IMPROVING PATIENT EXPERIENCE REPORT
February – April 2020
1. Introduction

The Health Board welcomes and captures service user feedback in a variety of ways, some of which have been adapted, as a result of the COVID-19 Pandemic.

The Patient Experience team has created and developed a number of new initiatives to ensure that patients and families can stay connected during this time.

We have introduced the “Thinking of you” service, enabling family and friends to send messages and pictures to patients, via the PALS team. A virtual visiting service has been developed using iPads and mobile phones. Relatives can also deliver and collect patient belongings via the newly developed ‘Stop, Drop and Go’ service.

All the above initiatives would not have been possible had it not have been for the support of the Hywel Dda Charities team and their appreciation of helping to ensure that families and relatives can stay in touch with loved ones.

2. Patient Story Feedback

The Patient Experience Team is currently developing channels of communication to capture patient and staff stories linked to COVID-19 to help learn, understand and appreciate the feelings of those caring for patients, those who have recovered and sadly for the families who have lost loved ones.

Ingrid’s Story

https://youtu.be/qQ0vlS9H8TA

“Hello I am Ingrid, and I have been having pain and difficulty walking, progressively over five years, before I came to the escape programme. I’d gone to see my GP about it and was told I could self-refer to the physio department, where David recommended the escape programme to me. I had found that I was beginning to walk less, because it was getting more difficult and painful, and taking longer, and I was beginning to get concerned about that.

I couldn’t flex very well and was struggling to reach my shoes, to do shoes up, and to do things like cut toenails and getting in and out of the car, so those where the things I wanted to address. But mainly it was the walking I was upset about. When David suggested the escape pain programme to me, I was quite optimistic about it although not really knowing quite what it was like of course; He did give me the option of further individual sessions or the escape pain programme. Because he spoke so enthusiastically about escape, I chose to go down that route. Of course there was some cynicism about whether it was a cheap way to deal with lots of patients at once and would it be individual enough, but I decided to go with it anyway. I enjoyed the escape programme right from the beginning, I liked the fact that it was a group, and there was quite a good fellow feeling right from the first week. And then it was good to hear other peoples experiences, it made me feel less alone with it all and less worried about it, there was always an exchange of experiences and ideas and thoughts about how to progress with future sessions, which was good. It wasn’t just
an instruction ‘this is what we should do’, it was more of a collaborative thing, which I really liked about the programme.

The exercises were all manageable, fairly simple and mostly it was things that in some way you could carry on with at home and you could do it every day. I could feel some progress really even after a couple of weeks, I felt stronger and fitter and there was less pain when walking, but I think it did definitely need to go on for as long as it did to sort of embed the practice of doing the exercises, and to remember them easily.

I had to miss one week towards the end of the programme, because I had booked a holiday a long time before. It was a family holiday meeting up with grandchildren and I found I was able to do so much more with them even after only probably four weeks of the programme. I could carry a grandchild and walk that much further, without pain or discomfort, so that was great.

Possibly the programme could of gone on a bit longer, with having to miss one, maybe eight weeks would be good but I was very fortunate to be able to follow up with further sessions at the gym without a very long break. I think I made friends as well on the programme, and I did meet some of the same people afterwards and I could see their progress as well so that was all very encouraging. I feel very pleased to have been included on this programme and I’m really grateful for it, it’s made a big difference. I carried on with the exercising through the programme at the gym, and I have also been swimming and I feel a lot better for it both in terms of less pain and better ability to walk, also just in myself I feel fitter and stronger and more confident. Although, I’m aware that my hip joint is slowly deteriorating I don’t feel so worried about it, I feel as though I’m more in control and I can handle it, and I know I can contact the physio department at any time to get advice.

My only regret about the whole thing is not having come to it sooner because over that previous five years I feel if I had access to a programme like this it could of possibly have averted the decline on the joint, so it would of saved a lot of worry, but I think probably the escape programme wasn’t available before that. Also I feel it would have helped a lot if the GP surgery would have known about the programme and been able to refer, but again maybe I was lucky to get in at an early stage, so perhaps they wouldn’t have known if it was available.

I think it would really good if more people could have access to such a programme, it could change lives. On the programme I learned that doing exercise doesn’t cause more damage that’s one of the things you tend to fear, and also I learned how to pace myself to not over- do it, so I don’t need a long recovery time afterwards. It was really constructive to accept that doing little and often was better than over doing it in one long session, and perhaps to just accept my limitations like I can’t walk five miles on a mountain anymore, but I can still walk useful distances”.

In response to Ingrid’s story the Physiotherapy Team has advised that the escape pain programme continues to be successful, and that people can access the programme following a referral from a health care professional, including self-referral. CMATS service in Ceredigion can also refer directly with a telephone call from the therapy assistants from the MSK team.
The programme is now jointly delivered with the National Exercise Referral Scheme and a follow up class has been set up to allow people to continue after the initial 6 weeks, which Ingrid also regularly attends. The project has also been awarded IQT silver award.

3. **Accessible Communication/ Online Interpretation**

The Strategic Partnerships Team has successfully implemented an on line interpretation service, which will utilise I-Pad devices. This will enable face to face interpretation using the device, which will significantly enhance the experience of patients who require translation facilities. The key feature of the service include:

- 34 top spoken languages;
- An ability to meet 98% of the language demand requirements;
- Over 200 audio languages; and
- Utilises the skills of 9,000 professional interpreters.

In addition, primary care colleagues have been reminded of the ability of Relay UK to communicate by telephone with those who are deaf, particularly as the number of telephone triage and appointments was rising.

4. **Amazon Wish List**

In response to the COVID-19 pandemic, the PALS team worked together with ‘Elusennau lechyd Hywel Dda Health Charities’ to form an Amazon wish list. The wish list contains basic items that will make patients’ stay in hospital more comfortable. Cessation of visiting to the hospitals means that most of our patients have no access to clean night-clothes, basic toiletries, along with the extra items that make a hospital stay more comfortable e.g. earplugs and activity books to help pass the time. We have been extremely warmed by the response from the public to the Wish list and are now at a stage where we are able to fulfil orders from the wards for these items. We are very grateful to ‘Owens Group’ who have kindly offered to deliver packages to our hospitals and for providing us a space to receive, sort and pack items for dispatch. We are adapting the list to meet the demands of the wards and the stocks of items available on Amazon. Advertisement of the Wish list is continuous and we hope to receive many more donations over the coming weeks.

The videos below is from Alys, our PALS officer who is conveying her thanks on behalf of the Health Board, to everyone who has so kindly donated:

[https://youtu.be/-X-7_d-NW1Y](https://youtu.be/-X-7_d-NW1Y)  [https://youtu.be/2hu1EOqzIIs](https://youtu.be/2hu1EOqzIIs)
5. **Stop Drop and Go – Patient’s belongings**

One of the new initiatives which has been created to support patients receiving clean laundry and belongings or for items to be collected on a patient’s behalf. Arrangements are made for this service via the Patient Support Services Hub and details are taken and time slots booked. When appropriate PPE is donned in line with Infection Control guidelines.

6. **Virtual Visiting**

IPads have kindly been donated from the Hywel Dda Charities, two for each Ward, in order to help with the communication between patients and their families who are unable to come and visit. Below you can see the effort gone into this new process by many of our wards, an example below is Ward 12 in Withybush General Hospital.
7. **Thinking of you – Keeping in Contact with loved ones**

A new communication initiative has been implemented that enables families, carers and friends to stay in contact with loved ones who are in-patients. Messages, letters, emails, poems and photos are printed, laminated and delivered to the patient. If the patient wishes to send a message by return then we liaise with the Sister/Charge nurse and messages are shared back to families. Patients and families have been so very grateful for this service - it has been very humbling for the team.

This service can be accessed by using the “Thinking of You” online form:

http://ratenhs.uk/luqqmz

Or by using our dedicated email address ThinkingOfYou.HDD@wales.nhs.uk which can include, photos, poems and cards

The PALS team is pleased to be able to support these initiatives and will gather feedback from patients and their families to strengthen the service.
8. **Friends and Family Test (FFT)**

Below there are examples of feedback that we have received since COVID-19 Pandemic via FFT.

I went to A&E in a panic and very unsure what was going on and felt very scared. The nurse that examined me did extremely well, he reassured me about my issues with my foot. I felt at ease and in trusted hands, also had a brief talk about Coronavirus which helped my mental health massively, I felt that I was very well looked after and couldn’t ask for anything else apart from keep calm and carry on as you are, your all doing a fantastic job considering. All the best.

Yes | considering the extra pressures from the pandemic I cannot fault the treatment received. I was not allowed to go home until I was stable. I was fed. The staff were very friendly and accommodating. A big thank you.

Yes | 1 extremely likely | the time I spent in A&E is Phenomenal. The team of Doctors, Nurses, Health and beyond. They did what’s best for the patient and beyond during this Pandemic Covid19 and the precautionary measures. That I always be grateful, especially this Pandemic focusing on Covid19. The A&E transformed and changed as I remembered, but still working as it should be for the best of the patients and staff. Stay home, save lives and the NHS

At the start of the year (Jan/Feb 2020) an average of 500 patients per day would be contacted, asking for their feedback from the FFT system. From the 18th March onwards, the average number of patients being contacted has dropped to 180 and is continuing to fall.

From the 18th March the feedback response is 40% of what would be received previously. In spite of this drop in volume, there has been a rise in the overall satisfaction score, which is 92%. There is still more work to do to improve this position further.

Below are sample of the voice messages and comments we have had since 18th March:

https://youtu.be/paTnssv4kQE  
https://youtu.be/i8LmAgC488Q
9. All Wales Experience questionnaire

Over 300 surveys collected from our ward areas have been uploaded to our electronic patient experience system (Envoy). Envoy is securely hosted which allows a clearer view of the data received and grouping of data to identify trends and themes. Below are some of the responses received. Individual feedback is brought to the attention of the Ward at the time of the survey, to enable any immediate action to be addressed.
8. Were you involved as much as you wanted to be in decisions about your care?

7. Were things explained to you in a way that you could understand?
5. If you asked for assistance, did you get it when you needed it?

- Not applicable
- Never
- Somtimes
- Usually
- Always

4. Did you feel well cared for?

- Never
- Somtimes
- Usually
- Always
10. Compliments

**Big Thank you**

In total, 58 compliments were received during the period, these do not include those directly provided to the service areas. Compliments are most often received about staff attitude and compassionate care. An example of compliments received are:

- **They took the time to answer all the questions that I had and made sure that my stay was very comfortable and happy. If I could give marks out of 10 it would be 10**

- **Having been admitted with a skull fracture, all the staff in A&E, especially the nurses, went out of their way to reassure and care for me. I am truly grateful to these wonderful people.**

- **Nurses on this ward looked after my Mamgu in the final days of her life, they did this with compassion and eased her pain. Thank you to them for the difficult work they do.**
11. The Rights of Children and Young People

*Paediatric Questionnaires – Pilot Scheme in GGH*

This pilot survey has been a success in collecting feedback from the children and the parents in order to hear the voice of the child and what they want while they are in hospital. The survey work on Cilgerran Ward and PACU was temporarily suspended due to the Pandemic; however this will be recommenced as soon as possible.

This questionnaire included a variety of questions to do with food and about the child’s/young person’s care. The initial results of the pilot survey were very positive and a formal evaluation of the survey results will be presented in a future report.

12. Experience of Care Week 2020

The ‘Experience of Care Week’ which was due to start Monday 27th April including the formal launch of the new ‘Charter for Improving Patient Experience’ will now take place in the form of a virtual event, later in the year.

13. How are you making a difference Initiative?

The Patient Experience Team previously launched a campaign via global e-mail, briefings and posters to capture new innovations that both clinical and non-clinical staff across acute, community and primary care have created and developed. We have, and will continue to collate initiatives, and we will be working with our colleagues to promote their improving patient experience work.

14. Complaints

**Patient Support Contact Centre**

1905 telephone calls were received into the Patient Support Services Contact Centre (Jan-Apr 2020) many of which were patients seeking advice and support, particularly through March and April, where patients were seeking advice about COVID-19.

For the period 1st January 2020 to 30th April 2020, 859 complaints were received and recorded.
872 complaints were closed with 620 complaints having been ‘Managed through Putting Things Right’ and 252 complaints managed via Early Resolution (within 2 working days). 221 complaints (25% of complaints closed) required a full investigation in accordance with ‘Putting Things Right’ before the complaint could be responded to.

The following table shows the Top 5 Specialties which have received the highest number of complaints for this period:

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<thead>
<tr>
<th>Specialty</th>
<th>No. of Complaints</th>
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<tbody>
<tr>
<td>Accident and Emergency</td>
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<tr>
<td>General Practice</td>
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<td>Ophthalmology</td>
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<td>Appointments</td>
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<td>Clinical Care/Assessment</td>
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The top 3 specialties complained about for this period remains unchanged from the previous report - Accident and Emergency, General Practice and Ophthalmology, with Appointments, Clinical Care/Assessment and Patient Care being the subjects most complained about within these specialties.

Work is ongoing within these specialties to address the lessons learnt.

The highest number of complaints received by ‘Subject’ across all areas, remains Appointments and Clinical Treatment/Assessment and communication and this is consistent for the financial year to date.

**Annual Data Submission to Welsh Government**

An annual submission was submitted to Welsh Government at the end of April 2020, with the following data:

For the period 1st April 2019 to 31st March 2020, 3229 complaints were received and recorded (compared to 3376 complaints, for 2018/2019).

2914 complaints were closed with 2032 complaints having been ‘Managed through Putting Things Right’ and 882 complaints managed via Early Resolution (within 2 working days). 673 complaints (23% of complaints received) required a full investigation in accordance with ‘Putting Things Right’ before the complaint could be responded to.

73% of complaints were closed within 30 working days in 2019/2020 against a target of 75%.
Public Services Ombudsman for Wales

As at 30th April 2020, 24 cases had proceeded to formal investigation to the Public Services Ombudsman. One recommendation had exceeded the timescales set by the Ombudsman or any compliance concerns reported. A recommendation (due to be submitted by 11th March 20) related to a settlement requiring a review of the pathway for the management of cases involving variceal bleeding, to ensure that it is robust, clinically sound yet patient centred.

The review requires discussion at the Endoscopy Users Group before this can be finalised. This was scheduled to take place in April but has been delayed due to the pandemic. The draft pathway document will be submitted to the Ombudsman to evidence the progress in this area, and the final document will be issued as soon as consideration has been given at the rescheduled meeting.

The Ombudsman’s Annual Letter to the Chief Executive is expected to be received imminently.

15. Learning from Events

The key learning areas and action being taken in response to the most common causes for raising complaints remain the same as the last report. However, during this period, the significant theme has been communication. It is widely acknowledged that ineffective or inappropriate communication and behaviours strongly influence the receipt of over 70% of enquiries and complaints.

The recent events have highlighted further the importance of communication between clinical teams and patients but also providing regular and consistent information to families, particularly where visiting has been restricted or suspended.

Some of the feedback received is as follows:

‘I am answering this on behalf of my elderly mum and the treatment and care she has had, and still receiving today, due to a broken leg. As a relative I appreciate how difficult things are in the current situation due to the Coronavirus but trying to speak to someone or gain any kind of information has been a nightmare. It has been extremely difficult and I appreciate how hard it is’.

‘The staff I saw were friendly but I didn’t feel I was given all the treatment I needed. I passed out due to abdominal pain and did not get a scan and I haven’t really been given a clear answer as to what has caused it. Haven’t been given any clear advice on what to do next apart from to call the ward if I pass out again. I still feel really anxious about why it happened and am worried that I have an underlying issue and that I should have had a scan. I know staff are busy with the Covid crisis and I do understand but I feel I was rushed away’.

In response to the feedback received, a Family Liaison Service role will be established for each ward, to provide a focus on communication and patient experience.

Other recurring themes include:
Cancellation of appointments – work is continuing in the areas of patient flow and delayed transfers of care within our hospitals, acute assessments, and on frailty models. Using technology to provide more services in patients’ homes is also having a positive outcome for patients, looking at technology solutions such as ‘patient knows best’ and virtual clinics. Cancellation of appointments has been necessary in recent times and contact with patients to provide an understanding of the impact of delays has been of importance. However, telephone and video appointments have been held within some specialties which has received positive feedback from patients, who did not have to travel, but welcomed the opportunity to consult with their clinicians.

One comment received was as follows:

‘I could not have an appointment at Prince Phillip Hospital due time the Coronavirus but my specialist gave me an over the phone consultation at the time I should have had my appointment. I was very impressed as I didn’t have to wait to rebook another one’.

The Patient Experience Team will be facilitating an increasing range of surveys to capture feedback in a wide variety of settings, which will be provided to the services to address any required actions and reported to the Listening and Learning Sub-Committee.