
Hywel Dda Community Health Council

Accident & Emergency Departments in the Hywel Dda Health Board area

October 2022



HYWEL DDA

www.hywelddachc.wales

Accessible formats

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About the Community Health Councils (CHCs)

CHCs are the independent watchdog of the National Health Service (NHS) within Wales. CHCs encourage and support people to have a voice in the design and delivery of NHS services.

CHCs work with the NHS, inspection and regulatory bodies. CHCs provide an important link between those who plan and deliver NHS services, those who inspect and regulate it and those who use it.

CHCs hear from the public in many different ways. Before the coronavirus pandemic, CHCs regularly visited NHS services to hear from people while they were receiving care and treatment. CHCs also heard from people at local community events, and through community representatives and groups.

Since the coronavirus pandemic, CHCs have focused on engaging with people in different ways.

This includes surveys, apps, video conferencing and social media to hear from people directly about their views and experiences of NHS services as well as through community groups.

There are 7 CHCs in Wales. Each one represents the “patient and public” voice in a different part of Wales.

Each CHC:



Carries out regular visits to health services to hear from people using the service (and the people providing care) to influence the changes that can make a big difference



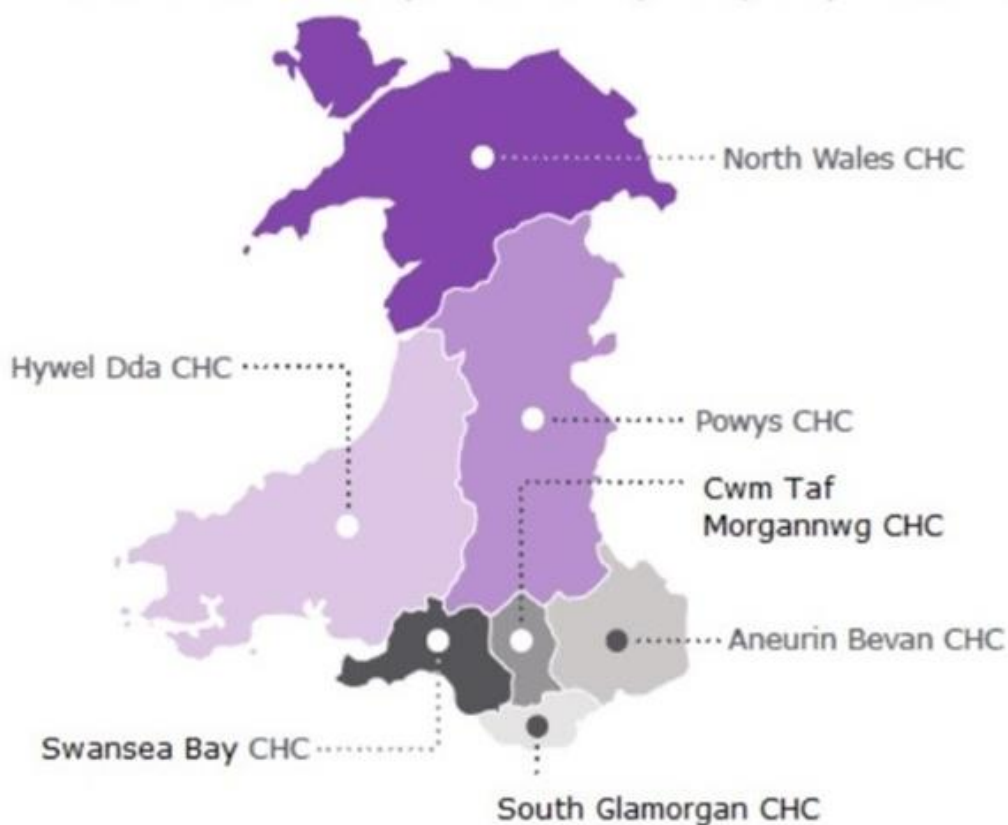
Reaches out to people within local communities to provide information, and gather views and experiences of NHS services. CHCs use this information to check how services are performing and to ensure the NHS takes action to make things better where needed



Gets involved with health service managers when they are thinking about making changes to the way services are delivered so that people and communities have their say from the start



Provides a complaints advocacy service that is free, independent and confidential to help people to raise their concerns about NHS care and treatment.



Introduction & Background

We have heard on the news that over the last year Accident and Emergency departments (sometimes referred to as A&E or ED) over Wales have seen significant pressures with people waiting hours to be seen. Hywel Dda University Health Board (HDUHB) has also informed the public of pressures and challenges, with some people waiting hours within the department or outside in ambulances.

Hywel Dda Community Health Council (HDCHC) has also heard through our all Wales national survey that waiting times have been a consistent problem. Not only are patients waiting a long time but often the environment they are waiting in is unclean and we have also heard that there has been a lack of

refreshments for people whilst they are waiting many hours to be seen.

The HDCHC advocacy team, which helps people with formal NHS complaints has also received several concerns about people waiting many hours in the emergency department and ambulances queuing outside.

As a result of the concerns raised by people across our 3 counties, we ran a short survey for one month from 15th of August to 15th of September, asking people about their experiences when visiting an A&E department. This report covers some of the stories we heard from Glangwili hospital in Carmarthen, Withybush hospital in Pembrokeshire, Bronglais hospital in Ceredigion, and the minor injuries department at Prince Philip hospital Llanelli.

What we did

We delivered paper surveys and posters with QR codes to each A&E and the minor injuries department across Hywel Dda Health Board for patients to share their experiences. We also shared our survey regularly via our social media platforms for people to access digitally.

In total we received 82 responses to our survey, all but one was completed online. The majority of responses were from people who visited Glangwili A&E, some came from Withybush, and we had a small number of surveys from Bronglais and 4 from Prince Philip Minor Injuries Unit.

What we heard

It is encouraging to hear that many people felt that staff were friendly and helpful when they needed to go to the A&E department. A warm and caring approach is important when people are going to A&E, feeling unwell or with an unexpected injury. Clearly this was experienced by most people who completed our survey.

The staff were amazing. They were patient and very apologetic about the wait and lack of space to be seen to.

The staff were amazing. were patient and very apologetic about the wait to be seen and the lack of space

My mother-in-law was seen immediately, all appropriate tests done, had a bed, staff are a credit to the NHS, food was tasty and excellent. Patient care first class, doctors' kind helpful in every way, thank you staff at Glangwili A&E you are wonderful!

A small minority of responses, we did hear that some felt staff were rude or less caring.

One receptionist was rude

Nothing at all. The doctor was rude, couldn't care less about my daughter - she almost developed sepsis due to his neglect.

Waiting to be seen

Many people we heard from spent many hours waiting in the emergency department ranging from 45 minutes to 33 hours. Only one person spent 10 minutes waiting before being treated but this was because the patient was very ill.

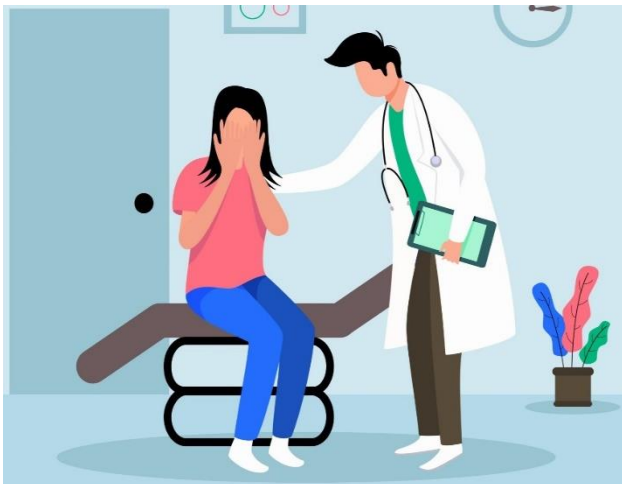
I was seen extremely quickly due to medical need



The wait of 33 hours in A&E with no bed and having to spend majority of the time on hard chairs in reception

It was extremely busy, but we were seen within about 45 minutes of arrival with our baby after a fall. We were discharged after examination.

The department was quiet and was seen within 5 minutes



I waited 5hrs to be seen I was sent home overnight and returned the following day and waited 9 hours to be seen

One person stated, “that they were treated well and treated promptly”.

We also heard from patients who experienced delays with ambulances arriving before they even got to the hospital. One person stated “I waited 5 hours for an ambulance to arrive despite having a broken ankle. My neighbour had to take me to hospital as the ambulance didn’t know when it would arrive. I was on the floor until my neighbour found me”.

Another person said “I spent 12 hours in an ambulance outside the A&E department before being admitted to the hospital”



One person stated “The wait, the lack of information & the attitude of the receptionist when I asked how long it would be for someone to see my father”

People and their families naturally get anxious when waiting to be seen by a clinician. They want to know what is wrong, who will they see, what needs to be done, how long will it take. Clear communication is key to informing patients about what will happen to them and when.

Environment

Many people commented on the environment of A&E and the minor injuries department. We heard that the chairs were not comfortable especially if you were waiting a long time to be seen, often in pain and feeling unwell. "The chair I sat in was very uncomfortable, squeaky and it was very noisy where we sat".

Some sort of comfortable waiting area for patients waiting for a bed. A comfortable chair? A little more privacy.



There was no water to drink or food available" this is concerning especially when people are waiting for many hours or diabetic

There needs to be privacy at reception desk.

Polite staff, the
environment felt
clean

Need some where quieter than A&E reception for
patients to wait, somewhere to lie down, & warmer
than A&E with the aircon running, also with a bit
more comfortable than sitting on a hard wheelchair
for 5 - 6 hours



Care

Many people told us that the care they received was excellent

All good

I couldn't
fault
anything

The staff did
everything
they could to
make my
experience ok

The A&E
Navigator/Sister
and Nurses, on
two of the three
shifts was helpful

Some unfortunately felt that the care they received was not that good.

I have gone through a complaint procedure. Appalling treatment. Given results of bloods that were not even sent. Which I only realised when another Dr tried to add another request two days later to lab. I could have believed my three-monthly drug levels were up to date. I did initially give a good on-line follow up review as both Doctors seemed pleasant and polite but pleasant does not equal acceptable medical practice.

I had a disgusting experience in this A&E department. When I arrived, I knew it would be a long wait. There was nowhere to sit in the waiting room, so I had to stand despite feeling so unwell. However, I do totally appreciate the pressure A&E is under so this is not what I am referring to.

When I was taken through to be triaged around 4 hours later, the Nurse "taking care" of me was extremely unkind. Many years ago, I self-harmed prolifically, as such I am scarred all over my body. The Nurse when she saw my scars was visibly disgusted and went "Oh God" in an unkind manner. Her whole attitude towards me changed. She told me it was my fault if getting blood drawn was difficult, which I do appreciate is a consequence of being scarred but the attitude of the nurse was so unkind and judgemental. This attitude prevailed whilst treating me. I do appreciate she is overworked, and it must be extremely stressful to be there, but I was a patient who came in vomiting blood with severe stomach pain so unrelated to my mental health issues and I truly believe even if it was for mental health issues, I should have been treated respectfully regardless.

Some people felt that they could have received better care if the doctors were not so busy and if there had been more doctors available. One person stated "The doctors didn't seem to care and were rushing us during the consultation". They felt that the care they received was not as good as it should be, and communication was poor.

One person who completed the survey said that they listened to some people's stories whilst they were waiting in A&E and this made them feel uneasy:

"Listening to very sad stories about people waiting for hours, no beds. No fresh water, I had to keep going into the toilet to drink some water".

"My husband had heart pains so needed to get that checked as a few years ago, he had a very bad heart attack".

"Waited a long time to see a doctor, good job it wasn't bad news on this visit".

"One poor young lady has sepsis, had no fluids going into her, she had to sit in a very hard chair, and you could see she just wanted to lie down".

"There was no air con, as it was so hot in there, the department was full, and any germs be transmitted to us all."

"Awful sad experience in that waiting room, like a war zone. I heard one story after another. I felt for what happening to the health service. But staff were so busy and the doctor we saw was fantastic."

People felt that there was lack of information either on their diagnosis or on discharge

My father had a tooth extraction and was not given any after care advice from the dental practice and continued to bleed and I took him to the emergency department as a result. Following a medical procedure, he was discharge from Prince Philip hospital with no after care advice / instruction or information.

My husband has been to A+E on a few occasions now. As different parts of his body are swelling up for no reason, he just keeps getting sent from pillar to post with no answers after 9 weeks. He was under a consultant for a while, but the consultant left, and my husband got discharged from outpatients with no answers!.GP was not happy with doing anything whilst under consultant. So, now we must start all over again with different doctors. It's getting dangerous now his throat started to swell up one evening as well. Absolutely shocked at the way we've been treated by the health board.




Poor information and communication. For example, Doctor said I had a suspected blood clot in leg, told me to return to waiting room and wait to be called for a scan with ultrasound dept. At 5.35pm (around 3 hours later) I went to ask at A&E reception only to be told that department closed at 5pm. I had waited over 3 hours just to be given a few rivaroxaban tablets (just in case) and some crutches (which I asked for). I feel the original Doctor could have given me these when I first spoke to him, and someone at reception could have checked with ultrasound if I could be seen that day. The ultrasound department was able to do me a scan the next day, within 10 minutes I was back in A&E with a confirmed clot, I waited another 4-5 hours before being seen (bloods taken, leg measured, and given another box of rivaroxaban). I honestly feel I could have been sent back to my GP/ nurse for the tablets and bloods etc. I was taking up space in the waiting room and taking up valuable A&E staff time only to be given a box of tablets, which I am sure could have been done at my local surgery. The food/ drink choices are very limited - no hot food - no healthy food (just crisps etc. in the vending machine).


People were frustrated with the long waits, lack of information, and lack of communication. They were also frustrated that there was lack of food and drink within the departments. People appreciated that A&E departments along with the minor injuries were extremely busy places but felt that the environment could have been much better.

What people said about how to make things better

People told us some areas where the health board could improve the patients experience when visiting emergency departments in future.



Improve communication between staff and patients



Provide sufficient parking for patients

People said they waited to be seen but they did not know where they were in the queue to be seen. It would have been helpful to know how many were in front of them. Had people been given this kind of information it might have helped them be ready for a long wait "If you were informed you may wish to find a shop to buy food or a drink if you knew you had to wait several hours".

Provide more care packages to alleviate bed blocking.

More triage staff so can be seen quickly for assessment

People told us about the seating being very uncomfortable when sitting there for many hours and better seating would help improve their experience.

Who we heard from

From the 82 responses, the vast majority of them were from women. A number of our respondents were currently pregnant or had been in the past year.

Most people identified themselves as white Welsh / English / Scottish in terms of their ethnicity and the 8 preferred not to say or did not complete this section.

Almost a third of the people who completed the survey considered themselves to have a disability.

We asked people's sexual orientation and the majority considered themselves to be heterosexual, 5 asexual, 2 bisexual, 1 gay and 9 preferred not to say.

We asked about people's religion and most were Christian or had no religion, some preferred not to say or had other beliefs.

Learning from what we heard

The CHC fully appreciates that the demands on our A&E departments sometimes create long waits for people. It is not easy to predict how many people will come to the A&E by ambulance or who will walk through the door. This means that some of the long waits were very difficult to avoid. However, we still think this still gives an opportunity to learn about patient experience as people wait for urgent care.

We were also concerned to hear about the environments that people told us about and the lack of facilities. We regularly heard about the lack of refreshments during their long wait in the department.

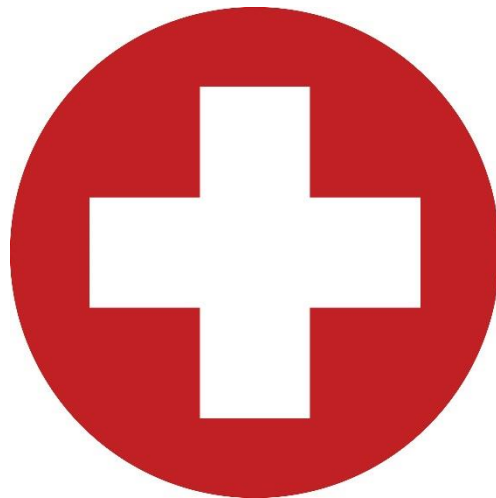
We know that the pandemic and related infection control rules meant that waiting areas were not ideal. However, with continued pressures in A&E settings is looking like a long-term reality, we feel the Health Board must look again at patient experiences.

We continue to work closely with the Health Board and understand the enormous challenges they face. Persistent staffing problems, high levels of demand and difficult rules around how space was used clearly impacted on people's experience, although without the efforts of frontline staff and managers it could have been much worse.

The results of this survey show a mixed picture of satisfied patients and very unsatisfied experiences.

The CHC acknowledges that this report is not the experience of all patients that received care during the time period of our survey.

HDCHC is aware that as a result of previous comments that we have fed back to the Health Board, there is a task and finish group looking at the A&E departments across our counties. We hope that this will ensure that patients have a better experience when they need to use A&E departments.



Recommendations

01 The Health Board to thank all the staff working in the A&E departments for taking care of large numbers of patients whilst often working under extreme pressure.

02 Health Board to ensure it is collecting patient experiences including those relating to staff attitude to help its own organisational learning and continuously improve.

03 For the Health Board to look at the waiting areas and to provide comfortable seating for patients who have to wait hours. To provide water coolers, cups, and vending machines so patients can access food, drink, information and child friendly areas etc.

04

The toilet cleanliness needs addressing with regular cleaning schedules.

05

The Health Board should look to improve patient parking. Hospital car parks are being abused and used inappropriately and should be exclusively available for patients. The CHC has raised this issue on many occasions in the past.

06

Ensure patients are made aware at reception they can discuss their need in private and not in front of a waiting room of people.

07

The Health Board to have better communication by keeping patients regularly informed of waiting times.

08

The Health Board to ensure that patient receive information regarding their aftercare on discharge.

09

The Health Board to ensure that there is better communication between departments and Primary care

Thanks

We thank everyone who took the time to share their views and experiences with us about their health and care services and to share their ideas.

We hope the feedback people have taken time to share influences healthcare services to recognise and value what they do well – and take action where they need to as quickly as they can to make things better.

Feedback

We raised our concerns with Welsh Government during our weekly discussions and they have agreed to review their current covid restrictions to help improve patient flow We'd love to hear what you think about this publication, and any suggestions about how we could have improved it, so we can use this to make our future work better.



Contact details



Hywel Dda Community Health
Council, Suite 5, 1st Floor,
Ty Myrddin, Carmarthen, SA31 1LP



01646 697610



hyweldda@waleschc.org.uk



www.hywelddachc.wales



@HywelDdaCHC

RECOMMENDATIONS	KEY ACTIONS	UPDATE	RESPONSIBLE OFFICER/S	TIMESCALE	PROGRESS
Recommendation 1					
<p>The Health Board to thank all the staff working in the A&E departments for taking care of large numbers of patients whilst often working under extreme pressures</p>	<ol style="list-style-type: none"> 1. Senior staff within the Directorate on each hospital site communicate with the A&E departments and do praise staff for their work during pressured times 2. During walkaround visits with Exec teams and independent members staff are recognised and thanked for their hard work. 3. Communication has been sent to all staff, including A&E, acknowledging pressures and thanking them for their work from the Chief Executive and will be part of ongoing communication from Chief Executive and the Chair 	<p>This is in place across sites.</p> <p>Part of Walkabout communications</p> <p>CEO video shared congratulating staff on NHS Wales Awards and thanking all staff. Next editions of Hywel's Voice and Team Brief will also include thanks to all staff</p>	<p>General Managers, Heads of Nursing, Senior Nurses</p> <p>Executive Team and Independent Members</p> <p>Chief Executive and Chair</p>	<p>Complete</p> <p>Complete</p> <p>Complete</p>	<p>Action plan has been shared with Emergency Department control group</p>

RECOMMENDATIONS	KEY ACTIONS	UPDATE	RESPONSIBLE OFFICER/S	TIMESCALE	PROGRESS
	<p>4. Positive feedback is also shared via the patient experience team and 'feel good Friday' and patient experience certificates, highlighting compliments received. The PALS team highlight this within A&E areas also.</p>	<p>from CEO and Chair.</p> <p>Ongoing as part of sharing positive feedback facilitated by PE team.</p>	<p>Patient Experience Team</p>	<p>Complete and ongoing</p>	
Recommendation 2					
<p>Health Board to ensure it is collecting patient experiences including those relating to staff attitude to help its own organisational learning and continuously improve</p>	<p>1. Relationship managers have been present in the Emergency Department over the summer months, there is feedback to senior managers and staff.</p>	<p>Informal feedback is in place across all sites.</p> <p>Requirement to feedback through newly established oversight operational Group</p>	<p>Relationship Managers/Senior Nurses and General Managers</p> <p>Complete</p>	<p>Complete</p> <p>November 2022</p>	<p>Patient Experience Operational group established 11th November 2022</p>

RECOMMENDATIONS	KEY ACTIONS	UPDATE	RESPONSIBLE OFFICER/S	TIMESCALE	PROGRESS
	<p>2. Formal Oversight operational Patient Experience Group established. ToR will include feedback from Relationship managers or other staff surveys.</p> <p>3. Migration to the CIVICA patient experience system which captures patient experience via surveys and SMS messages is now complete.</p> <p>4. Relevant feedback of experience and patient stories are presented at Corporate and Directorate governance meetings</p> <p>5. PALS team support the Emergency Department and wider teams to capture patient</p>	<p>Previous Seating and environmental group refreshed and will become Patient Experience Operational oversight group</p> <p>In place</p> <p>In place</p>	<p>Assistant Director of Nursing Acute</p> <p>Senior Nurses/ Head of Patient Experience</p> <p>PALS/General Mangers/HoN</p>	<p>November 2022</p> <p>Complete</p> <p>Complete</p>	<p>Meeting took place 11th November 2022</p>

RECOMMENDATIONS	KEY ACTIONS	UPDATE	RESPONSIBLE OFFICER/S	TIMESCALE	PROGRESS
	<p>experience and feedback to line managers and managers at time. Themes are fed through governance reports at Directorate and Board level</p> <p>6. There are Health Board wide initiatives ongoing to improve communication and staff attitude, including our internal customer care programme</p>	<p>Training programme is in place and being rolled out to all staff</p> <p>Ongoing monitoring of feedback, including complaints is undertaken and fed back to the relevant areas for improvement.</p> <p>Further training and support regarding difficult conversations and empathy will</p>	<p>Workforce & OD</p> <p>Patient Experience/ General Manager/ HON</p> <p>All Wales Training Programme currently being designed.</p>	<p>Ongoing, and regular evaluations are planned.</p> <p>Training will be in place to support implementation</p>	

RECOMMENDATIONS	KEY ACTIONS	UPDATE	RESPONSIBLE OFFICER/S	TIMESCALE	PROGRESS
		be provided as part of the duty of candour training.		of Duty of Candour prior to 1/4/2022.	
Recommendation 3					
The Health Board to look at the waiting areas and to provide comfortable seating for patients who have to wait hours. To provide water coolers, cups and vending machines	1. Seating across Health Board has been reviewed as part of Seating and Environment Task and Finish Group.	<p>New seating has been ordered for GGH site. This seating has extra padding and is compliant with IP&C, H&S requirements November 6th anticipated 6-week delivery.</p> <p>Seating will remain the same in WGH and BGH, although will continue to be reviewed via the Operational patient & experience group</p>	<p>Service Delivery Manager/Heads of Nursing</p> <p>Assistant Director of Nursing Acute</p>	<p>31st December 2022</p> <p>Complete</p>	

RECOMMENDATIONS	KEY ACTIONS	UPDATE	RESPONSIBLE OFFICER/S	TIMESCALE	PROGRESS
	<p>2. Service Operating Procedures are being developed which will identify the roles and responsibilities of staff and the actions to be taken when patients are in waiting areas for long periods of time. This will include pressure relieving care, nutrition and hydration</p>	<p>General environment and patient experiences will be agenda item on operational patient experience group and relevant actions taken forward through the group to support improving patient experiences</p> <p>Senior Nurses are developing local service operating procedures to support safe care of patients in waiting areas – will be reviewed at Operational Patient Experience Group once completed.</p>	Heads of Nursing	January 2022	

RECOMMENDATIONS	KEY ACTIONS	UPDATE	RESPONSIBLE OFFICER/S	TIMESCALE	PROGRESS
	<p>3. WG have provided capital funds to enhance the experience in A&E. Progress on this is to be through Capital Monitoring Group</p> <p>4. Vending machine planned for GGH</p>	<p>Capital finds have been agreed actions being taken forward through General Managers through each site.</p> <p>General manager liaising with facilities</p>	<p>General Managers/Procurement</p> <p>General manager</p>	<p>March 2023</p> <p>January 2023</p>	<p>All General Managers aware of bids will oversee progress against actions</p>
Recommendation 4					
<p>Toilet cleanliness needs addressing with regular cleaning schedules</p>	<p>1. Cleaning schedules in place</p> <p>2. Spot check audits of schedules and time cleaned</p>	<p>To be considered as part of core audits</p>	<p>General managers/Head of facility/ Heads of Nursing</p>	<p>December 2022</p>	

RECOMMENDATIONS	KEY ACTIONS	UPDATE	RESPONSIBLE OFFICER/S	TIMESCALE	PROGRESS
Recommendation 5					
<p>The Health Board should look to improve patient parking. Hospital car parks should be exclusively available for patients</p>	<ol style="list-style-type: none"> 1. GGH is working with Gwili railway to provide an additional 140 spaces for staff to release space in the hospital site. 2. There are patient designated parking areas which are patrolled by car parking attendants. Staff parking in these areas are issued with a parking fine. 	<p>Parking on all hospital sites remains a challenge. Alternative ways to support patients access is being continually considered by Director of estates and Facilities</p>	<p>Director of Estates and Facilities</p>	<p>June 2023</p>	
Recommendation 6					
<p>Ensure patients are made aware at reception they can discuss their need in private and not in front of a waiting room of people.</p>	<ol style="list-style-type: none"> 1. Confidentiality is of utmost importance and is always considered when patients attend ED, to support these notices will be displayed advising that if required an alternative area for 	<p>Consideration being given to appropriate signage</p>	<p>General managers/Heads of Nursing</p>	<p>January 2023</p>	

RECOMMENDATIONS	KEY ACTIONS	UPDATE	RESPONSIBLE OFFICER/S	TIMESCALE	PROGRESS
	<p>discussion can be accommodated. However, it is recognised that due to capacity a separate room may not always be available immediately.</p> <p>WG funding has been agreed and booths are being considered in reception area on the BGH site</p>	<p>This work will be overseen by the capital monitoring group</p>	<p>General Manager</p>	<p>May 2023</p>	
Recommendation 7					
<p>The Health Board to have better communication by keeping patients regularly informed of waiting times</p>	<ol style="list-style-type: none"> 1. Announcements to be displayed on the electronic ticket stirp 2. Funding agreed via WG for digital communication screens in waiting area, once purchased will have 	<p>Receptionists reminded to update screens</p> <p>Funding agreed awaiting screens</p>	<p>Heads of Nursing</p> <p>General Mangers/ Procurement</p>	<p>November 2022</p> <p>March 2023</p>	<p>In place</p>

RECOMMENDATIONS	KEY ACTIONS	UPDATE	RESPONSIBLE OFFICER/S	TIMESCALE	PROGRESS
	<p>information on waiting times.</p> <p>3. Benchmarking with other organisations to understand any further better approaches</p>	SDM for scheduled care GGH benchmarking across HB's	SDM	January 2023	
Recommendation 8					
The Health Board to ensure that patients receive information regarding their aftercare on discharge	<p>1. Staff reminded to give advice cards on specific illnesses and injuries are to patients from A&E on discharge.</p> <p>2. GP letters sent after an attendance/admission.</p> <p>3. Constant review of patient experience findings to consider any further actions required for improvements. This will be taken forward through operational Patient experience oversight group</p>	<p>Senior nurses to remind staff</p> <p>In place</p> <p>Agenda item on operational patient experience oversight group</p>	<p>Senior Nurse ED</p> <p>Assistant Director of Nursing</p>	<p>Complete</p> <p>Complete</p>	
Recommendation 9					
The Health Board to ensure that there is better	1. The HB has made improvements with	A number of work streams are in	General managers	Complete	

RECOMMENDATIONS	KEY ACTIONS	UPDATE	RESPONSIBLE OFFICER/S	TIMESCALE	PROGRESS
communication between departments and primary care	<p>primary care. Primary care has direct access to SDEC.</p> <p>2. Monthly meetings in place (GP cluster leads/acute and community) to progress system challenges and developments</p>	<p>place to deliver Transforming urgent and emergency care this will support further communication between key stakeholders</p>			

Hywel Dda Community Health Council