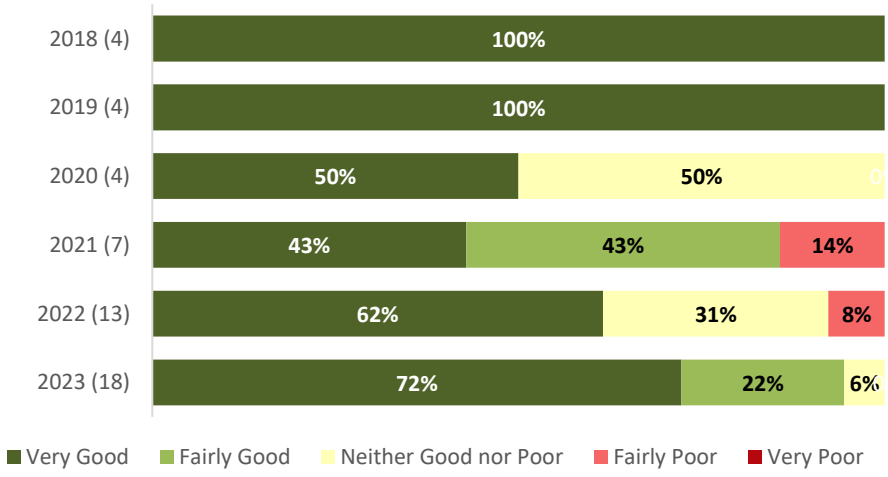
Figure 23: Overall experience of using the outpatient department in the Stroke service by main hospital base – patient survey.



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

6.50 Figure 24 below shows how responses vary by the year within which they most recently accessed the Stroke service, however while these results are indicative of differences in patient experiences, they should be treated with caution given the low number of responses within each group.

Figure 24: Overall experience of using the outpatient department in the Stroke service by year most recently accessed the service – patient survey.



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

Staff survey

6.51 There was some praise for outpatient staff at Glangwili, Bronglais, and Prince Philip Hospitals. Staff were described as helpful, supportive, and organised.

> *"Outpatient staff are very helpful and accommodating." (Glangwili Hospital)*

6.52 Most respondents commented on why they chose a less positive rating however. The most common response related to difficulties making outpatient appointments; and a few respondents noted the limited space and staffing available to support the demand for outpatient services.

> *"The outpatient department work diligently to support and accommodate the service, however there is simply not enough space for all clinics to be accommodated and it is often competitive to book space. The department is simply not big enough and… the RAAC[74] issues in WGH Outpatients has now exacerbated the issue." (Withybush Hospital)*

6.53 A few Glangwili and Prince Philip respondents felt that the outpatient environment at those hospitals are no longer fit for purpose, and that outpatient TIA (transient ischaemic attack[75]) clinics, though working efficiently, are currently struggling to meet national guidelines.

> *"Outpatient TIA clinics should be a 7/7 service as per guidelines. We are working towards a 5/7 service. Current provision does not meet the standards required, though efficient…" (Prince Philip Hospital)*

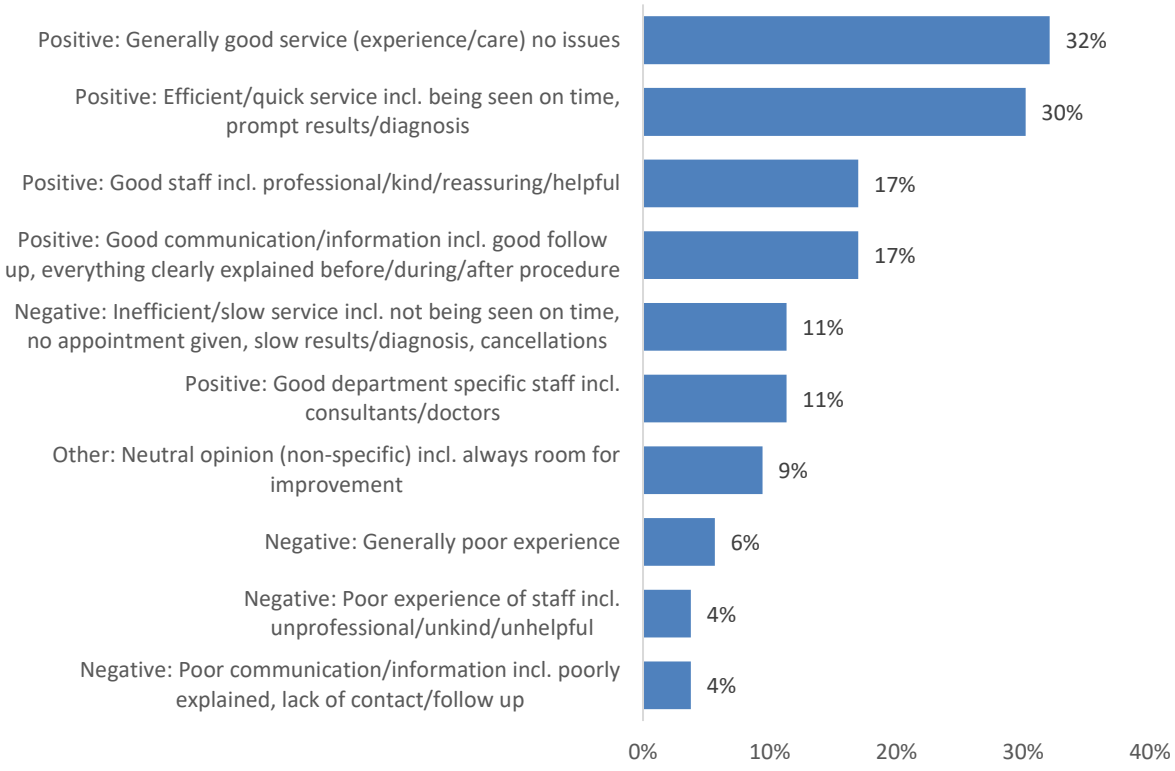
Patient survey

6.54 Patient respondents were also asked why they said their overall experience of using the outpatient department as part of their treatment in Stroke services was good or poor (Figure 25 overleaf). For presentational reasons, the figure only shows themes raised by 4% or more of respondents; therefore, readers are encouraged to refer to the full tables of coded text, provided in Appendix 3, for a much fuller overview of the views expressed.

6.55 The most frequently given comments were related to the service in the Stroke outpatient department being generally good, with no issues (32%). Three-in-ten patient respondents gave comments saying that the service was efficient and quick, including being seen on time and prompt results/diagnosis (30%) whilst around one-in-six provided positive comments about staff, saying that they were professional, kind, reassuring and helpful (17%), or good communication/information including good follow up and/or everything being clearly explained before/during/after procedure (17%). However, just over one-in-ten (11%) said that the outpatient department was inefficient/slow.

[74] Reinforced Autoclaved Aerated Concrete is a material that was commonly used in the construction of buildings between the 1960s and 1990s. Its presence has been confirmed at Withybush Hospital and at a limited part of Bronglais Hospital.
[75] A transient ischaemic attack (TIA) or "mini stroke" is caused by a temporary disruption in the blood supply to part of the brain.

Figure 25: Can you tell us why you chose that rating (experience of using the Stroke services outpatient department)? (Only shows themes raised by 4% or more of respondents)



Base: Respondents to the survey (53)

6.56 The number of responses to this question are too small to analyse any differences between hospitals accessed or the year in which the service was accessed.

6.57 Below are some examples of comments given:

Consultation on time. The consultation was an excellent two-way experience with medic listening to concerns and recommending appropriate investigation, with intelligent analysis and recommendation to follow. (Bronglais Hospital)

The consultant was good at putting me at ease. (Other hospital)

Staff made you feel at ease at such a stressful time. The wait was very short before you were seen be the doctor. (Glangwili Hospital)

I had a lot of tests for my condition but still waiting for the results. (Other hospital)

I was seen on time, and it was explained why I might have a wait before I had the result. (Glangwili Hospital)

No waiting around. Friendly, efficient and caring staff. (Bronglais Hospital)

Superb service. Professional, empathetic and I felt I was taken seriously. (Bronglais Hospital)

Respondent profile

6.58 HDdUHB are committed to ensuring that everyone receives fair and equal respect and endeavours to treat everyone with dignity whatever their age, disability, ethnicity, faith, gender reassignment or sexual identity. This can only be achieved if this information is provided by service users and staff, therefore all survey respondents were asked to answer a series of equality monitoring questions. These questions were optional, and respondents were assured that the data would be used for monitoring purposes only and held in the strictest confidence.

6.59 Equalities information collected suggests that the majority of Stroke service users are over the age of 65. This is broadly reflected in the profile of respondents to the patient survey with around three fifths (59%) aged 65 years or more.

6.60 The tables that appear without commentary on the following pages show the profile of respondents, who have worked in/used Stroke services, in relation to a range of characteristics. Each table includes details about the number and percentage of staff or patients responding in each category. Where no responses were received for any given category, these have not been included in the following tables, however the full range of response options, based on HDdUHB's standard equality questions, were provided on the questionnaires. In some instances, where only very small numbers of respondents selected individual response options, these have been grouped together for presentational convenience, and to minimise the risk of inadvertently identifying any individuals. For example, the group 'any other ethnicity' etc may include respondents who selected a variety of response options, where the counts of these options are very low.

6.61 'Not known' shown on each table includes all respondents who either did not provide an answer or selected 'prefer not say'.

6.62 Please note that the figures may not always sum to 100% due to slight rounding errors. *% denotes a proportion of less than 1% but greater than zero.

Staff survey

Table 74: County lived in - All Respondents working in Stroke services (Note: Figures may not sum due to rounding)

County lived in	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Carmarthenshire	13	37%
Ceredigion	6	17%
Pembrokeshire	8	23%
Other	8	23%
Total number of valid respondents	**35**	**100%**
Not Known	*5*	-

Table 75: Age - All Respondents working in Stroke services – (Note: Figures may not sum due to rounding)

Age	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
34 or under	5	15%
35 to 44	13	38%
45 to 54	9	26%
55 or over	7	21%
Total number of valid respondents	**34**	**100%**
Not Known	*6*	-

Table 76: Gender - All Respondents working in Stroke services – (Note: Figures may not sum due to rounding)

Gender	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Female	25	74%
Male	9	26%
Total number of valid respondents	**34**	**100%**
Not Known	*6*	-

Table 77: Sexual orientation - All Respondents working in Stroke services – (Note: Figures may not sum due to rounding)

Sexual orientation	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Heterosexual or Straight	32	97%
Other sexual orientation	1	3%
Total number of valid respondents	**33**	**100%**
Not Known	*7*	-

Table 78: Marital Status - All Respondents working in Stroke services – (Note: Figures may not sum due to rounding)

Marital Status	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Married/In a Civil Partnership	24	71%
Not married/Not in a Civil Partnership	10	29%
Total number of valid respondents	**34**	**100%**
Not Known	*6*	-

Table 79: Have any dependent children - All Respondents working in Stroke services – (Note: Figures may not sum due to rounding)

Dependent children	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Yes	17	50%
No	17	50%
Total number of valid respondents	**34**	**100%**
Not Known	*6*	-

Table 80: Disability - All Respondents working in Stroke services – (Note: Figures may not sum due to rounding)

Disability	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Yes	2	6%
No	32	94%
Total number of valid respondents	**34**	**100%**
Not Known	*6*	-

Table 81: Ethnic group - All Respondents working in Stroke services – (Note: Figures may not sum due to rounding)

Ethnic group	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Asian	2	6%
White British	27	79%
White other	3	9%
Any other ethnic group	2	6%
Total number of valid respondents	**34**	**100%**
Not Known	*6*	-

Table 82: Religion - All Respondents working in Stroke services – (Note: Figures may not sum due to rounding)

Religion	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Christian	10	29%
Hindu	2	6%
No religion	22	65%
Total number of valid respondents	**34**	**100%**
Not Known	*6*	-

Table 83: Providing unpaid care - All Respondents working in Stroke services – (Note: Figures may not sum due to rounding)

Providing unpaid care	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Yes	8	23%
No	27	77%
Total number of valid respondents	**35**	**100%**
Not Known	*5*	-

Table 84: Household income - All Respondents working in Stroke services – (Note: Figures may not sum due to rounding)

Household Income	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
£40,000 or less	5	16%
Over £40,000	26	84%
Total number of valid respondents	**31**	**100%**
Not Known	*9*	-

Table 85: Main language used at home - All Respondents working in Stroke services – (Note: Figures may not sum due to rounding)

Main language used at home	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
English	25	74%
Welsh or both English and Welsh	7	21%
Other	2	6%
Total number of valid respondents	**34**	**100%**
Not Known	*6*	-

Patient survey

Table 86: Key demographic response profile of respondents who have used/care for someone who has used Stroke services:– compared with the population aged 18+ of Carmarthenshire, Ceredigion and Pembrokeshire counties

Characteristic		Questionnaire Responses		Population aged 18+
		Number of Respondents	%	
BY COUNTY LIVED IN	Carmarthenshire	21	32%	49%
	Ceredigion	24	36%	19%
	Pembrokeshire	5	8%	32%
	Total number of valid respondents	**50**	**100%**	**100%**
	Other areas	*16*	-	-
	Not Known	*19*	-	-
BY AGE	24 or under	0	0%	9%
	25 to 34	1	2%	13%
	35 to 44	4	6%	13%
	45 to 54	3	5%	16%
	55 to 64	19	29%	18%
	65 to 74	30	45%	17%
	75 or over	9	14%	14%
	Total number of valid respondents	**66**	**100%**	**100%**
	Not Known	*19*	-	-
BY DISABILITY	Has a disability	17	26%	25%
	No disability	48	74%	75%
	Total number of valid respondents	**65**	**100%**	**100%**
	Not Known	*20*	-	-

Table 87: Gender - All Respondents who have used/care for someone who has used Stroke services – (Note: Figures may not sum due to rounding)

Gender	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Female	26	39%
Male	40	61%
Total number of valid respondents	**66**	**100%**
Not Known	*19*	-

Table 88: Sexual orientation - All Respondents who have used/care for someone who has used Stroke services – (Note: Figures may not sum due to rounding)

Sexual orientation	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Heterosexual or Straight	56	88%
Other sexual orientation	8	13%
Total number of valid respondents	**64**	**100%**
Not Known	*21*	-

Table 89: Marital Status - All Respondents who have used/care for someone who has used Stroke services – (Note: Figures may not sum due to rounding)

Marital Status	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Married/In a Civil Partnership	51	81%
Not married/Not in a Civil Partnership	12	19%
Total number of valid respondents	**63**	**100%**
Not Known	*22*	-

Table 90: Have any dependent children - All Respondents who have used/care for someone who has used Stroke services – (Note: Figures may not sum due to rounding)

Dependent children	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Yes	7	11%
No	57	89%
Total number of valid respondents	**64**	**100%**
Not Known	*21*	-

Table 91: Ethnic group - All Respondents who have used/care for someone who has used Stroke services – (Note: Figures may not sum due to rounding)

Ethnic group	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
White British	58	88%
White other	5	8%
Any other ethnic group	3	5%
Total number of valid respondents	**66**	**100%**
Not Known	*19*	-

Table 92: Religion - All Respondents who have used/care for someone who has used Stroke services – (Note: Figures may not sum due to rounding)

Religion	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Christian	42	67%
Sikh	1	2%
Any other religion	1	2%
No religion	19	30%
Total number of valid respondents	**63**	**100%**
Not Known	*22*	-

Table 93: Providing unpaid care - All Respondents who have used/care for someone who has used Stroke services – (Note: Figures may not sum due to rounding)

Providing unpaid care	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Yes	8	13%
No	53	87%
Total number of valid respondents	**61**	**100%**
Not Known	*24*	-

Table 94: Household income - All Respondents who have used/care for someone who has used Stroke services – (Note: Figures may not sum due to rounding)

Household Income	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Below £10,000	5	11%
£10,001 - £20,000	11	23%
£20,001 - £30,000	11	23%
£30,001 - £40,000	5	11%
Over £40,000	15	32%
Total number of valid respondents	**47**	**100%**
Not Known	*38*	-

Table 95: Main language used at home - All Respondents who have used/care for someone who has used Stroke services – (Note: Figures may not sum due to rounding)

Main language used at home	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
English	56	88%
Welsh	7	11%
Other	1	2%
Total number of valid respondents	**64**	**100%**
Not Known	*21*	-

7. Endoscopy

Introduction

7.1 An Endoscopy is a procedure used in medicine to look inside the body. The endoscopy procedure uses an endoscope to examine the interior of a hollow organ or cavity of the body. Unlike many other medical imaging techniques, endoscopes are inserted directly into the organ.

7.2 An Endoscopy service is delivered at Glangwili Hospital, Carmarthen; Bronglais Hospital, Aberystwyth; Withybush Hospital, Haverfordwest and Prince Philip Hospital, Llanelli.

7.3 All members of staff currently working in, or those who support staff working in, the Endoscopy service were invited to take part in the survey. In total 36 responses were received.

7.4 Approximately 99,546 patient admissions were recorded across Endoscopy services between August 2018 and July 2023, and a randomly selected sample of patients who accessed these services within this period were invited to take part in the patient survey. In total 5,401 patients were sent an invitation, and 816 responses were received, giving a response rate of 15.11%.

7.5 Equalities information collected suggests that the Endoscopy service patient demographic is mixed. This is broadly reflected in the profile of respondents to the patient survey; however, 94% of respondents were aged 55 or over. Tables showing the full profile breakdown of respondents are included at the end of this chapter.

7.6 Throughout this chapter, please note that where percentages do not sum to 100, this may be due to computer rounding, the exclusion of “don’t know” categories, or multiple answers.

Main survey findings

Main Clinical site - Staff survey

7.7 Respondents were asked to indicate which clinical site is their main base. The responses from staff respondents in Endoscopy are detailed in the table overleaf, where it can be seen that just over a third of responses (34%) are from staff working at Bronglais Hospital, Aberystwyth, just over a quarter (26%) from staff working at Prince Philip Hospital, Llanelli, over a fifth (23%) from staff working at Withybush Hospital, Haverfordwest and around one-in-six (17%) from staff working at Glangwili Hospital, Carmarthen.

Table 96: Which is your main hospital base? - All Respondents working in Endoscopy (Note: Figures may not sum due to rounding. 'Not known' includes respondents who said 'Don't know/Can't remember' or did not respond to the question.)

Main hospital base	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Bronglais Hospital, Aberystwyth	12	34%
Glangwili Hospital, Carmarthen	6	17%
Prince Philip Hospital, Llanelli	9	26%
Withybush Hospital, Haverfordwest	8	23%
Total number of valid respondents	**35**	**100%**
Not Known	*1*	-

Main clinical site accessed - Patient survey

7.8 Respondents were asked to indicate at which clinical site they accessed the majority of their care for Endoscopy services. The responses from patient respondents in Endoscopy are detailed in the table below, where it can be seen that just over a third (34%) of the responses are from those who accessed Endoscopy services at Glangwili Hospital, under three-in-ten (27%) at Withybush Hospital, over one-fifth (22%) at Prince Philip Hospital and a smaller proportion (15%) at Bronglais Hospital. 19 respondents (2%) accessed Endoscopy services at another clinical site.

Table 97: In which hospital did you access the majority of your hospital care for Endoscopy services? All Respondents who have used/care for someone who has used Endoscopy services (Note: Figures may not sum due to rounding. 'Not known' includes respondents who said 'Don't know/Can't remember' or did not respond to the question.)

Main hospital access	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Bronglais Hospital, Aberystwyth	121	15%
Glangwili Hospital, Carmarthen	272	34%
Prince Philip Hospital, Llanelli	179	22%
Withybush Hospital, Haverfordwest	215	27%
Other	19	2%
Total number of valid respondents	**806**	**100%**
Not Known	*10*	-

Years worked in service – Staff survey

7.9 Respondents were also asked to indicate in which years between 2018 and 2023 they worked in or supported staff working in Endoscopy services. The responses are detailed in the table overleaf.

Table 98: In which of the following year(s) have you worked in/with the Endoscopy Service? - All Respondents working in Endoscopy – (Note: respondents were able to select multiple years and, therefore, the percentages may sum to greater than 100%. 'Not known' includes respondents who said 'Don't know/Can't remember' or did not respond to the question.)

Years worked in service	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
2018	18	51%
2019	22	63%
2020	24	69%
2021	25	71%
2022	27	77%
2023	31	89%
Total number of valid respondents	**35**	-
Not Known	*1*	-

Years accessed service – Patient survey

7.10 Respondents were also asked to indicate in which years between 2018 and 2023 they accessed the Endoscopy service. The responses are detailed in the table below.

Table 99: In which of the following year(s) were you seen by the Endoscopy service - All Respondents who have used/care for someone who has used Endoscopy services – (Note: respondents were able to select multiple years and, therefore, the percentages may sum to greater than 100%. Not known' includes respondents who said 'Don't know/Can't remember' or did not respond to the question.)

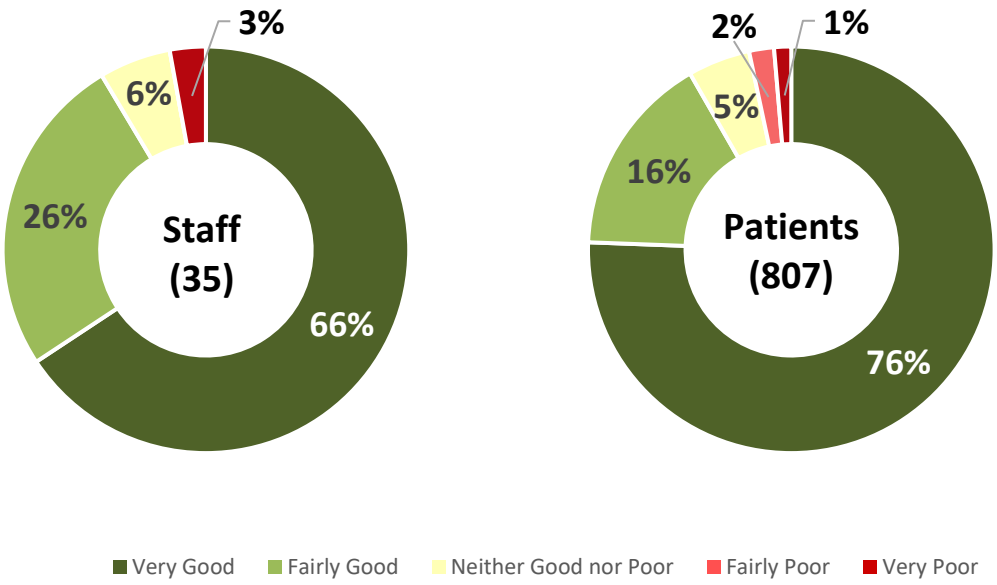
Years accessed service	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
2018	66	11%
2019	94	15%
2020	75	12%
2021	125	20%
2022	199	32%
2023	232	37%
Total number of valid respondents	**622**	-
Not Known	*194*	-

Overall experience

7.11 Over nine-in-ten (91%) staff respondents said that their overall experience of working in/with the Endoscopy service was good, with around two thirds (66%) saying it was very good. Just 3% (one respondent) said it was poor (very poor) (Figure 26 overleaf).

7.12 Over nine-in-ten (92%) patient respondents said that their experience of using the Endoscopy service was good, with around three quarters (76%) saying that it was very good. 3% said it was poor, with 1% saying it was very poor (Figure 26 overleaf).

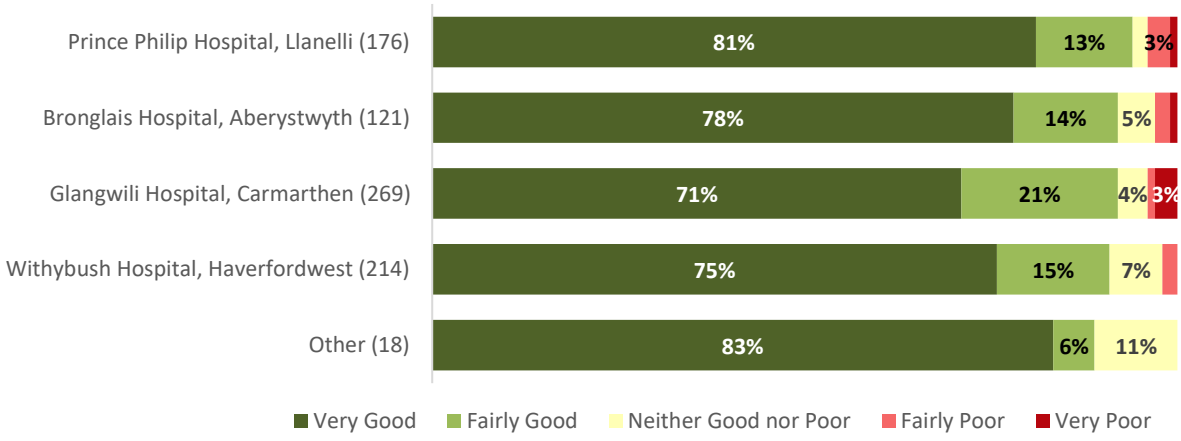
Figure 26: Overall experience of working in/using the Endoscopy service.



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

7.13 Figure 27 below shows how responses to this question in the patient survey vary by clinical site accessed for the majority of their care. The proportion of patient respondents who said that that their overall experience of using the Endoscopy service was good is similar across all the clinical sites (ranging from 89% to 94% saying their experience was good). It is worth noting that the results for those using 'other' clinical sites are based on a small number of cases and should be treated with caution.

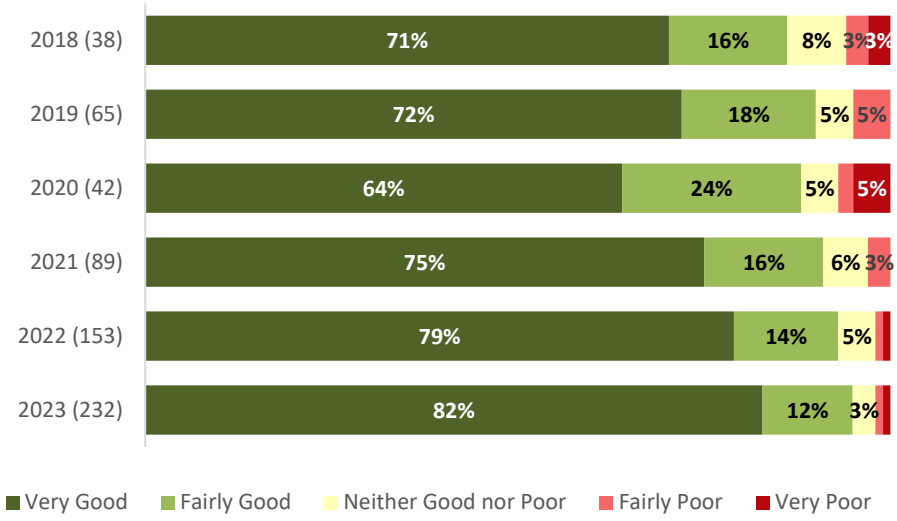
Figure 27: Overall experience of using the Endoscopy service by main clinical site accessed – patient survey.



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

7.14 In terms of years within which they accessed the service (Figure 28 overleaf), a higher proportion of patients who most recently accessed the Endoscopy service in 2023 (94%), said their overall experience of using the Endoscopy service was good.

Figure 28: Overall experience of using the Endoscopy service by year most recently accessed the service – patient survey.



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

What was good about your experience of working in/using the Endoscopy service

Staff survey

7.15 Endoscopy service staff were praised by respondents across the health board: they were described as friendly, supportive, compassionate, proactive, committed, experienced, and having a good work ethic.

> *"… Providing an early diagnosis enables patients to receive prompt treatment therefore for a patients journey to begin with such a friendly and knowledgeable workforce is fundamental." (Prince Philip Hospital)*

7.16 Many respondents noted that there is an excellent teamworking environment in the service, and it was said that individuals are made to feel like valued members of the team by colleagues. Respondents noted that most staff members have worked within the service for several years *"which indicates that staff are happy within their roles"* (Glangwili Hospital).

> *"I feel extremely privileged to work with people I can rely on for support and encouragement. I feel every member of the team works to deliver a first-class service to all patients, which is highly commendable." (Prince Philip Hospital)*

7.17 Another key theme was the high-quality care provided to Endoscopy patients across the Health Board area. This not only includes the physical elements of diagnosis and treatment, but also supporting mental health through direct contact during a time of anxiety, and reassuring patients and their families before and after a procedure. Indeed, while demand for the service was said to be high, the standard of care is apparently never compromised, with staff always striving to deliver a good service.

> *"I feel that the service is aimed at giving the Gold Standard[76] of care to all of our patients. I always feel that we have given good care to our patients no matter what their outcome was." (Withybush Hospital)*

7.18 Endoscopy departments were said to *"always meet standards of excellent service"* (Withybush Hospital). Some staff members highlighted the fact that the endoscopy service at Withybush Hospital has been JAG[77] accredited since 2015, and that Glangwili Hospital was formerly a JAG accredited unit, until recently.

7.19 Senior staff and management within Endoscopy were described by some respondents as supportive, approachable, and helpful, and it was said that this is a catalyst for high morale amongst staff. It was also said that the work in this service is interesting and varied, including not only basic diagnostic endoscopy, but also therapeutic procedures.

> *"The team is fantastic and very supportive. This includes the upper management as well as our smaller team of nurses and health care support workers." (Withybush Hospital)*

7.20 Staff at Prince Philip Hospital were particularly satisfied with the level of care and employee morale within their unit. All but one respondent from this site made positive comments about this, for example:

> *"The team at the Prince Philip Endoscopy Unit are truly excellent. The care the staff provide to patients is in my opinion second to none. They are also a very kind and supportive team to work with." (Prince Philip Hospital)*

7.21 Where mentioned, the centralisation of the endoscope decontamination unit[78] into the ISO-accredited Hospital Sterilisation and Decontamination Unit (HSDU)[79] at Withybush Hospital was supported by respondents. This has apparently helped the team provide a *"more efficient and effective decontamination service to the endoscopy department in WGH"* (Withybush Hospital). It was said that similar centralisations at Glangwili and Bronglais Hospitals will also be of benefit there.

> *"… In BGH the decontamination of endoscopes is undertaken by the HSDU decontamination technicians but the service is managed by the endoscopy department until the service is centralised into HSDU" (Bronglais Hospital)*

7.22 Finally, a couple of respondents discussed the COVID-19 pandemic, commenting on how staff were *"excellent and proactive"* during this time, enabling services for cancer patients and emergency cases to be maintained.

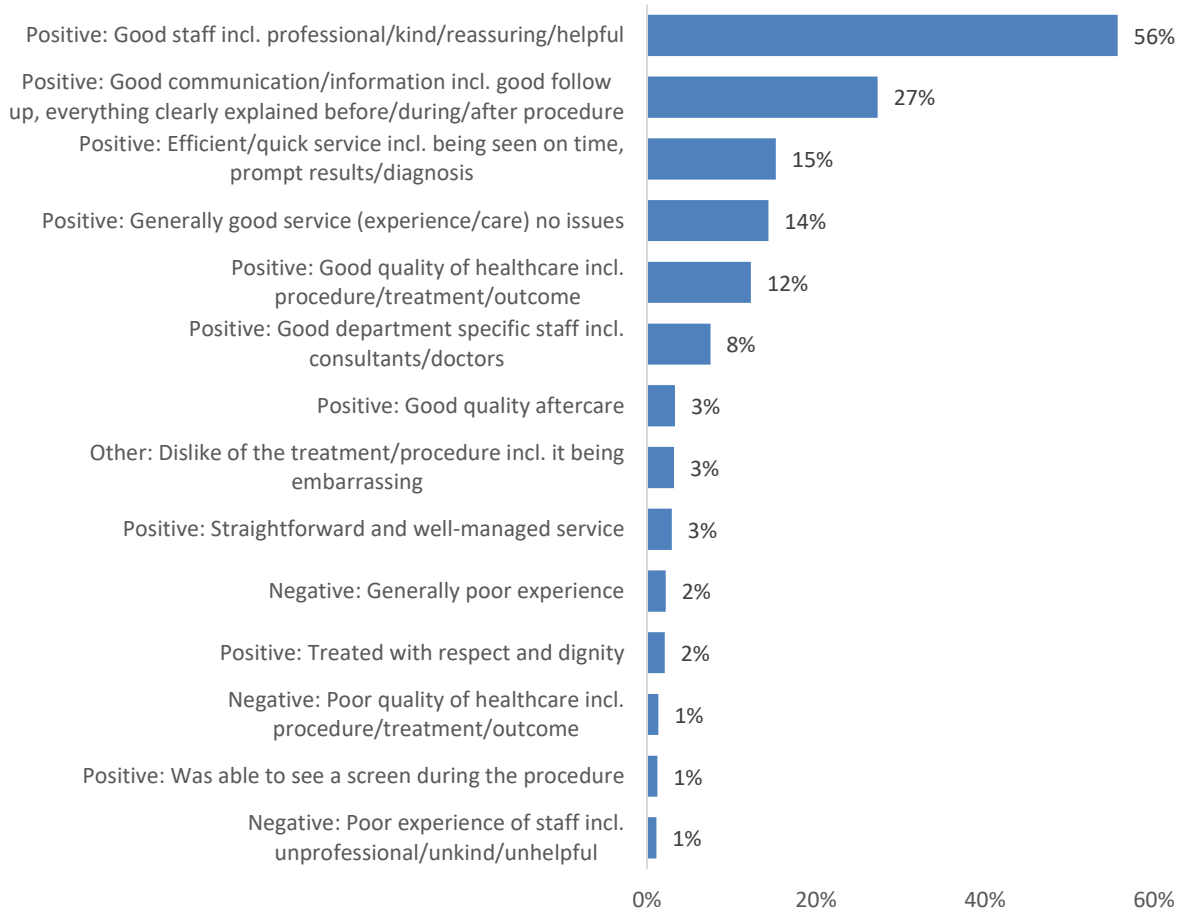
[76] Gold Standard Framework is a practical and evidence-based end of life care improvement programme followed by the NHS whereby staff work to a number of goals and standards to ensure all patients nearing the end of their lives are provided with a gold standard of care.
[77] Joint Advisory Group accreditation is awarded to endoscopy services that have been assessed and have demonstrated that they meet the JAG quality standards.
[78] Responsible for processing flexible endoscopes to ensure they are clean for their next use.
[79] Hospital sterilisation and decontamination unit provides a decontamination service for all instruments and equipment used to provide medical and surgical procedures.

Patient survey

7.23 Respondents were asked what was good about their experience of using the Endoscopy service (Figure 29 below). For presentational reasons, the figure only shows themes raised by 1% or more of respondents; therefore, readers are encouraged to refer to the full tables of coded text, provided in Appendix 3, for a much fuller overview of the views expressed.

7.24 Over half (56%) of patient respondents praised the staff saying they were professional, kind, reassuring and helpful; over a quarter (27%) said there was good communication including good follow up, everything being explained before, during or after the procedure; whilst 15% said there was an efficient and/or quick service including being seen on time and prompt results/diagnosis.

Figure 29: Can you tell us what was good about your experience of using the Endoscopy service and the care provided? (Only shows themes raised by 1% or more of respondents)



Base: Respondents to the survey (813)

7.25 Compared to the overall results, a higher proportion of those who most recently accessed the Endoscopy service in 2023 gave comments praising the staff (61%), the communication/information given (34%) and commented on the service being quick/efficient (20%).

7.26 Compared to the overall results, a higher proportion of those whose main hospital access was Prince Philip Hospital said the communication/information given was good (34%) and commented on the good quality of healthcare provided (18%).

7.27 Below are some examples of comments given:

> *"Staff were excellent and caring, keeping me informed throughout." (Glangwili Hospital)*
>
> *"Pleasant staff who clearly explained everything that was happening and went out of their way to make sure that I was in minimal pain during the procedure." (Withybush Hospital)*
>
> *"Everything was explained to me. I was made to feel comfortable and at ease. The doctors and nurses were kind and considerate, my comfort was important to them, they made an unpleasant experience bearable." (Glangwili Hospital)*
>
> *"Good advice and instructions beforehand to put one at ease." (Prince Philip Hospital)*
>
> *"It all felt very hurried and was one of the worst hospital experiences of my life. The aftercare was good, but I would not recommend anyone to go through the procedure." (Glangwili Hospital)*
>
> *"All members of staff were caring and considerate, explaining what was happening during the procedure and ensuring I was comfortable and not experiencing too much pain." (Withybush Hospital)*
>
> *"The clinical care was good however waiting times and access to services is poor. I recently had to pay privately to access a timely diagnostic service." (Glangwili Hospital)*
>
> *"Well trained staff who were polite and understanding, They all had a good manner and very helpful. Hospital is close to home and no unnecessarily waiting." (Withybush Hospital)*

What was difficult about your experience of working in the Endoscopy service

Staff survey

7.28 In response to what is/was difficult about working in the Endoscopy service, the key issue raised by respondents was the apparent lack of good quality endoscopy equipment. The endoscope inventory was said by several participants to be rarely increased; rather, endoscopes that are at the end of their useful lives are replaced. According to respondents, this can leave the service with insufficient up-to-date equipment, potentially adversely impacting patient safety. It was therefore felt that additional funding is required to increase the endoscope inventory at all sites.

7.29 Increased patient waiting times (especially since the COVID-19 pandemic) was another difficulty frequently raised by respondents across the Health Board. In terms of reasons for this, poor staff retention was highlighted several times as its own issue, and as contributing to lengthy waiting lists. The issue was also said to be compounded by a national shortage of endoscopists, staff sickness levels, and sometimes poor communication between clinical and administrative departments.

7.30 A concern was raised at Bronglais Hospital about the wellbeing of more senior staff who must always undertake more complex procedures, as newer staff do not yet have the required expertise. There was also a negative comment about the apparent lack of training provided to these newer members of staff.

> *"… There is very little opportunity for additional training for even those who are willing to be involved in future service provision and service development". (Bronglais Hospital)*

7.31 The out-of-hours rota at Glangwili Hospital was a source of concern. One respondent explained that as there are only six nurses on the roster, the on-calls come around more frequently than is considered reasonable. It was said that nurses must work on-call on top of their contracted hours, and that the increased frequency of these additional shifts can impact their work-life balance.

> *"The nurses get tired because of the demands on them. Also, it has a significant impact on the work life balance for the staff when the on call is only one in six." (Glangwili Hospital)*

7.32 Other concerns were around multiple changes in management leading to service instability (at Glangwili and Withybush Hospitals); and allegedly difficult relationships between some clinical staff at Bronglais Hospital. In particular, some newer members of staff were said to feel undervalued and demotivated as a result of being placed under undue pressure by senior colleagues while *"learning on the job"* (Bronglais Hospital).

7.33 While the awarding of the JAG accreditation[80] at Withybush Hospital was seen as a positive development, a couple of staff members there felt that since winning the award, the Endoscopy department has not received sufficient investment to deal with its backlog, or to continue achieving Gold Standard care. These individuals worried that the department will lose its accreditation for these reasons.

7.34 Several issues were raised by individual respondents around the way in which the service is delivered and organised. These included that:

- It is difficult for those responsible for performance targets to plan strategically as they are not also responsible for the medical workforce, nor do they manage job plans linked to the site teams (Prince Philip Hospital).
- Sending staff to cover other sites can cause employees stress and anxiety, and is not always logistically easy as there is some distance between hospitals (Prince Philip Hospital).
- There is apparently too much focus on screening patients and not enough on treating those who are symptomatic (Glangwili Hospital).

What could be done differently to improve your/others experience of working in/using the Endoscopy service

Staff survey

7.35 Replacing older endoscopy equipment on a more regular basis was the most common suggestion made by staff across this service area. A rolling equipment replacement programme was suggested (rather than waiting for things to break before replenishing stock), though it was recognised that this would require more financial resource than is available currently. On a related note, a Prince Philip Hospital employee recommended increasing the endoscope inventory to reduce stress on decontamination staff, who currently must *"constantly turn endoscopes around to meet the demand"* (Prince Philip Hospital).

7.36 A couple of Bronglais Hospital respondents highlighted that while the support they receive from their colleagues is *"absolutely the best* [they] *have ever received"*, there is not enough of them. They therefore desired an establishment increase. A Withybush Hospital respondent suggested fast-tracking new starters

[80] JAG (Joint Advisory Group on Gastrointestinal Endoscopy) accreditation is the formal recognition that an endoscopy service has demonstrated that it has the competence to deliver against the criteria set out in the JAG standards.

and providing more training opportunities for all staff to attract more trainees and help offer *"quality staffing and service provision"* (Withybush Hospital).

7.37 Some respondents felt that the 'right' staff are not always recruited to the Endoscopy service, which can lead to high employee turnover. For example, it was said that as consultant endoscopists leave, there is a temptation to *"fill a rota gap"* (Prince Philip Hospital) rather than spend time finding the best replacement or allowing current doctors the time to train for the roles. In light of this, some respondents suggested a more 'mindful' approach to recruitment and succession planning, for example by actioning a leadership development process.

7.38 Some respondents also raised the need for more investment in the service to create more Endoscopy lists, including at the weekend, and reduce patient waiting times.

7.39 Two staff members from Glangwili Hospital asked for the current on-call rota to be re-examined, as nurses there are apparently called out *"on average 30 times a year"* while those at the other sites do not get called out at all. This, it was felt, is unfair.

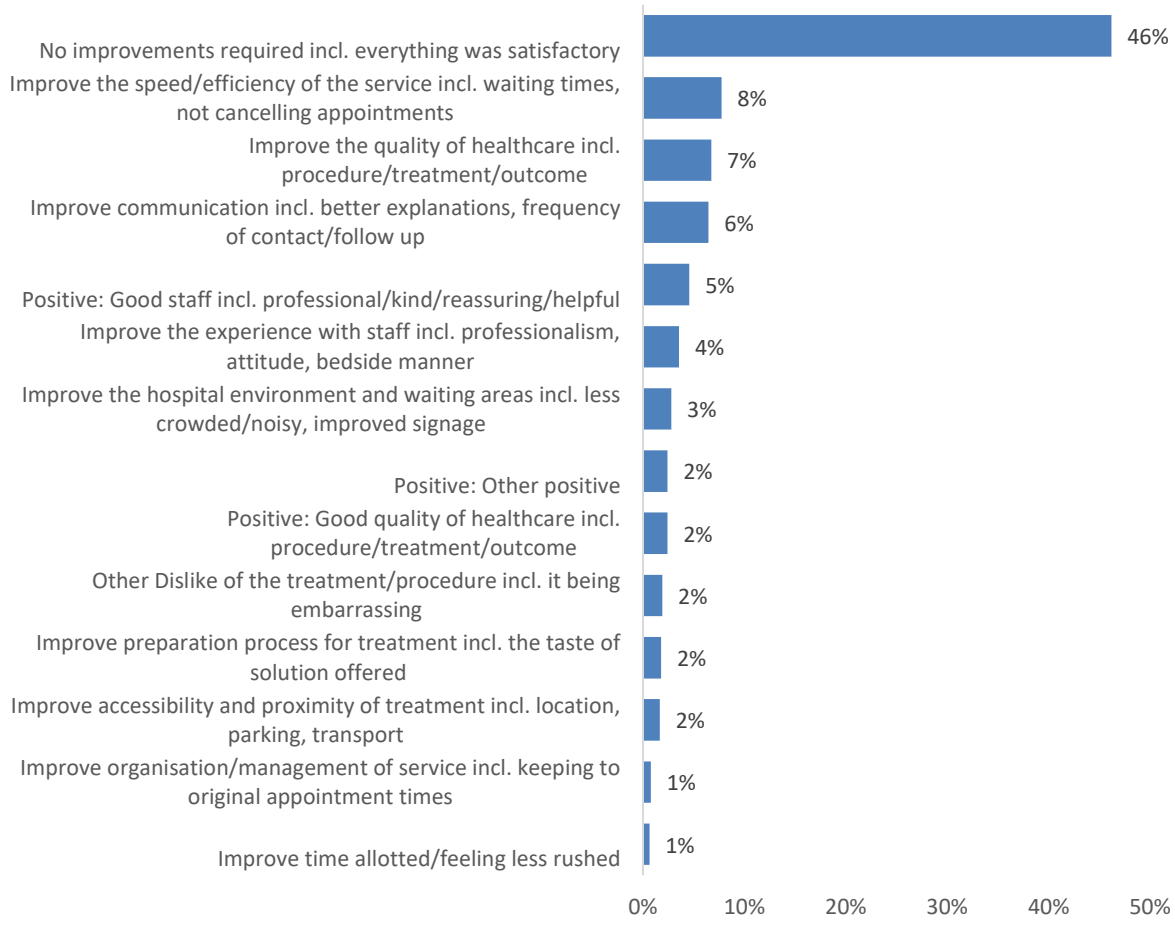
> *"This has never been looked at or resolved, staff well-being in GGH [Glangwili Hospital] has not been taken into account. This is unfair." (Glangwili Hospital)*

Patient survey

7.40 Respondents were asked what could be done differently to improve theirs or others experience of using the Endoscopy service (Figure 30 overleaf). For presentational reasons, the figure only shows themes raised by 1% or more of respondents; therefore, readers are encouraged to refer to the full tables of coded text, provided in Appendix 3, for a much fuller overview of the views expressed.

7.41 Over two-fifths (46%) felt that no improvements are required, and that everything was satisfactory. Less than one-in-ten (8%) said that improving the speed/efficiency of the service would improve theirs/others experience, 7% suggested improving the quality of healthcare provided and 6% said communication should be improved, for example better explanations, and increased frequency of contact/follow up.

Figure 30: Can you tell us what could be done differently to improve your and other patients' experience of using the Endoscopy service and the care provided? (Only shows themes raised by 1% or more of respondents)



Base: Respondents to the survey (788)

7.42 Compared to the overall results, a higher proportion of those whose main hospital access was Prince Philip Hospital commented that no improvements were required (57%) and that there was a good quality of healthcare provided (5%). A higher proportion of those whose main hospital access was Glangwili Hospital gave comments praising the staff (6%), but also that communication could be improved (10%). A higher proportion of those whose main hospital access was Bronglais Hospital commented that the hospital environment and waiting areas could be improved (10%).

7.43 There are no clear differences in results between the years within which the service was most recently accessed.

7.44 Below are some examples of comments given:

"There isn't anything that could be improved upon." (Withybush Hospital)

"I can't think of anything that would make things any better than they were." (Prince Philip Hospital)

"Perhaps more toilets within the area, other than that it was fine." (Prince Philip Hospital)

"You could inform people of the terrible pain and discomfort you experience without anaesthetic." (Glangwili Hospital)

"Not make everyone arrive at the same time and have a better waiting area whilst waiting for the test. It was very small." (Bronglais Hospital)

"Reduce the waiting list." (Withybush Hospital)

"As I periodically think to myself, how my bladder condition is; maybe a follow up after say 3/ 4 years would be a piece of mind." (Glangwili Hospital)

"Make patients more aware of the option to have a sedative." (Glangwili Hospital)

"No, I was happy with all aspects of my care. Only problem was poor phone signal which made it difficult to contact my husband when the staff wanted to speak to him with me." (Glangwili Hospital)

"I was happy with my appointment, I do not know of anything to improve the service other than perhaps a little more speed with the results." (Other hospital)

"Only to make the wait on the day shorter." (Prince Philip Hospital)

"The only downside is the pre -op drink to empty the bowel. If this could be more pleasant to take it would be appreciated." (Withybush Hospital)

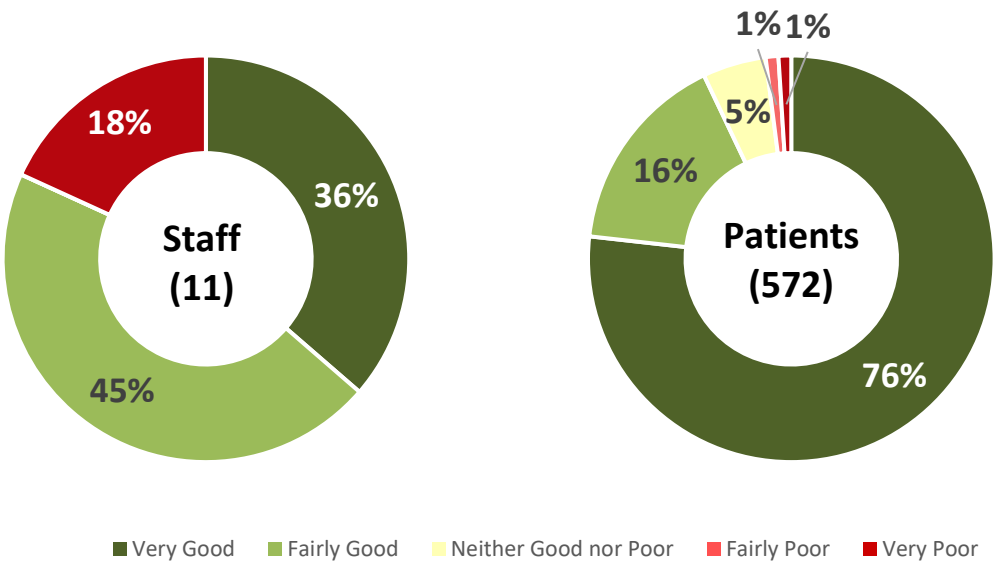
"I still have pains so would have liked a follow up consultation." (Glangwili Hospital)

Experience of outpatient services

7.45 Over a quarter (27%) of staff respondents (11) said that they use the outpatient department in delivering their Endoscopy service. Of these, over four-fifths (82% - nine respondents) said that their overall experience of working in the outpatient department was good, with over a third (36%- four respondents) saying it was very good and 45% (five respondents) saying it was fairly good. 18% (two respondents) said that their experience of working in the Endoscopy outpatient department was poor (Figure 31 overleaf).

7.46 Over four fifths (85%) of patient respondents said they used the outpatient department as part of their treatment in Endoscopy. Of these, over nine-in-ten (92%) said it was good with over three-quarters (76%) saying it was very good, and around one-in-six (16%) saying it was fairly good. Just 3% said it was poor (Figure 31 overleaf).

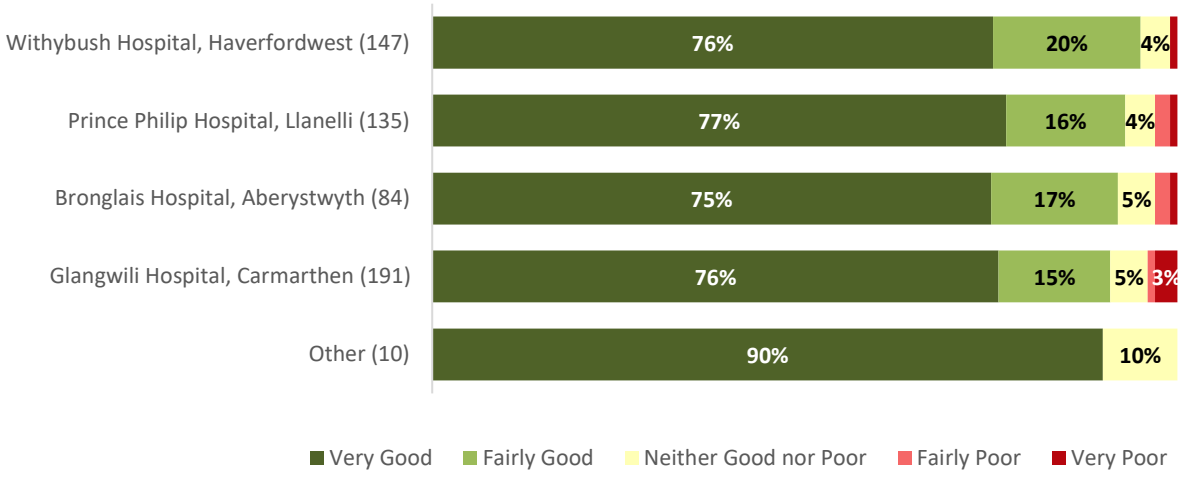
Figure 31: Overall experience of working in/using the outpatient department in the Endoscopy service.



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

7.47 Figure 32 below shows how responses to this question in the patient survey vary by clinical site accessed for the majority of their care. The proportion of patient respondents who said that their overall experience of using the Endoscopy outpatient department was good is highest for those who used Withybush Hospital, Haverfordwest (95%). It is worth noting that the results for those using 'other' clinical sites are based on a small number of cases and should be treated with caution.

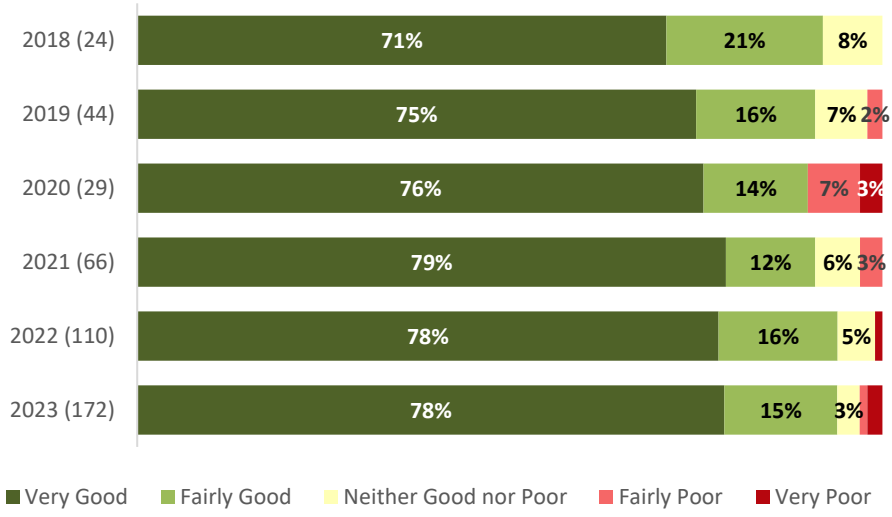
Figure 32: Overall experience of using the outpatient department as part of their treatment in Endoscopy by clinical site – patient survey.



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

7.48 The proportion of patients who said their overall experience of using the Endoscopy outpatient department was good was similar across the years, with over nine-in-ten (94%) saying it was good for those who most recently accessed the outpatient department as part of their endoscopy treatment in 2023 (Figure 33 overleaf).

Figure 33: Overall experience of using the Endoscopy service by year most recently accessed the service – patient survey.



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

Staff survey

7.49 Very few participants answered this question about their experience of outpatient services.

7.50 Positive responses related to *"friendly"* and *"helpful"* staff at Bronglais Hospital; and efficient referrals and decontamination processes at Withybush and Prince Philip Hospitals respectively.

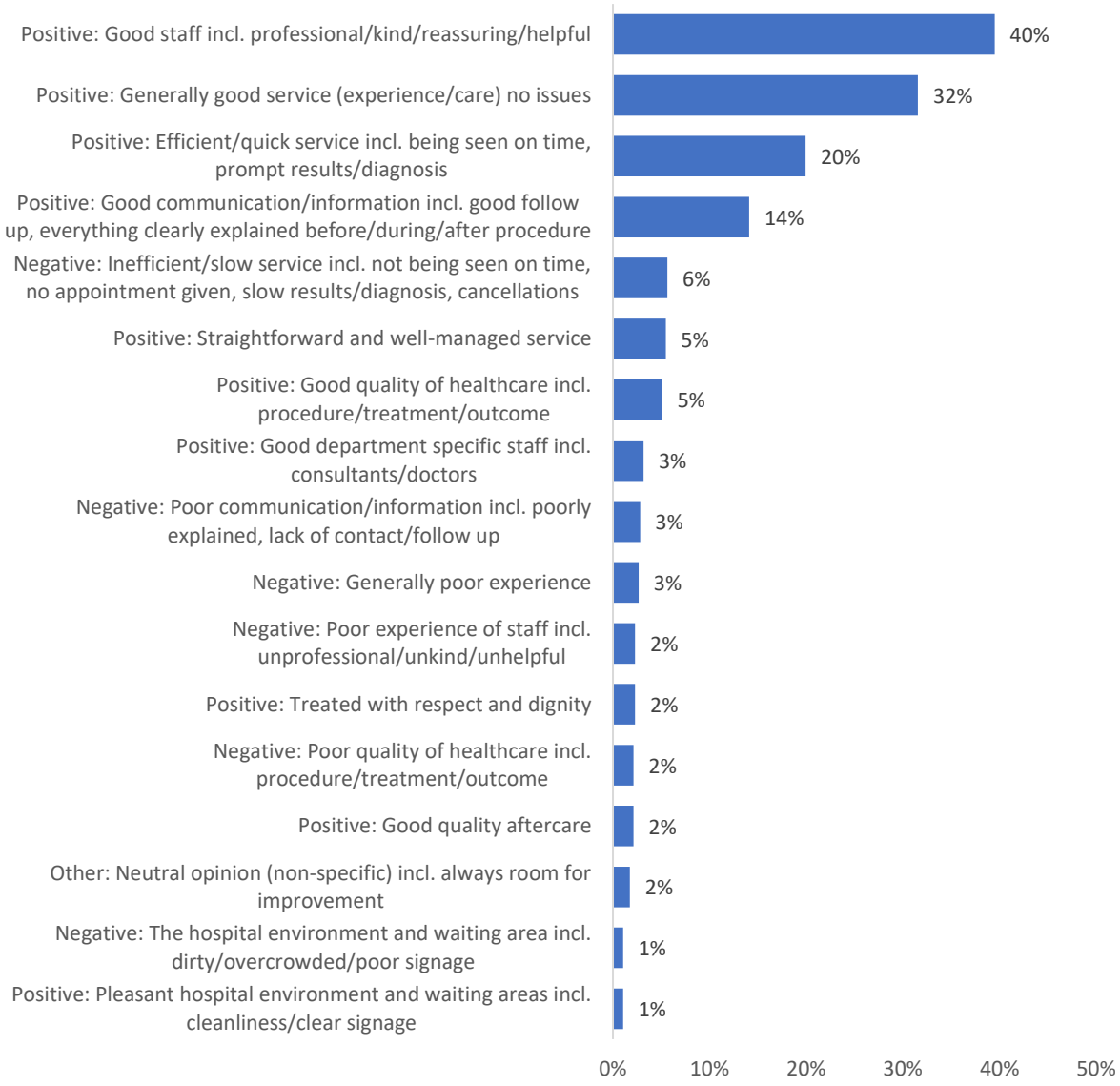
7.51 Less positive comments were around the *"very poor environment"* at Glangwili Hospital (the respondent did not provide their reasoning for this comment); and duplicate referrals sometimes being received from the outpatient department at Withybush Hospital.

Patient survey

7.52 Patient respondents were also asked why they said their overall experience of using the outpatient department as part of the Endoscopy treatment was good or poor (Figure 34 overleaf). For presentational reasons, the figure only shows themes raised by 1% or more of respondents; therefore, readers are encouraged to refer to the full tables of coded text, provided in Appendix 3, for a much fuller overview of the views expressed.

7.53 Two-fifths (40%) gave comments related to good staff, saying that they were professional, kind, reassuring and helpful and just under a third (32%) said that the service was good in general. One-fifth (20%) gave comments that the service was efficient and quick, including being seen on time and prompt results/diagnosis, whereas around one-in-seven (14%) said there was good communication including good follow up and/or everything being explained before, during or after the procedure.

Figure 34: Can you tell us why you chose that rating (experience of using the Endoscopy outpatient department)? (Only shows themes raised by 1% or more of respondents)



Base: Respondents to the survey (567)

7.54 Compared to the overall results, a higher proportion of those whose main hospital access was Withybush Hospital gave comments praising the staff (48%).

7.55 There are no clear differences in results between the years within which the service was most recently accessed.

7.56 Below are some examples of comments given:

> *"Seen on time and good after care before going home." (Prince Philip Hospital)*
>
> *"The whole process was very efficient and it went smoothly." (Bronglais Hospital)*

"The nurses were not proficient in taking blood and the whole experience was terribly painful." (Glangwili Hospital)

"The hospital signage is very poor. I had to keep asking the way as signs were vague." (Bronglais Hospital)

"The actual process was good but I'm still waiting for some follow up contact." (Glangwili Hospital)

"Because it was cancelled twice." (Other hospital)

"Efficient, appointment was on time." (Glangwili Hospital)

"...My wife who was caring for me on the day was instructed, quite rightly, to stay with her car, in the car park, until she could locate a marked spot. My treatment was completed before that eventuality." (Glangwili Hospital)

"Fast appointment. Clearly explained procedure. Respectful staff." (Glangwili Hospital)

"I got a very confusing diagnosis at the time of the endoscopy that was very different to the letter I received later. Found the consultants quite dismissive and not at all interested in options available to me for treatment." (Glangwili Hospital)

"I just thought that everyone was doing their best for you." (Prince Philip Hospital)

"Well organised system e.g. arrival check in, friendly staff. Waiting area rather cramped." (Bronglais Hospital)

"My appointment went smoothly and went according to the information sent to me prior to the Endoscopy. I was therefore well prepared and importantly, reassured by staff members that everything would be done to minimise discomfort which it was. I was given the result before leaving the hospital which was important to reduce anxiety." (Glangwili Hospital)

"…Waiting times can sometimes be an endurance test. I think that a verbal message indicating the lag time between appointment time and anticipated time would be useful…" (Withybush Hospital)

Respondent profile

7.57 HDdUHB are committed to ensuring that everyone receives fair and equal respect and endeavours to treat everyone with dignity whatever their age, disability, ethnicity, faith, gender reassignment or sexual identity. This can only be achieved if this information is provided by service users and staff, therefore all survey respondents were asked to answer a series of equality monitoring questions. These questions were optional, and respondents were assured that the data would be used for monitoring purposes only and held in the strictest confidence.

7.58 The tables that appear without commentary on the following pages show the profile of respondents, who have worked in/used Endoscopy services, in relation to a range of characteristics. Each table includes details about the number and percentage of staff or patients responding in each category. Where no responses were received for any given category, these have not been included in the following tables, however the full range of response options, based on HDdUHB's standard equality questions, were provided on the questionnaires. In some instances, where only very small numbers of respondents selected individual response options, these have been grouped together for presentational convenience, and to minimise the risk of inadvertently identifying any individuals. For example, the group 'any other ethnicity' etc may include respondents who selected a variety of response options, where the counts of these options are very low.

7.59 'Not known' shown on each table includes all respondents who either did not provide an answer or selected 'prefer not say'.

7.60 Please note that the figures may not always sum to 100% due to slight rounding errors. *% denotes a proportion of less than 1% but greater than zero.

7.61 Equalities information collected suggests that the Endoscopy service patient demographic is mixed. This is broadly reflected in the profile of respondents to the patient survey; however, 94% of respondents were aged 55 or over.

Staff survey

Table 100: County lived in - All Respondents working in Endoscopy (Note: Figures may not sum due to rounding)

County lived in	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Carmarthenshire	13	45%
Ceredigion	10	34%
Pembrokeshire	5	17%
Other	1	3%
Total number of valid respondents	**29**	**100%**
Not Known	*7*	-

Table 101: Age - All Respondents working in Endoscopy – (Note: Figures may not sum due to rounding)

Age	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
34 or under	1	3%
35 to 44	6	21%
45 to 54	13	45%
55 or over	9	31%
Total number of valid respondents	**29**	**100%**
Not Known	*7*	-

Table 102: Gender - All Respondents working in Endoscopy – (Note: Figures may not sum due to rounding)

Gender	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Female	18	62%
Male	11	38%
Total number of valid respondents	**29**	**100%**
Not Known	*7*	-

Table 103: Sexual orientation - All Respondents working in Endoscopy – (Note: Figures may not sum due to rounding)

Sexual orientation	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Heterosexual or Straight	27	96%
Other sexual orientation	1	4%
Total number of valid respondents	**28**	**100%**
Not Known	*8*	-

Table 104: Marital Status - All Respondents working in Endoscopy – (Note: Figures may not sum due to rounding)

Marital Status	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Married/In a Civil Partnership	23	82%
Not married/Not in a Civil Partnership	5	18%
Total number of valid respondents	**28**	**100%**
Not Known	*8*	-

Table 105: Have any dependent children - All Respondents working in Endoscopy – (Note: Figures may not sum due to rounding)

Dependent children	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Yes	13	45%
No	16	55%
Total number of valid respondents	**29**	**100%**
Not Known	*7*	-

Table 106: Disability - All Respondents working in Endoscopy – (Note: Figures may not sum due to rounding)

Disability	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Yes	3	11%
No	25	89%
Total number of valid respondents	**28**	**100%**
Not Known	*8*	-

Table 107: Ethnic group - All Respondents working in Endoscopy – (Note: Figures may not sum due to rounding)

Ethnic group	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Asian	4	14%
White British	19	68%
White other	3	11%
Any other ethnic group	2	7%
Total number of valid respondents	**28**	**100%**
Not Known	*8*	-

Table 108: Religion - All Respondents working in Endoscopy – (Note: Figures may not sum due to rounding)

Religion	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Buddhist	1	4%
Christian	14	50%
Muslim	3	11%
Any other religion	1	4%
No religion	9	32%
Total number of valid respondents	**28**	**100%**
Not Known	*8*	-

Table 109: Providing unpaid care - All Respondents working in Endoscopy – (Note: Figures may not sum due to rounding)

Providing unpaid care	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Yes	5	18%
No	23	82%
Total number of valid respondents	**28**	**100%**
Not Known	*8*	-

Table 110: Household income - All Respondents working in Endoscopy – (Note: Figures may not sum due to rounding)

Household Income	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
£40,000 or less	6	32%
Over £40,000	13	68%
Total number of valid respondents	**19**	**100%**
Not Known	*17*	-

Table 111: Main language used at home - All Respondents working in Endoscopy – (Note: Figures may not sum due to rounding)

Main language used at home	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
English	25	89%
Welsh or both English and Welsh	2	7%
Other	1	4%
Total number of valid respondents	**28**	**100%**
Not Known	*8*	-

Patient survey

Table 112: Key demographic response profile of respondents who have used/care for someone who has used Endoscopy services:– compared with the population aged 18+ of Carmarthenshire, Ceredigion and Pembrokeshire counties

Characteristic		Questionnaire Responses		Population aged 18+
		Number of Respondents	%	
BY COUNTY LIVED IN	Carmarthenshire	266	49%	49%
	Ceredigion	88	16%	19%
	Pembrokeshire	187	35%	32%
	Total number of valid respondents	**541**	**100%**	**100%**
	Other areas	*69*	-	-
	Not Known	*206*	-	-
BY AGE	24 or under	0	0%	9%
	25 to 34	2	*%	13%
	35 to 44	7	1%	13%
	45 to 54	28	5%	16%
	55 to 64	196	32%	18%
	65 to 74	310	51%	17%
	75 or over	67	11%	14%
	Total number of valid respondents	**610**	**100%**	**100%**
	Not Known	*206*	-	-
BY DISABILITY	Has a disability	140	24%	25%
	No disability	438	76%	75%
	Total number of valid respondents	**578**	**100%**	**100%**
	Not Known	*238*	-	-

Table 113: Gender - All Respondents who have used/care for someone who has used Endoscopy services – (Note: Figures may not sum due to rounding)

Gender	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Female	317	52%
Male	293	48%
Total number of valid respondents	**610**	**100%**
Not Known	*206*	-

Table 114: Sexual orientation - All Respondents who have used/care for someone who has used Endoscopy services – (Note: Figures may not sum due to rounding)

Sexual orientation	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Heterosexual or Straight	534	92%
Other sexual orientation	47	8%
Total number of valid respondents	**581**	**100%**
Not Known	*235*	-

Table 115: Marital Status - All Respondents who have used/care for someone who has used Endoscopy services – (Note: Figures may not sum due to rounding)

Marital Status	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Married/In a Civil Partnership	429	72%
Not married/Not in a Civil Partnership	164	28%
Total number of valid respondents	**593**	**100%**
Not Known	*223*	-

Table 116: Have any dependent children - All Respondents who have used/care for someone who has used Endoscopy services – (Note: Figures may not sum due to rounding)

Dependent children	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Yes	27	5%
No	573	96%
Total number of valid respondents	**600**	**100%**
Not Known	*216*	-

Table 117: Ethnic group - All Respondents who have used/care for someone who has used Endoscopy services – (Note: Figures may not sum due to rounding)

Ethnic group	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
White British	524	90%
White other	52	9%
Any other ethnic group	6	1%
Total number of valid respondents	**582**	**100%**
Not Known	*234*	-

Table 118: Religion - All Respondents who have used/care for someone who has used Endoscopy services – (Note: Figures may not sum due to rounding)

Religion	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Buddhist	6	1%
Christian	356	62%
Hindu	1	*%
Jewish	2	*%
Any other religion	9	2%
No religion	201	35%
Total number of valid respondents	**575**	**100%**
Not Known	*241*	-

Table 119: Providing unpaid care - All Respondents who have used/care for someone who has used Endoscopy services – (Note: Figures may not sum due to rounding)

Providing unpaid care	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Yes	96	17%
No	482	83%
Total number of valid respondents	**578**	**100%**
Not Known	*238*	-

Table 120: Household income - All Respondents who have used/care for someone who has used Endoscopy services – (Note: Figures may not sum due to rounding)

Household Income	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Below £10,000	52	14%
£10,001 - £20,000	110	29%
£20,001 - £30,000	93	25%
£30,001 - £40,000	60	16%
Over £40,000	60	16%
Total number of valid respondents	**375**	**100%**
Not Known	*441*	-

Table 121: Main language used at home - All Respondents who have used/care for someone who has used Endoscopy services – (Note: Figures may not sum due to rounding)

Main language used at home	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
English	541	91%
Welsh	53	9%
Other	2	*%
Total number of valid respondents	**596**	**100%**
Not Known	*220*	-

8. Radiology service

Introduction

8.1 Radiology is a medical specialty that uses imaging techniques (such as X-rays) to diagnose, treat and monitor diseases and injuries identified within the body.

8.2 A Radiology service is delivered at Glangwili Hospital, Carmarthen; Bronglais Hospital, Aberystwyth; Withybush Hospital, Haverfordwest; Prince Philip Hospital, Llanelli; Cardigan Integrated Care Centre, Cardigan, South Pembrokeshire Hospital; Tenby Hospital; and Llandovery Hospital, Llandovery.

8.3 All current members of staff working in or those who support staff working in the Radiology service were invited to take part in the survey. In total 50 responses were received.

8.4 Approximately 1,503,030 patient activities were recorded across Radiology services between August 2018 and July 2023, and a randomly selected sample of patients who accessed these services within this period were invited to take part in the patient survey. In total 29,854 patients were sent an invitation, and 2,029 responses were received, giving a response rate of 6.79%.

8.5 Equalities information collected suggests that the Radiology service patient demographic is mixed. This is broadly reflected in the profile of respondents to the patient survey; however, 69% of respondents were women. Tables showing the full profile breakdown of respondents are included at the end of this chapter.

8.6 Throughout this chapter, please note that where percentages do not sum to 100, this may be due to computer rounding, the exclusion of “don’t know” categories, or multiple answers.

Main survey findings

Main Clinical site - Staff survey

8.7 Respondents were asked to indicate which clinical site is their main base. The responses from staff respondents in Radiology are detailed in the table overleaf, where it can be seen that almost two fifths of responses (38%) are from staff working at Bronglais Hospital, Aberystwyth, around a quarter (26%) from staff working at Withybush Hospital, Haverfordwest, a fifth (20%) from staff working at Glangwili Hospital, Carmarthen and around one-in-eight (12%) from staff working at Prince Philip Hospital, Llanelli.

Table 122: Which is your main hospital base? - All Respondents working in Radiology (Note: Figures may not sum due to rounding. 'Not known' includes respondents who said 'Don't know/Can't remember' or did not respond to the question.)

Main hospital base	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Bronglais Hospital, Aberystwyth	19	38%
Glangwili Hospital, Carmarthen	10	20%
Prince Philip Hospital, Llanelli	6	12%
Withybush Hospital, Haverfordwest	13	26%
Other	2	4%
Total number of valid respondents	**50**	**100%**

Main clinical site accessed - Patient survey

8.8 Respondents were asked to indicate at which clinical site they accessed the majority of their care for Radiology. The responses from patient respondents in Radiology are detailed in the table below, where it can be seen that almost three-in-ten (28%) of the responses are from those who accessed Radiology services at Glangwili Hospital, just under a quarter (24%) at Withybush Hospital and just over a fifth (22%) at Prince Philip Hospital. A smaller proportion of patient respondents accessed Radiology services at Bronglais Hospital (13%) or other clinical sites.

Table 123: In which hospital did you access the majority of your hospital care for Radiology services? All Respondents who have used/care for someone who has used Radiology services (Note: Figures may not sum due to rounding. 'Not known' includes respondents who said 'Don't know/Can't remember' or did not respond to the question.)

Main hospital access	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Bronglais Hospital, Aberystwyth	262	13%
Cardigan Integrated Care Centre, Cardigan	68	3%
Glangwili Hospital, Carmarthen	557	28%
Llandovery Hospital	10	*%
Prince Philip Hospital, Llanelli	445	22%
Tenby Hospital, Tenby	44	2%
Withybush Hospital, Haverfordwest	480	24%
Other	139	7%
Total number of valid respondents	**2,005**	**100%**
Not Known	*24*	-

Years worked in service – Staff survey

8.9 Respondents were also asked to indicate in which years between 2018 and 2023 they worked in or supported staff working in the Radiology service. The responses are detailed in the table overleaf.

Table 124: In which of the following year(s) have you worked in/with the Radiology Service? - All Respondents working in Radiology – (Note: respondents were able to select multiple years and, therefore, the percentages may sum to greater than 100%. 'Not known' includes respondents who said 'Don't know/Can't remember' or did not respond to the question.)

Years worked in service	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
2018	30	63%
2019	32	67%
2020	34	71%
2021	37	77%
2022	41	85%
2023	43	90%
Total number of valid respondents	**48**	-
Not Known	*2*	-

Years accessed service – Patient survey

8.10 Respondents were also asked to indicate in which years between 2018 and 2023 they accessed the Radiology service. The responses are detailed in the table below.

Table 125: In which of the following year(s) were you seen by the Radiology service - All Respondents who have used/care for someone who has used Radiology services – (Note: respondents were able to select multiple years and, therefore, the percentages may sum to greater than 100%. 'Not known' includes respondents who said 'Don't know/Can't remember' or did not respond to the question.)

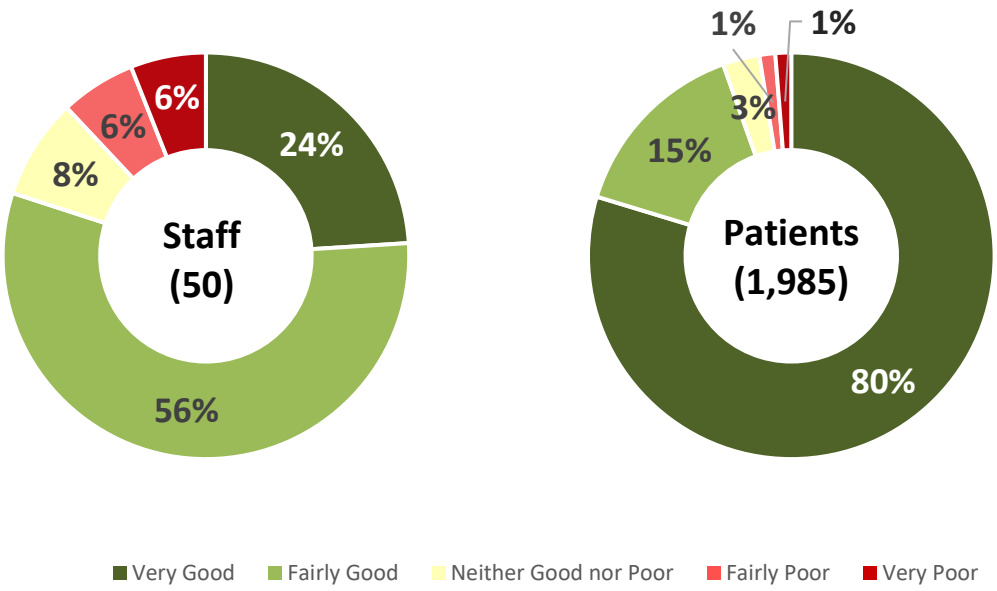
Years accessed service	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
2018	118	7%
2019	138	8%
2020	189	11%
2021	302	17%
2022	621	35%
2023	1,132	64%
Total number of valid respondents	**1,751**	-
Not Known	*278*	-

Overall experience

8.11 Four fifths of staff respondents (80%) said that their overall experience of working in/with the Radiology service was good, with almost a quarter (24%) saying it was very good, and 56% saying it was fairly good. Just over one-in-ten (12%) said their overall experience was poor (Figure 35 overleaf).

8.12 The vast majority (95%) of patient respondents said that their experience of using the Radiology service was good, with four fifths (80%) saying that it was very good. Only 3% said their overall experience of using the Radiology service was poor (Figure 35 overleaf).

Figure 35: Overall experience of working in/using the Radiology service.

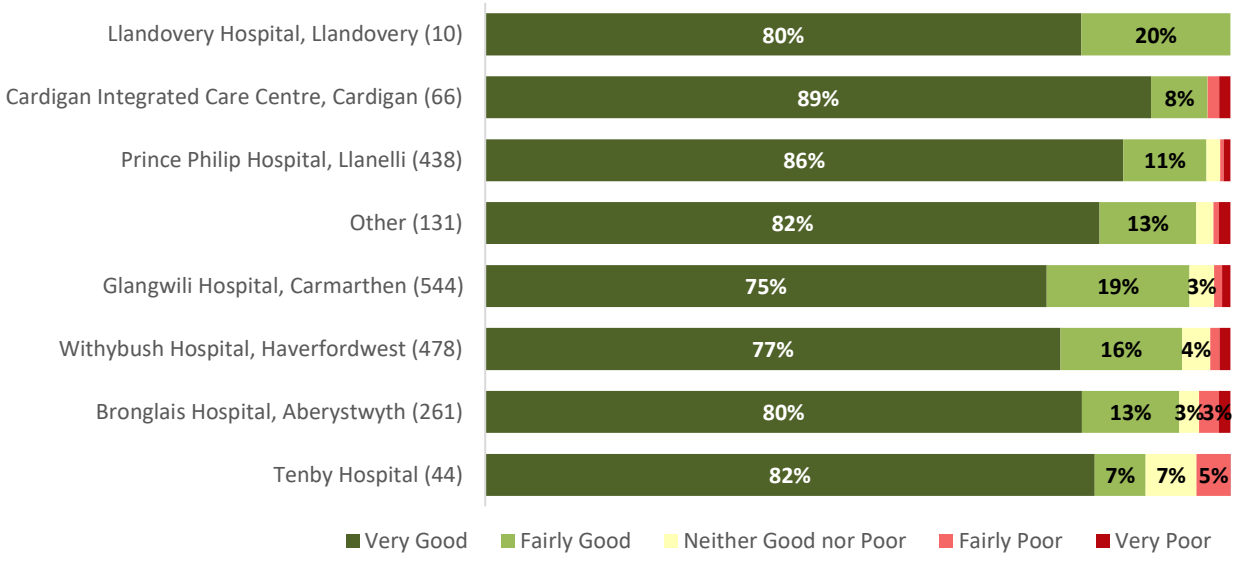


Base: Number of respondents shown in brackets (excludes 'don't know' responses)

8.13 Figure 36 below shows how responses to this question in the patient survey vary by clinical site accessed for the majority of their care. The proportion of patient respondents who said that that their overall experience of using the Radiology service was good is highest for those using Llandovery Hospital, Llandovery (100% - based on ten respondents), Cardigan Integrated Care Centre (97%) and Prince Philip Hospital, Llanelli (97%).

8.14 The clinical site with the lowest proportion of respondents saying that their overall experience of the Radiology service was good (and highest proportion of respondents saying that their overall experience was poor) is Tenby Hospital (89% good; 5% poor).

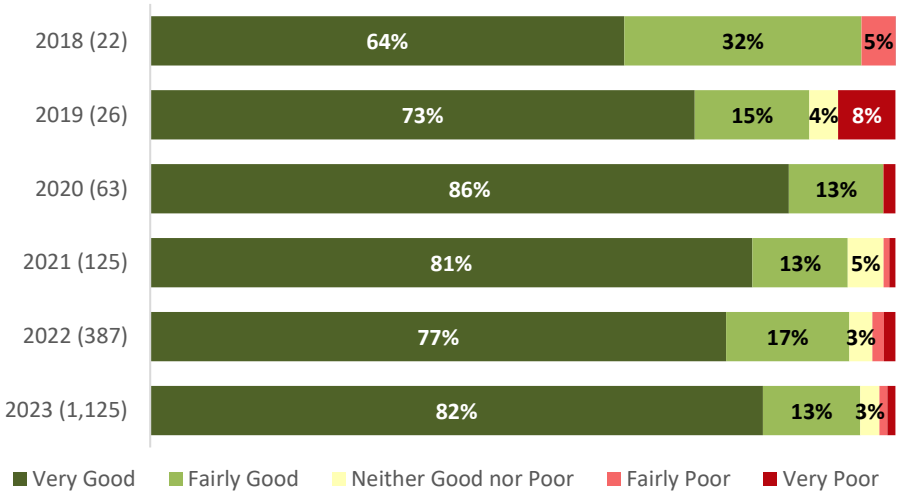
Figure 36: Overall experience of using the Radiology service by main clinical site accessed – patient survey.



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

8.15 In terms of years within which they accessed the service (Figure 37 below), compared to the overall result, a higher proportion of patients who most recently accessed the Radiology service in 2023 (95%), said their overall experience of using the Radiology service was good.

Figure 37: Overall experience of using the Radiology service by year most recently accessed the service – patient survey.



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

What was good about your experience of working in/using the Radiology service

Staff survey

8.16 Radiology staff were consistently praised for their friendly and supportive manner, helpfulness, responsiveness, kindness, and compassion. They were also said to share their knowledge widely with others, and to be eager to learn and adapt to changing circumstances.

> *"… All staff were welcoming and supportive and shared their knowledge and skills within the department." (Prince Philip Hospital)*

8.17 Positive teamworking and good working relationships were described by respondents across all sites. Teams were said to be *"close-knit"* and like *"one big family"*, whilst also welcoming towards new members of staff.

> *"I really do love my job. The small team that I work with within the department are fantastic, we support each other and work well together..." (Bronglais Hospital)*

8.18 Relationships with other on-site departments were considered positive, especially by staff at the Cardigan Integrated Care Centre, who also described good partnership working with local GP practices. It was suggested that this is helped by the fact that the Radiology department at the Centre is relatively small and thus able to build more personal relationships with other departments and services.

> *"As we are [a] small department we get to know other professionals well and are able to communicate effectively and provide the best care for our patients with an integrated approach." (Cardigan Integrated Care Centre)*

8.19 Although resources within Radiology departments were described as *"limited"* (as discussed further in the next section), most staff at all sites were thought to go above and beyond to provide excellent, compassionate, and timely patient care. This was said to not only benefit patients, but also enhance employee job satisfaction and pride.

> *"Staff work as a team with the same aim to provide excellent patient care with very limited resources and financial pressures being put on the service." (Glangwili Hospital)*
>
> *"… I feel privileged to be in my position where I can deliver these services to patients." (Bronglais Hospital)*

8.20 With particular regard to timely care, several staff members at Bronglais Hospital commended their relatively low waiting lists for tests, and short waiting times for appointments. Moreover, a couple of respondents had worked elsewhere prior to Bronglais, and described significantly busier workloads within Radiology departments at other hospitals. The relative quietness of Bronglais was thought to contribute to the good patient care offered there, as staff have more time to review, interpret, and discuss images; and are often able to refer patients to other services 'on the day', saving time and potentially lives.

> *"The workload is significantly lower than most hospitals and that allows more time to be given to patients. Image quality is also high as a result. Repeat X-rays are lower, so radiation protection is better. Image interpretation is encouraged, and staff have time to look through a patients history, comment on potential pathologies and seek advice from reporting radiographers when needed..." (Bronglais Hospital)*

8.21 Several respondents across the hospital sites commented on positive management changes that have resulted in improved departmental structure and support; and more and better opportunities for training and development.

> *"… The management team that we have now are approachable, follow through on things they say they will do, value our opinions and keep us well informed not only on department news but health board wide…" (Bronglais Hospital)*

8.22 Furthermore, a Prince Philip staff member commended the Corporate Directors Group [CDG] for its willingness to discuss departmental pressures, leading to *"greater understanding of our service pressures and the factors which are outside of the control of Radiology, which is positive"*. (Prince Philip Hospital)

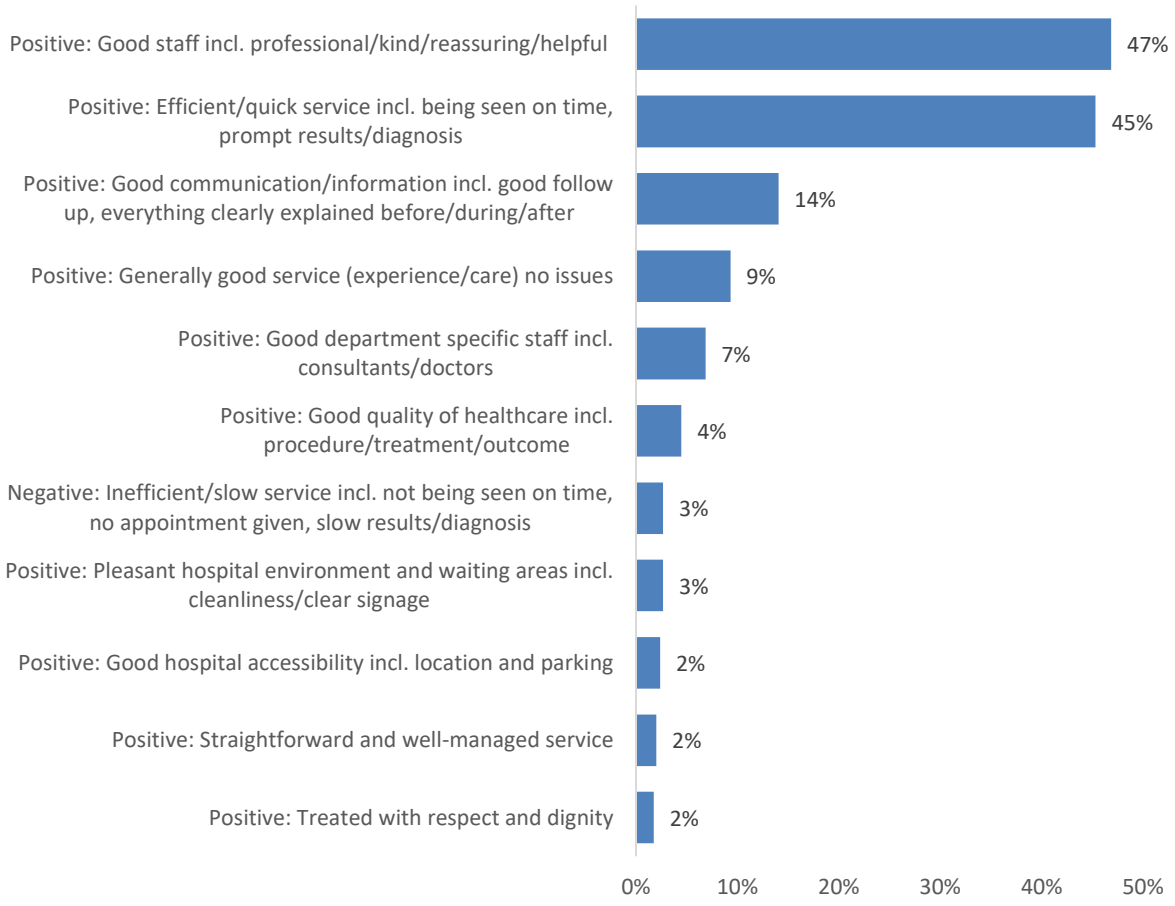
8.23 Finally, some staff at Bronglais, Glangwili, and Withybush Hospitals commented on the recent, and welcome, provision of new equipment, as well as increases in the number of assistants within the department at Glangwili.

Patient survey

8.24 Respondents were asked what was good about their experience of using the Radiology service (Figure 38 below). For presentational reasons, the figure only shows themes raised by 2% or more of respondents; therefore, readers are encouraged to refer to the full tables of coded text, provided in Appendix 3, for a much fuller overview of the views expressed.

8.25 Almost half (47%) of patient respondents praised the staff saying they were professional, kind, reassuring and helpful, whilst 45% said there was an efficient and/or quick service including being seen on time and prompt results/diagnosis.

Figure 38: Can you tell us what was good about your experience of using the Radiology service and the care provided? (Only shows themes raised by 2% or more of respondents)



Base: Respondents to the survey (2,014)

8.26 Compared to the overall results, a higher proportion of those who most recently accessed the Radiology service in 2023 gave comments regarding praise for the staff (52%), an efficient/quick service (48%), good communication/information (17%), a pleasant hospital environment (3%) and not feeling rushed (1%).

8.27 Compared to the overall results, a higher proportion of those who accessed the majority of their radiology care at Cardigan Integrated Care Centre (57%), Tenby Hospital (68%), or Withybush Hospital (51%) said there was an efficient/quick service, while a higher proportion of those whose main hospital access was

Bronglais said there was good communication/information (20%), and a higher proportion of those whose main hospital access was Withybush said there was a good quality of healthcare (7%).

8.28 Below are some examples of comments given:

> *"All staff are brilliant. They treat you with dignity and respect." (Glangwili Hospital)*
>
> *"All was as I would like it to be. The staff were efficient, polite, timely and explained all the procedures as they came into play. I am very satisfied." (Prince Philip Hospital)*
>
> *"Always seen around the appointment time. Staff were friendly, reassuring, and knowledgeable, answering questions and working efficiently." (Prince Philip Hospital)*
>
> *"Appointment was on time, dealt with very professionally and results came back quickly, couldn't ask for more." (Withybush Hospital)*
>
> *"After being triaged, the x-ray took a short time, the staff were kind. I was in a lot of pain and struggling to get into the correct position, but they were very patient." (Withybush Hospital)*

What was difficult about your experience of working in the Radiology service

Staff survey

8.29 The most prevalent issues raised in response to this question were around staff shortages, heavy workloads, and poor work-life balance within Radiology - issues said to be compounded by an inability to recruit to the service, especially to specialist roles; staff retention issues; and consistent under-investment in staff (especially radiologists).

> *"Shortage of staff to cover the service puts strains on everyone and this is true in Radiology. Staff are working under increased pressure and in difficult circumstances." (Glangwili Hospital)*
>
> *"Trying to provide a service with an outdated establishment of staff. Unable to recruit to specialised roles…" (Prince Philip Hospital)*

8.30 These issues were reported across all sites but were considered especially problematic at the Cardigan Integrated Care Centre due to the small size of the team there. This was thought to have dual implications: firstly, the department *"cannot provide the service or hours that would be beneficial to the community"*; and secondly, it is difficult to cover sick and annual leave, meaning the same members of staff must cover reception and the X-ray room leaving little time for reporting duties.

8.31 Several radiographers reported having to undertake multiple duties in addition to their core roles (answering telephones and doctors' enquiries, ringing patients to make appointments etc.) which they felt leads to poor and sometimes hazardous working conditions as their focus is taken away from their primary responsibilities.

> *"Expected to do jobs of multiple people at times, additional tasks / CPD without time to do it, not enough breaks for demands of work, too physically demanding now… No breaks now apart from lunch, no drinking water, too few staff, so working conditions decreased..." (Withybush Hospital)*

8.32 A few staff members at Glangwili Hospital and one at Prince Philip commented on the increasing number of Radiology requests they now receive. They alleged that some clinicians are unaware of the guidelines around referrals, often using them as an alternative to face-to-face clinical assessment, further increasing workloads and the demands on an already stretched service.

> *"There is an increasing reliance on complex imaging investigations by referring clinicians, many of whom are using the Radiology service as an alternative to proper clinical assessment or even seeing patients face to face. This is massively increasing the burden of work and increasing the risks for Radiology" (Prince Philip Hospital)*

8.33 Overall, staff shortages and heavy workloads were thought to have a detrimental impact on patient care, particularly in relation to long waits for tests and appointments, and lengthy reporting times. It was also said that appointment times have reduced due to pressures to *"squeeze in more patients"* (Glangwili Hospital), making it more difficult to address patients' needs.

> *"The end product of a Radiology department is to provide a diagnostic report. The time this takes is eye watering." (Prince Philip Hospital)*

8.34 The other key themes that emerged from staff across all sites related to management, and particularly communication between managers and staff at the four main hospitals. The former were accused by several respondents of not seeking or listening to the views of those on the 'front line' in relation to important decisions that affect service delivery. For example, staff at Prince Philip Hospital said that new pathways of care were introduced that rely on Radiology, but that they were not consulted on them or given additional funding to ensure their success.

> *"… This means that there is increased costs to Radiology as a result of funding additional outsourcing and activity which has resulted in overspend position…" (Prince Philip Hospital)*

8.35 However, most comments made in relation to a lack of consultation on service and other changes were made by respondents from Bronglais Hospital, who particularly highlighted recent renovations that have apparently resulted in:

- CT[81] and digital X-ray rooms that are too small, and not as accessible as previously.
- The loss of a communal viewing area to review images, meaning there is *"no way of communicating with the staff within the x-ray room, forcing other staff to be stood in the corridor while they wait for an opportunity to enter"* (Bronglais Hospital).
- Patient confidentiality issues as a result of the viewing room now being situated next to the waiting room, meaning patients can overhear confidential discussions or conversations about workflow when the door is open.
- A lack of space at the control panel.
- The removal of the reception desk from the CT department, meaning radiographers must deal with queries from patients and fellow clinicians while also trying to scan patients.

[81] Computed Tomography scanning, which can be used to visualize nearly all parts of the body and is used to diagnose disease or injury and plan medical, surgical or radiation treatment.

> *"… we used to have two adjoining X-ray rooms with a viewing room at the centre. This allowed staff to have access to all patient information to organise the worklist, freedom to leave the area to liaise with other staff without interruption to the service. Opportunity to discuss other patient details without compromising data protection. There is now very limited room at the control panel so staff can't even move past each other or complete their work without moving everyone around. The working day is disjointed, and the efficiency and quality is compromised that we prided ourselves on beforehand." (Bronglais Hospital)*

8.36 Other reported issues were a lack of managerial support (a couple of Glangwili respondents felt that managers go out of the way to 'appease' all departments other than Radiology); undue interference in clinical work; departments being constantly criticised for small mistakes, but never appreciated for going above and beyond to provide good patient care; and some instances of bullying, harassment, and discrimination. It should be noted, though, that the latter issue was only raised by one respondent, who gave no further detail.

8.37 A few respondents alleged a lack of respect for them and their roles from other departments, as well as cultural issues as a result of allegedly poor values and behaviours among a minority of staff members.

> *"As a department we experience a high level of conflict and verbal abuse from doctors and other departments. It has been made quite clear that our clinical decisions are not respected, and no allowances are made for the challenges we face in providing diagnostic imaging for challenging patients, or in providing staff to other departments..." (Glangwili Hospital)*

8.38 Some staff at Bronglais Hospital gave negative comments about outdated equipment and processes that result in duplicating work (having to write down X-ray doses on both paper and RADIS[82] for example). Moreover, the physical environment at Glangwili was criticised for lack of space and a poor layout leading to communication challenges; and a lack of office ventilation and air conditioning was mentioned in relation to Withybush Hospital.

8.39 Other, more specific, comments made by individuals were that:

- Some roles within Radiography have become too physically demanding, especially when staff must use heavy machines such as image intensifiers, and when clinicians require weight bearing views on unstable patients. This places extra burdens on and presents manual handling risks for staff.
- It is increasingly difficult to obtain funding for external training and education at a higher level which, it was felt, would help attract and retain staff.
- There have been some issues with *"unfair"* role banding within Radiology, which apparently causes *"unrest"* (Withybush Hospital). On a related note, it was said that while roles often change, job descriptions are not updated to reflect this.
- The department at Prince Philip Hospital apparently received correspondence outlining disappointment at executive level about its deteriorating financial position. This was considered unfair given the efforts made to reduce costs, achieve performance, and maintain service continuity. (Prince Philip Hospital)

[82] A system that performs functions such as patient scheduling and clinical reporting involving medical images.

- The geographical isolation of Bronglais Hospital means it is often 'left behind' as service needs and provision is focused in the south of the Hywel Dda health board area.
- Other sites *"keep having to change our practice to fit in with Glangwili, even though our methods are better/of a higher standard"* (Withybush Hospital).

What could be done differently to improve your/others experience of working in/using the Radiology service

8.40 In considering ways to improve experiences of working in or using the Radiology service, the most common response was increasing staffing establishments to improve workflow and employee work/life balance; and offer a more comprehensive service. Alongside this, more funding to upgrade and provide new equipment (CT scanners and C-arm machines[83] were specifically mentioned) was suggested by several respondents.

> *"By addressing the increase of demand on our service by increasing the staff. Monies available for improvement of equipment or extra equipment to meet the ever-increasing demands on the service. This would improve our chances of meeting waiting times for our patients." (Withybush Hospital)*

8.41 Another key suggested change was to develop better communications between hospital management and Radiology staff. This included consulting and listening to staff on the issues and changes that affect them. There was, though, some sense that even if staff were to be consulted about what they want, funding constraints within the NHS would restrict what could be done in response.

> *"Consulting a team of staff with years of experience of working within Radiology in many different Hospitals would be great to get an idea of what would be beneficial or detrimental to the future of Bronglais X-ray…" (Bronglais Hospital)*

8.42 On a related note, a couple of respondents at Bronglais Hospital saw a need for more and better management training, as well as better selection and interview processes for management staff. Moreover, managers praising good work and positive progress, while also taking action to tackle poor behaviours, was also considered essential in improving morale and promoting positive cultures.

8.43 Strategies were thought to be needed to manage the issue of increasing Radiology requests and referrals throughout the Health Board. Clinicians were thought to require information and training around referral guidelines and the clinical information needed by Radiology; and all departments would, it was felt, benefit from a greater understanding of service procedures and legal obligations around patients' medical exposure to radiation. Following this, service-level agreements were suggested to ensure a streamlined and effective service.

> *"Clinicians should be encouraged to stick to guidelines regarding radiological investigations and provide as much clinical information as possible. There should be some control or audit of the Radiology requests from different clinical departments, aiming to reduce abuse of radiological investigations..." (Glangwili Hospital)*

[83] A mobile imaging unit used primarily for imaging during surgical and orthopaedic procedures.

8.44 Moving from a paper-based to fully digital system was suggested by a few respondents, though one did not think this would be a priority for the Health Board given its difficult financial situation.

> *"There are caring and enthusiastic staff working in the department who are visibly doing their best for the patients. Their efforts would be significantly improved with adequate investment in digital technology across the trust…" (Bronglais Hospital)*

8.45 A couple of specific suggestions were made by staff at the Cardigan Integrated Care Centre.

- One respondent praised the provision of an on-site chest reporter there, which *"has meant that we no longer have to find someone to review images for SDUC [Same Day Urgent Care Centre]"*. They, and another respondent, felt that having a musculoskeletal (MSK) reporter would have the same benefit.

> *"… SDUC is a nurse led service which means that when they need an opinion on an MSK image they have to ring around different sites to try to find someone to review the image and give their opinion. This can take some considerable time resulting in delays to patient treatment and increased waiting times…" (Cardigan Integrated Care Centre)*

- Training a prescribing radiographer[84] would mean that patients who do not require further treatment at the SDUC could be discharged directly from X-ray, helping to reduce waiting times.

8.46 Other suggestions made by individual respondents were to:

- Treat and consult with all sites equally (a Withybush staff member felt that managers tend to be Glangwili-centric, rarely visiting other sites).
- Hold more team building days throughout the year to promote bonding and remind staff how well they work as a team, especially in Bronglais.
- Improve the physical environment of the Radiology department at Glangwili Hospital, including an extra X-ray room and an extra ultrasound room; a better layout (the X-ray and ultrasound rooms were said to be *"scattered, making working as a team harder"*); an additional female staff toilet and an additional patient toilet to reduce delays mid ultrasound scan); baby changing facilities; larger patient changing rooms; and more reliable lifts for transporting patients.
- Ensure adequate breaks for staff, providing drinking water, tea, coffee etc.
- Provide accommodation to attract new staff.
- Aim to reduce lone worker and manual handling risks within Radiology.
- Update guidelines and official policies and procedures as clinical information and technology changes.

Patient survey

8.47 Respondents were asked what could be done differently to improve theirs or others experience of using the Radiology service (Figure 39 overleaf). For presentational reasons, the figure only shows themes raised by 2% or more of respondents; therefore, readers are encouraged to refer to the full tables of coded text, provided in Appendix 3, for a much fuller overview of the views expressed.

[84] Radiographers, working at an advanced level, who can prescribe medicine for the patients they treat.

8.48 Around two fifths (39%) felt that no improvements are required, that everything was satisfactory or specifically said that the service should stay the same/no changes should be made. However, around one-in-eight (13%) gave suggestions around improving the speed and efficiency of the service including waiting times and not cancelling appointments, whilst 6% said communication should be improved, for example better explanations, and increased frequency of contact/follow up. 5% suggested improving the hospital environment and waiting areas, including make it less crowded and noisy and improving signage.

Figure 39: Can you tell us what could be done differently to improve your and other patients' experience of using the Radiology service and the care provided? (Only shows themes raised by 2% or more of respondents)

Base: Respondents to the survey (1,956)

8.49 Compared to the overall results, a higher proportion of those who most recently accessed the Radiology service in 2023 thought no improvements were required (43%) however a higher proportion also suggested improving the speed and efficiency of the service (16%). A higher proportion of those who most recently accessed the Radiology service in 2022 suggested improving the hospital environment (8%).

8.50 Compared to the overall results, a higher proportion of those who accessed the majority of their radiology care at Glangwili Hospital made suggestions to improve the hospital environment (8%), while those who accessed the majority of their care at Withybush Hospital said the speed/efficiency of the service should be improved (17%). A higher proportion of those whose main hospital access was Cardigan Integrated Care Centre said no improvements were needed.

8.51 Below are some examples of comments given:

> *"I think everything was well organised and efficient. I can't think of anything they could do to make it any better." (Withybush Hospital)*
>
> *"Quicker and more efficient turnaround, the level of service I have received is totally unacceptable." (Withybush Hospital)*

"Quicker appointments." (Mentioned multiple times – Glangwili Hospital, Withybush Hospital, Prince Philip Hospital)

"Quicker turn-around of reports, waiting 3 to 4 weeks is too long." (Withybush Hospital)

"Better communication between hospitals outside your own area. Tenby walk in clinic is a fantastic service and hope it will continue." (Other hospital)

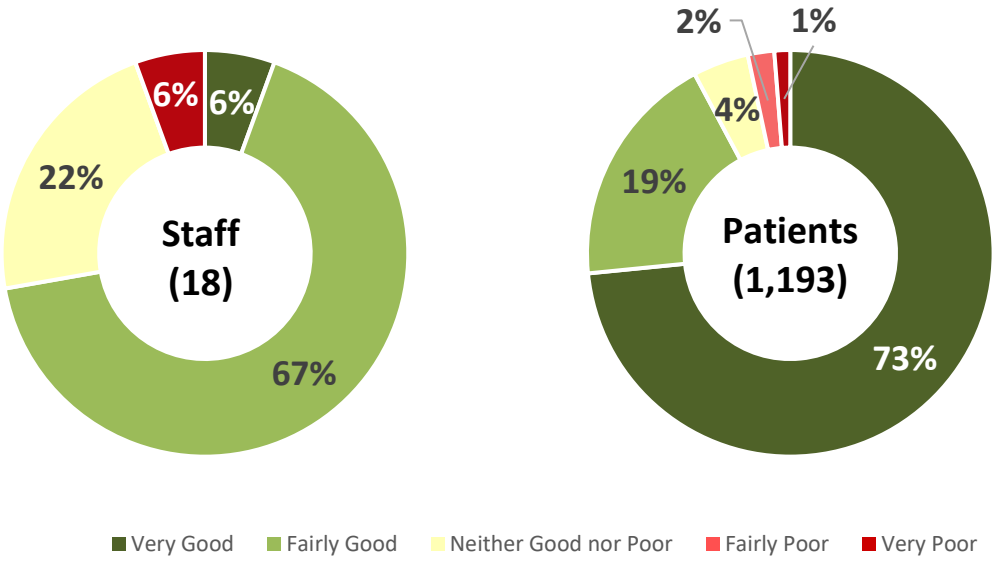
"Can't think of anything as I had excellent care." (Prince Philip Hospital)

Experience of outpatient services

8.52 Around a third (32%) of staff respondents said that they use the outpatient department in delivering their Radiology service. Of these, over seven-in-ten (72%) said that their overall experience of working in the outpatient department was good, with around one-in-twenty (6%) saying it was very good and 67% saying it was fairly good. Only 6% (one respondent) said that their experience of working in the Radiology outpatient department was poor (Figure 40 below).

8.53 Around three quarters (74%) of patient respondents said they used the outpatient department as part of their treatment in Radiology. Of these, over nine-in-ten (92%) said it was good with almost three quarters (73%) saying it was very good, and around a fifth (19%) saying it was fairly good. Only 3% said it was poor, with 1% saying it was very poor (Figure 40 below).

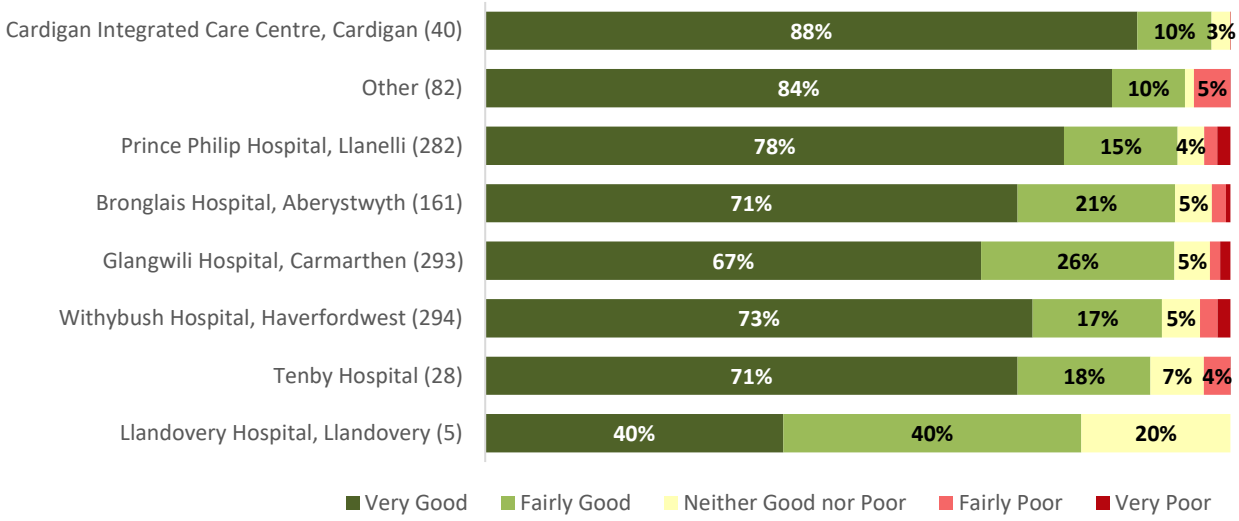
Figure 40: Overall experience of working in/using the outpatient department in the Radiology service.



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

8.54 Figure 41 overleaf shows how responses to this question in the patient survey vary by clinical site accessed for the majority of their care. The proportion of patient respondents who said that their overall experience of using the Radiology outpatient department was good is highest for those who used Cardigan Integrated Care Centre, Cardigan (98%), other hospitals (94%), Bronglais (93%), or Prince Philip Hospital, Llanelli (93%).

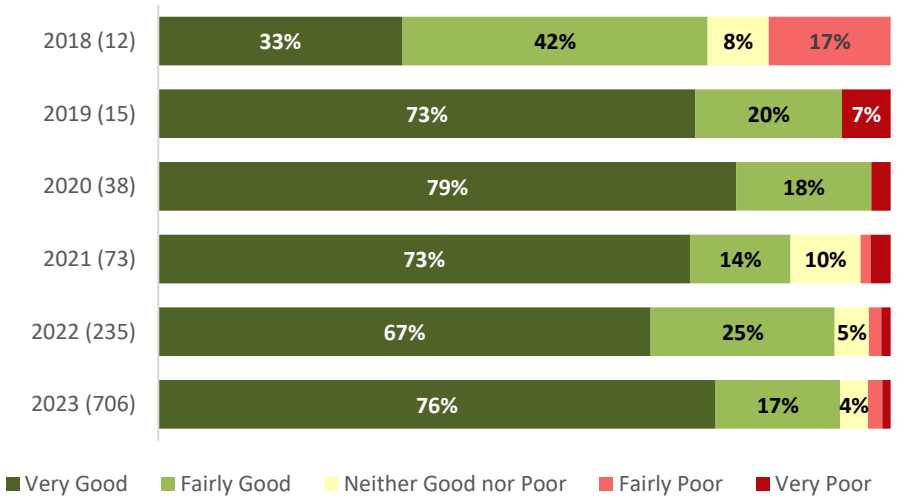
Figure 41: Overall experience of using the outpatient department as part of their treatment in Radiology by clinical site – patient survey.



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

8.55 In terms of years within which they accessed the service (Figure 42 below), the highest proportion of patients who said their overall experience of using the Radiology outpatient department was good most recently accessed the outpatient department as part of their Radiology treatment in 2020 (97%).

Figure 42: Overall experience of using the Radiology service by year most recently accessed the service – patient survey.



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

Staff survey

8.56 There was praise for outpatient services at all sites. Staff were described as hard-working, polite, organised, and caring; and liaison with Radiology was said to be good overall.

> *"Outpatient appointments are booked in a timely manner with appropriate patient preparation." (Glangwili Hospital)*

8.57 One respondent at Glangwili felt that while outpatient services are satisfactory in general, communication with Radiology could be improved; and another at Glangwili suggested that patients are given *"misinformation"* about Radiology by outpatient staff, resulting in staff having to deal with *"frustrated"* patients.

8.58 It was alleged (by one respondent) that outpatient clinic patients sent to Radiology at Withybush Hospital tend to arrive at the same time, as clinics are all held on the same day. This means their appointment waiting times can be poor. They also said that sometimes request forms are not filled in properly, which can cause delays.

8.59 Finally, a member of staff at Prince Philip Hospital commented negatively about the increasing number but declining quality of referrals for radiological imaging from outpatient services.

> *"… There has been a general increase and decline in the quality of these referrals with Radiology being treated as 'test central' and a handy means of terminating outpatient consultations." (Prince Philip Hospital)*

Patient survey

8.60 Patient respondents were also asked why they said their overall experience of using the outpatient department as part of the Radiology treatment was good or poor (Figure 43 overleaf). For presentational reasons, the figure only shows themes raised by 2% or more of respondents; therefore, readers are encouraged to refer to the full tables of coded text, provided in Appendix 3, for a much fuller overview of the views expressed.

8.61 The most frequently given comments were related to the service being efficient and quick, including being seen on time and prompt results/diagnosis (34%). A similar proportion of comments were about good staff, saying that they were professional, kind, reassuring and helpful (33%). Just over a quarter (27%) said the service was good in general.

Figure 43: Can you tell us why you chose that rating (experience of using the Radiology outpatient department)? (Only shows themes raised by 2% or more of respondents)

Base: Respondents to the survey (1,193)

8.62 Compared to the overall results, a higher proportion of patients who accessed the Radiology service most recently in 2023 praised staff (36%) and said communication was good (9%), however those who most recently accessed the Radiology service in 2023 also mentioned poor communication (3%) more than those who most recently accessed the service in earlier years. A higher proportion of patients who most recently accessed the Radiology service in 2021 said they had a generally poor experience overall (7%), while comments around an inefficient and slow service was mentioned most by those who most recently accessed the service in 2022 (13%).

8.63 Compared to the overall results, a higher proportion of patients who accessed Prince Philip Hospital for the majority of their Radiology Care said they were treated were respect and dignity (4%), and a higher proportion of those whose main hospital access was Glangwili Hospital said the hospital environment/waiting areas were dirty/overcrowded/poor signage (4%).

8.64 Below are some examples of comments given:

> *"Again, staff were kind, thoughtful, explained everything and put me at ease. First class experience." (Bronglais Hospital)*
>
> *"As before - prompt and quick issuing of appointment, minimal waiting time on the day." (Tenby Hospital)*
>
> *"Because I was treated as a person in pain and not just a number and everything was explained to me which was nice to know." (Prince Philip Hospital)*
>
> *"Efficient service and I was told about results very quickly." (Withybush Hospital)*
>
> *"Fairly good, as my results took much longer to come back than was suggested, making me wait for treatment for my pain, which was by then, long overdue." (Glangwili Hospital)*

Respondent profile

8.65 HDdUHB are committed to ensuring that everyone receives fair and equal respect and endeavours to treat everyone with dignity whatever their age, disability, ethnicity, faith, gender reassignment or sexual identity. This can only be achieved if this information is provided by service users and staff, therefore all survey respondents were asked to answer a series of equality monitoring questions. These questions were optional, and respondents were assured that the data would be used for monitoring purposes only and held in the strictest confidence.

8.66 Equalities information collected suggests that the Radiology service patient demographic is mixed. This is broadly reflected in the profile of respondents to the patient survey; however, 69% of respondents were women.

8.67 The tables that appear without commentary on the following pages show the profile of respondents, who have worked in/used Radiology services, in relation to a range of characteristics. Each table includes details about the number and percentage of staff or patients responding in each category. Where no responses were received for any given category, these have not been included in the following tables, however the full range of response options, based on HDdUHB's standard equality questions, were provided on the questionnaires. In some instances, where only very small numbers of respondents selected individual response options, these have been grouped together for presentational convenience, and to minimise the risk of inadvertently identifying any individuals. For example, the group 'any other ethnicity' etc may include respondents who selected a variety of response options, where the counts of these options are very low.

8.68 'Not known' shown on each table includes all respondents who either did not provide an answer or selected 'prefer not say'.

8.69 Please note that the figures may not always sum to 100% due to slight rounding errors. *% denotes a proportion of less than 1% but greater than zero.

Staff survey

Table 126: County lived in - All Respondents working in Radiology (Note: Figures may not sum due to rounding)

County lived in	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Carmarthenshire	14	38%
Ceredigion	14	38%
Pembrokeshire	8	22%
Other	1	3%
Total number of valid respondents	**37**	**100%**
Not Known	*13*	-

Table 127: Age - All Respondents working in Radiology – (Note: Figures may not sum due to rounding)

Age	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
34 or under	4	11%
35 to 44	10	29%
45 to 54	10	29%
55 or over	11	31%
Total number of valid respondents	**35**	**100%**
Not Known	*15*	-

Table 128: Gender - All Respondents working in Radiology – (Note: Figures may not sum due to rounding)

Gender	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Female	25	69%
Male	11	31%
Total number of valid respondents	**36**	**100%**
Not Known	*14*	-

Table 129: Sexual orientation - All Respondents working in Radiology – (Note: Figures may not sum due to rounding)

Sexual orientation	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Heterosexual or Straight	32	91%
Other sexual orientation	3	9%
Total number of valid respondents	**35**	**100%**
Not Known	*15*	-

Table 130: Marital Status - All Respondents working in Radiology – (Note: Figures may not sum due to rounding)

Marital Status	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Married/In a Civil Partnership	25	71%
Not married/Not in a Civil Partnership	10	29%
Total number of valid respondents	**35**	**100%**
Not Known	*15*	-

Table 131: Have any dependent children - All Respondents working in Radiology – (Note: Figures may not sum due to rounding)

Dependent children	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Yes	16	47%
No	18	53%
Total number of valid respondents	**34**	**100%**
Not Known	*16*	-

Table 132: Disability - All Respondents working in Radiology – (Note: Figures may not sum due to rounding)

Disability	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Yes	2	6%
No	34	94%
Total number of valid respondents	**36**	**100%**
Not Known	*14*	-

Table 133: Ethnic group - All Respondents working in Radiology – (Note: Figures may not sum due to rounding)

Ethnic group	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Asian	1	3%
White British	27	77%
White other	4	11%
Any other ethnic group	3	9%
Total number of valid respondents	**35**	**100%**
Not Known	*15*	-

Table 134: Religion - All Respondents working in Radiology – (Note: Figures may not sum due to rounding)

Religion	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Christian	17	50%
Muslim	3	9%
Any other religion	1	3%
No religion	13	38%
Total number of valid respondents	**34**	**100%**
Not Known	*16*	-

Table 135: Providing unpaid care - All Respondents working in Radiology – (Note: Figures may not sum due to rounding)

Providing unpaid care	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Yes	6	17%
No	30	83%
Total number of valid respondents	**36**	**100%**
Not Known	*14*	-

Table 136: Household income - All Respondents working in Radiology – (Note: Figures may not sum due to rounding)

Household Income	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
£40,000 or less	9	33%
Over £40,000	18	67%
Total number of valid respondents	**27**	**100%**
Not Known	*23*	-

Table 137: Main language used at home - All Respondents working in Radiology – (Note: Figures may not sum due to rounding)

Main language used at home	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
English	31	86%
Welsh or both English and Welsh	4	11%
Other	1	3%
Total number of valid respondents	**36**	**100%**
Not Known	*14*	-

Patient survey

Table 138: Key demographic response profile of respondents who have used/care for someone who has used Radiology services:– compared with the population aged 18+ of Carmarthenshire, Ceredigion and Pembrokeshire counties

Characteristic		Questionnaire Responses		Population aged 18+
		Number of Respondents	%	
BY COUNTY LIVED IN	Carmarthenshire	651	51%	49%
	Ceredigion	226	18%	19%
	Pembrokeshire	393	31%	32%
	Total number of valid respondents	**1,270**	**100%**	**100%**
	Other areas	*150*	-	-
	Not Known	*609*	-	-
BY AGE	Under 25	1	*	9%
	25 to 34	47	3%	22%
	35 to 44	104	7%	13%
	45 to 54	192	14%	16%
	55 to 64	420	30%	18%
	65 to 74	551	39%	17%
	75 or over	101	7%	14%
	Total number of valid respondents	**1,415**	**100%**	**100%**
	Not Known	*614*	-	-
BY DISABILITY	Has a disability	247	18%	25%
	No disability	1,093	82%	75%
	Total number of valid respondents	**1,340**	**100%**	**100%**
	Not Known	*789*	-	-

Table 139: Gender - All Respondents who have used/care for someone who has used Radiology services – (Note: Figures may not sum due to rounding)

Gender	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Female	965	69%
Male	443	31%
Total number of valid respondents	**1,408**	**100%**
Not Known	*621*	-

Table 140: Sexual orientation - All Respondents who have used/care for someone who has used Radiology services – (Note: Figures may not sum due to rounding)

Sexual orientation	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Heterosexual or Straight	1,186	90%
Other sexual orientation	129	10%
Total number of valid respondents	**1,315**	**100%**
Not Known	*714*	-

Table 141: Marital Status - All Respondents who have used/care for someone who has used Radiology services – (Note: Figures may not sum due to rounding)

Marital Status	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Married/In a Civil Partnership	950	71%
Not married/Not in a Civil Partnership	394	29%
Total number of valid respondents	**1,344**	**100%**
Not Known	*685*	-

Table 142: Have any dependent children - All Respondents who have used/care for someone who has used Radiology services – (Note: Figures may not sum due to rounding)

Dependent children	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Yes	196	14%
No	1,188	86%
Total number of valid respondents	**1,384**	**100%**
Not Known	*645*	-

Table 143: Ethnic group - All Respondents who have used/care for someone who has used Radiology services – (Note: Figures may not sum due to rounding)

Ethnic group	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
White British	1,221	89%
White other	128	9%
Any other ethnic group	18	1%
Total number of valid respondents	**1,367**	**100%**
Not Known	*662*	-

Table 144: Religion - All Respondents who have used/care for someone who has used Radiology services – (Note: Figures may not sum due to rounding)

Religion	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Buddhist	9	1%
Christian	833	62%
Jewish	4	*%
Muslim	1	*%
Any other religion	20	1%
No religion	467	35%
Total number of valid respondents	**1,334**	**100%**
Not Known	*695*	-

Table 145: Providing unpaid care - All Respondents who have used/care for someone who has used Radiology services – (Note: Figures may not sum due to rounding)

Providing unpaid care	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Yes	253	19%
No	1,103	81%
Total number of valid respondents	**1,356**	**100%**
Not Known	*673*	-

Table 146: Household income - All Respondents who have used/care for someone who has used Radiology services – (Note: Figures may not sum due to rounding)

Household Income	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Below £10,000	82	9%
£10,001 - £20,000	245	27%
£20,001 - £30,000	198	22%
£30,001 - £40,000	147	16%
Over £40,000	231	26%
Total number of valid respondents	**903**	**100%**
Not Known	*1,126*	-

Table 147: Main language used at home - All Respondents who have used/care for someone who has used Radiology services – (Note: Figures may not sum due to rounding)

Main language used at home	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
English	1,223	89%
Welsh	140	10%
Other	6	*%
Total number of valid respondents	**1,369**	**100%**
Not Known	*660*	-

9. Dermatology

Introduction

9.1 Dermatology services focus on the diagnosis and treatment of diseases of the skin, hair and nails in both children and adults.

9.2 A Dermatology service is delivered at Glangwili Hospital, Carmarthen; Withybush Hospital, Haverfordwest; Prince Philip Hospital, Llanelli; South Pembrokeshire Hospital, Pembroke Dock; and Cardigan Integrated Care Centre, Cardigan.

9.3 To put the survey results into context, it is important to note that there have been some temporary service changes. On 16 April 2020, in response to the COVID-19 pandemic, USC[85] clinics condensed with MOP[86] sessions to create 'see and treat' sessions, therefore reducing number of times a patient needs to visit the outpatient department. Telephone validation took place for all clinic appointments that had been cancelled and virtual telephone follow ups put into place for acne and biologic clinics. It should also be noted that post-COVID management, services were unlikely to resume their previous format, with the expectation being to establish the use of digital technology to reduce the requirement for 'face to face' consultations. Whilst noting that most patients will require a physical examination, the Board paper advises that the Health Board would also be looking at (if possible) using digital technology for new referrals, e.g. Dermatology skin conditions.

9.4 All members of staff currently working in or who support staff working in the Dermatology service were invited to take part in the survey. In total twenty responses were received.

9.5 Approximately 63,500 patient admissions were recorded across Dermatology services between August 2018 and July 2023, and a randomly selected sample of patients who accessed these services within this period were invited to take part in the patient survey. In total 4,921 patients were sent an invitation, and 487 responses were received, giving a response rate of 9.89%.

9.6 Equalities data suggests that the Dermatology service patient demographic is mixed. The profile of patient survey respondents broadly reflects this with a diverse range of respondents taking part in the survey. Tables showing the full profile breakdown of respondents are included at the end of this chapter.

9.7 Throughout this chapter, please note that where percentages do not sum to 100, this may be due to computer rounding, the exclusion of "don't know" categories, or multiple answers.

Main survey findings

Main hospital base - Staff survey

9.8 Respondents were asked to indicate which site is their main hospital base. The responses from staff respondents in Dermatology are detailed in the table overleaf, where it can be seen that over half of all

[85] Urgent Suspected Cancer.
[86] Minor Operations.

responses are from staff working at Prince Philip Hospital, Llanelli (56%) with the rest mainly split between Glangwili Hospital, Carmarthen and Withybush Hospital, Haverfordwest.

Table 148: Main hospital base - All Respondents working in Dermatology (Note: Figures may not sum due to rounding. 'Not known' includes respondents who said 'Don't know/Can't remember' or did not respond to the question.)

Main hospital base	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Glangwili Hospital, Carmarthen	5	28%
Prince Philip Hospital, Llanelli	10	56%
Withybush Hospital, Haverfordwest	2	11%
Other	1	6%
Total number of valid respondents	**18**	**100%**
Not Known	*2*	-

Main hospital - Patient survey

9.9 Respondents were asked to indicate at which site they accessed the majority of their hospital care for Dermatology. The responses from patient respondents in Dermatology are detailed in the table below, where it can be seen that around three fifths of the responses are from those who accessed Dermatology services at Prince Philip Hospital, Llanelli, and almost a further fifth are from those who accessed Dermatology services at Glangwili Hospital, Carmarthen, for the majority of their hospital care.

Table 149: Main hospital accessed - All Respondents who have used/care for someone who has used Dermatology services (Note: Figures may not sum due to rounding. 'Not known' includes respondents who said 'Don't know/Can't remember' or did not respond to the question.)

Main hospital accessed	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Cardigan Integrated Care Centre, Cardigan	8	2%
Glangwili Hospital, Carmarthen	83	18%
Prince Philip Hospital, Llanelli	286	61%
South Pembrokeshire Hospital, Pembroke Dock	8	2%
Withybush Hospital, Haverfordwest	40	9%
Other	41	9%
Total number of valid respondents	**466**	**100%**
Not Known	*21*	-

Years worked in service – Staff survey

Respondents were also asked to indicate in which years between 2018 and 2023 they worked in or supported staff working in the Dermatology service. The responses are detailed in the table overleaf.

Table 150: In which of the following year(s) have you worked in/with the Dermatology service? - All Respondents working in Dermatology – (Note: respondents were able to select multiple years and, therefore, the percentages may sum to greater than 100%. 'Not known' includes respondents who said 'Don't know/Can't remember' or did not respond to the question.)

Years worked in service	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
2018	4	22%
2019	4	22%
2020	5	28%
2021	10	56%
2022	11	61%
2023	15	83%
Total number of valid respondents	**18**	-
Not Known	*2*	-

Years accessed service – Patient survey

9.10 Respondents were also asked to indicate in which years between 2018 and 2023 they accessed the Dermatology service. The responses are detailed in the table below.

Table 151: In which of the following year(s) were you seen by the Dermatology service - All Respondents who have used/care for someone who has used Dermatology services – (Note: respondents were able to select multiple years and, therefore, the percentages may sum to greater than 100%. 'Not known' includes respondents who said 'Don't know/Can't remember' or did not respond to the question.)

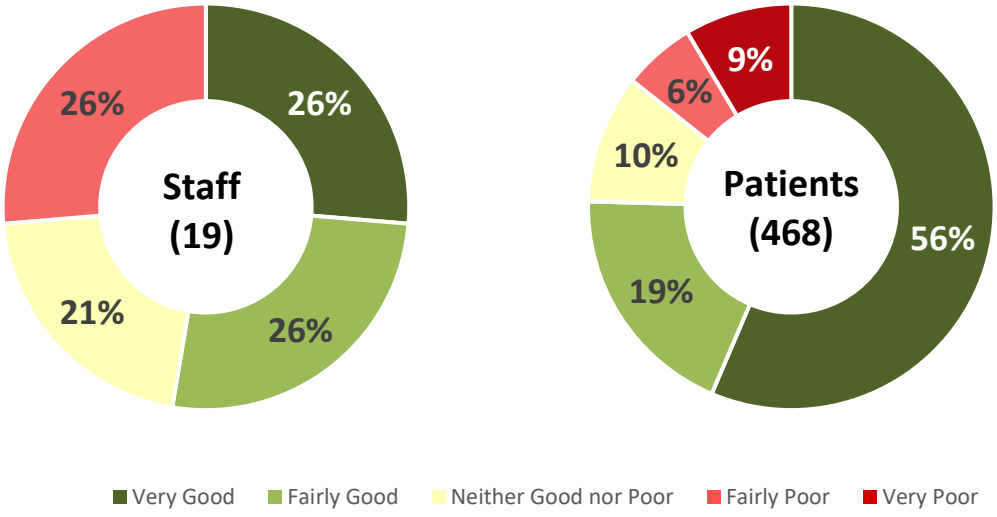
Years accessed service	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
2018	52	14%
2019	58	15%
2020	66	17%
2021	95	25%
2022	147	39%
2023	156	41%
Total number of valid respondents	**381**	-
Not Known	*106*	-

Overall experience

9.11 Just over half (53%) of staff respondents said that their overall experience of working in/with the Dermatology service was good, with around a quarter (26%) saying it was very good. However, around a quarter (26%) said that it was fairly poor, though none said it was very poor (Figure 44 overleaf).

9.12 Three quarters (75%) of patient respondents said that their experience of using the Dermatology service was good, with the majority of these (56% overall) saying that it was very good. Around one-in-seven (14%) said it was poor, with almost one-in-ten (9%) saying it was very poor (Figure 44 overleaf).

Figure 44: Overall experience of working in/using the Dermatology service.

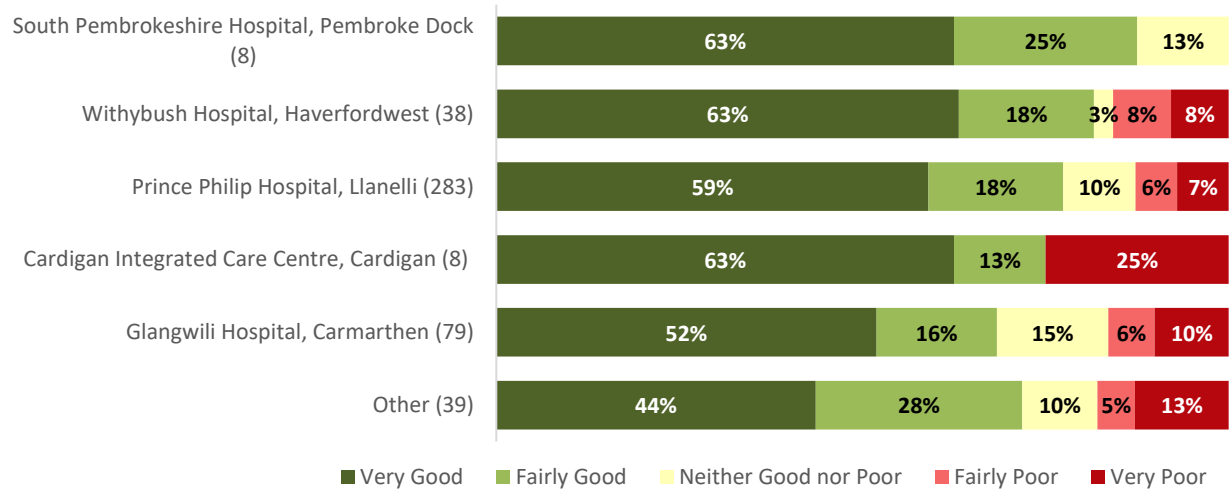


Base: Number of respondents shown in brackets (excludes 'don't know' responses)

9.13 Figure 45 shows how responses to this question in the patient survey vary by main hospital used. The proportion of patient respondents who said that their overall experience of using the Dermatology service was good is higher for those using Withybush Hospital, Haverfordwest (82%), and Prince Philip Hospital, Llanelli (77%). The proportion of respondents saying their overall experience was poor is also lower for those using Prince Philip Hospital (13%).

9.14 The proportion of respondents saying their overall experience of using the Dermatology service was good is slightly lower for those using Glangwili Hospital, Carmarthen (68%).

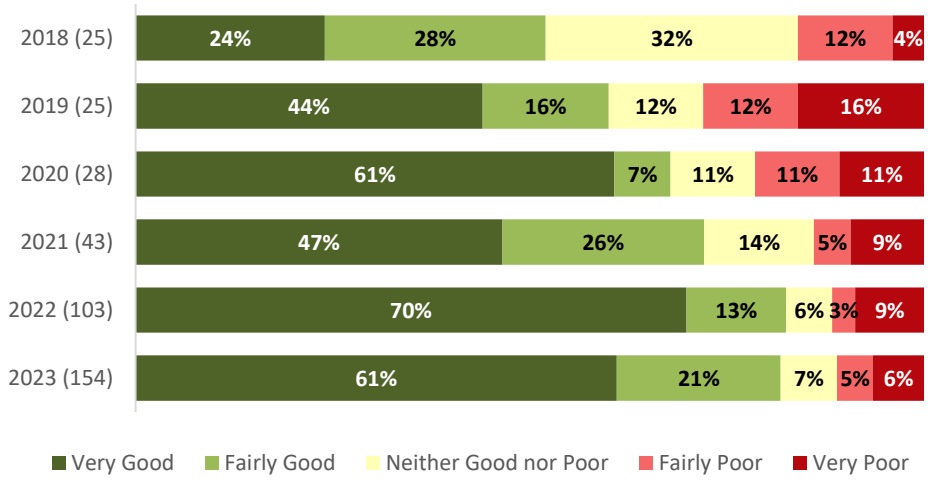
Figure 45: Overall experience of using the Dermatology service by main hospital used – patient survey.



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

9.15 In terms of years within which they accessed the service (Figure 46 overleaf), compared to earlier years, a higher proportion of patients who most recently accessed the Dermatology service in 2022 (83%) or 2023 (82%), said their overall experience of using the Dermatology service was good.

Figure 46: Overall experience of using the Dermatology service by year most recently accessed the service – patient survey.



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

What was good about your experience of working in/using the Dermatology service

Staff survey

9.16 The most common positive themes raised across all sites related to the supportive nature of Dermatology staff, especially during operationally challenging times. Respondents highlighted the good relationships formed in the workplace, describing their colleagues as "dedicated", "experienced" and "helpful".

> *"All members of the team have worked cohesively and supported each other during operation difficulties." (Hospital not named)*

9.17 Several comments also praised clinicians' passion for their work, and commitment to going above and beyond to help their patients. Managers are also considered by some to be approachable and responsive when dealing with queries and issues from their staff.

9.18 Some staff members commented on the provision of equipment, particularly when working from home, and how this has allowed the Attend Anywhere Virtual Clinic[87] to run efficiently.

> *"The clinics from my point of view are pretty good for patients as we are efficiently working." (Prince Philip Hospital)*

9.19 One respondent explained that this has improved their work life balance as they do not have to travel to and from their workplace.

9.20 Other comments from individual respondents included that:

- They felt supported by the provision of a substantial shadowing period during the onboarding process.

[87] A secure NHS video call service providing virtual appointments for patients.

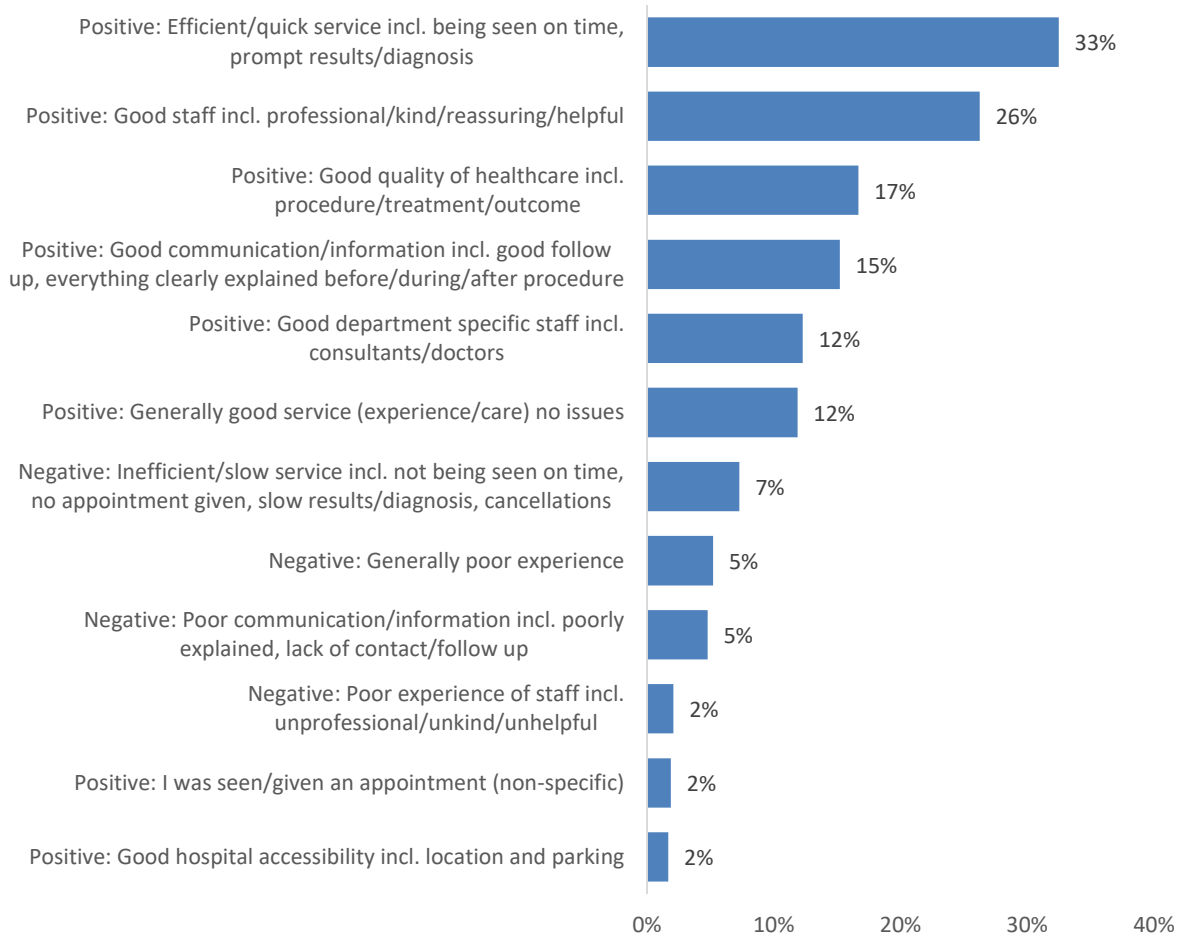
- The Health Board has been *"very responsive"* to the *"national workforce issue"* in recruitment and recruitment campaigns, ensuring *"patient safety, high quality of care and patient experience is at the forefront of these challenges".*
- *"Working nationally and regionally has yielded positive results for the service."*

Patient survey

9.21 Respondents were asked what was good about their experience of using the Dermatology service (Figure 47 below). For presentational reasons, the figure only shows themes raised by 2% or more of respondents; therefore, readers are encouraged to refer to the full tables of coded text, provided in Appendix 3, for a much fuller overview of the views expressed.

9.22 The most frequently given comments were related to the service being efficient and/or quick including being seen on time and prompt results and diagnosis (33%) and praise for staff including comments around staff being professional, kind, reassuring and helpful (26%).

Figure 47: Can you tell us what was good about your experience of using the Dermatology service and the care provided? (Only shows themes raised by 2% or more of respondents)



Base: Respondents to survey (480)

9.23 Compared to the overall results, a higher proportion of patients who accessed the Dermatology service most recently in 2023 gave comments around a pleasant hospital environment (3%) and good staff (37%). A

higher proportion of patients who accessed the Dermatology service most recently in 2022 gave comments around good communication (23%).

9.24 Compared to the overall results, a higher proportion of patients who accessed the majority of their Dermatology care at Prince Philip Hospital said the staff were good (32%) and the service was quick and efficient (37%).

9.25 Below are some examples of comments given:

> *Fast and efficient appointment process & the hours that were provided for appointments, i.e. evening & Saturdays, suited my lifestyle (Other hospital)*
>
> *I was treated very well by friendly, but very professional people in a comfortable and clean building (Other hospital)*
>
> *Practitioner was open and honest about management of this, realistic about expectations. Clear and concise. The advice was taken on board and has worked. Thank you. (Prince Philip Hospital)*
>
> *I have had 4 appointments cancelled and phoned numerous times to try and get another appointment. Still waiting, it's been 9 months now. (Prince Philip Hospital)*
>
> *No fuss and no bother. Just lovely people giving a very good service. (Prince Philip Hospital)*
>
> *Nothing at all, not a service just a total shambles! (Prince Philip Hospital)*

What was difficult about your experience of working in the Dermatology service

Staff survey

9.26 Dermatology staff highlighted employee retention across all sites as the Service's biggest issue. This, it was said, creates increased pressure for staff as some feel they must undertake administrative work 'off the clock', working more hours than contracted, and leading to a further loss of staff. It was widely felt that this, in addition to a lack of services and facilities, is compromising the level of care provided to patients.

9.27 Indeed, several respondents gave negative comments about the availability of services within Dermatology, particularly a lack of patch testing[88] and phototherapy[89]. The apparently limited capacity for minor operations[90] at Glangwili Hospital was also said to result in longer wait times for the surgical removal of skin cancers which, in turn, causes larger scars and disfigurements in patients. In addition, some felt that the Inflammatory Team is not deemed a priority, with only the "*most basic treatments*" available for inflammatory rashes.

9.28 It was generally felt that Dermatology is a service with limited capacity and appointments. The issue of frequent last minute clinic cancellations was raised due to the lack of permanent consultants at Withybush and Glangwili Hospitals. These cancellations were said to not only delay patient access to required treatment, but also to cause embarrassment among staff members, particularly when it happens repeatedly to the same patient.

[88] A diagnostic method used to determine which specific substances cause allergic inflammation of a patient's skin.
[89] Light therapy used to treat various skin conditions using ultraviolet light.
[90] A low risk surgical procedure lasting under 90 minutes usually carried out using local anaesthetic.

> *"Not enough appointments with limited capacity especially for minor operations." (Glangwili Hospital)*

9.29 A few responding staff members from Prince Philip Hospital said they currently feel undervalued, unappreciated and not listened to by management. One respondent highlighted that even some longstanding staff members feel this way. This can create a feeling of a "disjointed" service at this site.

9.30 A few staff also said they feel unsupported, stating that they are not provided with adequate training or development opportunities.

> *"Lack of training and management to ensure patients are met with acceptable levels of care." (Prince Philip Hospital)*

9.31 A couple of staff respondents also mentioned that there are too many managers in comparison to general staff and a lack of communication across the multiple sites, which can affect the smooth running of the service.

> *"We have countless managers compared to the waiting lists when what we need is a fully functioning department, which is fully staffed in order to meet the demand the service has." (Prince Philip Hospital)*

What could be done differently to improve your/others experience of working in/using the Dermatology service

Staff survey

9.32 Most suggestions from respondents concerned increasing the Dermatology workforce, particularly full-time nurses and consultants. Moreover, several respondents advocated the development of a single-site Dermatology department to improve communication between teams and avoid confusion around where clinics are taking place. The need for more facilities, specifically patch testing and phototherapy, was a concern for several staff members.

> *"The team have requested a 'department' to be developed."*
>
> *"Have more clinics available for Hywel Dda staff to deliver much needed services to patients i.e., phototherapy and patch testing."*

9.33 Some staff at Prince Philip Hospital commented that there is an uneven distribution of work on their site, with some employees feeling more under pressure than others. It was therefore suggested by some that an onsite department manager would be beneficial to the service, providing they work closely within the team, communicate effectively and oversee any potential issues as they arise.

9.34 Providing a more supportive environment for staff was another common suggestion for improvement. This includes from a managerial perspective, whereby recognition, support and praise should, it was said, be given when appropriate; and in terms of providing structured training for new starters in addition to the

shadowing period. One respondent suggested holding regular team building sessions where staff can share their concerns and ideas, and feel listened to by their colleagues and managers.

> *"Make everyone feel they are part of a team."*

9.35 A couple of respondents stated that clinicians at certain levels should not be able to opt out of seeing particular patients due to concerns about a lack of experience with complex patients and the availability of support from senior clinicians; and that if there is a clinical risk, clinicians should be listened to and provided with the appropriate equipment and training to work safely and efficiently.

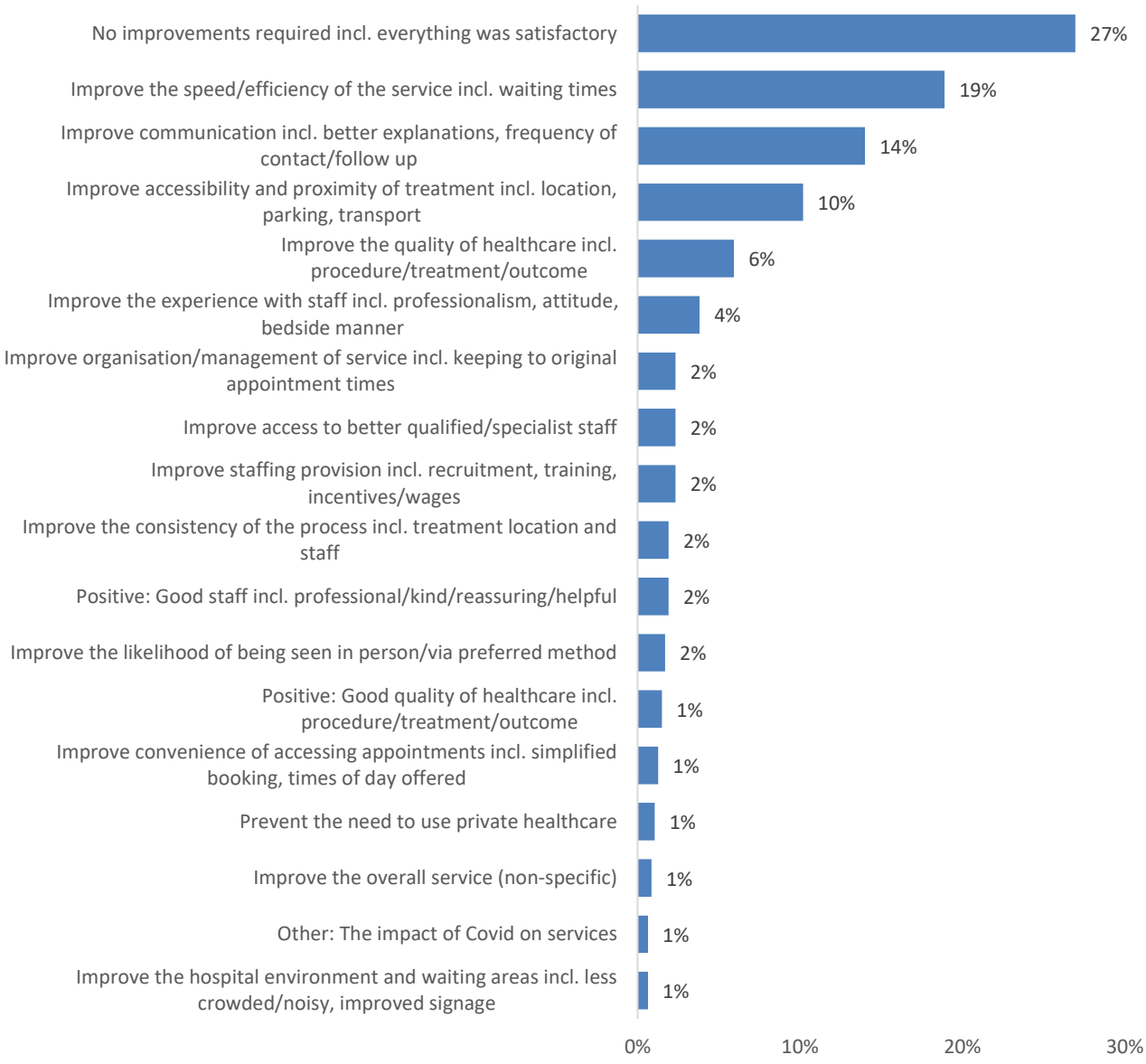
9.36 One additional suggestion from an individual respondent was to provide more help for overseas staff around issues like accommodation when they first arrive in the UK (this is likely to be an overall HDdUHB issue, rather than one specific to Dermatology).

Patient survey

9.37 Respondents were asked what could be done differently to improve their experience of using the Dermatology service (Figure 48 overleaf). For presentational reasons, the figure only shows themes raised by 1% or more of respondents; therefore, readers are encouraged to refer to the full tables of coded text, provided in Appendix 3, for a much fuller overview of the views expressed.

9.38 Over a quarter (27%) felt that no improvements are required/everything is satisfactory. However, around a fifth (19%) suggested that the speed and efficiency of the service including waiting times could be improved, and 14% suggested improving communication.

Figure 48: Can you tell us what could be done differently to improve your or other patients' experience of using the Dermatology service and the care provided? (Only shows themes raised by 1% or more of respondents)



Base: Respondents to the survey (471)

9.39 Compared to the overall results, a higher proportion of patients who accessed the Dermatology service most recently in 2022 thought no improvements are required (36%).

9.40 Compared to the overall results, a higher proportion of patients who accessed the majority of their Dermatology care at Prince Philip Hospital made suggestions around improving accessibility/proximity of treatment (13%).

9.41 Overleaf are some examples of comments given:

No, I couldn't fault any member of staff, I received an excellent service. (Prince Philip Hospital)

Make early appointments available, I had to wait about nine months initially. (Other hospital)

Improve waiting times but I realise that this is a national problem which is not of your making. (Prince Philip Hospital)

Actually call back the patient when you say you will, even if there are no appointments available in a reasonable timeframe. Communication either way is key, and it is severely missing. (Prince Philip Hospital)

A local service in Withybush would have saved a 100 mile round trip for a 5 minute appointment. (Prince Philip Hospital)

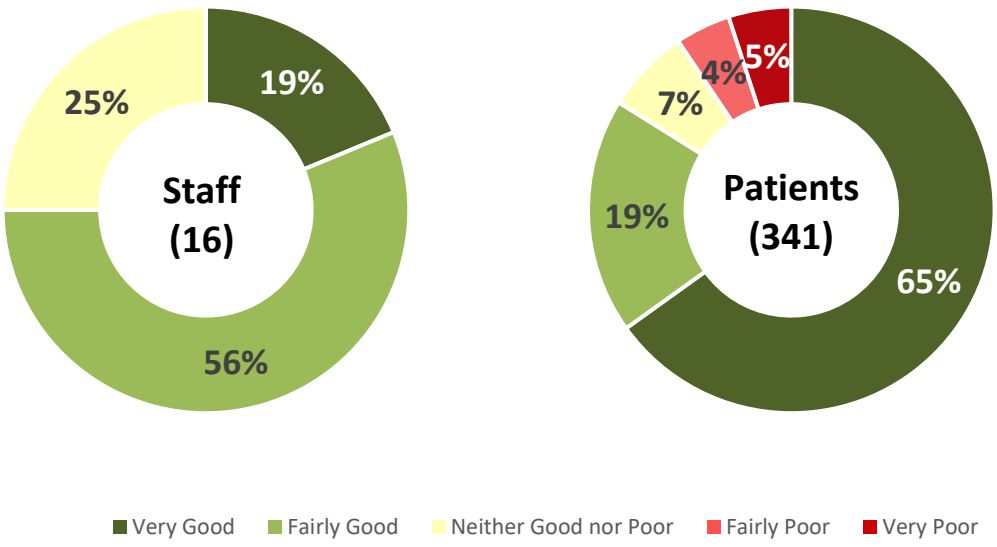
My cancer nurse made my follow up appointment and the person I met was very abrupt to the point of rudeness, very unprofessional. (Prince Philip Hospital)

Experience of outpatient services

9.42 Around nine-in-ten staff respondents (89%) said that they use the outpatient department in relation to Dermatology. Of these, three quarters (75%) said that their overall experience of outpatient services was good, with around a fifth (19%) saying it was very good. None said that it was poor (Figure 49 below).

9.43 Over four fifths of patient respondents (86%) said they used the outpatient department as part of their treatment in Dermatology. Of these, over four fifths (84%) said it was good with almost two thirds (65%) saying it was very good. However, almost one-in-ten (9%) said it was poor, with 5% saying it was very poor. (Figure 49 below).

Figure 49: Overall experience of working in/using the outpatient department in the Dermatology service.

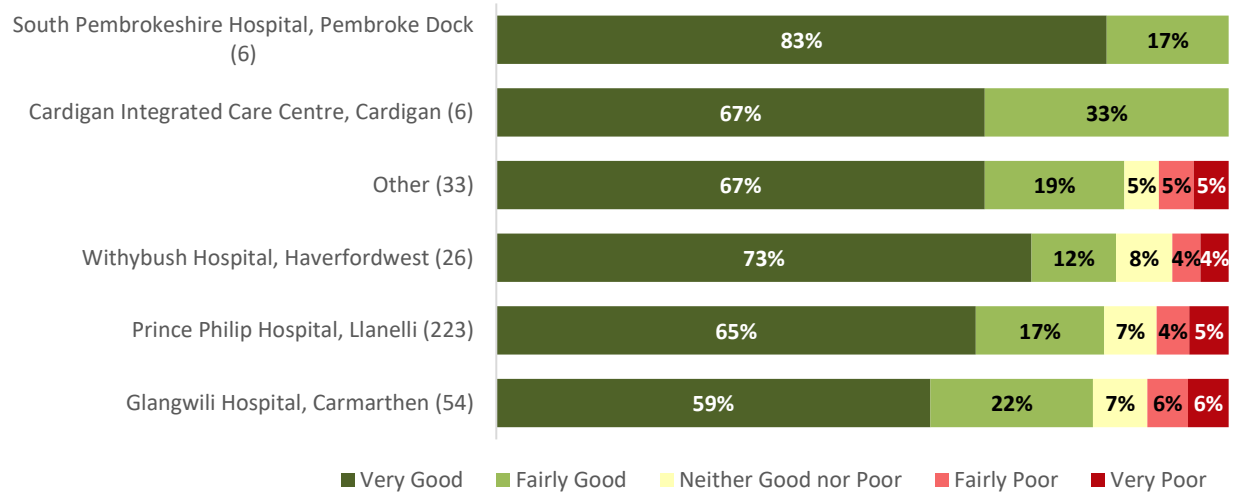


Base: Number of respondents shown in brackets (excludes 'don't know' responses)

9.44 Figure 50 overleaf shows how responses to this question in the patient survey vary by main hospital base. The proportion of patient respondents who said that their overall experience of using the Dermatology outpatient department was good is fairly consistent across all hospitals but, considering only the three main hospitals, is highest for those who used Withybush Hospital, Haverfordwest (85%).

9.45 The hospital with the lowest proportion of respondents who said their experience of using the Dermatology outpatient department was good (81%), and the highest proportion who said it was poor (11%) is Glangwili Hospital, Carmarthen.

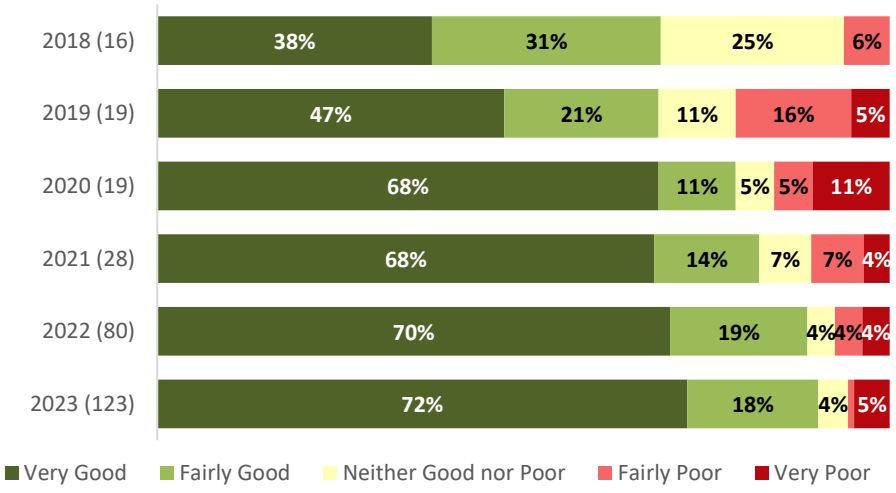
Figure 50: Overall experience of using the Dermatology service outpatient department by main hospital base – patient survey.



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

9.46 In terms of years within which they accessed the service (Figure 51 below), compared to earlier years, a higher proportion of patients who most recently accessed the Dermatology outpatient department in 2023 (90%), said their overall experience of using the Dermatology outpatient department was good.

Figure 51: Overall experience of using the Dermatology service outpatient department by year most recently accessed the service – patient survey.



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

Staff survey

9.47 Outpatient staff were praised by respondents as “accommodating”, “supportive”, “helpful”, “friendly” and “professional”.

9.48 However, several respondents also commented on a lack of rooms and poor facilities within the outpatient department: rooms were said to be overcrowded, and with outdated equipment in need of updating. The poor lighting and ventilation in the minor operations room in Prince Philip Hospital was a specific concern.

> *“There is not enough rooms, and the facilities could do with being updated.” (Glangwili Hospital)*
>
> *“There is a requirement to redesign the minor surgery rooms [at Prince Philip Hospital].”*

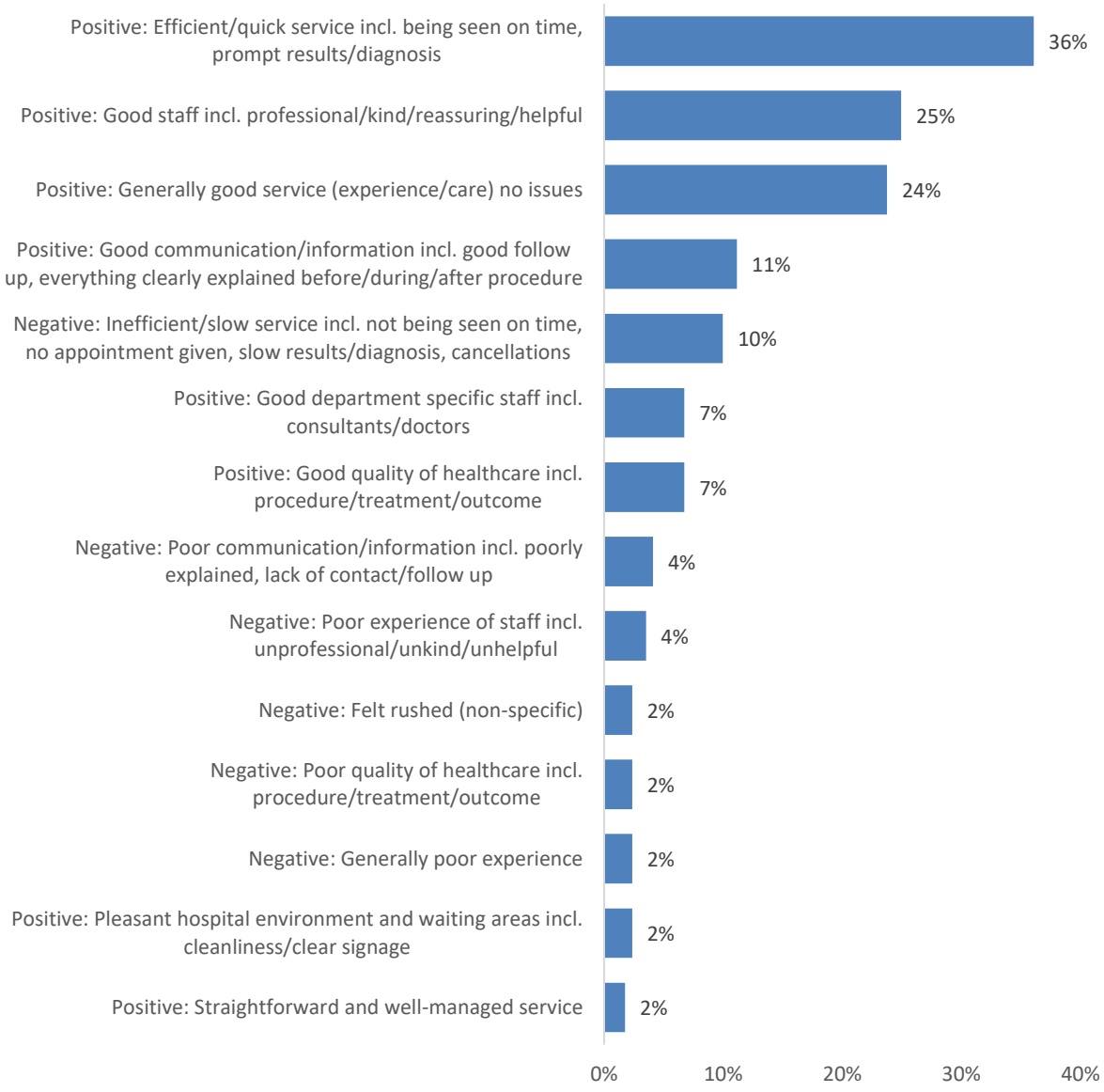
9.49 Cardigan Integrated Care Centre could, it was felt, be used as a model for other sites: it was described as *“outstanding in that it is new and in excellent condition”*. However, staffing is apparently an issue there as there are no healthcare assistants or additional nurses to help run clinics.

Patient survey

9.50 Patient respondents were also asked why they said their overall experience of using the outpatient department as part of the Dermatology treatment was good or poor (Figure 52 overleaf). For presentational reasons, the figure only shows themes raised by 2% or more of respondents; therefore, readers are encouraged to refer to the full tables of coded text, provided in Appendix 3, for a much fuller overview of the views expressed.

9.51 Over one-in-three (36%) gave comments relating to the Dermatology outpatient department being an efficient/quick service, including being seen on time and prompt results and diagnosis. Around a quarter gave comments around good staff (25%), for example saying that they were professional, kind, reassuring and helpful, and that it is a generally good service/no issues (24%).

Figure 52: Can you tell us why you chose that rating (experience of using the Dermatology outpatient department)? (Only shows themes raised by 2% or more of respondents)



Base: Respondents to the survey (341)

9.52 Compared to the overall results, a higher proportion of patients who accessed the Dermatology outpatient department most recently in 2022 said communication was good (23%).

9.53 Compared to the overall results, a higher proportion of patients who accessed the majority of their Dermatology care at Prince Philip Hospital said that there was good hospital accessibility including location and car parking (2%).

9.54 Below are some examples of comments given:

> *Efficient. Mostly very prompt, only once had to wait. (Withybush Hospital)*
>
> *I was treated with respect by the outpatient staff. (Prince Philip Hospital)*

Staff were helpful, the consultant explained the issue and how it could be treated. (Prince Philip Hospital)

Communication about waiting time could have been a little better. (Prince Philip Hospital)

Procedure was carried out with utmost care. However, waiting in the waiting room was a long time and increased anxiety. (Prince Philip Hospital)

Outpatients are very good. But it's getting an appointment that is the problem. (Glangwili Hospital)

Respondent profile

9.55 HDdUHB are committed to ensuring that everyone receives fair and equal respect and endeavours to treat everyone with dignity whatever their age, disability, ethnicity, faith, gender reassignment or sexual identity. This can only be achieved if this information is provided by service users and staff, therefore all survey respondents were asked to answer a series of equality monitoring questions. These questions were optional, and respondents were assured that the data would be used for monitoring purposes only and held in the strictest confidence.

9.56 Equalities information collected suggests that the Dermatology service patient demographic is mixed. The profile of patient survey respondents broadly reflects this with a diverse range of respondents taking part in the survey.

9.57 The tables that appear without commentary on the following pages show the profile of respondents, who have worked in/used Dermatology services, in relation to a range of characteristics. Each table includes details about the number and percentage of staff or patients responding in each category. Where no responses were received for any given category, these have not been included in the following tables, however the full range of response options, based on HDdUHB's standard equality questions, were provided on the questionnaires. In some instances, where only very small numbers of respondents selected individual response options, these have been grouped together for presentational convenience, and to minimise the risk of inadvertently identifying any individuals. For example, the group 'any other ethnicity' etc may include respondents who selected a variety of response options, where the counts of these options are very low.

9.58 'Not known' shown on each table includes all respondents who either did not provide an answer or selected 'prefer not say'.

9.59 Please note that the figures may not always sum to 100% due to slight rounding errors. *% denotes a proportion of less than 1% but greater than zero.

Staff survey

Table 152: County lived in - All Respondents working in Dermatology (Note: Figures may not sum due to rounding)

County lived in	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Carmarthenshire	11	61%
Ceredigion	1	6%
Pembrokeshire	3	17%
Other	3	17%
Total number of valid respondents	**18**	**100%**
Not Known	*2*	-

Table 153: Age - All Respondents working in Dermatology – (Note: Figures may not sum due to rounding)

Age	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
34 or under	1	6%
35 to 44	11	61%
45 to 54	3	17%
55 or over	3	17%
Total number of valid respondents	**18**	**100%**
Not Known	*2*	-

Table 154: Gender - All Respondents working in Dermatology – (Note: Figures may not sum due to rounding)

Gender	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Female	16	89%
Male	2	11%
Total number of valid respondents	**18**	**100%**
Not Known	*2*	-

Table 155: Sexual orientation - All Respondents working in Dermatology – (Note: Figures may not sum due to rounding)

Sexual orientation	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Heterosexual or Straight	18	100%
Other sexual orientation	0	-
Total number of valid respondents	**18**	**100%**
Not Known	*2*	-

Table 156: Marital Status - All Respondents working in Dermatology – (Note: Figures may not sum due to rounding)

Marital Status	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Married/In a Civil Partnership	15	83%
Not married/Not in a Civil Partnership	3	17%
Total number of valid respondents	**18**	**100%**
Not Known	*2*	-

Table 157: Have any dependent children - All Respondents working in Dermatology – (Note: Figures may not sum due to rounding)

Dependent children	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Yes	11	61%
No	7	39%
Total number of valid respondents	**18**	**100%**
Not Known	*2*	-

Table 158: Disability - All Respondents working in Dermatology – (Note: Figures may not sum due to rounding)

Disability	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Yes	0	-
No	18	100%
Total number of valid respondents	**18**	**100%**
Not Known	*2*	-

Table 159: Ethnic group - All Respondents working in Dermatology – (Note: Figures may not sum due to rounding)

Ethnic group	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Asian	3	17%
White British	14	78%
White other	0	-
Any other ethnic group	1	6%
Total number of valid respondents	**18**	**100%**
Not Known	*2*	-

Table 160: Religion - All Respondents working in Dermatology – (Note: Figures may not sum due to rounding)

Religion	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Buddhist	1	6%
Christian	7	44%
Muslim	2	13%
No religion	6	38%
Total number of valid respondents	**16**	**100%**
Not Known	*4*	-

Table 161: Providing unpaid care - All Respondents working in Dermatology – (Note: Figures may not sum due to rounding)

Providing unpaid care	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Yes	1	6%
No	17	94%
Total number of valid respondents	**18**	**100%**
Not Known	*2*	-

Table 162: Household income - All Respondents working in Dermatology – (Note: Figures may not sum due to rounding)

Household Income	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
£40,000 or less	3	30%
Over £40,000	7	70%
Total number of valid respondents	**10**	**100%**
Not Known	*10*	-

Table 163: Main language used at home - All Respondents working in Dermatology – (Note: Figures may not sum due to rounding)

Main language used at home	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
English	15	94%
Welsh or both English and Welsh	1	6%
Total number of valid respondents	**16**	**100%**
Not Known	*4*	-

Patient survey

Table 164: Key demographic response profile of respondents who have used/care for someone who has used Dermatology services:– compared with the population aged 18+ of Carmarthenshire, Ceredigion and Pembrokeshire counties

Characteristic		Questionnaire Responses		Population aged 18+
		Number of Respondents	%	
BY COUNTY LIVED IN	Carmarthenshire	178	50%	49%
	Ceredigion	66	19%	19%
	Pembrokeshire	111	31%	32%
	Total number of valid respondents	**355**	**100%**	**100%**
	Other areas	*4*	-	-
	Not Known	*128*	-	-
BY AGE	24 or under	1	*%	9%
	25 to 34	8	2%	13%
	35 to 44	14	4%	13%
	45 to 54	30	8%	16%
	55 to 64	93	26%	18%
	65 to 74	160	45%	17%
	75 or over	49	14%	14%
	Total number of valid respondents	**355**	**100%**	**100%**
	Not Known	*132*	-	-
BY DISABILITY	Has a disability	56	16%	25%
	No disability	286	84%	75%
	Total number of valid respondents	**342**	**100%**	**100%**
	Not Known	*145*	-	-

Table 165: Gender - All Respondents who have used/care for someone who has used Dermatology services – (Note: Figures may not sum due to rounding)

Gender	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Female	207	58%
Male	148	42%
Total number of valid respondents	**355**	**100%**
Not Known	*132*	-

Table 166: Sexual orientation - All Respondents who have used/care for someone who has used Dermatology services – (Note: Figures may not sum due to rounding)

Sexual orientation	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Heterosexual or Straight	300	89%
Other sexual orientation	38	11%
Total number of valid respondents	**338**	**100%**
Not Known	*149*	-

Table 167: Marital Status - All Respondents who have used/care for someone who has used Dermatology services – (Note: Figures may not sum due to rounding)

Marital Status	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Married/In a Civil Partnership	265	77%
Not married/Not in a Civil Partnership	77	23%
Total number of valid respondents	**342**	**100%**
Not Known	*145*	-

Table 168: Have any dependent children - All Respondents who have used/care for someone who has used Dermatology services – (Note: Figures may not sum due to rounding)

Dependent children	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Yes	38	11%
No	311	89%
Total number of valid respondents	**349**	**100%**
Not Known	*138*	-

Table 169: Ethnic group - All Respondents who have used/care for someone who has used Dermatology services – (Note: Figures may not sum due to rounding)

Ethnic group	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
White British	302	88%
White other	32	9%
Any other ethnic group	8	2%
Total number of valid respondents	**342**	**100%**
Not Known	*145*	-

Table 170: Religion - All Respondents who have used/care for someone who has used Dermatology services – (Note: Figures may not sum due to rounding)

Religion	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Buddhist	1	*%
Christian	208	62%
Any other religion	6	2%
No religion	119	36%
Total number of valid respondents	**334**	**100%**
Not Known	*153*	-

Table 171: Providing unpaid care - All Respondents who have used/care for someone who has used Dermatology services – (Note: Figures may not sum due to rounding)

Providing unpaid care	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Yes	48	14%
No	287	86%
Total number of valid respondents	**335**	**100%**
Not Known	*152*	-

Table 172: Household income - All Respondents who have used/care for someone who has used Dermatology services – (Note: Figures may not sum due to rounding)

Household Income	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Below £10,000	24	11%
£10,001 - £20,000	44	21%
£20,001 - £30,000	60	28%
£30,001 - £40,000	28	13%
Over £40,000	57	27%
Total number of valid respondents	**213**	**100%**
Not Known	*274*	-

Table 173: Main language used at home - All Respondents who have used/care for someone who has used Dermatology services – (Note: Figures may not sum due to rounding)

Main language used at home	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
English	304	88%
Welsh	42	12%
Total number of valid respondents	**346**	**100%**
Not Known	*141*	-

10. Ophthalmology service

Introduction

10.1 Ophthalmology services focus on the treatment of eye diseases, injuries and surgical procedures. The service HDdUHB provide is for both children and adults who have sight problems that need treatment.

10.2 An Ophthalmology service is delivered at Glangwili Hospital, Carmarthen; Bronglais Hospital, Aberystwyth; Withybush Hospital, Haverfordwest; Prince Philip Hospital, Llanelli; North Road Clinic, Aberystwyth; Amman Valley Community Hospital, Ammanford; Aberaeron Integrated Care Centre, Aberaeron; Cardigan Integrated Care Centre, Cardigan, and South Pembrokeshire Hospital, Pembroke Dock.

10.3 To put the survey results into context, it is important to note that there have been some recent temporary service changes. From 16 April 2020 until December 2020 some Ophthalmology services, including emergency care services, from various sites were relocated to Werndale Hospital, Bancyfelin. Other changes include undertaking virtual reviews and triage of all emergency cases and Orthoptist telephone consultations being carried out. These changes were implemented to support the outpatient service during the COVID-19 Pandemic.

10.4 All members of staff currently working in, or those who support staff working in, the Ophthalmology service were invited to take part in the survey. In total 51 responses were received.

10.5 Approximately 168,000 patient activities were recorded across Ophthalmology services between August 2018 and July 2023, and a randomly selected sample of patients who accessed these services within this period were invited to take part in the patient survey. In total 6,844 patients were sent an invitation, and 900 responses were received, giving a response rate of 13.15%.

10.6 The Ophthalmology service patient demographic is mixed, however equalities information collected suggests that the majority of service users are white, English-speaking and female between the ages of 45-70. This is broadly reflected in the profile of respondents to the patient survey. Tables showing the full profile breakdown of respondents are included at the end of this chapter.

10.7 Throughout this chapter, please note that where percentages do not sum to 100, this may be due to computer rounding, the exclusion of “don’t know” categories, or multiple answers.

Main survey findings

Main Clinical site - Staff survey

10.8 Respondents were asked to indicate which clinical site is their main base. The responses from staff respondents in Ophthalmology are detailed in the table overleaf, where it can be seen that around two fifths of responses (41%) are from staff working at Glangwili Hospital, Carmarthen, and a further two fifths (43%) work at other smaller clinical sites. It should also be noted here that staff based at Glangwili will also undertake activity at Prince Philip Hospital, but are not based on site full time.

Table 174: Which is your main hospital base? - All Respondents working in Ophthalmology (Note: Figures may not sum due to rounding. 'Not known' includes respondents who said 'Don't know/Can't remember' or did not respond to the question.)

Main clinical base	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Amman Valley Hospital, Ammanford	14	27%
Bronglais Hospital, Aberystwyth	2	4%
Glangwili Hospital, Carmarthen	21	41%
North Road Clinic, Aberystwyth	8	16%
Withybush Hospital, Haverfordwest	6	12%
Total number of valid respondents	**51**	**100%**

Main clinical site accessed - Patient survey

10.9 Respondents were asked to indicate at which clinical site they accessed the majority of their care for Ophthalmology. The responses from patient respondents in Ophthalmology are detailed in the table below, where it can be seen that around two fifths (41%) of the responses are from those who accessed Ophthalmology services at Glangwili Hospital, with the remainder split out between various other clinical sites.

Table 175: In which hospital did you access the majority of your hospital care for Ophthalmology services? All Respondents who have used/care for someone who has used Ophthalmology services (Note: Figures may not sum due to rounding. 'Not known' includes respondents who said 'Don't know/Can't remember' or did not respond to the question.)

Main clinical site accessed	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Aberaeron Integrated Care Centre, Aberaeron	21	2%
Amman Valley Hospital, Ammanford	58	7%
Bronglais Hospital, Aberystwyth	53	6%
Cardigan Integrated Care Centre, Cardigan	18	2%
Glangwili Hospital, Carmarthen	363	41%
North Road Clinic, Aberystwyth	86	10%
Prince Philip Hospital, Llanelli	108	12%
South Pembrokeshire Hospital, Pembroke Dock	3	*%
Withybush Hospital, Haverfordwest	119	13%
Other	58	7%
Total number of valid respondents	**887**	**100%**
Not Known	*13*	-

Years worked in service – Staff survey

10.10 Respondents were also asked to indicate in which years between 2018 and 2023 they worked in or supported staff working in the Ophthalmology service. The responses are detailed in the table overleaf.

Table 176: In which of the following year(s) have you worked in/with the Ophthalmology service? - All Respondents working in Ophthalmology – (Note: respondents were able to select multiple years and, therefore, the percentages may sum to greater than 100%. 'Not known' includes respondents who said 'Don't know/Can't remember' or did not respond to the question.)

Years worked in service	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
2018	23	47%
2019	25	51%
2020	24	49%
2021	26	53%
2022	38	78%
2023	43	88%
Total number of valid respondents	**49**	-
Not Known	*2*	-

Years accessed service – Patient survey

10.11 Respondents were also asked to indicate in which years between 2018 and 2023 they accessed the Ophthalmology service. The responses are detailed in the table below.

Table 177: In which of the following year(s) were you seen by the Ophthalmology service - All Respondents who have used/care for someone who has used Ophthalmology services – (Note: respondents were able to select multiple years and, therefore, the percentages may sum to greater than 100%. 'Not known' includes respondents who said 'Don't know/Can't remember' or did not respond to the question.)

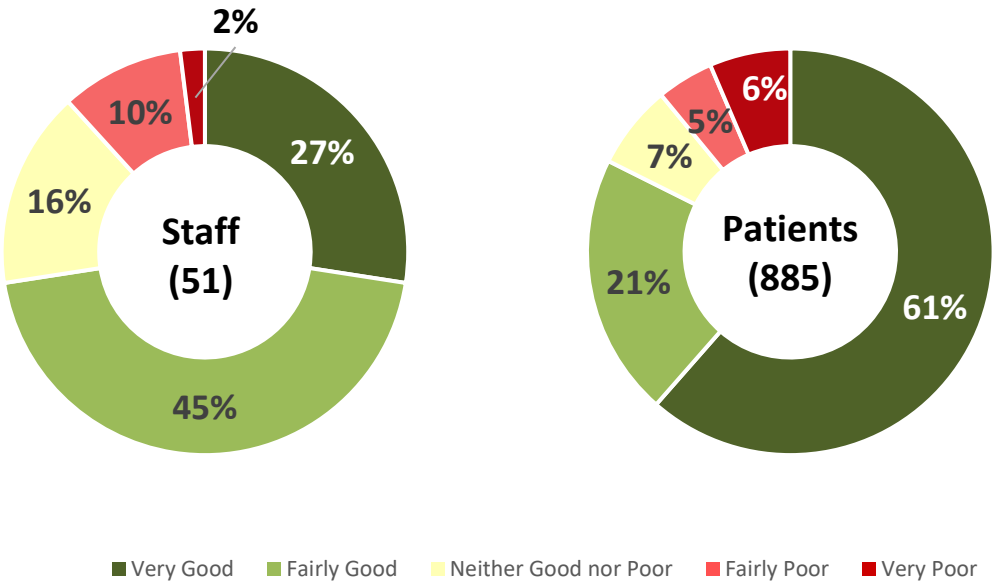
Years accessed service	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
2018	163	21%
2019	176	23%
2020	167	22%
2021	197	26%
2022	322	42%
2023	393	51%
Total number of valid respondents	**770**	-
Not Known	*130*	-

Overall experience

10.12 Almost three quarters of staff respondents (73%) said that their overall experience of working in/with the Ophthalmology service was good, with over a quarter (27%) saying it was very good, and 45% saying it was fairly good. Just over one-in-ten (12%) said their overall experience was poor (Figure 53 overleaf).

10.13 Over four fifths (82%) of patient respondents said that their experience of using the Ophthalmology service was good, around three fifths (61%) saying that it was very good. Around one-in-ten (11%) said their overall experience of using the Ophthalmology service was poor, with 6% saying it was very poor (Figure 53 overleaf).

Figure 53: Overall experience of working in/using the Ophthalmology service.

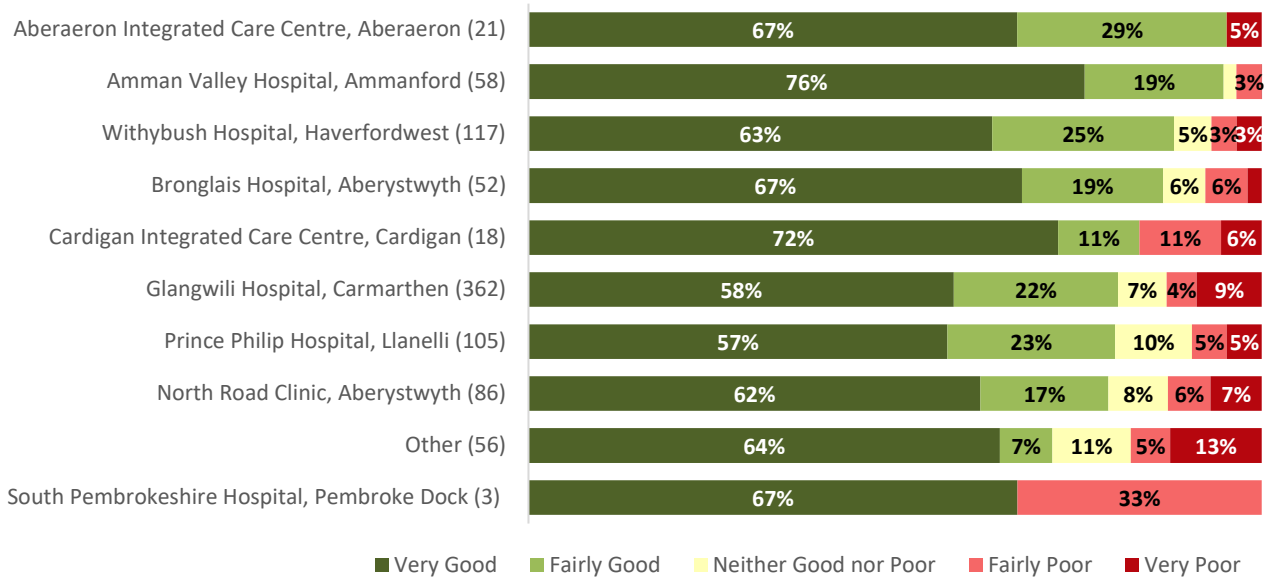


Base: Number of respondents shown in brackets (excludes 'don't know' responses)

10.14 Figure 54 overleaf shows how responses to this question in the patient survey vary by clinical site accessed for the majority of their care. The proportion of patient respondents who said that that their overall experience of using the Ophthalmology service was good is highest for those using Aberaeron Integrated Care Centre, Aberaeron (95%); Amman Valley hospital, Ammanford (95%); or Withybush Hospital, Haverfordwest (88%).

10.15 The clinical site with the highest proportion of respondents saying it was poor were Glangwili Hospital, Carmarthen (13%) and North Road Clinic, Aberystwyth (13%). The result for South Pembrokeshire Hospital, Pembroke Dock, should be treated with caution as they are based on only three responses – 33% saying poor relates to one respondent only.

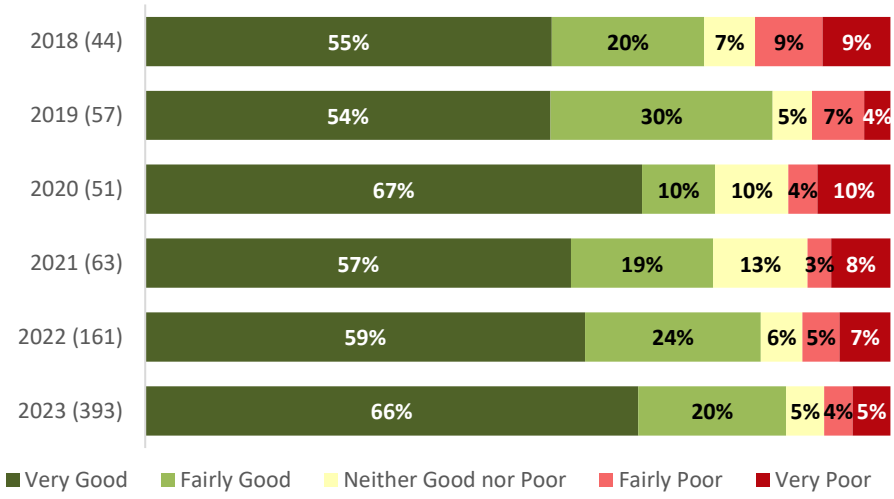
Figure 54: Overall experience of using the Ophthalmology service by main clinical site accessed – patient survey.



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

10.16 In terms of years within which they accessed the service (Figure 55 below), a higher proportion of patients who most recently accessed the Ophthalmology service in 2023 (86%), said their overall experience of using the Ophthalmology department was good.

Figure 55: Overall experience of using the Ophthalmology service by year most recently accessed the service – patient survey.



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

What was good about your experience of working in/using the Ophthalmology service

Staff survey

10.17 Ophthalmology staff noted the importance of positive working relationships within the service: managers and staff across all sites were typically thought to be approachable and keen to help address colleagues' concerns. Such effective teamwork between dedicated, respectful and caring staff was considered essential in improving patient care and outcomes, as well as employee job satisfaction.

> *"Very caring team, all striving for the best outcome for the patients" (Glangwili Hospital)*

10.18 Respondents noted the benefits of working with their patients and each other, and taking pride in the quality of care provided.

> *"As a small team, we work well together to provide the best standards of care within our department. We are able to react to changes in demands in the service and always strive to be as efficient as possible whilst maintaining the standards of care" (North Road Clinic, Aberystwyth)*

10.19 Some also highlighted opportunities to gain new skills, knowledge, and experience by working with and being supported by experienced specialists within the service.

10.20 Organisation is another specified key benefit of the service: some respondents at Withybush Hospital specifically noted that good documentation, helping to keep the flow organised and consistent, was a facilitator to their role. It was also said that the intravitreal injection therapy (IVT)[91] at Withybush Hospital works well and facilitates good quality of care.

> *"Great team, the IVT service which I mainly work on works well, patient flow is good and patients seem very happy with the service in the department. I know they are unhappy with waiting times, but the service they receive on the day is very well received and it's very satisfying work. Department in WGH is well laid out and equipped. The documentation pathway helps the flow stay well organised and consistent." (Withybush Hospital)*

10.21 Finally, staff also enjoy the benefits of flexible working hours in improving their work/life balance.

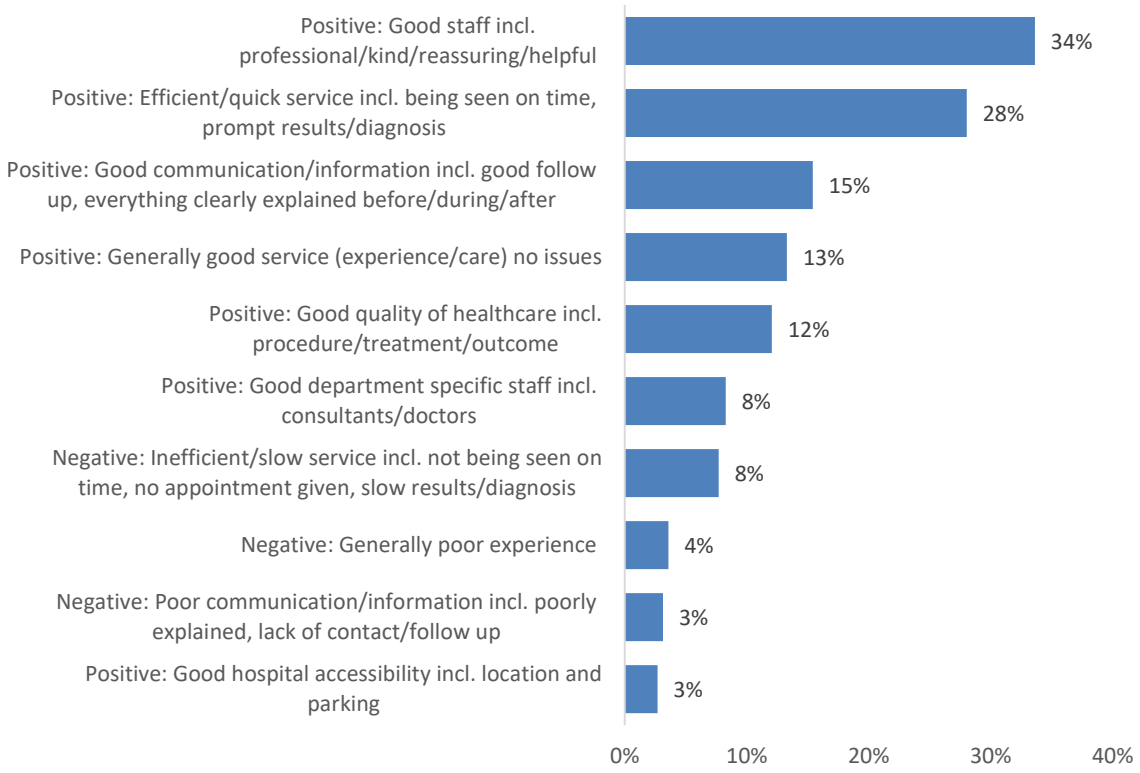
Patient survey

10.22 Respondents were asked what was good about their experience of using the Ophthalmology service (Figure 56 overleaf). For presentational reasons, the figure only shows themes raised by 3% or more of respondents; therefore, readers are encouraged to refer to the full tables of coded text, provided in Appendix 3, for a much fuller overview of the views expressed.

[91] IVT is an injection to put medication into the back of the eye as a treatment for Age-related Macular Degeneration, which is a condition whereby the retina degenerates with age.

10.23 Around a third (34%) of patient respondents praised the staff saying they were professional, kind, reassuring and helpful, whilst almost three-in-ten (28%) said there was an efficient and/or quick service including being seen on time and prompt results.

Figure 56: Can you tell us what was good about your experience of using the Ophthalmology service and the care provided? (Only shows themes raised by 3% or more of respondents)



Base: Respondents to the survey (895)

10.24 Compared to the overall results, a higher proportion of those who most recently accessed the Ophthalmology service in 2023 gave comments praising the staff (43%) and the communication/information given (19%).

10.25 Compared to the overall results, a higher proportion of those who accessed the majority of their Ophthalmology care at either Amman Valley (55%), or Withybush Hospital praised the staff (42%) saying they are professional/kind/reassuring/helpful, while a higher proportion of those who accessed the majority of their Ophthalmology care at Glangwili Hospital said there was generally good quality healthcare (15%).

10.26 Below are some examples of comments given:

"Absolutely fantastic treatment given by all members of the team. Would have not been given better treatment had I gone to Harley Street. Each team member gave 100% to my treatment and care." (Bronglais Hospital)

"All my appointments were on-time, all your staff were kind and helpful, I couldn't have asked for better." (North Road Clinic)

"Procedures were prompt, staff reassuring and aftercare excellent." (Withybush Hospital)

"Excellent service with consultant and supporting staff. However, waiting time is approx. 1-2 hours to see the consultant after allocated time slot. I am supposed to be reviewed every 12 months, but this isn't happening." (Bronglais Hospital)

"Fast and efficient. Always book my appointments without me having to chase." (Prince Philip Hospital)

"I am still waiting to see anyone about my eyes. I have been waiting quite a long time to see anyone." (Hospital unknown)

"Initially excellent but no follow up." (Glangwili Hospital)

What was difficult about your experience of working in the Ophthalmology service

Staff survey

10.27 Capacity is a key concern for Ophthalmology staff across HDdUHB, with appointments apparently in high demand and clinics often overbooked. This was said to increase patient waiting times and impact the ability to offer timely and high-quality care.

"Having multiple patients to book and no appointments to book them into" (Glangwili Hospital)

10.28 A specific concern raised by one staff member, was that capacity issues currently limit the Health Board's ability to offer patient care via multidisciplinary teams led by consultant ophthalmologists. The respondent said that *"with a very few notable exceptions, such teams are not in place in Hywel Dda"* (Amman Valley Hospital), with glaucoma and intravitreal Injection therapies[92] being the subspecialities most affected.

10.29 Staff shortages were thought to be one main reason for limited capacity and overbooked clinics. Specific areas facing shortages were junior doctors and nursing staff at Bronglais Hospital, and consultants at Amman Valley and Glangwili Hospitals.

"Capacity to care is significantly less than demand for care… Departmental managers are good people who work hard too… but constraints within the organisation mean they are 'underpowered' in terms of capacity to bring about required changes" (Amman Valley Hospital)

10.30 Poor work/life balance and increased commuting times were particular concerns around staff retention: last-minute releases of and changes to rotas can, it was said, impact people's personal lives, and the same was said for increased staff travel as a result of employee shortages across the region.

10.31 A few respondents commented on an overall lack of training opportunities within Ophthalmology, and some felt that even when they are provided, they are unstructured and ineffective. Furthermore, training new staff can apparently prove difficult due to the differing preferences and expertise of senior staff.

[92] IVT is an injection to put medication into the back of the eye as a treatment for Age-related Macular Degeneration, which is a condition whereby the retina degenerates with age.

Similarly, some felt that varied pathways and a lack of consistency in working practices between clinicians can be confusing for other, especially newer, members of staff.

> *"I am still learning the role and trying to manage the subtleties between the expectations of different consultants and their requirements from me, to perform their duties and maintain working within my NMC framework[93], whilst managing these requirements and within the team as a whole" (Amman Valley Hospital)*

10.32 One respondent highlighted that staff retention can cause issues in that while new employees need more training and development, this is difficult to provide due to the limited availability of experienced staff.

10.33 It was felt that Ophthalmology staff lack a clear career progression pathway within the service, which ties into the point around staff feeling undervalued and unsatisfied. A particular issue mentioned was a lack of opportunities to progress at Bronglais Hospital (mentioned by a couple of respondents).

> *"No promotions are happening... No proper job plan for doctors and it's very uncertain... There is status quo regarding the doctors' career building on Bronglais site... People like me who want to prove their worth should be given promotion and [a] chance [to] flourish" (Bronglais Hospital)*

10.34 Staff communication and input into decision-making was also noted as a challenge within Ophthalmology. Several respondents said that some clinical and staffing changes have been made with little staff consultation or input, linking into a wider concern around communication between delivery staff and managers within the Ophthalmology service, and across the Health Board as a whole. Overall, more communication and teamwork could, it was said, further improve quality of care and service efficiency.

10.35 The organisation of clinics was noted as a difficulty for staff, particularly in relation to the notes system used across the service. Some respondents said that notes for patients and appointments are often inconsistent, late, or not completed at all, which can result in last minute appointment cancellations, further delaying patients' access to care. It was also said that the paper system is outdated and should be digitalised.

10.36 Working environments were also highlighted as a concern for staff at North Road Clinic, Aberystwyth, who said they need a space to take breaks and eat lunch, separate from patients' waiting areas. Moreover, some respondents highlighted the apparently poor quality of their equipment, particularly IT and specialist equipment.

> *"Can be frustrating at times, not having the correct equipment to do my job safely" (Bronglais Hospital)*

[93] Nursing and Midwifery Council Framework are standards that help student nurses achieve certain proficiencies within their profession.

What could be done differently to improve your/others experience of working in/using the Ophthalmology service

Staff survey

10.37 Most staff made suggestions for ways to improve their experience in Ophthalmology, not least around improving staff recruitment, retention, and capacity. It was said that making efforts to recruit more staff could reduce the workload and travel difficulties faced by many employees, and that more continuity and opportunities to share experiences could improve efficiency in the workplace.

10.38 Some staff at Glangwili Hospital specifically highlighted the demand for additional administrative support within the service. This, it was said, could increase the capacity of delivery staff, who would spend less time on administrative tasks like booking appointments.

10.39 It was frequently said that more open communication and engagement between Health Board managers and delivery staff could improve working relationships and staff retention, particularly when it comes to making decisions affecting the delivery of care and patient outcomes.

> *"Engage with clinicians prior to making substantive service changes. Listen to or seek feedback from clinicians - what works well, which clinicians could be developed into further roles to ease waiting lists and provide more effective and targeted care to patients" (Withybush Hospital)*

10.40 Staff at Glangwili Hospital also stressed the importance of communication around rotas, suggesting advanced warning of amendments to improve staff wellbeing. Some staff would also appreciate more recognition for hard work to boost their morale; and better and more structured onboarding for new starters and ongoing training for all staff was considered essential in improving the staff experience.

10.41 Some staff shared suggestions for improving the strategic direction and organisation of the service, including some clinical recommendations. One issue raised by staff across all sites was the importance of correct, appropriate, and timely notes to ensure good practice around communication.

> *"Getting notes in advance of lists especially for cataract surgery so that nurses can ensure documentation is readily available & patient suitable for remote location…" (Amman Valley Hospital)*

10.42 It was also said that additional clinics across the region (including in community settings) could help staff see people on time and reduce waiting lists.

10.43 On a managerial level, it was felt that greater understanding is required that although a particular strategy may work at one site, it may not be applicable to all others due to their differing environment, staffing, and capacity challenges.

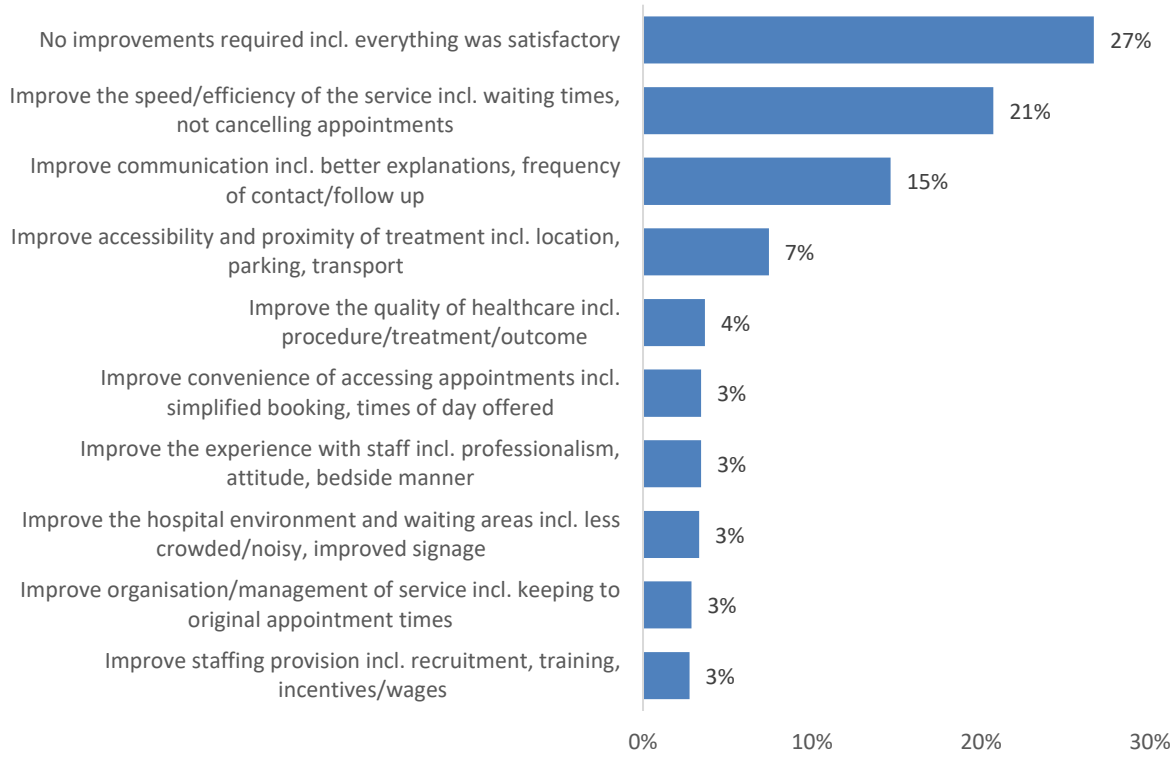
10.44 Finally, it was said that working environments could also benefit from changes to improve staff wellbeing at work. To improve service locations, respondents suggested a need to utilise all clinical rooms for their correct purpose, ensure privacy for patients having tests, and provide fit-for-purpose staff rooms at all sites.

Patient survey

10.45 Respondents were asked what could be done differently to improve theirs or others experience of using the Ophthalmology service (Figure 57 below). For presentational reasons, the figure only shows themes raised by 3% or more of respondents; therefore, readers are encouraged to refer to the full tables of coded text, provided in Appendix 3, for a much fuller overview of the views expressed.

10.46 Over a quarter (27%) felt that no improvements are required or that everything was satisfactory. However, around a fifth (21%) gave suggestions around improving the speed and efficiency of the service including waiting times and not cancelling appointments, while 15% said communication should be improved, for example better explanations, and increased frequency of contact/follow up.

Figure 57: Can you tell us what could be done differently to improve your and other patients' experience of using the Ophthalmology service and the care provided? (Only shows themes raised by 3% or more of respondents)



Base: Respondents to the survey (873)

10.47 Compared to the overall results, a higher proportion of those who most recently accessed the Ophthalmology service in 2023 said that no improvements were needed (32%).

10.48 Compared to the overall results, a higher proportion of those who accessed the majority of their care at Glangwili Hospital suggested an improvement to the experience with staff was needed (5%) while a higher proportion of those who accessed the majority of their care at Prince Philip Hospital suggested that communication needed improving (25%).

10.49 Overleaf are some examples of comments given:

"Nothing really as everything was explained prior to my treatment, and the care was outstanding." (Withybush Hospital)

"A new clinic with better facilities for staff and patients would be top of my list without a doubt." (North Road Clinic)

"At the very least, remember to provide patients with follow up appointments. The system is appalling. I rang on numerous occasions to get an appointment and failed." (Glangwili Hospital)

"Better communication with patients. Repeated delays and cancelled appointments mean that I am still waiting for a clinic appointment which was due six months after the first … and it will shortly be a year since I was seen. Letters saying to phone, with several different numbers shown, but often no-one available. … How could it be improved? By having someone who co-ordinates the appointment system between the different hospitals where the clinics may be held, and someone who can communicate with patients exactly what is happening, and what to do when repeat prescriptions (12x) run out". (Glangwili Hospital)

"Better parking by outpatients. I was fortunate that I was dropped off by my husband at the door, but he then could not find a parking space. This would be much worse if you were having to park yourself." (Glangwili Hospital)

"Distance travelled to hospital was over an hour. I had to make this journey on many occasions. It seems daft that Withybush hospital is on my doorstep." (Amman Valley Hospital)

"Communication. Don't waste money on mail. Send by e mail or other electronic options. Only post to those who have no devices." (Prince Philip Hospital)

"Having been on the waiting list since 2019, I am still awaiting an appointment. Surely a patient should not have to wait this long to be seen. I don't know how often your waiting lists are reviewed but four years waiting is unacceptable." (Hospital unknown)

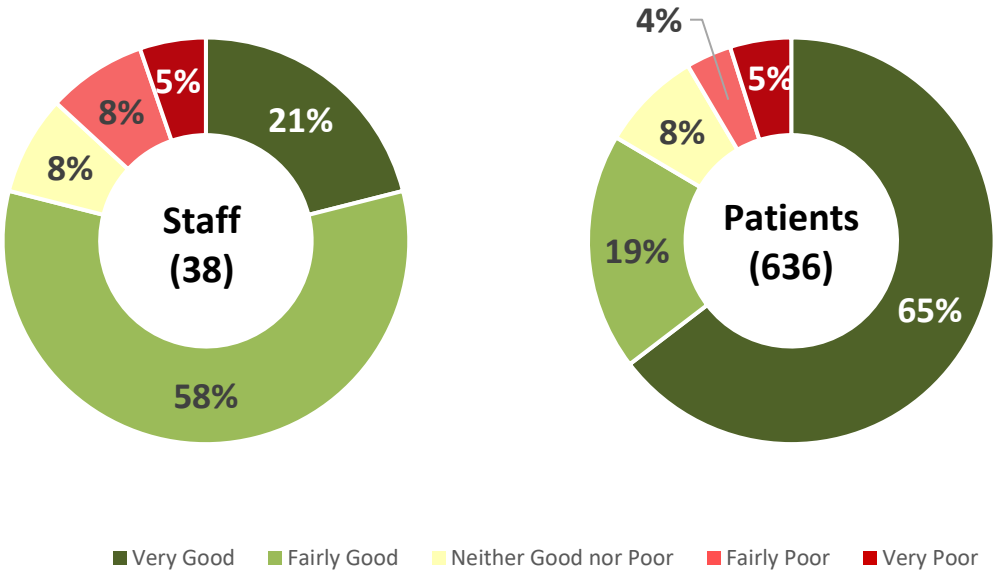
"MAKE MORE APPOINTMENT SLOTS AVAILABLE! I am supposed to have the eye injections for diabetic macular oedema every 4 weeks, but I was unable to get an appointment for 6 months for the injection into my right eye. It's now looking like it's going to be 3 months before I get another injection into my left eye. It's totally disgusting! The doctor says I need an appointment 4 weeks later, but the receptionist says they can't book me in as there is a massive delay due to not having enough appointments." (Glangwili Hospital)

Experience of outpatient services

10.50 Over four fifths (85%) of staff respondents said that they use the outpatient department in delivering their Ophthalmology service. Of these, almost four fifths (79%) said that their overall experience of working in the outpatient department was good, with around a fifth (21%) saying it was very good. 13% said that their experience of working in the Ophthalmology outpatient department was poor, with 5% saying it was very poor (Figure 58 overleaf).

10.51 Over four fifths (85%) of patient respondents said they used the outpatient department as part of their treatment in Ophthalmology. Of these, over four fifths (83%) said it was good with almost two thirds (65%) saying it was very good, and around a fifth (19%) saying it was fairly good. Almost one-in-ten (8%) said their experience was poor with 5% saying it was very poor (Figure 58 overleaf).

Figure 58: Overall experience of working in/using the outpatient department in the Ophthalmology service.

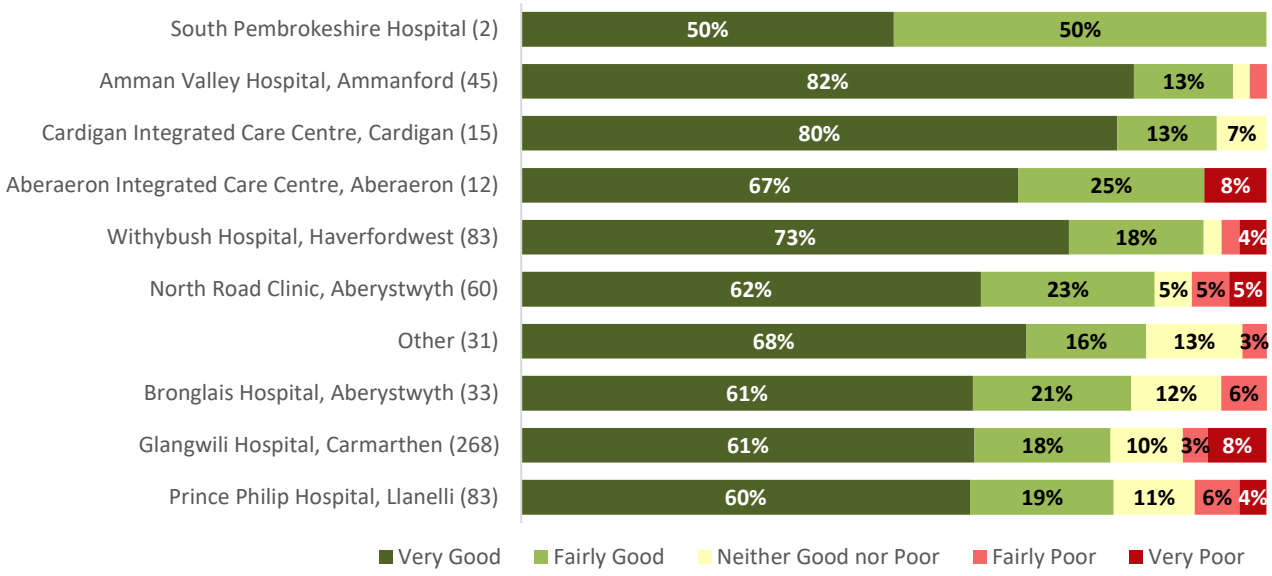


Base: Number of respondents shown in brackets (excludes 'don't know' responses)

10.52 Figure 59 overleaf shows how responses to this question in the patient survey vary by clinical site accessed for the majority of their care. The proportion of patient respondents who said that their overall experience of using the Ophthalmology outpatient department was good is highest for those who used Amman Valley Hospital, Ammanford (96%) or Withybush Hospital, Haverfordwest (92%). Both respondents who used the outpatient department at South Pembrokeshire Hospital, Pembroke Dock said their overall experience was good, however this result should be treated with caution as it is based on only two responses.

10.53 The clinical sites with the lowest proportion of respondents who said their experience of using the outpatient department was good (79%), and the highest proportion who said it was poor are Glangwili Hospital, Carmarthen, and Prince Philip Hospital, Llanelli.

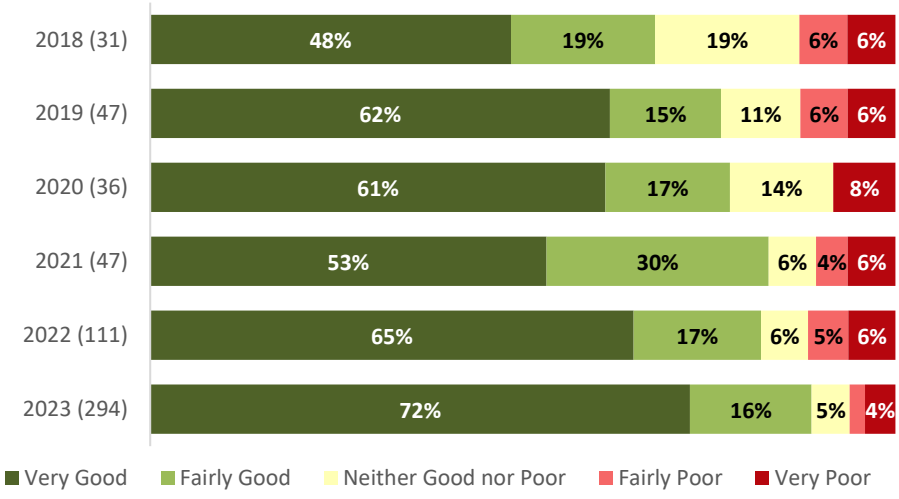
Figure 59: Overall experience of using the Ophthalmology service outpatient department by clinical site – patient survey.



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

10.54 In terms of years within which they accessed the service (Figure 60 below), a higher proportion of patients who most recently accessed the outpatient department as part of their Ophthalmology treatment in 2023 (89%) said their overall experience of using the Ophthalmology outpatient department was good. The results indicate a possible trend towards a higher level of 'good' experiences in more recent years, however it should be noted that there is a higher level of 'neither good nor poor' responses in 2018, 2019 and 2020.

Figure 60: Overall experience of using the Ophthalmology service outpatient department by year most recently accessed the service – patient survey.



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

Staff survey

10.55 Respondents recognised the overall high standard of care offered by outpatient services, while also acknowledging opportunities for improvement. Positively, they praised outpatient staff for being helpful and dedicated, and for wanting the best for service users. Staff felt that this is evidenced in the quality of care provided. It was also said that the outpatient clinic at North Road Clinic is especially well organised, with most patients having attended a 'tech clinic'[94] prior to being seen by a clinician.

10.56 Nevertheless, it was said that more Ophthalmology-specific training and development for outpatient staff would be beneficial in further improving patient outcomes.

> *"… In Ophthalmology we could do with a cohort of staff we can have in each clinic that have an interest in that field and can be developed to deliver care and effect change." (Glangwili Hospital)*

10.57 Although patients are mostly seen on time within outpatient departments, there are still apparently some delays. Staff also highlighted the demand for additional administrative staff and organisation of appointment data to improve efficiency and accuracy when making appointments (for example, it was said that, at Glangwili, clinics are sometimes overbooked or patients are booked into the wrong clinic).

10.58 Staff at North Road Clinic, Aberystwyth, and Glangwili Hospital felt that bigger, more comfortable waiting areas for patients could further improve outpatient services. It was also said that the clinical rooms at Withybush Hospital could be improved, as they are currently not fit for purpose.

> *"… Wrong size, clinician safety cannot be enforced due to too accessible to public… Sinks for IVT scrub rather than scrub troughs etc. No storage area for clinical supplies - clinical rooms full of boxes in which patients are seen. No office provided for CPD[95], training or management duties - information on display for patients to see." (Withybush Hospital)*

Patient survey

10.59 Patient respondents were also asked why they said their overall experience of using the outpatient department as part of the Ophthalmology treatment was good or poor (Figure 61 overleaf). For presentational reasons, the figure only shows themes raised by 3% or more of respondents; therefore, readers are encouraged to refer to the full tables of coded text, provided in Appendix 3, for a much fuller overview of the views expressed.

10.60 The most frequently given comments were related to the service (experience/care) being good generally or that there were no issues (27%), about good staff, saying that they were professional, kind, reassuring and helpful (27%) or that the service was quick and efficient, for example being seen on time, and prompt results and diagnoses (26%).

[94] A tech clinic is where an ophthalmic technician performs vision and diagnostic tests on a persons eye.
[95] Continuing Professional Development.

Figure 61: Can you tell us why you chose that rating (experience of using the Ophthalmology outpatient department)? (Only shows themes raised by 3% or more of respondents)

Base: Respondents to the survey (630)

10.61 Compared to the overall results, a higher proportion of patients who accessed the Ophthalmology service most recently in 2023 gave comments around good staff (32%) and good communication (12%).

10.62 Compared to the overall results, a higher proportion of patients who accessed the majority of their Ophthalmology care at Bronglais Hospital said there was generally a good service (45%) while a higher proportion of patients who accessed the majority of their Ophthalmology care at Amman Valley Hospital said there was good communication/information (22%).

10.63 Below are some examples of comments given:

> *"All my appointments were on-time, all your staff were kind and helpful, I couldn't have asked for better". (North Road Clinic)*
>
> *"Although I felt the doctor I saw was very good, I feel let down with the follow up treatment, which I'm still waiting for. In the meantime, I feel my eye sight is deteriorating." (Glangwili Hospital)*
>
> *"Appointments were on time. Staff were genuinely welcoming, giving reassurance and answering all questions fully. I did not feel rushed at all. I felt my health issue was important to the staff who worked towards treating me in a professional way." (North Road Clinic)*

"Long wait for the appointment, an hour drive to get there, fifteen-minute consultation." (Other Hospital)

"Seen promptly and a thorough examination given. Diagnosed the problem quickly and followed up for as long as necessary". (Glangwili Hospital)

"The care and attention provided by all of the clinicians and doctors was excellent. Everything was clearly explained and fully discussed. The admin and reception staff also provided excellent service." (Amman Valley Hospital)

Respondent profile

10.64 HDdUHB are committed to ensuring that everyone receives fair and equal respect and endeavours to treat everyone with dignity whatever their age, disability, ethnicity, faith, gender reassignment or sexual identity. This can only be achieved if this information is provided by service users and staff, therefore all survey respondents were asked to answer a series of equality monitoring questions. These questions were optional, and respondents were assured that the data would be used for monitoring purposes only and held in the strictest confidence.

10.65 The Ophthalmology service patient demographic is mixed, however equalities information collected suggests that the majority of service users have been white, English-speaking and female between the ages of 45-70. This is broadly reflected in the profile of respondents to the patient survey.

10.66 The tables that appear without commentary on the following pages show the profile of respondents, who have worked in/used Ophthalmology services, in relation to a range of characteristics. Each table includes details about the number and percentage of staff or patients responding in each category. Where no responses were received for any given category, these have not been included in the following tables, however the full range of response options, based on HDdUHB's standard equality questions, were provided on the questionnaires. In some instances, where only very small numbers of respondents selected individual response options, these have been grouped together for presentational convenience, and to minimise the risk of inadvertently identifying any individuals. For example, the group 'any other ethnicity' etc may include respondents who selected a variety of response options, where the counts of these options are very low.

10.67 'Not known' shown on each table includes all respondents who either did not provide an answer or selected 'prefer not say'.

10.68 Please note that the figures may not always sum to 100% due to slight rounding errors. *% denotes a proportion of less than 1% but greater than zero.

Staff survey

Table 178: County lived in - All Respondents working in Ophthalmology (Note: Figures may not sum due to rounding)

County lived in	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Carmarthenshire	19	51%
Ceredigion	10	27%
Pembrokeshire	5	14%
Other	3	8%
Total number of valid respondents	**37**	**100%**
Not Known	*14*	-

Table 179: Age - All Respondents working in Ophthalmology – (Note: Figures may not sum due to rounding)

Age	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
34 or under	3	8%
35 to 44	13	35%
45 to 54	14	38%
55 or over	7	19%
Total number of valid respondents	**37**	**100%**
Not Known	*14*	-

Table 180: Gender - All Respondents working in Ophthalmology – (Note: Figures may not sum due to rounding)

Gender	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Female	35	90%
Male	4	10%
Total number of valid respondents	**39**	**100%**
Not Known	*12*	-

Table 181: Sexual orientation - All Respondents working in Ophthalmology – (Note: Figures may not sum due to rounding)

Sexual orientation	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Heterosexual or Straight	34	89%
Other sexual orientation	4	11%
Total number of valid respondents	**38**	**100%**
Not Known	*13*	-

Table 182: Marital Status - All Respondents working in Ophthalmology – (Note: Figures may not sum due to rounding)

Marital Status	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Married/In a Civil Partnership	28	76%
Not married/Not in a Civil Partnership	9	24%
Total number of valid respondents	**37**	**100%**
Not Known	*14*	-

Table 183: Have any dependent children - All Respondents working in Ophthalmology – (Note: Figures may not sum due to rounding)

Dependent children	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Yes	18	51%
No	17	49%
Total number of valid respondents	**35**	**100%**
Not Known	*16*	-

Table 184: Disability - All Respondents working in Ophthalmology – (Note: Figures may not sum due to rounding)

Disability	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Yes	3	8%
No	33	92%
Total number of valid respondents	**36**	**100%**
Not Known	*15*	-

Table 185: Ethnic group - All Respondents working in Ophthalmology – (Note: Figures may not sum due to rounding)

Ethnic group	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Asian	8	22%
White British	27	73%
White other	1	3%
Any other ethnic group	1	3%
Total number of valid respondents	**37**	**100%**
Not Known	*14*	-

Table 186: Religion - All Respondents working in Ophthalmology – (Note: Figures may not sum due to rounding)

Religion	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Buddhist	1	3%
Christian	19	53%
Hindu	1	3%
Muslim	2	6%
Sikh	1	3%
No religion	12	33%
Total number of valid respondents	**36**	**100%**
Not Known	*15*	-

Table 187: Providing unpaid care - All Respondents working in Ophthalmology – (Note: Figures may not sum due to rounding)

Providing unpaid care	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Yes	4	12%
No	30	88%
Total number of valid respondents	**34**	**100%**
Not Known	*17*	-

Table 188: Household income - All Respondents working in Ophthalmology – (Note: Figures may not sum due to rounding)

Household Income	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
£40,000 or less	10	34%
Over £40,000	19	66%
Total number of valid respondents	**29**	**100%**
Not Known	*22*	-

Table 189: Main language used at home - All Respondents working in Ophthalmology – (Note: Figures may not sum due to rounding)

Main language used at home	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
English	30	83%
Welsh or both English and Welsh	4	11%
Other	2	6%
Total number of valid respondents	**36**	**100%**
Not Known	*15*	-

Patient survey

Table 190: Key demographic response profile of respondents who have used/care for someone who has used Ophthalmology services:– compared with the population aged 18+ of Carmarthenshire, Ceredigion and Pembrokeshire counties

Characteristic		Questionnaire Responses		Population aged 18+
		Number of Respondents	%	
BY COUNTY LIVED IN	Carmarthenshire	294	48%	49%
	Ceredigion	132	21%	19%
	Pembrokeshire	188	31%	32%
	Total number of valid respondents	**614**	**100%**	**100%**
	Other areas	*52*	-	-
	Not Known	*234*	-	-
BY AGE	24 or under	0	0%	9%
	25 to 34	2	*%	13%
	35 to 44	14	2%	13%
	45 to 54	34	5%	16%
	55 to 64	189	29%	18%
	65 to 74	321	48%	17%
	75 or over	103	16%	14%
	Total number of valid respondents	**663**	**100%**	**100%**
	Not Known	*237*	-	-
BY DISABILITY	Has a disability	146	23%	25%
	No disability	480	77%	75%
	Total number of valid respondents	**626**	**100%**	**100%**
	Not Known	*274*	-	-

Table 191: Gender - All Respondents who have used/care for someone who has used Ophthalmology services – (Note: Figures may not sum due to rounding)

Gender	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Female	381	58%
Male	281	42%
Total number of valid respondents	**662**	**100%**
Not Known	*238*	-

Table 192: Sexual orientation - All Respondents who have used/care for someone who has used Ophthalmology services – (Note: Figures may not sum due to rounding)

Sexual orientation	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Heterosexual or Straight	558	91%
Other sexual orientation	55	9%
Total number of valid respondents	**613**	**100%**
Not Known	*287*	-

Table 193: Marital Status - All Respondents who have used/care for someone who has used Ophthalmology services – (Note: Figures may not sum due to rounding)

Marital Status	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Married/In a Civil Partnership	465	73%
Not married/Not in a Civil Partnership	175	27%
Total number of valid respondents	**640**	**100%**
Not Known	*260*	-

Table 194: Have any dependent children - All Respondents who have used/care for someone who has used Ophthalmology services – (Note: Figures may not sum due to rounding)

Dependent children	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Yes	35	5%
No	616	95%
Total number of valid respondents	**651**	**100%**
Not Known	*249*	-

Table 195: Ethnic group - All Respondents who have used/care for someone who has used Ophthalmology services – (Note: Figures may not sum due to rounding)

Ethnic group	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
White British	581	91%
White other	57	9%
Any other ethnic group	1	*%
Total number of valid respondents	**639**	**100%**
Not Known	*261*	-

Table 196: Religion - All Respondents who have used/care for someone who has used Ophthalmology services – (Note: Figures may not sum due to rounding)

Religion	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Buddhist	4	1%
Christian	404	67%
Jewish	2	*%
Muslim	1	*%
Any other religion	9	1%
No religion	185	31%
Total number of valid respondents	**605**	**100%**
Not Known	*295*	-

Table 197: Providing unpaid care - All Respondents who have used/care for someone who has used Ophthalmology services – (Note: Figures may not sum due to rounding)

Providing unpaid care	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Yes	95	15%
No	539	85%
Total number of valid respondents	**634**	**100%**
Not Known	*266*	-

Table 198: Household income - All Respondents who have used/care for someone who has used Ophthalmology services – (Note: Figures may not sum due to rounding)

Household Income	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Below £10,000	51	13%
£10,001 - £20,000	139	35%
£20,001 - £30,000	90	23%
£30,001 - £40,000	54	14%
Over £40,000	66	17%
Total number of valid respondents	**400**	**100%**
Not Known	*500*	-

Table 199: Main language used at home - All Respondents who have used/care for someone who has used Ophthalmology services – (Note: Figures may not sum due to rounding)

Main language used at home	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
English	559	88%
Welsh	73	11%
Other	5	1%
Total number of valid respondents	**637**	**100%**
Not Known	*263*	-

11. Orthopaedic service

Introduction

11.1 The Orthopaedic service, also known as Orthopaedic Surgery, is a branch of medicine that focuses on the care of the skeletal system and its interconnecting parts.

11.2 An Orthopaedic service is delivered at Glangwili Hospital[96], Carmarthen; Bronglais Hospital, Aberystwyth; Withybush Hospital, Haverfordwest; and Prince Philip Hospital, Llanelli.

11.3 All members of staff currently working in or those who support staff working in the Orthopaedic service were invited to take part in the survey. In total 42 responses were received.

11.4 Approximately 88,732 patient activities were recorded across Orthopaedic services between August 2018 and July 2023, and a randomly selected sample of patients who accessed these services within this period were invited to take part in the patient survey. In total 6,907 patients were sent an invitation, and 885 responses were received, giving a response rate of 12.81%.

11.5 Equalities information collected suggests that the Orthopaedic service patient demographic is mixed. This is broadly reflected in the profile of respondents to the patient survey; however, 61% of respondents were women and 91% were aged 55 or over. Tables showing the full profile breakdown of respondents are included at the end of this chapter.

11.6 Throughout this chapter, please note that where percentages do not sum to 100, this may be due to computer rounding, the exclusion of "don't know" categories, or multiple answers.

Main survey findings

Main Clinical site - Staff survey

11.7 Respondents were asked to indicate which clinical site is their main base. The responses from staff respondents in Orthopaedic services are detailed in the table overleaf, where it can be seen that a third of responses (33%) are from staff working at Withybush Hospital, Haverfordwest, over a quarter (28%) from staff working at Glangwili Hospital, Carmarthen, around a fifth (21%) from staff working at Bronglais Hospital, Aberystwyth and almost a further fifth (18%) from staff working at Prince Philip Hospital, Llanelli.

[96] Only a limited Orthopaedic service, mainly trauma, is provided at Glangwili Hospital.

Table 200: Which is your main hospital base? - All Respondents working in the Orthopaedic service (Note: Figures may not sum due to rounding. 'Not known' includes respondents who said 'Don't know/Can't remember' or did not respond to the question.)

Main hospital base	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Bronglais Hospital, Aberystwyth	8	21%
Glangwili Hospital, Carmarthen	11	28%
Prince Philip Hospital, Llanelli	7	18%
Withybush Hospital, Haverfordwest	13	33%
Total number of valid respondents	**39**	**100%**
Not Known	*3*	-

Main clinical site accessed - Patient survey

11.8 Respondents were asked to indicate at which clinical site they accessed the majority of their care for Orthopaedic services. The responses from patient respondents in Orthopaedic services are detailed in the table below, where it can be seen that almost a third (32%) of the responses are from those who accessed Orthopaedic services at Withybush Hospital, just under three-in-ten (29%) at Prince Philip Hospital, around one-in-six (16%) at Bronglais Hospital and a slightly smaller proportion (15%) at Glangwili Hospital. Under one-in-ten (8%) accessed Orthopaedic services at another clinical site.

Table 201: In which hospital did you access the majority of your hospital care for Orthopaedic services? All Respondents who have used/care for someone who has used Orthopaedic services (Note: Figures may not sum due to rounding. 'Not known' includes respondents who said 'Don't know/Can't remember' or did not respond to the question.)

Main hospital access	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Bronglais Hospital, Aberystwyth	137	16%
Glangwili Hospital, Carmarthen	129	15%
Prince Philip Hospital, Llanelli	257	29%
Withybush Hospital, Haverfordwest	279	32%
Other	72	8%
Total number of valid respondents	**874**	**100%**
Not Known	*11*	-

Years worked in service – Staff survey

11.9 Respondents were also asked to indicate in which years between 2018 and 2023 they worked in or supported staff working in Orthopaedic services. The responses are detailed in the table overleaf.

Table 202: In which of the following year(s) have you worked in/with the Orthopaedic Service? - All Respondents working in the Orthopaedic Service – (Note: respondents were able to select multiple years and, therefore, the percentages may sum to greater than 100%. 'Not known' includes respondents who said 'Don't know/Can't remember' or did not respond to the question.)

Years worked in service	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
2018	30	81%
2019	28	76%
2020	29	78%
2021	31	84%
2022	32	86%
2023	34	92%
Total number of valid respondents	**37**	-
Not Known	*5*	-

Years accessed service – Patient survey

11.10 Respondents were also asked to indicate in which years between 2018 and 2023 they accessed the Orthopaedic service. The responses are detailed in the table below.

Table 203: In which of the following year(s) were you seen by the Orthopaedic service - All Respondents who have used/care for someone who has used Orthopaedic services – (Note: respondents were able to select multiple years and, therefore, the percentages may sum to greater than 100%. 'Not known' includes respondents who said 'Don't know/Can't remember' or did not respond to the question.)

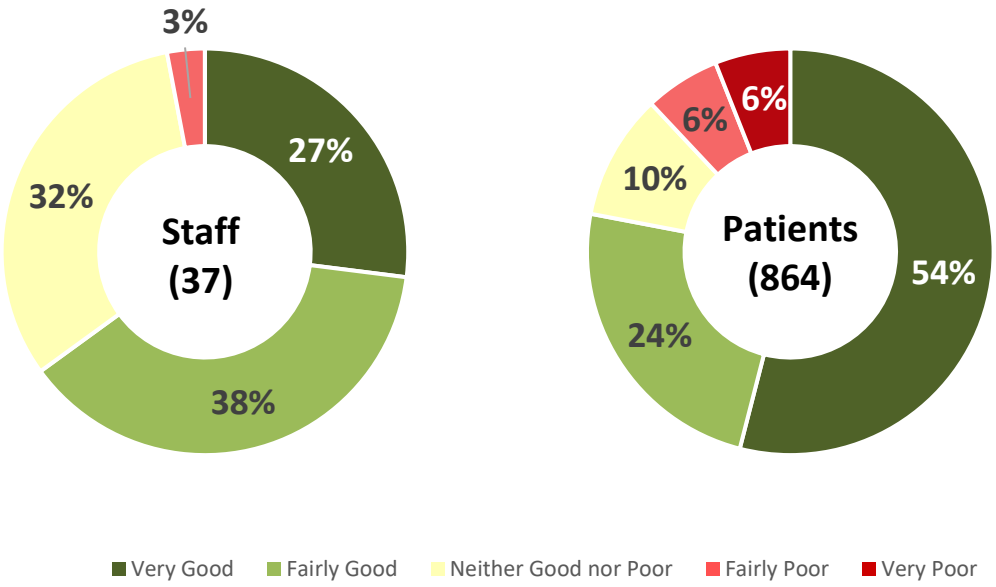
Years accessed service	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
2018	127	17%
2019	190	25%
2020	137	18%
2021	210	28%
2022	282	38%
2023	361	48%
Total number of valid respondents	**752**	-
Not Known	*133*	-

Overall experience

11.11 Just under two-thirds of staff respondents (65%) said that their overall experience of working in/with the Orthopaedic service was good, with over a quarter (27%) saying it was very good, and 38% saying it was fairly good. Only 3% said their overall experience was poor (Figure 62 overleaf).

11.12 Most (78%) patient respondents said that their experience of using the Orthopaedic service was good, with over half (54%) saying that it was very good. Just over one-in-ten (12%) said their overall experience of using the Orthopaedic service was poor (Figure 62 overleaf).

Figure 62: Overall experience of working in/using the Orthopaedic service.

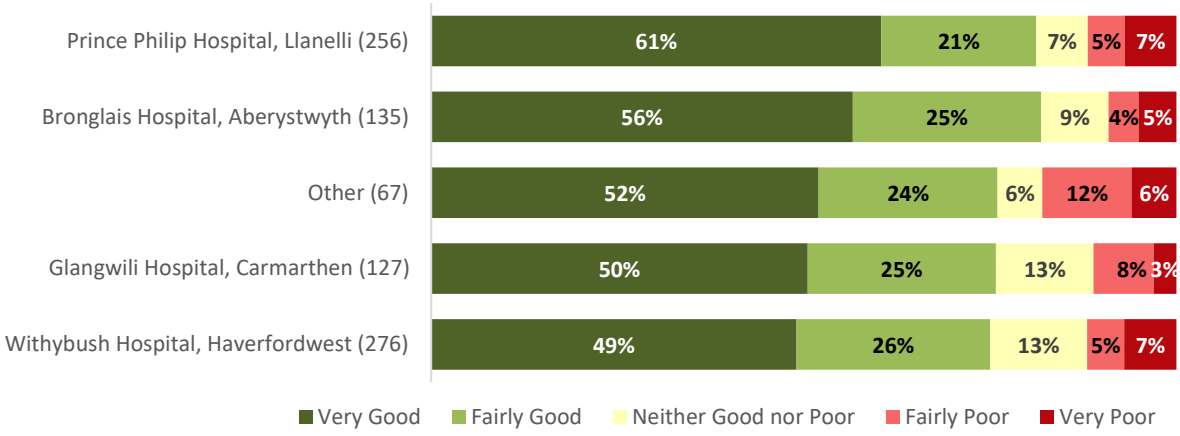


Base: Number of respondents shown in brackets (excludes 'don't know' responses)

11.13 Figure 63 below shows how responses to this question in the patient survey vary by clinical site accessed for the majority of their care. The proportion of patient respondents who said that that their overall experience of using the Orthopaedic service was good is highest for those using Prince Philip Hospital, Llanelli (82%) and Bronglais Hospital, Aberystwyth (81%).

11.14 The clinical site with the lowest proportion of respondents saying that their overall experience of the Orthopaedic service was good was Withybush Hospital, Haverfordwest (74%), although this was only a slightly smaller proportion than those saying their overall experience was good at Glangwili Hospital, Carmarthen, and other clinical sites (both 76%). Those attending another clinical site had the highest proportion of respondents saying that their overall experience was poor (18%).

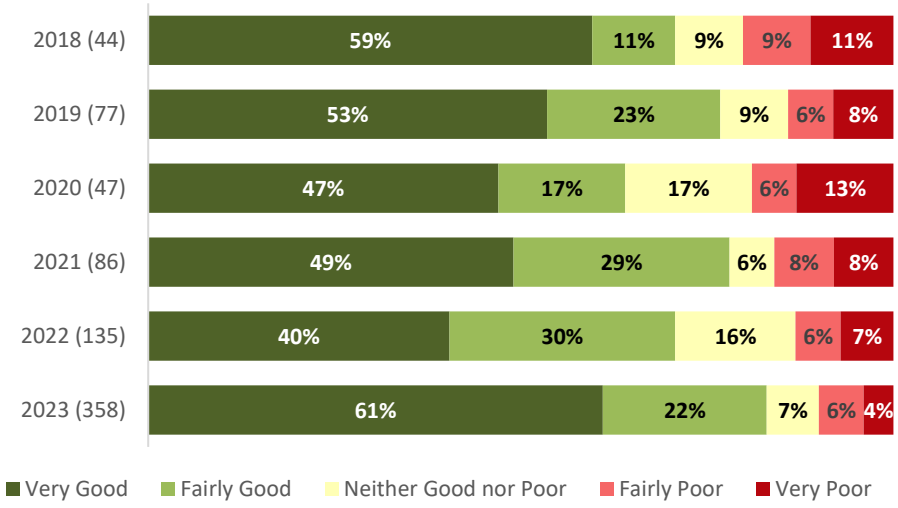
Figure 63: Overall experience of using the Orthopaedic service by main clinical site accessed – patient survey.



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

11.15 In terms of years within which they accessed the service (Figure 64 overleaf), a higher proportion of patients who most recently accessed the Orthopaedic service in 2023 (84%), said their overall experience of using the Orthopaedic service was good.

Figure 64: Overall experience of using the Orthopaedic service by year most recently accessed the service – patient survey.



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

What was good about your experience of working in/using the Orthopaedic service

Staff survey

11.16 Orthopaedic staff across all sites highlighted positive working relationships within the service. Staff were said to be dedicated, helpful and approachable toward patients and colleagues; and to work well together within specific clinical roles and more broadly as a service. Apparently, this sense of teamwork enables better management, communication, and multi-disciplinary patient care; and staff dedication and teamwork was said to *"overcome deficiencies of resource that can act as a barrier to facilitate patient care"* (Glangwili Hospital).

> *"We work as a team. Everyone supports and helps each other for patient safety." (Bronglais Hospital)*

11.17 Staff at Glangwili Hospital praised consultant responsiveness and communication, with specific reference made to consultants with a shoulder specialty.

> *"The responsiveness of orthopaedic consultants, specifically shoulder specialty, but we are making progress with improving links with knee and hip orthopaedic consultants also." (Glangwili Hospital)*

11.18 Some staff at Bronglais and Withybush Hospitals commented positively on service management and monitoring: it was said that Orthopaedic departments at these hospitals are well managed, with regular training and monitoring.

> *"We have regular in-service training and mentoring sessions and feel adequately supported and listen[ed] to by our line managers." (Bronglais Hospital)*

11.19 Clinical outputs and quality of care were also praised, and it was said that improving patient outcomes through an evidence-based, holistic, person-centred approach can improve staff satisfaction. In particular, the care provided within the Orthopaedic service at Withybush Hospital was considered to be of a higher standard than in other service areas, again increasing employee motivation.

> *"Having worked in most other specialties in the hospital Orthopaedics was the one department I really wanted to work in. The care provided by Orthopaedics is generally excellent. The doctors, nursing, healthcare and physio staff… are extremely knowledgeable and I often hear positive feedback from patients about their experience here." (Withybush Hospital)*

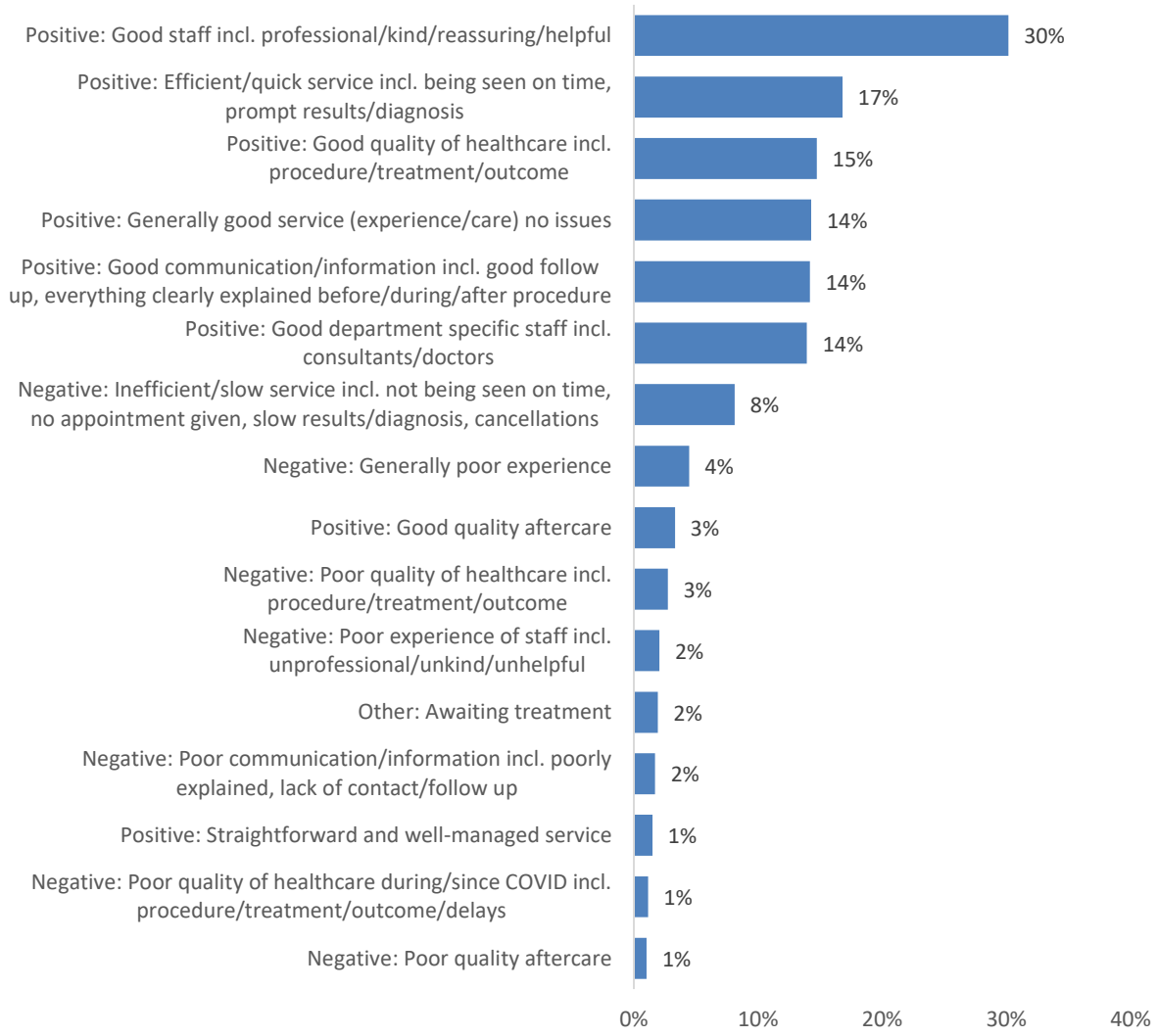
11.20 The ability to provide local care for an ageing, often frail, population was considered a positive element of the staff experience within the Orthopaedic service at Withybush Hospital; and the positive outcomes of multidisciplinary team meetings were highlighted by staff at Glangwili, Prince Phillip, and Bronglais Hospitals in ensuring better patient care and flow.

Patient survey

11.21 Respondents were asked what was good about their experience of using the Orthopaedic service (Figure 65 overleaf). For presentational reasons, the figure only shows themes raised by 1% or more of respondents; therefore, readers are encouraged to refer to the full tables of coded text, provided in Appendix 3, for a much fuller overview of the views expressed.

11.22 Three-in-ten (30%) of patient respondents praised the staff saying they were professional, kind, reassuring and helpful, whilst 17% said there was an efficient and/or quick service including being seen on time and prompt results/diagnosis.

Figure 65: Can you tell us what was good about your experience of using the Orthopaedic service and the care provided? (Only shows themes raised by 1% or more of respondents)



Base: Respondents to the survey (875)

11.23 Compared to the overall results, a higher proportion of those who most recently accessed the Orthopaedic service in 2023 gave comments praising the staff (35%) and the communication/information given (17%).

11.24 Compared to the overall results, a higher proportion of those whose main hospital access was Glangwili Hospital said the service was generally good (20%). A higher proportion of those whose main hospital access was Prince Philip Hospital said the communication/information given was good (18%) and commented on both good staff (35%) and department specific staff (19%). A higher proportion of those whose main hospital access was Withybush Hospital praised the efficient/quick service (22%), however there was also a higher proportion saying they had a generally poor experience (8%).

11.25 Below are some examples of comments given:

> *"The care was excellent, shame about the long wait." (Prince Philip Hospital)*
>
> *"Everything explained simply, nursing staff very good." (Withybush Hospital)*
>
> *"Local hospital couldn't deal with my complex needs. Went up to Llandough in Cardiff. Took me weeks to get local health authority to agree to this." (Other hospital)*
>
> *"The Consultant was thorough and explained that he shared the same problem as myself and told me what he did when he was suffering with his arthritic knee pain. I did feel he could have explained that with the right knowledge and exercise, not necessarily just physiotherapy, that I could actually sort out my pain quite well. I had the idea that I just had to put up with arthritis in my knee for the rest of my life and there wasn't much hope for me..." (Withybush Hospital)*
>
> *"The actual admission for my operation, the pre care operation and post care were very good. The area letting the hospital side down was the conflicting and confused instructions…" (Withybush Hospital)*
>
> *"Seen by the consultant and was told I need replace operations for both knees. Couldn't have any more steroid injections. Then received a letter telling me the waiting list is now between 5 and 7 years…" (Withybush Hospital)*
>
> *"It was local. Appointment on time. Physician was friendly, polite, sympathetic, supportive and unrushed." (Other hospital)*

What was difficult about your experience of working in the Orthopaedic service

Staff survey

11.26 Respondents highlighted staffing-related difficulties within Orthopaedic services. For example, staff at Glangwili and Prince Phillip Hospitals noted the risk of burnout among employees who are expected to "*to perform multiple clinical duties simultaneously"* (Glangwili Hospital). A Prince Phillip employee noted that burnout is compounded by some staff not performing their duties, leaving others to pick up their tasks. This, it was said, can prove detrimental to patient safety and care.

> *"Not everyone pulls their weight, therefore it means the ones who do end up overworking and burning out." (Prince Philip Hospital)*

11.27 Several specific service areas were highlighted as lacking staff, therefore increasing workloads for existing employees and limiting provision. This includes supplementary specialty support (vascular, plastics, and spinal for example) at Withybush Hospital.

> *"Workload has significantly increased in recent years, placing daily strain on operating lists and staff… (Glangwili Hospital)*

11.28 Some staff alleged a lack of respect and poor communication between different management levels, departments, and individuals within the Orthopaedic service.

> *"Difficult to get full team consensus at times. Sometimes lack of respect between different professions. Often will have miscommunication, leading to false expectations." (Withybush Hospital)*

11.29 Particularly, it was said that there is a lack of "*physical input*" from senior members of staff since the switch to online technology (Microsoft Teams for example).

11.30 A couple of staff respondents criticised the performance of certain departments within Orthopaedic services. It was suggested that nursing and rehabilitation staff at Bronglais Hospital need to improve the standard of their paperwork for example. Moreover, rehabilitation staff there were thought to need more consistent training and ways of working, more of a focus on therapy-led rehabilitation, and better responsiveness to queries.

> *"… Their training is inconsistent. They are not therapy led. They are allowed to attend consultant ward rounds rather than completing rehab with patients. Their note writing in the therapy notes is inconsistent. There is nowhere on the wards to write down the tasks that need completing and they don't always get back to you when they have. The rehab assistants work differently across the hospital which causes further inconsistency." (Bronglais Hospital)*

11.31 However, there is apparently a lack of resource available for training to address these concerns.

11.32 A lack of capacity and long waiting lists were prevalent themes among respondents across all sites when considering what makes the Orthopaedic staff experience difficult. Staff said increased waiting times for specialist appointments and elective surgery can be frustrating for patients and employees.

> *"It is difficult dealing with the long waiting lists for elective surgery and caring for patients who have to wait for long periods pre-surgery." (Bronglais Hospital)*

11.33 Withybush Hospital staff felt that the removal of joint arthroplasty[97] services from their department has worsened the issue of waiting times, as it is one fewer location from which to deliver the service.

> *"We have been unable to provide timely and efficient care to patients as we are not allowed to do joint replacements in Withybush Hospital. This has caused a backlog of 5+ years." (Withybush Hospital)*

11.34 It was said across sites that challenges around access to ward-based and community rehabilitation and support for hospital discharge also causes backlogs and long waiting times. Communication around discharge can also prove difficult: it was suggested that more and better liaison is required between ward and rehabilitation staff, and that communication with patients and their families must be clearer and more consistent.

[97] Arthroplasty is a surgical procedure to restore the function of a joint. A joint can be restored by resurfacing the bones. An artificial joint (called a prosthesis) may also be used.

"Orthopaedic ward staff often do not acknowledge the complexities in regards to discharge, they often make decisions… before therapy is complete or before assessment is completed. This impacts miscommunication with patient, families and adds increased pressure to therapies or frustration with patient/families that they are told different information. This causes increased delays as often original plan is not safe and does not consider the wider picture and referrals/actions previously done need to be recompleted or amended to different discharge location, added care needs etc. The ward need to include therapies in discussions prior to making discharge recommendations and booking transport etc to ensure it is safe and realistic plan to avoid miscommunication, delays and wasted time." (Bronglais Hospital)

11.35 Staff at Withybush and Glangwili Hospitals noted difficulties with their working environment and equipment. It was said there is *"vastly inadequate provision of beds and operating capacity"* at Withybush Hospital, and staff at both hospitals felt that some rooms and equipment are not fit for purpose. Suggested areas for improvement include:

- Therapy/rehabilitation space (Withybush Hospital)
- Storage space for specialist equipment (Withybush Hospital)
- Theatre space for prompt surgery (Withybush Hospital)
- X-ray equipment (Glangwili Hospital)
- Plaster room facilities (Glangwili Hospital)

"…No stools for lower limb patients to elevate their legs on whilst waiting - generally a distressing experience."

11.36 Other, more specific, comments made by individuals were that:

- Orthopaedic staff are only focused on procedures, rather than the holistic needs of patients.
- The Orthopaedic service in HDdUHB has changed as a result of the Covid-19 pandemic, impacting staff morale and motivation, waiting lists, and availability of clinical rooms and theatres.
- A service model spread over three counties and four hospitals leads to provision that is *"fragmented, inefficient and of variable quality."* (Glangwili Hospital)

What could be done differently to improve your/others experience of working in/using the Orthopaedic service

Staff survey

11.37 In considering ways to improve their experience of working in Orthopaedic services, staff proposed several strategic changes. For example, Withybush Hospital staff suggested re-providing elective joint arthroplasty at their hospital given they have the staff and theatres available to provide the service there. Conversely, one member of staff at Glangwili Hospital felt that centralising elective joint arthroplasty services at Prince Phillip Hospital, would benefit the service as a whole.

11.38 Physiotherapy was highlighted as an area that would benefit from further investment to improve care for inpatients, and streamline the patient discharge process. On a wider strategic level, it was said that engaging the private sector for certain conditions could help in reducing waiting times and improve patient

care, as could making more use of the First Contact Physiotherapy (FCP)[98] and Clinical Musculoskeletal Assessment Treatment Service (CMATS)[99] referral pathways.

> *"Sports injuries etc. could be taken over by private sector. OR referrals to physio via FCP route or CMATS route rather than multiple self-rereferrals to physiotherapy where physiotherapy is not really a solution. This would significantly reduce wait times and improve patient care. It would also contribute to staff retention and professional growth." (Glangwili Hospital)*

11.39 Several respondents felt that communication around patient rehabilitation and discharge could be improved to avoid making unrealistic promises to patients and their families. It was also suggested that an app for patients to access rehabilitation advice post-discharge could further improve patient outcomes.

> *"Ensure the doctors DO NOT tell patients that they can go home when they are medically fit. Often as not, patients need a ton of rehab, equipment, anWd services which means they need to stay in while this is sorted out. We then seem like the bad guys which is really unhelpful." (Bronglais Hospital)*

11.40 Other comments relating to clinical practice suggested the need for a more holistic, patient-focused service, and it was said that job plans to work a single commitment at a time could improve patient care and departmental efficiency.

> *"Be patient focused. Treat the whole not just the joint." (Glangwili Hospital)*

11.41 Another key theme highlighted by staff across sites, but especially at Glangwili Hospital, was for different departments within the Orthopaedic service to work together to ensure care is "*consistent and streamlined to support patients effectively*". Employees here also stressed the importance of further developing specialty areas *"where ortho specialist, physio and CMATS[100] would form part of the team".* This, it was felt, would reduce waiting times and improve patient care.

11.42 Other suggestions made by individual respondents were to:

- Ensure buy-in that rehabilitation is everyone's responsibility.
- Provide Orthopaedic staff with an outpatient clinic room for a whole session (a Bronglais Hospital respondent said they had been allocated a room for three hours rather than for a whole session of four hours).
- Improve the patient notes system to ensure it is person-centred and online for patients and their families to access.
- Re-evaluate the communication systems in place. It was said that board rounds are timed poorly and swallow up productive clinical time; and that if communication was improved, they would be unnecessary other than in a few complex scenarios.

[98] First Contact Physiotherapists (FCPs) are physiotherapists usually based in GP surgeries with an expertise in the assessment and management of musculoskeletal conditions.
[99] A service designed to improve patient care, by supporting patients with problems with their joints, muscles, ligaments, tendons, bones and/or sensitivity of the nervous system. It does not replace existing physiotherapy and podiatry services.
[100] Clinical Musculoskeletal Assessment and Treatment Service.

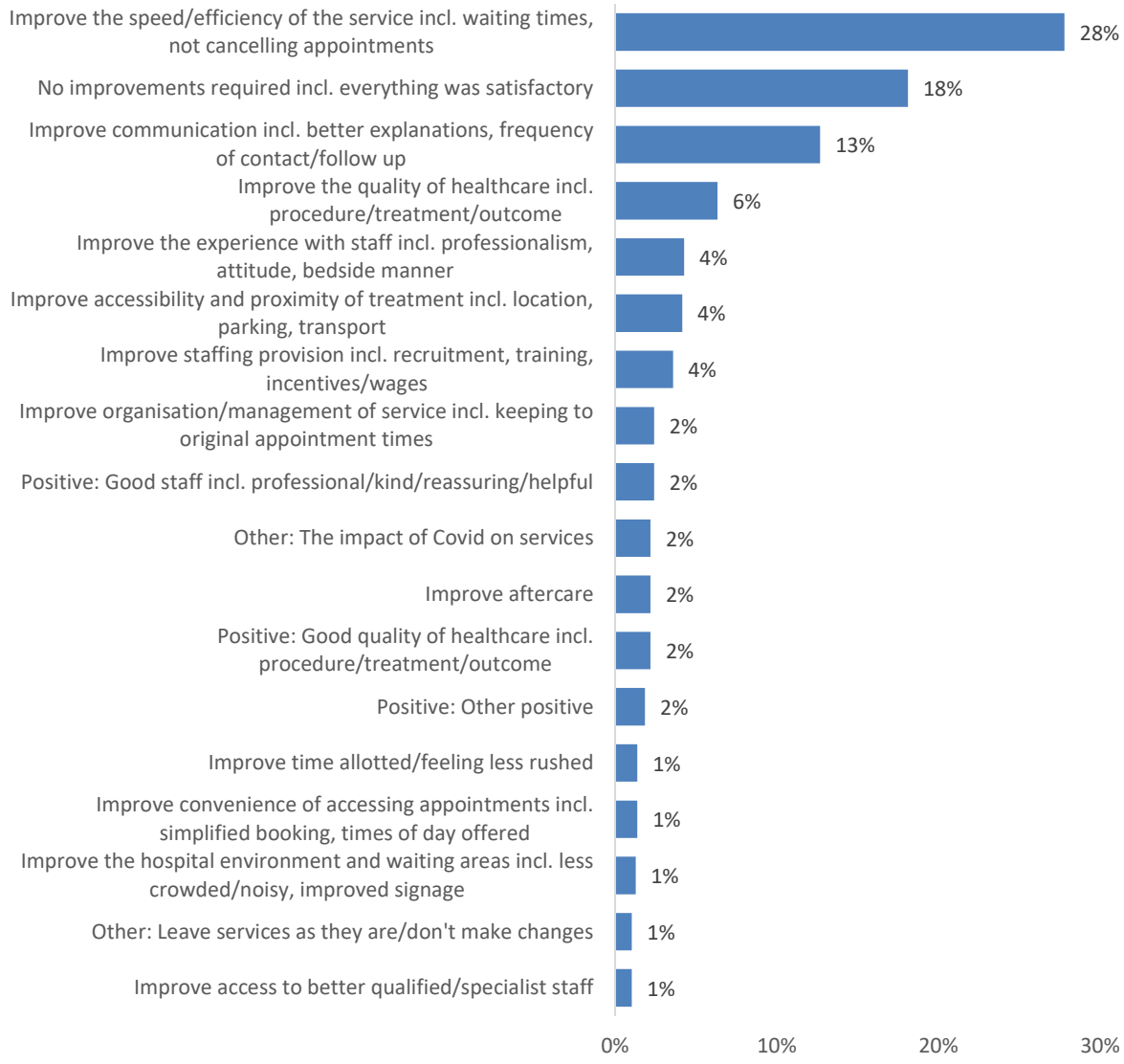
- Allow adequate time for administrative tasks and employ more administrative staff.
- Hire a clinical band 7 in the Orthopaedic department at Bronglais Hospital to support staff.
- Ensure social care providers work face-to-face with patients in the hospital.

Patient survey

11.43 Respondents were asked what could be done differently to improve theirs or others experience of using the Orthopaedic service (Figure 66 overleaf). For presentational reasons, the figure only shows themes raised by 1% or more of respondents; therefore, readers are encouraged to refer to the full tables of coded text, provided in Appendix 3, for a much fuller overview of the views expressed.

11.44 Less than three-in-ten (28%) said that improving the speed/efficiency of the service would improve theirs/others experience, whereas under a fifth (18%) felt that no improvements are required, and that everything was satisfactory. Around one-in-eight (13%) said communication should be improved, for example better explanations, and increased frequency of contact/follow up and 6% suggested improving the quality of healthcare provided.

Figure 66: Can you tell us what could be done differently to improve your and other patients' experience of using the Orthopaedic service and the care provided? (Only shows themes raised by 1% or more of respondents)



Base: Respondents to the survey (867)

11.45 Compared to the overall results, a higher proportion of those who most recently accessed the Orthopaedic service in 2023 commented that no improvements were required (23%).

11.46 There was also a higher proportion of those whose main hospital access was Prince Philip Hospital that no improvements were required (22%).

11.47 Compared to the overall results, a higher proportion of those whose main hospital access was Withybush Hospital commented that communication (16%) and the experience with staff (7%) should be improved.

11.48 Overleaf are some examples of comments given:

"Cut waiting time, as this affects our quality of life." (Prince Philip Hospital)

"Bed provision was very full. A lot of moving around of beds. Once you'd settled on one ward, you were moved to another which was a bit unsettling when you didn't feel well!" (Bronglais Hospital)

"Improve aftercare, particularly physio. There were only a few sessions available." (Prince Philip Hospital)

"Better communication. I had a lot of appointments cancelled and one letter was posted [the day before] an appointment the next day." (Withybush Hospital)

"All in all, I waited 6 years for surgery. As such, my recovery from the surgery was very prolonged and my outcome not as good as it could have been. My mental health suffered considerably due to the debilitating effect of my condition over such a protracted time…This situation was made worse by the numerous times that I received the wrong information from different departments of the health board, i.e. appointment times, appointment dates, and conflicting information of the above. I did not feel cared for at all. Communication needs improving." (Prince Philip Hospital)

"I was summoned to the hospital first thing in the morning for a hip replacement. I then had to wait until half past three before going to the operating theatre. In all that time I was in a lot of pain but had no pain relief, no food, no water and only a hard chair to sit on. There were 3 or 4 operations that day, we all turned up at the same time and I was seen last. Why couldn't I have come in when my operation was scheduled?" (Bronglais Hospital)

"Operations to be done in local hospital." (Prince Philip Hospital)

"Assistance with dressing as I was unable to put trousers or socks on when leaving without assistance and ward nursing staff were too busy so had to go home wearing dressing gown." (Bronglais Hospital)

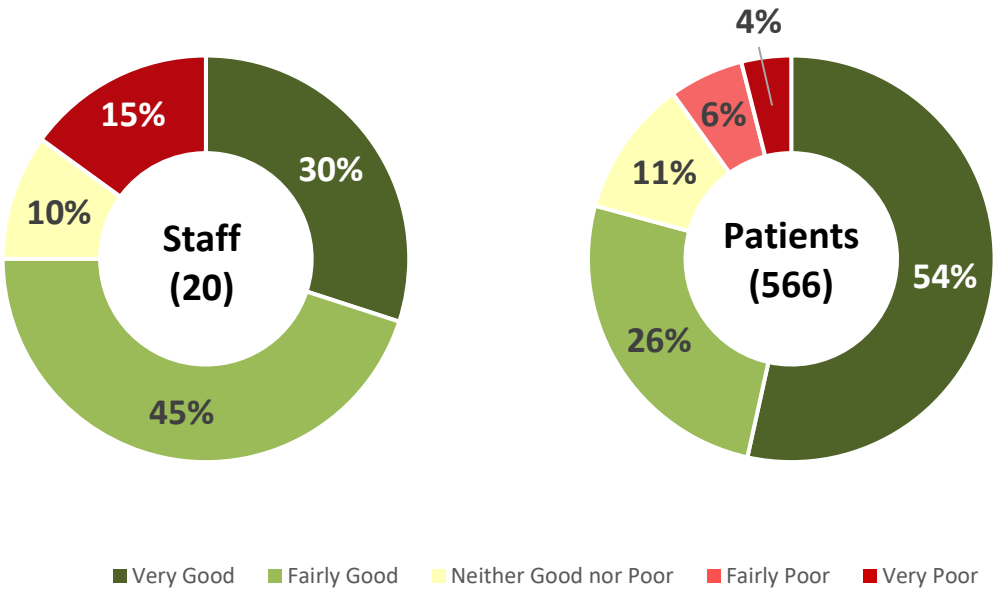
"I thought it was first class with little room for improvement." (Withybush Hospital)

Experience of outpatient services

11.49 Over half (54%) of staff respondents said that they use the outpatient department in delivering their Orthopaedic service. Of these, three-quarters (75%) said that their overall experience of working in the outpatient department was good, with three-in-ten (30%) saying it was very good and 45% saying it was fairly good. 15% (three respondents) said that their experience of working in the Orthopaedic outpatient department was poor (Figure 67 overleaf).

11.50 Over four fifths (82%) of patient respondents said they used the outpatient department as part of their treatment in the Orthopaedic service. Of these, four fifths (80%) said it was good with over half (54%) saying it was very good, and just over a quarter (26%) saying it was fairly good. Just under one-in-ten (9%) said it was poor, with 4% saying it was very poor (Figure 67 overleaf).

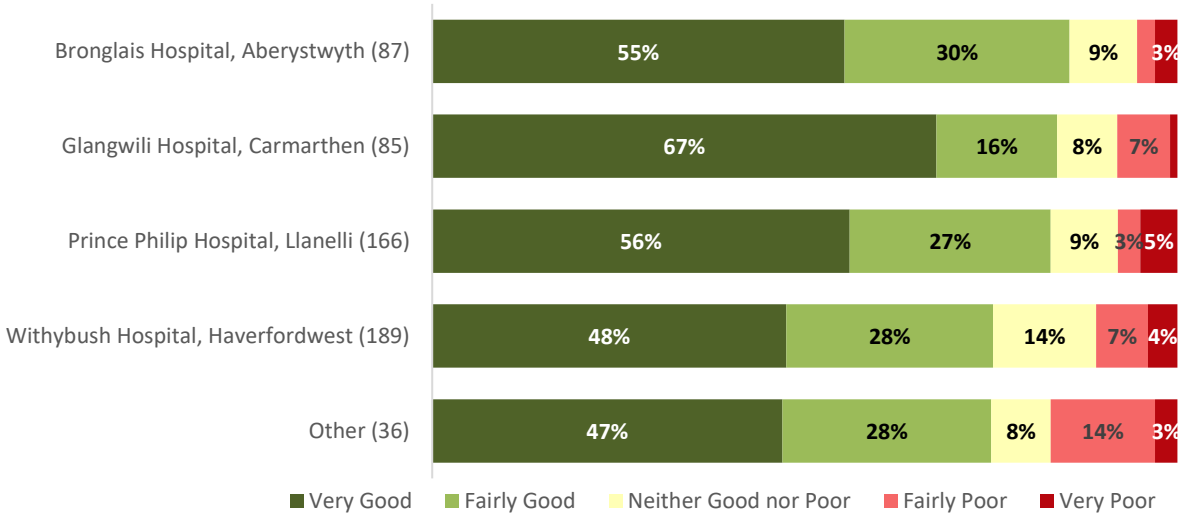
Figure 67: Overall experience of working in/using the outpatient department in the Orthopaedic service.



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

11.51 Figure 68 below shows how responses to this question in the patient survey vary by clinical site accessed for the majority of their care. The proportion of patient respondents who said that their overall experience of using the Orthopaedic outpatient department was good is highest for those who used Bronglais Hospital, Aberystwyth (85%), Glangwili Hospital, Carmarthen (84%) or Prince Philip Hospital, Llanelli (83%).

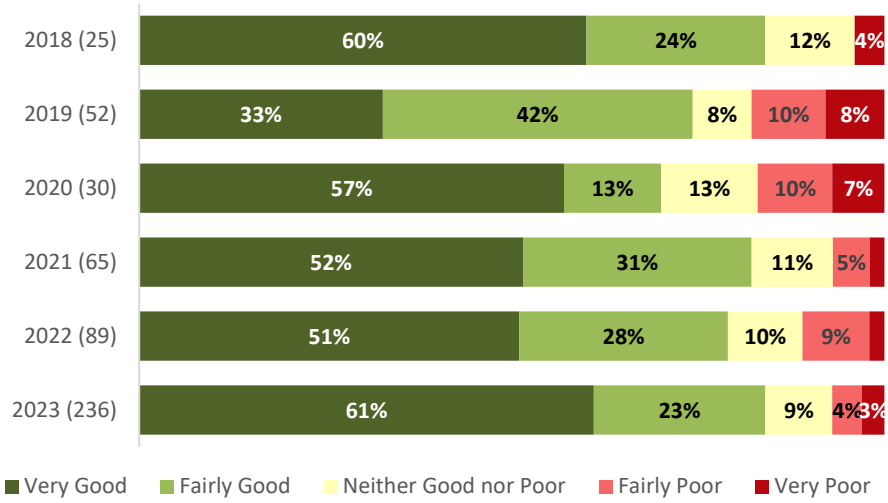
Figure 68: Overall experience of using the outpatient department as part of their treatment in the Orthopaedic service by clinical site – patient survey.



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

11.52 The proportion of patients who said their overall experience of using the Orthopaedic outpatient department was good varied across the years, with over four fifths (83%) saying it was good for those who most recently accessed the outpatient department as part of their orthopaedic treatment in 2023 (Figure 69 overleaf).

Figure 69: Overall experience of using the Orthopaedic service by year most recently accessed the service – patient survey.



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

Staff survey

11.53 There was praise for outpatient services at most sites. Staff were described as helpful, friendly, and dedicated.

> *"Staff very helpful and dedicated, willing to adapt to all clinical needs and patient requirements." (Prince Philip Hospital)*

11.54 Staff at Prince Phillip Hospital specifically praised the helpfulness and knowledge of staff within the fracture clinics, while Withybush Hospital staff praised the effective and safe management of their outpatient department.

11.55 There was some negative feeling toward outpatient services, particularly amongst staff at Glangwili Hospital. The outpatient environment there was considered poor and not fit for purpose. Furthermore, some staff at Glangwili and Withybush Hospitals felt that their outpatient departments are poorly organised (with some patients apparently being booked into the wrong clinics) and somewhat "*chaotic*".

> *"The outpatient environment in GGH is sadly very poor. The patient experience is poor. It is inefficient and chaotic." (Glangwili Hospital)*

11.56 Finally, one respondent highlighted that the 'outcomes form' they must complete for outpatients is poorly designed. This can cause confusion for patient follow up.

> *"… We need to refer to a reference sheet whenever we fill it out. It is not entirely clear how to achieve common outcomes e.g. book a scan (whose time will not initially be known) then create a follow up appointment after the scan is reported. I have seen patients lost to follow up or attend for wasted clinic appointments before their scans are reported." (Bronglais Hospital)*

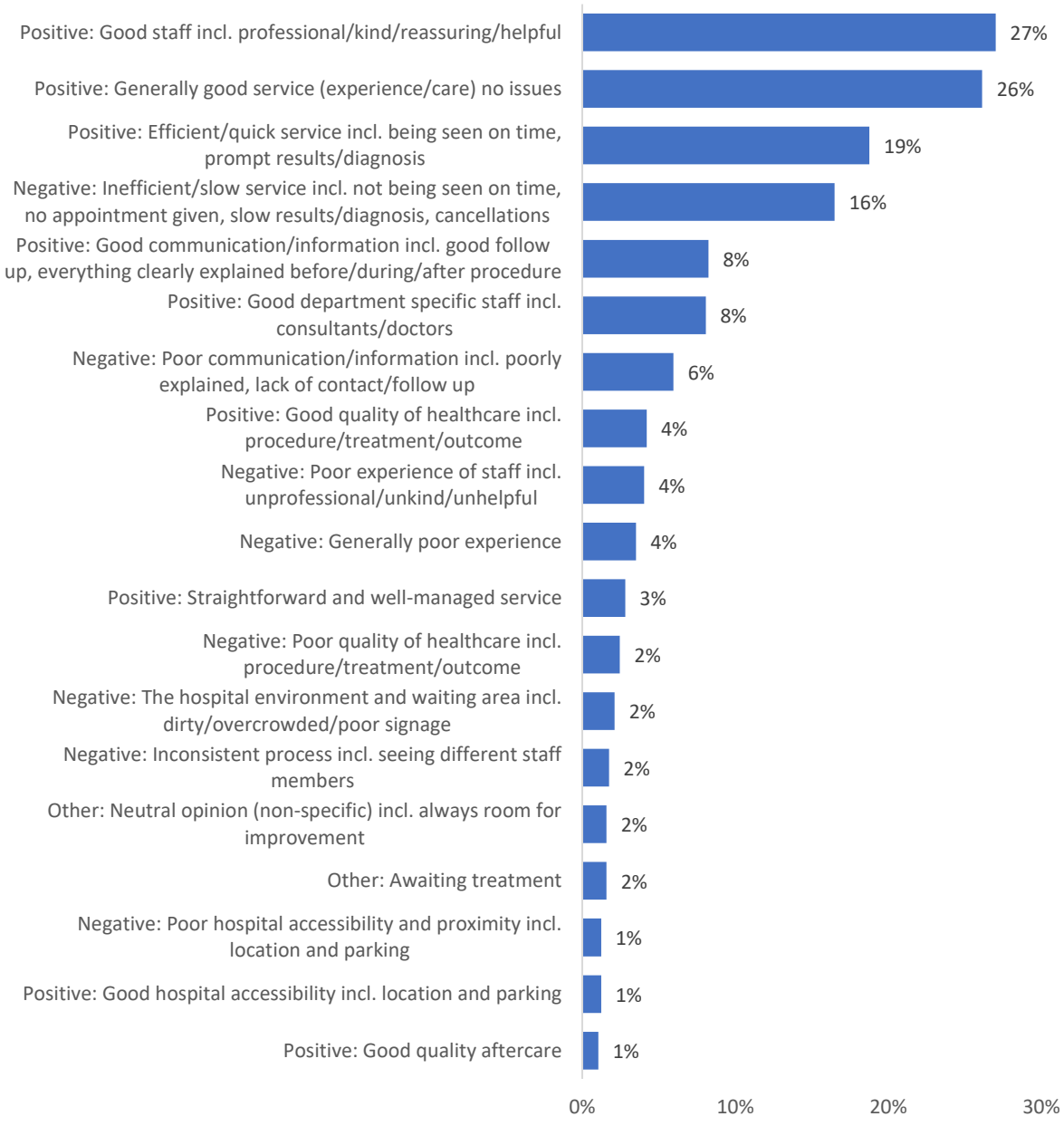
Patient survey

11.57 Patient respondents were also asked why they said their overall experience of using the outpatient department as part of the Orthopaedic treatment was good or poor (Figure 70 overleaf).

11.58 For presentational reasons, the figure only shows themes raised by 1% or more of respondents; therefore, readers are encouraged to refer to the full tables of coded text, provided in Appendix 3, for a much fuller overview of the views expressed.

11.59 More than a quarter (27%) gave comments related to good staff, saying that they were professional, kind, reassuring and helpful and just over a quarter (26%) said that the service was good in general. Just under two-in-ten (19%) gave comments that the service was efficient and quick, including being seen on time and prompt results/diagnosis, whereas a slightly smaller proportion (16%) said it was because the services was inefficient or slow including not being seen on time, no appointment given, slow results/diagnosis and cancellations.

Figure 70: Can you tell us why you chose that rating (experience of using the Orthopaedic outpatient department)? (Only shows themes raised by 1% or more of respondents)



Base: Respondents to the survey (570)

11.60 Compared to the overall results, a higher proportion of those who most recently accessed the Orthopaedic service in 2023 gave comments praising the staff (33%).

11.61 Compared to the overall results, a higher proportion of those whose main hospital access was Withybush Hospital praised the department specific staff (11%), however there were also a higher proportion commenting on poor experience with staff (6%).

11.62 A higher proportion of those whose main hospital access was Glangwili Hospital said the service was straight forward and well managed (7%), there was also a smaller proportion who commented that they had experienced poor communication/information (1%).

11.63 A higher proportion whose main access was another hospital commented that they had to use private healthcare due to a lack of appointments/treatment options (8%).

11.64 Below are some examples of comments given:

> *"The difficulty of firstly getting an appointment. Finally getting an appointment to be told that the lead Consultant is on leave and no one else can help me. Arriving in plenty of time for an appointment and then having to wait sometimes a couple of hours to be seen. Very poor organisation." (Bronglais Hospital)*
>
> *"Result of treatment was just containment and did little to treat the root of the problem. The continued wait appears to be having a detrimental effect on other leg joints." (Bronglais Hospital)*
>
> *"Once in the room, the staff were very pleasant and professional. I felt that I was in good hands." (Glangwili Hospital)*
>
> *"Polite, professional staff. Short waiting times in the outpatient department." (Withybush Hospital)*
>
> *"I waited 6 months for the appointment but when I attended the hospital I was seen on time and felt that the consultation went well." (Withybush Hospital)*
>
> *"I was welcomed at the outpatient department. Directed to the waiting room. Everything was explained to me. Very thorough paperwork completed, and questions answered. Staff were friendly and empathic. Very efficient." (Withybush Hospital)*
>
> *"I turned up for my appointment after I had my operation and was seen to within 15 minutes of arrival by the nurses, I was then told to wait to see the registrar. I waited and waited, I asked, 'what was the waiting time?' and was told that they would call me shortly. After waiting for nearly 2-hours they came and told me that they had forgotten about me, and the consultant had gone to lunch. I was seen after he came back" (Withybush Hospital)*

Respondent profile

11.65 HDdUHB are committed to ensuring that everyone receives fair and equal respect and endeavours to treat everyone with dignity whatever their age, disability, ethnicity, faith, gender reassignment or sexual identity. This can only be achieved if this information is provided by service users and staff, therefore all survey respondents were asked to answer a series of equality monitoring questions. These questions were optional, and respondents were assured that the data would be used for monitoring purposes only and held in the strictest confidence.

11.66 The Orthopaedic service patient demographic is mixed, with no 'typical patient' accessing the service. This is broadly reflected in the profile of respondents to the patient survey; however, 61% of respondents were women and 91% were aged 55 or over.

11.67 The tables that appear without commentary on the following pages show the profile of respondents, who have worked in/used Orthopaedic services, in relation to a range of characteristics. Each table includes details about the number and percentage of staff or patients responding in each category. Where no responses were received for any given category, these have not been included in the following tables, however the full range of response options, based on HDdUHB's standard equality questions, were provided on the questionnaires. In some instances, where only very small numbers of respondents selected individual response options, these have been grouped together for presentational convenience, and to

minimise the risk of inadvertently identifying any individuals. For example, the group 'any other ethnicity' etc may include respondents who selected a variety of response options, where the counts of these options are very low.

11.68 'Not known' shown on each table includes all respondents who either did not provide an answer or selected 'prefer not say'.

11.69 Please note that the figures may not always sum to 100% due to slight rounding errors. *% denotes a proportion of less than 1% but greater than zero.

Staff survey

Table 204: County lived in - All Respondents working in Orthopaedic services (Note: Figures may not sum due to rounding)

County lived in	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Carmarthenshire	15	45%
Ceredigion	5	15%
Pembrokeshire	10	30%
Other	3	9%
Total number of valid respondents	**33**	**100%**
Not Known	*9*	-

Table 205: Age - All Respondents working in Orthopaedic services – (Note: Figures may not sum due to rounding)

Age	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
34 or under	5	16%
35 to 44	7	22%
45 to 54	12	38%
55 or over	8	25%
Total number of valid respondents	**32**	**100%**
Not Known	*10*	-

Table 206: Gender - All Respondents working in Orthopaedic services – (Note: Figures may not sum due to rounding)

Gender	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Female	14	47%
Male	15	50%
Other	1	3%
Total number of valid respondents	**30**	**100%**
Not Known	*12*	-

Table 207: Sexual orientation - All Respondents working in Orthopaedic services – (Note: Figures may not sum due to rounding)

Sexual orientation	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Heterosexual or Straight	25	93%
Other sexual orientation	2	7%
Total number of valid respondents	**27**	**100%**
Not Known	*15*	-

Table 208: Marital Status - All Respondents working in Orthopaedic services – (Note: Figures may not sum due to rounding)

Marital Status	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Married/In a Civil Partnership	21	78%
Not married/Not in a Civil Partnership	6	22%
Total number of valid respondents	**27**	**100%**
Not Known	*15*	-

Table 209: Have any dependent children - All Respondents working in Orthopaedic services – (Note: Figures may not sum due to rounding)

Dependent children	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Yes	14	52%
No	13	48%
Total number of valid respondents	**27**	**100%**
Not Known	*15*	-

Table 210: Disability - All Respondents working in Orthopaedic services – (Note: Figures may not sum due to rounding)

Disability	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Yes	2	7%
No	27	93%
Total number of valid respondents	**29**	**100%**
Not Known	*13*	-

Table 211: Ethnic group - All Respondents working in Orthopaedic services – (Note: Figures may not sum due to rounding)

Ethnic group	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Asian	4	15%
White British	21	78%
White other	2	7%
Any other ethnic group	0	-
Total number of valid respondents	**27**	**100%**
Not Known	*15*	-

Table 212: Religion - All Respondents working in Orthopaedic services – (Note: Figures may not sum due to rounding)

Religion	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Christian	8	33%
Hindu	2	8%
Jewish	1	4%
Muslim	2	8%
No religion	11	46%
Total number of valid respondents	**24**	**100%**
Not Known	*18*	-

Table 213: Providing unpaid care - All Respondents working in Orthopaedic services – (Note: Figures may not sum due to rounding)

Providing unpaid care	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Yes	5	19%
No	22	81%
Total number of valid respondents	**27**	**100%**
Not Known	*15*	-

Table 214: Household income - All Respondents working in Orthopaedic services – (Note: Figures may not sum due to rounding)

Household Income	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
£40,000 or less	0	-
Over £40,000	19	100%
Total number of valid respondents	**19**	**100%**
Not Known	*23*	-

Table 215: Main language used at home - All Respondents working in Orthopaedic services – (Note: Figures may not sum due to rounding)

Main language used at home	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
English	23	85%
Welsh or both English and Welsh	3	11%
Other	1	4%
Total number of valid respondents	**27**	**100%**
Not Known	*15*	-

Patient survey

Table 216: Key demographic response profile of respondents who have used/care for someone who has used Orthopaedic services:– compared with the population aged 18+ of Carmarthenshire, Ceredigion and Pembrokeshire counties

Characteristic		Questionnaire Responses		Population aged 18+
		Number of Respondents	%	
BY COUNTY LIVED IN	Carmarthenshire	240	41%	49%
	Ceredigion	112	19%	19%
	Pembrokeshire	231	40%	32%
	Total number of valid respondents	**583**	**100%**	**100%**
	Other areas	*43*	-	-
	Not Known	*259*	-	-
BY AGE	24 or under	2	*%	9%
	25 to 34	6	1%	13%
	35 to 44	9	1%	13%
	45 to 54	42	7%	16%
	55 to 64	186	30%	18%
	65 to 74	313	50%	17%
	75 or over	67	11%	14%
	Total number of valid respondents	**625**	**100%**	**100%**
	Not Known	*260*	-	-
BY DISABILITY	Has a disability	211	37%	25%
	No disability	366	63%	75%
	Total number of valid respondents	**577**	**100%**	**100%**
	Not Known	*308*	-	-

Table 217: Gender - All Respondents who have used/care for someone who has used Orthopaedic services – (Note: Figures may not sum due to rounding)

Gender	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Female	380	61%
Male	239	39%
Total number of valid respondents	**619**	**100%**
Not Known	*266*	-

Table 218: Sexual orientation - All Respondents who have used/care for someone who has used Orthopaedic services – (Note: Figures may not sum due to rounding)

Sexual orientation	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Heterosexual or Straight	521	92%
Other sexual orientation	47	8%
Total number of valid respondents	**568**	**100%**
Not Known	*317*	-

Table 219: Marital Status - All Respondents who have used/care for someone who has used Orthopaedic services – (Note: Figures may not sum due to rounding)

Marital Status	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Married/In a Civil Partnership	438	73%
Not married/Not in a Civil Partnership	166	27%
Total number of valid respondents	**604**	**100%**
Not Known	*281*	-

Table 220: Have any dependent children - All Respondents who have used/care for someone who has used Orthopaedic services – (Note: Figures may not sum due to rounding)

Dependent children	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Yes	30	5%
No	577	95%
Total number of valid respondents	**607**	**100%**
Not Known	*278*	-

Table 221: Ethnic group - All Respondents who have used/care for someone who has used Orthopaedic services – (Note: Figures may not sum due to rounding)

Ethnic group	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
White British	526	89%
White other	56	9%
Any other ethnic group	9	2%
Total number of valid respondents	**591**	**100%**
Not Known	*294*	-

Table 222: Religion - All Respondents who have used/care for someone who has used Orthopaedic services – (Note: Figures may not sum due to rounding)

Religion	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Buddhist	1	*%
Christian	387	67%
Jewish	3	1%
Sikh	1	*%
Any other religion	16	3%
No religion	167	29%
Total number of valid respondents	**575**	**100%**
Not Known	*310*	-

Table 223: Providing unpaid care - All Respondents who have used/care for someone who has used Orthopaedic services – (Note: Figures may not sum due to rounding)

Providing unpaid care	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Yes	101	17%
No	489	83%
Total number of valid respondents	**590**	**100%**
Not Known	*295*	-

Table 224: Household income - All Respondents who have used/care for someone who has used Orthopaedic services – (Note: Figures may not sum due to rounding)

Household Income	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Below £10,000	52	14%
£10,001 - £20,000	114	31%
£20,001 - £30,000	89	24%
£30,001 - £40,000	57	16%
Over £40,000	52	14%
Total number of valid respondents	**364**	**100%**
Not Known	*521*	-

Table 225: Main language used at home - All Respondents who have used/care for someone who has used Orthopaedic services – (Note: Figures may not sum due to rounding)

Main language used at home	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
English	551	92%
Welsh	48	8%
Other	3	*%
Total number of valid respondents	**602**	**100%**
Not Known	*283*	-

12. Urology service

Introduction

12.1 Hywel Dda University Health Board cares for adult patients with urological conditions. The Urology service focuses on the care of the genito-urinary tract system in both men and women (e.g., kidneys, bladder) and the reproductive tract in men (e.g. testicular, penile and prostate).

12.2 A Urology service is delivered at Glangwili Hospital, Carmarthen; Bronglais Hospital, Aberystwyth; Withybush Hospital, Haverfordwest; and Prince Philip Hospital, Llanelli.

12.3 To put the survey results into context, it is important to note that some temporary service changes were implemented to ensure patients continued to receive the best care possible during the Covid-19 pandemic. From April to December 2020, Werndale Hospital, Bancyfelin, provided outpatient treatment for Urology services.

12.4 All members of staff currently working in, or who support staff working in, the Urology service were invited to take part in the survey. In total 20 responses were received.

12.5 Approximately 66,468 patient activities were recorded across Urology services between August 2018 and July 2023 and a randomly selected sample of patients who accessed these services within this period were invited to take part in the patient survey. In total 3,560 patients were sent an invitation, and 421 responses were received, giving a response rate of 11.83%.

12.6 The Urology service patient demographic is generally older than the general population. Equalities information collected suggests that the majority of Urology service users are white, heterosexual, male and over the age of 50. Tables showing the full profile breakdown of respondents are included at the end of this chapter.

12.7 Throughout this chapter, please note that where percentages do not sum to 100, this may be due to computer rounding, the exclusion of “don’t know” categories, or multiple answers.

Main survey findings

Main Clinical site - Staff survey

12.8 Respondents were asked to indicate which clinical site is their main base. The responses from staff respondents in Urology are detailed in the table overleaf, where it can be seen that most responses (70%) are from staff working at Glangwili Hospital, Carmarthen, 15% from staff working at Bronglais Hospital, Aberystwyth, one-in-ten (10%) from staff working at Prince Philip Hospital, Llanelli and 5% from staff working at Withybush Hospital, Haverfordwest.

Table 226: Which is your main hospital base? - All Respondents working in Urology (Note: Figures may not sum due to rounding. 'Not known' includes respondents who said 'Don't know/Can't remember' or did not respond to the question.)

Main hospital base	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Bronglais Hospital, Aberystwyth	3	15%
Glangwili Hospital, Carmarthen	14	70%
Prince Philip Hospital, Llanelli	2	10%
Withybush Hospital, Haverfordwest	1	5%
Total number of valid respondents	**20**	**100%**

Main clinical site accessed - Patient survey

12.9 Respondents were asked to indicate at which clinical site they accessed the majority of their care for Urology services. The responses from patient respondents in Urology are detailed in the table below, where it can be seen that just over two-fifths (41%) of the responses are from those who accessed Urology services at Glangwili Hospital and just over a fifth at Withybush Hospital (22%) and Prince Philip Hospital (21%). Under one-in-ten accessed Urology services at Bronglais Hospital (8%) and another clinical site (8%).

Table 227: In which hospital did you access the majority of your hospital care for Urology services? All Respondents who have used/care for someone who has used Urology services (Note: Figures may not sum due to rounding. 'Not known' includes respondents who said 'Don't know/Can't remember' or did not respond to the question.)

Main hospital access	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Bronglais Hospital, Aberystwyth	33	8%
Glangwili Hospital, Carmarthen	171	41%
Prince Philip Hospital, Llanelli	85	21%
Withybush Hospital, Haverfordwest	91	22%
Other	34	8%
Total number of valid respondents	**414**	**100%**
Not Known	*7*	-

Years worked in service – Staff survey

12.10 Respondents were also asked to indicate in which years between 2018 and 2023 they worked in or supported staff working in Urology services. The responses are detailed in the table overleaf.

Table 228: In which of the following year(s) have you worked in/with the Urology Service? - All Respondents working in Urology – (Note: respondents were able to select multiple years and, therefore, the percentages may sum to greater than 100%. 'Not known' includes respondents who said 'Don't know/Can't remember' or did not respond to the question.)

Years worked in service	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
2018	12	60%
2019	12	60%
2020	12	60%
2021	11	55%
2022	15	75%
2023	18	90%
Total number of valid respondents	**20**	-

Years accessed service – Patient survey

12.11 Respondents were also asked to indicate in which years between 2018 and 2023 they accessed the Urology service. The responses are detailed in the table below.

Table 229: In which of the following year(s) were you seen by the Urology service - All Respondents who have used/care for someone who has used Urology services – (Note: respondents were able to select multiple years and, therefore, the percentages may sum to greater than 100%. 'Not known' includes respondents who said 'Don't know/Can't remember' or did not respond to the question.)

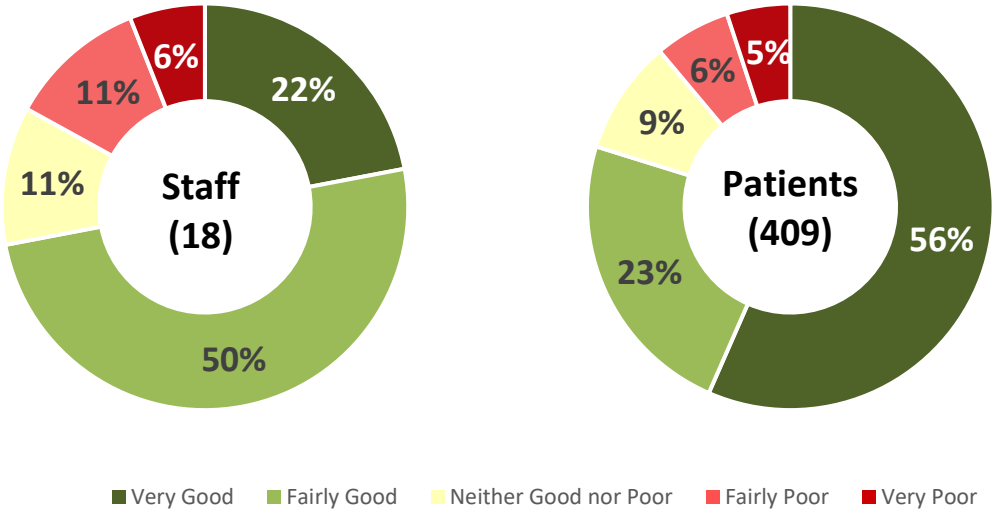
Years accessed service	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
2018	42	12%
2019	74	21%
2020	73	21%
2021	114	32%
2022	165	46%
2023	188	53%
Total number of valid respondents	**356**	-
Not Known	*65*	-

Overall experience

12.12 Most staff respondents (thirteen respondents) said that their overall experience of working in/with the Urology service was good, with over a fifth (4 respondents) saying it was very good, and half (nine respondents) saying it was fairly good. One-in-six (three respondents) said their overall experience was poor (Figure 71 overleaf).

12.13 Most (80%) patient respondents said that their experience of using the Urology service was good, with over half (56%) saying that it was very good. Just over one-in-ten (11%) said their overall experience of using the Urology service was poor (Figure 71 overleaf).

Figure 71: Overall experience of working in/using the Urology service.

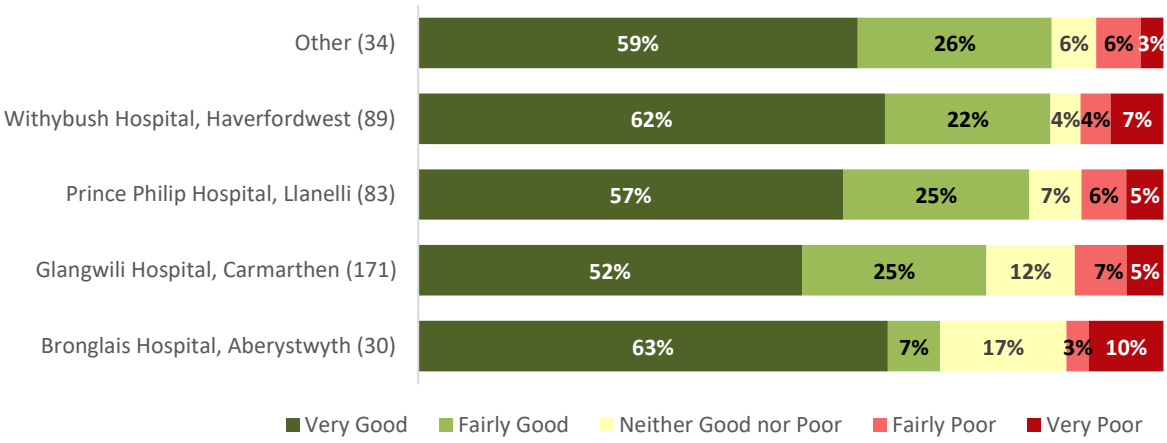


Base: Number of respondents shown in brackets (excludes 'don't know' responses)

12.14 Figure 72 below shows how responses to this question in the patient survey vary by clinical site accessed for the majority of their care. The proportion of patient respondents who said that that their overall experience of using the Orthopaedic service was good is highest for those using another clinical site (85%) and Withybush Hospital, Haverfordwest (84%).

12.15 The clinical site with the lowest proportion of respondents saying that their overall experience of the Urology service was good was Bronglais Hospital, Aberystwyth (70%).

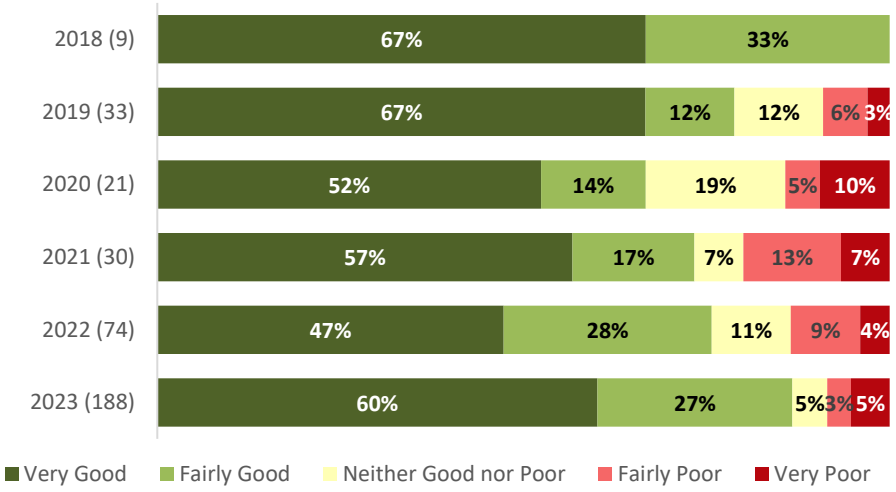
Figure 72: Overall experience of using the Urology service by main clinical site accessed – patient survey.



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

12.16 In terms of years within which they accessed the service (Figure 73 overleaf), a higher proportion of patients who most recently accessed the Urology service in 2023 (87%), said their overall experience of using the Urology service was good.

Figure 73: Overall experience of using the Urology service by year most recently accessed the service – patient survey.



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

What was good about your experience of working in/using the Urology service

Staff survey

12.17 Urology staff at all sites commented on the supportive, cohesive, welcoming, and dedicated nature of the team within the service; and praised staff for going 'above and beyond' for patients. Specific examples were given by a Prince Philip Hospital staff member, who said that the clinical nurse specialist team there is the *"most proactive CNS (clinical nurse specialist) team"* they have worked with; and a couple of Bronglais Hospital respondents, who praised their senior clinicians for the *"exceptional"* care offered to patients.

12.18 It was widely said that medical, administration, and special delivery teams strive to find innovative and modern ways of working. In addition, service management received praise for being *"open to new ideas and developments"* (Glangwili Hospital), and staff at all sites were said to be continually evaluating and changing their procedures to improve patient care.

> *"It is truly a pleasure working as part of this team, with a lot of positive work already done, and yet to come, planned for the future." (Glangwili Hospital)*

12.19 A Glangwili Hospital respondent said that the team works hard to reduce the number of *"unnecessary follow up appointments"* in the service by transferring stable patients to the Patient Initiative Follow up (PIFU)[101] and See on Symptoms (SOS)[102] pathways. This, in addition to providing extra appointments, has helped clear the patient backlog in Urology. The same respondent also praised the service for the introduction of new platforms and processes, for example the Patients Know Best (PKB)[103] pathway, T-Pro

[101] A pathway that allows patients with chronic life-long conditions to initiate a follow up appointment when they need one, based on their symptoms and personal circumstances.
[102] A pathway that allows patients with short-term conditions to self-refer if there are any issues with their condition within an agreed timeframe.
[103] A secure online personal health record where patients can see most of their appointment letters, discharge summaries, care plans, and patient reports.

eClinic Manager[104], multidisciplinary team (MDT) clinics (including for MRI), and the Cancer backlog[105] pathway.

12.20 Finally, the Urology service was described as *"organised"* by another Glangwili Hospital staff member, who highlighted the efficiency of documentation processes.

Patient survey

12.21 Respondents were asked what was good about their experience of using the Urology service (Figure 74 overleaf). For presentational reasons, the figure only shows themes raised by 1% or more of respondents; therefore, readers are encouraged to refer to the full tables of coded text, provided in Appendix 3, for a much fuller overview of the views expressed.

12.22 Almost four-in-ten (37%) of patient respondents praised the staff saying they were professional, kind, reassuring and helpful, whilst just under a quarter (24%) said there was an efficient and/or quick service including being seen on time and prompt results/diagnosis. A fifth (20%) said that communication/information was good including before, during and after the procedure and on follow up.

[104] A consolidated platform that enables healthcare organisations to conduct video and telephone consultations and manage face-to-face appointments.
[105] The backlog of patients waiting longer than 62 days following an urgent referral for suspected cancer.

Figure 74: Can you tell us what was good about your experience of using the Urology service and the care provided? (Only shows themes raised by 1% or more of respondents)

Base: Respondents to the survey (417)

12.23 Compared to the overall results, a higher proportion of those who most recently accessed the Urology service in 2023 gave comments praising the staff (47%) and the communication/information given (28%).

12.24 Below are some examples of comments given:

"Prompt appointments and everything was explained to me in a way that I could understand." (Prince Philip Hospital)

"They dealt with my Urology problem in a caring and professional way." (Glangwili Hospital)

"Always available for questions or appointments." (Prince Philip Hospital)

"Did not have to wait long to be seen." (Prince Philip Hospital)

"Staff helpful and caring; got appointment quite quickly." (Other hospital)

"Care is very good when you can get it but with multiple phone consultations cancelled, presumably due to staff shortages, it is difficult to get any confidence that any treatment would be in time to prevent further problems" (Glangwili Hospital)

"Was seen by the nurse quick, but treatment was delayed by staff shortage." (Withybush Hospital)

"Pre-Covid it was regular and what was agreed in respect to procedures was carried out reasonably quickly. Since Covid the service is remote, none of the agreed procedures to determine the current state of my prostate have materialised and service is always remote and unreliable." (Withybush Hospital)

"Both consultants and accompanying staff were very informative when discussing the issues I presented. I felt able to ask relevant questions and considered the staff were empathetic towards any worries I had." (Glangwili Hospital)

"Until recently I didn't have any long waits for tests or examinations and felt that I was receiving good attention and care. Delays have started to appear recently which creates some anxiety." (Glangwili Hospital)

"When I first experienced problems, I was seen face to face. Subsequently I have only had telephone calls and don't feel this has given me as much support as would have liked as I often don't have a chance or remember to ask all my queries." (Glangwili Hospital)

"The service was prompt with not too long a wait time. If anything, it took longer to find a parking space..." (Withybush Hospital)

What was difficult about your experience of working in the Urology service

Staff survey

12.25 When asked what is/was difficult about working in the Urology service, one of the most common responses was the lack of a dedicated Urology ward and clinical rooms across all sites. This, it was said, has led to the de-skilling of Urology ward staff, and post-operative patients being cared for across many wards by staff with no experience in procedures specific to Urology.

"As a service we do not have [a] hub or clinical rooms that belong to us. This makes it very difficult for the Medical and CNS (Clinical Nurse Specialist) teams, not to have the facilities that a modern urological service should have. This must be a priority in delivering the best care." (Glangwili Hospital)

12.26 Theatre capacity was also said to have reduced significantly since the COVID-19 pandemic, leading to what were described as almost unmanageable waiting lists across all sites. This was said to be a particular problem for patients needing elective surgery[106] for kidney stones for example, for whom treatment delays could result in poorer patient outcomes.

[106] Surgery that is scheduled in advance because it does not involve a medical emergency.

12.27 Staff retention and resource challenges were highlighted by several respondents. They were concerned that these could detrimentally impact the level and quality of patient care (as well as staff morale as a result of increased workloads and stress), especially when coupled with rising demand for the service.

> *"There is a massive problem with underfunding and poor staffing levels along with increasing numbers of patients, which makes the service very difficult to deliver in a timely fashion and to the quality which we would aspire to." (Glangwili Hospital)*

12.28 Particular issues were raised in relation to the retention of consultant urologists at Bronglais Hospital. This, coupled with funding issues and the alleged irregularity of visits to Bronglais Hospital by Urology surgeons, means the hospital is no longer able to offer an emergency Urology service. The provision of services at Glangwili Hospital was also said to have been compromised by hospital-based staff having to take on roles previously undertaken by community teams (Trials without Catheter [TWOCs][107] for example) meaning they have less time available to support cancer patients.

12.29 One Bronglais Hospital respondent noted the new 'named consultant' process in Urology, whereby the clinician who prioritises a referral becomes that patient's 'named consultant', with ultimate responsibility for them. However, it was said that staff shortages and clinic closures means that 'named consultants' usually never meet patients, resulting in some negative comments from the latter. Furthermore, a couple of respondents said the referral of cancer patients to the Urology multidisciplinary team (MDT) by staff in the Cancer service can be problematic, as patients are sometimes placed under the wrong 'named consultant' with little to no relevant information as to why they have been listed, lengthening meeting times as the team tries to determine ways forward.

12.30 The fact that the Urology service is provided across a dispersed area was described as *"challenging"* by some respondents. Patients were said to be unable to receive the care needed in local hospitals and are forced to travel many miles to access specialist services. Furthermore, it was said that:

> *"There are issues with referral criteria and possibly an ageing workforce forcing certain procedures to be centralised in tertiary centres." (Prince Philip Hospital)*

12.31 Some Glangwili Hospital respondents were dissatisfied with apparently regular managerial changes, and the lack of support offered by some service managers. A particular issue for a couple of employees was that some managers have no background in Urology, meaning staff must frequently explain how the service works, and problems cannot always be resolved with ease and speed as managers do not *"…[know] the service they [a]re running inside and out"* (Glangwili Hospital).

12.32 Communication was highlighted as problematic within and across Urology sites. For example, when the Urology service was centralised to Glangwili Hospital, this was allegedly not communicated to staff or patients at Bronglais Hospital, nor to primary care. This, it was said, has meant the visiting consultant at Bronglais Hospital is still receiving many referrals, even when they are not on-call there.

[107] A catheter (the tube inserted into the bladder to drain urine) is removed from the patient's bladder for a trial period to determine whether they can pass urine without it. This involves a scan of the bladder.

12.33 Finally, a few comments were made of problematic working relationships and a lack of respect between staff within and across sites, as well as a degree of resistance to adopt positive practices among some senior clinicians.

> *"Some difficulties have been changing 'we've always done it this way' attitudes." (Glangwili Hospital)*

What could be done differently to improve your/others experience of working in/using the Urology service

Staff survey

12.34 It was widely said that more Urology trained staff are needed, including a larger CNS (Clinical Nurse Specialist) team and more cancer nurses to accommodate increases in demand. One respondent also suggested putting more Healthcare Support Workers (HCSWs) on a shift to allow nurses to focus on their specific duties. In addition, a Glangwili Hospital respondent felt that their team would benefit from having a nurse manager who is experienced in Urology. It was, however, acknowledged that more funding would be required to enhance staffing levels.

> *"Funding and staffing levels which reflect our clinical demand." (Glangwili Hospital)*

12.35 One suggestion for providing Urology services differently was to establish an investigation and diagnostic hub for diagnostic work and clinics. This, it was said, would require modern equipment with *"enough clinical areas that we can do more diagnostic procedures"*.

12.36 Another suggestion (from a single respondent) was for a dedicated Urology service that runs four or five days a week at Bronglais Hospital, whereby all patients referred to Urology from general surgeons could be seen there. This was apparently in effect pre-October 2019, and was described as a *"synergistic"* way of working. The same respondent also saw the need for a dedicated Urology office, which the specialty doctor could work in when visiting the hospital as opposed to sharing with a colorectal consultant, as is the present arrangement. Glangwili Hospital staff echoed this suggestion.

> *"A designated Urology Unit would be most beneficial." (Glangwili Hospital)*

12.37 The importance of ensuring a replacement to cover clinics, theatre, and endoscopy when the visiting consultant cannot attend Bronglais Hospital was emphasised by one respondent. An individual from Bronglais Hospital suggested reinstating the previous timetable to accommodate the emergency Urology service with one consultant urologist which may alleviate some of the pressure on consultants at Glangwili Hospital. They noted that arrangements would need to be made to ensure sufficient staff were available to support this consultant.

12.38 Another Bronglais Hospital respondent stressed that pathways into Urology must made *"absolutely clear"* to GPs and clinicians across the Health Board. An example was given of a patient travelling to a hospital outside the HDdUHB area because an out-of-hours GP had informed them that there is no out-of-hours

Urology service at Bronglais Hospital. However, the A&E department there could have dealt with the issue they had.

12.39 Some staff members from Glangwili Hospital proposed that community healthcare staff take responsibility for TWOCs as they did pre-COVID. One respondent said that using specialist nursing staff for such processes is not making best use of their specialist skillsets and is resulting in lower job satisfaction levels.

> *"… To have our knowledge and skills recognised as specialists and not to be allocated roles which should be carried out in community such as trial without catheter. This means that it is very difficult for us to take on roles which do reflect our ability at a higher level… This would increase job satisfaction" (Glangwili Hospital).*

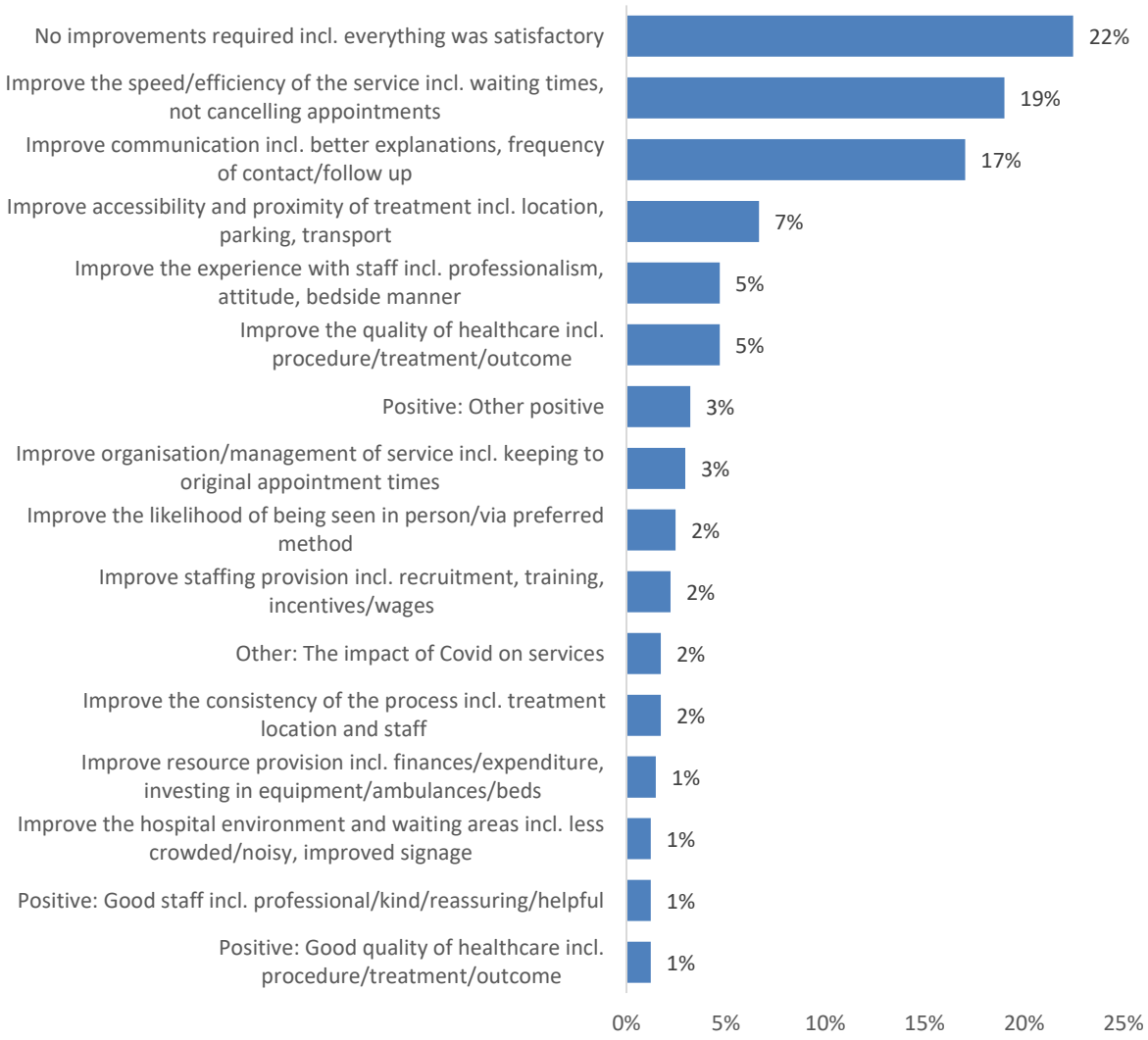
12.40 Another Glangwili Hospital respondent highlighted the need for a dedicated Urology ward and stop placing Urology patients on other wards to ensure they receive the right care in the right place at the right time. Suggested facility improvements included hanging cotton curtains up in the ward as the disposable ones do not fit windows and look untidy.

Patient survey

12.41 Respondents were asked what could be done differently to improve theirs or others experience of using the Urology service (Figure 75 overleaf). For presentational reasons, the figure only shows themes raised by 1% or more of respondents; therefore, readers are encouraged to refer to the full tables of coded text, provided in Appendix 3, for a much fuller overview of the views expressed.

12.42 Over a fifth (22%) felt that no improvements are required/that everything was satisfactory. Just under a fifth (19%) said that improving the speed/efficiency of the service would improve theirs/others experience, whereas around one-in-six (17%) said communication should be improved, for example better explanations, and increased frequency of contact/follow up.

Figure 75: Can you tell us what could be done differently to improve your and other patients' experience of using the Urology service and the care provided? (Only shows themes raised by 1% or more of respondents)



Base: Respondents to the survey (405)

12.43 Compared to the overall results, a higher proportion of those who most recently accessed the Urology service in 2023 commented that no improvements were required (28%).

12.44 There was also a higher proportion of those whose main hospital access was Withybush Hospital who commented that no improvements were required (31%).

12.45 Compared to the overall results, a higher proportion of those whose main hospital access was Prince Philip Hospital commented that communication should be improved (25%) and a higher proportion of those whose main hospital access was Glangwili Hospital commented that the accessibility/proximity of treatment including location, parking and transport should be improved (10%).

12.46 Below are some examples of comments given:

"When you are told you will have a follow up appointment, give one" (Prince Philip Hospital)

"All services in one hospital would be very helpful, I was traveling to different hospitals for treatment and surgery..." (Glangwili Hospital)

"Waiting time and some of the doctors bedside manner." (Prince Philip Hospital)

"Use a hospital closer." (Prince Philip Hospital)

"My only criticism is that patients are all told to come in at the same time & if this was staggered according to your appointment time you wouldn't have to sit around for so long." (Withybush Hospital)

"Better accessibility to admin and secretarial staff - very rarely able to speak to them." (Glangwili Hospital)

"Reduce the number of appointments cancelled by the department. I have had 4 out of 6 appointments cancelled or rescheduled." (Glangwili Hospital)

"I cannot think of anything to improve the experience because everything I experienced was very positive and efficient." (Other hospital)

"Better liaison with GP— many of my prescriptions at Hospital not administered by GP surgery." (Prince Philip Hospital)

"It would improve generally if a screening service was introduced. I have had to ask my GP on several occasions for a PSA test upon my own initiative." (Glangwili Hospital)

"Greater explanation of the options for treatment." (Prince Philip Hospital)

"Face to face contact." (Glangwili Hospital)

"Anxiety was high at the outset because of the car parking difficulties." (Glangwili Hospital)

"When sending out letters for appointments, perhaps also include an explanation of what will happen and why it has been requested." (Glangwili Hospital)

"The time from having a scan until getting the results feels too long." (Glangwili Hospital)

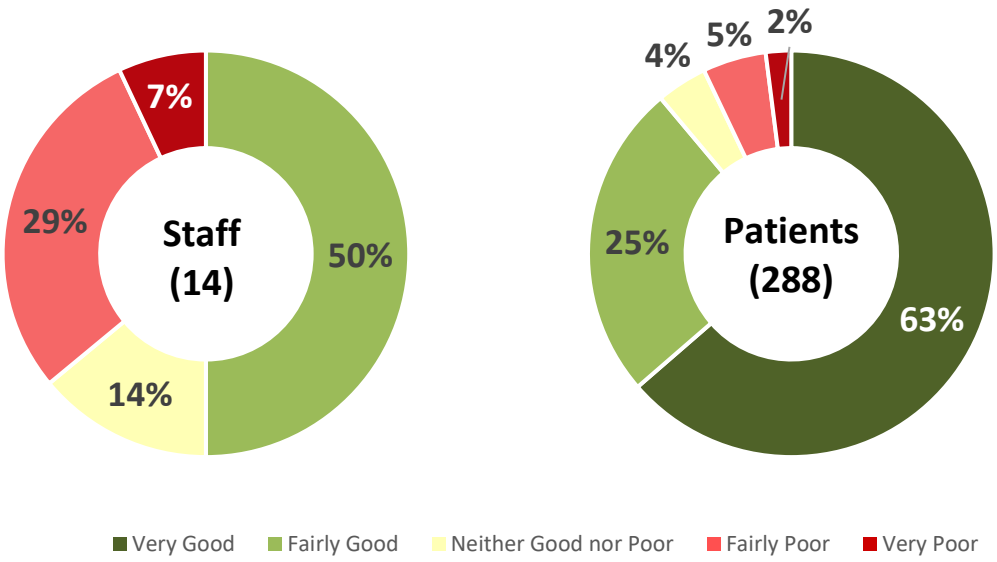
"Better communication. I received the paperwork for my appointment a week after I had the operation. I only arrived because a member of staff called me the day before." (Prince Philip Hospital)

Experience of outpatient services

12.47 Over four-fifths (83%) of staff respondents said that they use the outpatient department in delivering their Urology service. Of these, half (seven respondents) said that their overall experience of working in the outpatient department was fairly good. Over a third (five respondents) said that their experience of working in the Urology outpatient department was poor (Figure 76 overleaf).

12.48 Over four-fifths (84%) of patient respondents said they used the outpatient department as part of their treatment in Urology. Of these, almost nine-in-ten (88%) said it was good with almost two-thirds (63%) saying it was very good, and a quarter (25%) saying it was fairly good. Under one-in-ten (8%) said it was poor (Figure 76 overleaf).

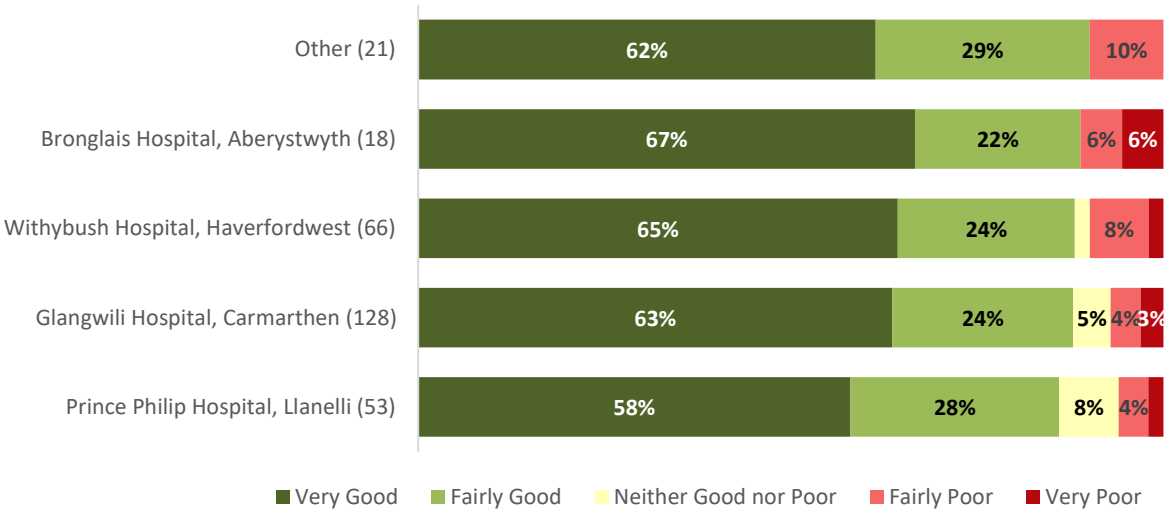
Figure 76: Overall experience of working in/using the outpatient department in the Urology service.



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

12.49 Figure 77 below shows how responses to this question in the patient survey vary by clinical site accessed for the majority of their care. The proportion of patient respondents who said that their overall experience of using the Urology outpatient department was good is similar across all the clinical sites (ranging from 87% to 90% saying their experience was good). It is worth noting that some of these results are based on a small number of cases and should be treated with caution.

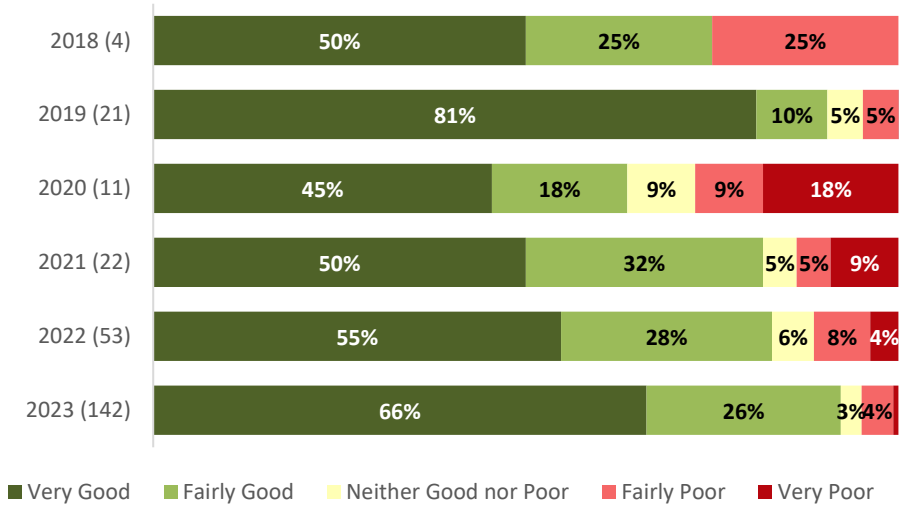
Figure 77: Overall experience of using the outpatient department as part of their treatment in Urology by clinical site – patient survey.



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

12.50 In terms of years within which they accessed the service (Figure 78 overleaf) a higher proportion of patients who most recently accessed the outpatient department as part of their Urology treatment in 2023 (92%) said their overall experience of using the Urology outpatient department was good.

Figure 78: Overall experience of using the Urology service outpatient department by year most recently accessed the service – patient survey.



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

Staff survey

12.51 All the comments below, unless stated otherwise, were made by staff members from Glangwili Hospital and refer only to that hospital.

12.52 Although staff were said to be *"trying their best"* to provide a good service, the poor condition of the outpatient Urology department was a key issue for staff. Negative comments included that the department's rooms are *"cold"* and *"damp"* with *"crusty walls that are peeling"* and poor ventilation. It was also said that the rooms are too small to accommodate some diagnostic tests, meaning patients are waiting longer for these, potentially delaying their treatment.

> *"The building is ancient and not fit for purpose." (Glangwili Hospital)*

12.53 Room and storage capacity was said to be an issue, with Urology in competition for space with other services. Furthermore, several respondents commented on the poor standard of some equipment; for example, the uroflowmeter[108] is prone to breakdown and regularly being sent for repair, delaying patient care and CNS (Clinical Nurse Specialist) referrals. There is also only one bladder scanner shared between multiple clinics, and some other important equipment needs replacing.

12.54 One respondent highlighted that patients in TWOC can feel *"very undignified"* walking around with urine bottles. There are also apparently no changing facilities for patients.

> *"OPD (outpatients department) are trying their best with the poor condition of the department." (Glangwili Hospital)*

[108] Calculates the amount of urine passed, the flow rate in milliliters per second, and the length of time it takes to empty a bladder completely.

12.55 One response was received from a staff member at Bronglais Hospital who felt that the outpatient clinics there are *"fine"* but would be *"helped greatly"* by the presence of an on-site Urology CNS (Clinical Nurse Specialist). They also highlighted that they are unable to do urine flow studies.

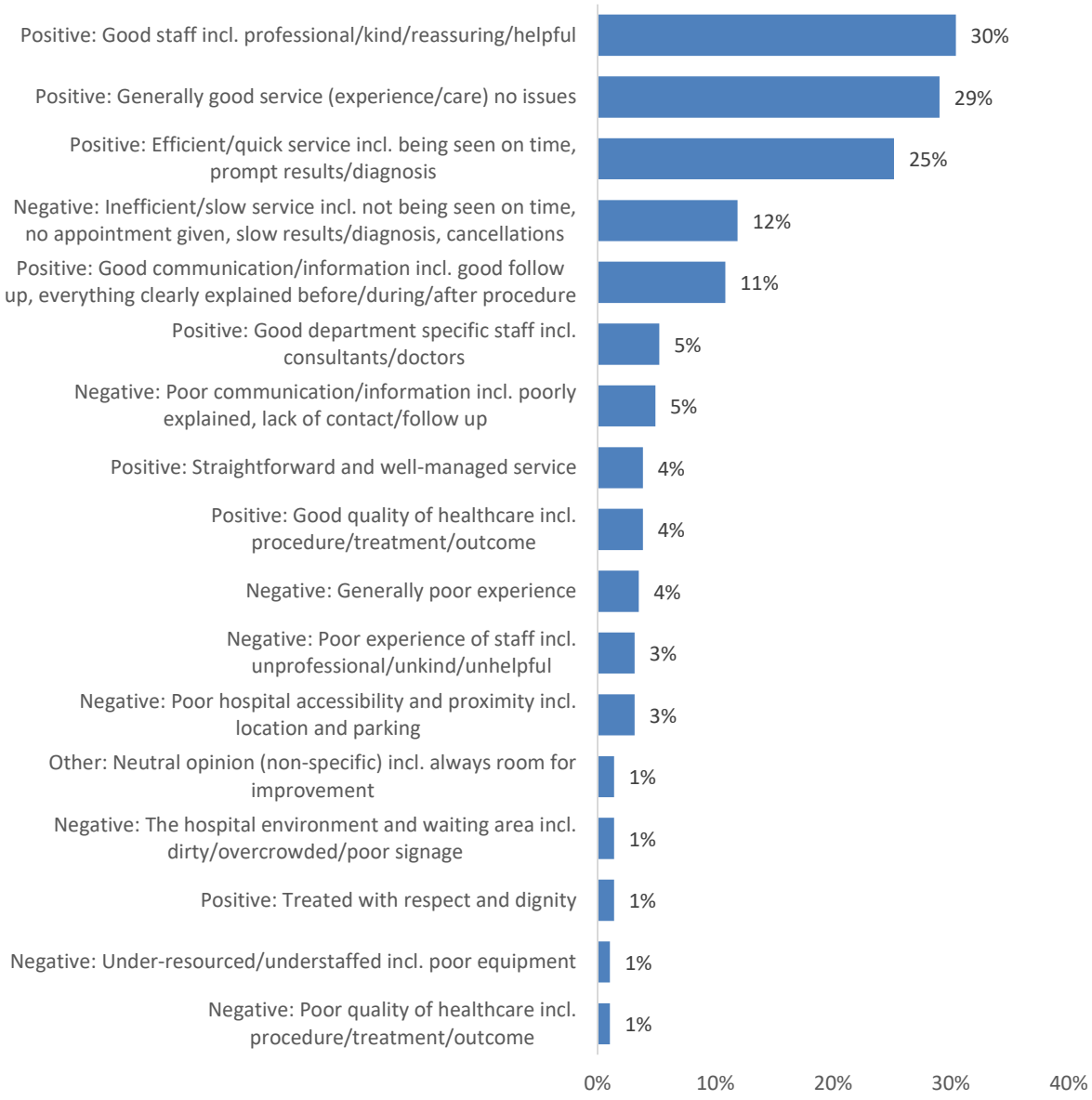
12.56 Prince Philip Hospital's outpatient Urology department was praised by one staff respondent for having allocated rooms to *"ensure clinical activity can be delivered"*. However, a different respondent from this site explained that although they have increased physical capacity at Prince Philip Hospital, the staffing ratio remains the same, resulting in limited availability.

Patient survey

12.57 Patient respondents were also asked why they said their overall experience of using the outpatient department as part of the Urology treatment was good or poor (Figure 79 overleaf). For presentational reasons, the figure only shows themes raised by 1% or more of respondents; therefore, readers are encouraged to refer to the full tables of coded text, provided in Appendix 3, for a much fuller overview of the views expressed.

12.58 Three-in-ten (30%) gave comments related to good staff, saying that they were professional, kind, reassuring and helpful and just under three-in-ten (29%) said that the service was good in general. A quarter (25%) gave comments that the service was efficient and quick, including being seen on time and prompt results/diagnosis.

Figure 79: Can you tell us why you chose that rating (experience of using the Urology outpatient department)? (Only shows themes raised by 1% or more of respondents)



Base: Respondents to the survey (286)

12.59 Compared to the overall results, a higher proportion of those who most recently accessed the Urology service in 2023 gave comments that the service was efficient and quick (32%).

12.60 Below are some examples of comments given:

"I was seen in a reasonable time and everything was explained well." (Glangwili Hospital)

"Glangwili outpatients is crowded. Long waits in reception. When you get to the clinic it is then ok." (Glangwili Hospital)

"Staff were very efficient and hardworking despite staff shortages!" (Withybush Hospital)

"Cancelled appointments, having to drive past Glangwili hospital to Llanelli for appointments. To wait hours to be seen." (Prince Philip Hospital)

"I only met one consultant more than once, before that the treatment seemed fragmented to me." (Prince Philip Hospital)

"Was seen quickly. Instructions for accessing the department were clear and detailed. Staff were excellent." (Prince Philip Hospital)

"Urology staff were extremely professional, taking time to explain procedures etc." (Glangwili Hospital)

"Was happy to be seen and diagnosed quickly at first but things deteriorated when the right course of action took over 10 months." (Glangwili Hospital)

"A wait of 7.5 hours." (Withybush Hospital)

"Most things have been fine, but some appointments get cancelled and rearranged which, when monitoring an ongoing condition, leads to anxiety." (Glangwili Hospital)

"Never pleasant going for a procedure at hospital. It might be a day in day out appointment for staff but it's all new to me." (Withybush Hospital)

"The treatment was completed in less than one day." (Glangwili Hospital)

"I am profoundly deaf and I have to wear bilateral hearing aids and I have great difficulty with conversations if there is any background noise." (Withybush Hospital)

"No information on arrival to tell me not to use the toilet, which made it the waste of a journey." (Prince Philip Hospital)

"Not very happy the way it was done. Very hard to understand the doctor. Came away without knowing how I was getting on." (Glangwili Hospital)

"Generally good except for frequent cancellation of appointments. The new appointment can be more than six months later, which is way beyond the recommended review period. The record of one of the tests was lost on one occasion." (Glangwili Hospital)

Respondent profile

12.61 HDdUHB are committed to ensuring that everyone receives fair and equal respect and endeavours to treat everyone with dignity whatever their age, disability, ethnicity, faith, gender reassignment or sexual identity. This can only be achieved if this information is provided by service users and staff, therefore all survey respondents were asked to answer a series of equality monitoring questions. These questions were optional, and respondents were assured that the data would be used for monitoring purposes only and held in the strictest confidence.

12.62 The Urology service patient demographic is generally older than the general population. Equalities information collected suggests that the majority of Urology service users are white, heterosexual, male and over the age of 50.

12.63 The tables that appear without commentary on the following pages show the profile of respondents, who have worked in/used Urology services, in relation to a range of characteristics. Each table includes details about the number and percentage of staff or patients responding in each category. Where no responses were received for any given category, these have not been included in the following tables, however the

full range of response options, based on HDdUHB's standard equality questions, were provided on the questionnaires. In some instances, where only very small numbers of respondents selected individual response options, these have been grouped together for presentational convenience, and to minimise the risk of inadvertently identifying any individuals. For example, the group 'any other ethnicity' etc may include respondents who selected a variety of response options, where the counts of these options are very low.

12.64 'Not known' shown on each table includes all respondents who either did not provide an answer or selected 'prefer not say'.

12.65 Please note that the figures may not always sum to 100% due to slight rounding errors. *% denotes a proportion of less than 1% but greater than zero.

Staff survey

Table 230: County lived in - All Respondents working in Urology (Note: Figures may not sum due to rounding)

County lived in	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Carmarthenshire	8	50%
Ceredigion	4	25%
Pembrokeshire	2	13%
Other	2	13%
Total number of valid respondents	**16**	**100%**
Not Known	*4*	-

Table 231: Age - All Respondents working in Urology – (Note: Figures may not sum due to rounding)

Age	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
34 or under	2	13%
35 to 44	3	19%
45 to 54	8	50%
55 or over	3	19%
Total number of valid respondents	**16**	**100%**
Not Known	*4*	-

Table 232: Gender - All Respondents working in Urology – (Note: Figures may not sum due to rounding)

Gender	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Female	10	63%
Male	6	38%
Total number of valid respondents	**16**	**100%**
Not Known	*4*	-

Table 233: Sexual orientation - All Respondents working in Urology – (Note: Figures may not sum due to rounding)

Sexual orientation	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Heterosexual or Straight	12	80%
Other sexual orientation	3	20%
Total number of valid respondents	**15**	**100%**
Not Known	*5*	-

Table 234: Marital Status - All Respondents working in Urology – (Note: Figures may not sum due to rounding)

Marital Status	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Married/In a Civil Partnership	14	88%
Not married/Not in a Civil Partnership	2	13%
Total number of valid respondents	**16**	**100%**
Not Known	*4*	-

Table 235: Have any dependent children - All Respondents working in Urology – (Note: Figures may not sum due to rounding)

Dependent children	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Yes	8	53%
No	7	47%
Total number of valid respondents	**15**	**100%**
Not Known	*5*	-

Table 236: Disability - All Respondents working in Urology – (Note: Figures may not sum due to rounding)

Disability	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Yes	1	7%
No	14	93%
Total number of valid respondents	**15**	**100%**
Not Known	*5*	-

Table 237: Ethnic group - All Respondents working in Urology – (Note: Figures may not sum due to rounding)

Ethnic group	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Asian	2	13%
White British	11	73%
Any other ethnic group	2	13%
Total number of valid respondents	**15**	**100%**
Not Known	*5*	-

Table 238: Religion - All Respondents working in Urology – (Note: Figures may not sum due to rounding)

Religion	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Christian	7	50%
Muslim	2	14%
No religion	5	36%
Total number of valid respondents	**14**	**100%**
Not Known	*6*	-

Table 239: Providing unpaid care - All Respondents working in Urology – (Note: Figures may not sum due to rounding)

Providing unpaid care	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Yes	4	27%
No	11	73%
Total number of valid respondents	**15**	**100%**
Not Known	*5*	-

Table 240: Household income - All Respondents working in Urology – (Note: Figures may not sum due to rounding)

Household Income	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
£40,000 or less	2	20%
Over £40,000	8	80%
Total number of valid respondents	**10**	**100%**
Not Known	*10*	-

Table 241: Main language used at home - All Respondents working in Urology – (Note: Figures may not sum due to rounding)

Main language used at home	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
English	12	92%
Other	1	8%
Total number of valid respondents	**13**	**100%**
Not Known	*7*	-

Patient survey

Table 242: Key demographic response profile of respondents who have used/care for someone who has used Urology services:– compared with the population aged 18+ of Carmarthenshire, Ceredigion and Pembrokeshire counties

Characteristic		Questionnaire Responses		Population aged 18+
		Number of Respondents	%	
BY COUNTY LIVED IN	Carmarthenshire	120	41%	49%
	Ceredigion	48	16%	19%
	Pembrokeshire	124	42%	32%
	Total number of valid respondents	**292**	**100%**	**100%**
	Other areas	*24*	-	-
	Not Known	*105*	-	-
BY AGE	24 or under	0	0%	9%
	25 to 34	0	0%	13%
	35 to 44	9	3%	13%
	45 to 54	12	4%	16%
	55 to 64	87	28%	18%
	65 to 74	167	53%	17%
	75 or over	41	13%	14%
	Total number of valid respondents	**316**	**100%**	**100%**
	Not Known	*105*	-	-
BY DISABILITY	Has a disability	64	22%	25%
	No disability	233	78%	75%
	Total number of valid respondents	**297**	**100%**	**100%**
	Not Known	*124*	-	-

Table 243: Gender - All Respondents who have used/care for someone who has used Urology services – (Note: Figures may not sum due to rounding)

Gender	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Female	55	17%
Male	260	83%
Total number of valid respondents	**315**	**100%**
Not Known	*106*	-

Table 244: Sexual orientation - All Respondents who have used/care for someone who has used Urology services – (Note: Figures may not sum due to rounding)

Sexual orientation	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Heterosexual or Straight	256	88%
Other sexual orientation	34	12%
Total number of valid respondents	**290**	**100%**
Not Known	*131*	-

Table 245: Marital Status - All Respondents who have used/care for someone who has used Urology services – (Note: Figures may not sum due to rounding)

Marital Status	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Married/In a Civil Partnership	229	76%
Not married/Not in a Civil Partnership	74	24%
Total number of valid respondents	**303**	**100%**
Not Known	*118*	-

Table 246: Have any dependent children - All Respondents who have used/care for someone who has used Urology services – (Note: Figures may not sum due to rounding)

Dependent children	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Yes	17	6%
No	291	94%
Total number of valid respondents	**308**	**100%**
Not Known	*113*	-

Table 247: Ethnic group - All Respondents who have used/care for someone who has used Urology services – (Note: Figures may not sum due to rounding)

Ethnic group	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
White British	266	88%
White other	34	11%
Any other ethnic group	3	1%
Total number of valid respondents	**303**	**100%**
Not Known	*118*	-

Table 248: Religion - All Respondents who have used/care for someone who has used Urology services – (Note: Figures may not sum due to rounding)

Religion	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Buddhist	1	*%
Christian	178	61%
Muslim	1	*%
Any other religion	5	2%
No religion	105	36%
Total number of valid respondents	**290**	**100%**
Not Known	*131*	-

Table 249: Providing unpaid care - All Respondents who have used/care for someone who has used Urology services – (Note: Figures may not sum due to rounding)

Providing unpaid care	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Yes	46	15%
No	255	85%
Total number of valid respondents	**301**	**100%**
Not Known	*120*	-

Table 250: Household income - All Respondents who have used/care for someone who has used Urology services – (Note: Figures may not sum due to rounding)

Household Income	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Below £10,000	25	13%
£10,001 - £20,000	49	26%
£20,001 - £30,000	48	26%
£30,001 - £40,000	31	17%
Over £40,000	33	18%
Total number of valid respondents	**186**	**100%**
Not Known	*235*	-

Table 251: Main language used at home - All Respondents who have used/care for someone who has used Urology services – (Note: Figures may not sum due to rounding)

Main language used at home	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
English	272	90%
Welsh	28	9%
Other	1	*%
Total number of valid respondents	**301**	**100%**
Not Known	*120*	-

13. Outsourced services

Introduction

13.1 On some occasions the Health Board outsources its services, which normally would be delivered at a Health Board Hospital site. This chapter summaries the feedback from those respondents to the questionnaire who used an outsourced service, as well as some patients who have opted to receive treatment at a private hospital and have responded to the questionnaire.

13.2 In total 105 responses were received from those using outsourced services.

13.3 The patient demographic of those using outsourced services is mixed; however, 94% of respondents were aged 55 or over. Tables showing the full profile breakdown of respondents are included at the end of this chapter.

13.4 Throughout this chapter, please note that where percentages do not sum to 100, this may be due to computer rounding, the exclusion of "don't know" categories, or multiple answers.

Main survey findings

Service type - Patient survey

13.5 The service type used by patient respondents using outsourced services are detailed in the table below, where it can be seen that over two-fifths (43%) of the responses are from those who had accessed Orthopaedic services, over a quarter (27%) had accessed Ophthalmology services, over a tenth (12%) Dermatology services and (11%) Radiology services and less than a tenth (7%) had accessed Urology services.

Table 252: Service Type - All Respondents who have used/care for someone who has used outsourced services (Note: Figures may not sum due to rounding)

Service type	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Dermatology service	13	12%
Ophthalmology service	28	27%
Orthopaedic service	45	43%
Radiology service	12	11%
Urology service	7	7%
Total number of valid respondents	**105**	**100%**

Years accessed service – Patient survey

13.6 Respondents were also asked to indicate in which years between 2018 and 2023 they accessed the outsourced service. The responses are detailed in the table overleaf.

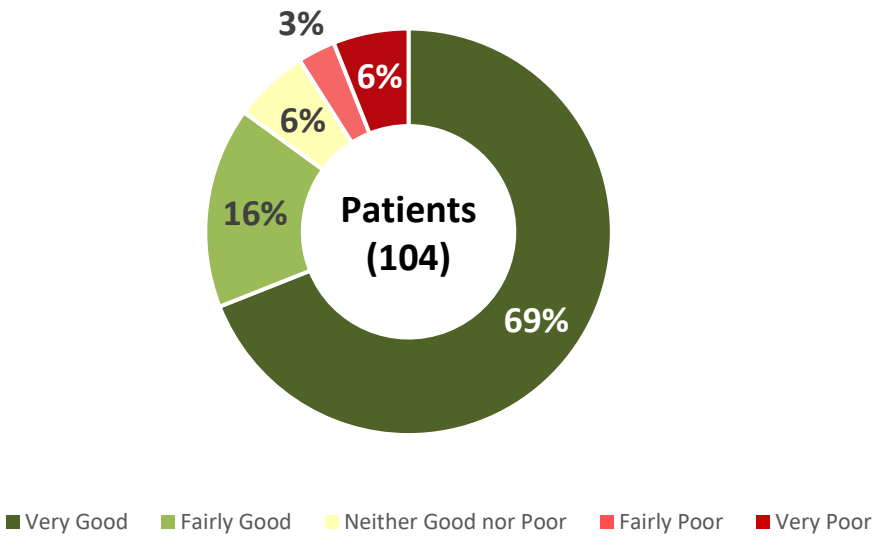
Table 253: In which of the following year(s) were you seen by the outsourced service - All Respondents who have used/care for someone who has used outsourced services – (Note: respondents were able to select multiple years and, therefore, the percentages may sum to greater than 100%. Not known' includes respondents who said 'Don't know/Can't remember' or did not respond to the question.)

Years accessed service	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
2018	14	16%
2019	21	23%
2020	21	23%
2021	28	31%
2022	27	30%
2023	25	28%
Total number of valid respondents	**90**	-
Not Known	*15*	-

Overall experience

13.7 Most (86%) patient respondents said that their experience of using the outsourced service was good, with over two-thirds (69%) saying that it was very good. Just under a tenth (9%) said their overall experience of using the outsourced service was poor (Figure 80 below).

Figure 80: Overall experience of using the outsourced service.



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

What was good about your experience of using outsourced services

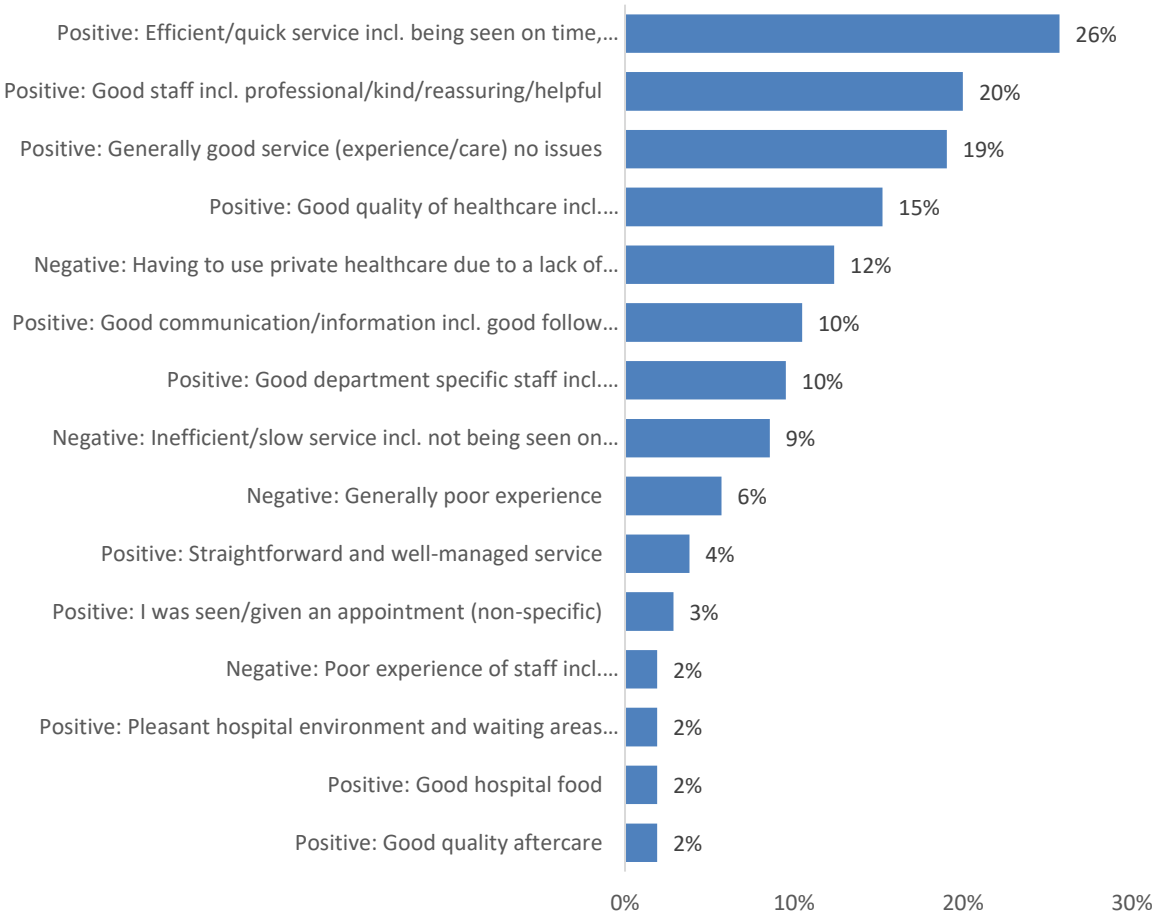
Patient survey

13.8 Respondents were asked what was good about their experience of using the outsourced service (Figure 81 below). For presentational reasons, the figure only shows themes raised by 2% or more of respondents; therefore, readers are encouraged to refer to the full tables of coded text, provided in Appendix 3, for a much fuller overview of the views expressed.

13.9 Just over a quarter (26%) said there was an efficient and/or quick service including being seen on time and prompt results/diagnosis. A fifth (20%) of patient respondents praised the staff saying they were professional, kind, reassuring and helpful and just under a fifth (19%) commented that the service was good generally.

13.10 These are similar comments to those seen for services that were not outsourced. It is however worth noting that over a tenth (12%) gave a negative comment about having to use private healthcare due to lack of appointments/treatment options.

Figure 81: Can you tell us what was good about your experience of using the outsourced service and the care provided? (Only shows themes raised by 2% or more of respondents)



Base: Respondents to the survey (105)

What could be done differently to improve your/others experience of using outsourced services

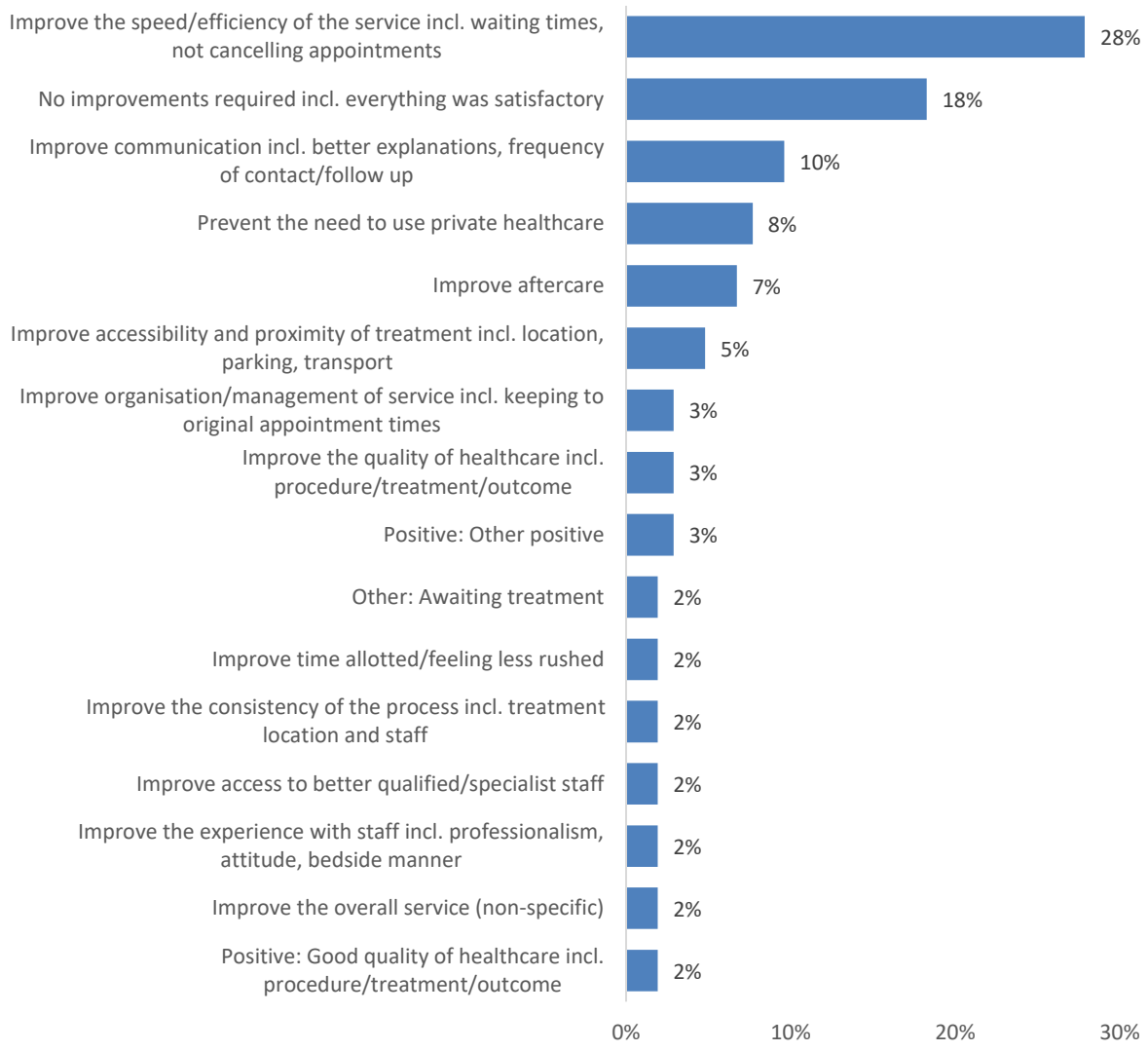
Patient survey

13.11 Respondents were asked what could be done differently to improve theirs or others experience of using the outsourced service (Figure 82 overleaf). For presentational reasons, the figure only shows themes raised by 2% or more of respondents; therefore, readers are encouraged to refer to the full tables of coded text, provided in Appendix 3, for a much fuller overview of the views expressed.

13.12 Under three-in-ten (28%) gave suggestions around improving the speed and efficiency of the service including waiting times and not cancelling appointments. Under a fifth (18%) felt that no improvements are required and/or that everything was satisfactory. A tenth (10%) said communication should be improved, for example better explanations, and increased frequency of contact/follow up.

13.13 These are similar comments to those seen for services that were not outsourced. It is however worth noting that under a tenth (8%) gave a comment about preventing the need to use private healthcare.

Figure 82: Can you tell us what could be done differently to improve your and other patients' experience of using the outsourced service and the care provided? (Only shows themes raised by 2% or more of respondents)

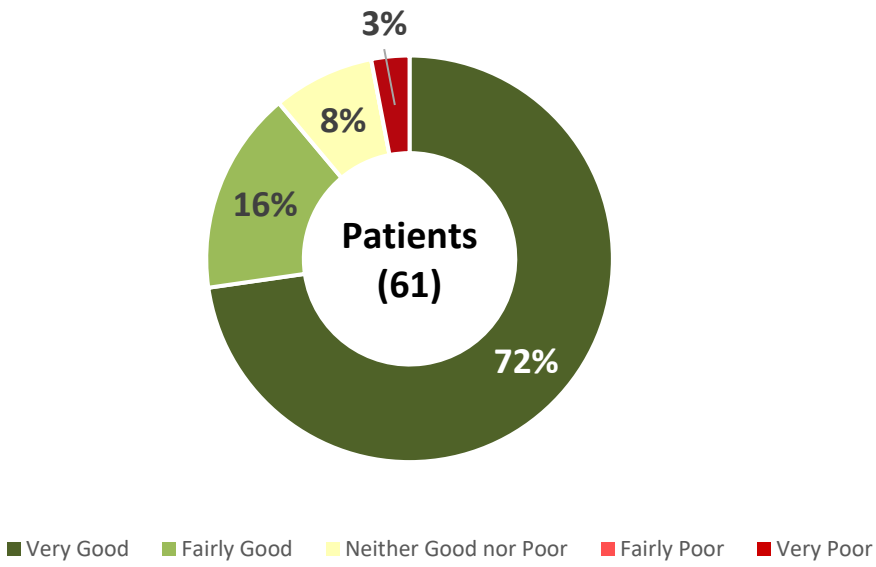


Base: Respondents to the survey (104)

Experience of outpatient services

13.14 Around three quarters (73%) of patient respondents said they used the outpatient department as part of their treatment in outsourced services. Of these, just under nine-in-ten (89%) said it was good with over seven-in-ten (73%) saying it was very good, and around one-in-six (16%) saying it was fairly good. Only 3% said it was poor (Figure 83 overleaf).

Figure 83: Overall experience of using the outpatient department in outsourced services.



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

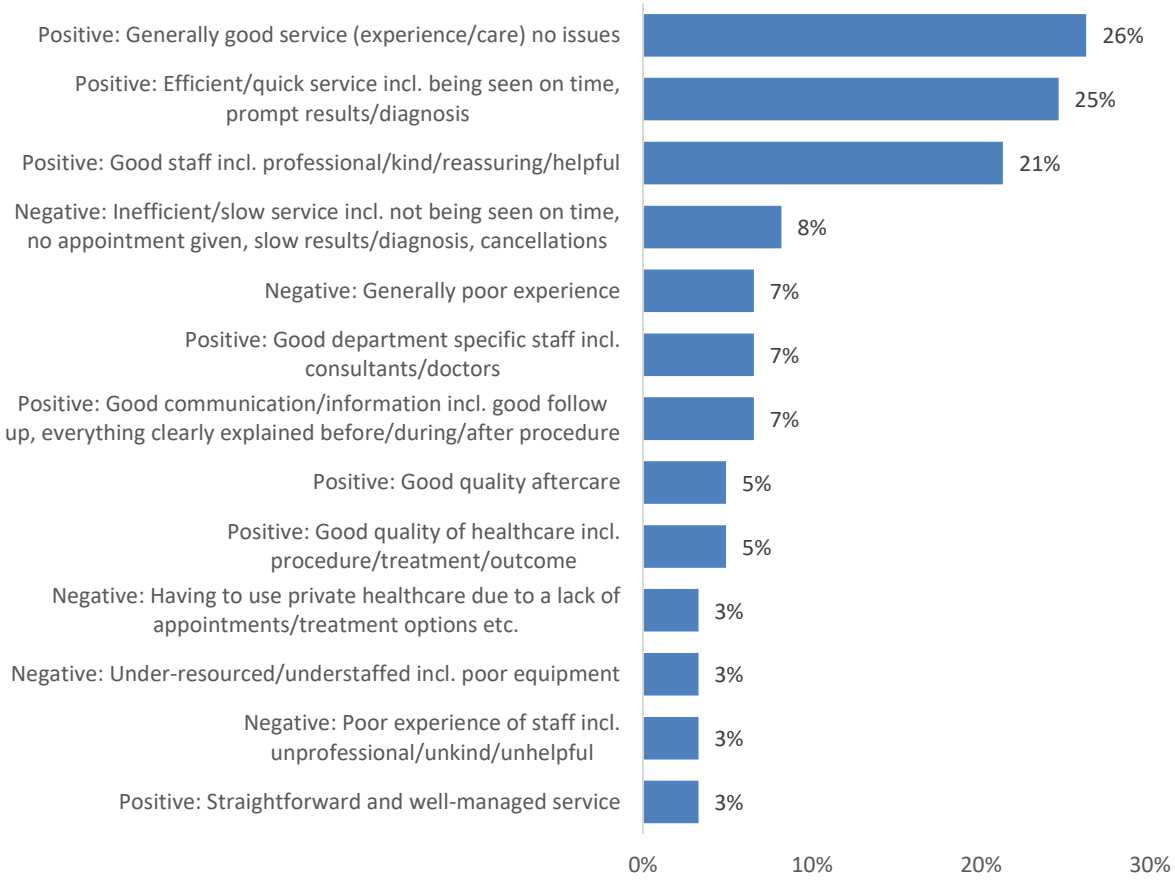
Patient survey

13.15 Patient respondents were also asked why they said their overall experience of using the outpatient department as part of the outsourced service treatment was good or poor (Figure 84 overleaf). For presentational reasons, the figure only shows themes raised by 3% or more of respondents; therefore, readers are encouraged to refer to the full tables of coded text, provided in Appendix 3, for a much fuller overview of the views expressed.

13.16 Over a quarter of comments (26%) were saying that the service was good in general. A quarter (25%) related to the service being efficient and quick, including being seen on time and prompt results/diagnosis. Just over a fifth (21%) of comments were about good staff, saying that they were professional, kind, reassuring and helpful.

13.17 These are similar comments to those seen for services that were not outsourced. It is however worth noting that 3% gave a negative comment about having to use private healthcare due to lack of appointments/treatment options.

Figure 84: Can you tell us why you chose that rating (experience of using the outpatient department for outsourced services)? (Only shows themes raised by 3% or more of respondents)



Base: Respondents to the survey (61)

Respondent Profile

13.18 HDdUHB are committed to ensuring that everyone receives fair and equal respect and endeavours to treat everyone with dignity whatever their age, disability, ethnicity, faith, gender reassignment or sexual identity. This can only be achieved if this information is provided by service users and staff, therefore all survey respondents were asked to answer a series of equality monitoring questions. These questions were optional, and respondents were assured that the data would be used for monitoring purposes only and held in the strictest confidence.

13.19 The tables that appear without commentary on the following pages show the profile of respondents, who have used outsourced services, in relation to a range of characteristics. Each table includes details about the number and percentage of patients responding in each category. Where no responses were received for any given category, these have not been included in the following tables, however the full range of response options, based on HDdUHB's standard equality questions, were provided on the questionnaires. In some instances, where only very small numbers of respondents selected individual response options, these have been grouped together for presentational convenience, and to minimise the risk of inadvertently identifying any individuals. For example, the group 'any other ethnicity' etc may include respondents who selected a variety of response options, where the counts of these options are very low.

13.20 'Not known' shown on each table includes all respondents who either did not provide an answer or selected 'prefer not say'.

13.21 Please note that the figures may not always sum to 100% due to slight rounding errors. *% denotes a proportion of less than 1% but greater than zero.

Patient survey

Table 254: Key demographic response profile of respondents who have used/care for someone who has used outsourced services: (Note: Figures may not sum due to rounding)

Characteristic		Questionnaire Responses	
		Number of Respondents	%
BY COUNTY LIVED IN	Carmarthenshire	32	46%
	Ceredigion	11	16%
	Pembrokeshire	27	39%
	Total number of valid respondents	**70**	**100%**
	Other areas	*2*	-
	Not Known	*33*	-
BY AGE	24 or under	0	-
	25 to 34	0	-
	35 to 44	0	-
	45 to 54	4	6%
	55 to 64	12	17%
	65 to 74	40	56%
	75 or over	15	21%
	Total number of valid respondents	**71**	**100%**
	Not Known	*34*	-
BY DISABILITY	Has a disability	19	29%
	No disability	47	71%
	Total number of valid respondents	**66**	**100%**
	Not Known	*39*	-

Table 255: Gender - All Respondents who have used/care for someone who has used outsourced services – (Note: Figures may not sum due to rounding)

Gender	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Female	51	71%
Male	21	29%
Total number of valid respondents	**72**	**100%**
Not Known	*33*	-

Table 256: Sexual orientation - All Respondents who have used/care for someone who has used outsourced services – (Note: Figures may not sum due to rounding)

Sexual orientation	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Heterosexual or Straight	63	93%
Other sexual orientation	5	7%
Total number of valid respondents	**68**	**100%**
Not Known	*37*	-

Table 257: Marital Status - All Respondents who have used/care for someone who has used outsourced services – (Note: Figures may not sum due to rounding)

Marital Status	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Married/In a Civil Partnership	55	76%
Not married/Not in a Civil Partnership	17	24%
Total number of valid respondents	**72**	**100%**
Not Known	*33*	-

Table 258: Have any dependent children - All Respondents who have used/care for someone who has used outsourced services – (Note: Figures may not sum due to rounding)

Dependent children	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Yes	2	3%
No	70	97%
Total number of valid respondents	**72**	**100%**
Not Known	*33*	-

Table 259: Ethnic group - All Respondents who have used/care for someone who has used outsourced services – (Note: Figures may not sum due to rounding)

Ethnic group	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
White British	65	92%
White other	6	8%
Total number of valid respondents	**71**	**100%**
Not Known	*34*	-

Table 260: Religion - All Respondents who have used/care for someone who has used outsourced services – (Note: Figures may not sum due to rounding)

Religion	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Christian	44	63%
No religion	26	37%
Total number of valid respondents	**70**	**100%**
Not Known	*35*	-

Table 261: Providing unpaid care - All Respondents who have used/care for someone who has used outsourced services – (Note: Figures may not sum due to rounding)

Providing unpaid care	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Yes	10	14%
No	59	86%
Total number of valid respondents	**69**	**100%**
Not Known	*36*	-

Table 262: Household income - All Respondents who have used/care for someone who has used outsourced services – (Note: Figures may not sum due to rounding)

Household Income	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
Below £10,000	5	13%
£10,001 - £20,000	12	31%
£20,001 - £30,000	9	23%
£30,001 - £40,000	4	10%
Over £40,000	9	23%
Total number of valid respondents	**39**	**100%**
Not Known	*66*	-

Table 263: Main language used at home - All Respondents who have used/care for someone who has used outsourced services – (Note: Figures may not sum due to rounding)

Main language used at home	Number of Respondents (Unweighted Count)	% of Respondents (Unweighted Valid %)
English	66	92%
Welsh	6	8%
Total number of valid respondents	**72**	**100%**
Not Known	*33*	-

Appendix 1: Table of figures

Appendix 2: Table of tables

Appendix 3: Full tables of coded open text responses – patient survey

Critical Care

Q5 - Question 5: 4. Can you tell us what was good about your experience of using the Critical Care service and the care provided?

Response option	Overall
	%
Other	8
No/nothing stated	8
Positive: Generally good service (experience/care) no issues	13
Positive: Good quality of healthcare incl. procedure/treatment/outcome	23
Positive: Good communication/information incl. good follow up, everything clearly explained before/during/after procedure	15
Positive: Good hospital food	3
Positive: Good staff incl. professional/kind/reassuring/helpful	62
Positive: Good department specific staff incl. consultants/doctors	13
Positive: Efficient/quick service incl. being seen on time, prompt results/diagnosis	15
Positive: Treated with respect and dignity	5
Negative: Poor communication/information incl. poorly explained lack of contact/follow up	5
Negative: Poor experience of staff incl. unprofessional/unkind/unhelpful	3
Other: Can't remember using the service	3
95% Confidence interval	***±15***
	N
Base	39

Q6 - Question 6: 5. Can you tell us what we could do differently to improve your and other patients' experience of using the Critical Care service?

Response option	Overall
	%
Other	3
No/nothing stated	16
No improvements required incl. everything was satisfactory	35
Positive: Good quality of healthcare incl. procedure/treatment/outcome	5
Positive: Good staff incl. professional/kind/reassuring/helpful	3
Positive: Other positive	3
Improve the quality of healthcare incl. procedure/treatment/outcome	5
Improve aftercare	3
Improve communication incl. better explanations, frequency of contact/follow up	14
Improve accessibility and proximity of treatment incl. location, parking, transport	3
Improve the experience with staff incl. professionalism, attitude, bedside manner	8
Improve staffing provision incl. recruitment, training, incentives/wages	14
Improve the speed/efficiency of the service incl. waiting times, not cancelling appointments	3
Improve the hospital environment and waiting areas incl. less crowded/noisy, improved signage	3
Improve hospital food incl. catering for dietary requirements	3
Improve time allotted/feeling less rushed	3
Other: The impact of Covid on services	3
Other: Did not/can't remember using the service	3
95% Confidence interval	***±15***
	N
Base	37
Invalid responses	
N/A	***1***
Don't Know	***1***

Q9 - Question 9: 6b. Please tell us why you chose that rating? (Experience of using outpatient department for Critical Care)

Response option	Overall
	%
Positive: Generally good service (experience/care) no issues	44
Positive: Good staff incl. professional/kind/reassuring/helpful	38
Positive: Good department specific staff incl. consultants/doctors	19
Positive: Efficient/quick service incl. being seen on time, prompt results/diagnosis	13
Positive: Treated with respect and dignity	6
Negative: Poor quality aftercare	6
Negative: Inefficient/slow service incl. not being seen on time, no appointment given, slow results/diagnosis, cancellations	6
95% Confidence interval	***±24***
	N
Base	16
Invalid responses	
Not asked	***23***

Emergency General Surgery (EGS)

Q5 - Question 5: 4. Can you tell us what was good about your experience oA1:B110f using the EGS service and the care provided?

Response option	Overall
	%
Other	3
No/nothing stated	26
Positive: Generally good service (experience/care) no issues	14
Positive: Good quality of healthcare incl. procedure/treatment/outcome	17
Positive: Good quality aftercare	3
Positive: Good communication/information incl. good follow up, everything clearly explained before/during/after procedure	7
Positive: Good hospital accessibility incl. location and parking	0

Positive: Good hospital food	**1**
Positive: Pleasant hospital environment and waiting areas incl. cleanliness/clear signage	**1**
Positive: Good staff incl. professional/kind/reassuring/helpful	**33**
Positive: Good department specific staff incl. consultants/doctors	**10**
Positive: Efficient/quick service incl. being seen on time, prompt results/diagnosis	**27**
Positive: Treated with respect and dignity	**1**
Positive: Straightforward and well-managed service	**2**
Positive: I was seen/given an appointment (non-specific)	**1**
Negative: Generally poor experience	**3**
Negative: Poor quality of healthcare incl. procedure/treatment/outcome	**2**
Negative: Poor quality aftercare	**0**
Negative: Poor communication/information incl. poorly explained, lack of contact/follow up	**2**
Negative: Poor experience of staff incl. unprofessional/unkind/unhelpful	**3**
Negative: Under-resourced/understaffed incl. poor equipment	**0**
Negative: Inefficient/slow service incl. not being seen on time, no appointment given, slow results/diagnosis, cancellation	**6**
Negative: Poor quality of healthcare during/since COVID incl. procedure/treatment/outcome/delays	**1**
Negative: The hospital environment and waiting area incl. dirty/overcrowded/poor signage	**1**
Other: Awaiting treatment	**0**
Other: Did not use the service	**0**
Other: Can’t remember using the service	**0**
95% Confidence interval	***±6***
	N
Base	**263**
Invalid responses	
N/A	***1***
Not asked	***1***

Q6 - Question 6: 5. Can you tell us what we could do differently to improve your and other patients' experience of using the EGS service?

Response option	Overall
	%
Other	3
No/nothing stated	28
No improvements required incl. everything was satisfactory	22
Positive: Good quality of healthcare incl. procedure/treatment/outcome	2
Positive: Good staff incl. professional/kind/reassuring/helpful	3
Positive: Other positive	2
Improve the overall service (non-specific)	1
Improve the quality of healthcare incl. procedure/treatment/outcome	6
Improve aftercare	1
Improve communication incl. better explanations, frequency of contact/follow up	6
Improve accessibility and proximity of treatment incl. location, parking, transport	2
Improve the experience with staff incl. professionalism, attitude, bedside manner	8
Improve staffing provision incl. recruitment, training, incentives/wages	9
Improve access to better qualified/specialist staff	2
Improve resource provision incl. finances/expenditure, investing in equipment/ambulances/beds	5
Improve the speed/efficiency of the service incl. waiting times, not cancelling appointments	20
Improve convenience of accessing appointments incl. simplified booking, times of day offered	0
Improve the hospital environment and waiting areas incl. less crowded/noisy, improved signage	5
Improve hospital food incl. catering for dietary requirements	3
Improve equality of service	1
Improve the consistency of the process incl. treatment location and staff	0
Improve organisation/management of service incl. keeping to original appointment times	2
Other: Leave services as they are/don’t make changes	1

Other: The impact of Covid on services	**2**
95% Confidence interval	***±5***
	N
Base	**260**
Invalid responses	
N/A	***2***
Don't Know	***2***
Not asked	***1***

Q9 - Question 9: 6b. Please tell us why you chose that rating? (Experience of using the outpatient department for EGS)

Response option	Overall
	%
Other	**3**
Positive: Generally good service (experience/care) no issues	**43**
Positive: Good quality of healthcare incl. procedure/treatment/outcome	**8**
Positive: Good communication/information incl. good follow up, everything clearly explained before/during/after procedure	**6**
Positive: Good hospital food	**1**
Positive: Good staff incl. professional/kind/reassuring/helpful	**24**
Positive: Good department specific staff incl. consultants/doctors	**10**
Positive: Efficient/quick service incl. being seen on time, prompt results/diagnosis	**23**
Positive: Straightforward and well-managed service	**3**
Positive: Didn’t feel rushed	**1**
Negative: Generally poor experience	**1**
Negative: Poor quality of healthcare incl. procedure/treatment/outcome	**1**
Negative: Poor communication/information incl. poorly explained, lack of contact/follow up	**5**
Negative: Poor experience of staff incl. unprofessional/unkind/unhelpful	**5**
Negative: Under-resourced/understaffed incl. poor equipment	**1**
Negative: Inefficient/slow service incl. not being seen on time, no appointment given, slow results/diagnosis, cancellations	**11**

Negative: Inconsistent process incl. seeing different staff members	**3**
Negative: Having to use private healthcare due to a lack of appointments/treatment options etc.	**1**
Negative: Poor quality of healthcare during/since COVID incl. procedure/treatment/outcome/delays	**1**
Negative: The hospital environment and waiting area incl. dirty/overcrowded/poor signage	**1**
Negative: Long waiting times for ambulances	**1**
Other: Neutral opinion (non-specific) incl. always room for improvement	**1**
95% Confidence interval	***±11***
	N
Base	**79**
Invalid responses	
N/A	***1***
Not asked	***185***

Stroke

Q5 - Question 5: 4. Can you tell us what was good about your experience of using the Stroke service and the care provided?

Response option	Overall
	%
Other	**2**
No/nothing stated	**16**
Positive: Generally good service (experience/care) no issues	**25**
Positive: Good quality of healthcare incl. procedure/treatment/outcome	**12**
Positive: Good communication/information incl. good follow up, everything clearly explained before/during/after procedure	**17**
Positive: Good staff incl. professional/kind/reassuring/helpful	**29**
Positive: Good department specific staff incl. consultants/doctors	**20**
Positive: Well-resourced/staffed service	**1**
Positive: Efficient/quick service incl. being seen on time, prompt results/diagnosis	**28**
Positive: Treated with respect and dignity	**1**

Positive: Straightforward and well-managed service	1
Positive: Didn't feel rushed	1
Negative: Generally poor experience	2
Negative: Poor quality of healthcare incl. procedure/treatment/outcome	4
Negative: Poor communication/information incl. poorly explained, lack of contact/follow up 2	1
Negative: Poor hospital accessibility and proximity incl. location and parking	1
Negative: Inefficient/slow service incl. not being seen on time, no appointment given, slow results/diagnosis, cancellations	2
Other: Awaiting treatment	1
Other: Did not use the service	1
95% Confidence interval	***±10***
	N
Base	83
Invalid responses	
N/A	*1*
Not asked	*1*

Q6 - Question 6: 5. Can you tell us what we could do differently to improve your and other patients' experience of using Stroke service?

Response option	Overall
	%
Other	4
No/nothing stated	20
No improvements required incl. everything was satisfactory	28
Positive: Good quality of healthcare incl. procedure/treatment/outcome	2
Positive: Good staff incl. professional/kind/reassuring/helpful	5
Positive: Other positive	4
Improve the overall service (non-specific)	4
Improve the quality of healthcare incl. procedure/treatment/outcome	1
Improve aftercare	1

Improve communication incl. better explanations, frequency of contact/follow up	**23**
Improve accessibility and proximity of treatment incl. location, parking, transport	**1**
Improve the experience with staff incl. professionalism, attitude, bedside manner	**2**
Improve staffing provision incl. recruitment, training, incentives/wages	**7**
Improve access to better qualified/specialist staff	**1**
Improve the speed/efficiency of the service incl. waiting times, not cancelling appointments	**11**
Improve convenience of accessing appointments incl. simplified booking, times of day offered	**1**
Improve the likelihood of being seen in person/via preferred method	**1**
Improve the hospital environment and waiting areas incl. less crowded/noisy, improved signage	**2**
Improve access to patient medical history/notes	**1**
Improve time allotted/feeling less rushed	**2**
Other: The impact of Covid on services	**4**
95% Confidence interval	***±10***
	N
Base	**83**
Invalid responses	
N/A	***1***
Not asked	***1***

Q9 - Question 9: 6b. Please tell us why you chose that rating? (Experience of using the outpatient department for Stroke services)

Response option	**Overall**
	%
Other	**4**
Positive: Generally good service (experience/care) no issues	**32**
Positive: Good communication/information incl. good follow up, everything clearly explained before/during/after procedure	**17**

Positive: Good staff incl. professional/kind/reassuring/helpful	**17**
Positive: Good department specific staff incl. consultants/doctors	**11**
Positive: Efficient/quick service incl. being seen on time, prompt results/diagnosis	**30**
Positive: Straightforward and well-managed service	**2**
Negative: Generally poor experience	**6**
Negative: Poor quality of healthcare incl. procedure/treatment/outcome	**2**
Negative: Poor communication/information incl. poorly explained, lack of contact/follow up	**4**
Negative: Poor hospital accessibility and proximity incl. location and parking	**2**
Negative: Poor experience of staff incl. unprofessional/unkind/unhelpful	**4**
Negative: Inefficient/slow service incl. not being seen on time, no appointment given, slow results/diagnosis, cancellations	**11**
Negative: Having to use private healthcare due to a lack of appointments/treatment options etc.	**2**
Other: Neutral opinion (non-specific) incl. always room for improvement	**9**
Other: Dislike of the treatment/procedure incl. it being embarrassing	**2**
95% Confidence interval	***±13***
	N
Base	**53**
Invalid responses	
Not asked	***32***

Endoscopy

Q5 - Question 5: 4. Can you tell us what was good about your experience of using the Endoscopy service and the care provided?

Response option	Overall
	%
Other	**1**
No/nothing stated	**16**
Positive: Generally good service (experience/care) no issues	**14**

Positive: Good quality of healthcare incl. procedure/treatment/outcome	12
Positive: Good quality aftercare	3
Positive: Good communication/information incl. good follow up, everything clearly explained before/during/after procedure	27
Positive: Good hospital accessibility incl. location and parking	0
Positive: Good hospital food	0
Positive: Pleasant hospital environment and waiting areas incl. cleanliness/clear signage	1
Positive: Good staff incl. professional/kind/reassuring/helpful	56
Positive: Good department specific staff incl. consultants/doctors	8
Positive: Efficient/quick service incl. being seen on time, prompt results/diagnosis	15
Positive: Treated with respect and dignity	2
Positive: Straightforward and well-managed service	3
Positive: Was able to see a screen during the procedure	1
Positive: I was seen/given an appointment (non-specific)	1
Positive: Didn't feel rushed	0
Negative: Generally poor experience	2
Negative: Poor quality of healthcare incl. procedure/treatment/outcome	1
Negative: Poor quality aftercare	0
Negative: Poor communication/information incl. poorly explained, lack of contact/follow up	1
Negative: Poor hospital accessibility and proximity incl. location and parking	0
Negative: Poor experience of staff incl. unprofessional/unkind/unhelpful	1
Negative: Under-resourced/understaffed incl. poor equipment	0
Negative: Inefficient/slow service incl. not being seen on time, no appointment given, slow results/diagnosis, cancellations	1
Negative: Having to use private healthcare due to a lack of appointments/treatment options etc.	0
Negative: Poor quality of healthcare during/since COVID incl. procedure/treatment/outcome/delays	0
Negative: The hospital environment and waiting area incl. dirty/overcrowded/poor signage	0
Negative: Felt rushed (non-specific)	0

Other: Neutral opinion (non-specific) incl. always room for improvement	**0**
Other: Dislike of the treatment/procedure incl. it being embarrassing	**3**
Other: Did not use the service	**0**
Other: Can't remember using the service	**1**
95% Confidence interval	***±3***
	N
Base	**813**
Invalid responses	
Not asked	***3***

Q6 - Question 6: 5. Can you tell us what we could do differently to improve your and other patients' experience of using the Endoscopy service?

Response option	Overall
	%
Other	**2**
No/nothing stated	**21**
No improvements required incl. everything was satisfactory	**46**
Positive: Good quality of healthcare incl. procedure/treatment/outcome	**2**
Positive: Good staff incl. professional/kind/reassuring/helpful	**5**
Positive: Other positive	**2**
Improve the overall service (non-specific)	**0**
Improve the quality of healthcare incl. procedure/treatment/outcome	**7**
Improve aftercare	**1**
Improve communication incl. better explanations, frequency of contact/follow up	**6**
Improve accessibility and proximity of treatment incl. location, parking, transport	**2**
Improve the experience with staff incl. professionalism, attitude, bedside manner	**4**
Improve staffing provision incl. recruitment, training, incentives/wages	**0**
Improve access to better qualified/specialist staff	**0**

Improve resource provision incl. finances/expenditure, investing in equipment/ambulances/beds	**1**
Improve the speed/efficiency of the service incl. waiting times, not cancelling appointments	**8**
Improve convenience of accessing appointments incl. simplified booking, times of day offered	**0**
Improve the likelihood of being seen in person/via preferred method	**0**
Improve the hospital environment and waiting areas incl. less crowded/noisy, improved signage	**3**
Improve hospital food incl. catering for dietary requirements	**1**
Improve the consistency of the process incl. treatment location and staff	**0**
Improve access to patient medical history/notes	**0**
Improve preparation process for treatment incl. the taste of solution offered	**2**
Make the process more straightforward (non-specific)	**0**
Prevent the need to use private healthcare	**0**
Improve organisation/management of service incl. keeping to original appointment times	**1**
Improve time allotted/feeling less rushed	**1**
Other: Leave services as they are/don't make changes	**0**
Other: The impact of Covid on services	**0**
Other: Awaiting treatment	**0**
Other: Criticism of consultation	**0**
Other: Did not/can't remember using the service	**1**
Other Dislike of the treatment/procedure incl. it being embarrassing	**2**
95% Confidence interval	***±3***
	N
Base	**788**
Invalid responses	
N/A	***11***
Don't Know	***14***
Not asked	***3***

Q9 - Question 9: 6b. Please tell us why you chose that rating? (Experience of using the outpatient department for Endoscopy)

Response option	Overall
	%
Other	1
No/nothing stated	2
Positive: Generally good service (experience/care) no issues	32
Positive: Good quality of healthcare incl. procedure/treatment/outcome	5
Positive: Good quality aftercare	2
Positive: Good communication/information incl. good follow up, everything clearly explained before/during/after procedure	14
Positive: Good hospital accessibility incl. location and parking	0
Positive: Good hospital food	1
Positive: Pleasant hospital environment and waiting areas incl. cleanliness/clear signage	1
Positive: Good staff incl. professional/kind/reassuring/helpful	40
Positive: Good department specific staff incl. consultants/doctors	3
Positive: Well-resourced/staffed service	0
Positive: Efficient/quick service incl. being seen on time, prompt results/diagnosis	20
Positive: Treated with respect and dignity	2
Positive: Straightforward and well-managed service	5
Positive: I was seen/given an appointment (non-specific)	1
Negative: Generally poor experience	3
Negative: Poor quality of healthcare incl. procedure/treatment/outcome	2
Negative: Poor communication/information incl. poorly explained, lack of contact/follow up	3
Negative: Poor hospital accessibility and proximity incl. location and parking	1
Negative: Poor experience of staff incl. unprofessional/unkind/unhelpful 2	2
Negative: Under-resourced/understaffed incl. poor equipment	1
Negative: Inefficient/slow service incl. not being seen on time, no appointment given, slow results/diagnosis, cancellation	6

Negative: Inconsistent process incl. seeing different staff members	**0**
Negative: Poor appointment booking service	**0**
Negative: Poor quality of healthcare during/since COVID incl. procedure/treatment/outcome/delays	**0**
Negative: The hospital environment and waiting area incl. dirty/overcrowded/poor signage	**1**
Negative: Felt rushed (non-specific)	**1**
Negative: Poor access to patients' medical history/notes	**0**
Other: Neutral opinion (non-specific) incl. always room for improvement	**2**
Other: Dislike of the treatment/procedure incl. it being embarrassing	**1**
Other: Can't remember using the service	**0**
95% Confidence interval	***±4***
	N
Base	**567**
Invalid responses	
N/A	***3***
Don't Know	***3***
Not asked	***243***

Radiology

Q5 - Question 5: 4. Can you tell us what was good about your experience of using the Radiology service and the care provided?

Response option	Overall
	%
Other	**1**
No/nothing stated	**19**
Positive: Generally good service (experience/care) no issues	**9**
Positive: Good quality of healthcare incl. procedure/treatment/outcome	**4**
Positive: Good quality aftercare	**0**
Positive: Good communication/information incl. good follow up, everything clearly explained before/during/after procedure	**14**

Positive: Good hospital accessibility incl. location and parking	2
Positive: Pleasant hospital environment and waiting areas incl. cleanliness/clear signage	3
Positive: Good staff incl. professional/kind/reassuring/helpful 1	47
Positive: Good department specific staff incl. consultants/doctors	7
Positive: Well-resourced/staffed service	0
Positive: Efficient/quick service incl. being seen on time, prompt results/diagnosis	45
Positive: Treated with respect and dignity	2
Positive: Straightforward and well-managed service	2
Positive: Was able to see a screen during the procedure	0
Positive: I was seen/given an appointment (non-specific)	1
Positive: Didn’t feel rushed	0
Negative: Generally poor experience	1
Negative: Poor quality of healthcare incl. procedure/treatment/outcome	1
Negative: Poor quality aftercare	0
Negative: Poor communication/information incl. poorly explained, lack of contact/follow up	1
Negative: Poor hospital accessibility and proximity incl. location and parking	0
Negative: Poor experience of staff incl. unprofessional/unkind/unhelpful 2	1
Negative: Under-resourced/understaffed incl. poor equipment	0
Negative: Inefficient/slow service incl. not being seen on time, no appointment given, slow results/diagnosis, cancellations	3
Negative: Inconsistent process incl. seeing different staff members	0
Negative: Having to use private healthcare due to a lack of appointments/treatment options etc.	0
Negative: Poor appointment booking service	0
Negative: Poor quality of healthcare during/since COVID incl. procedure/treatment/outcome/delays	0
Negative: The hospital environment and waiting area incl. dirty/overcrowded/poor signage	0
Negative: Felt rushed (non-specific)	0
Negative: Long waiting times for ambulances	0

Other: Have opted for/received private care	**0**
Other: Awaiting treatment	**0**
Other: Criticism of consultation	**0**
Other: Dislike of the treatment/procedure incl. it being embarrassing	**0**
Other: Did not use the service	**1**
Other: Can't remember using the service	**0**
95% Confidence interval	***±2***
	N
Base	**2,014**
Invalid responses	
N/A	***6***
Don't Know	***2***
Not asked	***7***

Q6 - Question 6: 5. Can you tell us what we could do differently to improve your and other patients' experience of using the Radiology service?

Response option	Overall
	%
Other	**2**
No/nothing stated	**24**
No improvements required incl. everything was satisfactory	**39**
Positive: Good quality of healthcare incl. procedure/treatment/outcome	**1**
Positive: Good staff incl. professional/kind/reassuring/helpful	**3**
Positive: Other positive	**3**
Improve the overall service (non-specific)	**1**
Improve the quality of healthcare incl. procedure/treatment/outcome	**2**
Improve aftercare	**0**
Improve communication incl. better explanations, frequency of contact/follow up	**6**

Improve accessibility and proximity of treatment incl. location, parking, transport	**3**
Improve the experience with staff incl. professionalism, attitude, bedside manner	**2**
Improve staffing provision incl. recruitment, training, incentives/wages	**3**
Improve access to better qualified/specialist staff	**0**
Improve resource provision incl. finances/expenditure, investing in equipment/ambulances/beds	**2**
Improve the speed/efficiency of the service incl. waiting times, not cancelling appointments	**13**
Improve convenience of accessing appointments incl. simplified booking, times of day offered	**1**
Improve the likelihood of being seen in person/via preferred method	**0**
Improve the hospital environment and waiting areas incl. less crowded/noisy, improved signage	**5**
Improve hospital food incl. catering for dietary requirements	**0**
Improve equality of service	**0**
Improve the consistency of the process incl. treatment location and staff	**0**
Improve access to patient medical history/notes	**0**
Improve preparation process for treatment incl. the taste of solution offered	**0**
Make the process more straightforward (non-specific)	**0**
Improve organisation/management of service incl. keeping to original appointment times	**1**
Improve time allotted/feeling less rushed	**0**
Other: Leave services as they are/don't make changes	**1**
Other: The impact of Covid on services	**0**
Other: Have opted for/received private care	**0**
Other: Neutral opinion (non-specific) incl. always room for improvement	**0**
Other: Criticism of consultation	**0**
Other: Did not/can't remember using the service	**0**
Other Dislike of the treatment/procedure incl. it being embarrassing	**0**
95% Confidence interval	***±2***
	N
Base	**1,956**

Invalid responses	
N/A	*39*
Don't Know	*27*
Not asked	*7*

Q9 - Question 9: 6b. Please tell us why you chose that rating? (Experience of using the outpatient department for Radiology)

Response option	Overall
	%
Other	1
No/nothing stated	3
Positive: Generally good service (experience/care) no issues	27
Positive: Good quality of healthcare incl. procedure/treatment/outcome	2
Positive: Good quality aftercare	0
Positive: Good communication/information incl. good follow up, everything clearly explained before/during/after procedure	7
Positive: Good hospital accessibility incl. location and parking	1
Positive: Pleasant hospital environment and waiting areas incl. cleanliness/clear signage	2
Positive: Good staff incl. professional/kind/reassuring/helpful	33
Positive: Good department specific staff incl. consultants/doctors	4
Positive: Well-resourced/staffed service	0
Positive: Efficient/quick service incl. being seen on time, prompt results/diagnosis	34
Positive: Treated with respect and dignity	2
Positive: Straightforward and well-managed service	4
Positive: I was seen/given an appointment (non-specific)	1
Positive: Didn’t feel rushed	0
Negative: Generally poor experience	1
Negative: Poor quality of healthcare incl. procedure/treatment/outcome	1
Negative: Poor quality aftercare	0

Negative: Poor communication/information incl. poorly explained, lack of contact/follow up	**2**
Negative: Poor hospital accessibility and proximity incl. location and parking	**1**
Negative: Poor experience of staff incl. unprofessional/unkind/unhelpful	**2**
Negative: Under-resourced/understaffed incl. poor equipment	**2**
Negative: Inefficient/slow service incl. not being seen on time, no appointment given, slow results/diagnosis, cancellations	**9**
Negative: Inconsistent process incl. seeing different staff members	**0**
Negative: Having to use private healthcare due to a lack of appointments/treatment options etc.	**0**
Negative: Poor appointment booking service	**0**
Negative: Poor quality of healthcare during/since COVID incl. procedure/treatment/outcome/delays	**0**
Negative: The hospital environment and waiting area incl. dirty/overcrowded/poor signage	**2**
Negative: Felt rushed (non-specific)	**1**
Negative: Poor access to patients' medical history/notes	**0**
Other: Awaiting treatment	**0**
Other: Not seen in person	**0**
Other: Neutral opinion (non-specific) incl. always room for improvement	**3**
Other: Dislike of the treatment/procedure incl. it being embarrassing	**0**
Other: Can't remember using the service	**0**
95% Confidence interval	***±3***
	N
Base	**1,193**
Invalid responses	
N/A	***9***
Don't Know	***5***
Not asked	***822***

Dermatology

Q5 - Question 5: 4. Can you tell us what was good about your experience of using the Dermatology service and the care provided?

Response option	Overall
	%
Other	2
No/nothing stated	15
Positive: Generally good service (experience/care) no issues	12
Positive: Good quality of healthcare incl. procedure/treatment/outcome	16
Positive: Good quality aftercare	1
Positive: Good communication/information incl. good follow up, everything clearly explained before/during/after procedure	15
Positive: Good hospital accessibility incl. location and parking	2
Positive: Pleasant hospital environment and waiting areas incl. cleanliness/clear signage	1
Positive: Good staff incl. professional/kind/reassuring/helpful	26
Positive: Good department specific staff incl. consultants/doctors	12
Positive: Well-resourced/staffed service	0
Positive: Efficient/quick service incl. being seen on time, prompt results/diagnosis	33
Positive: Treated with respect and dignity	1
Positive: Straightforward and well-managed service	1
Positive: I was seen/given an appointment (non-specific)	2
Positive: Didn’t feel rushed	1
Negative: Generally poor experience	5
Negative: Poor quality of healthcare incl. procedure/treatment/outcome	1
Negative: Poor quality aftercare	1
Negative: Poor communication/information incl. poorly explained, lack of contact/follow up	5
Negative: Poor hospital accessibility and proximity incl. location and parking	1
Negative: Poor experience of staff incl. unprofessional/unkind/unhelpful	2

Negative: Under-resourced/understaffed incl. poor equipment	**0**
Negative: Inefficient/slow service incl. not being seen on time, no appointment given, slow results/diagnosis, cancellations	**8**
Negative: Inconsistent process incl. seeing different staff members	**0**
Negative: Having to use private healthcare due to a lack of appointments/treatment options etc.	**1**
Negative: Poor appointment booking service	**0**
Negative: Poor quality of healthcare during/since COVID incl. procedure/treatment/outcome/delays	**1**
Negative: Equality of service	**0**
Negative: Felt rushed (non-specific)	**0**
Other: Awaiting treatment	**1**
Other: Not seen in person	**0**
Other: Dislike of the treatment/procedure incl. it being embarrassing	**0**
Other: Did not use the service	**1**
Other: Can't remember using the service	**0**
95% Confidence interval	***±4***
	N
Base	**493**
Invalid responses	
N/A	***2***
Not asked	***5***

Q6 - Question 6: 5. Can you tell us what we could do differently to improve your and other patients' experience of using the Dermatology service?

Response option	Overall
	%
Other	**2**
No/nothing stated	**18**

No improvements required incl. everything was satisfactory	27
Positive: Good quality of healthcare incl. procedure/treatment/outcome	1
Positive: Good staff incl. professional/kind/reassuring/helpful	2
Positive: Other positive	2
Improve the overall service (non-specific)	1
Improve the quality of healthcare incl. procedure/treatment/outcome	6
Improve aftercare	0
Improve communication incl. better explanations, frequency of contact/follow up	14
Improve accessibility and proximity of treatment incl. location, parking, transport	10
Improve the experience with staff incl. professionalism, attitude, bedside manner	4
Improve staffing provision incl. recruitment, training, incentives/wages	2
Improve access to better qualified/specialist staff	2
Improve resource provision incl. finances/expenditure, investing in equipment/ambulances/beds	0
Improve the speed/efficiency of the service incl. waiting times, not cancelling appointments	19
Improve convenience of accessing appointments incl. simplified booking, times of day offered	1
Improve the likelihood of being seen in person/via preferred method	2
Improve the hospital environment and waiting areas incl. less crowded/noisy, improved signage	1
Improve equality of service	0
Improve the consistency of the process incl. treatment location and staff	2
Improve access to patient medical history/notes	0
Improve preparation process for treatment incl. the taste of solution offered	0
Prevent the need to use private healthcare	1
Improve organisation/management of service incl. keeping to original appointment times	2
Improve time allotted/feeling less rushed	0
Other: Leave services as they are/don’t make changes	0

Other: The impact of Covid on services	1
Other: Criticism of consultation	0
Other: Did not/can't remember using the service	0
Other Dislike of the treatment/procedure incl. it being embarrassing	0
95% Confidence interval	***±4***
	N
Base	484
Invalid responses	
N/A	***8***
Don't Know	***3***
Not asked	***5***

Q9 - Question 9: 6b. Please tell us why you chose that rating? (Experience of using outpatient department for Dermatology)

Response option	Overall
	%
Other	1
No/nothing stated	2
Positive: Generally good service (experience/care) no issues	24
Positive: Good quality of healthcare incl. procedure/treatment/outcome	7
Positive: Good quality aftercare	0
Positive: Good communication/information incl. good follow up, everything clearly explained before/during/after procedure	11
Positive: Good hospital accessibility incl. location and parking	1
Positive: Pleasant hospital environment and waiting areas incl. cleanliness/clear signage	2
Positive: Good staff incl. professional/kind/reassuring/helpful	25
Positive: Good department specific staff incl. consultants/doctors	7
Positive: Well-resourced/staffed service	0

Positive: Efficient/quick service incl. being seen on time, prompt results/diagnosis	**36**
Positive: Treated with respect and dignity	**1**
Positive: Straightforward and well-managed service	**2**
Positive: I was seen/given an appointment (non-specific)	**1**
Positive: Didn't feel rushed	**0**
Negative: Generally poor experience	**2**
Negative: Poor quality of healthcare incl. procedure/treatment/outcome	**2**
Negative: Poor quality aftercare	**1**
Negative: Poor communication/information incl. poorly explained, lack of contact/follow up	**4**
Negative: Poor hospital accessibility and proximity incl. location and parking	**1**
Negative: Poor experience of staff incl. unprofessional/unkind/unhelpful	**3**
Negative: Under-resourced/understaffed incl. poor equipment	**1**
Negative: Inefficient/slow service incl. not being seen on time, no appointment given, slow results/diagnosis, cancellations	**10**
Negative: Inconsistent process incl. seeing different staff members	**1**
Negative: Having to use private healthcare due to a lack of appointments/treatment options etc.	**0**
Negative: Poor appointment booking service	**1**
Negative: The hospital environment and waiting area incl. dirty/overcrowded/poor signage	**1**
Negative: Felt rushed (non-specific)	**2**
Other: Have opted for/received private care	**1**
Other: Awaiting treatment	**2**
Other: Neutral opinion (non-specific) incl. always room for improvement	**1**
Other: Did not use the service	**0**
Other: Can't remember using the service	**0**
95% Confidence interval	***±5***
	N
Base	**349**
Invalid responses	

N/A	***1***
Don't Know	***2***
Not asked	***148***

Ophthalmology

Q5 - Question 5: 4. Can you tell us what was good about your experience of using the Ophthalmology service and the care provided?

Response option	Overall
	%
Other	**2**
No/nothing stated	**16**
Positive: Generally good service (experience/care) no issues	**13**
Positive: Good quality of healthcare incl. procedure/treatment/outcome	**12**
Positive: Good quality aftercare	**1**
Positive: Good communication/information incl. good follow up, everything clearly explained before/during/after procedure	**15**
Positive: Good hospital accessibility incl. location and parking	**3**
Positive: Good hospital food	**0**
Positive: Pleasant hospital environment and waiting areas incl. cleanliness/clear signage	**1**
Positive: Good staff incl. professional/kind/reassuring/helpful	**34**
Positive: Good department specific staff incl. consultants/doctors	**8**
Positive: Efficient/quick service incl. being seen on time, prompt results/diagnosis	**28**
Positive: Treated with respect and dignity	**1**
Positive: Straightforward and well-managed service	**1**
Positive: I was seen/given an appointment (non-specific)	**2**
Positive: Didn’t feel rushed	**0**
Negative: Generally poor experience	**4**
Negative: Poor quality of healthcare incl. procedure/treatment/outcome	**2**

Negative: Poor quality aftercare	**1**
Negative: Poor communication/information incl. poorly explained, lack of contact/follow up	**3**
Negative: Poor hospital accessibility and proximity incl. location and parking	**1**
Negative: Poor experience of staff incl. unprofessional/unkind/unhelpful	**1**
Negative: Under-resourced/understaffed incl. poor equipment	**1**
Negative: Inefficient/slow service incl. not being seen on time, no appointment given, slow results/diagnosis, cancellations	**8**
Negative: Inconsistent process incl. seeing different staff members	**1**
Negative: Having to use private healthcare due to a lack of appointments/treatment options etc.	**1**
Negative: Poor appointment booking service	**0**
Negative: Poor quality of healthcare during/since COVID incl. procedure/treatment/outcome/delays	**1**
Negative: The hospital environment and waiting area incl. dirty/overcrowded/poor signage	**0**
Negative: Equality of service	**0**
Negative: Felt rushed (non-specific)	**0**
Negative: Poor access to patients' medical history/notes	**0**
Other: Have opted for/received private care	**0**
Other: Awaiting treatment	**1**
Other: Neutral opinion (non-specific) incl. always room for improvement	**0**
Other: Did not use the service	**0**
Other: Can't remember using the service	**0**
95% Confidence interval	***±3***
	N
Base	**895**
Invalid responses	
N/A	***2***
Don't Know	***3***

Q6 - Question 6: 5. Can you tell us what we could do differently to improve your and other patients' experience of using the Ophthalmology service?

Response option	Overall
	%
Other	3
No/nothing stated	19
No improvements required incl. everything was satisfactory	27
Positive: Good quality of healthcare incl. procedure/treatment/outcome	2
Positive: Good staff incl. professional/kind/reassuring/helpful	2
Positive: Other positive	3
Improve the overall service (non-specific)	1
Improve the quality of healthcare incl. procedure/treatment/outcome	4
Improve aftercare	0
Improve communication incl. better explanations, frequency of contact/follow up	15
Improve accessibility and proximity of treatment incl. location, parking, transport	7
Improve the experience with staff incl. professionalism, attitude, bedside manner	3
Improve staffing provision incl. recruitment, training, incentives/wages	3
Improve access to better qualified/specialist staff	1
Improve resource provision incl. finances/expenditure, investing in equipment/ambulances/beds	1
Improve the speed/efficiency of the service incl. waiting times, not cancelling appointments	21
Improve convenience of accessing appointments incl. simplified booking, times of day offered	3
Improve the likelihood of being seen in person/via preferred method	0
Improve the hospital environment and waiting areas incl. less crowded/noisy, improved signage	3
Improve hospital food incl. catering for dietary requirements	0
Improve equality of service	0
Improve the consistency of the process incl. treatment location and staff	2
Improve access to patient medical history/notes	1

Improve preparation process for treatment incl. the taste of solution offered	**0**
Prevent the need to use private healthcare	**0**
Improve organisation/management of service incl. keeping to original appointment times	**3**
Improve time allotted/feeling less rushed	**0**
Other: Leave services as they are/don't make changes	**1**
Other: The impact of Covid on services	**1**
Other: Have opted for/received private care	**0**
Other: Awaiting treatment	**0**
Other: Criticism of consultation	**0**
Other: Did not/can't remember using the service	**0**
Other Dislike of the treatment/procedure incl. it being embarrassing	**0**
95% Confidence interval	***±3***
	N
Base	**873**
Invalid responses	
N/A	***13***
Don't Know	***14***

Q9 - Question 9: 6b. Please tell us why you chose that rating? (Experience of using the outpatient department for Ophthalmology)

Response option	Overall
	%
Other	**1**
No/nothing stated	**1**
Positive: Generally good service (experience/care) no issues	**27**
Positive: Good quality of healthcare incl. procedure/treatment/outcome	**7**
Positive: Good quality aftercare	**1**
Positive: Good communication/information incl. good follow up, everything clearly explained before/during/after procedure	**10**
Positive: Good hospital accessibility incl. location and parking	**2**

Positive: Good hospital food	0
Positive: Pleasant hospital environment and waiting areas incl. cleanliness/clear signage	1
Positive: Good staff incl. professional/kind/reassuring/helpful	27
Positive: Good department specific staff incl. consultants/doctors	5
Positive: Well-resourced/staffed service	0
Positive: Efficient/quick service incl. being seen on time, prompt results/diagnosis	26
Positive: Treated with respect and dignity	0
Positive: Straightforward and well-managed service	3
Positive: I was seen/given an appointment (non-specific)	1
Positive: Didn't feel rushed	0
Negative: Generally poor experience	4
Negative: Poor quality of healthcare incl. procedure/treatment/outcome	3
Negative: Poor quality aftercare	0
Negative: Poor communication/information incl. poorly explained, lack of contact/follow up	6
Negative: Poor hospital accessibility and proximity incl. location and parking	2
Negative: Poor experience of staff incl. unprofessional/unkind/unhelpful	4
Negative: Under-resourced/understaffed incl. poor equipment	2
Negative: Inefficient/slow service incl. not being seen on time, no appointment given, slow results/diagnosis, cancellations	13
Negative: Inconsistent process incl. seeing different staff members	1
Negative: Having to use private healthcare due to a lack of appointments/treatment options etc.	1
Negative: Poor appointment booking service	1
Negative: Poor quality of healthcare during/since COVID incl. procedure/treatment/outcome/delays	1
Negative: The hospital environment and waiting area incl. dirty/overcrowded/poor signage	2
Negative: Felt rushed (non-specific)	2
Negative: Poor access to patients' medical history/notes	0
Other: Awaiting treatment	0

Other: Not seen in person	**0**
Other: Neutral opinion (non-specific) incl. always room for improvement	**1**
Other: Did not use the service	**0**
Other: Can't remember using the service	**0**
95% Confidence interval	***±3***
	N
Base	**630**
Invalid responses	
N/A	***5***
Don't Know	***4***
Not asked	***261***

Orthopaedic services

Q5 - Question 5: 4. Can you tell us what was good about your experience of using the Orthopaedic service and the care provided?

Response option	Overall
	%
Other	**2**
No/nothing stated	**20**
Positive: Generally good service (experience/care) no issues	**14**
Positive: Good quality of healthcare incl. procedure/treatment/outcome	**15**
Positive: Good quality aftercare	**3**
Positive: Good communication/information incl. good follow up, everything clearly explained before/during/after procedure	**14**
Positive: Good hospital accessibility incl. location and parking	**1**
Positive: Good hospital food	**0**
Positive: Pleasant hospital environment and waiting areas incl. cleanliness/clear signage	**1**
Positive: Good staff incl. professional/kind/reassuring/helpful	**30**

Positive: Good department specific staff incl. consultants/doctors	14
Positive: Well-resourced/staffed service	0
Positive: Efficient/quick service incl. being seen on time, prompt results/diagnosis	17
Positive: Treated with respect and dignity	1
Positive: Straightforward and well-managed service	1
Positive: I was seen/given an appointment (non-specific)	1
Positive: Didn't feel rushed	1
Negative: Generally poor experience	4
Negative: Poor quality of healthcare incl. procedure/treatment/outcome	3
Negative: Poor quality aftercare	1
Negative: Poor communication/information incl. poorly explained, lack of contact/follow up	2
Negative: Poor hospital accessibility and proximity incl. location and parking	0
Negative: Poor experience of staff incl. unprofessional/unkind/unhelpful	2
Negative: Under-resourced/understaffed incl. poor equipment	1
Negative: Inefficient/slow service incl. not being seen on time, no appointment given, slow results/diagnosis, cancellations	8
Negative: Inconsistent process incl. seeing different staff members	1
Negative: Having to use private healthcare due to a lack of appointments/treatment options etc.	1
Negative: Poor appointment booking service	0
Negative: Poor quality of healthcare during/since COVID incl. procedure/treatment/outcome/delays	1
Negative: The hospital environment and waiting area incl. dirty/overcrowded/poor signage	0
Negative: Equality of service	0
Negative: Felt rushed (non-specific)	0
Other: Have opted for/received private care	0
Other: Awaiting treatment	2
Other: Not seen in person	0
Other: Neutral opinion (non-specific) incl. always room for improvement	0

Other: Criticism of consultation	**0**
Other: Did not use the service	**0**
Other: Can't remember using the service	**0**
95% Confidence interval	***±3***
	N
Base	**875**
Invalid responses	
N/A	***3***
Don't Know	***2***
Not asked	***5***

Q6 - Question 6: 5. Can you tell us what we could do differently to improve your and other patients' experience of using the Orthopaedic service?

Response option	Overall
	%
Other	**3**
No/nothing stated	**23**
No improvements required incl. everything was satisfactory	**18**
Positive: Good quality of healthcare incl. procedure/treatment/outcome	**2**
Positive: Good staff incl. professional/kind/reassuring/helpful	**2**
Positive: Other positive	**2**
Improve the overall service (non-specific)	**1**
Improve the quality of healthcare incl. procedure/treatment/outcome	**6**
Improve aftercare	**2**
Improve communication incl. better explanations, frequency of contact/follow up	**13**
Improve accessibility and proximity of treatment incl. location, parking, transport	**4**
Improve the experience with staff incl. professionalism, attitude, bedside manner	**4**
Improve staffing provision incl. recruitment, training, incentives/wages	**4**
Improve access to better qualified/specialist staff	**1**

Improve resource provision incl. finances/expenditure, investing in equipment/ambulances/beds	**1**
Improve the speed/efficiency of the service incl. waiting times, not cancelling appointments	**28**
Improve convenience of accessing appointments incl. simplified booking, times of day offered	**1**
Improve the likelihood of being seen in person/via preferred method	**0**
Improve the hospital environment and waiting areas incl. less crowded/noisy, improved signage	**1**
Improve hospital food incl. catering for dietary requirements	**0**
Improve equality of service	**0**
Improve the consistency of the process incl. treatment location and staff	**1**
Improve access to patient medical history/notes	**0**
Improve preparation process for treatment incl. the taste of solution offered	**0**
Make the process more straightforward (non-specific)	**0**
Prevent the need to use private healthcare	**1**
Improve organisation/management of service incl. keeping to original appointment times	**2**
Improve time allotted/feeling less rushed	**1**
Other: Leave services as they are/don't make changes	**1**
Other: The impact of Covid on services	**2**
Other: Have opted for/received private care	**0**
Other: Awaiting treatment	**0**
Other: Neutral opinion (non-specific) incl. always room for improvement	**0**
Other: Criticism of consultation	**0**
Other: Did not/can't remember using the service	**0**
Other Dislike of the treatment/procedure incl. it being embarrassing	**0**
95% Confidence interval	***±3***
	N
Base	**867**
Invalid responses	
N/A	***5***

Don't Know	*9*
Not asked	*4*

Q9 - Question 9: 6b. Please tell us why you chose that rating? (Experience of using the outpatient department for Orthopaedic services)

Response option	Overall
	%
Other	2
No/nothing stated	1
Positive: Generally good service (experience/care) no issues	26
Positive: Good quality of healthcare incl. procedure/treatment/outcome	4
Positive: Good quality aftercare	1
Positive: Good communication/information incl. good follow up, everything clearly explained before/during/after procedure	8
Positive: Good hospital accessibility incl. location and parking	1
Positive: Good hospital food	0
Positive: Pleasant hospital environment and waiting areas incl. cleanliness/clear signage	1
Positive: Good staff incl. professional/kind/reassuring/helpful	27
Positive: Good department specific staff incl. consultants/doctors	8
Positive: Efficient/quick service incl. being seen on time, prompt results/diagnosis	19
Positive: Treated with respect and dignity	0
Positive: Straightforward and well-managed service	3
Positive: I was seen/given an appointment (non-specific)	1
Positive: Didn’t feel rushed	0
Negative: Generally poor experience	4

Negative: Poor quality of healthcare incl. procedure/treatment/outcome	**2**
Negative: Poor quality aftercare	**1**
Negative: Poor communication/information incl. poorly explained, lack of contact/follow up	**6**
Negative: Poor hospital accessibility and proximity incl. location and parking	**1**
Negative: Poor experience of staff incl. unprofessional/unkind/unhelpful	**4**
Negative: Under-resourced/understaffed incl. poor equipment	**1**
Negative: Inefficient/slow service incl. not being seen on time, no appointment given, slow results/diagnosis, cancellations	**16**
Negative: Inconsistent process incl. seeing different staff members	**2**
Negative: Having to use private healthcare due to a lack of appointments/treatment options etc.	**1**
Negative: Poor appointment booking service	**0**
Negative: Poor quality of healthcare during/since COVID incl. procedure/treatment/outcome/delays	**1**
Negative: The hospital environment and waiting area incl. dirty/overcrowded/poor signage	**2**
Negative: Felt rushed (non-specific)	**1**
Negative: Poor access to patients' medical history/notes	**0**
Other: Awaiting treatment	**2**
Other: Not seen in person	**0**
Other: Neutral opinion (non-specific) incl. always room for improvement	**2**
Other: Can't remember using the service	**0**
95% Confidence interval	***±4***
	N
Base	**570**
Invalid responses	
N/A	***2***
Don't Know	***3***
Not asked	***310***

Urology

Q5 - Question 5: 4. Can you tell us what was good about your experience of using the Urology service and the care provided?

Response option	Overall
	%
Other	1
No/nothing stated	18
Positive: Generally good service (experience/care) no issues	13
Positive: Good quality of healthcare incl. procedure/treatment/outcome	12
Positive: Good quality aftercare	4
Positive: Good communication/information incl. good follow up, everything clearly explained before/during/after procedure	20
Positive: Good hospital accessibility incl. location and parking	0
Positive: Pleasant hospital environment and waiting areas incl. cleanliness/clear signage	0
Positive: Good staff incl. professional/kind/reassuring/helpful	37
Positive: Good department specific staff incl. consultants/doctors	6
Positive: Well-resourced/staffed service	0
Positive: Efficient/quick service incl. being seen on time, prompt results/diagnosis	24
Positive: Treated with respect and dignity	2
Positive: Straightforward and well-managed service	2
Positive: I was seen/given an appointment (non-specific)	1
Positive: Didn’t feel rushed	0
Negative: Generally poor experience	3
Negative: Poor quality of healthcare incl. procedure/treatment/outcome	1
Negative: Poor quality aftercare	0
Negative: Poor communication/information incl. poorly explained, lack of contact/follow up	2
Negative: Poor hospital accessibility and proximity incl. location and parking	0
Negative: Poor experience of staff incl. unprofessional/unkind/unhelpful	0

Negative: Under-resourced/understaffed incl. poor equipment	**2**
Negative: Inefficient/slow service incl. not being seen on time, no appointment given, slow results/diagnosis, cancellations	**5**
Negative: Inconsistent process incl. seeing different staff members	**0**
Negative: Having to use private healthcare due to a lack of appointments/treatment options etc.	**1**
Negative: Poor quality of healthcare during/since COVID incl. procedure/treatment/outcome/delays	**1**
Negative: Poor access to patients' medical history/notes	**0**
Other: Have opted for/received private care	**0**
Other: Awaiting treatment	**1**
Other: Not seen in person	**0**
Other: Neutral opinion (non-specific) incl. always room for improvement	**0**
Other: Criticism of consultation	**0**
Other: Dislike of the treatment/procedure incl. it being embarrassing	**0**
Other: Did not use the service	**1**
Other: Can't remember using the service	**0**
95% Confidence interval	***±5***
	N
Base	**417**
Invalid responses	
N/A	***1***
Not asked	***3***

Q6 - Question 6: 5. Can you tell us what we could do differently to improve your and other patients' experience of using the Urology service?

Response option	Overall
	%
Other	**4**
No/nothing stated	**21**
No improvements required incl. everything was satisfactory	**22**
Positive: Good quality of healthcare incl. procedure/treatment/outcome	**1**

Positive: Good staff incl. professional/kind/reassuring/helpful	1
Positive: Other positive	3
Improve the quality of healthcare incl. procedure/treatment/outcome	5
Improve aftercare	1
Improve communication incl. better explanations, frequency of contact/follow up	17
Improve accessibility and proximity of treatment incl. location, parking, transport	7
Improve the experience with staff incl. professionalism, attitude, bedside manner	5
Improve staffing provision incl. recruitment, training, incentives/wages	2
Improve access to better qualified/specialist staff	1
Improve resource provision incl. finances/expenditure, investing in equipment/ambulances/beds	1
Improve the speed/efficiency of the service incl. waiting times, not cancelling appointments	19
Improve convenience of accessing appointments incl. simplified booking, times of day offered	1
Improve the likelihood of being seen in person/via preferred method	2
Improve the hospital environment and waiting areas incl. less crowded/noisy, improved signage	1
Improve the consistency of the process incl. treatment location and staff	2
Improve access to patient medical history/notes	1
Prevent the need to use private healthcare	1
Improve organisation/management of service incl. keeping to original appointment times	3
Improve time allotted/feeling less rushed	0
Other: Leave services as they are/don't make changes	1
Other: The impact of Covid on services	2
Other: Have opted for/received private care	0
Other: Awaiting treatment	1
Other: Criticism of consultation	0
Other: Did not/can't remember using the service	0
Other Dislike of the treatment/procedure incl. it being embarrassing	0
95% Confidence interval	***±4***

	N
Base	**405**
Invalid responses	
N/A	***6***
Don't Know	***8***
Not asked	***2***

Q9 - Question 9: 6b. Please tell us why you chose that rating? (Experience of using the outpatient department for Urology)

Response option	Overall
	%
Other	**3**
No/nothing stated	**2**
Positive: Generally good service (experience/care) no issues	**29**
Positive: Good quality of healthcare incl. procedure/treatment/outcome	**4**
Positive: Good quality aftercare	**0**
Positive: Good communication/information incl. good follow up, everything clearly explained before/during/after procedure	**11**
Positive: Good hospital accessibility incl. location and parking	**0**
Positive: Pleasant hospital environment and waiting areas incl. cleanliness/clear signage	**0**
Positive: Good staff incl. professional/kind/reassuring/helpful	**30**
Positive: Good department specific staff incl. consultants/doctors	**5**
Positive: Well-resourced/staffed service	**1**
Positive: Efficient/quick service incl. being seen on time, prompt results/diagnosis	**25**
Positive: Treated with respect and dignity	**1**
Positive: Straightforward and well-managed service	**4**
Positive: I was seen/given an appointment (non-specific)	**1**
Positive: Didn’t feel rushed	**0**
Negative: Generally poor experience	**3**
Negative: Poor quality of healthcare incl. procedure/treatment/outcome	**1**

Negative: Poor quality aftercare	**0**
Negative: Poor communication/information incl. poorly explained, lack of contact/follow up	**5**
Negative: Poor hospital accessibility and proximity incl. location and parking	**3**
Negative: Poor experience of staff incl. unprofessional/unkind/unhelpful	**3**
Negative: Under-resourced/understaffed incl. poor equipment	**1**
Negative: Inefficient/slow service incl. not being seen on time, no appointment given, slow results/diagnosis, cancellations	**12**
Negative: Inconsistent process incl. seeing different staff members	**0**
Negative: Poor appointment booking service	**0**
Negative: Poor quality of healthcare during/since COVID incl. procedure/treatment/outcome/delays	**1**
Negative: The hospital environment and waiting area incl. dirty/overcrowded/poor signage	**1**
Negative: Poor access to patients' medical history/notes	**0**
Other: Have opted for/received private care	**0**
Other: Awaiting treatment	**1**
Other: Not seen in person	**0**
Other: Neutral opinion (non-specific) incl. always room for improvement	**1**
Other: Dislike of the treatment/procedure incl. it being embarrassing	**0**
95% Confidence interval	***±5***
	N
Base	**286**
Invalid responses	
N/A	***4***
Not asked	***131***

Early Engagement – Patient Survey Questions

1. In which hospital did you access the majority of your hospital care for XXX services? Please choose from the following list:

2. In which of the following year(s) were you seen at [name service]? (Please select multiple years if applicable).

3. Please could you rate your overall experience of using XXX service:

4. Can you tell us what was good about your experience when using xxx service?

5. Can you tell us what we could do differently to improve your and other patients' experience when using xxx service?

6. Did you use outpatient services* as part of the treatment?
   If NO, please move onto Question 7.
   6.a. If YES, please rate your overall experience of outpatient services:
   6.b. Please tell us why you chose that rating?

7. If you wish to be kept informed about the Clinical Services Plan programme, please provide your name and contact information for your preferred form of contact. These details will be used by HDdUHB to send you updates about the Clinical Services Plan and will not be shared with Opinion Research Services.

Equality monitoring

What is your full postcode?

Which county do you live in?

What was your age on your last birthday?

What best describes your gender?

Is this the same as the sex you were assigned at birth?

Which of the following best describes your sexual orientation?

Are you Married or in a Civil Partnership?

Using this definition, do you consider yourself to be disabled?

If yes to the previous question, please state the disability, long-term illness, or health condition.

What do you consider your religion to be?

Do you have any dependent children aged under 18? (Please tick all that apply)

Do you provide unpaid care by looking after someone (a family member, friend, or neighbour) who is older, disabled, or seriously ill?

If yes to the previous question, please state who you care for.

Which race or ethnicity best describes you?

What is your household income (the total annual income of your household, before tax and deductions, but including any benefits and allowances)?

What is your main language spoken/used at home?

Early Engagement – Staff Survey Questions

1. Which is your main hospital base? Please choose from the following list:

2. In which of the following year(s) have you worked in/with the XXX service? (Please select multiple years if applicable).

3. Please rate your overall experience of working in/with XXX service:

4. Can you tell us what was good about your experience of working in/with xxx service and the care provided?

5. Can you tell us what was difficult about your experience of working in/with XXXX service and the care provided?

6. Can you tell us what we could have done differently to improve your experience of working in/with XXX service and the care provided?

7. Do you use the outpatient department in delivering your services?

   If NO, please move onto Question 9.

   8.a. If YES, please rate your overall experience of outpatient services:
   8.b. Please tell us why you chose that rating?

9. If you wish to be kept informed about the Clinical Services Plan programme, please provide your name and contact information for your preferred form of contact. These details will be used by HDdUHB to send you updates about the Clinical Services Plan and will not be shared with Opinion Research Services.

Equality monitoring

What is your full postcode?

Which county do you live in?

What was your age on your last birthday?

What best describes your gender?

Is this the same as the sex you were assigned at birth?

Which of the following best describes your sexual orientation?

Are you Married or in a Civil Partnership?

Using this definition, do you consider yourself to be disabled?

If yes to the previous question, please state the disability, long-term illness, or health condition. *(Please tick* ü *all that apply)*

What do you consider your religion to be?

Do you have any dependent children aged under 18? *(Please tick* ü *all that apply)*

Do you provide unpaid care by looking after someone (a family member, friend, or neighbour) who is older, disabled, or seriously ill?

If yes to the previous question, please state who you care for. *(Please tick* ü *all that apply)*

Which race or ethnicity best describes you?

What is your household income (the total annual income of your household, before tax and deductions, but including any benefits and allowances)?

What is your main language spoken/used at home?

A4 - Corporate Risks

Date of meeting	Agenda Item	Service	Risk Ref	Risk Title	Risk Score	Commentary	Link
27/09/2018	5.4	Ophthalmology	632	Ability to fully implement WG Eye Care Measures (ECM)	16		https://www.webarchive.org.uk/wayback/en/archive/20200916074555/http://www.wales.nhs.uk/sitesplus/862/page/97217
27/09/2018	5.4	Theatres / Emergency General Surgery	634	Overnight theatre provision in Bronglais General Hospital	15		https://www.webarchive.org.uk/wayback/en/archive/20200916074555/http://www.wales.nhs.uk/sitesplus/862/page/97217
31/01/2019	7.8	Orthopaedics / Urology / Dermatology / Ophthalmology	44	Ability to manage patients awaiting follow up appointments	12		https://www.webarchive.org.uk/wayback/en/archive/20200916074415/http://www.wales.nhs.uk/sitesplus/862/page/97938
31/01/2019	7.8	Diagnostics - Cardiology	117	Delays in transfers to tertiary centres for urgent cardiac investigations, treatment and surgery	20		https://www.webarchive.org.uk/wayback/en/archive/20200916074415/http://www.wales.nhs.uk/sitesplus/862/page/97938
30/05/2019	5.9	Diagnostics - Radiology	684	Lack of agreed replacement programme for radiology equipment	16		https://www.webarchive.org.uk/wayback/en/archive/20200916074232/http://www.wales.nhs.uk/sitesplus/862/page/99013
30/05/2019	5.9	Diagnostics - Cardiology	117	Delays in transfers to tertiary centres for urgent cardiac investigations, treatment and surgery	10		https://www.webarchive.org.uk/wayback/en/archive/20200916074232/http://www.wales.nhs.uk/sitesplus/862/page/99013
30/05/2019	5.9	Ophthalmology	632	Ability to fully implement WG Eye Care Measures (ECM)	16		https://www.webarchive.org.uk/wayback/en/archive/20200916074232/http://www.wales.nhs.uk/sitesplus/862/page/99013
30/05/2019	5.9	Theatres / Emergency General Surgery	634	Overnight theatre provision in Bronglais General Hospital	15		https://www.webarchive.org.uk/wayback/en/archive/20200916074232/http://www.wales.nhs.uk/sitesplus/862/page/99013
30/01/2023	4.8	Emergency General Surgery	750	Lack of substantive middle grade doctors affecting Emergency Department in WGH	12		https://www.webarchive.org.uk/wayback/en/archive/20200916073912/http://www.wales.nhs.uk/sitesplus/862/page/100171
30/01/2023	4.8	Diagnostics - Cardiology	117	Delays in transfers to tertiary centres for urgent cardiac investigations, treatment and surgery	15		https://www.webarchive.org.uk/wayback/en/archive/20200916073912/http://www.wales.nhs.uk/sitesplus/862/page/100171
30/01/2023	4.8	Ophthalmology	632	Ability to fully implement WG Eye Care Measures (ECM)	16		https://www.webarchive.org.uk/wayback/en/archive/20200916073912/http://www.wales.nhs.uk/sitesplus/862/page/100171
30/01/2023	4.8	Diagnostics - Radiology	684	Lack of agreed replacement programme for radiology equipment	16		https://www.webarchive.org.uk/wayback/en/archive/20200916073912/http://www.wales.nhs.uk/sitesplus/862/page/100171
26/03/2020	4.8	Theatres / Emergency General Surgery	634	Overnight theatre provision in Bronglais General Hospital	10		https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2020/board-meetings-2020-documents/public-board-agenda-bundle-26-march-2020/#page=444
26/03/2020	4.8	Ophthalmology	632	Ability to fully implement WG Eye Care Measures (ECM)	16		https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2020/board-meetings-2020-documents/public-board-agenda-bundle-26-march-2020/#page=444
26/03/2020	4.8	Diagnostics - Radiology	684	Lack of agreed replacement programme for radiology equipment	16		https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2020/board-meetings-2020-documents/public-board-agenda-bundle-26-march-2020/#page=444
26/03/2020	4.8	Diagnostics - Cardiology	117	Delays in transfers to tertiary centres for urgent cardiac investigations, treatment and surgery	15		https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2020/board-meetings-2020-documents/public-board-agenda-bundle-26-march-2020/#page=444
26/03/2020	4.8	Emergency General Surgery	750	Lack of substantive middle grade doctors affecting Emergency Department in WGH	12		https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2020/board-meetings-2020-documents/public-board-agenda-bundle-26-march-2020/#page=444
26/03/2020	4.8	Theatres / Emergency General Surgery	634	Overnight theatre provision in Bronglais General Hospital	10		https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2020/board-meetings-2020-documents/public-board-agenda-bundle-26-march-2020/#page=444
30/06/2020	3.1	Orthopaedics / Urology / Dermatology / Ophthalmology	44	Ability to manage patients awaiting follow up appointments	N/A	Closed 30/06/2020 - Following discussions with the Scheduled Care Directorate Senior Management Team, this risk will be replaced by a new risk in relation to outpatient management. The Directorate are in the process of developing plans in respect of outpatient services and this risk will be assessed when these are finalised.	https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2020/board-agenda-and-papers-30th-july-2020/board-30th-july-2020-documents/sbar-corporate-risk-register-july-2020/
30/06/2020	3.1	Ophthalmology	632	Ability to fully implement WG Eye Care Measures (ECM)	12	Score reduced - The response to COVID-19 has resulted in the prioritisation of urgent treatment whereby the Ophthalmology Service is providing treatment for sight threatening conditions only (risk factor 1 (R1)). This has seen a reduction in the number of overall patients waiting for treatment as the clinicians have been triaging all patients, those who have been waiting over 25% of their target date have been offered an appointment first through clinical prioritisation.	https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2020/board-agenda-and-papers-30th-july-2020/board-30th-july-2020-documents/sbar-corporate-risk-register-july-2020/
30/06/2020	3.1	Diagnostics - Cardiology	117	Delays in transfers to tertiary centres for urgent cardiac investigations, treatment and surgery	10	Score reduced - The Health Board has previously experienced delays in transferring patients to Swansea Bay UHB (SBUHB) tertiary service for a range of cardiac investigations, treatments and surgery. The historic risk specifically associated with transfer delays for N-STEMI patients (NICE: 'within 72 hours' reduced on development of the NSTEMI Treat and Repatriate service. The risk has been reduced given a reduced level of demand (reduced acute hospital presentation, reduced referrals from primary care, reduced cardiology outpatient activity) on account of COVID-19. The Cardiology Service has identified 'reduced patient presentation/ primary care referral' and 'reduced Cardiology Outpatient activity' as two separate risks to manage this change.	https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2020/board-agenda-and-papers-30th-july-2020/board-30th-july-2020-documents/sbar-corporate-risk-register-july-2020/
30/06/2020	3.1	Diagnostics - Radiology	684	Lack of agreed replacement programme for radiology equipment	16		https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2020/board-agenda-and-papers-30th-july-2020/board-30th-july-2020-documents/sbar-corporate-risk-register-july-2020/
30/06/2020	3.1	Emergency General Surgery	750	Lack of substantive middle grade doctors affecting Emergency Department in WGH	12		https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2020/board-agenda-and-papers-30th-july-2020/board-30th-july-2020-documents/sbar-corporate-risk-register-july-2020/
30/06/2020	3.1	Theatres / Emergency General Surgery	634	Overnight theatre provision in Bronglais General Hospital	10		https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2020/board-agenda-and-papers-30th-july-2020/board-30th-july-2020-documents/sbar-corporate-risk-register-july-2020/
26/11/2020	4.5	Ophthalmology	632	Ability to fully implement WG Eye Care Measures (ECM)	N/A	The Executive Team agreed to de-escalate this risk as the UHB is not currently being performance managed by WG and is currently clinically prioritising patients in line with the ECM. This will be discussed as part of the wider risks of delivering essential services in Q3/4.	hduhb.nhs.wales/about-us/your-health-board/board-meetings-2020/board-agenda-and-papers-26th-november-2020/26th-november-2020-documents/item-4-5-1-corporate-risk-register-sbar/
26/11/2020	4.5	Emergency General Surgery	750	Lack of substantive middle grade doctors affecting Emergency Department in WGH	16	Risk score increased - The risk has therefore increased to 16 to reflect the fragility of the middle grade doctor rota at WGH. The rota remains under constant review and management as the department are fully reliant on temporary staff.	hduhb.nhs.wales/about-us/your-health-board/board-meetings-2020/board-agenda-and-papers-26th-november-2020/26th-november-2020-documents/item-4-5-1-corporate-risk-register-sbar/
26/11/2020	4.5	Diagnostics - Radiology	684	Lack of agreed replacement programme for radiology equipment	16		hduhb.nhs.wales/about-us/your-health-board/board-meetings-2020/board-agenda-and-papers-26th-november-2020/26th-november-2020-documents/item-4-5-1-corporate-risk-register-sbar/
26/11/2020	4.5	Diagnostics - Cardiology	117	Delays in transfers to tertiary centres for urgent cardiac investigations, treatment and surgery	10		hduhb.nhs.wales/about-us/your-health-board/board-meetings-2020/board-agenda-and-papers-26th-november-2020/26th-november-2020-documents/item-4-5-1-corporate-risk-register-sbar/
26/11/2020	4.5	Theatres / Emergency General Surgery	634	Overnight theatre provision in Bronglais General Hospital	10		hduhb.nhs.wales/about-us/your-health-board/board-meetings-2020/board-agenda-and-papers-26th-november-2020/26th-november-2020-documents/item-4-5-1-corporate-risk-register-sbar/
25/03/2021	3.6	Diagnostics - Radiology	684	Lack of agreed replacement programme for radiology equipment	20	Risk score increased - The Health Board's stock of imaging equipment routinely breaks down causing disruption to diagnostic imaging services across all sites which has a significant impact on the UHB's ability to meet its RTT target and impact to patients can include delays in diagnosis and treatment. Presently equipment downtime is frequently up to a week which can put significant pressures on all diagnostic services. Whilst activity has decreased due to COVID, scanning of COVID patients requires more time than non-COVID patients, which will become an issue as requests for diagnostics for non COVID patients increase as other services resume. Commissioning of agreed equipment has also been delayed as a result of COVID and this remains dependent external factors. Radiology has been asked to increase its service provision to other Directorates which it is currently unable to provide due to limitations on current equipment, however the demountable CT-scanner will provide much needed resilience at GGH. The risk score remains at 20 as a decision is awaited on 2021/22 funding for radiology equipment (for 2 out 5 req	https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2021/board-agenda-and-papers-25th-march-2021/25th-march-2021-documents/item-3-6-corporate-risk-register/
25/03/2021	3.6	Emergency General Surgery	750	Lack of substantive middle grade doctors affecting Emergency Department in WGH	16		
25/03/2021	3.6	Diagnostics - Cardiology	117	Delays in transfers to tertiary centres for urgent cardiac investigations, treatment and surgery	10		
25/03/2021	3.6	Theatres / Emergency General Surgery	634	Overnight theatre provision in Bronglais General Hospital	10		
25/07/2021	4.4	Diagnostics - Radiology	684	Lack of agreed replacement programme for radiology equipment	20		https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2021/board-agenda-and-papers-29th-july-2021/agenda-and-papers-29th-july-2021/item-4-4-corporate-risk-register/
25/07/2021	4.4	Diagnostics - Cardiology	117	Delays in transfers to tertiary centres for urgent cardiac investigations, treatment and surgery	20	Risk score increased = reflect the increasing numbers of patients waiting for transfer from all 4 acute hospital sites due to the cessation of the 'treat and repatriate' service in 2020. This is further compounded by acute site pressures at Morriston Hospital – the risk likelihood has consequently been increased from 2 to 4 to reflect the current waiting times averaging 7.7 days. The Acute Coronary Syndrome (ACS)/ Non-ST Segment Elevation Myocardial Infarction (NSTEMI) 'treat and repatriate' service was established in January 2019 and provided 6 ring fenced beds at Prince Phillip Hospital (PPH) and improved transfer times for Bronglais General Hospital (BGH) and Withybush General Hospital (WGH) patients in particular to address the historical delays experienced by HDdUHB in transferring patients to Swansea Bay University Health Board's (SBUHB) tertiary cardiac service for a range of cardiac investigations, treatments and surgery, in particular transfer delays for ACS/NSTEMI patients requiring tertiary centre angiography/coronary revascularisation within 72 hours of presentation to local secondary care hospital (NICE).	https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2021/board-agenda-and-papers-29th-july-2021/agenda-and-papers-29th-july-2021/item-4-4-corporate-risk-register/

25/07/2021	4.4	Emergency General Surgery	750	Lack of substantive middle grade doctors affecting Emergency Department in WGH	16	https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2021/board-agenda-and-papers-29th-july-2021/agenda-and-papers-29th-july-2021/item-4-4-corporate-risk-register/
25/07/2021	4.4	Theatres / Emergency General Surgery	634	Overnight theatre provision in Bronglais General Hospital	10	https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2021/board-agenda-and-papers-29th-july-2021/agenda-and-papers-29th-july-2021/item-4-4-corporate-risk-register/
25/11/2021	4.5	Theatres / Emergency General Surgery	634	Overnight theatre provision in Bronglais General Hospital	N/A	Risk de-escalated to Directorate level - The Executive Team agreed to de escalate this risk to Directorate level as way forward has been agreed. Risk will be closed when new system has been fully implemented. hduhb.nhs.wales/about-us/your-health-board/board-meetings-2021/board-agenda-and-papers-25th-november-2021/agenda-and-papers-25th-november-2021/item-4-5-corporate-risk-register/
25/11/2021	4.5	Emergency General Surgery	750	Lack of substantive middle grade doctors affecting Emergency Department in WGH	N/A	Risk de-escalated to Directorate level - The Executive Team agreed to de escalate this risk to Directorate level. The Director of Operations is to explore whether a new risk in respect of middle grade capacity across all 4 main hospital sites should be assessed. hduhb.nhs.wales/about-us/your-health-board/board-meetings-2021/board-agenda-and-papers-25th-november-2021/agenda-and-papers-25th-november-2021/item-4-5-corporate-risk-register/
25/11/2021	4.5	Diagnostics - Radiology	684	Lack of agreed replacement programme for radiology equipment	20	
25/11/2021	4.5	Diagnostics - Cardiology	117	Delays in transfers to tertiary centres for urgent cardiac investigations, treatment and surgery	20	
31/03/2022	4.3	Diagnostics - Cardiology	117	Delays in transfers to tertiary centres for urgent cardiac investigations, treatment and surgery	N/A	Risk closed - The Executive Risk Group agreed to close the risk following a detailed review by the Service Delivery Manager. This risk which related to generic delays in transfers to tertiary centres for urgent cardiac investigations, treatment and surgery was replaced by a specific risk (ref 1340) which relates to the significant risk to patients on the NSTEMI pathway (see above section). https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2022/board-agenda-and-papers-31-march-2022/agenda-and-papers-31-march-2022/item-4-3-corporate-risk-register-pdf/
31/03/2022	4.3	Diagnostics - Radiology	684	Lack of agreed replacement programme for radiology equipment	16	**Risk score reduced** - The Health Board's stock of imaging equipment routinely breaks down causing disruption to diagnostic imaging services across all sites which has a significant impact on the UHB's ability to meet its RTT target and impact to patients can include delays in diagnosis and treatment. Presently equipment downtime is frequently up to a week which can put significant pressures on all diagnostic services. Whilst activity has decreased due to COVID, scanning of COVID patients requires more time than non COVID patients, which will become an issue as requests for diagnostics for non-COVID patients increase as other services resume. Radiology has been asked to increase its service provision to other Directorates which it is currently unable to provide due to limitations on current equipment, however the demountable CT scanner will provide much needed resilience at GGH. Whilst some contingency has been provided by a scanner in a demountable unit this does not provide full cover for acute care (not suitable for complex care). The risk score has been reduced to 16 reflecting that some equipment has been installed and is operational. A costed plan along with a rolling programme for the installation of additional equipment is in place. hduhb.nhs.wales/about-us/your-health-board/board-meetings-2022/board-agenda-and-papers-31-march-2022/agenda-and-papers-31-march-2022/item-4-3-corporate-risk-register-pdf/
29/09/2022	4.3	Diagnostics - Radiology	1349	Ability to deliver ultrasound services at WGH	20	New Risk - Service failure has already occurred with a likelihood of recurrence due to a lack of trained obstetric sonographers, particularly post March 22 due to staff retirements. The service remains fragile despite being granted a locum for 2 months. In-sourcing an ultrasound service as at July 2022, with staff due to commence in post August 2022 for a rolling three month period, therefore a temporary solution due to funding.
26/01/2023	4.3	Diagnostics - Radiology	1349	Ability to deliver ultrasound services at WGH	20	hduhb.nhs.wales/about-us/your-health-board/board-meetings-2023/board-agenda-and-papers-26-january-2023/board-agenda-and-papers-26-january-2023/item-43-corporate-risk-registerpdf/
26/01/2023	4.3	Diagnostics - Radiology	684	Lack of agreed replacement programme for radiology equipment	12	Risk Score reduced - The Health Board's stock of imaging equipment routinely breaks down, causing disruption to diagnostic imaging services across all sites which has a significant impact on the Health Board's ability to meet its Referral To Treatment (RTT) target and impact to patients can include delays in diagnosis and treatment. CT and MRI scanners have been replaced, and has reduced the frequency of machine downtime compared to previous experience. CT scanner in Bronglais General Hospital (BGH) is due to be upgraded by the end of financial year 2022/23. The Prince Philip Hospital (PPH) MRI scanner is due to be included in the next batch of upgrades, pending financial support for 2023/24. The risk score has been reduced to 12 in November 2022 reflecting that some equipment has been installed and is operational. A costed plan along with a rolling programme for the installation of additional equipment is in place. The next batch of equipment for replacement has been prioritised and identified, however no funding has yet been secured (for financial year 2023/24). A paper was submitted to the September Capital Sub-Committee meeting for information. hduhb.nhs.wales/about-us/your-health-board/board-meetings-2023/board-agenda-and-papers-26-january-2023/board-agenda-and-papers-26-january-2023/item-43-corporate-risk-registerpdf/
25/05/2023	4.3	Diagnostics - Radiology	1349	Ability to deliver ultrasound services at WGH	N/A	Risk closed - The risk has been superseded on the CRR by existing risk 797 - shortage of staff in sonography affecting the whole Health Board, reflecting the scope of the risk across the organisation. The risk specific to WGH has been de escalated to Directorate level as agreed by the Chair of the Executive Risk Group. hduhb.nhs.wales/about-us/your-health-board/board-meetings-2023/board-agenda-and-papers-25-may-2023/board-agenda-and-papers-25-may-2023/item-4-3-corporate-risk-register-pdf/
25/05/2023	4.3	Diagnostics - Radiology	797	Shortage of staff in sonography affecting the whole Health Board.	20	New risk - The risk was approved by Executive Risk Group via Chair's Action on 9 May 2023. The service remains fragile and supported by long term agency staff. Vacancies remain unfilled, with the inability to recruit despite repeated recruitment attempts. Long term vacancies exist in Bronglais General Hospital (BGH), Prince Philip Hospital (PPH) and WGH - in particular in terms of modality lead sonographers at WGH and PPH as at April 2023. There are a number of expected retirements and planned maternity absences in the near future and there will also be the inability to secure agency staff from July 2023 in WGH. hduhb.nhs.wales/about-us/your-health-board/board-meetings-2023/board-agenda-and-papers-25-may-2023/board-agenda-and-papers-25-may-2023/item-4-3-corporate-risk-register-pdf/
25/05/2023	4.3	Emergency General Surgery	1531	Inability to safely support the Consultant on-call rota at Withybush General Hospital (WGH) and Glangwili General Hospital (GGH)	10	The risk was approved by Executive Risk Group on 5 April 2023. The current risk score has been reduced since the risk was initially escalated to reflect the Board decision in March 2023 to introduce 3 in 1 consultant on rota at WGH. There are currently 2 consultants on the rota, with no transfers to date. The new rota is under constant monitoring and review to ascertain and address any issues. hduhb.nhs.wales/about-us/your-health-board/board-meetings-2023/board-agenda-and-papers-25-may-2023/board-agenda-and-papers-25-may-2023/item-4-3-corporate-risk-register-pdf/
25/05/2023	4.3	Diagnostics - Radiology	684	Lack of agreed replacement programme for radiology equipment	12	hduhb.nhs.wales/about-us/your-health-board/board-meetings-2023/board-agenda-and-papers-25-may-2023/board-agenda-and-papers-25-may-2023/item-4-3-corporate-risk-register-pdf/
28/09/2023	4.4	General	1699	Risk of loss of service capacity at Withybush General Hospital (WGH) due to surveys and remedial work relating to Reinforced Autoclaved Aerated Concrete	25	While not specific to a service, the risk encompasses the wider Health Board impact of RAAC therefore including for context. hduhb.nhs.wales/about-us/your-health-board/board-meetings-2023/board-agenda-and-papers-28-september-2023/agenda-and-papers-28-september-2023/item-4-4-corporate-risk-register-pdf/
28/09/2023	4.4	Ophthalmology	1664	Risk to Ophthalmology service delivery due to a national shortage Consultant Ophthalmologists and the inability to recrui	20	New risk (escalated from Directorate risk register) - Increased demand and reduced capacity continues to be a challenge. Balancing Eye Care Measures for patients most at risk with Ministerial Measures for longest waiting patients presents a conflicting priority to the service with limited capacity.The service has provided additional age-related macular degeneration (AMD) sessions on a weekend; however these additional sessions have not been enough to meet the demand across all counties in the Health Board. Patient delays continue across the Health Board. AMD continues to be prioritised impacting on the provision of general clinics, having an impact on the wider ophthalmology service and patient experience. The current non-medical workforce establishment is not aligned to service needs. Additional staffing for Wet AMD was incorporated into the Integrated Medium Term Plan (IMTP) however there has been no additional funding allocated.The current impact has been scored as 5 because patients suffering irreversible sight loss or damage is a reality and the current likelihood has been scored 4 as ophthalmology is a fragile service. It is unlikely that the Board tolerance score of 6 will be achieved without a regionally agreed solution. hduhb.nhs.wales/about-us/your-health-board/board-meetings-2023/board-agenda-and-papers-28-september-2023/agenda-and-papers-28-september-2023/item-4-4-corporate-risk-register-pdf/
28/09/2023	4.4	Diagnostics - Radiology	1719	Risk of loss of Radiology services across the Health Board from 31st March 2025 due to delayed implementation of Radiology Information Systems Procurement (RISP)	20	New risk - reported to Board in-committee due to sensitive nature of the risk at this point in time hduhb.nhs.wales/about-us/your-health-board/board-meetings-2023/board-agenda-and-papers-28-september-2023/agenda-and-papers-28-september-2023/item-4-4-corporate-risk-register-pdf/
28/09/2023	4.4	Diagnostics - Radiology	797	Shortage of staff in sonography affecting the whole Health Board.	20	hduhb.nhs.wales/about-us/your-health-board/board-meetings-2023/board-agenda-and-papers-28-september-2023/agenda-and-papers-28-september-2023/item-4-4-corporate-risk-register-pdf/
28/09/2023	4.4	Diagnostics - Radiology	684	Lack of agreed replacement programme for radiology equipment	12	hduhb.nhs.wales/about-us/your-health-board/board-meetings-2023/board-agenda-and-papers-28-september-2023/agenda-and-papers-28-september-2023/item-4-4-corporate-risk-register-pdf/
28/09/2023	4.4	Emergency General Surgery	1531	Inability to safely support the Consultant on-call rota at Withybush General Hospital (WGH) and Glangwili General Hospital (GGH)	10	

Stroke

Guideline Source	Guideline Title	Link
Stroke Association/Royal College of Physicians	The National Clinical Guideline for Stroke This is endorsed and referenced by the Royal College of Physicians	Contents - National Clinical Guideline for Stroke (strokeguideline.org)
NICE	Stroke and transient ischaemic attack in over 16s: diagnosis and initial management	https://www.nice.org.uk/guidance/ng128
NICE	Stroke rehabilitation in adults	https://www.nice.org.uk/guidance/ng236

Emergency General Surgery

Guideline Source	Guideline Title
Royal College of Surgeons of England	Various guidelines within link
Association of Surgeons of Great Britain and Ireland	There are evidenced based guidelines which are only accessible to members.
NIHR Global Research Health Unit on Global Surgery	Global guidelines for emergency general surgery:
GIRFT	General Surgery
NICE	Hypothermia: prevention and management in adults having surgery
NICE	Perioperative care in adults
NICE	Perioperative care in adults
NICE	Diverticular disease: diagnosis and management
NICE	Surgical site infections: prevention and treatment

Link
https://www.rcseng.ac.uk/standards-and-research/standards-and-guidance/
https://www.asgbi.org.uk/emergency-general-surgery
https://www.globalsurgeryunit.org/wp-content/uploads/2022/03/Global-guidelines-for-
https://gettingitrightfirsttime.co.uk/surgical_specialties/general-surgery/
Overview | Hypothermia: prevention and management in adults having surgery |
Overview | Perioperative care in adults | Guidance | NICE
Overview | Perioperative care in adults | Guidance | NICE
Overview | Diverticular disease: diagnosis and management | Guidance | NICE
Overview | Surgical site infections: prevention and treatment | Guidance | NICE

Critical Care

Guideline Source	Guideline Title
Intensive Care Society	**Various guidance - within link**
NICE	Acutely ill adults in hospital: recognising and responding to deterioration
NICE	Rehabilitation after critical illness in adults
NICE	Intravenous fluid therapy in adults in hospital
NICE	Acute kidney injury: prevention, detection and management
NICE	Sepsis: recognition, diagnosis and early management
NICE	COVID-19 Rapid Guideline: Managing COVID-19
NICE	donor identification and consent rates for deceased organ donation
GIRFT	Adult Critical Care

Link
https://ics.ac.uk/guidance.html
Overview | Acutely ill adults in hospital: recognising and responding to deterioration | Guidance | NICE
Overview | Rehabilitation after critical illness in adults | Guidance | NICE
Overview | Intravenous fluid therapy in adults in hospital | Guidance | NICE
Overview | Acute kidney injury: prevention, detection and management | Guidance | NICE
Overview | Sepsis: recognition, diagnosis and early management | Guidance | NICE
Overview | COVID-19 rapid guideline: managing COVID-19 | Guidance | NICE
donor identification and consent rates for deceased organ donation | Guidance | NICE
https://gettingitrightfirsttime.co.uk/medical_specialties/adult-critical-care/

Orthopaedics

Guideline Source	Guideline Title
BOA	British Orthopaedic Society - Various Guidelines
NICE	Fractures (non-complex): assessment and management
NICE	Fractures (complex): assessment and management
NICE	Joint replacement (primary): hip, knee and shoulder
NICE	Venous thromboembolism in over 16s: reducing the risk of hospital acquired deep veing thrombosis or pulmonary embolism
NICE	Hip fracture: management
GIRFT	Orthopaedic Surgery
National Clinical Strategy for Orthopaedics	Guidelines and Recommendations Shoulder & Elbow Surgery
National Clinical Strategy for Orthopaedics	Guidelines and Recommendations Hand and Wrist Surgery
WHSSC	Spinal Services Operational Delivery Network - links within document

Link
https://www.boa.ac.uk/standards-guidance/boasts.html
https://www.nice.org.uk/guidance/ng38
https://www.nice.org.uk/guidance/ng37
https://www.nice.org.uk/guidance/ng157
Overview | Venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism | Guidance | NICE
https://www.nice.org.uk/guidance/cg124
https://gettingitrightfirsttime.co.uk/surgical_specialties/orthopaedic-surgery/#ortho
https://www.welshorthopaedics.org.uk/wp-content/uploads/2022/07/ANNEX-4.pdf
https://www.welshorthopaedics.org.uk/wp-content/uploads/2022/07/ANNEX-5.pdf
https://whssc.nhs.wales/commissioning/whssc-policies/all-policy-documents/spinal-services-operational-delivery-network-cp241-june-2022/

Urology

Guideline Source	Guideline Title
BAUS	Various guidlines within link
NICE	Suspected cancer: recognition and referral
NICE	Bladder cancer: diagnosis and management
NICE	Improving outcomes in urological cancers
NICE	Lower urinary tract symptoms in men: management
NICE	Prostatitis (acute): antimicrobial prescribing
NICE	Prostate cancer: diagnosis and management
NICE	Pelvic floor dysfunction: prevention and non-surgical management
NICE	Urinary incontinence and pelvic organ prolapse in women: management
NICE	Urinary incontinence in neurological disease: assessment and management
NICE	Bedwetting in under 19s
NICE	Urinary tract infection in under 16s: diagnosis and management
NICE	Urinary tract infection (catheter-associated): antimicrobial prescribing
NICE	Pyelonephritis (acute): antimicrobial prescribing
NICE	Urinary tract infection (lower): antimicrobial prescribing
NICE	Urinary tract infection (recurrent): antimicrobial prescribing
GIRFT	Urology
EAU	Various guidelines within the link

Link
https://www.baus.org.uk/professionals/sections/academic/guidelines_publications.aspx
Overview | Suspected cancer: recognition and referral | Guidance | NICE
Overview | Bladder cancer: diagnosis and management | Guidance | NICE
Improving outcomes in urological cancers | Guidance | NICE
Overview | Lower urinary tract symptoms in men: management | Guidance | NICE
Overview | Prostatitis (acute): antimicrobial prescribing | Guidance | NICE
Overview | Prostate cancer: diagnosis and management | Guidance | NICE
Overview | Pelvic floor dysfunction: prevention and non-surgical management | Guidance | NICE
Overview | Urinary incontinence and pelvic organ prolapse in women: management | Guidance | NICE
Overview | Urinary incontinence in neurological disease: assessment and management | Guidance | NICE
Overview | Bedwetting in under 19s | Guidance | NICE
https://www.nice.org.uk/guidance/ng224
https://www.nice.org.uk/guidance/ng113
https://www.nice.org.uk/guidance/ng111
https://www.nice.org.uk/guidance/ng109
https://www.nice.org.uk/guidance/ng112
https://gettingitrightfirsttime.co.uk/surgical_specialties/urology-surgery/#:~:text=The%20GIRFT%20national%20report%20for,provide%20consultant%2Dled%20emergency%20urology
EAU Guidelines - Uroweb

Ophthalmology

Guideline Source	Guideline Title
RCOphth	Various guidlines within link
NICE	Glaucoma: diagnosis and management
NICE	Age-related macular degeneration
NICE	Cataracts in adults: management
GIRFT	Opthalmology: various guidelines and pathways within link
GIRFT	Clinically led Speciality Out patient guide

Link
https://www.rcophth.ac.uk/standards-and-guidance/
https://www.nice.org.uk/guidance/ng81
https://www.nice.org.uk/guidance/ng82
https://www.nice.org.uk/guidance/ng77
Ophthalmology - Getting It Right First Time - GIRFT
ClinicallyledSpecialityOutpatientGuide (gettingitrightfirsttime.co.uk)

Dermatology

Guideline Source	Guideline Title
NICE	Acne vulgaris: management
NICE	Atopic eczema in under 12s: diagnosis and management
NICE	Secondary bacterial infection of eczema and other common skin conditions: antimicrobial prescribing
NICE	Psoriasis: assessment and management
NICE	Melanoma: assessment and management
NICE	Suspected cancer: recognition and referral
NICE	Skin cancer prevention
NICE	Sunlight exposure: risks and benefits
NICE	Improving outcomes for people with skin tumours including melanoma
NICE	Impetigo: antimicrobial prescribing
BAD	Numerous items of Guidance - Web site includes NICE guidance detailed above, Joint Guidance with other Royal Colleges and BAD guidelines
BSRheum	The British Society for Rheumatology guideline for the management of systemic lupus erythematosus in adults
European Academy of Dermatology &	Various Guidelines within link

Link
Overview | Acne vulgaris: management | Guidance | NICE
Overview | Atopic eczema in under 12s: diagnosis and management | Guidance | NICE
Overview | Secondary bacterial infection of eczema and other common skin conditions: antimicrobial prescribing | Guidance | NICE
Overview | Psoriasis: assessment and management | Guidance | NICE
Overview | Melanoma: assessment and management | Guidance | NICE
Overview | Suspected cancer: recognition and referral | Guidance | NICE
Overview | Skin cancer prevention | Guidance | NICE
Overview | Sunlight exposure: risks and benefits | Guidance | NICE
Improving outcomes for people with skin tumours including melanoma | Guidance | NICE
Overview | Impetigo: antimicrobial prescribing | Guidance | NICE
https://www.bad.org.uk/guidelines-and-standards/clinical-guidelines/
https://academic.oup.com/rheumatology/article/57/1/e1/4318863?login=true
https://eadv.org/publications/clinical-guidelines/

Endoscopy

Guideline Source	Guideline Title
JAG (Joint Advisory Group on GI	Various guidlines within link
BSG	British Society of Gastroenterorolgy (Various)
NICE	Acute upper gastrointestinal bleeding in over 16s: management
NICE	Barrett's oesophagus and stage 1 oesophageal adenocarcinoma: monitoring and management
NICE	Gastro-oesophageal reflux disease and dyspepsia in adults: investigation and management
NICE	Cirrhosis in over 16s: assessment and management
NICE	Suspected cancer: recognition and referral
NICE	Gastro-oesophageal reflux disease in children and young people: diagnosis and management
NICE	Sedation in under 19s: using sedation for diagnostic and therapeutic procedures
NICE	Metastatic malignant disease of unknown primary origin in adults: diagnosis and management
NICE	Pancreatitis
NICE	Diverticular disease: diagnosis and management
NICE	Constipation in children and young people: diagnosis and management
NICE	Oesophago-gastric cancer: assessment and management in adults
NICE	Crohn’s disease: management
NICE	Cancer of the upper aerodigestive tract: assessment and management in people aged 16 and over
NICE	Colorectal cancer
NHS Wales Executive	Suspected Cancer Pathway: Various guidelines & pathways within link
NHS Wales Executive	Faecal immunochemical testing Guidance
Welsh Cancer Network	Single Cancer pathway various pathways
Welsh Government	National endoscopy programme

Link
https://www.thejag.org.uk/Default.aspx
https://www.bsg.org.uk/resource-type/clinical-resources/guidelines/
https://www.nice.org.uk/guidance/cg141
https://www.nice.org.uk/guidance/ng231
https://www.nice.org.uk/guidance/cg184
https://www.nice.org.uk/guidance/ng50
https://www.nice.org.uk/guidance/ng12
https://www.nice.org.uk/guidance/ng1
https://www.nice.org.uk/guidance/cg112
https://www.nice.org.uk/guidance/cg104
https://www.nice.org.uk/guidance/ng104
https://www.nice.org.uk/guidance/ng147
https://www.nice.org.uk/guidance/cg99
https://www.nice.org.uk/guidance/ng83
https://www.nice.org.uk/guidance/ng129
https://www.nice.org.uk/guidance/ng36
https://www.nice.org.uk/guidance/ng151
https://executive.nhs.wales/networks/wales-cancer-network/workstreams/suspected-cancer-pathway/
executive.nhs.wales/networks/programmes/endoscopy/endoscopy-documents/fit-framework-part-1-2/
Cancer Site Groups - NHS Wales Executive
national-endoscopy-programme-revised-action-plan-october-2020_0.pdf (gov.wales)

Radiology

Guideline Source	Guideline Title
Royal College of Radiology	Various guidlines within link **Auditing guidlines within link**
Royal College of Radiology	Revalidation
NHS Wales Executive	Suspected Cancer Pathway: Various guidelines & pathways
Dept of Health & Social Care	IRMER
Brisith Society for Heamatology	Joint guidance from the British Societies of Interventional Radiology and Haematology on managing Bleeding Risk during Procedures in Interventional Radiology
NICE	Major Trauma: Service delivery
NICE	Major trauma: assessment and iniutial management
NICE	Fractures (non complex): assessment and management
NICE	Fractures (complex): assessment and management
NICE	Head Injury: assessment and early management
NICE	Spinal Injury: assessment and initial management
NICE	Venous thromboembolism in over 16s: reducing the risk of hospital acquired deep veing thrombosis or pulmonary embolism
NICE	Metastatic malignant disease of unknown primary origin in adults: diagnosis and management
NICE	Spinal metastases and metastatic spinal cord compression
NICE	Ovarian cancer: recognitiona nd initial management
NICE	Pancreatic cancer in adults: diagnosis and management
NICE	Thyroid cancer: assessment and management
NICE	Venous thromboembolic diseases: diagnosis, management and thrombophilia testing
NICE	Lung cancer: diagnosis and management

NICE	Bladder cancer: diagnosis and management
NICE	Cancer of the upper aerodigestive tract: assessment and management in people aged 16 and over
NICE	Brain tumours (primary) and brain metastases in over 16s
NICE	Idiopathic pulmonary fibrosis in adults: diagnosis and management
NICE	Stroke and transient ischaemic attack in over 16s: diagnosis and initial management
NICE	Abdominal aortic aneurysm: diagnosis and management
NICE	Renal and uteric stones: assessment and management
NICE	Advanced breast cancer: diagnosis and treatment
NICE	Subarachnoid haemorrhage caused by a ruptured aneurysm: diagnosis and management
GIRFT	Radiology & diagnostics

Link
https://www.rcr.ac.uk/guidelines
Revalidation | The Royal College of Radiologists (rcr.ac.uk)
https://executive.nhs.wales/networks/wales-cancer-
https://assets.publishing.service.gov.uk/media/5b339c4eed915d5862b2c718/guidance-to-the-ionising-radiation-medical-exposure-regulations-2017.pdf
https://b-s-h.org.uk/guidelines/guidelines/joint-guidance-from-the-british-societies-of-interventional-radiology-and-haematology-on-managing-bleeding-risk-during-procedures-in-interventional-radiology
Overview | Major trauma: service delivery | Guidance | NICE
Overview | Major trauma: assessment and initial management | Guidance | NICE
Overview | Fractures (non-complex): assessment and management | Guidance | NICE
Overview | Fractures (complex): assessment and management | Guidance | NICE
Overview | Head injury: assessment and early management | Guidance | NICE
Overview | Spinal injury: assessment and initial management | Guidance | NICE
Overview | Venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism | Guidance | NICE
Overview | Metastatic malignant disease of unknown primary origin in adults: diagnosis and management | Guidance | NICE
Overview | Spinal metastases and metastatic spinal cord compression | Guidance | NICE
Overview | Ovarian cancer: recognition and initial management | Guidance | NICE
Overview | Pancreatic cancer in adults: diagnosis and management | Guidance | NICE
Overview | Thyroid cancer: assessment and management | Guidance | NICE
Overview | Venous thromboembolic diseases: diagnosis, management and thrombophilia testing | Guidance | NICE
Overview | Lung cancer: diagnosis and management | Guidance | NICE

Overview | Bladder cancer: diagnosis and management | Guidance | NICE
Overview | Cancer of the upper aerodigestive tract: assessment and management in people aged 16 and over | Guidance | NICE
Overview | Brain tumours (primary) and brain metastases in over 16s | Guidance | NICE
Overview | Idiopathic pulmonary fibrosis in adults: diagnosis and management | Guidance | NICE
https://www.nice.org.uk/guidance/ng128
Overview | Abdominal aortic aneurysm: diagnosis and management | Guidance | NICE
Overview | Renal and ureteric stones: assessment and management | Guidance | NICE
Overview | Advanced breast cancer: diagnosis and treatment | Guidance | NICE
Overview | Subarachnoid haemorrhage caused by a ruptured aneurysm: diagnosis and management | Guidance | NICE
https://gettingitrightfirsttime.co.uk/medical_specialties/radiology/

Clinical Services Plan – Finance Appendix

Contents

Background

The financial information included within the clinical service plan programme frames the current financial outlook for the respective services at a high level, considering both the forecast and year to date pressures. The overall position has been outlined along with key variances and the associated cost drivers, some linked to an overspend, others a mitigating underspend.

The purpose of this information is to help frame the financial context within which the service is operating and to highlight the resource constraints and sustainability challenges.

Whilst this financial assessment looks at the position for specific services, it is important to recognise the wider context around the organisational finances and significant affordability challenge facing the Health Board. In recovering the financial position, it is essential that all aspects of the Health Boards expenditure are considered in respect of opportunities to deliver services on a more sustainable basis, reduce waste, variation and maximise value for money, whilst delivering safe and effective care to patients.

In framing the financial outlook for specific services, it is important to recognise the resource challenge across the organisation. At the time of writing this issues paper, the Health Board is developing its financial plan for the year ahead 2024/2025 and considering how to recover a significant overspend. Therefore, from an affordability perspective, the numbers framed in the service summaries below do not reflect the savings ask of services into the new financial year, nor the unmet challenge in 2023/2024. Whilst the 2024/2025 annual plan has not been finalised yet, the draft numbers indicate a gross deficit in the region of £90m. This challenge needs to be met through controls on waste drivers and service transformation across the organisation with all services contributing. The CSP (Clinical Services Plan) work is a key part of the long-term recovery agenda.

The table below summarises the key cost drivers.

Service	Key Drivers
Endoscopy	Consumable costs increase due to increase in volumes and more complex procedures being done. Impact of on-boarding staff including clinical endoscopist to deliver capacity requirements.
Critical Care	Gaps remain in substantive nursing staffing although there has been an improvement over the year
Anaesthetics	(Inclusive of Critical Care medical staff costs). Gaps in substantive staffing with sessions covered at enhanced rates
Urology	Additional duty hours being incurred to maintain stable on call rota
Orthopaedics	Medical vacancies covered by locums and additional duty hours
Ophthalmology	Vacancies require additional weekend work and use of high-cost locum, to address backlog and meet increasing demand.
Emergency General Surgery	Rota gaps being covered by locums
Dermatology	Increased demand impacting on medical staffing additional duty hours costs and drugs costs.
Radiology	Vacancies filled by locums and outsourcing of scan reporting
Stroke	Medical and nursing gaps are covered through variable pay solutions, nurse agency, overtime, bank, and medical additional duty hours.
General	Services provided over multiple sites Vacancies filled with premium costs or additional hours

Financial Narrative for each Service

Critical Care and Anaesthetics

The operational challenges in Anaesthetics and Critical Care, due to delivering services across multiple sites, have significantly influenced variable pay costs. In the first 9 months of 2023/24 Anaesthetics has incurred variable medical pay expenditure of £1.863m predominantly via Additional Duty Hours[1] (ADH) sessions, paid at rates 60% above the rate card. These costs are exacerbated by premium pay for established posts, and additional expenses such as travel, relocation, and consultancy fees totalling approximately £50k per annum. In respect of Nursing for the same period, Critical Care has incurred £1.152m for nurse agency, however, there has been success in filling substantive roles through 2023/24 which frames a more affordable picture into 2024/25.

[1] Additional Duty Hours are paid in addition to contracted hours. Which may mean a staff member working for than a whole time equivalent of 37.5 hours per week. Or more than 10 clinical sessions for medical workforce.

Urology
The urology department is contending with financial pressures due to locum consultants beyond the funded establishment and reliance on ADH capacity. This has led to a forecasted annual overspend of approximately £0.564m within Urology, with variable pay contributing £0.258m at the end of Q3.

Ophthalmology
The Ophthalmology speciality is managing financial pressures, evidenced by £0.879m in variable pay costs at the end of Q3, this is due to high medical agency costs and general rota gaps. Despite this, an anticipated year-end underspend of approximately £1m is expected, the offsetting benefits against medical variable pay pressures attributed to a reduction in non-pay expenditure, notably in drug costs and substantive vacancies. Long term diabetic retinopathy and glaucoma eyecare initiatives will lose the benefit of outpatient transformation funding and will drive a £0.2m cost pressure.

Dermatology
Medical pay for Dermatology is incurring variable pay spend to bolster capacity, predominantly ADH spend driving the pressure £0.133m in the first 9 months of 23/24. Alongside this there are non-pay pressures linked to drug expenditure (price increases and rising demand) as well as reliance on Swansea Bay support. The forecast outturn for 23/24 is £0.299m overspend.

Endoscopy
Level of nurse agency spend in Bronglais, £52k in the first 9 months of the year, though this has reduced in recent months and frames a better position into 2024/2025. There is an ongoing pressure in respect of non-pay costs, driven by increased numbers of more complex procedures, increased demand for FIT testing and new technologies including capsule endoscopy. The 2023/2024-year-end outturn forecast £0.357m overspend.

Into 24/25 there are likely pressures linked to established Faecal Immunochemical Test (FIT)[2] testing capacity, based on non-recurrent cancer funding in 23/24. Longer term there are further cost pressures linked to workforce developments to support capacity, for example a clinical endoscopist post.

General Surgery
General Surgery is reliant on a high level of medical variable pay spend, predominantly Additional Duty Hours, in the first 9 months of the year Additional Duty Hours spend totals £1.261m and locum agency spend £0.503m. There are several gaps in the establishment which support a corresponding underspend and the resulting year end forecast for 23/24 is balanced. There are plans to increase staff costs to reinstate emergency surgery at Withybush, which will push up costs during 24/25 and beyond.

[2] Faecal Immunochemical Test is a screening test for colon cancer.

Orthopaedics

There is a high level of variable pay spend to support orthopaedic services, a combination of Medical Agency and Additional Duty Hours, £1.110m and £0.291m respectively in the first 9 months of 23/24. Considering the number of establishment vacancies there is an overall forecast outturn position of £0.328m underspend for 23/24. Longer term there is a funding challenge to afford the workforce associated with the demountable capacity.

Radiology

The forecast outturn overspend for 23/24 is £0.4m for Radiology. Given the reliance on variable pay solutions there is a pressure from agency premium cost and locum posts £0.410m in excess of vacancies. There are also a range of non-pay cost pressures being borne by the service including commissioning arrangements additional capacity through both insourcing and Swansea Bay for specialist support, also ongoing maintenance, and consumable cost pressures.

Long term there is a reliance on outsourcing capacity, whilst there is a funding stream currently this is not confirmed recurrently and would pose a £1m pressure long term if the activity is maintained without a funding stream. Also, there is a new national system being implemented which will incur cost of £0.360m.

Stroke

Services are provided across all four District General Hospitals. Stroke is a multi-professional service and includes nursing, medical, allied health professionals (Therapies and Psychology) as well as admin and clerical staff.

The associated costs of the service are not reported collectively as resources are spread between areas. The stroke service is delivered via four General Medicine wards and beds may not be used for stroke patients 100% of the time. The nursing budgets for the wards are currently overspending due to agency premium costs to cover gaps to fulfil the appropriate staffing requirements. The exception is at Withybush Hospital where activity has been restricted due to the RAAC[3] response.

There are no vacancies within the medical rotas and senior consultants stroke services currently. Any short-term absences will be covered by ADH sessions.

Vacancies within Allied Professional staff supporting stroke services are not covered by premium or variable pay. There are several vacancies currently within the Therapy services across all disciplines supporting stroke services.

[3] Reinforced Autoclave Aerated Concrete