CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	28 November 2024
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Improving People and Community Experience
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Sharon Daniel, Interim Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: **REPORTING OFFICER:**	Louise O'Connor, Assistant Director, Legal Services / Patient Experience

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The attached report (Appendix 1) provides a summary of patient experience feedback and activity for the months of June to September 2024.

Cefndir / Background

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

This report covers the period 1 June to 30 September 2024 and sets out the feedback we have received from patients, carers and families, together with actions taken to make improvements in line with our 'Improving People and Community Charter' (the Charter).

Asesiad / Assessment

Feedback on our services is received from a variety of routes: Friends and Family Test (FFT); compliments, concerns and complaints, Patient Advice and Liaison Service (PALS) feedback; local surveys; the All Wales NHS survey and via social media.

The main areas of activity and progress for the Patient Experience Team are summarised in the report.

A positive patient story is presented from a selection of patients who have benefitted from the Persistent Pain Service introduced by the Amman Gwendraeth Cluster. The feedback is extremely positive and encouraging to hear how this service has had such an impact on the individuals' health; wellbeing and quality of life.

Feedback from the Listening and Learning Sub-Committee is also presented, regarding the positive work undertaken by the Maternity Services in response to the views and stories shared by the women and families who have experienced their service.

For the period, a total of 401 compliments were received. 13,135 people responded to our Friends and Family Survey, after accessing our services. This represented a 15% response

rate. 93.4% felt positively about their experience. It is noted that 48% of responses were from outpatient departments and 28% from the emergency departments. The Patient Experience Team will increase attendance at the ward areas to capture higher numbers of surveys from inpatients, also providing 'real time' feedback.

2,977 people completed the Your NHS Wales Experience Survey, and 2,402 (80%) reported their experience as good/very good. The main themes of the positive and negative experiences are included in the report. The negative comments refer to delays and waiting times.

977 complaints/concerns were received by the Patient Support Services Team, with 193 responded to as early resolution cases (within two working days). The October 2024 meeting of the Quality, Safety and Experience Committee agreed to extend the timeframe for responding under early resolution from two to five days, with consideration of extending this to 10 days from January 2025. This is in line with the direction of the refreshed Putting Things Right Guidance which seeks to improve the percentage of complaints resolved at the early resolution stage. Currently approximately 20% of concerns are responded to within this timeframe. The current percentage of concerns responded to within 30 working days is 78.43%.

Themes of complaints remain consistent, with clinical treatment and assessment as prominent, including issues such as delay in diagnosis and incorrect interpretation of results; and medication management. Appointments, communication; staff attitude and behaviour are also within the top 10 reasons for a complaint, but remain at consistent levels. Further work is being undertaken to analyse in greater depth the qualitative information received across the concerns and patient feedback area, to provide greater insight and clarity to the emerging themes and trends. It is anticipated that from January 2025 we will be able to receive patient experience data into the data warehouse which will give better opportunities for analysis and triangulation.

Five new investigations have been commenced by the Ombudsman in the period June – September 2024. There have been 19 decisions not to investigate. Three final reports have been received, two being partly upheld and one being not upheld. Learning from the partly upheld investigations identified issues with pain management in both cases.

The Public Services Ombudsman Annual Letter 2023-2024 is attached at Appendix 2 for consideration.

The actions required of the Health Board are as follows:

1) **Present the report to the Public Board**. The report has also been considered by the Listening and Learning Sub-Committee, the Quality, Safety and Experience Sub-Committee and Quality, Safety and Experience Committee.

2) **Consider the data presented by the Ombudsman, alongside the organisation's data to understand any patterns and trends**. This has been completed. When comparing the data per 1,000 residents, the Health Board has a high intervention rate and higher numbers of complaints being submitted to the Ombudsman's office compared to similar health bodies in Wales. The benefit of comparing per 1,000 residents has been questioned. There are many variable factors driving the numbers received, including: facilities; infrastructure; staffing; access to services; as well as the size/rurality of the health body. The extent to which health boards encourage concerns; the leniency applied to consider complaints beyond the 12 month timeframe; and the resolution efforts (pre and post response), all impact on numbers received and referrals submitted to the Ombudsman.

Whilst there is 5% reduction in the intervention rate from last year, it is accepted that the timeliness within which responses are provided is the main factor driving the need for the Ombudsman intervention and for case referrals. It is noted that, compared to other health bodies, the intervention rate has increased for many; amongst those who have achieved a decrease, Hywel Dda has seen the most improved intervention rate for the period. The numbers of complaints upheld are in line with the national average.

Positively, the Ombudsman reports the health board compliance each month through an average variance to target figure which is published nationally. Despite higher numbers of early resolution, Hywel Dda has a very positive rate of delivering evidence of completion of recommended actions, 12 days before deadline, better than the all Wales average of 2.43 days. The Ombudsman has also praised the Hywel Dda practice of sharing all Public Interest reports for Wales at our Listening and Learning Sub-Committee.

3) **Provide a copy of the Health Board's Duty of Candour and Quality Report to the Ombudsman**. This was submitted to the Ombudsman following Board approval. The report contained a summary of the Ombudsman findings, recommendations and actions taken throughout the year.

4) **Inform the Ombudsman of the actions taken at the earliest opportunity**. A letter will be provided following the Board's discussions.

The Public Services Ombudsman for Wales attended the Putting Things Right Summit organised by the Health Board on 31 October 2024. Positive feedback was received regarding the Health Board's approach to improve the person centred culture and effectiveness of the concerns process, in preparation for the refresh of the all Wales complaints system and the revised People's Experience Framework. A 'readiness plan' has been discussed at the Listening and Learning Sub-Committee and will be presented to the next Quality, Safety and Experience Sub-Committee. This will include further in-house conferences and a range of masterclasses for all staff.

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

Argymhelliad / Recommendation

The Board is asked to:

- **RECEIVE** the Improving Patient Experience report, which highlights to patients and to the public the main themes arising from patient feedback
- **NOTE** the Public Services Ombudsman Annual Letter 2023-2024 and consider the Health Board's actions to be taken as a result

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risk 581 Health Board wide risk of not learning from events in a timely manner (current score 8).
Parthau Ansawdd: Domains of Quality	7. All apply

Quality and Engagement Act (sharepoint.com)	
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	1. Leadership 4. Learning, improvement and research
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 8. Transform our communities through collaboration with people, communities and partners

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

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	All concerns have a potential financial implication: whether this is by way of financial redress, following an admission of qualifying liability, or an ex-gratia payment for poor management of a process; or an award made by the Ombudsman following review of a concern.
Ansawdd / Gofal Claf: Quality / Patient Care:	Improving the patient experience and outcomes for patients is a key priority for the UHB. All concerns received from patients, public and staff alike are taken seriously and investigated in accordance with the procedures. Information from concerns raised, highlights a number of clinical and service risks which should be reflected in Directorate Risk Registers. All Directorates are required

	to have in place arrangements for ensuring lessons are learnt as a result of investigation findings regarding concerns and that appropriate action is taken to improve patient care.
Gweithlu: **Workforce:**	The 'Putting Things Right' process is designed to support staff involved in concerns and incidents. All managerial staff have a responsibility to ensure staff are appropriately supported and receive appropriate advice throughout the process. The success of the process is dependent upon the commitment and support from staff across the organisation, not only as part of the investigation process and transparency arrangements, but in the encouragement of patients and their families to provide feedback, both positive and negative, to support organisational learning.
Risg: **Risk:**	Information from concerns raised highlights a number of clinical and service risks which should be reflected in Directorate and Corporate Risk Registers. There are financial and reputational risks associated with complaints that are upheld or not managed in accordance with the Regulations. The UHB also has a duty to consider redress as part of the management of concerns, which carries financial risks associated with obtaining expert reports and redress packages.
Cyfreithiol: **Legal:**	The UHB has a duty under the Concerns and Redress Regulations to consider redress where this is deemed to be a qualifying liability. The Regulations also incorporate formal claims, including clinical negligence and personal injury claims.
Enw Da: **Reputational:**	There are ongoing reputational risks for the UHB in relation to media, press and social media regarding any concerns, and outcomes from published Ombudsman Reports and any external investigations/inquiries.
Gyfrinachedd: **Privacy:**	Only relevant information is reviewed as part of the concerns process and this is carried out with the explicit consent of the patient or authorised representative. Information is recorded and treated sensitively and only shared with individuals relevant to the investigation process.
Cydraddoldeb: **Equality:**	The process is established to learn from concerns: it is designed to ensure that it is fully accessible to patients and their families. The aim is to involve patients throughout the process and to offer meetings with relevant clinicians, with the required support depending upon individual needs. Advocacy is offered in the form of Llais advocates, and specialist advocacy is also arranged where necessary, e.g. in the areas of Mental Health, Learning Disability or Children/Young People's Services. Concerns literature is accessible in a range of languages and formats and translation services are available, as required.

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Patient Experience Team
Tîm Profiad Y Claf

IMPROVING PEOPLE EXPERIENCE REPORT

June 2024 – September 2024

Introduction

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

It is our priority to act on all feedback received as part of our culture of improvement and to demonstrate that we are fulfilling our pledges as set out in the Charter. The Listening and Learning Sub-Committee will oversee the communication and implementation plan for the Charter. The Committee receives feedback from across concerns, compliments and experience.

The following information demonstrates how we are capturing service user feedback by encouraging our service users and providing different ways in which this can be provided. Most importantly, service users should feel that there has been a valuable purpose to them providing their feedback.

A Charter for People and Community Experience - your healthcare, your expectations, our pledge

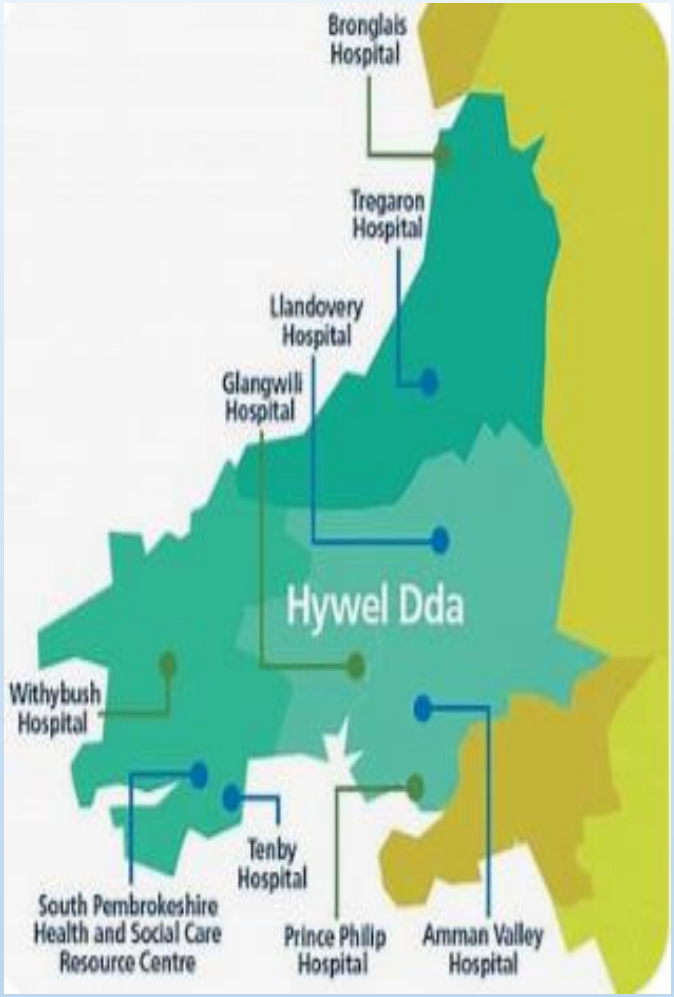
WE WILL ALWAYS:
Treat you with dignity, respect and kindness.
Communicate with you in a way which meets your individual, language and communication needs.
Keep you informed and involved in decisions about your health and care services, and take into account your wishes and needs.
Provide safe and effective care, in the most appropriate and clean environment.
Ensure that your information is kept secure and confidential.
Support and encourage you to share your experiences of health care, both good and bad, to help us improve the way we do things.

Service User Feedback at a Glance June 2024 - September 2024

We continue to receive many positive stories and comments about the services provided by our caring and compassionate staff. We are continually sharing and celebrating these achievements across the organisation

2977 service users completed the Your NHS Wales Experience survey of which 2402 responded with very good or good for their overall experience.

A total of 401 compliments were received from patients, families and carers direct to wards, departments or the Corporate Office.



For this period there were 977 complaints closed of which which 193 were early resolution 773 as managed through PTR, representing an 80%/20% split.

During this period we received 593 enquiries and closed 576

85,313 individuals received our friends and family patient experience survey, in which 13,135 responded following their attendance, representing a 15% response rate, 93.4% reported a positive experience. 48% of responses were from outpatient departments and 28% were from emergency departments.

Five new investigations have been commenced by the Ombudsman in the period June – September 2024. There have been 19 decisions not to investigate.

PATIENT EXPERIENCE STORY - Persistent Pain Project (Amman Gwendraeth Cluster)

- The Amman Gwendraeth Cluster recruited a persistent pain multidisciplinary service to offer holistic pain management support within their community. This service was initiated in April 2022 to support those living with persistent pain within the Cluster. The aim of the service is to increase clinician and patient awareness on how persistent pain requires a holistic, multidisciplinary approach to support those living with pain, using various psycho-educational techniques and pain management skills.
- Persistent pain affects a large proportion of the population and can have overwhelming effects on people's wellbeing, independence, identity, and quality of life. Learning how to manage pain rather than rely on passive interventions can empower patients to live well despite having pain.
- We interviewed patients who had received support from our service and had benefited from the interventions offered, enabling them to take back control and self-manage their pain more effectively. Please take time to listen to their amazing journeys as increasing understanding is the first step to living life well with this life changing, invisible condition.

https://www.youtube.com/watch?v=rD8AtpXJ7ME

FFT Patient Feedback

Withybush	% Positive	% Negative	Total Responses	Percentage of total repsonses
Total	92.6%	7.4%	2487	100%
Accident and Emergency Department	86.1%	13.9%	785	32%
Acute Frailty Unit	95.0%	5.0%	661	27%
Adult Clinical Decisions Unit	99.2%	0.8%	260	10%
Antenatal Clinic	98.1%	1.9%	112	5%
Bro Cerwyn	93.3%	6.7%	81	3%
Cardio-Respiratory Department	96.3%	3.8%	81	3%
Child Development Centre	100.0%	0.0%	63	3%
Child Health Department	89.4%	10.6%	53	2%
Child Orthopaedic Clinic	80.0%	20.0%	50	2%
Children's Unit	97.7%	2.3%	44	2%

Bronglais	% Positive	% Negative	Total Responses	Percentage of total repsonses
Total	94.9%	5.1%	1676	100%
Accident and Emergency Department	92.7%	7.3%	596	36%
Ambulatory Care Unit	96.1%	3.9%	563	34%
Angharad Ward	97.9%	2.1%	103	6%
Antenatal Department	96.8%	3.2%	63	4%
Cardiac Monitoring Unit	100.0%	0.0%	59	4%
Cardio-Respiratory Department	91.9%	8.1%	44	3%
Ceredig Ward	97.5%	2.5%	40	2%
Clinical Decisions Unit	90.3%	9.7%	36	2%
Clinical Decisions Unit (Green)	93.8%	6.3%	20	1%
Colposcopy Clinic	85.7%	14.3%	17	1%

Glangwilli	% Positive	% Negative	Total Responses	Percentage of total repsonses
Total	90.8%	9.2%	3743	100%
Outpatient Department (Blue)	93.6%	6.4%	1368	37%
Accident and Emergency Department	81.8%	18.2%	852	23%
Cardio-Respiratory Unit	95.5%	4.5%	237	6%
Tysul Ward	95.4%	4.6%	136	4%
Aberglasney Suite	90.0%	10.0%	102	3%
Madog Suite	97.8%	2.2%	96	3%
Same Day Emergency Care Unit	97.4%	2.6%	78	2%
EEG/EMG Department	84.1%	15.9%	70	2%
Picton Ward	87.7%	12.3%	68	2%
Chemotherapy Unit	100.0%	0.0%	56	1%

Prince Philip	% Positive	% Negative	Total Responses	Percentage of total repsonses
Total	96.2%	3.8%	3050	100%
Acute Medical Assessment Unit	97.1%	2.9%	1526	50%
Bryngofal	93.5%	6.5%	677	22%
Cae Bryn Unit	93.5%	6.5%	140	5%
Cardio-Respiratory Department	97.1%	2.9%	110	4%
Chemotherapy Unit	98.9%	1.1%	93	3%
Coronary Care Unit	95.3%	4.7%	87	3%
Day Surgery Unit	93.3%	6.7%	79	3%
Endoscopy Department	100.0%	0.0%	71	2%
Gerontology Day Hospital	97.1%	2.9%	68	2%
Maternity Booking Appointment	100.0%	0.0%	38	1%

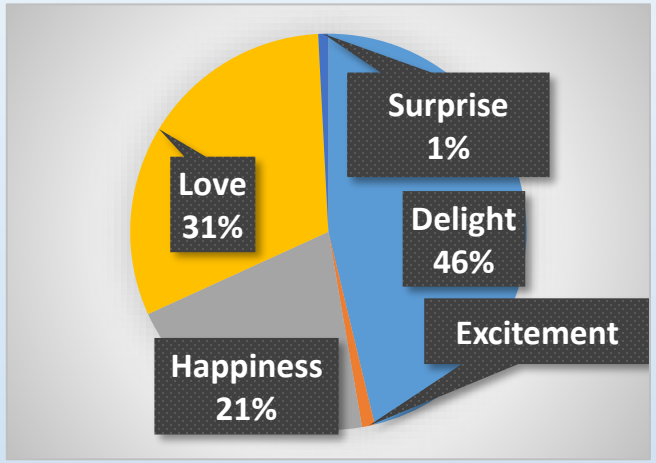
Community	% Positive	% Negative	Total Responses	Percentage of total repsonses
Total	95.9%	4.1%	924	100%
Aberaeron Integrated Care Centre	96.5%	3.5%	482	52%
Amman Valley Hospital	94.5%	5.5%	207	22%
Cardigan Integrated Care Centre	96.8%	3.2%	100	11%
Llandovery Hospital	93.0%	7.0%	74	8%
South Pembrokeshire Hospital	97.5%	2.5%	42	5%
Tenby Cottage Hospital	100.0%	0.0%	19	2%

Community	% Positive	% Negative	Total Responses	Percentage of total repsonses
Total	95.9%	4.1%	924	100%
Day Ward	96.1%	3.9%	536	58%
Lymphoedema Department	93.9%	6.1%	207	22%
Minor Injuries Unit	98.0%	2.0%	158	17%
Outpatient Department	100.0%	0.0%	10	1%
Physiotherapy Department	100.0%	0.0%	6	1%
Sunderland Ward	100.0%	0.0%	5	1%
Ward 1	50.0%	50.0%	2	0%

The above graphs show that Prince Phillip was the highest performing site with 96.2% positive feedback. The department with the highest number of responses across the Health Board is AMAU in PPH with 1526 responses.

Top 5 positive emotions from all our responses

Out of the positive emotions 46% of people are delighted with services when visiting, followed by love 31%



Click here to listen to feedback

After waiting 14 months and 3 cancellations I was **delighted** to see a consultant who was very thorough.

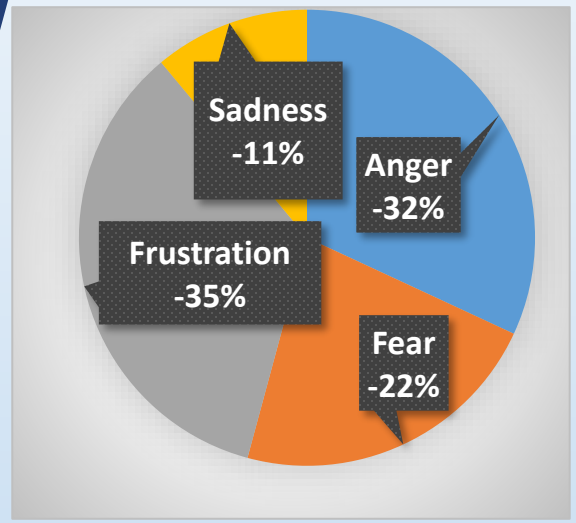
Superb interaction with nurse I saw. I felt **delighted** to be part of a wonderful health service. if I was to use all 500 words available I would only further praise my first class experience. thank you so much!

We have been **delighted** after every occasion that we have contacted our triage and we consider ourselves very lucky to have the triage available to us for any queries about my cancer or my blocked bowel. wonderful

I **love** how attentive the doctors nurses and everyone involved have been towards me and in making sure I get a better solution and relief. I **love** how fast and efficient my experience has been.

Top 5 negative emotions from all our responses

Out of the negative emotions 35% of people are frustrated with services when visiting. The word cloud shows us that although people are frustrated when we look at their comment's they are also sharing their positive experiences. The second highest emotion is Anger with 32%.



Click here to listen to feedback

Frustrating part no parking. husband had to wait in car and keep driving around. staff friendly. consultant excellent -- approachable and reassuring

Kind caring and compassionate throughout my 5-6 day stay. it was a little **frustrating** as I was on the trolley for the majority of the time but understand.

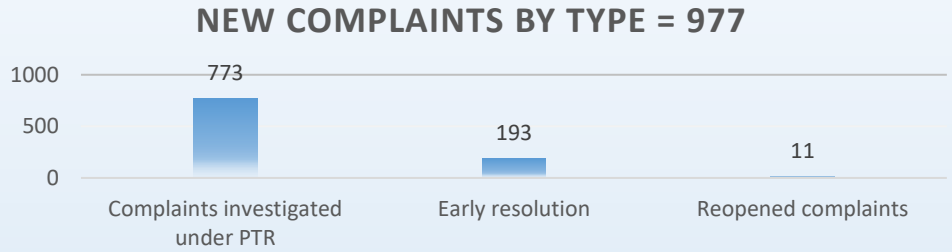
Referred by my Dr as she was really concerned about my low blood oxygen so didn't expect to have to wait so long. totally understand how busy they are but it`s so **frustrating .**

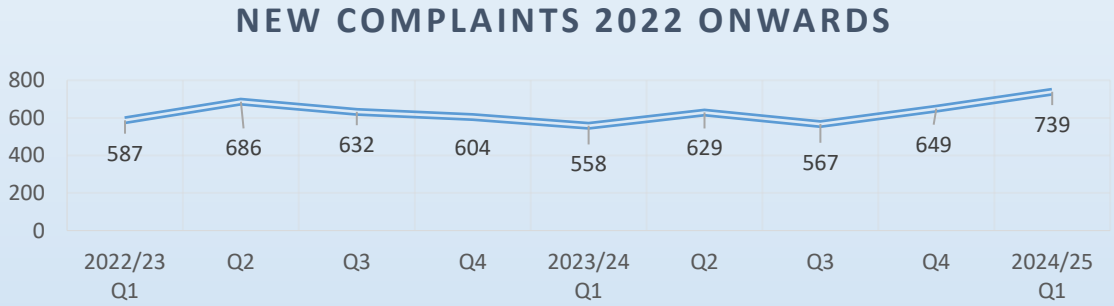
Having waited years for this appointment the consultant was off hand and dismissive and made us feel it was our fault that information hadn't been sent to specific teams in out son was hadn't very unsettled for the rest of the day the **delay** in accessing this service risks future generation mental health.

The consultant arrived 30 minutes late, it was inferred that i had caused the **delay** due to having an earlier scan. No apology was given for his late arrival.

New Complaints and Concerns: June - September 2024

Nine hundred and seventy-seven complaints were received between June and September 2024. Of these, five complaints were received which contained allegations of severe harm. These involved our Accident & Emergency Departments, Surgical/ Gastroenterology and Oncology Teams. These complaints are still under investigation.

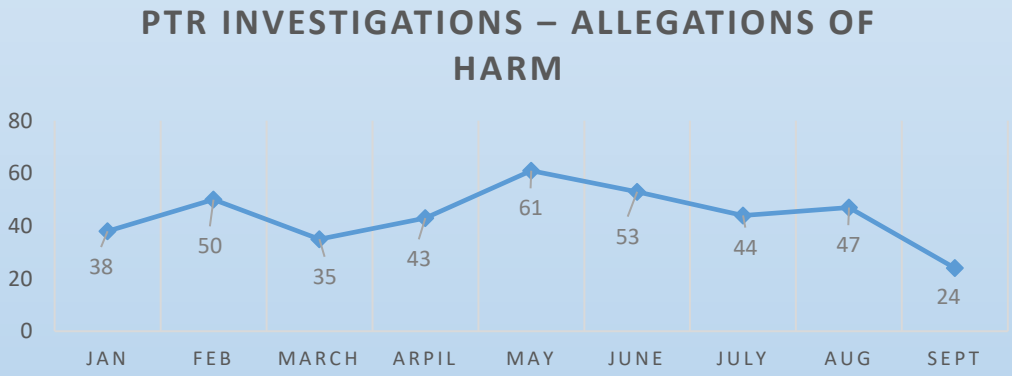




Since Q1 2022/23, the quarterly average for new complaints is 628 per month. Whilst the Health Board saw an overall reduction in complaints in 2023/24, Q1 and Q2 this year suggest an 16% increase in new concerns.

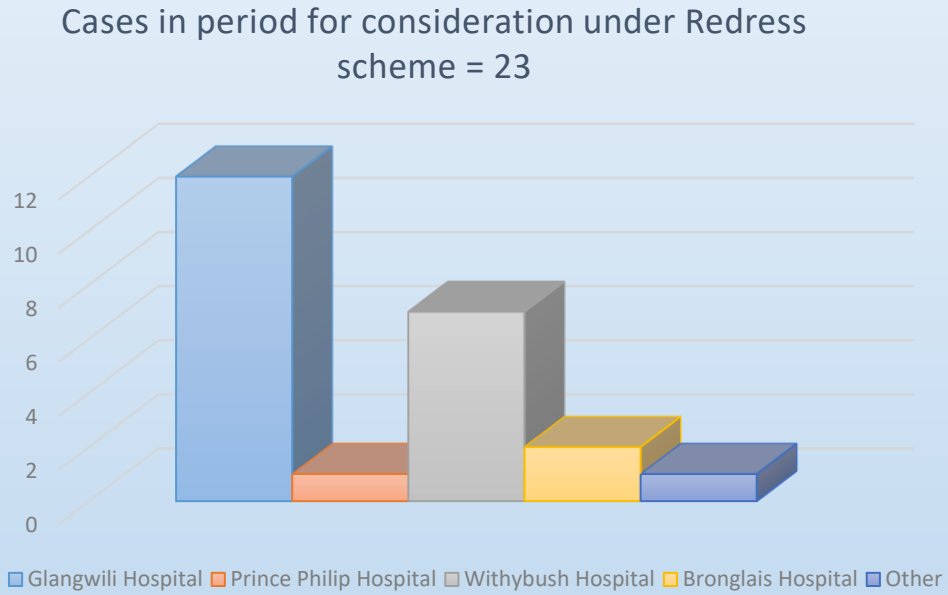
The Patient Experience and Complaints Teams are working on improving the numbers of early resolution opportunities when people raise complaints. The team are contacting people as soon as possible on receipt of a concern. They are listening to understand the concerns and issues to be addressed; providing assurance and seeking to understand the outcomes being sought.

It is hoped that this approach will provide a more efficient response; more appropriate resolutions for people, and provide more timely information when they raise questions. Early indications suggest that this approach is having a positive impact upon numbers of complaints that are investigated as serious concerns, as we note a recent downward trend in complaints that are requiring a PTR investigation.

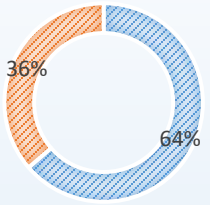


Outcomes from complaints

147 (24%) of the complaints which were closed were upheld but found not to have caused harm. 23 cases are being considered for redress, because failings have, or may have caused harm to patients. These have mostly occurred at our general hospital sites (below).



The failings in care identified through the PTR investigation process have centred mostly on A&E, Women's and Children's Services and Trauma & Orthopaedic specialities.



Closed within 30 working days Closed outside of 30 working days

Learning from the Ombudsman

Five new investigations have been commenced by the Ombudsman in the period June – September 2024. There have been 19 decisions not to investigate. Three final reports have been received, two being partly upheld and one being not upheld. Learning from the partly upheld investigations identified issues with pain management in both cases.

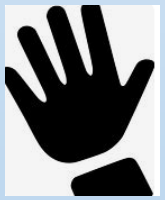
One report highlighted decisions around pain relief and fluid management not being adequately documented, meaning that it was not possible to conclude that the patient was effectively managed. The second report identified that shortcomings in measuring pain levels had been identified by the Health Board as part of its own investigation, which it upheld. It found the Health Board's explanation for the delay in administering nerve block reasonable.

One of the Final Reports related to an elderly patient who had a prolonged wait in an ambulance outside the Emergency Department, eventually being transferred to another site for surgery. The Ombudsman said she was mindful that the issue of prolonged handover delays outside Emergency Departments is a national problem across Wales and noted the potentially detrimental impact of this on healthcare systems. The Ombudsman suggested the Health Board considered any learning from the case to tackle the root causes of delays in patients being transferred.

You Said…

When my family member died we just did not understand what had happened. A delay in being told the cause of death created additional distress for us.

I travelled a long way to hospital for a venesection procedure which my consultant had specifically requested. When I arrived, I was refused the procedure without a proper explanation. I had a wasted journey, and left the hospital confused and upset.



My birth experience was supposed to be a wonderful day for me and turned out to be the worst day of my life. You can never know the effect this has had upon me.

…We Did

We are in the process of issuing a new form across our hospital sites designed to speed up the process for certifying a patient's cause of death.
The form helps clinicians to gather key pieces of information to support Medical Examiners in their work. It will address delays in completing a Medical Certificate of Cause of Death, and help to reduce distress caused to families by such delays.

We reviewed this incident. Whilst nursing staff had acted with caution, we agreed that more training was needed as the procedure should have been carried out. Training around venesection pathways is being prioritised within the team so that the procedures are better understood.

We recognise the trauma of losing a baby and want our teams to be as well equipped as possible to support mothers in this situation. We have used charitable donations to fund a baby loss workshop for maternity staff at Glangwili Hospital.

Patient story - Improving Experience in Maternity

In September 2024, the Improving Experience Sub-Committee considered the theme of **Maternity Services**.

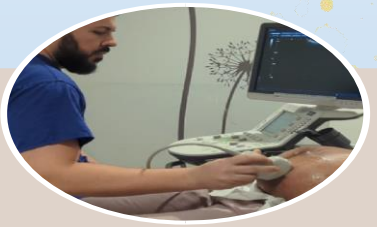
A number of presentations were received from the Interim Head of Midwifery and Patient Experience Midwife in response to the themes and trends identified. It was evident that there was multi-disciplinary review of the feedback and learning from cases, this resulted in targeted actions and regular effectiveness meetings. A number of significant improvements had been made as a result, including:

- Accessibility of information in Welsh English and other languages.
- Educational videos to inspire.
- Birthing Environment – introduction of Galaxy lighting in the Obstetrics' room.
- Biomechanics Video – Visually demonstrating equipment for greater understanding and managing expectations.
- Videos created to talk patients through procedures.
- Matterport Project simulation at Glangwili Hospital it is a 360 walk through of the maternity unit. This is available 24/7 for viewing by families in the comfort of their own home, they will be able to view amenities to inform them and be able to prepare for any upcoming appointments and also can be used by new members of staff to aid orientation and emergency training.

Pool and birth environment

Adapting Birthing bed

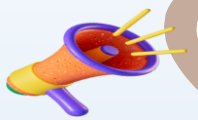
Biomechanics



ECV

One of the recurring themes identified from feedback**, related to planned caesarean births**. Feedback from women showed there was a lack of consistency in the experience, lack of equity of care and a lack of standardisation. In response to this, the department has undertaken work as follows:

Improving Experience in Maternity - Planned Caesarean Births



You said

“I felt mine did not go like that, I think if it's being advertised then ALL women who choose to have a section like this should be able to have it.”

“All doctors should be shown or trained to be able to do this. As a lot of women are missing out!”

“I am disappointed that mine didnt go the way its been shown here. TBF my midwife tried her best to cater to my wishes but the rest of the staff didnt.”

“Why are some doing it and not others?”

We did

Checklists / proformas to be discussed and completed with all women/birthing people prior to their Caesarean birth - highlighting their birth preferences

MDT discussions on ways ALL clinicians can adopt this approach for more consistency

More information for women/birthing people to help educate them on their choices and birth preferences

MDT discussions regarding the importance of listening to women/birthing people’s voices and respecting their choices

Compliments

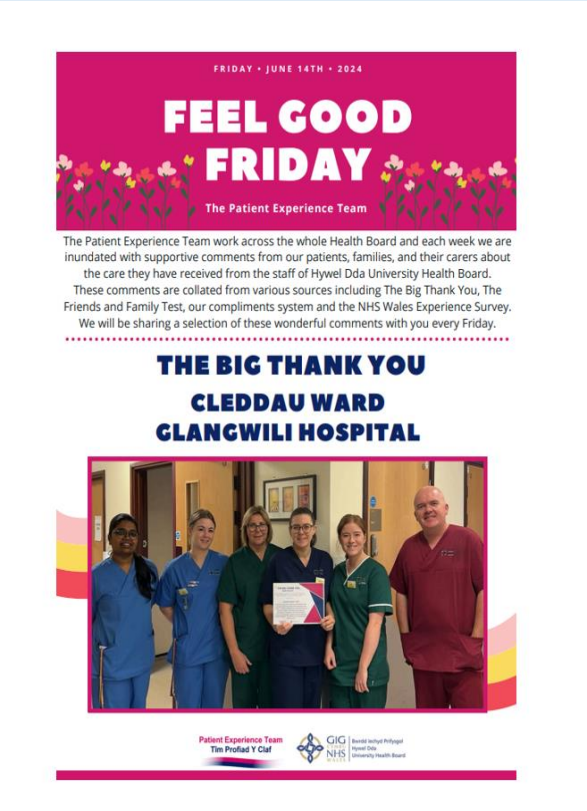
The Patient Experience team continue to visit services to provide teams with certificates of appreciation. Teams continue to provide feedback on how great it feels to receive this recognition and look forward to seeing this recognition every Friday on the staff information email. From the 401 compliments received into the health board over the 401 recorded, Bronglais received the highest amount of compliment followed by Glangwili Hospital, the majority of these were received in the mental health services.

Compliment location	Total recorded
Bro Cerwyn	18
Bronglais General Hospital	90
Glangwili General Hospital	72
Hafan Derwen	27
Haven Way Day Hospital	12
Neurodevelopment Team	21
Other	67
S-CAMHS	44
Ty Myddfai	24
Withybush General Hospital	26
Grand Total	401

It's been so wonderful to be able to do something that I love, it's helped me greatly. I feel as though I've been able to give something back in return for all the care you have given me"

Click here to listen to the following positive feedback.

PPH Outpatients ENT
GGH Tysul Ward
GGH Antenatal Ward



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Ask for: Communications
01656 641150
Caseinfo@ombudsman.wales

Date: 9 September 2024

Dr Neil Wooding
Hywel Dda University Health Board

By email only
Neil.Wooding@wales.nhs.uk
Kelly.E.Sursona@wales.nhs.uk

Annual Letter 2023/24

Dear Neil

Role of PSOW

As you know, the role of the Public Services Ombudsman for Wales is to consider complaints about public services, to investigate alleged breaches of the councillor Code of Conduct, to set standards for complaints handling by public bodies and to drive improvement in complaints handling and learning from complaints. I also undertake investigations into public services on my own initiative.

Purpose of letter

This letter is intended to provide an update on the work of my office, to share key issues for health boards in Wales and to highlight any particular issues for your organisation, together with actions I would like your organisation to take.

Overview of 2023/24

This letter, as always, coincides with my Annual Report – "A New Chapter Unfolds" – and comes at a time when public services continue to be in the spotlight, and under considerable pressures. My office has seen another increase in the number of people asking for our help – a 17% increase in overall contacts compared to the previous year, with nearly 10,000 enquiries and complaints received. Our caseload has increased substantially - by 37% - since 2019.

ombwdsmon.cymru
holwch@ombwdsmon.cymru
0300 790 0203
1 Ffordd yr Hen Gae, CF 35 5LJ
Rydym yn hapus i dderbyn ac ymateb i ohebiaeth yn y Gymraeg.

ombudsman.wales
ask@ombudsman.wales
0300 790 0203
1 Ffordd yr Hen Gae, CF 35 5LJ
We are happy to accept and respond to correspondence in Welsh.

During 2023/24 we considered and closed more enquiries and complaints than we ever have done before, and we reduced the average cost for each case and investigation. We started the year with a focus on reducing our aging cases, those over 12 months old, by 50% by the end of the year. These cases are often the most complex and distressing for the people making the complaint. I am extremely pleased to say we exceeded this target, reducing our aged investigations by over 70%. We are now well on track to meeting our objective to complete investigation of complaints within 12 months.

Public Service Complaints and compliance with recommendations

We received 939 complaints about health boards last year – roughly the same number as the previous year. During this period, we intervened in (upheld, settled or resolved at an early stage) 31% of health board complaints - a similar proportion to previous years.

Last year, we received 138 complaints about Hywel Dda University Health Board, we closed 154 (some complaints were carried over from the previous year) and intervened in 36% of cases. Further information on the complaints we dealt with last year can be found in the appendices.

In total, we made 160 recommendations to your health board during the year. To ensure that our investigations and reports drive improvement, we follow up compliance with the recommendations agreed with your organisation. In 2023/24, 151 recommendations were due and 81% were complied with in the timescale agreed. The remainder were complied with, but outside the timescales agreed, or remained outstanding as at 9 April 2024.

Recommendations and timescales for complying with recommendations are always agreed with the public body concerned before being finalised, and we therefore expect organisations to comply within the timescales agreed.

Further to the report my office issued in June 2023, Groundhog Day 2: An opportunity for cultural change in complaint handling? I wish to thank the Health Board for its consideration of the report and recommendations. I trust that it has ensured that lessons learned from the PSOW's findings and recommendations on cases we considered last year are included in your Health Board's Annual Report on the Duty of Candour and Quality.

Supporting improvement of public services

We continued our work on supporting improvement in public services last year and worked on our second wider Own Initiative investigation. The investigation considers carers' needs assessments undertaken by local authorities in Wales. My report on this work will be finalised report and published in the near future.

We have continued our work on complaints handling standards for public bodies in Wales and now have 56 public bodies following our model complaints handling policy. These public bodies account for around 85% of the complaints we receive.

We continued our work to publish complaints statistics into a third year with data, gathered from public bodies, now published twice a year. This data allows us to see information with greater context – for example, last year 6% of complaints made to Hywel Dda University Health Board's complaints went on to be referred to PSOW. I would encourage all health boards to use this data to better understand their performance on complaints and ensure that all complaints are appropriately logged.

Colleagues from my Improvement Team continue to meet regularly with Hywel Dda University Health Board to discuss compliance with our recommendations and our complaints standards work. We have seen real benefit come from these conversations, as well as improved working relationships, and we would like to pass on our thanks to Olivia Barker and their team for their work with our officers.

Action we would like your organisation to take

Further to this letter can I ask that Hywel Dda University Health Board takes the following actions:

- Present my Annual Letter to the Board at the next available opportunity and notify me of when these meetings will take place.

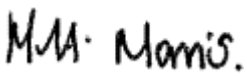
- Consider the data in this letter, alongside your own data, to understand more about your performance on complaints, including any patterns or trends and your organisation's compliance with recommendations made by my office.

- Provide my office with a copy of the Health Board's Annual Report for 2023/24 on the Duty of Candour and Quality

- Inform me of the outcome of the Board's considerations and proposed actions on the above matters at your earliest opportunity.

Finally, I would like to thank you, and your teams, for your work with my officers in the last year. Their work is important in ensuring that patients and families receive timely and thorough responses to complaints, and in improving outcomes for all service users – not just those who complain.

Yours sincerely,



Michelle Morris
Public Services Ombudsman

Cc. Phil Kloer, Chief Executive, Hywel Dda University Health Board

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Factsheet

Appendix A - Complaints Received

Health Board	Complaints Received	Received per 1,000 residents
Aneurin Bevan University Health Board	175	0.30
Betsi Cadwaladr University Health Board	214	0.31
Cardiff and Vale University Health Board	150	0.30
Cwm Taf Morgannwg University Health Board	109	0.25
Hywel Dda University Health Board	138	0.36
Powys Teaching Health Board	21	0.16
Swansea Bay University Health Board	132	0.35
Total	939	0.30

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Appendix B - Received by Subject

Hywel Dda University Health Board	Complaints Received	% share
Admissions/discharge and transfer procedures	0	0%
Adult Mental Health	9	5%
Ambulance Services	0	0%
Appointment procedures (including outpatients)	5	3%
Child and Adolescent Mental Health	1	1%
Clinical treatment in hospital	56	41%
Clinical treatment outside hospital*	8	6%
Complaints Handling	32	23%
Covid-19	3	2%
Continuing care	3	2%
De-Registration	0	0%
Disclosure of personal information / data loss	0	0%
Funding	2	1%
Independent Health Care providers	0	0%
Medical records/standards of record-keeping	2	1%
Medication > Prescription dispensing	0	0%
Non-medical services	2	1%
Nosocomial*	0	0%
Other*	6	4%
Out of Hours GP care	0	0%
Parking (including enforcement and bailiffs)	0	0%
Patient list issues	4	3%
Poor/No communication or failure to provide information	0	0%
Prisoner Care	0	0%
Recruitment and appointment procedures	0	0%
Referral to Treatment Times	2	1%
Regulation and Inspection (including private sector provision)	0	0%
Rudeness/inconsiderate behaviour/staff attitude	0	0%
Services for people with a disability inc DFGs	1	1%
Service for vulnerable Adults (eg with learning difficulties or mental health issues)	0	0%
Total	**138**	

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Appendix C - Complaint Outcomes
(* denotes intervention)

Hywel Dda University Health Board		% Share
Out of Jurisdiction	28	18%
Premature	25	16%
Other cases closed after initial consideration	42	27%
Early Resolution/ voluntary settlement*	37	24%
Discontinued	0	0%
Other Reports - Not Upheld	4	3%
Other Reports Upheld*	18	12%
Public Interest Reports*	0	0%
Special Interest Reports*	0	0%
Total	**154**	

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Appendix D - Cases with PSOW Intervention

	No. of Interventions	No. of Closures	% of Interventions
Aneurin Bevan University Health Board	73	195	37%
Betsi Cadwaladr University Health Board	81	256	32%
Cardiff and Vale University Health Board	34	158	22%
Cwm Taf Morgannwg University Health Board	39	129	30%
Hywel Dda University Health Board	55	154	36%
Powys Teaching Health Board	3	21	14%
Swansea Bay University Health Board	41	141	29%
Total	**326**	**1054**	**31%**

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Appendix E – Compliance performance comparison

Health Board	Number of recommendations made in 2023-24	Number of Recommendations falling due in 2023-24	% of recommendations, complied with on time
Aneurin Bevan University Health Board	209	208	75%
Cardiff and Vale University Health Board	104	95	81%
Cwm Taf Morgannwg University Health Board	123	121	60%
Swansea Bay University Health Board	119	127	62%
Hywel Dda University Health Board	160	151	81%
Betsi Cadwaladr University Health Board	253	246	58%
Powys Teaching Health Board	10	12	67%

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Information Sheet

Appendix A shows the number of complaints received by PSOW for all Health Boards in 2023/24. These complaints are contextualised by the number of people each health board reportedly serves.

Appendix B shows the categorisation of each complaint received, and what proportion of received complaints represents for the Health Board.

Appendix C shows outcomes of the complaints which PSOW closed for the Health Board in 2023/24. This table shows both the volume, and the proportion that each outcome represents for the Health Board.

Appendix D shows Intervention Rates for all Health Boards in 2023/24. An intervention is categorised by either an upheld complaint (either public interest or non-public interest), an early resolution, or a voluntary settlement.

Appendix E shows compliance performance for all Health Boards.