



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 May 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Improving Patient/Service User Experience Report
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 provides a summary of patient experience feedback and activity for the months of February and March 2024.

Cefndir / Background

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

This report covers the period 1 February 2024 to 31 March 2024 and sets out the feedback we have received from patients, carers and families and 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.

For the period, a total of 76 compliments and 54 'Big Thank You' nominations were received. 6702 (16% response rate) patients left feedback on our Friends and Family system, with 94.2% of responders leaving a positive recommendation.

1462 patients completed the All Wales Patient Experience Questionnaire – 80% reported positively about their experience. Any narrative comments received as part of the survey explaining why an experience has not been as positive as we would have wished, have been incorporated into the report.

449 complaints/concerns were received by the Patient Support Services Team, 75 were responded to as early resolution cases (within two working days). 365 required investigation

under the putting things right complaint process. 68% of the cases received were responded to within 30 working days, which is an improvement of 10% from the previous period.

Themes of complaints remain consistent, with clinical treatment and assessment still most prominent (39% of all new concerns in the period). Appointments, communication and staff attitude and behaviour are also prominent, but remain at consistent levels (15%, 9% and 6% respectively).

There were 2 new investigations commenced by the Public Services Ombudsman for Wales (PSOW). 3 Final Investigation Reports were received, which were each partly upheld. There were also 5 early resolution agreements reached with the PSOW. Failures noted in the reports were linked to delays in medication, delays to surgery, as well as failings in nutritional assessment and standards of clinical investigations. The PSOW also issued 15 decisions not to investigate.

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.

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 Quality and Engagement Act (sharepoint.com)	7. All apply
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:	<p>The UHB has a duty under the Concerns and Redress Regulations to consider redress where this is deemed to be a qualifying liability.</p> <p>The Regulations also incorporate formal claims, including clinical negligence and personal injury claims.</p>
Enw Da: Reputational:	<p>There are ongoing reputational risks for the UHB in relation to media, press and social media regarding any concerns, and outcomes from published Ombudsman Reports and any external investigations/inquiries.</p>
Gyfrinachedd: Privacy:	<p>Only relevant information is reviewed as part of the concerns process and this is carried out with the explicit consent of the patient or authorised representative. Information is recorded and treated sensitively and only shared with individuals relevant to the investigation process.</p>
Cydraddoldeb: Equality:	<p>The process is established to learn from concerns: it is designed to ensure that it is fully accessible to patients and their families. The aim is to involve patients throughout the process and to offer meetings with relevant clinicians, with the required support depending upon individual needs.</p> <p>Advocacy is offered in the form of Community Health Council (CHC) advocates, and specialist advocacy is also arranged where necessary, e.g. in the areas of Mental Health, Learning Disability or Children/Young People's Services.</p> <p>Concerns literature is accessible in a range of languages and formats and translation services are available, as required.</p>



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Patient Experience Team
Tîm Profiad Y Claf

IMPROVING PATIENT EXPERIENCE REPORT

February 2024 – March 2024



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.

Introduction

Service user feedback is important to monitor the experience of those who access our services and the quality of care that they receive. This allows us to identify areas for improvement, to share good practice and learn from positive experiences. The Charter above has recently been updated and is attached to this report for Board consideration and approval.

The Listening and Learning Sub-Committee will oversee the communication and implementation plan for the Charter.

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

It is our priority to act on all feedback received as part of our culture of improvement and to demonstrate that we are fulfilling our pledges as set out in the Charter.

Our Listening and Learning Sub-Committee receives feedback from across concerns, compliments and experience.

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

Service User Feedback at a Glance

February 2024 - March 2024

- ▶ **76 Compliments** were recorded by staff on the Patient Experience system. These compliments are received from patients, families and carers direct to the service or the Corporate Office. Caring and compassion are the terms most often mentioned.
- ▶ **54 Big Thank You (TBTY) nominations were received for our staff from patients or their families** - further details are provided later in the report.
- ▶ **41,725 Individuals received our friends and family patient experience survey** –
6702 responded to this which is a 16% rate (in line with nationally reported response rates). 94.2% of responders provided a positive rating (94% previous period) of very good or good when asked to rate their overall experience.
- ▶ **1,462 Service users completed the Your NHS Wales Experience survey.**
80.1% of the responders provided a positive score when asked ‘how would you rate your overall experience of using the services of Hywel Dda University Health Board’ compared to 89% for the previous period. All discharges from A&E are now presented with an All Wales Survey along with the friends and family test survey.

Service User Feedback at a Glance

February 2024 - March 2024

This Word Cloud has been created by using feedback from the Friends and Family Test. We have shared some of the comments below:



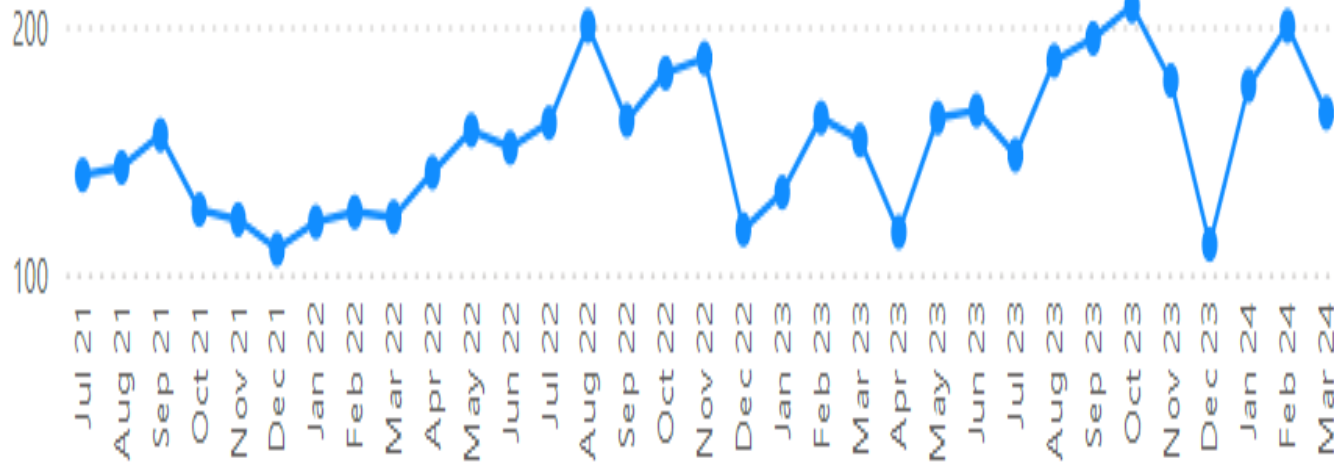
- I was referred by my doctor with chest pains they saw me straight away and were very thorough with the examination and treatment all the staff were so friendly and efficient
- The staff were friendly, efficient and made me feel comfortable and safe. Explanations about my treatment were clear and any questions I had were answered.
- What a fantastic team, everyone was lovely. Very kind and helpful. The care I received was truly amazing. But seeing the kindness and dedication to sick people on my ward was wonderful.

Complaints & Concerns at a Glance - February 2024 - March 2024

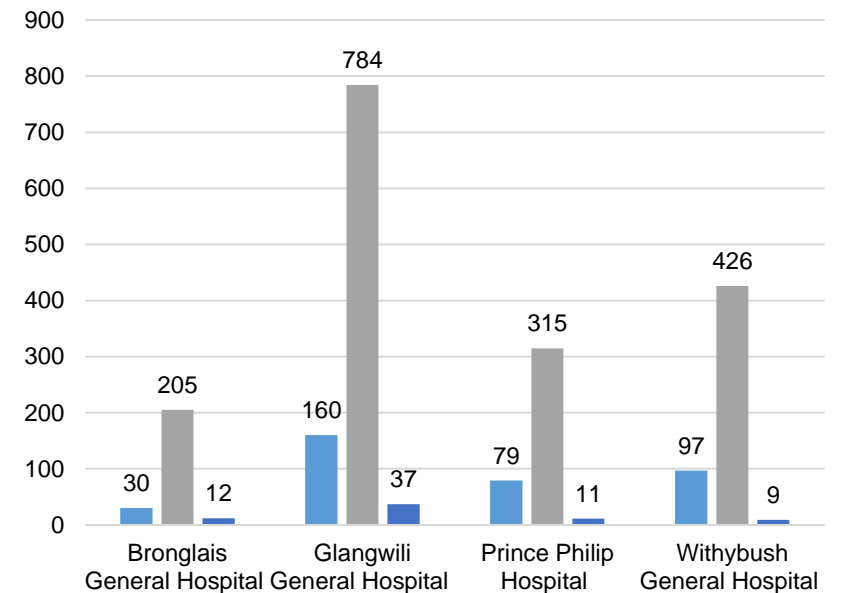
- ▶ 449 complaints were received, of which:
- ▶ 75 were managed as an early resolution case (within two working days).
- ▶ 365 cases proceeded to complaints investigation under the 'Putting Things Right' Regulations.
- ▶ 9 complaints were reopened in February and March against 11 in the preceding period. Complaints are 'reopened' when it is agreed that an initial response has not addressed all the concerns raised or if there is a need for reinvestigation.
- ▶ There were 2 new complaints in the period containing allegations of severe harm, both of which remain under investigation. These complaints pertain to the use of a vaccination and the level of support given by Mental Health services.
- ▶ 522 enquiries were received for the two-month period, an increase of 32 on the preceding period.
- ▶ 511 enquiries were closed. The most prominent themes of enquiry are around appointments, test and investigation results and communication issues.

Complaints & Concerns at a Glance - February 2024 - March 2024

New complaints by month received



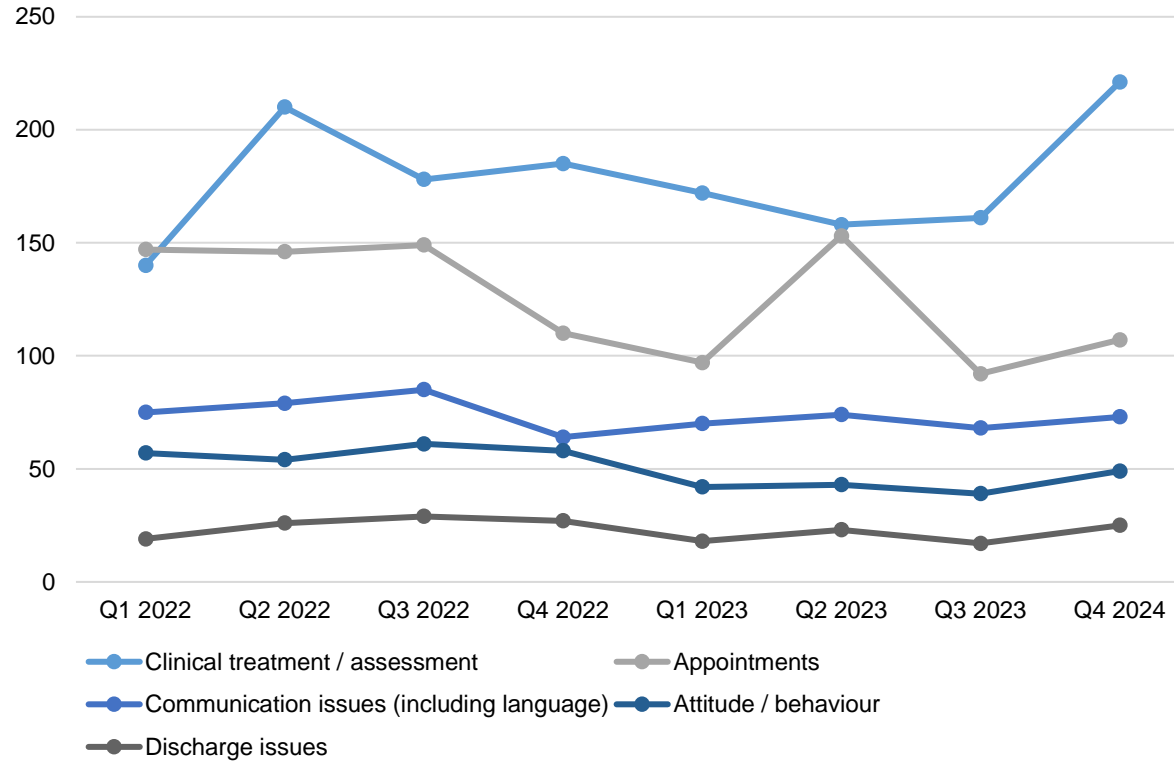
All complaints received - Financial year 2023-2024



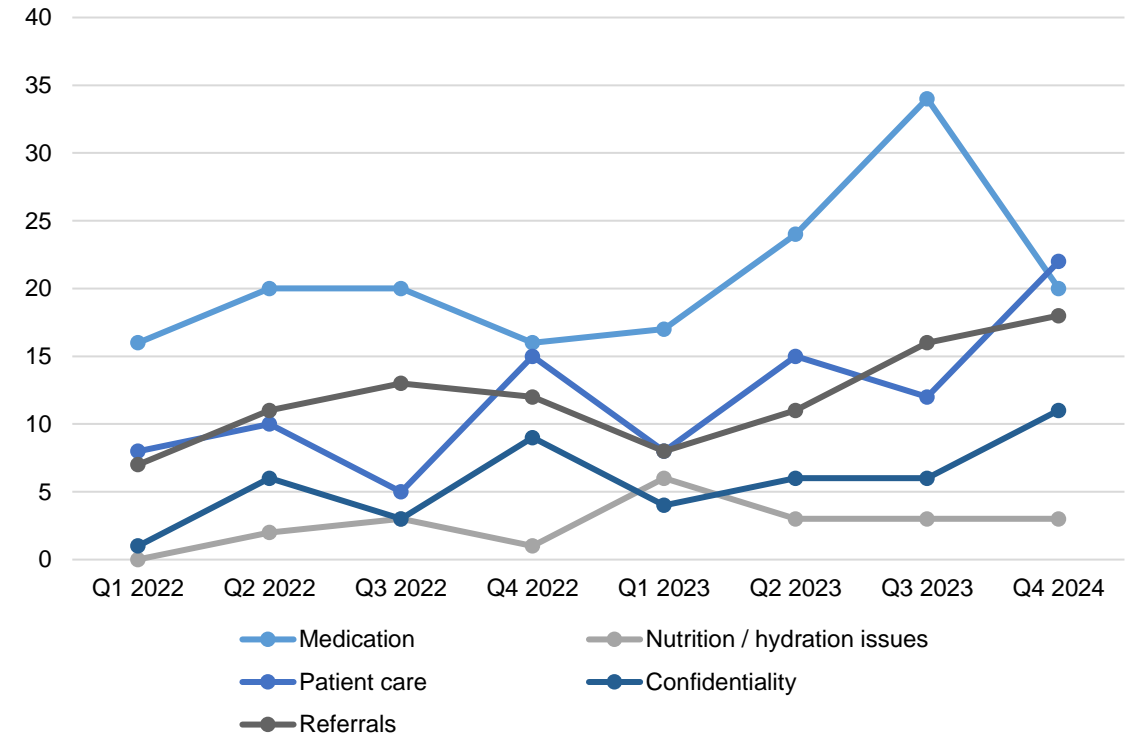
■ Early Resolution ■ Managed through PTR ■ Reopened

Complaints & Concerns at a Glance - February 2024 - March 2024

Top 5 subjects

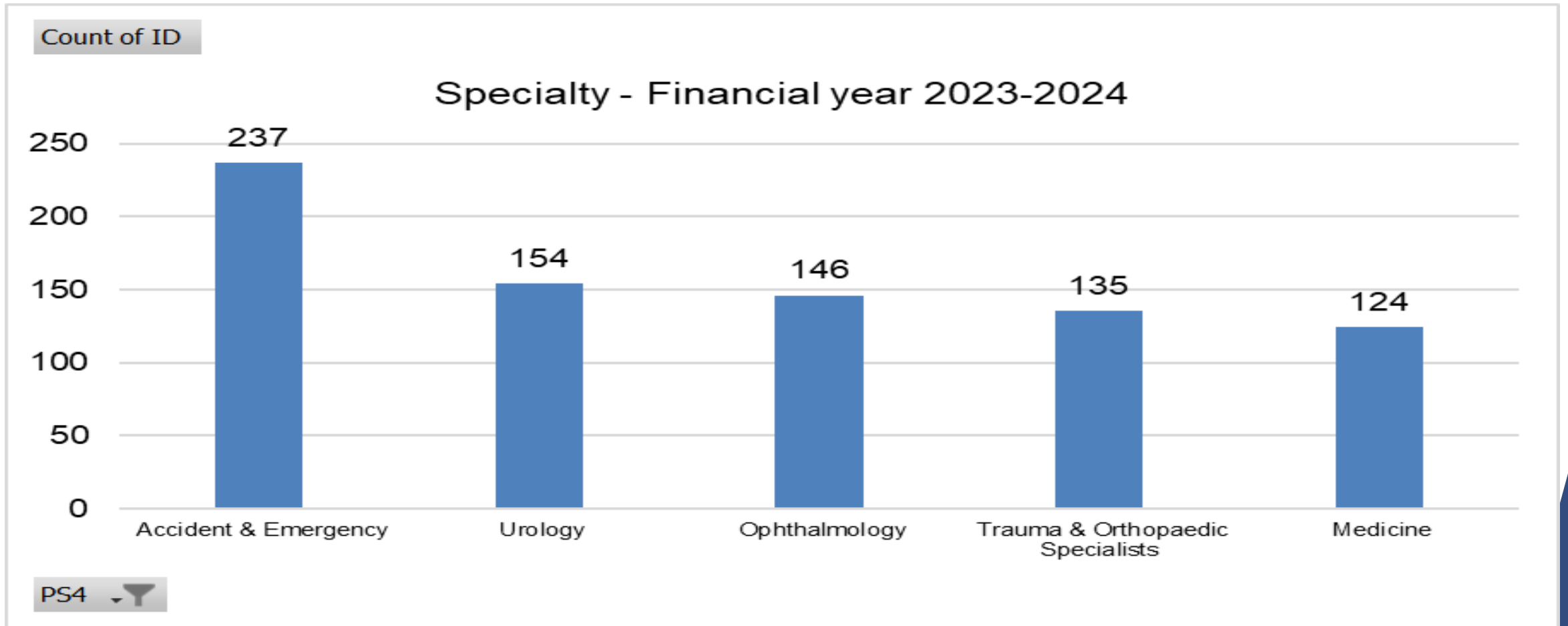


Top 5 subjects with an increasing trend



The above graphs depict the top 5 subjects of concerns received into the Health Board. We will be working on developing more analysis of the qualitative (narrative) data. Usually the cause for concerns can relate to a number of factors that are not always about clinical care and treatment, such as environmental or admin issues.

Complaints received by Speciality - top 5



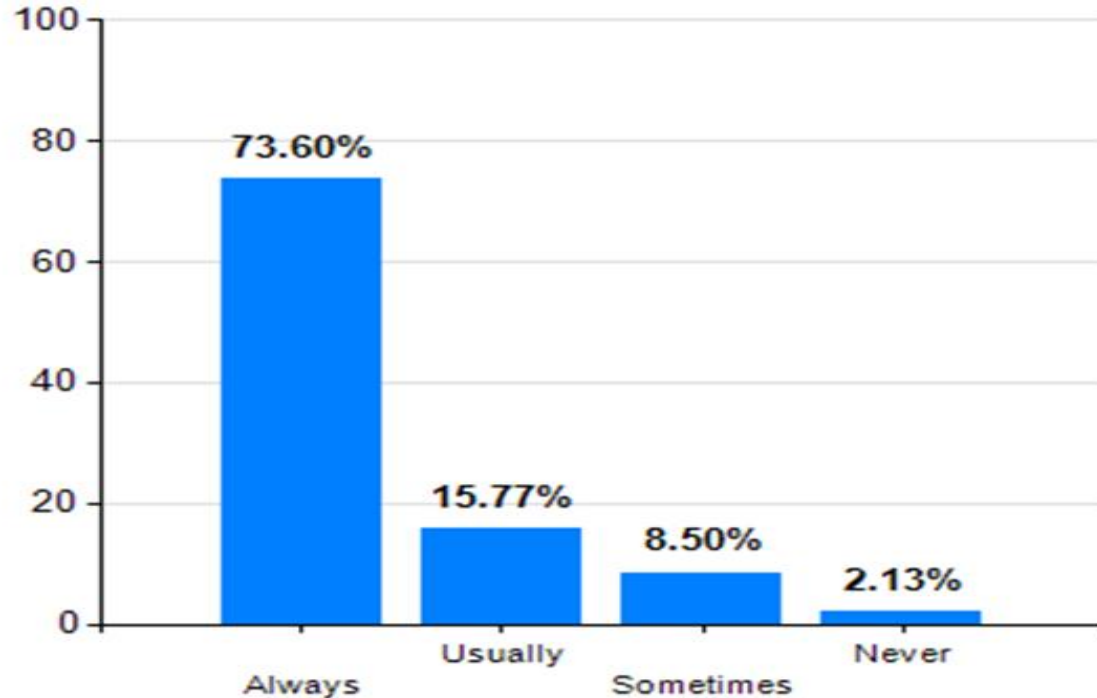
Closed complaints:

- ▶ 324 cases that were managed through the Putting Things Right complaints process were closed in February and March, compared to 319 the previous period. Of these, 224 (69%) were closed within 30 working days, 11% up from previous period and closer to the current target of 75%.
- ▶ 256 complaints closed in the period were not upheld. 67 complaints were upheld, of which 57 had an outcome of grade 1 or 2 (no harm or low caused), suggesting minor deficiencies in standards with no impact upon the patient. There were 10 complaints upheld where harm had been reported as moderate or above. 1 complaint was withdrawn.
- ▶ The number of complex complaints (grade 3-5) being closed per month is increasing, suggesting improved productivity and performance. In this period the Complaints Team closed 82 investigations, against 42 in the same period last year.
- ▶ Themes of complaints remain consistent, with clinical treatment and assessment still most prominent (39% of all new concerns in the period). Appointments, communication and staff attitude and behaviour are also prominent, but remain at consistent levels (15%, 9% and 6% respectively).
- ▶ There were 2 new investigations commenced by the Ombudsman. 3 Final Investigation Reports were received, which were each partly upheld. There were also 5 early resolution agreements reached with the PSOW. Failures noted in the reports were linked to delays in medication, delays to surgery, as well as failings in nutritional assessment and standards of clinical investigations. The Ombudsman also issued 15 decisions not to investigate.
- ▶ Where the Health Board is asked to demonstrate compliancy with the Ombudsman's recommendations and agreements, these are currently being achieved two days in advance of target date. In this period, we are currently one of the better performing Health Board's in Wales against this criteria.
- ▶ Lessons learnt from the Ombudsman's reports, as well as progress against associated action plans are considered by the listening and learning Sub-Committee.

DIGNITY, RESPECT AND KINDNESS

Your NHS Wales Experience survey

➤ I am treated with Dignity, Respect and Kindness?



There has been a decrease in performance for this measure compared to the previous period where 73.6% of responses stating they are always treated with dignity, respect and kindness compared to 76.15% for last period.

➔ I'm honestly humbled by how kind and caring all who I have met in this awful diagnosis. The breast care team and the Macmillan nurses are not praised enough. It's terrible to be diagnosed with an illness that can't be cured. Amongst it all they have given me hope support and above all else, dignity.

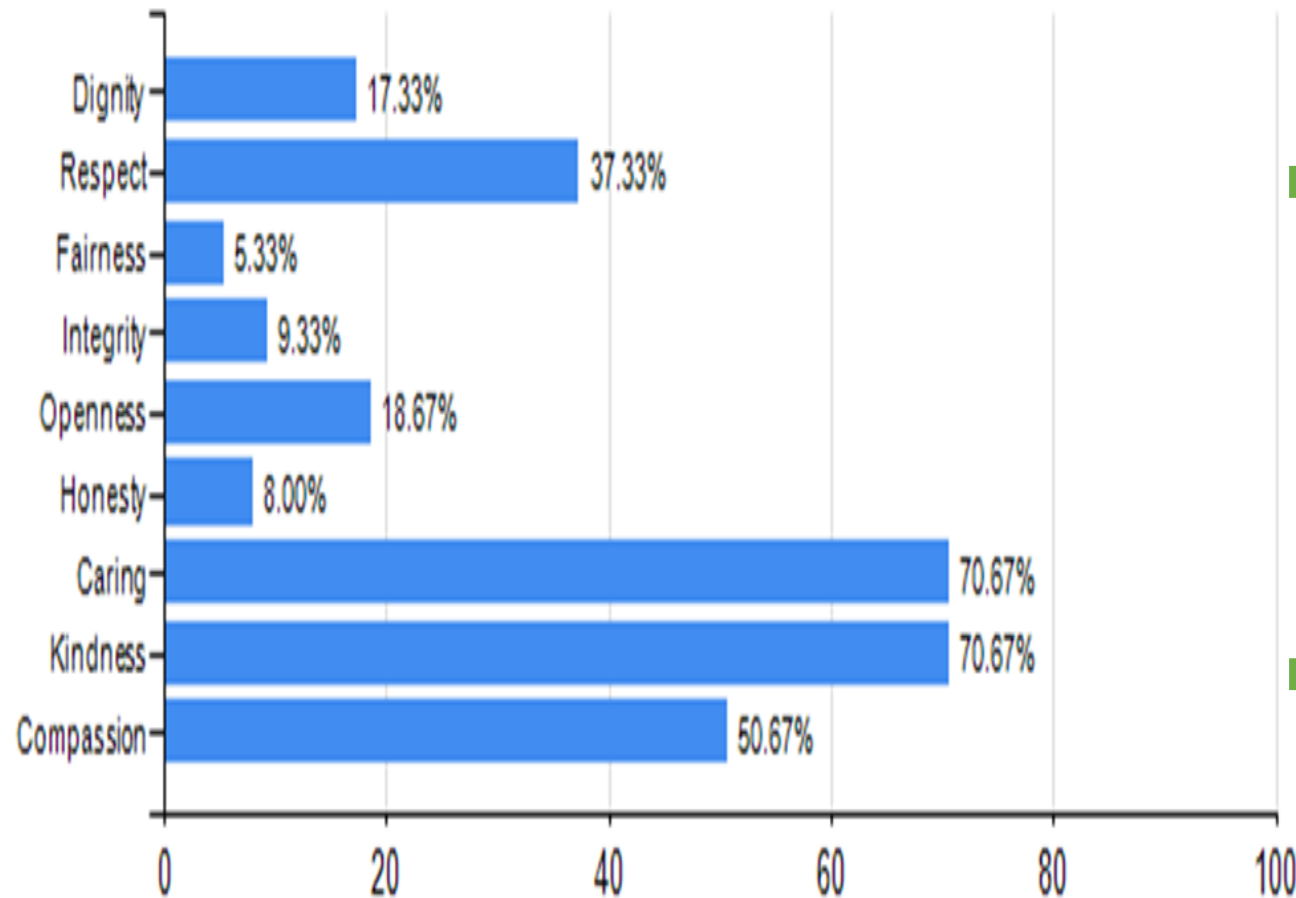
➔ The care and concern of the doctor who was apologetic that he could not provide a place to preserve my dignity. He was extremely kind in a difficult situation

➔ The Receptionist on the front desk was not warm and friendly, very matter of fact. Did not even smile when I approached the desk.

➔ Nurse Practitioner was very demeaning. She did not adhere to infection control policies until I pointed out that I wasn't happy for the same scope in my infected ear to go into my healthy ear, to then she replied with that there was nothing wrong with my ear. I was made to feel that I had no right to be there. Very upsetting experience.

DIGNITY, RESPECT AND KINDNESS - COMPLIMENTS

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



Palliative Care Team - Just a few words of sincere gratitude for everything that you all did for the patient during their illness. You all brought a smile to their face every time you visited. Knowing that we, as a family, had you all to support us was such a comfort. Your care, kindness and patience helped ease suffering. Thank you doesn't seem enough but as a family we shall always remember your care and kindness.

Rhiannon Ward, Bronglais - I understood that the staff were looking after double the usual number of patients. Despite this, they were incredible. They were kind, compassionate, professional and efficient in the face of what must have seemed like impossible odds. There was a very unwell, very elderly lady in the bed beside mine and all through day and night the staff treated her with care and kindness, doing their utmost to help.

DIGNITY, RESPECT AND KINDNESS CONCERNS

- ▶ 23 new complaints were received relating to attitude and behaviour of staff. These concerns range across services, and the only service to receive more than two complaints of this kind was Accident and Emergency (13% complaints received).
- ▶ Where we receive concerns pertaining to issues of dignity, respect and kindness, we generally see a range of linked themes occurring. In this period, we noted that there were 3 complaint around privacy and dignity. There were 14 concerns around patient care, which highlighted issues in responding to patient needs, respect and lack of assistance with personal care.
- ▶ Looking at trend data following the end of financial year 2023/24, there is a 25% overall reduction in complaints about staff attitude compared to the previous financial year.

DIGNITY, RESPECT AND KINDNESS

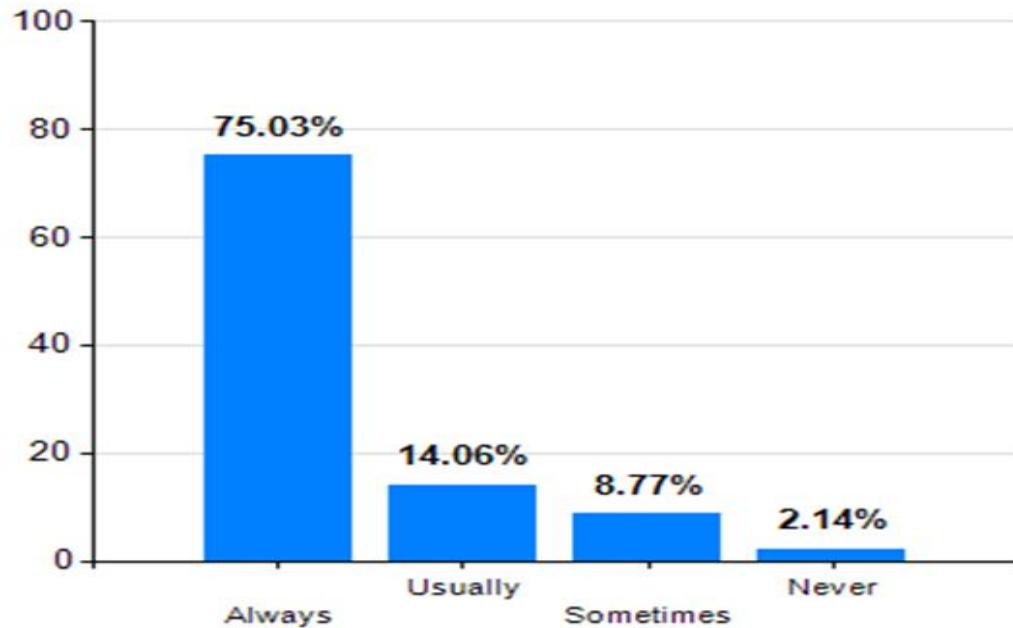
LESSONS LEARNED

You Said	We Did
<p>I understand that there can be long waits for beds when needing admission to hospital, but when patients have been triaged, there should be more comfortable seating whilst they await further treatment or investigations.</p>	<p>The Glangwili General Hospital team have purchased new seating for use in their Acute Medical Assessment Unit, after a successful bid to obtain charitable funding for the purpose.</p> <p>The chairs are purpose-designed treatment chairs that can recline into trolleys and are built to a high clinical specification – and yet also designed for comfort!</p> <p>Once delivered, the chairs are expected to remove the need for using temporary trolleys and will increase provision in the department, as more of these chairs can be located with the AMAU area safely. This in turn will help better hospital flow, treatment and privacy.</p>

COMMUNICATION

Your NHS Wales Experience survey

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



The medical staff treated me promptly, explained what they were doing and were reassuring during my treatment. My after care was explained and nothing was too much trouble for the nurse who was extremely caring.



The doctor attending to me was very polite explained things thoroughly and answered any questions I had. He is certainly a credit to the team. He was very kind and patient.



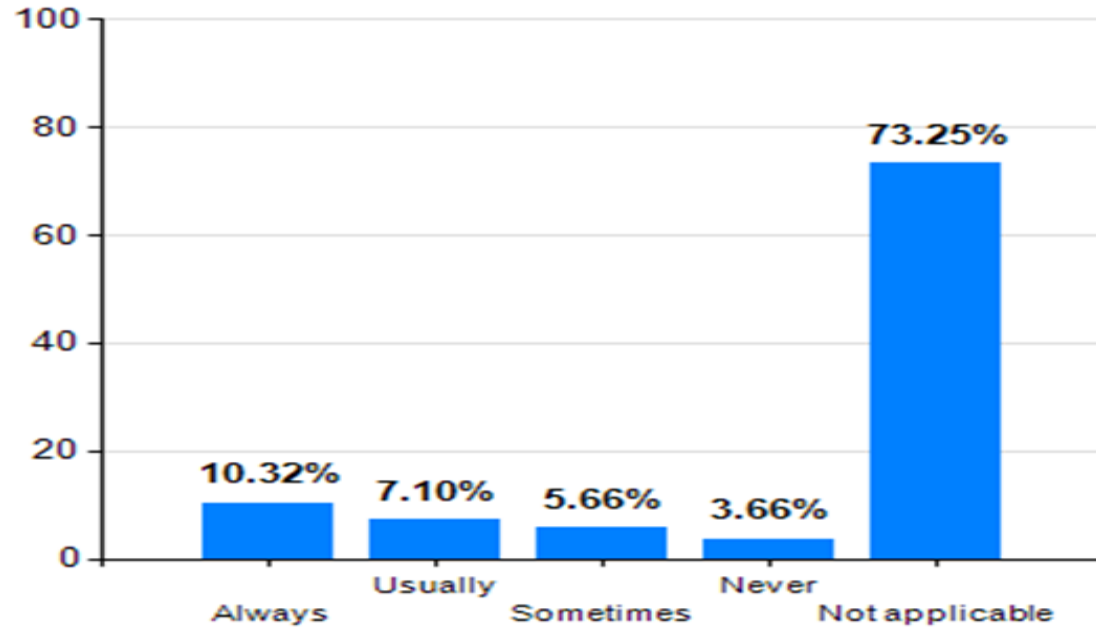
Follow up procedures were not explained before I was discharged.

The performance for this period is in line with previous periods performance.

COMMUNICATION

Your NHS Wales Experience survey

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



I had a very good experience within the NHS as with who I saw, I had both foreign speaking doctors and Welsh speaking doctors.



Having a nurse speaking Welsh was a bonus

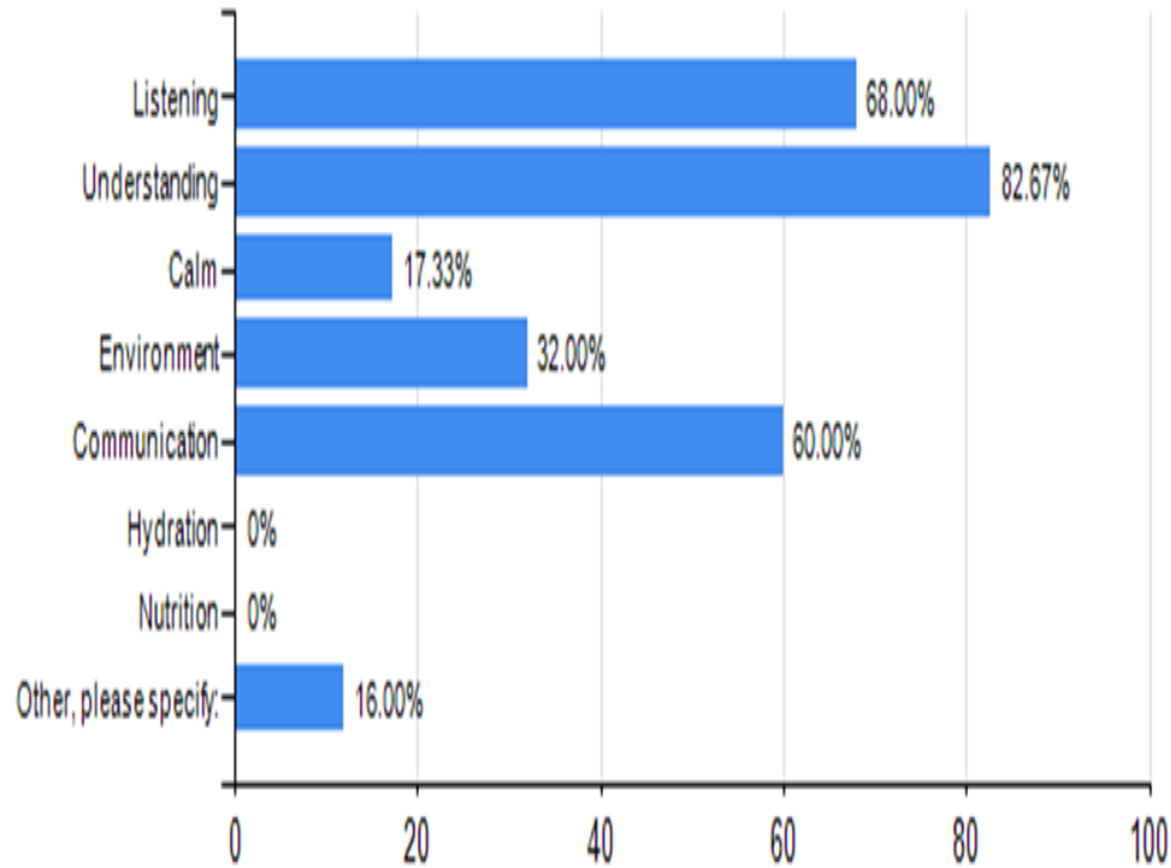


Lovely to hear so much Welsh spoken and EVERYONE was so professional and caring.

There has been a decrease in this period where 10.32 % of responders were always able to speak to a member of staff in Welsh compared to 13.05 % feedback is available for services to review their data. However, comments that have been left are very positive.

COMMUNICATION - COMPLIMENTS

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



They were sensitive to my mother's needs when she was feeling anxious, they took their time and got to know both my parents. They showed care and respect and considered both my parent's needs, offering teas, food and banter. They explained what was happening and reassured them, and they worked together as a team to make sure she could go home safely with the right treatment and after care.



From a very nervous patient, the nurses were friendly, professional, informative and empathetic. They explained the procedure well and what to expect from the pain management. The doctor was friendly, informative and empathetic which immediately put me at ease. He also reassured me about my choice of pain management, which was a cause of worry for me. The aftercare with the nurses was brilliant, each being available to talk and connect with me as a patient.

COMMUNICATION CONCERNS

During February and March, 34 concerns were received about communication, which has decreased by 5 from the previous period.

The main causes of concerns linked to communication remain the same. 34% were around patients being unable to contact staff or services. 21% of concerns linked to communication in this period are due to insufficient or incorrect information being given to patients or families.

A modest 6% reduction in communication complaints was noted in 2023/34, compared to the previous financial year.

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

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

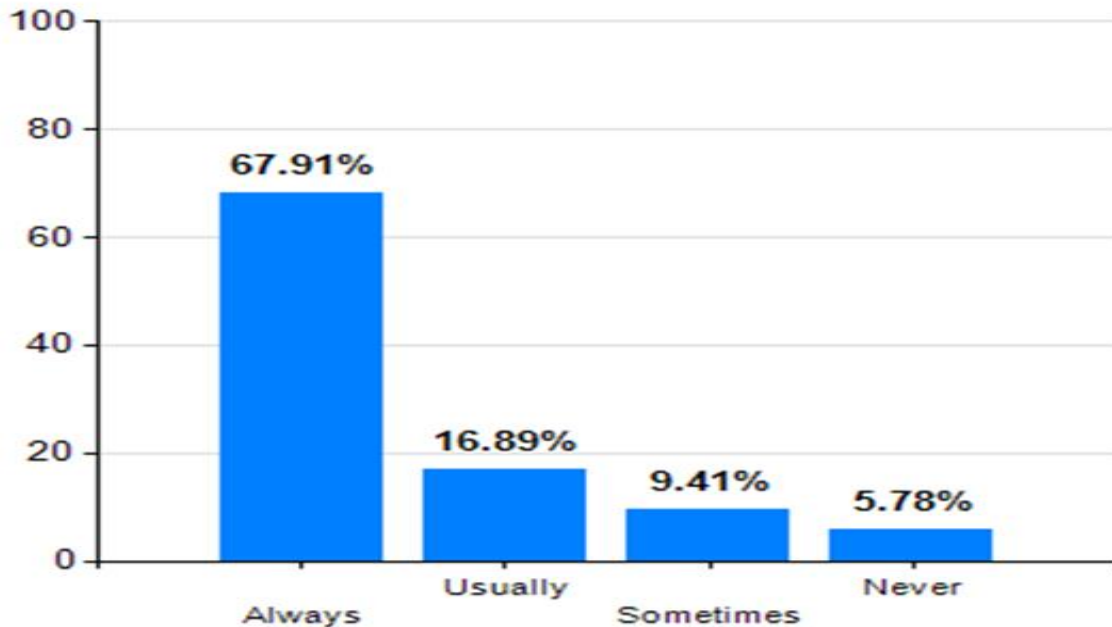
COMMUNICATION - LESSONS LEARNED

You Said	We Did
<p>When patients attending the Same Day Emergency Care area (SDEC) are awaiting investigative test results, they do not always need to be admitted to hospital while tests are arranged. There should be mechanisms in place to discharge us home, without losing sight of the patient until the tests are complete, and results are known and effectively communicated.</p>	<p>We initiated a pilot scheme in Withybush General Hospital's SDEC for patients that were discharged but awaiting test results.</p> <p>The pilot scheme, known as the 'Digital Home Ward', was in place for any SDEC patients discharged home and awaiting diagnostics. Running from July to October 2023, the pilot scheme to support out of hospital care was for adult patients presenting with urgent or emerging care needs, and hugely beneficial to the process of ensuring a continuum of care.</p> <p>An evaluation of this pilot took place and noted a significant reduction in admissions to medical wards, releasing around 243 bed days for use by other patients.</p> <p>The 'Digital Home Ward' remains a work in progress, with objectives for the next stages of implementation identified. However, the pilot has evidenced that the Digital Home Ward has been a useful tool for clinicians to track and monitor patients at home.</p>

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

Your NHS Wales Experience survey

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



When I returned to the out of hours doctor, he was very understanding. He spoke to the ENT consultant and arranged for me to be seen urgently. I was eventually seen before midnight and the treatment was excellent. I was able to challenge the decisions about my care.



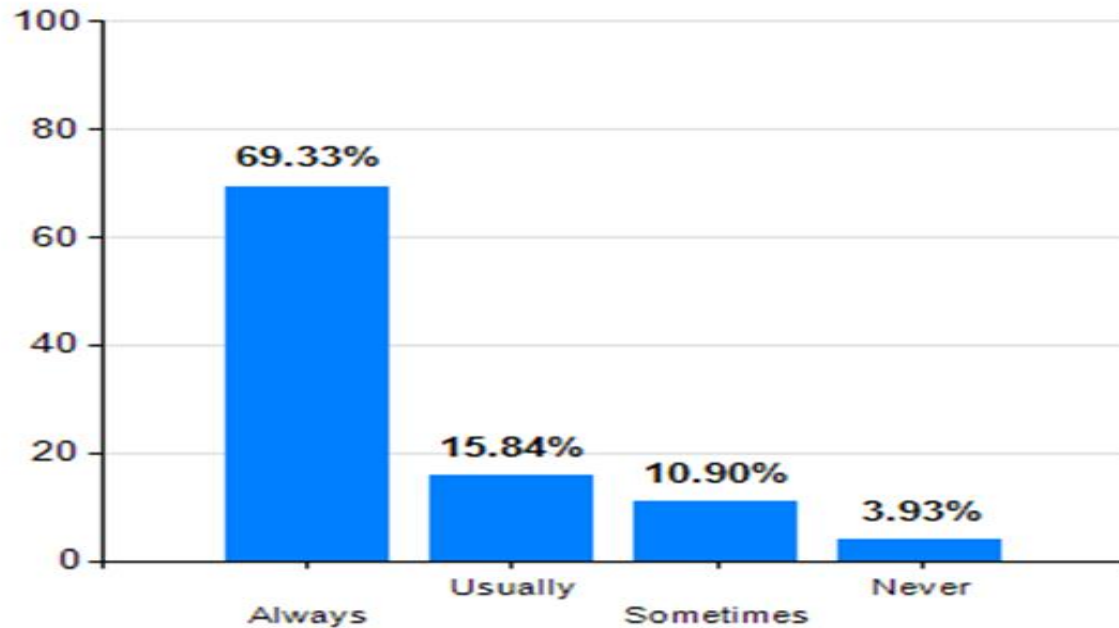
At no point did I feel my welfare was considered and my safety secured. Communication terrible and decisions made were medically poor. I felt vulnerable both from myself and infection in dirty environment and invisible much of the time.

There has been a decrease in this period where 67.91 % of responders were involved in decisions about their care compared to 69.28 % for the previous period.

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

Your NHS Wales Experience survey

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



The performance for this period is in line with previous periods performance.



I walked away feeling a little bit of a fake. I thought I had suffered a heart attack, but the truth is my pain was caused by something else. Yet saying that, I still received the best treatment possible with genuine understanding from all staff. A real professional experience. Walking out I felt both relieved and left with a confidence from the entire medical service that I was ok! You can't beat the NHS! 100% the best.



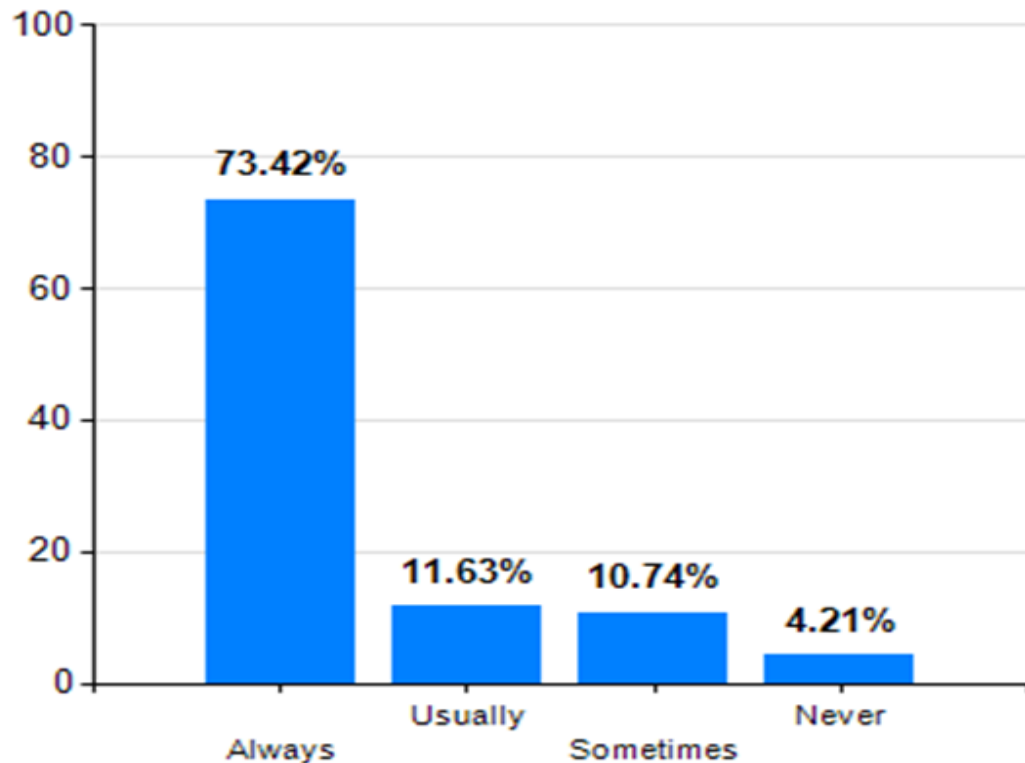
In my case, I needed a Urologist urgently. The nursing staff did their best quickly after admission, but it was clear that more expertise was required. I then waited 5 hours in serious pain before that happened. The treatment I got in the end was first class and I have only good things to say about the Registrar Urologist and his junior Registrar. It took them minutes to relieve the pain and put me on a treatment plan.



I'm autistic so I don't remember instructions, I instantly forgot the care instructions for my wound. I should have written them down so it's my fault for not doing that. Maybe printed instructions would be good for people with poor memories/ disabilities.

Your NHS Wales Experience survey

Did you feel that you were listened to?



The advanced practice nurse who cared for me was so lovely and listened to me and helped me feel reassured.



Being spoken to in a compassionate manner, being listened to and not made to feel small. Not to be patronised. Staff remembering non-verbal communication is important in making sure patients and families feel calm and safe.



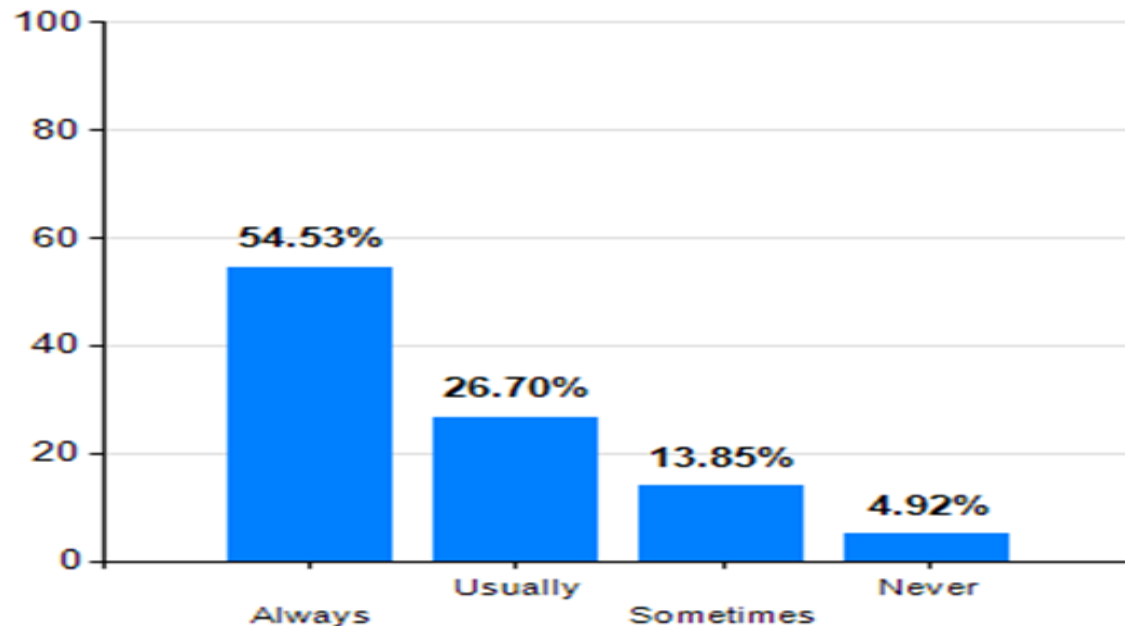
It was warm, clean and all staff I engaged with (including ones that weren't providing my care) were friendly and helpful. I was seen promptly and reassured appropriately. My concerns were listened to, and appropriate action taken by the medical team.

The performance for this period is in line with previous periods performance.

Safe and Effective Care, in an appropriate & Clean Environment

Your NHS Wales Experience survey

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



It's hard to judge anything when you are a patient in crisis, so having someone you can turn to, to talk to, is important. If there is a way of providing this in a hospital setting that would help elevate the fear surrounding why you've been admitted. I felt guilty about talking to already busy nursing staff. I felt I shouldn't say anything.



Better communication. Being treated in a confidential space. More staff to manage patient load.



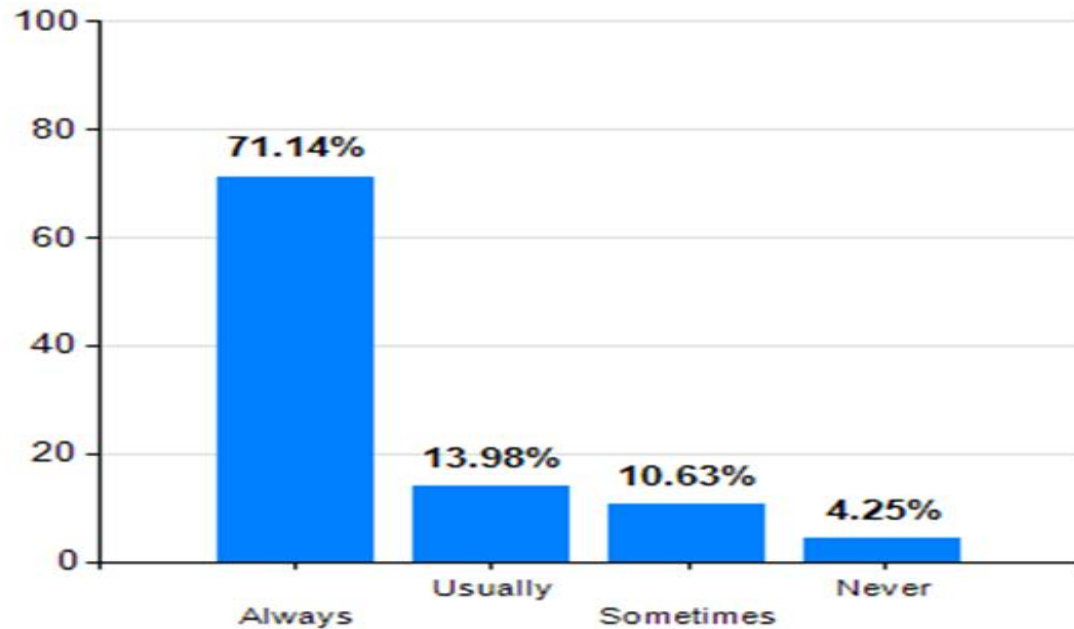
Parking and the general state of the hospital. The hospital is unclean, dated and missing parts of its ceiling in places

The performance for this period is in line with previous periods performance.

Safe and Effective Care, in an appropriate & Clean Environment

Your NHS Wales Experience survey

Did you feel well cared for?



→ We left the department at 5:30am and no one has even checked why we left or how my son is. I explained that I was unwell and could not stay but no care was given was told that the doctors get no sleep either.. I am now thinking of going private as I never want that experience again. Staff just do their jobs poorly and don't seem to care about their patients, they just stick them on hard chairs in the waiting room for hours with no communication

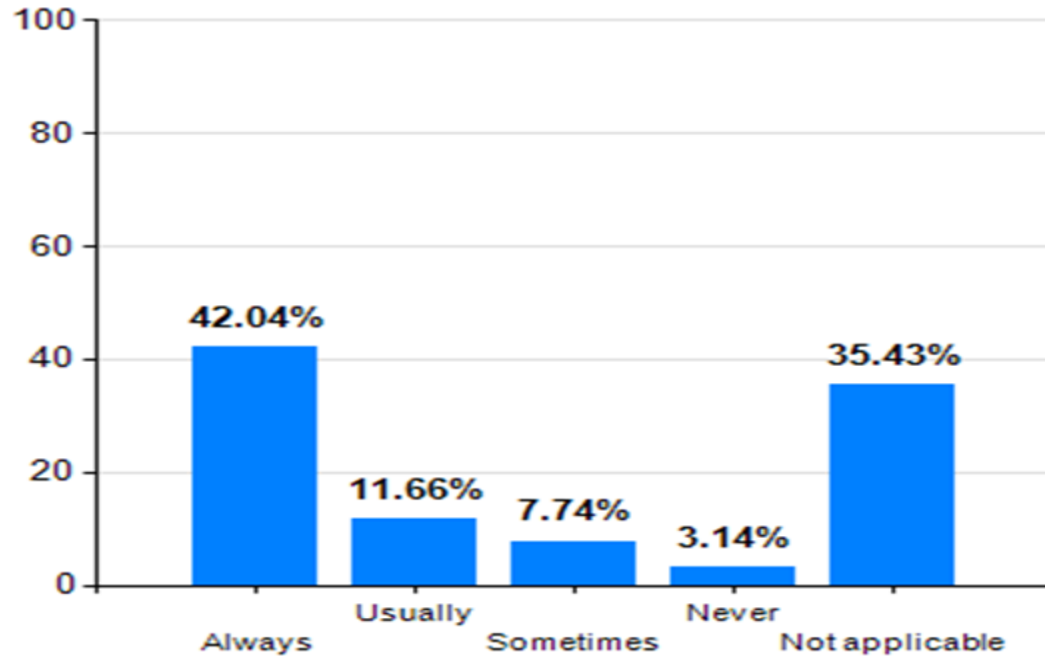
→ They should have listened and taken proper care of me. I believe my stroke could have been prevented had the CDU staff given due care and attention.

71.14% of responders said they always felt well cared for compared to 72.61% for previous period. Sometimes feel safe response has seen a slight increase compared to last period 10.63% compared to 8.52% for the last period.

Safe and Effective Care, in an appropriate & Clean Environment

Your NHS Wales Experience survey

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



The staff are almost like family after being there monthly. They are always welcoming, kind and easy to talk to. Sarah has gone out of her way to provide assistance. If she doesn't have the answer, she will get back to you once she has clarified the answer.



I would provide more assistance in MIU for people with additional needs.

35.43% of responders stated this question was not applicable compared to 32.85% for the previous period. 42.04% of responses stated they always getting assistance completed to 46.52% to the previous period.

Safe and Effective Care, in an appropriate & Clean Environment

Concerns

- ▶ 140 concerns received during February and March pertained to clinical assessment and treatment.
- ▶ 75 out of the 140 complaints have been investigated and responses provided. The remaining 65 are being investigated. Typically, clinical investigations can be complex and can take longer to investigate, sometimes spanning many services.
- ▶ 21% of these concerns were about incorrect/insufficient treatment with no single prominent service noted.
- ▶ 64 complaints were received about lack of treatment. Trauma and Orthopaedics 14%, Accident and Emergency 8%, Surgery 7%, Orthopaedics 7%, Ophthalmology 7%, Urology 4%, Rheumatology 4% Gynaecology 4% and Respiratory 3%. The rest were spread in small numbers across the Health Board's services.
- ▶ 5 concerns were received about a delay in diagnosis, or incorrect diagnosis.
- ▶ Whilst complaints about clinical treatment in 2023/24 did not reduce and saw almost no variation in numbers, complaints about hospital discharge dropped notably by 18% in 2023/24, compared to the previous year.

Patient story

This story is provided by a patient who wanted to share his experience of his cancer journey. Whilst this experience took place during the pandemic period, when significant restrictions were in place that impacted upon the patient experience, some of the concerns continue to be shared by patients, in particular the environment and patients having to attend A&E when requiring urgent care.

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

The Cancer Services Team have been undertaking a number of important initiatives to improve access, the environment of care and improving the experience of patients and family members. This includes:

- ▶ Cancer Services Intranet Page to improve information and quality of referrals from GPs
- ▶ Cancer Services Triage Line - this is a 24/7 support & advice line for cancer patients who become unwell. Triage supports patients who: have or are receiving systemic anticancer therapy; received any other type of anticancer treatment, including radiotherapy and bone marrow graft; may be suffering from disease/treatment - related immunosuppression (e.g. acute leukaemia, corticosteroids). The triage team also communicate directly with the patients Oncologist and CNS team to keep them informed about changes with their patients. This is very important with our Oncologists being based at Swansea Bay. More feedback from patients who have accessed the service can be found below.
- ▶ Improving access for patients who need urgent care, by utilising Same Day Emergency Care facilities.
- ▶ Establishment of Patient Reported Experience Measure, to help us monitor how people feel about their experience and accessing the cancer services within the Health Board.
- ▶ Heads Up!” initiative across the whole of HDdUHB with the aim of improving the patient experience of cancer treatment related hair loss. HDdUHB is the first health board in Wales to deliver a service of this nature.

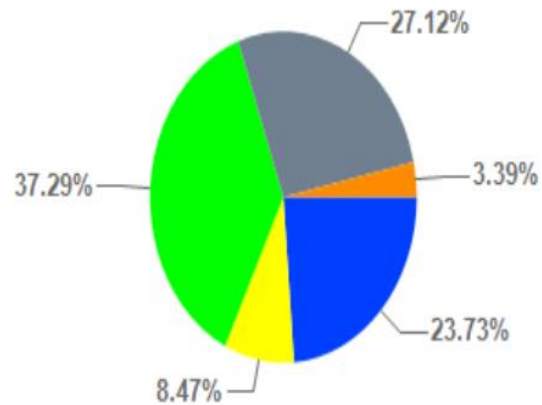
Further details can be found below:

Cancer Service Triage line –

The service has been nominated for an award at the Moondance Cancer Awards in June. The category is Achievement, and the award is for better patient experience .

Feedback is requested from every patient who contacts the triage line. The feedback is cascaded to both the acute oncology team and to the out of hours team on a monthly basis via email.

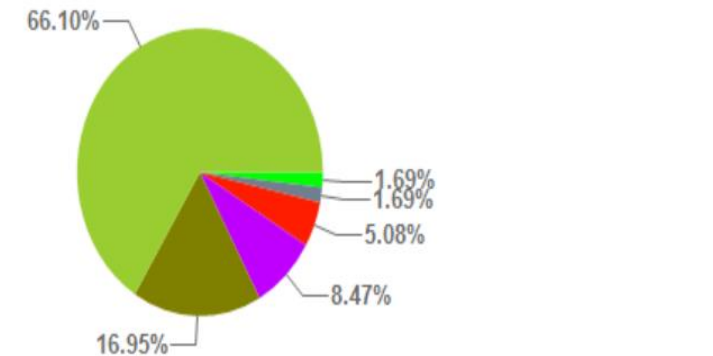
What was the outcome of your call?



Attend local hospital (23.73%) GP Follow up (37.29%) Advice only (27.12%) Other (3.39%)
Next day callback (8.47%)

GP follow up, attended local hospital and advice were the most common outcome of the call.

How satisfied were you with the outcome of your call?" 0 not satisfied - 10 very satisfied.



0 (0%) 2 (1.69%) 4 (0%) 6 (0%) 8 (8.47%) 9 (16.95%) 10 (66.10%)
1 (0%) 3 (1.69%) 5 (5.08%) 7 (0%)

83.05% of patient were very satisfied with their call

Hywel Dda Cancer Patient Recorded Experience Measure (PREM)

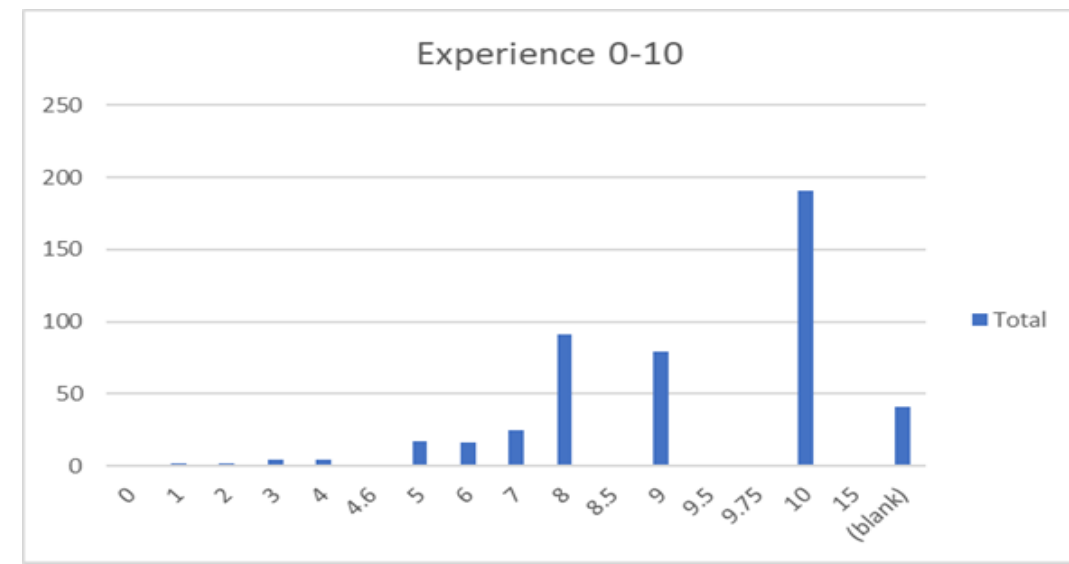
- PREM was designed by the Wales Cancer Network Patient Experience Team for use in the Health Boards.
- In Hywel Dda PREM was hosted on DrDoctor platform and delivered via text or email to 1670 cancer patients who had received a diagnosis and started first definitive treatment during 2022.
- There was a 26% (478) response rate. Questionnaire asks questions specific to the diagnostic pathway and breaking bad news and includes free text.
- PREM reports have been filtered on cancer type and contribute to the appropriate service improvement plan, training needs, Peer Review etc.

Next Steps

- PREM has been adjusted based on learning from 1st cohort and was re issued to non-responders from cohort 1 in February 2024.
- PREM will then be set up to be run and issued to all new cancer patients every quarter.
- Every patient with a confirmed cancer will be given the opportunity once to complete feedback.
- PREM reports will be fed back to clinical cancer teams for learning and service improvement.

"My experience had been very poor - peppered with mistakes and delays. Thankfully within that there have been some shining light examples of individuals who have been unbelievably professional even though systems and poor communication between the various services involved in my care have let me down"

"I have nothing but praise for the attention and support received during my treatment- especially so during a period of intense pressure on NHS resources."



Patient story

- ▶ A Cancer Services intranet page is under development [Link to Cancer Services page](#) which contains "good referral" guidance for GP's (as a pre-runner to Health Pathways work) and embedded patient information leaflet for GP's to print off at the point of referral on an urgent suspected cancer (USC) [Link to USC Leaflet](#)

This aims to benefit the patient experience in the following ways:

- ▶ Better quality referrals with better clinical information on the referral into Secondary Care leading to the right next step/investigation etc, or appropriate straight to test from Primary Care
- ▶ Better conversations about what it means to be on an urgent suspected cancer pathway, supported by good written information
- ▶ Improved patient compliance in attending urgent investigations leading to a faster diagnosis, increased uptake and less wastage of ring-fenced appointments, and leading to less delays for other patients
- ▶ Support from the Waiting List Support Service (WLSS) for patients from USC referral until cancer is either excluded, or cancer is confirmed and they are moved to a cancer specific team and supported by a Cancer Key Worker
- ▶ Opportunity for health optimisation and pre-habilitation support, available through the WLSS, making every contact count as early in the cancer pathway as possible, benefitting both those who do go on to have a confirmed cancer diagnosis, and those who do not.

SAFE AND EFFECTIVE CARE IN AN APPROPRIATE AND CLEAN ENVIRONMENT

Lessons Learned

You Said	We Did
<p>As a cancer patient who needs access to acute care, why should I have to attend a busy A&E department to access help, when vulnerable to infection?</p>	<p>Recognising the need to improve pathways for Oncology patients needing urgent care, the Oncology and Acute Medicine teams have begun a quality improvement project involving the Acute Oncology Service (AOS) and both Withybush and Glangwili General Hospital Same Day Emergency Care (SDEC) teams.</p> <p>Some interventions have been piloted at Withybush SDEC, which include AOS attending SDEC meetings, providing teaching sessions and making clinical guidelines easily accessible. They are working on improving the information given to Oncology patients on how to access the Triage Service.</p> <p>Initial data from the pilot was positive, demonstrating improved confidence in our SDEC staff when accepting referrals to see Oncology patients, a feeling of improved communication between teams, a high rate of self-reported positive patient experiences. There were also more patients attending SDEC who were discharged home the same day after, receiving the care they needed.</p>

Cancer Service Triage line

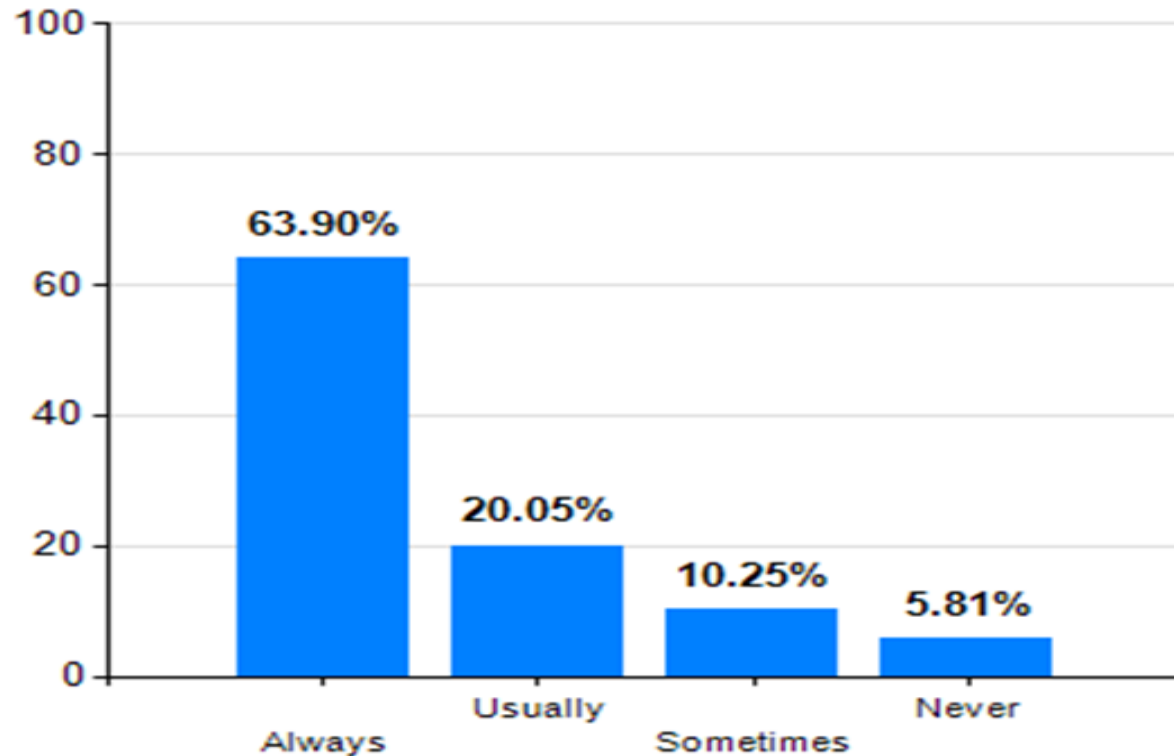
Below is a selection of patient feedback taken from the patient triage survey

- ❖ The nurse I spoke to was very helpful and she called the Saturday on call GP. She also sent a message to my chemo unit to explain that we were using one of those extra strong tablets. The on call GP rang back 10 mins later and said that he had been called by the triage nurse. He sent me a prescription directly to a pharmacy that was open. Explained helpfully where it was and my problem was resolved completely. Thank you everyone involved. Your kind and efficient work prevented me from suffering a vomiting problem.
- ❖ Nurse explained everything about what treatment my husband had whilst in hospital and made several suggestions of how I could improve my life as his sole carer.
- ❖ It is a very important facility because I have confidence that I can get the advice I may need without delay This was a really helpful service. I was probably feeling a bit demotivated, so I appreciated the support.
- ❖ More frequent visits or phone calls needed for carer of patient when no family available. Carer can become very worn down.
- ❖ Bypass A +E if possible ,17 hr. Waits are no good when you're ill.
- ❖ Unfortunately, I had to go to A&E where I had to wait for over 3 hours to be initially seen with a ranging fever

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

Your NHS Wales Experience survey

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



This performance shows 63.90% of responders are encouraged to share feedback compared to 64.12% in the previous period.

Overall patient feedback

Patient Type	% Positive previously received	% Negative previously received	% Positive	% Negative	Total Responses	Very good	Good	Neither good nor poor	Poor	Very poor	Don't Know
Total	94.0%	6.0%	94.2%	5.8%	6702	4734	1212	334	177	191	54
Community & Primary Care Patient	64.7%	35.3%	69.6%	30.4%	25	13	3	2	3	4	0
Day Case	98.3%	1.7%	98.7%	1.3%	322	272	41	4	3	1	1
Emergency Patient	90.9%	9.1%	89.7%	10.3%	1795	1126	361	123	80	90	15
Inpatient	93.3%	6.7%	92.3%	7.7%	495	334	98	25	12	24	2
Maternity Inpatient	100.0%	0.0%	92.9%	7.1%	14	10	3	0	0	1	0
Maternity Outpatient	77.3%	22.7%	95.2%	4.8%	44	34	6	1	1	1	1
Mental Health Inpatient	66.7%	33.3%	75.0%	25.0%	4	2	1	0	1	0	0
Mental Health Outpatient	100.0%	0.0%	93.5%	6.5%	32	19	10	1	1	1	0
Other	0.0%	0.0%	100.0%	0.0%	2	1	0	1	0	0	0
Outpatient	95.3%	4.7%	95.9%	4.1%	3190	2338	560	143	66	57	26
Paediatric Inpatient	91.7%	8.3%	96.0%	4.0%	27	18	6	2	0	1	0
Paediatric Outpatient	100.0%	0.0%	100.0%	0.0%	5	4	1	0	0	0	0
Unmapped	96.3%	3.7%	97.0%	3.0%	747	563	122	32	10	11	9

There has been an increase of 2% for positive responses for this period with a total of 6702 responses compared to 5837 for the previous period. 4734 people responded with a very good rating compared to 4192 in the previous report. Community & Primary feedback responses rating has increased to 69% positive rate compared to 64.7% for the previous period, they have also seen an increase in responses 24 total responses compared to 17 for the previous period. Mental Health outpatient has seen a decrease from 100% for the previous period to 93.5% for this period in positive feedback. Day case positive feedback has seen an increase from 98.7% for the previous period to 98.3% for this period.

Glangwili General Hospital

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

Sub Location	% Positive	% Negative	Total Responses	Very good	Good	Neither good nor poor	Poor	Very poor	Don't Know
Total	92.7%	7.3%	1912	1267	386	109	60	70	20
Aberglasney Suite	98.1%	1.9%	54	46	7	0	1	0	0
Accident and Emergency Department	84.8%	15.2%	441	248	88	38	27	33	7
Ambulatory Care Unit	69.2%	30.8%	15	7	2	1	1	3	1
Branwen Suite	100.0%	0.0%	72	65	5	2	0	0	0
Cardio-Respiratory Unit	97.9%	2.1%	98	79	16	0	2	0	1
Chemotherapy Unit	100.0%	0.0%	23	18	3	1	0	0	1
Childrens Centre	84.2%	15.8%	19	14	2	0	1	2	0
Cilgerran Ward	91.7%	8.3%	15	7	4	2	0	1	1
Cleddau Ward	100.0%	0.0%	10	5	5	0	0	0	0
Clinical Decisions Unit	63.6%	36.4%	13	6	1	2	1	3	0
Day Surgery Unit	100.0%	0.0%	21	17	3	1	0	0	0
Derwen Ward	89.7%	10.3%	29	20	6	0	0	3	0
EEG/EMG Department	92.3%	7.7%	28	20	4	1	0	2	1
Endoscopy Department	100.0%	0.0%	32	24	8	0	0	0	0
Madog Suite	97.6%	2.4%	42	28	12	1	1	0	0
Medical Day Unit	100.0%	0.0%	19	16	3	0	0	0	0
Merlin Ward	92.9%	7.1%	15	12	1	1	0	1	0
Outpatient Department (Blue)	94.7%	5.3%	716	467	164	43	21	14	7
Paediatric Ambulatory Care Unit	87.5%	12.5%	25	15	6	1	2	1	0
Picton Ward	91.2%	8.8%	38	24	7	4	1	2	0
Priory Day Hospital	100.0%	0.0%	10	8	2	0	0	0	0
Same Day Emergency Care Unit	96.7%	3.3%	30	24	5	0	0	1	0
Surgical Assessment Unit	100.0%	0.0%	18	7	5	6	0	0	0
Tysul Ward	98.0%	2.0%	53	39	11	2	0	1	0

Prince Philip General Hospital

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

Sub Location	% Positive	% Negative	Total Responses	Very good	Good	Neither good nor poor	Poor	Very poor	Don't Know
Total	95.3%	4.7%	1576	1185	244	70	40	31	6
Acute Medical Assessment Unit	93.8%	6.2%	34	24	6	2	2	0	0
Cardio Respiratory Department	98.8%	1.2%	88	73	10	4	1	0	0
Day Surgery Unit	100.0%	0.0%	25	23	2	0	0	0	0
Endoscopy Department	100.0%	0.0%	26	24	2	0	0	0	0
Minor Injuries Unit	92.2%	7.8%	334	213	72	25	14	10	0
Outpatient Department	96.2%	3.8%	844	654	124	32	15	16	3
Physiotherapy Department	100.0%	0.0%	30	25	5	0	0	0	0
Pre Op Assessment Clinic	100.0%	0.0%	35	28	6	0	0	0	1
Rheumatology Department	86.6%	13.4%	72	49	9	3	6	3	2
Ward 6	100.0%	0.0%	19	16	3	0	0	0	0
Ward 7	100.0%	0.0%	21	18	3	0	0	0	0
X-Ray Vascular	90.9%	9.1%	12	10	0	1	0	1	0

Withybush General Hospital

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

Sub Location	% Positive	% Negative	Total Responses	Very good	Good	Neither good nor poor	Poor	Very poor	Don't Know
Total	91.7%	8.3%	1217	811	226	76	44	50	10
Accident and Emergency Department	84.9%	15.1%	411	219	95	37	26	30	4
Cardio Respiratory Department	98.1%	1.9%	162	141	15	3	2	1	0
Day Surgery Unit	98.0%	2.0%	50	42	6	1	1	0	0
Endoscopy Department	100.0%	0.0%	12	11	1	0	0	0	0
Gynaecology Care Suite	93.8%	6.2%	17	12	3	1	0	1	0
Medical Day Unit	94.4%	5.6%	19	16	1	0	0	1	1
Outpatient Department (A)	95.5%	4.5%	295	192	60	27	6	6	4
Pembrokeshire Haematology and Oncology Day Unit	100.0%	0.0%	15	14	1	0	0	0	0
Physiotherapy Department	93.8%	6.2%	33	27	3	1	2	0	0
Pre Assessment	100.0%	0.0%	12	10	1	1	0	0	0
Rheumatology Department	90.5%	9.5%	21	12	7	0	0	2	0
Same Day Emergency Care Unit	88.9%	11.1%	57	40	8	2	4	2	1
Ward 1	83.3%	16.7%	18	12	3	0	2	1	0
Ward 4	93.9%	6.1%	33	22	9	0	0	2	0

Bronglais General Hospital

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

Sub Location	% Positive	% Negative	Total Responses	Very good	Good	Neither good nor poor	Poor	Very poor	Don't Know
Total	96.8%	3.2%	817	596	159	32	12	13	5
Accident and Emergency Department	95.3%	4.7%	298	202	63	18	5	8	2
Cardio-Respiratory Department	96.1%	3.9%	52	38	11	1	1	1	0
Clinical Decisions Unit (Green)	84.2%	15.8%	19	10	6	0	1	2	0
Day Surgery Unit	100.0%	0.0%	32	29	3	0	0	0	0
Endoscopy Department	94.6%	5.4%	37	28	7	0	2	0	0
Integrated Sexual Health Clinic	100.0%	0.0%	25	19	6	0	0	0	0
Outpatient Department	98.1%	1.9%	279	210	52	11	3	2	1
Rhiannon Ward	100.0%	0.0%	13	11	2	0	0	0	0

Community Hospitals

Main Location	% Positive	% Negative	Total Responses	Very good	Good	Neither good nor poor	Poor	Very poor	Don't Know
Total	94.6%	5.4%	364	269	62	10	8	11	4
Aberaeron Intergrated Care Centre	91.7%	8.3%	41	21	12	3	0	3	2
Amman Valley Hospital	90.6%	9.4%	34	22	7	2	3	0	0
Cardigan Integrated Care Centre	96.8%	3.2%	229	180	35	5	3	4	2
Llandovery Hospital	80.0%	20.0%	5	4	0	0	0	1	0
Milford Haven Health Centre	50.0%	50.0%	2	1	0	0	1	0	0
South Pembrokeshire Hospital	95.7%	4.3%	23	19	3	0	0	1	0
Tenby Cottage Hospital	90.0%	10.0%	30	22	5	0	1	2	0

Mental Health Service Feedback

This Word Cloud has been created by using feedback from the Mental Health Service.



May I take this opportunity to thank you all for the kindness and professionalism shown to me by all members of staff on Bryngolau ward who work tirelessly and effortlessly in a very challenging environment

Patient Experience Feedback - GP Services 2024

Introduction

The Access Commitment 2024-25 was negotiated as part of the General Medical Services contract and has been built on work that has been in train since 2019. As part of the Access Standards which form part of the Quality Improvement Framework (QIF), Practices “are required to take a more open and transparent approach, through an automated and standardised public facing dashboard, to the sharing and reporting, at a Practice level, on GMS activity; and are required to undertake the national patient experience survey which should include 25 completed questionnaires per 1000 registered patients from a range of the Practice population and captured through a range of methods.”

From the national patient experience survey Practices are expected to complete and submit Reflective Reports. This paper provides a summary of information that was submitted by the independent contractor Practices to confirm their achievement of the indicator as well as an in-depth review of the feedback received by the six Health Board Managed Practices.

► Carmarthenshire:

Tywi/Taf Cluster has eight GP Practices. Two Practices did not share their overall rating (scored out of 10), but for the six Practices, their rating ranged from 8.3 to 9.1. Patients had commented in a number of Practices about being dissatisfied with the time that they had to wait for their appointment whilst in the Practice and positive comments were generally about staff and the ability to access an on the day appointment when needed.

Llanelli Cluster has seven GP Practices with one Health Board Managed Practice (Ash Grove Medical Centre). All Practices shared their overall ratings, which ranged from 8.1 to 8.4. Themes identified by patients included telephone access, feeling uncomfortable with being managed through a Care Navigation process and wanting more face-to-face appointments. Positive feedback was received about Practice staff and the ability to be seen on the day if an appointment was needed.

► Amman Gwendraeth Cluster has eight GP Practices, two of which are Health Board Managed (Meddygfa Minafon and Meddygfa'r Sarn). Seven of the Practices shared their overall rating which ranged from 6.7 to 8.1. Common themes that were mentioned several times was difficulty with the appointment system, phone lines being busy and being required to phone back. There was positive feedback regarding the Practice staff.

Patient Experience Feedback - GP Services 2024

► Pembrokeshire

South Pembrokeshire Cluster has five GP Practices with two Health Board Managed Practices (Tenby Surgery and Neyland and Johnston Surgery). All Practices shared their overall ratings, which ranged from 6.85 to 8.73. One theme identified by all five Practices was the difficulty in getting an appointment, feeling that there was a lack of available appointments and a lack of face-to-face appointments. Other themes identified by patients included telephone access and difficulty in getting through especially at 8am. Positive feedback was received about the staff, both admin and clinical.

North Pembrokeshire Cluster has eight GP Practices with one Health Board Managed Practice (Solva Surgery). All Practices shared their overall ratings, which ranged from 7.14 to 9.28. Themes identified by patients included the phone message being too long (however the telephone message is nationally directed), a request for more pre-bookable appointments and longer appointments. Communication between the Practice and Secondary Care was mentioned several times, with comments about waiting times, Secondary Care letters and communication between clinicians. All eight Practices reported positive feedback about the Practice staff, both administrative and clinical.

► Ceredigion

South Ceredigion Cluster has five GP Practices. None of the Practices shared their overall ratings in their reflections. Several themes were identified in their Cluster reflection report following discussion which included access to appointments, availability of car parking and difficulty getting through on the telephone. Positive feedback included staff attitude, overall patient experience and the diverse clinical options.

North Ceredigion Cluster has seven GP Practices. Only one of the Practices shared their overall rating, which was 8.5. Themes identified include limited parking and a request for more face-to-face appointments, conversely there was also feedback from patients on how they were happy with their Practice appointment access.

Patient Experience Feedback - GP Services 2024

► Health Board Managed Practices

Meddygfa Minafon has a patient list size of 8,537. Of the responses received 78%, 201 patients were aged between 45 – 65+. Patients commented on the negative attitude of staff and requested greater availability of face-to-face appointments; both issues will now form part of the Practice development plan for 2024-25. The overall satisfaction score was 7 compared to 6.7 in 2023-24.

Meddygfa'r Sarn has a patient list size of 4,346. Of the responses received 85% (311 patients) were aged between 45 – 65+. Patient feedback included requests for more pre-bookable appointments as well as more face-to-face appointments, staff attitude and difficulties in trying to get through on the telephone in the morning; these issues have been included in the Practice development plan. The overall satisfaction score was 7.9 compared to 7.5 in 2023-24

Ash Grove Medical Group has a patient list of 7,896. The Practice received 314 responses which was a significant improvement on the 49 received in 2022-23. The comments received by patients reflected a need for the Practice to improve communication on their appointment system and the availability of face-to-face and on the day appointments. As part of the action plan, the Practice committed to creating a patient information board for the waiting room and promoting staff knowledge on the range of services that patients can be signposted to. There was positive feedback reported for the Practice staff. The overall satisfaction score was 8.5 compared to 7.7 in 2023-24.

Solva Surgery has a patient list of 2,139. The Practice were required to obtain 54 completed questionnaires but received 114 during the week that the survey was open, with 59% being aged 55 and over. Patient comments about the Practice and the staff were very positive with some concern raised over not always being able to see the same GP and comments on the telephone answering message which will be reviewed. The overall satisfaction score was 9.2 compared to 8.3 in 2023-24.

Patient Experience Feedback - General Medical Services 2024

Managed Practices Cont....

Neyland and Johnston Surgery has a patient list size of 5,927. The Practice was required to obtain 154 responses and received 207, with the majority being completed online with 77% of respondents aged between 55 and 65+. Issues raised by patients included the ability to have more pre-bookable appointments, the telephone system and regular clinicians. Actions around reviewing the appointment and telephone system will be undertaken as part of the action plan in 2024-25. The overall satisfaction score was 6.8.

Tenby Surgery has a patient list size of 7,310. The Practice sought to target the 25-34 age group on reflection from last year's responses recognising that this cohort of patients probably attend the Practice less frequently, however despite issuing 150 questionnaires only four responses were received from this group. 86 out of the 176 responses provided favourable comments on the Practice. Issues raised related to the use of locums and being able to see a GP rather than a member of the multi-disciplinary team (Advanced Nurse Practitioner or Advanced Paramedic Practitioner), the process for making an appointment and car parking. The Practice has already made changes to the telephone system and have significantly increased the number of available pre-bookable appointments. The Practice has also successfully recruited into salaried posts thus reducing the dependence on locum GPs. The overall satisfaction score was 8.1 compared to 8.0 in 2023-24.

Currently, the questionnaires provide the main source of feedback. Posters to with a link and to the Health Board's surveys are available but rarely used. The Patient Experience Team is currently working towards agreeing Civica for primary care settings.

Paediatric Surveys



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

During the months of February and March, the overall number for the paediatric questionnaires has decreased by 28 responses to a total of 55 responses.

This breaks down to 51 responses for the Parents & Cares questionnaire, 1 responses for the 12-16 questionnaire, and 3 responses for the 4-11 questionnaire.

The team will be linking in with play specialists to encourage 12-16 year olds to provide feedback of their experience.

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

Paediatric Surveys



Below are some of the comments that Carers and parents are sharing with us regarding the paediatric wards across the Hywel Dda University Health Board:

The nurse were excellent and very helpful and could see they were working hard need more staff
- Parents Carers Questionnaire

Involve parents more as to what is happening. When handover takes place, are new shift staff told what is going on with child.
- Parents & Carers Questionnaire

I requested a transfer from Morriston hospital as the care there was so bad, Carmarthen hospital was so helpful and welcoming, just great - Parents & Carers Questionnaire

Staff friendly and welcoming. My concerns were listened too I felt I could get the assistance I needed and staff were quick and willing to help
- Parents & Carers Questionnaire

My child and myself were made to feel safe and cared for throughout our stay and every step of the way from the ward into theatre was comfortable, there is a very positive atmosphere in cilgerran ward
- Parents & Carers Questionnaire

A few more facilities in parents room, Cutlery and crockery for parents room
- Parents & Carers Questionnaire

I've had several visits here and the staff are always great and helpful always makes the stay better
- Parents & Carers Questionnaire

The play team were amazing! They made a huge fuss of my 10 months old and ere phenomenal at entertaining and calming other children on the ward
- Parent & Carers Questionnaire

Feel Good Friday

The team have been visiting 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.



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

THE BIG THANK YOU A&E TEAM GLANGWILI HOSPITAL



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THE BIG THANK YOU ICU TEAM GLANGWILI HOSPITAL



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THE BIG THANK YOU CILGERRAN WARD GLANGWILI HOSPITAL

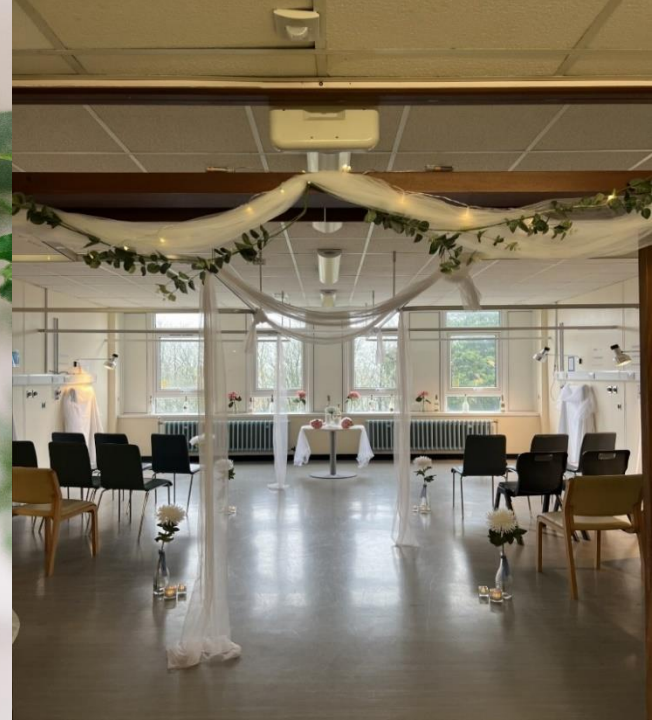


Patient Wedding - Withybush Hospital

During this period a member of the Patient Experience Team assisted Helen Johns (Site Manager) in supporting a family arrange a wedding for their relative who was admitted to Ward 12, Withybush Hospital.

They decorated a bay in Ward 3 which was currently not in use. Along with decorating, they provided refreshments for the guests and assisted them to their seats. The member of the team attended the wedding with other members of staff.

Staff commented that “It was very emotional but a very happy occasion for couple and for the hospital”



Improving Experience - In Summary

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

A significant number of patients take the time to provide feedback, people shared their experience during this period, which is appreciated. 94.2% were happy with their experience.

Feedback captured in real time via surveys is collected from patients who are staying in our hospitals; or from patients who access the survey following their attendance. 94.2% reported that their experience has been positive compared to previous surveys, which average 94 %.

- **Prince Philip General Hospital** received 1576 feedback responses with 92.73% providing a positive score compared to 92.3% for the previous period. All services received a score of over 85% or above. Day Surgery, Endoscopy , Physiotherapy op assessment clinic, ward 6 and 7 all receiving 100%.
- **Glangwili General Hospital** received 1912 feedback responses with 92.7% providing a positive score, compared to 91.8% for the previous period. All services received over 80% with the exception of Ambulatory Care and CDU which scored 69.2% and 63.6%. Branwen suite, Chemotherapy unit, Day Surgery Unit, Cleddau Ward, Medical Day Unit, Endoscopy, Priory Day Hospital and Surgical Assessment Unit all receiving a 100% positive rating.
- **Withybush General Hospital** received feedback responses with a 91.7% positive rating, compared to 88.2 % for the previous period. All services scored 83% or above. Endoscopy, Haematology/Oncology unit and Pre assessment received a 100% experience score.
- **Bronglais General Hospital** received 817 feedback responses, with a 96.8% a positive score compared to 91.3% for the previous period. All services received a score of 84% or above, with Day Surgery, Integrated Sexual Health Clinic and Rhiannon Ward receiving a 100% positive score.
- 364 people responded about their experience of attending our **community hospitals** compared to 340 for the previous. 94.6% felt positively about their experience. All received over 80% positive rating, with the exception of Milford Haven Health Centre 50% due to only two patients providing one negative and one positive response.