



5.b Appendix 1

Patient Experience Report April - June 2018

This report provides information on Patient Feedback and Experience, what it means and how we are using it to improve the service. Included within this report is the current performance of the Health Board's Service Delivery Units and learning.

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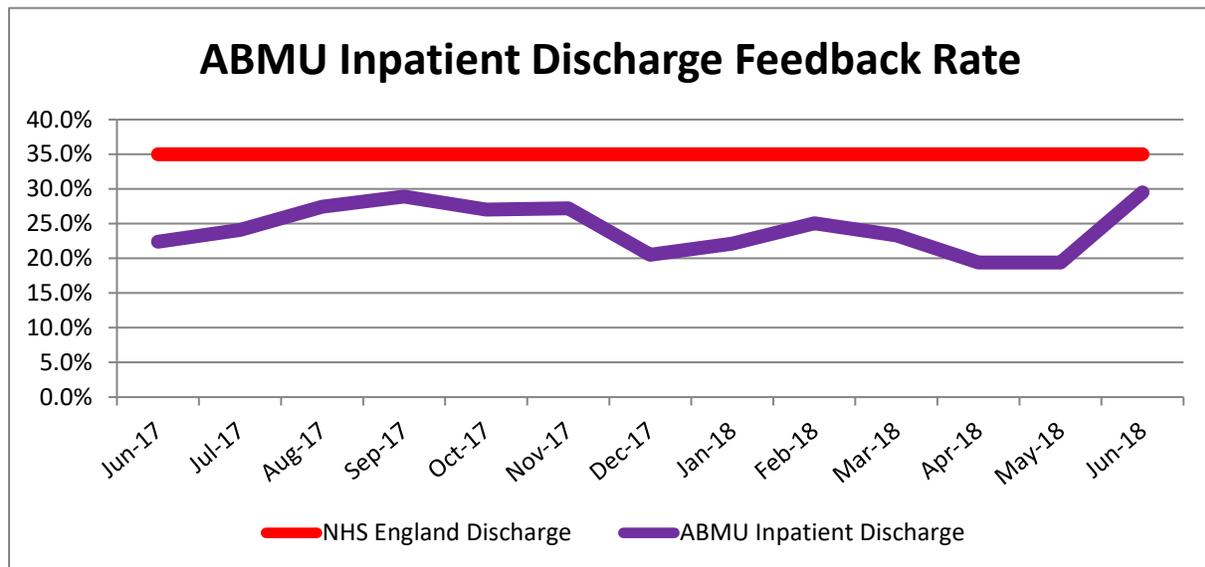
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1. PATIENT EXPERIENCE

1.1 Inpatient Discharge Feedback Rates

The Patient Experience Team continues to provide support and guidance to the Service Delivery Units (SDU) on increasing the number of surveys completed.

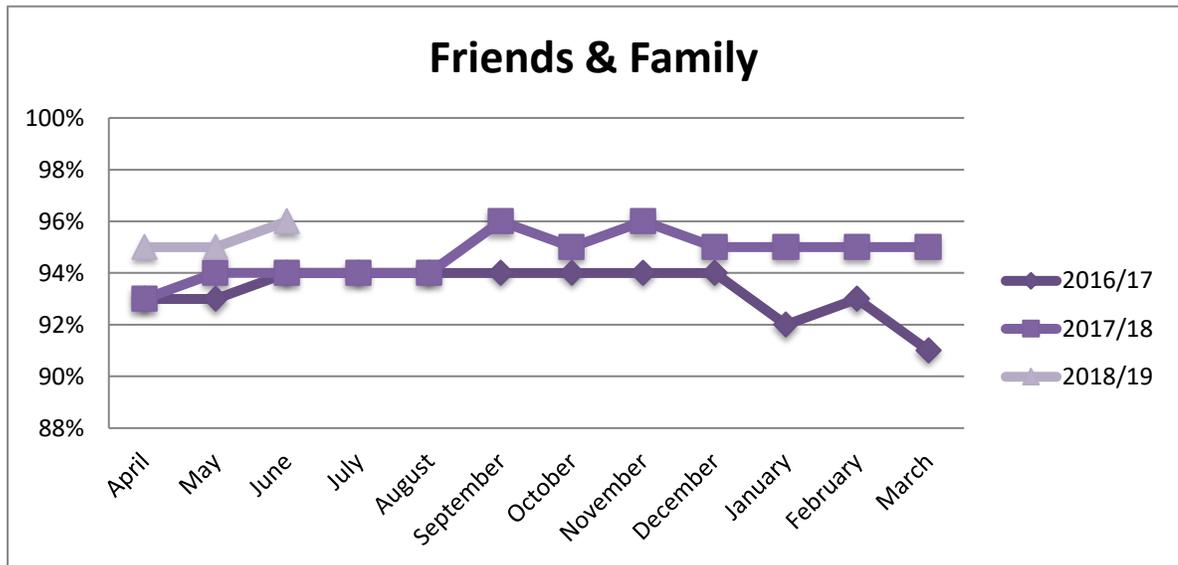
The graph below indicates the discharge feedback rate benchmarked against the best performing Trusts for patient feedback returns in NHS England (35%). The Health Board’s aim is to increase its rate to 35%, currently 29.50% in June 2018.



	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
NHS England Discharge	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%
ABMU Inpatient Discharge	22.4%	24.1%	27.5%	28.9%	27.0%	27.2%	20.5%	22.1%	25.0%	23.3%	19.4%	16.7%	29.50%

1.2 CURRENT POSITION

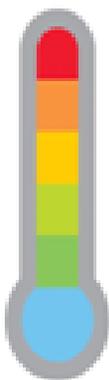
The Health Board has consistently maintained 95% and above since September 2017 for Friends and Family feedback. The graph below represents the % of people who would highly recommend the Health Board.



Based on the Friends and Family feedback above, the highest scoring areas across the reporting period (all with 100% positive feedback) include:

- Ward 20, Princess of Wales Hospital (50 responses)
- Tempest Ward, Morriston Hospital (22 responses)
- Ward A, Neath Port Talbot Hospital (81 responses)
- Ward 08, Singleton Hospital (100 responses)

The 10 lowest scoring areas for the reporting period were:



- Audiology Unit, Singleton Hospital (21%)
- Minor Injuries Unit, Singleton Hospital (44%)
- Radiology, Singleton Hospital (47%)
- Phlebotomy, Morriston Hospital (50%)
- Phlebotomy, Singleton Hospital (56%)
- Fracture Clinic, Princess of Wales Hospital (66%)
- Radiotherapy Unit, Singleton Hospital (71%)
- ENT, Princess of Wales Hospital (71%)
- Main Outpatients Dept, Morriston Hospital (84%)
- Phlebotomy, Neath Port Talbot Hospital (74%)

The main themes identified in the low scoring areas above were:

- Extreme waiting times and not enough staff
- Warm temperatures throughout the hospitals and not enough fans
- Privacy and dignity not being maintained within waiting areas
- Car parking on all sites (ongoing issues)

Each of the Service Delivery Units receives a monthly detailed report identifying the themes and develops an action plan for improvement at SDU level.

The Phlebotomy Service have taken a number of actions to improve waiting times for patients using the service:

- The Morriston Hospital Phlebotomy service feedback is related to the in touch systems, with the majority of comments from patients stating that they are unable to see where they are in the queue. The service is awaiting an additional module to provide this information to patients waiting to see a phlebotomist.
- The introduction of flexible working at Neath Port Talbot Hospital Phlebotomy Service has seen a big improvement in waiting times, dropping from up to 2.5 hours to on average 1 hour (and less). The service has explored the option of having a volunteer, which has been agreed. The volunteer will meet and greet patients, deal with queries and direct patients to the correct areas for blood tests and for where to drop off samples. The Phlebotomy ticket dispenser is awaiting repositioning so that patients will initially sit in the atrium and be directed to the sub waiting area by the volunteers, all these measure will help to ensure the Phlebotomists remain in clinic and concentrate on patient care and efficiency of the through flow in clinic.
- The Pathology Phlebotomy clinic at Singleton has been extremely busy over the last twelve months due to maternity leave and vacancies. Two positions have now been filled and sickness absence is improved. Phlebotomy staff are working cross site to ensure they are utilising resources. The service is also looking to increase Phlebotomy bank staff.

1.3 All Wales Patient Experience Questionnaire

The results below are captured through the Patient Experience Framework questionnaire.

Key Determinants of a Good Service User Experience

The key determinants of a good service user experience, based on national and local published evidence, include:

First and Lasting Impressions

For example:

- Being welcomed in an appropriate manner;
- Being able to access services in a timely way;
- Being treated with dignity and respect.



Receiving care in a Safe, Supportive, Healing Environment

For example:

- Receiving care in a clean, clutter free environment;
- Receiving good, nutritious, appropriate food;
- Having access to drinks;
- Having rigorous infection control practices in place.



Understanding of and Involvement in Care

For example:

- Receiving appropriate, timely information;
- Being communicated with in an appropriate, timely manner;
- Involvement of patients, carers and families in decisions about choice of treatment options and care plans, including discharge and transfer.



These three domains can be used to support the use and design of feedback methods and be used to classify feedback from all sources.

Percentage of patients that ticked 'Always' to the following questions:												
Treated with Dignity?												
Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
95%	95%	95%	96%	95%	92%	95%	93%	95%	94%	97%	98%	96%
You were given help with feeding & drinking?												
Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
72%	79%	82%	73%	85%	85%	86%	77%	91%	80%	88%	53%	77%
Were you given the support you needed to help with any communication needs?												
Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
88%	86%	89%	91%	90%	91%	87%	87%	91%	93%	94%	94%	96%
Were things explained to you in a way that you could understand?												
Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
86%	83%	85%	89%	87%	86%	88%	88%	93%	89%	90%	94%	91%
Did you feel we did enough to keep you as free as possible from pain?												
Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
83%	85%	87%	88%	86%	81%	94%	84%	91%	92%	91%	91%	89%
People are kind and compassionate to you?												
Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
88%	86%	91%	91%	88%	93%	94%	88%	91%	91%	96%	96%	90%
People are welcoming, friendly and helpful?												
Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
91%	84%	91%	90%	88%	90%	89%	89%	90%	90%	94%	95%	91%
Percentage of patients that ticked 'Never' to the following question:												
At any point in your stay did any of our actions make you feel unsafe?												
Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
90%	90%	90%	91%	91%	85%	89%	89%	86%	95%	93%	89%	91%

1.4 Key performance Indicators for Patient Experience

The Health Board is now using key performance indicators (KPI's) to demonstrate the Health Board performance against the 4 domains of patient experience.

Real Time – short surveys	Health Board Friends and Family recommendation score for April, May and June has remained the same at 96%. Below are the hospital site scores: Gorseinon Hospital 98%, Maesteg 93%, Morriston Hospital 95%, Neath Port Talbot 98% , Princess of Wales Hospital 95% and Singleton Hospital 95%.
Retrospective – more in-depth surveys	The overall satisfaction score from feedback of the Patient Experience Framework All- Wales questionnaire has increased by 3% to 87% This is based on the number of people scoring 9 and 10 from a scale of 0 to 10.
Balancing – Concerns, Patient Stories	The Director of Public Health presented the Patient Story for May to the Board. Title of the story: Hannah's Story. How Perinatal Response and Management Service helped Hannah.
Proactive/Reactive – texts, social media	178 alerts were received into the Patient Experience inbox for April, May and June combined. ABMU Let's Talk mailbox received 80 feedback emails for April, May and June, which was forwarded to the appropriate teams.

1.5 Patient Experience Team Improvement Work

An update on work being led by the Patient Experience Team to promote patient feedback is set out below:

- Cancer:** Update from the joint project with Macmillan and Upper Valley Cluster. A database of 660 cancer patient have been identified from the Cluster to take part in the survey. The questions have been agreed and translated into Welsh. It is a comprehensive set of questions (33 in total) covering, number of visits before diagnoses, to advice, to referral delays and challenges they have faced before, during and after their cancer diagnoses and treatment. The Health Board is the first in Wales to develop a patient survey looking from the GP perspective. Surveys have been built using Quick Response codes, Text and Email links. A staged roll out of the questionnaires to the GP practices, within the cluster will take place in July and August 2018. The survey results will be available in September 2018.
- Alerts:** After a successful pilot in Princess of Wales SDU regarding the online alerts generated to be directed to the Patient Advisory Liaison Service (PALS)

team to manage. It was agreed by Risk/Patient Experience Systems User Group Meeting to change all the alerts to follow the same route. The system has been updated so that PALS and Patient Experience Advice Service (PEAS) teams now receive the alerts directly. Early indications show that this is an improvement as it allows the team to respond to concerns before a formal complaint is received.

- **Developing the Patient Feedback system:** Working with Risk Team the Patient Feedback system now has Datix codes listed as options. When keying the Family & Friends (F&F) cards the Patient Experience Team can now pick subjects and sub subjects from the comments. This allows the data to be analysed to identify themes and trends.
- **Any new developments:** Since 2014 the SNAP system has been used to collect Friends and Family, All-Wales Surveys and bespoke surveys. The system is very labour intensive and the Health Board is undertaking a review of systems available which may be more user friendly and cost effective. This exercise will be completed by quarter 3 of 2018/19.
- **Raising the profile of the Patient Experience Team:** A recent meeting with headquarters programme and project managers has lead to the department developing bespoke surveys for Patient Knows Best, Mobilisations Project, and iPads to collect patient information. These bespoke surveys are being used to develop a better service for the patients and staff. Survey results are discussed with the teams and help to improve the service.
- **Workshop with the PALS and PEAS teams:** June 12th, saw all the PALS/PEAS staff members and the Governance Managers attend a Corporate Workshop with Non Officer Member/Chair of the Quality and Safety Committee and Deputy Director of Nursing and Patient Experience. The workshop was an opportunity to recognise the excellent work the teams are doing across the hospitals and also establish priorities to take forward consistently across the Health Board. It also identified a number of areas for improvement to ensure a consistent approach across all Service Delivery Units. The PALS/ PEAS teams are keen to continue their involvement in developing the service. An action plan is being developed to take forward the areas recommended by a Task and Finish Group which is meeting on August 22nd 2018.

2. LEARNING FROM FEEDBACK

The Health Board uses feedback from incidents, complaints, Friends and Family questionnaires and systems such as “Let’s Talk” and “Care Opinion” to learn following feedback from patients, relatives and staff. Highlights of the learning from feedback is set out in Section 2.3.

2.1



‘Let’s Talk’

The Datix Risk Management system is used to log, store, and track the ABM Let’s Talk data/information. This enables the Health Board to use this data when looking at themed reports. For the period, April, May and June there were 80 contacts made by members of the public of which 22 converted into complaints for the SDUs.

2.2



‘Care Opinion’

ABMU Health Board has subscribed to Care Opinion to be able to respond to comments made on their website. There were 4 comments posted on the site for April, May and June 2018.

You Said We Did

YOU SAID

Ward 3, Singleton: Patients relative raised concerns regarding inappropriate wording above a patient’s bed regarding mobility which was a breach of patient confidentiality.

WE DID

PALS spoke with ward sister who agreed it was inappropriate and immediately took the wording down. PALS contacted relative to reassure this was being addressed.

YOU SAID

Radiology, Morriston: I have observed a table situated in a wheelchair space in an Out Patients Department in the hospital.

WE DID We have moved the table and have reminded the staff that this space is reserved for wheelchair users and tables should not be put in the place.

2.4 Learning from Service Delivery Units

The following learning was reported to the Assurance and Learning Group in May 2018:

Morrison Service Delivery Unit

- **Healthcare Inspectorate Wales Inspection** – Unannounced Visit to Morrison Hospital Emergency Department. Final Report published 18th April 2018. Below is a summary of the findings as identified by HIW

Positives identified:

- There was a well-coordinated, calm and professional approach to the delivery of care and treatment to patients
- The inspection team commended the approach adopted by the Emergency Department in relation to sepsis screening.
- The support provided by the newly recruited, additional healthcare assistants and Red Cross volunteers, meant that more time could be spent providing practical support and advice to patients and their families.

Recommendations:

- The Health Board must ensure that there are sufficient numbers of paediatric nurses working in the department in response to patient's need at all times.
- The Health Board is required to ensure that the patient capacity in the minor incident area does not compromise the ability of the allocated nursing/medical staff to provide safe and effective care.
- There needs to be a consistency and improved details, with regard to recording of patients' assessments and plans of care.

The Associate Medical Director and Head of Nursing for Emergency Services have developed and submitted a full action plan to HIW in response to the inspection report. This has been accepted by HIW, who have indicated that sufficient assurance has been provided in relation to the full outcomes of the inspection and that sufficient progress is being made to ensure that patient safety is protected. HIW has requested that an update on the action be provided in October 2018. The HIW action plan is to be monitored via the Morrison Quality & Safety Group.

Maternity Services

- **Rotem Machine Usage** - A woman symptomatic of a placental abruption was observed on CDS. Her blood picture was becoming abnormal and due to the

time scale to get results back from the lab there was a substantial delay in treatment for coagulopathy. Consider using the ROTEM machine to inform management in cases where abruption or coagulopathy are suspected.

- **Repeat course of antenatal steroids** - A woman received a course of antenatal steroids at 24 weeks gestation due to suspected preterm labour. She went into preterm labour at 35 weeks gestation. Baby was born requiring a high level of respiratory support not usual for the gestation. Consider giving a second course of steroids to mothers if the first administration was at an early gestation. The Neonatology team state there is evidence to suggest a further two dose course of antenatal steroids is extremely beneficial if premature labour is again suspected or ensues at a later gestation.
- **Multiple Admissions to Antenatal Unit** - A woman was a regular attendee at the Antenatal Unit with often vague symptoms. The woman would complain about non-specific abdominal pain and about losing clear fluid PV. Her attendance at Antenatal was weekly from 24 weeks and she presented 3x weekly from 30 weeks with altered fetal movements. She had a poor obstetric history with a number of social issues. Staff made aware that victims of domestic abuse may be frequent attendees to the service with vague symptoms. Staff also reminded of 'Ask and Act' procedures.

Primary and Community Service Delivery Unit:

- Information Asset Register (IAR): Steady progress is being made and work continues with all teams supported by the Information Governance Team. This is a standing agenda item for the Unit Quality and Safety meetings. Currently the Unit has 391 identified assets on the IAR.
- Datix Pilot Independent Contractors - Short Form pilot for 6 GP practices is going well and we aim to increase the pilot. Short form being developed for General Dental Practices following on from the success of the GP pilot, and will follow a similar PDSA approach.

Princess of Wales Service Delivery Unit:

The following learning from incidents were shared by the Unit with members of the Assurance & Learning Group:

INC-72555

Issues

- No written evidence that pre and post falls information leaflets were given to relatives.
- Delay in written report confirming fracture.

Contributory factors

- Previous history of falls prior to admission to hospital.
- **Co-Morbidities:-** Lung cancer unable to exclude bone metastasis, osteoporosis, seizures secondary to Alzheimer's disease, chronic obstructive pulmonary disease, frailty, increased confusion.

Root causes

- High risk of falls – increasing frequency of falls prior to admission.
- Failure to document that pre and post falls information leaflets were given to relatives.

Actions taken include:

1. The root cause analysis has been presented at falls scrutiny panel at POWH.
2. Ward 19 is piloting the new falls documentation which includes multifactorial assessment and pre and post falls information for relatives.
3. Matron to share lessons learned at Health Board Falls Improvement Group which will include failure to document whether pre and post falls information was given to relatives.

INC-73234

Issues

- Datix incident not completed on immediate identification of the non-blanching red/purple pressure ulcer (PU) when the patient arrived back from theatre on 21/12/17
- PU passport not completed on identification of the PU on 21/12/17

- Skin was not assessed between 05/01/18 until 18/01/18 and on between the 19/01/18 to 21/01/18 inclusive
- A PU passport was not commenced until 22/01/18
- Inconsistent documentation of pressure area relief on ward 10 and ward 18.
- The patient's skin was not assessed in theatres or recovery

Contributory Factors

- The patient's right leg was immobile from admission until post-operatively
- The patient's right heel was not offloaded in a repose boot pre-operatively (however he was nurses on a Nimbus Air mattress)
- The patient's heel was not relieved of pressure during surgery due to positioning requirements and sterile field
- The patient was mobile and self-caring post operatively therefore; the skin was not inspected between 05/01/18 and 18/01/18 to establish any deterioration.

Good Practice

- Nimbus air mattress in use from 20/12/17 prior to detection of PU on ward 10.
- Repose cushion used to offload heel in bed on identification of the non-blanching PU.
- Immediate referral to TVN on identification of PU on ward 18.

Root Causes

- The patient's right leg was immobile from admission until post-operatively
- The patient's right heel was not offloaded in a repose boot pre-operatively (however he was nurses on a Nimbus Air mattress).
- The patient's heel was not relieved of pressure during surgery due to positioning requirements and sterile field.

Actions taken include:

1. The root cause analysis has been presented at falls scrutiny panel at POWH.
2. Ward 19 is piloting the new falls documentation which includes multifactorial assessment and pre and post falls information for relatives.
3. Matron to share lessons learned at Health Board Falls Improvement group which will include failure to document whether pre and post falls information was given to relatives.

INC-73253

Issues

- Skin not assessed on day of admission to Ward 6
- All entries on skin bundles need to be timed accurately
- No discharge information written in notes
- No transfer of care letter for the District Nursing Team

Contributory factors

- Co-morbidities and complex health issues. Long standing package of care and District Nurse input.

Root causes

- No comprehensive discharge information in nursing notes
- Skin bundles completed but potentially inaccurate – therefore need for pressure ulcer grading training
- No transfer of care letter to District nursing team on discharge

Actions taken include:

1. Sharing of Root Cause Analysis through presentation at Pressure Ulcer Scrutiny Panel
2. Feedback to Ward 6 team regarding Root Cause Analysis and lessons to be learnt regarding accurate pressure ulcer assessment – All staff to attend pressure ulcer grading training
3. Feedback to Ward 6 team regarding lack of documentation on discharge – mandatory to complete Integrated Nursing Assessment Discharge Checklist to ensure all relevant parties are informed

INC-73883

Issues

- The patient refused on numerous occasions to have her leg ulcer dressings removed to enable the nurses to check her heels. In addition, nurses often stated unobserved due to dressings intact.
- The patient refused on numerous occasions to offload her heels as advised by the nursing staff.
- The patient refused on numerous occasions to sit out in a chair.
- The heel was not assessed between 22/01/18 until 27/01/18.

Contributory Factors

- The patient's both legs were dressed from below knee to toe as a result of chronic bilateral leg ulcers therefore obscuring the heel.
- The patient's right heel was not offloaded due to non-compliance (however, she was nursed on an Alpha Active 4 mattress, later upgraded).
- The patient's heel was not relieved of pressure consistently as advised by the nurses.
- The patient often refused to sit out in a chair to alter the position to relieve the heels.

Good Practice

- Alpha Air mattress in use from admission prior to detection of PU.
- Repose wedge or boot used to offload heel in bed on identification of the non-blanching PU periodically when patient agreed.
- Immediate referral to TVN on identification of PU.

Root Causes

- The patient's heel was not observed frequently as it was dressed from knee to toe and she refused to have the dressings removed to assess the heels.
- The patient's right heel was not offloaded as she was non-compliant with this (however, she was nurses on an Alpha Air mattress).

Actions taken include:

1. Sharing of investigation through presentation at Pressure Ulcer Scrutiny Panel
2. Feedback to Ward 10 team regarding findings from RCA.
3. Reiterate to staff to ensure they document non-compliance with recommended treatment/ pressure relief despite rational provided to patient.

INC-73883

Issues

- The nursing staff on ward 5 were aware of the risk of potential skin damage to the top of the patient's ears as a result of the continuous use of a nasal cannula. Pressure area care is evident as foam straps were applied to the nasal cannula tubing above the patients ears to try and prevent damage.
- The nursing staff failed to document pressure area care for the patient's ears on the skin bundle. This has resulted in inconsistency in skin checks for the patient's ears.

- The patient required the administration of continuous oxygen via a nasal cannula due to his illness and his pre-existing co-morbidities.
- The absence of documented pressure area care for the patient's ear's and in inconsistency in skin checks.

Actions taken include:

1. All staff to be reminded of the need to observe skin underneath any equipment in particular oxygen straps and to document on the patients skin bundle.
2. To be audited by the Ward Manager and Ward Sisters in one month

INC-72162

Issues

- Failings are noted in relation to National Early Warning Score (NEWS) when recording observations. It is noted these were not undertaken within 2 hours of arrival on the ward and **NEWS** actions not adhered to in relation to escalation of patient's severity of illness. There have been at least 4 opportunities to request medical support for this patient that didn't occur.
- Poor medical history, lack of management plan and prognosis of community acquired pneumonia, malignancy and chest trauma.

Actions taken include:

1. All staff have been made aware of the need for accurately recording and escalating NEWS scores in line with guidance.
2. All staff to undergo further NEWS Training

INC-72162

Issues

- Isolation capacity
- Delays in processing and results of swabs due to geographical location of testing laboratories.
- Initial knowledge of prescribing and treatment regimens required additional support from microbiology and pharmacy teams.

Actions taken include:

Microbiology and Infection Prevention advise sought and plan implemented to:-

- Cohort suspected and confirmed cases on Ward 6
- All GP calls were triaged through the acute medical assessment area
- Medical Director advised nursing and medical staff to seek advice from the pharmacy team when treating suspected cases/confirmed cases
- Ensure specimen (swab) collection and results were managed in a consistent manner

Occupational Health

- The OH team provided support and increased vaccination sessions for staff
- Sufficient Personal Protective Equipment was in place and was easily sourced

Clinical site meetings:

- Infection Prevention and Control provided regular updates to facilitate patient flow and ensure use of isolation facilities
- Hotel services attended site meetings during the outbreak allowing coordination and prioritisation of cleaning to prevent any delays in isolation

Impact to other services

- All disciplines and department, including Medical, nursing, laboratory, pharmacy, estates and hotel services worked together cohesively to provide an efficient response to the outbreak

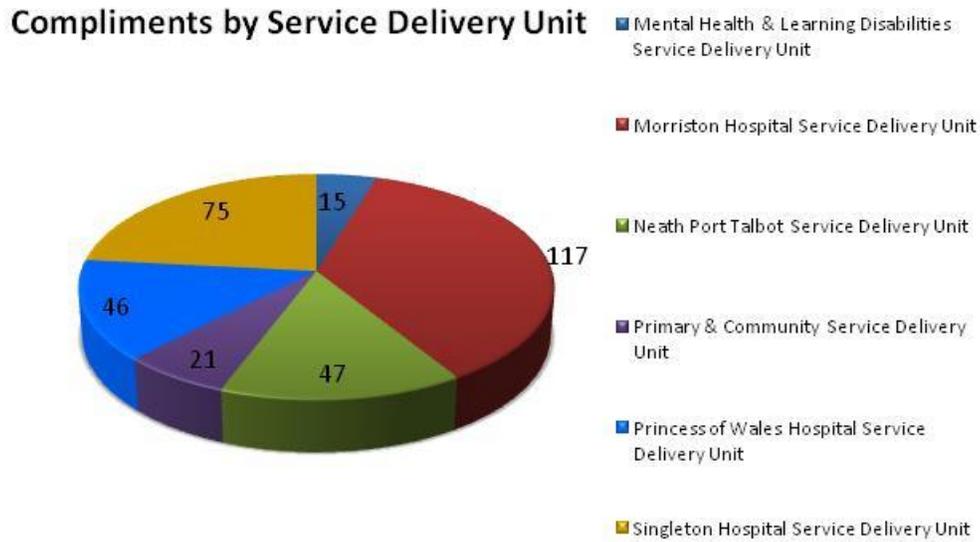
Singleton Hospital:

Learning from complaints:

- ID 11449 - Extra clinic capacity provided to reduce waiting times.
- ID 11067 - The Surgical management team are reviewing the use of space across Ward 2 and the pre-assessment area in order to make changes that will improve the environment for patient's suffering miscarriage. The service is moving towards home management for early miscarriage.

3. Written Compliments – April - June 2018

For the period, the Health Board received 321 written compliments. The graph below has broken down the number of compliments by Service Delivery Unit.



An example of the compliments the Health Board have received include:

Ophthalmology Day Surgery Unit, Singleton Hospital:

"I write with regard to my elderly mother's care in the Eye Surgery Day Unit. She had one cataract removed but then became seriously ill, delaying her second cataract operation until now. On both occasions the care that Mum received was outstanding, not just in terms of clinical excellence but also the kindness, personalised care and accommodation of her sensory issues with both vision and hearing. The compassion, support and expertise shown by your staff in that Unit moved Mum to tears and we are privileged to have a health service which gives us all such care free at point of delivery".

Ward J, Morriston Hospital:

"I would just like to leave some very positive comments regarding the care my cousin received during his recent stay through March/April at Ward J. I live in Oxfordshire so being so far away I was reliant on all the nursing staff on the ward, the Occupational Health Team, the Physiotherapy Team and the Social Worker Team to look after him. The situation was a difficult one all round but all staff I have spoken to at Morriston Hospital have been incredibly professional, helpful, patient and kind. I would like to say a big thank you to all the staff on Ward J who helped care for my cousin. Yours is a difficult job and I commend you all".

Rehab Team, Neath Port Talbot Hospital:

"Following my stroke last November I have been an outpatient with your stroke and rehabilitation team based in Morriston Hospital. After over 10 weeks of physio, primarily based at my home, and hydrotherapy at Morriston Hospital I have now been referred onto the team at Bishopston Gym for further assessment and targeted exercises.

I received regular and positive encouragement from *(Name)* to be able to achieve the goals we had agreed on.

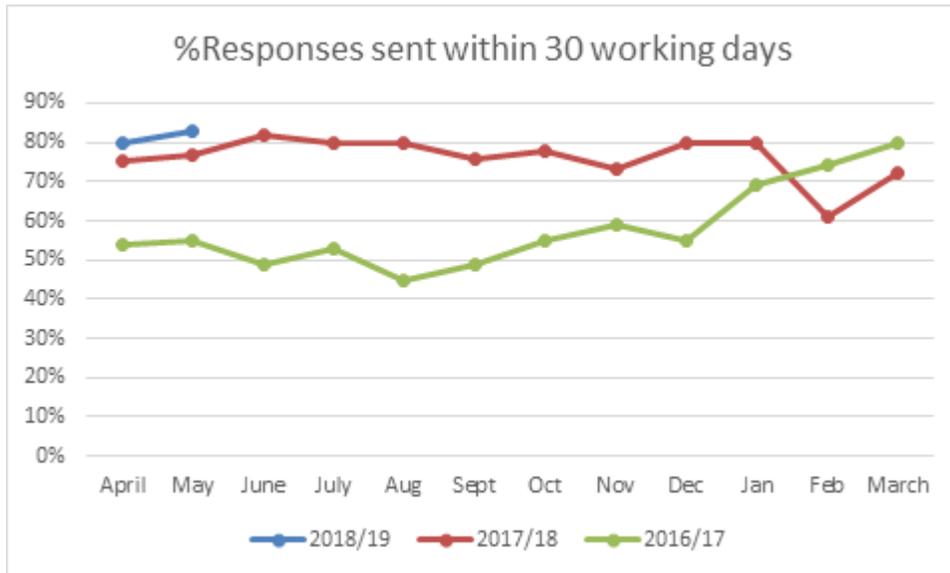
I found *(Name)* very professional at all times and his enthusiasm and willingness for me to succeed was a major factor in achieving the level of rehabilitation enjoyed by myself currently. Also very important to me was the contribution made by *staff* in the hydrotherapy pool at Morriston. Their good humour was welcome and their determined support, while tiring at the time, nevertheless proved extremely valuable in enabling both my strength and balance to be greatly improved".

Ward 2, Princess of Wales Hospital :

"We wanted to send a big thank you for the care our mother received during her stay on Ward 2 from January to May this year. Mum has a very strong character and great determination which is partly why she has managed to move on from Ward 2 however, her unexpected recovery is also testament to the care she received from you and your staff."

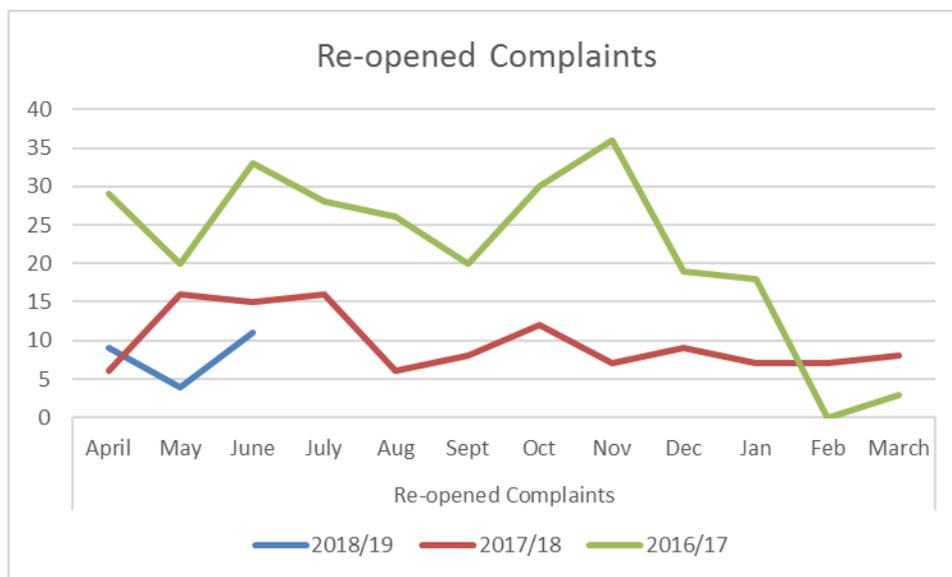
5. CONCERNS MANAGEMENT

The Health Board's performance against complaints responses sent within 30 working days target has achieved the 80% target for the months of April and May 2018.



During the period 1st April to 30th June 2018, 321 formal complaints were made. Last year for the same time period we received 317 formal complaints that is an increase of 4 formal complaints made this year.

The number of re-opened complaints has decreased during 2017/18 when compared to 2016/17 and we are maintaining a low number for the start of 2018/19.

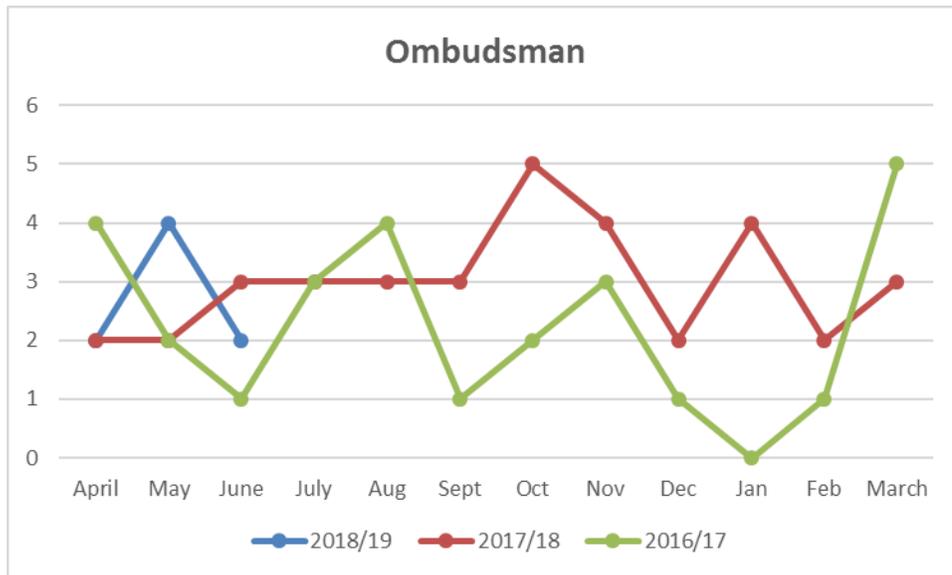


5.1 Concerns Assurance

Monthly audits are continuing on closed Units complaint responses through the work of the Concerns, Redress and Assurance Group for Regulation 24 and 26 responses. The audits monitor quality and compliance with Health Board Values, and Putting Things Right Regulations. Feedback on the audits is reported currently to the Assurance and Learning Group. Unit Directors and Governance leads for the Units are invited to attend the meetings in order to share information and cascade learning to their respective Units.

5.2 Ombudsman Cases

There has been an increase in complaints which the Ombudsman has investigated in relation to the Health Board in 2017/18, 36 compared to 28 in 2016/17. So far, this year from the 1st April 2018 – 30th June 2018 we have received 8 new investigations. The Health Board is reviewing the increase to identify the issues resulting in complaints being referred to the Ombudsman for investigating and the Health Board will be taking action to learn and improve following the findings.



5.3. Incidents

For the period 1st April to 30th June 2018 a total of 6446 incidents were reported. The severity of the level of harm of incidents reports is set out as follows:

Severity	Total number of incidents (%)
No Harm (1)	4531(70%)
Negligible (1)	614(9.5%)
Minor (2)	1058(16%)
Moderate (3)	215(3.3%)
Major (4)	12(0.18%)
Critical (5)	16(0.20%)
Totals:	6446

From the incidents reported, the top five themes relate to:

- Un-witnessed Trips/Slips/Falls – 743 (11%) incidents
- Pressure Ulcers developed prior to caseload – 568 (8%) incidents
- Moisture Lesion – 451 (6%) incidents
- Inappropriate behaviour towards staff by patient – 348 (5%) incidents
- Pressure Ulcers developed in current clinical area - 327 (5%) incidents

Health Board wide improvement plans are in place to learn from pressure ulcers and falls within the Health Board and the incidents are used to develop the improvement plans following investigations. The two Health Board Groups overseeing these incidents are:

- Pressure Ulcer Prevention Strategic Group
- Health Board Falls Group

In terms of inappropriate behaviour the Health Board ensures staff are trained and there are policies and procedures in place to manage these situations. The Health Board takes a zero tolerance approach to inappropriate behaviour to staff and encourages reporting of these events to support risk management in the Units. These incidents are monitored through the Health Board's Health & Safety Committee.

6. Patient Safety Solutions

Key Issues to note:

- Health Board is non-compliant with **two** Patient Safety Alerts both of which have passed the compliance date and **one** Patient Safety Notices which has passed its compliance date.
- The Medicines Safety Group has agreed to review notices/alerts the Health Board has declared compliance with to ensure we remain compliant, and the Medicines Safety Officer will lead the review. A meeting held on 12th June agreed a timetable for review of the notices relating to medicines safety. A similar process will be put in to the Risk and Assurance team work plan to review the other closed PSAs and PSNs with the relevant chairs of committees pertinent to the individual alert or notice.

PSA/PSN No.	Compliance Target Date	Title	Status
PSA 007	01/08/2017	Restricted use of open systems for injectable medication	<p>Compliance was discussed at the Medicines Management Board Meeting on 24th May 2018. However the results of the audit have highlighted areas of non-compliance in the Service Delivery Units. The MSB has written to the SDUs and will discuss compliance at its next meeting on 19th July.</p> <p>NON-COMPLIANT</p>
PSA 008	30/11/2017	Nasogastric Tube misplacement: Continuing risk of death and serious harm	<p>The Alert is managed by a Task and Finish Group. A major policy review has been concluded. Assurance has been given to Welsh Government Delivery Unit of our steps towards compliance.</p> <p>The Nursing and Midwifery Board continue to provide guidance and approved the training plan which will accompany the revised Policy.</p> <p>A meeting of the Task and Finish Group on 21st June 2018 assessed compliance. There is an issue regarding training Medical staff which needs to be addressed before compliance can be declared and the Deputy Medical Director is leading on this work.</p> <p>NON-COMPLIANT</p>

PSN 030	26/08/2017	Construction of medicine cupboards	<p>The Clinical Director of Pharmacy is leading on this alert.</p> <p>The MARRS self-assessment has been completed, an action plan also been completed and submitted to Welsh Government. The Health Board still awaits feedback from Welsh Government regarding compliance.</p> <p>NON- COMPLIANT</p>
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7. Arts in Health

Performing Medicine and Staff Resilience

A new project commenced in January 2018 designed to build staff resilience through the use of theatre techniques.

Two taster sessions took place with forty members of staff from Mental Health and Learning Disability Service Delivery Unit. The feedback was extremely positive with 100% of staff saying they would recommend the training to colleagues.

£30K of external funding has been raised to deliver a one year pilot project to further test the validity of using the Arts for delivering staff stress management training, working with all the staff on three wards, one at Angelton, one at Tonna and one at Ysbryd Y Coed.

The Point of Care Foundation's 2014 report puts the case that supporting staff should be a central driver in efforts to improve patient care, productivity and financial performance. It highlights that:

- Patient satisfaction is consistently higher where there are better rates of staff health and wellbeing
- There is a link between higher staff satisfaction and lower rates of mortality and hospital-acquired infection
- The NHS could save £555 million a year if it reduced sickness absence by a third
- Approximately 30% of sickness absence in the NHS is due to mental health illness (ABMU 31% August 2017 and increasing month on month)

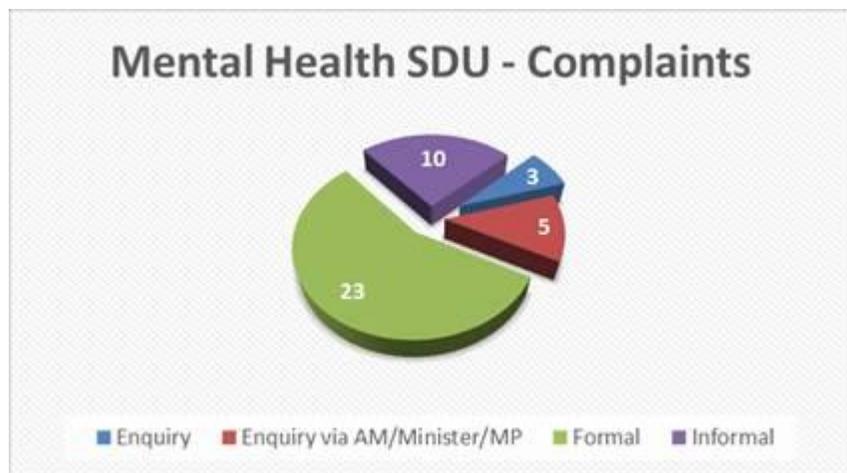
The Health Board will be working with Swansea University to externally evaluate the project over the next year and develop a further research proposal.

8. DELIVERY UNIT REPORTS

Mental Health & Learning Disabilities Services Delivery Unit

1st April – 30th June 2018

Mental Health & Learning Disabilities SDU received 41 concerns.



Top 3 Complaint Trends

- Communication issues (23)
 - Attitude & Behaviour (15)
 - Clinical treatment (12)
-
- No never events
 - 3 personal injury claims
 - 1 clinical negligence claim

MH & LD

1025 incidents were reported with the 3 top themes being:

- ❖ Inappropriate/Aggressive Behaviour towards Staff by a Patient – Ward F NPT (20), Taith Newydd Rowan Unit (17) and Fendrod (16)
- ❖ Suspected Slips/Trips/Falls (un-witnessed) – Onnen Ward (22), Derwyn Ward (21) and Ward 18 POWH (19)
- ❖ Self-harming Behaviour - Clyne Ward (48), Newton Ward (20) and Ward 14 POWH (9)

Serious Incidents - 8 – (Unexpected Deaths: 7)



Friends & Family Results – April - June 2018

of 67 respondents said they would be extremely likely or likely to recommend the clinical service.

There were no All-Wales Surveys completed for the Service Delivery Unit during April – June 2018.

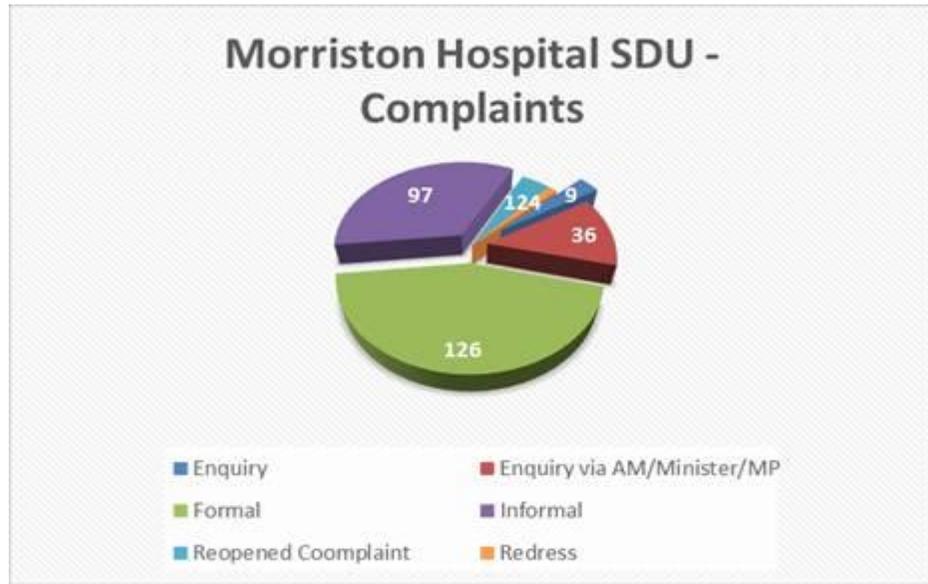
Compliment: Ward F, Neath Port Talbot Hospital:

“I want to say a big thank you because you’ve all been calm, patient, sympathetic and kind. Your ears have always been open to my problems. I see a great team doing beyond their call of duty under a very stressful NHS in modern time”.

Morrison Hospital Service Delivery Unit

1st April- 30th June 2018

Morrison Hospital SDU received 284 concerns.



Top 3 Complaint Trends

- Communication issues (153)
- Clinical Treatment (131)
- Admissions (108)

☹️ 21 Clinical Negligence Claims
2 Personal Injury Claims

😊 No Never Events

Incidents

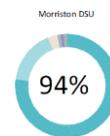
1,679 incidents were reported with the 3 top themes being:

- ❖ Suspected Slips/Trips/Falls (un-witnessed) – Cardigan Ward (19), Ward S (18), Ward R (18), Ward J (18) Clydach Ward (18)
- ❖ Moisture Lesion – Acute Medical Assessment Unit, Swansea West (20) Accident & Emergency Department (16), Ward J, Morrison (12)
- ❖ Injury of unknown origin – General ITU (18) Accident & Emergency Department (7), Acute Medical Assessment Unit, Swansea East (7)

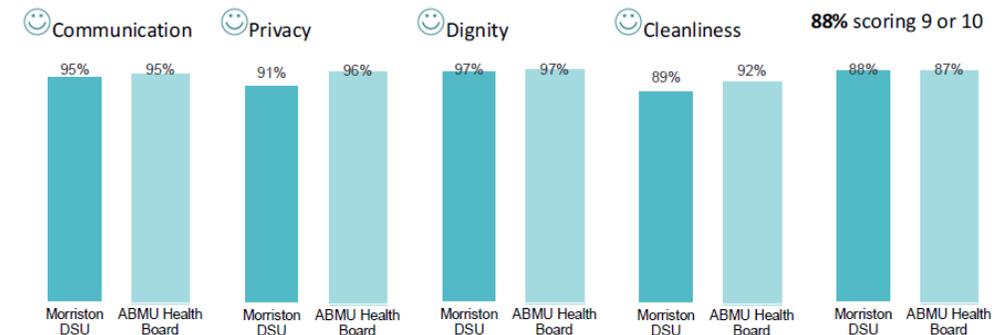
Serious incidents -10 (Patient Accidents/Falls- 5)

Friends & Family Results – April to June 2018

of 2,999 respondents said they would be extremely likely or likely to recommend the clinical service.



All Wales Survey



142 All Wales Surveys were received for the Service Delivery Unit during April to June 2018.

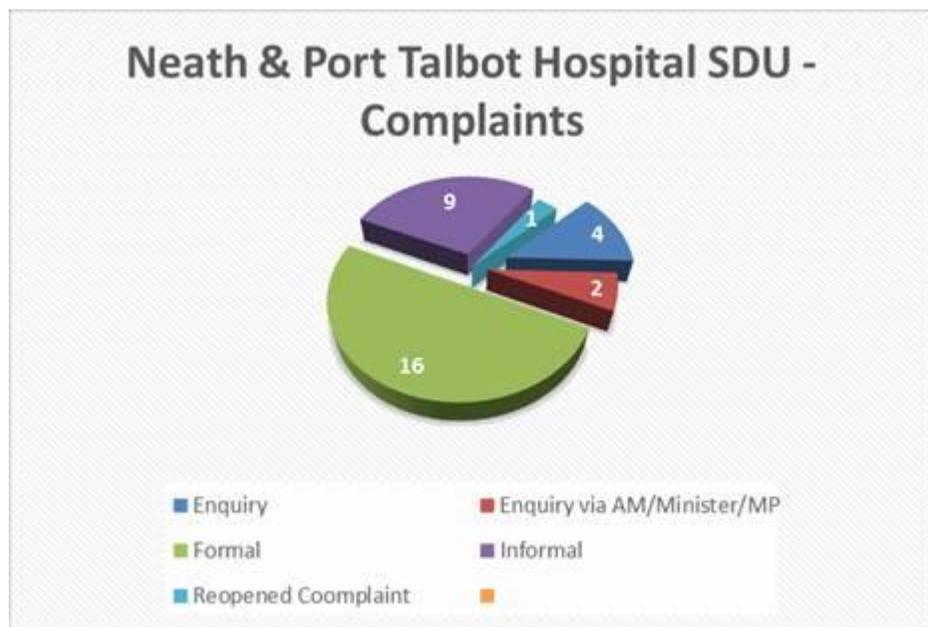
Compliment: " Just wanted to say a huge thank you to everyone associated with Morrison hospital in the recent treatment of my Father. The professionalism, compassion, bedside manner of all the staff was fantastic".

Dan Danino Ward

Neath Port Talbot Hospital Service Delivery Unit

1st April – 30th June 2018

Neath Port Talbot SDU received 32 concerns.



Top Complaint Trend

- Communication issues (24)
- Clinical treatment (16)
- Attitude & Behaviour (6)



No never events
No clinical negligence claims

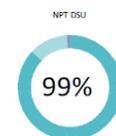
- ❖ 1 Personal Injury claim

Incidents:

281 incidents were reported with the 3 top themes being:

- ❖ Suspected Slips/Trips/Falls (un-witnessed) – Ward C (25), Ward E (21) and Ward D (20)
- ❖ Witnessed Slips/Trips/Falls – Ward C (7), Ward E (5) and Ward D (4)
- ❖ Other Service Disruptions/ Infrastructure Incident– Ward B2 (3), Cyril Evans Ward, Physiotherapy, IVF Unit IVF Cardiff, and IVF Neath (1each)

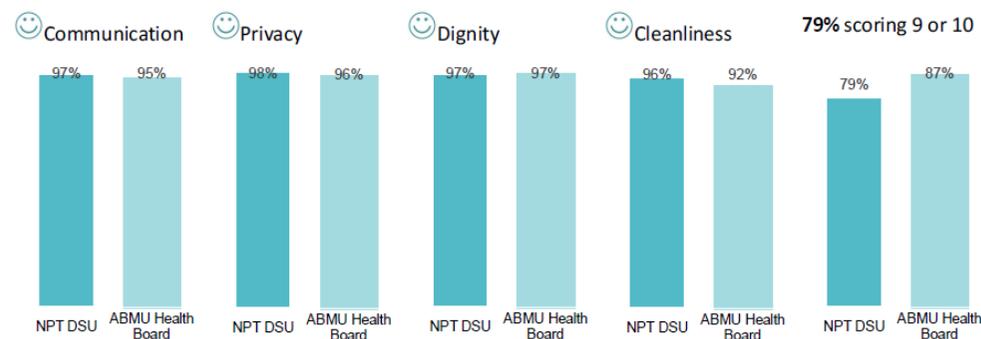
Serious Incidents – 1 (infection control)



Friends & Family Results – April to June 2018

of 2,220 respondents said they would be extremely likely or likely to recommend the clinical service.

All Wales Survey



185 All Wales Surveys were received for the Service Delivery Unit during April to June 2018.

Compliment

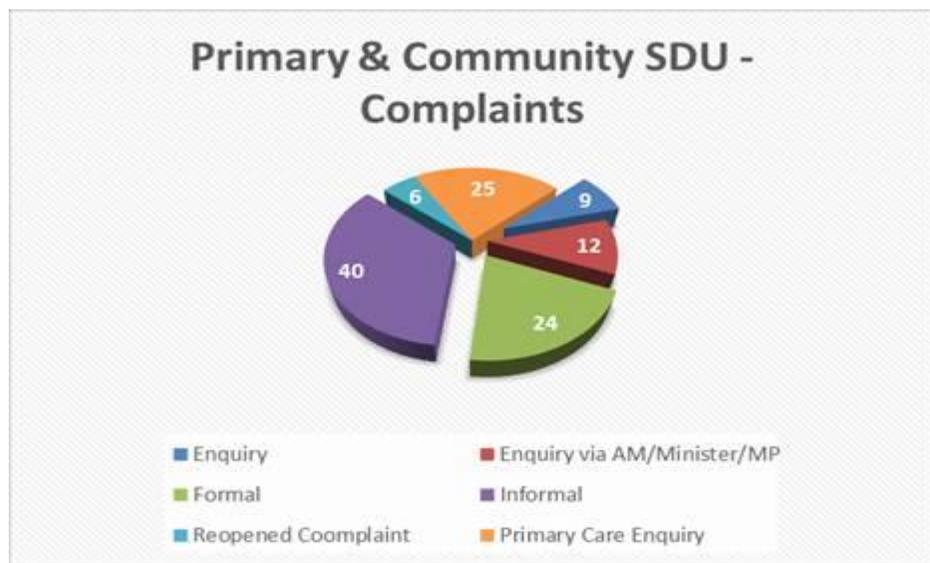
“Every single Nurse, Auxiliary and helper were on hand for all the patients and treated every one of us with Care ...a term we had always associated with the Nursing Profession And it seems that the Staff At Neath and Port Talbot Hospital Have maintained this even perfected the professional and caring way they deal with patients”.

Day Surgery Unit, Neath Port Talbot Hospital

Primary & Community Service Delivery Unit

1st April – 30th June 2018

Primary & Community SDU received 117 concerns.



Top 3 Complaint Trends

- Communication issues (56)
- Appointment (30)
- Clinical Treatment (27)

- No never events
- 1 personal injury claim
- 1 clinical negligence claim

Incidents:

1313 incidents were reported with the 3 top themes being:

- ❖ Developed in current clinical area/caseload – Patient’s home (122), City Health Central Hub (12) Bridgend Network East and Nay Health West Hub (11 each)
- ❖ Moisture lesion – Patient’s home (125), City Health Central Hub (23), Bay Health West Hub (9)

- ❖ Injury of unknown origin – Patients Home (25), City Health Central Hub (4), Cwmtawe North Hub (3)

Serious Incidents (37) – Pressure ulcers (37)

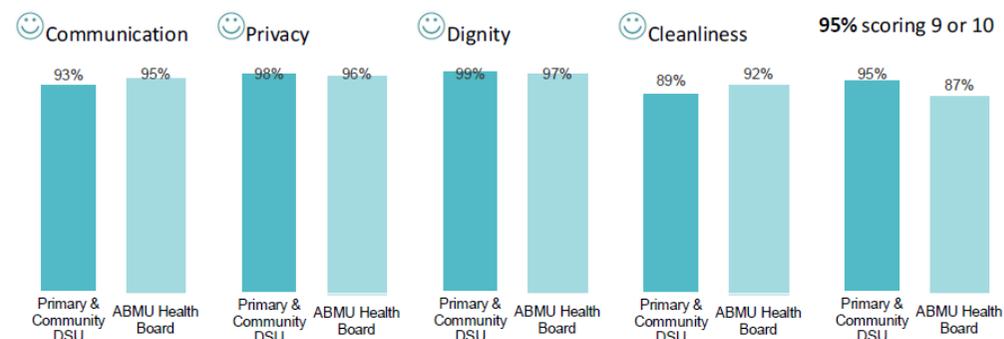
Primary & Community SDU



Friends & Family Results – April to June 2018

of 434 respondents said they would be extremely likely or likely to recommend the clinical service.

All Wales Survey



151 All Wales Surveys were received for the Service Delivery Unit during April to June 2018.

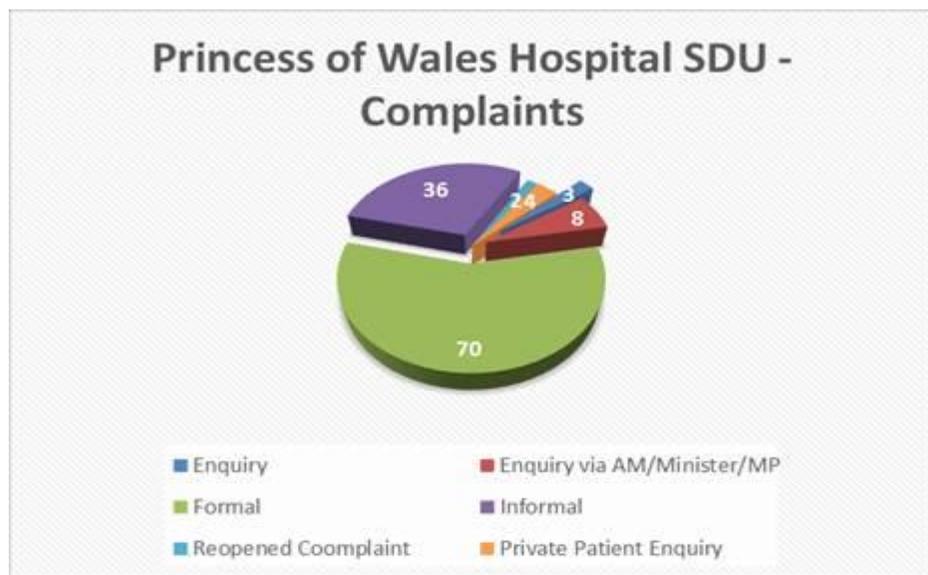
Compliment received:- Contraception & Sexual Health Clinic:

“Just want to say how great the sexual health consultant is. She’s just so good at what she does - calm, confident and reassuring. I've dealt with her twice and she's been more than amazing on both visits. But I've also heard good things said about her by the nurses working with her”.

Princess of Wales Hospital Service Delivery Unit

1st April – 30th June 2018

Princess of Wales Hospital SDU received 124 concerns.



Top 3 Complaint Trends

- Communication Issues (76)
- Clinical treatment (58)
- Attitude & Behaviour (32)



16 Clinical Negligence Claims



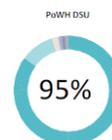
No never events
No Personal Injury claims

Incidents:

1123 incidents were reported with the 3 top themes being:

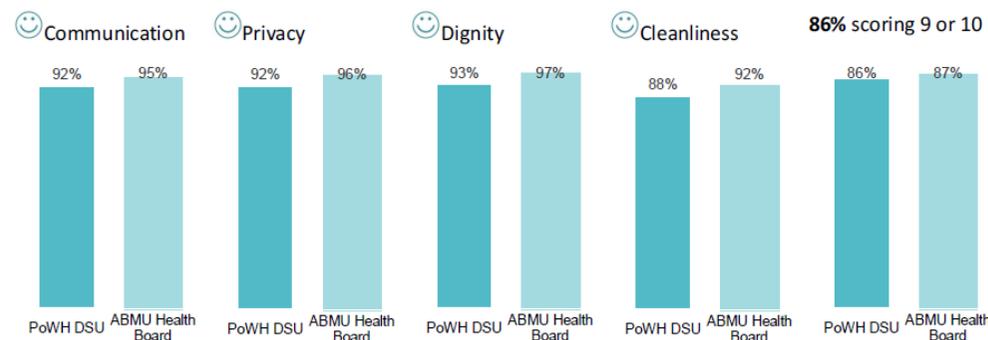
- ❖ Suspected Slips/Trips/Falls (un-witnessed)– Ward 4 (19), Ward 20 (18), Acute Medical Assessment Unit (POWH) (18)
- ❖ Moisture Lesion– Ward 20 (15), Ward 4 (13) and Ward 18 (9)
- ❖ Maternity Triggers – Ward 11 (42), Labour Ward/Delivery Room (17), Pendre Day Hospital (11)

➤ **Serious incidents - 12** – (Patient Accident/Falls- 3 Pressure Ulcers- 5)



Friends & Family Results – April to June 2018
of 3,290 respondents said they would be extremely likely or likely to recommend the clinical service.

All Wales Survey



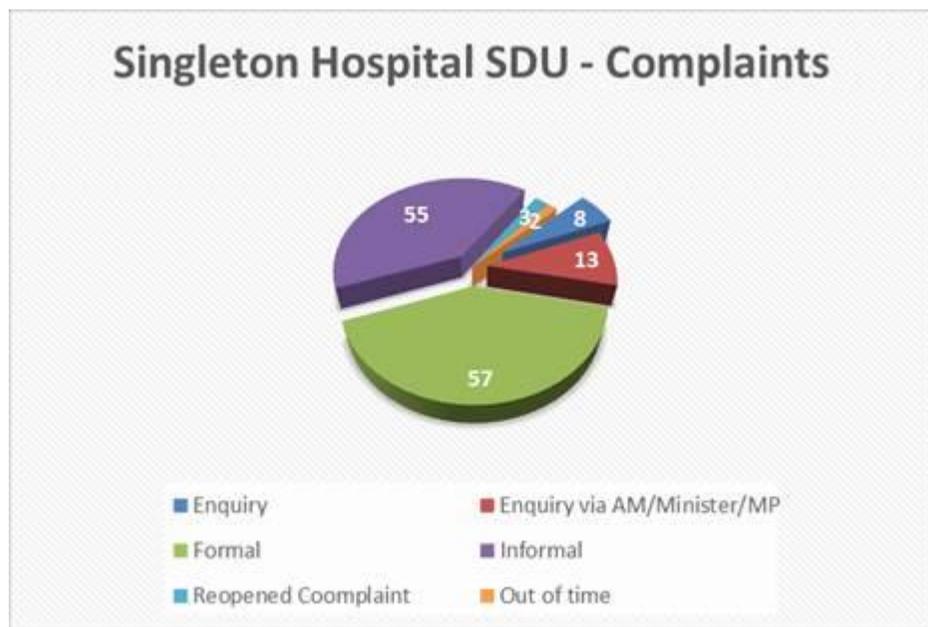
93 All Wales Surveys were received for the Service Delivery Unit during April to June 2018.

Compliment “Every member of staff on this ward are skilled kind very hard working, helpful with nothing beening to much trouble I have been watching the NHS at its best. Thank you so much Ward 4”

Singleton Hospital Service Delivery Unit

1st April – 30th June 2018

Singleton Hospital SDU received 139 concerns.



Top 3 Complaint Trends

- Communication issues (81)
- Clinical treatment (57)
- Appointments (56)



17 Clinical Negligence Claims



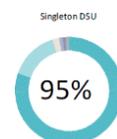
No never events
No Personal Injury claims

Incidents

982 incidents were reported with the 3 top themes being:

- ❖ Maternity Triggers – Labour Ward / Central Delivery Suite (61), Labour Ward/Delivery Room (27) and Ward 18 (11)
- ❖ Suspected Slips/Trips/Falls (un-witnessed)– Ward 3 (24) Ward 12 (16) and Ward 9 (13)
- ❖ Monitoring/On-going Assessment of Patient Status – Labour Ward / Central Delivery Suite (24), Labour Ward/Delivery Room (12), Neonatal Unit (2)

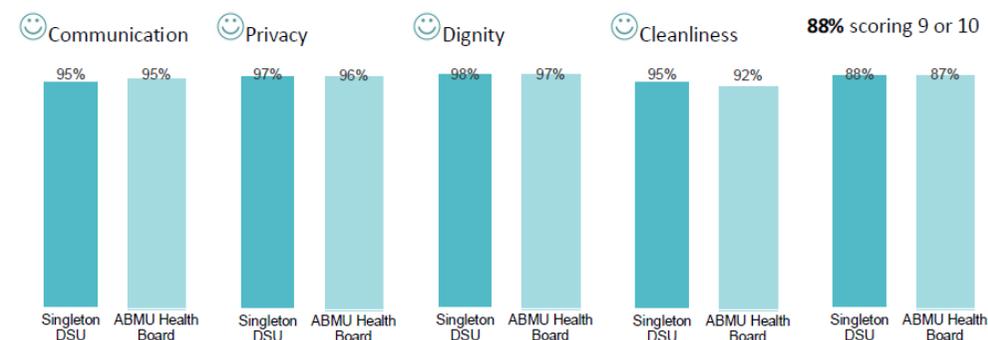
Serious incidents - 4 – pressure ulcers (2)



Friends & Family Results – April to June 2018

of 4,364 respondents said they would be extremely likely or likely to recommend the clinical service.

All Wales Survey



210 All Wales Surveys were received for the Service Delivery Unit during April to June 2018.

Compliment "I was recently admitted to Singleton Hospital and spent 2 nights in the SAU ward before transferring to room 1 in ward 9. I would like to express my thanks and admiration to all the staff that I encountered. For a service which is under great strain, how they coped with some extremely difficult patients in SAU is deserving of the highest praise".

