

Aneurin Bevan Community Health Council (CHC)

CHC Report

For Aneurin Bevan University Health
Board Meeting

September 2022



Accessible formats

This report is also available in Welsh.

If you would like this publication in an alternative format and/or language, please contact us.

You can download it from our website or ask for a copy by contacting our office.

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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, videoconferencing, 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.

Introduction

The purpose of this report is to inform Aneurin Bevan University Health Board of recent issues of concern and positive observations, or public feedback being addressed by the Community Health Council in relation to the planning and delivery of health services in Gwent.

The CHC continues its work in respect of engaging with the population, scrutinising and offering independent challenge to the NHS, monitoring and considering routine and urgent service changes and continue to provide an independent Complaints Advocacy Service.

CHC update

1. Whole system pressures

The CHC remains significantly concerned about patient experiences across community and hospital settings due to whole system pressures.

As expressed in previous CHC reports, we hear regularly from people and partners about long delays for ambulances in the community, sustained pressure at the Emergency Department and slow patient flow through hospitals due to delayed discharges.

The CHC has received regular reports and presentations from Health Board representatives about the mitigations and efforts being made to improve service positions and ensure safe services. Despite the great efforts being made, it is however evident that patient experiences are poor with regards to:

- Long handover times to the Emergency Department from ambulance crews.
- Long waits for people who self-present to the Emergency Department.
- Difficulties in releasing ambulances back into the community to respond to calls.
- Delayed discharges from a hospital setting when deemed medically fit due to community service constraints.

It is important to highlight that people also report positively when emergency care and treatment is received. People reflect to us that staff and the teams have provided excellent clinical care, following long and difficult waits. However, a community risk remains, with regards to the Ambulance Service's ability to attend people waiting in the community when held at the Emergency Department.

It remains a key priority for the CHC to monitor and scrutinise system recovery and to see improved patient experiences. At this time, it is evident that the impact of action plans is limited within the emergency care system, due to workforce constraints across teams and difficulties with discharging medically fit people back into their residential settings, which is slowing hospital flow and bed availability.

As we approach the winter period, the CHC will continue to work closely with the Health Board to hear about the winter plans and share patient experience feedback.

2. Cancelled Procedures/Operations

This survey was live from May until July 2022. The CHC would like to thank the Health Board for their help with this project. To protect people's data, the health board distributed this survey on our behalf. A covering letter was sent to people with the survey to explain that the CHC did not have access to people's personal details and that their responses would be anonymous.

Just under 2,500 surveys were sent out. In total, we received 208 responses. Some of the key feedback received is shared below:

We heard from people who had cancelled a procedure or operation in the following specialities:

- Cardiology
- Dermatology
- Ear, Nose and Throat
- Endoscopy
- Gastroenterology
- General Surgery
- Gynaecology
- Maxillofacial
- Ophthalmology
- Pain Management
- Radiology
- Trauma and Orthopaedics
- Urology

The main reasons people gave for cancelling/postponing or not attending their planned procedure/operation are as follows:

- Patient did not cancel / Hospital cancelled/delayed
- Work/family commitments
- Appointment no longer required
- Patient unable to find transport
- Patient unwell on appointment date
- Patient choice, or pre-procedure preparation not completed
- Appointment date unsuitable
- Covid-19 reasons
- Patient did not receive communication from hospital
- Patient attended wrong hospital site
- Unspecified

When we asked people to confirm if the record of cancelling, postponing or not attending their procedure or operation as "the date was not suitable" was accurate, we received the following feedback:

- 99 people told us “no”, they did not feel this was an accurate record and many people told they did not initiate the cancellation/postponement or the reasons to cancel were for other issues.
- 98 people told us “yes”, they felt this was correct but many shared other issues that influenced their decisions.
- 187 people told us there were other factors that influenced their decision to cancel, postpone, or not attend their operation or procedure.
- Reviewing the comments showed that a high number of people had their procedure cancelled by the Health Board or due to people’s own work/family commitments.
- There were also comments from people who had trouble accessing transport to enable them to attend their procedure or operation.

Response due from UHB September 2022.

3. Royal Gwent Hospital Visit - D3 East Surgical Ward

Our volunteer members attended the Royal Gwent Hospital for an unannounced visit on 2nd August 2022. The purpose of this visit was to establish the level of patient satisfaction, the quality and effectiveness of the hospital environment and observe staff interaction with patients.

Some of the key feedback included:

- Members reported that they were very impressed with the information displayed at the entrance of the ward. This information included staff details and availability, staffing numbers and the colour of staff uniforms with their names.
- Three of the sixteen patients on this ward spoke with CHC members on the day of the visit. All three patients told us that the staff on this ward were “*friendly and helpful*”.

- Two issues were identified by the visiting team, which were raised to the Health Board:
 - The disabled toilet on this ward was out of order and had been for a few months.
 - The door to the sluice room was open and a bucket with towels surrounding it was visible. It was later established that there is a significant leak in the ceiling.

Response due from UHB September 2022.

4. Royal Gwent Hospital Visit – Medical Assessment Unit

The CHC visiting team also attended the Medical Assessment Unit on 2nd August 2022.

- The unit was reported as very clean, and domestic staff were observed working thoroughly and consistently.
- We were made aware that unit team were in the process of developing an information board to display visiting times for the unit and a patient information leaflet.
- Six patients engaged with us on the day of the visit. Most patients felt that there were not an adequate number of staff to meet their needs during the day and night.

Report currently being drafted.

5. Sensory Impairment Survey

On the 26th August 2022 the CHC launched a survey to obtain feedback from those who have a sensory impairment to gain their experiences of accessing NHS Services.

The survey has been launched on our social media platforms, website and via our stakeholder distribution list to increase circulation.

The survey has been adapted for those who are visually impaired and deaf. Alternative formats can be requested by contacting our office.

The survey will run until the end of October 2022.

6. Monthly public feedback survey

Since May 2020, the Community Health Council has been hearing from people via a generic "Care during the Coronavirus" survey, to hear about people's positive and negative experiences in all NHS care areas.

- To date we have heard from 1390 people. In July and August 2022, we heard from 8 people.
- Most of the feedback received in July was about the Emergency Department at the Grange University Hospital. Unfortunately, most comments received were negative and in relation to long waits. One person told us that they had to wait 12 hours for an ambulance in the community but when they arrived at the hospital, *"everything was good"*.
- During this period, we also received a positive report regarding a patients' experience at the Minor Injuries Unit at Nevill Hall Hospital. The respondent told us how easy their visit was and went on to tell us that; *"the staff even though busy and tired were polite and thoughtful and giving their full attention. They are credit to the Health Service."*

7. Upcoming and ongoing CHC activities

- 7.1 In July 2022, the CHC launched a **Post-Covid Syndrome (Long-Covid) Survey**. The survey will be live until March 2023.

A formal report will not be written for this survey, instead bi-monthly reports will be produced and sent to the UHB for their information as the service continues to develop and embed.

To date we have received 38 responses.

Some key feedback received so far:

- Most people told us that they had either been diagnosed with post-covid syndrome (Long Covid) by their GP or via self-diagnosis.
- Out of the 38 respondents, 21 people were aware of the NHS Wales Covid-19 Recovery App. Nine people told us they use the app.
- Many respondents so far, have told us they are not aware of who they can contact if they have any questions regarding their Post-Covid Syndrome (Long Covid) condition.

Briefing paper is being drafted.

- 7.2 In October 2022, we will be launching a Common Ailments Survey. The purpose of this survey is to find out people's experiences of accessing this scheme.

The survey will be live until December 2022.

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 the 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'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.

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