

**CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 January 2025
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

Our people, public, communities, staff and partners are at the centre of everything we do. Listening to what individuals think, feel and experience by using Health Board services, is an essential part of any quality and improvement system and is the most effective way of improving and developing services.

The Board is responsible for ensuring that all experience and feedback information is gathered and analysed from numerous sources, including from complaints, compliments, incidents, stories, national and local surveys, staff, volunteers and carers. The action taken in response to the experience and feedback information should assure members of the public and communities we service that learning is a priority for the organisation, and that the information shared with us is an essential part of our improvement journey. This is in accordance with the Duty of Quality, which forms part of the Health and Social Care (Quality and Engagement) (Wales) Act 2020.

The purpose of this report is to provide a summary of the feedback from experience, in a timely way, to enable the Board to demonstrate that it is actively listening to individuals who access our services, and is undertaking measures to improve the quality of services provided to further enhance that experience. The Report also informs the public in an open and transparent way, as part of our commitment to routinely publish accessible information, about the feedback peoples and communities have provided, and the Board's response to feedback. This information is also shared in our Annual Report, Annual Quality Statement and Duty of Candour reports.

Cefndir / Background

The Board is asked to note that the format and quality of this report is evolving. The revised All Wales Peoples and Experience Framework and changes to the Civica Patient Experience System will introduce improved reporting mechanisms and data quality, together with a revised set of measures from 1 April 2025.

This current format will remain in place until the end of March 2025, when an end of year position will be provided. From 1 April 2025, the new metrics and data reports will be in place for reporting to the Board in May 2025.

This report covers the period 1 October to 30 November 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.

A positive patient story is presented from the wife and carer of a patient who has recently been diagnosed with Dementia. The feedback is positive about the support the service has provided in aiding the diagnosis, but also as an invaluable contact point for information and advice when needed.

For the period, a total of 204 compliments were received. 6869 people responded to our Friends and Family Survey, following access to our services, which represents a 16.4% response rate. This response rate is regarded as excellent nationally for survey response rates. We are pleased that 93.4% of responders felt positively about their experience. The areas seeing the largest volume of feedback, see the highest number of patients, such as outpatient, emergency care and day services.

The Patient Experience Team will continue to increase attendance at ward areas to capture higher numbers of surveys from inpatients and increase the provision of 'real time' feedback.

1334 people completed the 'Your NHS Wales Experience' Survey, with 92% reporting their experience as good/ very good (80% previous period). The main themes of the positive and negative experiences are included in the report. The areas for improvement relate to delays and waiting times in most cases.

It is appreciated that improvement is required in the accessibility and reporting for primary and community care; and children and young people's services. There are a number of all Wales surveys being developed and piloted currently, which will be available for use from April 2025. These include surveys for maternity and neonates; enhanced community care; looked after children; and a refreshed people's experience survey. This will enable the Health Board to benchmark with other health boards. In respect of primary care, Hywel Dda will be piloting the use of Civica in a selection of managed practices and primary care. Work has progressed, with implementation planned by the end of March 2025.

503 complaints were received by the Patient Support Services Team. From 1 November 2024, the Health Board extended the timeframe for responding and resolving early resolution concerns from 2 to 5 working days. We will continue to review the impact of this and look to extend this further to 10 working days from 1 April 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 30% of concerns are responded to as early resolution, which has increased since the start of the financial year from 10%.

Themes of complaints remain consistent, with clinical treatment and assessment as prominent, including issues such as delay in diagnosis, incorrect interpretation of results, and medication management. Appointments, communication, staff attitude and behaviour are also in the top 10 reasons for concerns and enquiries remain at consistent levels. As previously reported, 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.

Three new investigations have been commenced by the Ombudsman in the period October to November 2024. There have been 12 decisions not to investigate. Two final reports have been received, both partly upheld.

During the previous reporting period, the Board received the Annual Compliance letter from the Public Services Ombudsman for Wales. Since receipt of this report, the Health Board continues to achieve very positive feedback on the completion of recommended actions within the timeframe. Recent information from the Ombudsman also shows a significant reduction in the percentage of upheld complaints, which indicates that the quality of the investigation responses is improving.

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

A range of masterclasses and support sessions will be delivered from February 2025, to ensure readiness for implementation of the revised Putting Things Rights Regulations.

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:	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

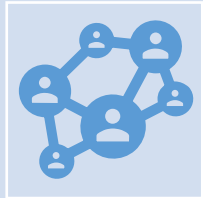
October 2024 – November 2024



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.

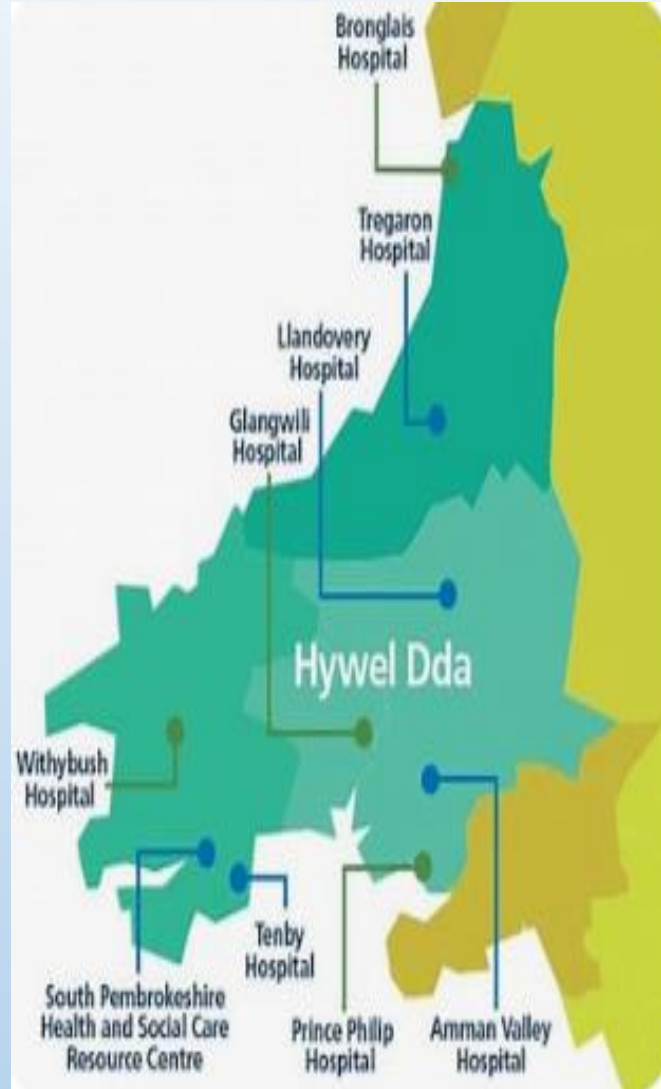
Service User Feedback at a Glance October 2024 - November 2024

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

1334 service users completed the Your NHS Wales Experience survey of which 105 responded with poor or very poor rating for their overall experience, showing a 92% positive rating for the period.

A total of 204 compliments were received from patients, families and carers direct to wards, departments or the Corporate Office.

41,999 individuals received our friends and family patient experience survey, in which 6869 responded following their attendance, representing a 16.4% response rate, 92% reported a positive experience. (A response rate of 10% or over is positive and 15%+ is recognised nationally as excellent).



Complaints: For this period there were 500 complaints closed, of which 146 were early resolution and 344 as managed through PTR, representing an 70%/30% split.

Enquiries: During this period we received 355 enquiries and closed 335

Dementia Diagnostic Service



The Memory Assessment Service is hosted by the Older Adult Mental Health Service, for people of any age with a suspected dementia, providing a timely and sensitive diagnosis. The Service provides tailored information and education; psychological and medical treatment for patients dependent upon their individual needs. The service supports a plan of care of care to be established with support following the diagnosis, which will then be overseen by the care of the patient's GP.

The introduction of a patient experience survey was launched in November 2023 within the Memory Assessment Service. Feedback is very positive and where any concerns are shared, these are addressed within each team, these can be related to difficulties parking and waiting times for further tests and scans.

The team have been gathering feedback from surveys and patients and family stories. Since listening to feedback, the team have updated directions to their services and are in the process of reviewing the information provided following a diagnosis; improvements to further support carers and strengthening the referral process.

Here we listen to a wife's experience of supporting her husband with his recent diagnosis and the support she has received from the Memory Assessment Service Carers experience of living with someone with Dementia.

Friends & Family (FFT) Patient Feedback by patient type.

An attendance at an outpatient appointment or a discharge from ward or A&E, triggers an invite to patients to share their feedback. The FFT text message is sent out to a patient within 24hrs from being discharged. Survey fatigue is a persistent challenge, to overcome this the system is configured to only send an invite to a patient once over a 3 month period. This can however compromise both response rates and data quality. The CIVICA system ensures we have concise, well timed surveys that use skip logic and mobile-friendly designs.

The tables show the amount of responses we received during this period for each patient type for our acute sites. Our outpatient and our Emergency Departments have the highest number of responses due them seeing the highest volume of patients. Our inpatient responses are proportionate to activity in this area. We consistently achieve over 15% response rate, which is nationally recognised as an excellent rate.

Day cases have the highest positive feedback with over 96.1% at Bronglais and 100% at Prince Philip Hospitals. Prince Philip has overall positive feedback of 95.2% with all acute sites receiving over 90% positive feedback.

The following are voice messages of feedback received via the FFT system (click to play):

<https://youtu.be/oAbKuN7zUfM> CICC MIU

<https://youtu.be/9WT7MYPqexE> PPH OPD

<https://youtu.be/Ywo1elNNGsI> BGH A&E

<https://youtu.be/0txni1cLIEI> WGH A&E

Bronglais

	% Positive	% Negative	Total Responses	Percentage of total responses
Total	95.0%	5.0%	820	100%
Outpatient	97.5%	2.5%	387	47%
Emergency Patient	90.2%	9.8%	276	34%
Inpatient	96.9%	3.1%	68	8%
Day Case	100.0%	0.0%	64	8%
Paediatric Inpatient	100.0%	0.0%	14	2%
Maternity Inpatient	85.7%	14.3%	7	1%
Maternity Outpatient	33.3%	66.7%	3	0%
Paediatric Outpatient	100.0%	0.0%	1	0%

Withybush

	% Positive	% Negative	Total Responses	Percentage of total responses
Total	92.0%	8.0%	1270	100%
Outpatient	95.8%	4.2%	618	49%
Emergency Patient	85.1%	14.9%	395	31%
Day Case	96.1%	3.9%	104	8%
Inpatient	91.5%	8.5%	91	7%
Maternity Outpatient	92.5%	7.5%	53	4%
Mental Health Outpatient	80.0%	20.0%	6	0%
Paediatric Outpatient	100.0%	0.0%	3	0%

Glangwili

	% Positive	% Negative	Total Responses	Percentage of total responses
Total	90.3%	9.7%	2034	100%
Outpatient	93.7%	6.3%	1173	58%
Emergency Patient	80.8%	19.2%	452	22%
Inpatient	88.3%	11.7%	280	14%
Day Case	98.6%	1.4%	72	4%
Maternity Inpatient	83.3%	16.7%	18	1%
Paediatric Inpatient	100.0%	0.0%	15	1%
Maternity Outpatient	100.0%	0.0%	10	0%
Paediatric Outpatient	85.7%	14.3%	7	0%
Mental Health Outpatient	50.0%	50.0%	5	0%
Community & Primary Care Patient	100.0%	0.0%	1	0%
Mental Health Inpatient	0.0%	100.0%	1	0%

Prince Philip

	% Positive	% Negative	Total Responses	Percentage of total responses
Total	95.2%	4.8%	1668	100%
Outpatient	99.1%	3.4%	1124	67%
Emergency Patient	89.8%	10.2%	316	19%
Inpatient	92.8%	7.2%	113	7%
Day Case	100.0%	0.9%	111	7%
Mental Health Inpatient	96.6%	0.0%	4	0%

FFT Patient Feedback by location

Bronglais

	% Positive	% Negative	Total Responses	Percentage of total responses
Total	94.9%	5.1%	818	100%
Outpatient Department	97.6%	2.4%	302	37%
Accident and Emergency Department	90.2%	9.8%	276	34%
Cardio-Respiratory Department	97.4%	2.6%	40	5%
Day Surgery Unit	100.0%	0.0%	33	4%
Integrated Sexual Health Clinic	95.5%	4.5%	24	3%
Ceredig Ward	100.0%	0.0%	22	3%
Endoscopy Department	100.0%	0.0%	21	3%
Rhiannon Ward	86.7%	13.3%	15	2%
Clinical Decisions Unit (Green)	100.0%	0.0%	9	1%
Rheumatology Department	100.0%	0.0%	8	1%

Glangwili

	% Positive	% Negative	Total Responses	Percentage of total responses
Total	90.4%	9.6%	2031	100%
Outpatient Department (Blue)	93.4%	6.6%	817	40%
Accident and Emergency Department	79.0%	21.0%	406	20%
Cardio-Respiratory Unit	94.1%	5.9%	124	6%
Madog Suite	92.6%	7.4%	72	4%
Tysul Ward	92.3%	7.7%	69	3%
Aberglasney Suite	98.3%	1.7%	59	3%
Same Day Emergency Care Unit	97.5%	2.5%	43	2%
Picton Ward	81.6%	18.4%	38	2%
Endoscopy Department	100.0%	0.0%	34	2%
EEG/EMG Department	100.0%	0.0%	30	1%

Withybush

	% Positive	% Negative	Total Responses	Percentage of total responses
Total	92.0%	8.0%	1268	100%
Outpatient Department (A)	95.3%	4.7%	366	29%
Accident and Emergency Department	83.5%	16.5%	335	26%
Cardio-Respiratory Department	98.5%	1.5%	141	11%
Same Day Emergency Care Unit	93.0%	7.0%	58	5%
Physiotherapy Department	94.2%	5.8%	57	4%
Gynaecology Care Suite	91.8%	8.2%	49	4%
Medical Day Unit	100.0%	0.0%	34	3%
Ward 4	96.3%	3.7%	30	2%
Day Surgery Unit	85.2%	14.8%	27	2%
Endoscopy Department	100.0%	0.0%	22	2%

Prince Philip

	% Positive	% Negative	Total Responses	Percentage of total responses
Total	95.2%	4.8%	1667	100%
Outpatient Department	96.9%	3.1%	893	54%
Minor Injuries Unit	88.5%	11.5%	272	16%
Cardio-Respiratory Department	100.0%	0.0%	77	5%
Rheumatology Department	87.9%	12.1%	70	4%
Day Surgery Unit	98.2%	1.8%	58	3%
Same Day Emergency Care Unit	97.5%	2.5%	44	3%
Physiotherapy Department	100.0%	0.0%	39	2%
Acute Medical Assessment Unit	85.7%	14.3%	37	2%
Pre Op Assessment Clinic	100.0%	0.0%	36	2%
Endoscopy Department	100.0%	0.0%	27	2%

Community

	% Positive	% Negative	Total Responses	Percentage of Total Responses
Total	93.6%	6.4%	1064	100%
Unmapped	95.7%	4.3%	523	49%
Cardigan Integrated Care Centre	96.7%	3.3%	253	24%
Tenby Cottage Hospital	98.7%	1.3%	80	8%
Hafan Derwen	91.7%	8.3%	56	5%
Aberaeron Integrated Care Centre	88.9%	11.1%	36	3%
South Pembrokeshire Hospital	97.0%	3.0%	33	3%
Amman Valley Hospital	96.8%	3.2%	32	3%
Carmarthenshire	50.0%	50.0%	19	2%
Pembrokeshire	42.9%	57.1%	7	1%
Ceredigion	50.0%	50.0%	5	0%

Community

	% Positive	% Negative	Total Responses	Percentage of Total Responses
Total	93.6%	6.4%	1064	100%
Unmapped	95.7%	4.3%	523	49%
Outpatient	93.9%	6.1%	242	23%
Emergency Patient	97.4%	2.6%	239	22%
Community & Primary Care Patient	45.8%	54.2%	26	2%
Mental Health Outpatient	57.1%	42.9%	15	1%
Inpatient	100.0%	0.0%	12	1%
Other	0.0%	100.0%	4	0%
Maternity Outpatient	100.0%	0.0%	3	0%

Cardio-respiratory have the 3rd highest number of responses with all sites receiving over 94% positive feedback. All Endoscopy departments have received 100% positive feedback for this period. Please note that within the community section is an area called 'unmapped' these are new location codes which are currently being mapped into the system, these are across the health board and not just within community. These are being mapped on an ongoing basis.

Responses to the All Wales Children Survey and FFT for Children



We received a total of 69 responses to the All Wales Childrens Survey and 40 responses via the FFT survey.

The service have recognised the poor uptake and staff are encouraging participation and have been provided with feedback from Parents, cares and children to say that there are far too many questions. The surveys are currently being reviewed with a view to substantially shorten them; however as these are set at an all Wales level they are outside the direct control of the Health Board. The feedback that is provided to the service is shared on 'you said - we did' boards to keep families updated on the ward.



Not only did my daughter receive exceptional care I was treated so kindly by staff. In my panic driving to get here, I was told to take care of myself, when I arrived people recognised that this situation was distressing for me not that it was about me, but the ability to voice care for parents meant better care for the child.

Staff were super friendly and did everything they could do to calm and help my son in a scary time.

The staff were dynamic in dealing with a challenging situation. My son has Autism and he became very distressed prior to the surgery but all staff worked effectively as a team and were very emphatic in their approach.

Nurses and doctors looked after our poorly daughter during our two night stay and also looked after us parents. Clarified things for us and carefully monitored her. Couldn't have asked for more.



When your child is nil by mouth it is very difficult for them when other families/children on the ward are eating takeaways like KFC and McDonald's, I don't think this should be allowed , the smell is torture.


For a parent that lives an hours from the hospital it would be nice to be able to have a shower/ towel to freshen up, after 6 days glad to be going home to have a proper wash.





Responses in the Primary Care Areas


During this period feedback has been received on the following 14 primary care practices via the all Wales “Your NHS Wales Experience Survey”


Ash Grove Medical Centre - Llanelli	Meddygfa Taf - Whitland
Brynteg Surgery - Ammanford	Meddygfa Teilo - Llandeilo
Coalbrook Surgery - Pontyberem	Meddygfa Tywi - Nantgaredig
Crosshands Health Centre - Cross Hands	Meddygfa'r Sarn - Pontyates
Fishguard Health Centre - Fishgaurd	St Clement's Surgery - Neyland
Meddygfa Minafon - Kidwelly	St Thomas Surgery - Haverfordwest
Meddygfa Padarn - Aberystwyth	Winch Lane Surgery - Haverfordwest

 *The GP I am currently seeing is helping me to reduce strong painkillers and come off them completely. He listens to what I want and helps me to develop a strategy to do this. We meet monthly to discuss progress and I can ring if I need to. He is very well informed about my conditions and offers good advice. It is not always easy but he is always supportive.*

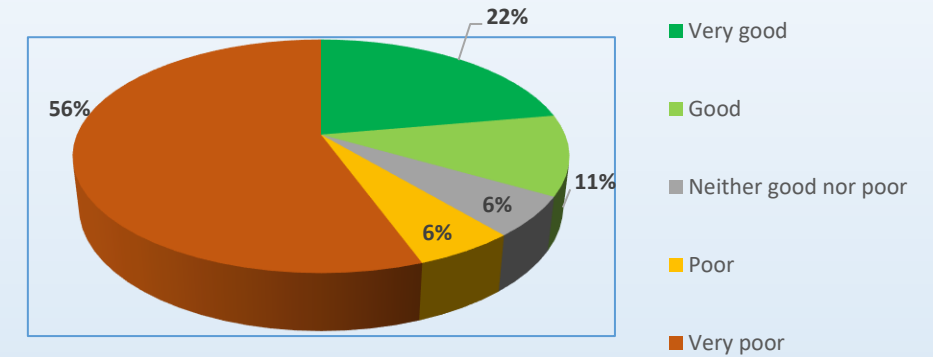
 *GP and nursing care is excellent but clearly under financial pressure as furnishings in GP office is shabby and not to the standard you would expect. I have travelled a significant amount internationally and lived / worked in different countries. Suggest that you start to charge patients for GP appointments to raise funds.*

 *The Lady Dr and Nurse were lovely, I think telephone consultations are very useful*

 *I called asking for a GP who had skin cancer experience. An appointment was made and I arrived to find the GP had no experience. I should have been told if there was no expertise at the clinic. It wasted the GPs time and my own. I grew up in Australia so I'm at much higher risk and had an annual screening in Australia*

 *Lack of female staff and male doctors not willing to deal with a private area on a female due to them feeling uncomfortable so been told got to wait 4 weeks until I can see a female doctor*

Overall experience of using the service

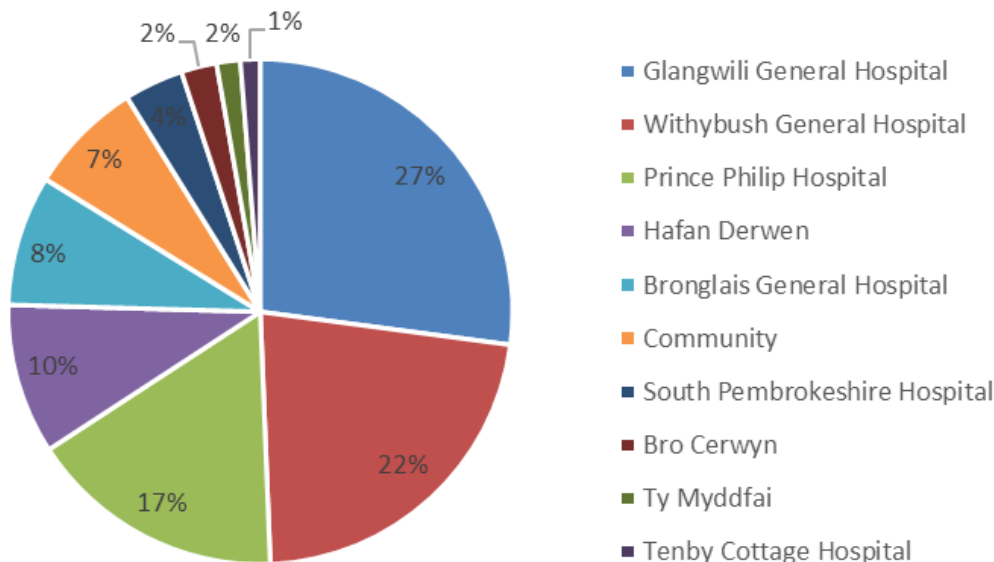


Of the responses 33% felt their experience was either good or very good but 62% felt it was poor or very poor. The responses reflect the passive nature of the feedback capture method in that there will be a prevalence of negative feedback when patients are not presented with an easily accessible method.

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 week on the “Feel Good Friday” posts on Viva Engage. Of all the compliments received into the health board over the 204 were recorded on the Civica system, Teifi ward received the highest amount of compliments the team have had training on the CIVICA system to enable them to see their wonderful feedback. The Patient Experience Team continue to support with regular training on the system. There are now 429 users trained with almost 1/3 of these on the Glangwili site.

Main areas that have received CIVICA training



Compliments Recorded in Civica

Location	Total received
Bronglais General Hospital	8
Enlli Ward	8
Carmarthenshire	11
Bro Myrddin	11
Glangwili General Hospital	90
Canolfan Gwili	2
Teifi Ward	88
North Road Clinic	31
Outpatient Department	31
Other	48
Other	48
Prince Philip Hospital	11
Bryngofal	11
Withybush General Hospital	5
Preseli Centre	5
Healthboard total	204

New Complaints and Concerns: October - November 2024

503 complaints were received between October and November 2024. Of these, 10 complaints were received which contained allegations of severe harm. These involved our Gynaecology services, and planned care specialties including surgery, Trauma and Orthopaedics, ENT and Ophthalmology. These complaints are still under investigation and themes are incorrect diagnosis, delays to/ lack of treatment, medication and support for mental health.

COMPLAINTS RECEIVED 2022 ONWARDS – BY QUARTER

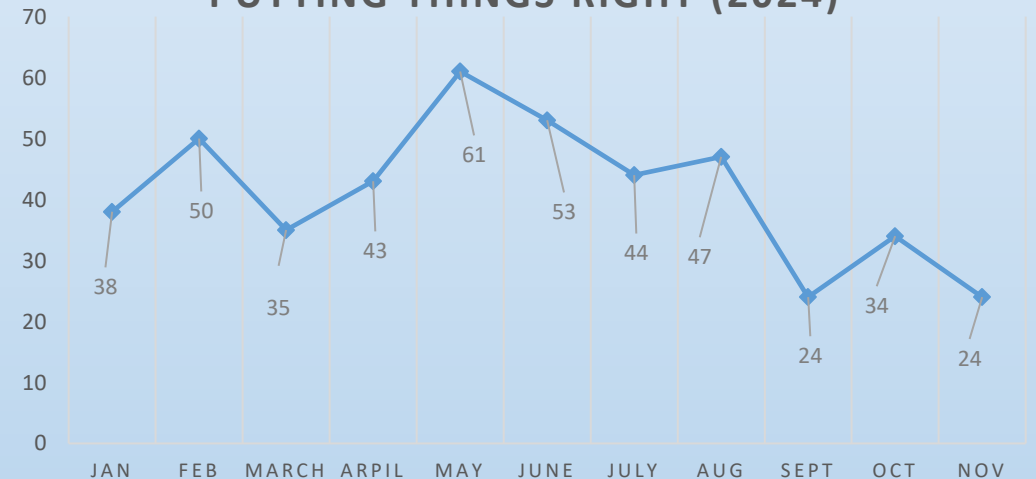


The Patient Experience and Complaints Teams are working on improving the numbers of early resolutions when people raise complaints. The team are contacting people quickly when complaints are received. They are listening, providing assurance and seeking to understand the outcomes being sought to ensure people receive the information and support they need at the earliest opportunity.

The numbers of complaints taking more than twelve months to close is reducing significantly. In November 2024 there were 11 complaints in this category across planned and unplanned care, compared to 28 in November 2023.

Since Q1 2022/23, the quarterly average for all new complaints is 640 per month. Whilst the Health Board saw an overall reduction in complaints in 2023/24, the numbers of new complaints each quarter this year remains higher than last year. We will continue to encourage people to contact the health board with their concerns and queries, therefore the number of concerns received should be received positively. The aim is to address the majority of these as part of early resolution to avoid any unnecessary delays in providing answers or taking the necessary action to address concern.

COMPLAINT INVESTIGATIONS UNDER PUTTING THINGS RIGHT (2024)

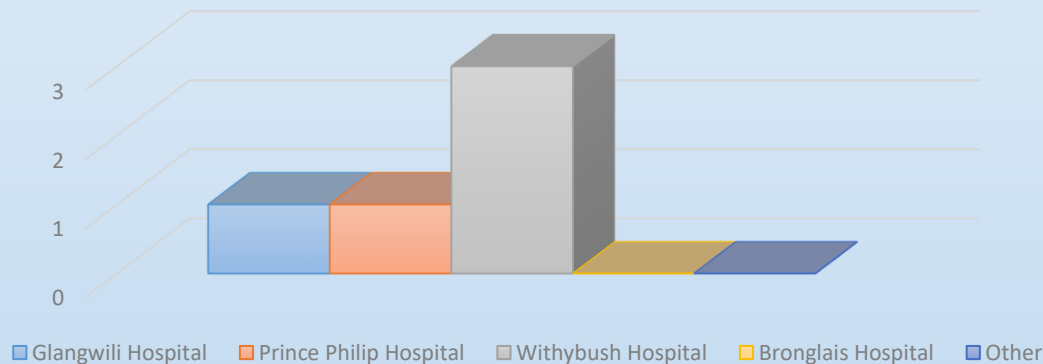


Outcomes from complaints

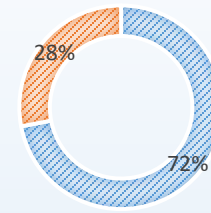
Of 500 complaints closed in the period, 72% achieved the 30-working day target timescale advised in the 'Putting Things Right Regulations.

14 of the complaints which were closed were upheld but found not to have caused harm. 5 cases are being considered for NHS Redress, because failings have, or may have caused harm to patients. These have occurred at our general hospital sites (below).

Cases in period for consideration under Redress scheme = 5



The failings in care identified through the investigation process have centred mostly on Emergency and Trauma & Orthopaedic specialities. The investigations identified deep tissue injury, missed spinal fracture, insufficient clinical investigations and medication error.



■ Closed within 30 working days ■ Closed outside of 30 working days

Learning from the Ombudsman

Three new investigations have been commenced by the Ombudsman in the period October-November 2024. There have been 12 decisions not to investigate. Two final reports were received which were both partly upheld.

In the first of these final reports, recommendations were made around the practice of restraint and for strengthening oversight of patients admitted with learning disabilities. The report also identified the need to obtain multi-disciplinary agreement prior to hospital discharge, where relevant.

In the second of the final reports, an audit-based recommendation was made to ensure that the Health Board is compliant with Welsh Continence Guidance where patients with incontinence are concerned.

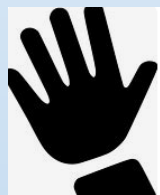
In both final reports, the Ombudsman identified issues with complaint handling or investigation, particularly the timeliness of the investigation in both reports, and in one of them, a failure to provide medical records on request.

The Health Board agreed to five early resolutions agreements proposed by the Ombudsman in the period.

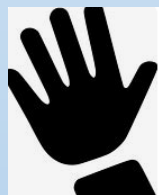
You Said...



When my father was staying in hospital he fell on the ward. He had dementia and we are upset to think that this could have seriously contributed to his decline.



When my mother was in hospital, there wasn't enough support from staff to help her eat and drink.



I am worried that when I attended the A&E department a stroke was not diagnosed quickly enough, and that the treatment was insufficient.

...We Did



Although it is difficult to prevent entirely, we are working hard to reduce patient falls in hospital with a holistic approach.

There is a drive on information being given to patients and their families, with falls prevention booklets being added to admission packs. We are also using visual reminders in the hospitals, such as posters reminding patients to 'call not fall'. We are ensuring that falls risk assessments, medication reviews, footwear, nutrition and hydration, and staff observations are as robust as possible.



Milkshake rounds have been introduced on the ward to supplement the nutritional intake of patients. Patients with modified diets are identified by staff using at-a-glance boards, bedside information and 'red dinner trays' to highlight risk and need for close observation.



Whilst we investigated these concerns and found the treatment to have been appropriate, the stroke team is working with triage nurses and A&E doctors to improve stroke recognition, through training and education.