



Patient Experience Report October 2019

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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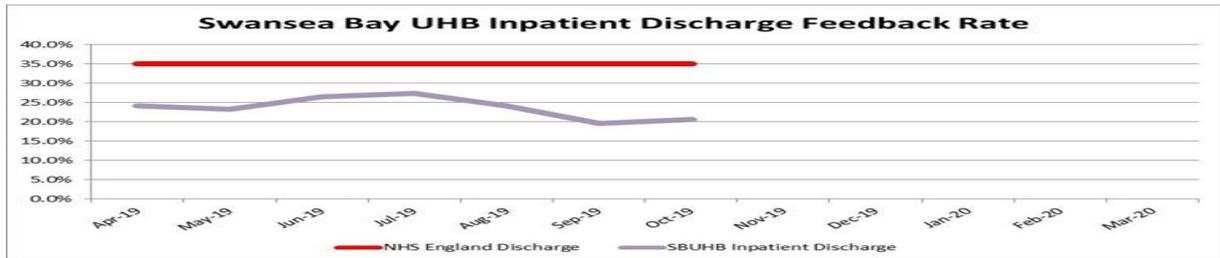
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1. PATIENT EXPERIENCE UPDATE

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 the rate to 35% September 2019 return rate reduced to 19.5% and slightly improved to 20.6% in October 2019.



	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
NHS England Discharge	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%					
SBUHB Inpatient Discharge	24.2%	23.3%	26.6%	27.5%	24.2%	19.5%	20.6%					

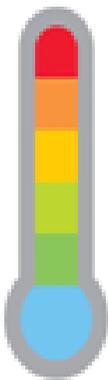
The Patient Experience Team have analysed the low reporting areas and 5 star patient experience training/ awareness sessions will be held in these areas. In addition, a patient experience workshop will be held in Q4 2019/20 to review the target and actions/changes required in order to improve the return rate.

1.2 CURRENT POSITION

High response areas across the reporting period (all with 100% positive feedback) included:

- Antenatal Clinic, Neath Port Talbot Hospital (1,015 responses)
- Theatre Admissions Unit, Morriston Hospital (463 responses)
- Ward 12, Singleton Hospital (91 responses)

The 10 lowest scoring areas for the reporting period (1st July to 30th September 2019) were:



- Phlebotomy, Morriston Hospital (33%)
- Phlebotomy, Neath Port Talbot Hospital (33%)
- Cardiac Rehabilitation, Singleton Hospital (53%)
- Corridor 4 & 5 OPD, Singleton Hospital (55%)
- Dermatology, Singleton Hospital (57%)
- Rapid Access Clinic for Eyes, Singleton Hospital (67%)
- Outpatients Department, Gorseinon Hospital (71%)
- Phlebotomy, Gorseinon Hospital (71%)
- Cardiology Dept, Neath Port Talbot Hospital (73%)
- Urology, Neath Port Talbot Hospital (73%)

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

- Delays in appointment clinics.
- Car parking on all sites (ongoing issues).
- Better reception areas/more seating available.
- Communication issues between staff.

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

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?											
Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
96%	96%	92%	99%	93%	96%	97%	97%	97%	94%	99%	97%
You were given help with feeding and drinking											
Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
83%	83%	88%	91%	81%	87%	79%	86%	84%	64%	79%	79%
Were you given the support you needed to help with any communication needs?											
Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
89%	92%	89%	95%	90%	92%	97%	97%	86%	89%	94%	93%
Were things explained to you in a way that you could understand?											
Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
85%	90%	84%	91%	85%	88%	92%	91%	85%	83%	88%	92%
Did you feel we did enough to keep you as free as possible from pain?											
Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
85%	85%	79%	88%	80%	91%	88%	90%	88%	83%	83%	91%
People are kind and compassionate to you?											
Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
91%	90%	84%	97%	88%	94%	96%	79%	92%	89%	96%	95%
People are welcoming, friendly and helpful?											
Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
92%	92%	82%	95%	95%	91%	96%	86%	92%	85%	97%	95%
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?											
Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
87%	89%	92%	91%	90%	93%	92%	90%	87%	90%	95%	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.

<p>Real Time – short surveys</p>	<p>Health Board Friends and Family recommendation score for July, August and September has decreased to 95%. Below are the hospital site scores: Gorseinon Hospital 80%, Morriston Hospital 94%, Neath Port Talbot 98% and Singleton Hospital 94%.</p> <p>For Gorseinon Hospital, overall there were 41 responses and the breakdown consisted of:</p> <p>33 patients selected Extremely Likely or Likely to recommend 4 patients selected Unlikely or Extremely Unlikely to recommend 4 patients selected Neither or Don't Know</p> <p>There were no further comments received.</p>
<p>Retrospective – more in-depth surveys</p>	<p>The overall satisfaction score from feedback of the Patient Experience Framework All Wales questionnaire has decreased to 80% This is based on the number of people scoring 9 and 10 from a scale of 0 to 10. (Time period July, August and September). Overall there were 806 responses and the breakdown consisted of:</p> <p>648 patients scored the service 9 or 10 out of 10 for overall satisfaction 134 patients scored the service 7 or 8 out of 10 for overall satisfaction 26 scored the service 6 out of 10 and below for overall satisfaction. Out of these:7 related to Endoscopy (various sites) and 3 related to Emergency Department but no particular theme was apparent.</p>
<p>Balancing – Concerns, Patient Stories</p>	<p>At July's Board meeting the Reminiscence Interactive Therapy Activities was highlighted in a story presented at the Swansea Bay Board by the Director of Nursing and Patients Experience. The story related to a pilot on ward D at Morriston Hospital for patients with dementia, which provided sound and visual stimulus to help invoke familiarity and memories. It was told by the daughter of a patient who would become upset during a hospital admission as he was away from his home and family. Upon admission, his daughter was asked to complete forms about what he liked to talk about and his life to enable staff to interact and engage with the patient. It had such a positive impact the daughter was able to sleep while her dad was on the ward as his emotional and physical needs were being met, which was proved by the fact he was happy to be left on his own with the nurses. The dementia workstream is being re-established and part of the focus is developing a bundle of care for patients with dementia admitted to a general ward to ensure their needs were met.</p> <p>At September's Board meeting the patient story called: Gabriel's Story was highlighted. Gabriel transitioned from Children's Service to Adult Services. She had struggles identifying reasons for her behaviours and the negativity attached to Borderline Personality disorder. Her story describes how she was supported by Dechrau Newydd Complex Needs Service during this transition period.</p>

Proactive/Reactive – texts, social media	<p>152 alerts were received into the Patient Experience inbox for July, August and September combined.</p> <p>ABMU Lets Talk: For the period, July, August and September there were 71 contacts 13 were converted to complaints, 4 compliments 9 transferred to Cwm Taf and the remaining 45 related to general queries.</p>
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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:

- **Dermatology Outpatient survey.** The Welsh Dermatology Board has asked Welsh Government to provide them with patient feedback. All health boards across Wales have taken part in collecting patient feedback, using the same set of questions. The results will be used by the National Planned Care Programme Board to find local and national themes. The positive results related to:

A hot day, but cool in waiting area. Doctor very approachable, helpful and friendly
Staff were friendly, helpful and reassuring
We were informed quickly that the appointments were running late.
No complaints from me
On time. A very pleasant greeting from the doctor who explained everything
Everything was fine
Very efficient, friendly treatment
All staff pleasant. The doctor was lovely
Friendly receptionist
Lovely staff, very helpful
Helpful people at the desk in the Main Entrance
The receptionist was extremely helpful and kind
Friendly staff. Doctor very informative and patient regarding questions
Doctor was excellent as usual

- Our less positive comments were ‘appointments running late’ and ‘distance to travel to appointments’.
- **Morrison Outpatients Survey.** Working with the Quality Improvement Information Manager and Morrison Outpatient Modernisation Group, we have developed a bespoke survey for Morrison Outpatients. The survey was undertaken during two weeks in September and 440 surveys collected. The results are currently being analysed and discussed by the group and will be reported to the April 2020 Committee
- **Smiley faces machines in A&E Department.** The Welsh Government are funding the introduction of Smiley faces machines across all Wales A&E and MIU departments. The All Wales project group are hoping to roll these machines out during December/January across Wales and the results will be reported to the Committee in this report.
- **Nutrition and Hydration Steering Committee.** We have developed a Nutrition and Hydration report for the Nutrition and Hydration Steering Committee. The feedback used is captured by the All Wales Questions. These questions are broken down and allows us to theme the comments made by our patients. Patient feedback on catering remains a standard agenda item on the Health Board’s Nutrition Steering Group. Common themes or trends are identified and taken forward to the Nutrition Quality and Safety Forum

2. LEARNING FROM FEEDBACK

The Health Board uses feedback from incidents, complaints, Friends and Family questionnaires and systems such as “Lets 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.



'Let's Talk'

The Datix Risk Management system is used to log, store, and track the Swansea Bay Lets Talk data/information. This enables the Health Board to use this data when looking at themed reports. For the period, July, August and September there were 71 contacts 13 were converted to complaints, 4 compliments 9 transferred to Cwm Taf University Health Board as they related to Bridgend services.



'Care Opinion'

The Health Board has subscribed to Care Opinion to be able to respond to feedback/comments made on their website. There was no comments posted for the period, July, August, September.

You Said - We Did

Ward 3 Singleton Hospital: You said: Patient unable to communicate food choices to canteen staff. Therefore meals ordered on patient's behalf were not always eaten.

We did: Spoke with Catering Manager who supplied the patient's husband with menus in advance. This ensured the patient received the meal she most liked to eat.

On an All Wales basis, a catering management system is being looked at to allow patients timely selection of their choices.

Ward 6 Singleton Hospital, You said: Patient feeling very lonely, they did not have any family members to visit them. As a result, they were suffering with low mood.

We did: The PALS team arranged for our volunteers to visit the patient and spend time talking with them. The patient was grateful and felt better after chatting to the volunteers who called periodically throughout their stay.

Morrison Hospital, You said: Swansea householders/residents have to recycle, yet Morrison Hospital has no recycling options I can see, all bins are general waste bins.

We did: We passed this feedback across to Technical Services (Recycling) Team. The team advised that this current year financial plans are for the Health Board to replace existing bins with the new Mixed Recycling/General waste bins. (The Morrison Hospital recycling bins were replaced the following week).

2.1 Learning from Events, Patient Experience & Clinical Practice



The Health Board has established a Learning from Events Forum. The purpose of the Forum is to share the learning from patient safety incidents and inspections across the Health Board. The first Forum was held in October 2018 and was hosted by the Princess of Wales Hospital Delivery Unit and focused on learning from recent never events.

Further learning events were held in Neath Port Talbot Delivery Unit on 2nd April 2019 and Singleton Hospital Delivery Unit on 14th May 2019, Morriston Hospital Delivery Unit on the 10th June 2019 and Primary and Community Services Delivery Unit held their learning event on 6th November 2019.

The learning identified from the Primary Care and Community Services Delivery Unit Learning Event on 6th November 2019 included presentations from the below service areas and learning and changes made included:

- **Sexual Health Service**
 - Ruptured ectopic pregnancy complaint in relation to management following attendance. Number of issues, poor record keeping, staff showed little compassion.
 - Changes: staggered breaks, Information Governance training provided to staff, documentation audits, leaflets changed to include requirement to carry out a second pregnancy test; yearly mandatory and statutory training completed by staff.

- **Dental Care Never Event: Wrong Tooth Extraction**

Issues identified were:

 - System error no Local Safety Standards for Invasive Procedure, checklist not used, record keeping.
 - Learning shared with Welsh Government, Health Inspectorate Wales and local practitioners in Swansea Bay to develop Local Safety Standards for invasive procedures.

- **Pressure Ulcer Improvement**
 - The District Nursing Service covers 390,000 patients, provided by 157 Registered Nurses, and 61 HCSW.
 - Pressure Ulcer (PU) Scrutiny Panels were set up 18 months ago to investigate grade 2 and above incidents and investigation.
 - 1st January – 31st October 307 PU's scrutinised – 5 avoidable.
 - Main causal themes: end of life pathway, patient **concordance** with equipment/advice/skin inspection, dementia, acute episode of illness.
 - January – August 2018 568 incidents reported compared to 1st January – 31st August 2019 344 incidents.
 - Improvements:
 - Staff use Ipads to report the incidents and take photograph to grade correctly.
 - Staff are looking for other **causal** themes when identifying patients at risk of PU's.

- Tissue Viability Nurse's education with staff and set up Wound Interest Groups.
- E Learning for PU prevention used.
- Developed a Supporting Patient Concordance Policy to ensure service has done all it can do to help patients understand.

- **Ronnie's Recovery – Patient Story**

- The patient had a pressure ulcer that did not develop under the District Nursing Service.
- The story demonstrated successful multi professional team working with the patient and family which has improved the pressure ulcer, and the patient's quality of life.

- **National Early Warning Score: Acute Clinical Team (ACT) and District Nursing Service**

- NEWS – Nurse Practitioner within Swansea Acute Clinical Team has used improvement methodology to introduce NEWS Scores to the community.
- NEWS – District Nursing have progressed 2 pilot areas using an adapted NEWS model, and improving communication using SBAR reporting to GPs
- CNO's vision to have NEWS implemented in District Nursing and Community Teams by April 2021 is being progressed
- Introducing every contact counts.
- Aim NEWS to be common language used with GP's, WAST, District Nursing and community nursing.
- Two thirds of staff trained.
- Working collaboratively with 1000 Lives, now renamed Improvement Cymru.

- **Health Visiting**

- **Perinatal mental health** is a public health issue – as many as one in four women in the UK experience a mental health problems during pregnancy or in the first year after having a baby
- Perinatal mental illness has been a leading cause of maternal death, contributing to 15% of all maternal deaths in pregnancy and during the first 6 months after having a baby.
- Specialist role in perinatal mental health, early intervention is key
- Secondment to role in August 2017 to improve existing service by establishing ways of reducing gap in service for women with mild to moderate perinatal illness
- Referrals received Jan 18 – Nov 18 – 104, December 18 – October 2019 241
- Delivered perinatal mental health training to Health Visitors.
- Significant improvement for those women referred to the new service.

Delivery of the Healthy Child Wales Programme to Father's in HMP Swansea

- Children who have experienced Adverse Childhood Experiences (ACE) are more likely to face poorer long term health, social and educational outcomes.
- A parent in prison is one such ACE, 65% of boys with a convicted father, will go on to offend themselves
- Parental imprisonment is known to be a strong risk factor for insecure attachments in children, maintaining visits to a parent in custody, is recognised as a protective factor, which enables children to cope better
- 6 health Visitors work with a specific group of families who have children from birth to 3 years old, over a 6 week rolling programme (a weekly 2 hour session)
- Time is spent with parents to determine what topics they want more information on i.e. dental care, baby massage, play and Basic Life Support (BLS) – the approach is flexible to the parents needs
- Visual aids used if required due to differing literary abilities, but it is encouraged that all fathers are actively involved in the activities with their children

- Positive feedback from fathers and mothers involved
- Team have submitted an article for publication
- **Speech and Language Therapy (SLT) Pre-school Preventative Pathway**
 - Increasing number of referrals/time heavy resource - Pathway review needed
 - Changes – no referral need, parents self-refer; 15 minute slots; opportunity to discuss concerns with experienced SLT; advice and ideas for home; x2 therapists -1 to discuss with parent and 1 to interact with child; co-production of decision to escalate to Specialist Assessment; outcome on PIMS; Assessment appointment booked at session
 - Outcome – referral is quicker, experience for parents and children improved; job satisfaction for Speech and Language Therapists has increased.
 - This work has been entered into the AHA Awards for Improving health outcomes.
- **HMP Swansea: Point of Contact Testing for Hep C Virus Prison Pilot**
 - Implemented a streamlined pathway in Swansea Prison, eliminated it in Swansea, first prison in UK to achieve this.
 - 50 admissions per week.
 - 6 month project started on 6th May. Day 2 of arrival have a month swab test, results 20-40 minutes. Diagnosed and treated in the same day.
 - Tested 775 8th May – 15th October of which 90 were positive and commenced effective treatment.
 - Staff reported that prisoners who have undergone this are being positive role models about this process to new men entering Swansea prison

3. COMPLIMENTS

A total of 276 compliments were recorded on Datix between 1st July 2019 and 30th September 2019, a breakdown by Delivery Unit is provided on Page 15 and a selection of compliments that were received.

3.1 Social Media

From September 2019 the complaints department are capturing the compliments we received via social media.

During September 2019 there were 3 social media compliment for Morriston Hospital.

3.2 Written Compliments July - September 2019

Compliments by Service Delivery Unit



Emergency Department, Morryston Hospital

"Please can you convey my thanks to the A/E team on duty on my arrival last evening. We arrived with a patient to find that the department was in a difficult situation with the hospital bed state critical. The A/E team regardless sought solutions to what was a difficult position for all patients and all staff. The patient had the best possible experience which is what we all strive for. The ambulance teams also who were waiting were very positive in what I can imagine is a very challenging time for you all. Either way we don't pat people on the back enough".

Speech & Language Therapy, Community Paediatrics

"It's just a little token of our appreciation. Thanks so much for going in to see his new teachers today too. XXXX is finding the transition a challenge to say the least but the staff are taking each day at a time and fingers crossed he'll see it through. We are going to miss you and your involvement, thank you".

Ward M, Morryston Hospital (Singleton Delivery Unit)

"I would like to pass on my thanks and appreciation to the team on ward M who looked after my daughter for her emergency dental operation last week.

The team of nurses were on the go 100% of the time with constant admissions and departures but were always available to help and provide reassurance to both my daughter and us as parents.

The wonderful team of nurses and student nurses alike truly epitomise everything that is good about the NHS in their positive demeanour and professional approach to caring for their patients".

Wards AMAU & W Morryston Hospital

"I had to stay in hospital and want to thank the staff. Even though we were unwell we still had cause to laugh. Cheerful caring nurses, caring doctors too. Domestic staff and caterers, to me that's nothing new. Overtime I had to stay on various wards and found. Though short staffed the dedication never lets you down. Night or day at any time help and care is given. Nothing's too much trouble to keep patients living. Delicious meals, well prepared, excellent menu too. Everything for patients' comfort, number one is "you". So thank-you once again for top rate care from all. If it wasn't for the team work, I wouldn't be here at all."
Poem published in the Evening Post from patient

4. CONCERNS MANAGEMENT

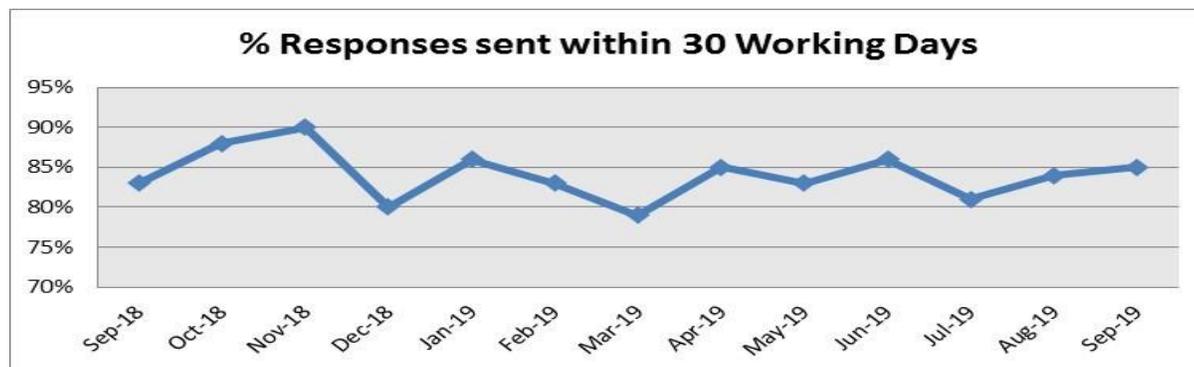
4.1 Concerns Assurance

On a monthly basis, the Health Board conducts a Concerns Redress Assurance Group (CRAG) where the Corporate Complaints Team review recently closed complaints. A 'deep dive' review is undertaken on each Service Delivery Unit in turn, as well as the review of a selection of closed complaints from the other Service Delivery Units. During this review, any agreed actions by the Service Delivery Units are monitored by the Corporate Complaints Team to confirm actions are completed to ensure compliance. CRAG commenced in 2016 and is continually developing and evolving to ensure that the best possible learning and assurance is attained by the Health Board. The Health Board has also introduced CRAG workshops where learning is shared with senior members of the Service Delivery Units

A Learning Event based on sharing learning and providing assurance, based on complaints themes and trends, with examples of good responses, is being arranged for 27th February 2020. Learning from other Health Board's Section 16 Ombudsman Reports will also be presented in the Learning Event, which is being supported and attended by the Health Board's Ombudsman Improvement Officer.

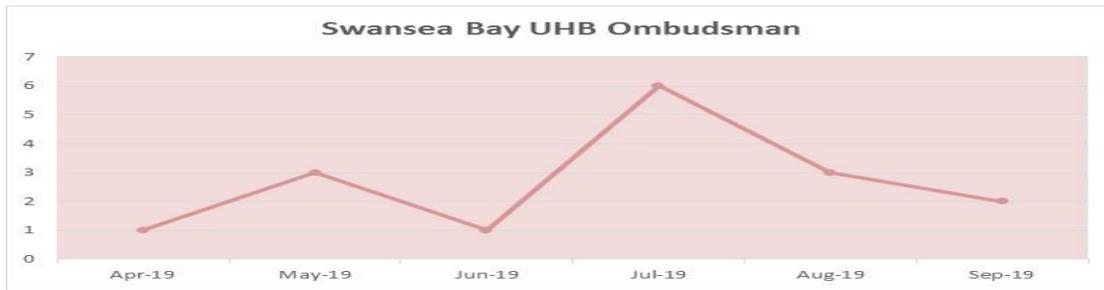
4.2 Complaints Performance

The Health Board have achieved 85% for September 2019 performance, which is 10% higher than the Welsh Government Target of 75%.



4.3 Ombudsman Cases

There has been a slight decrease in complaints which the Ombudsman has investigated in relation to the Health Board in 2018/19, 35 compared to 37 in 2017/18. From the 1st July 2019 – 30th September 2019 we have received 11 new investigations compared to 13 for the same period last year.



The Patient Feedback Team has ensured that all Ombudsman timescales are met to ensure continued timeliness when communicating with the Ombudsman. The Health Board has Key Performance Indicators in place, which are monitored on the Datix system, which assist with achieving the timescales set by the Ombudsman.

An Ombudsman Project Plan has been implemented, which includes a tailored training programme to provide Ombudsman Learning and Assurance training, based on identified themes and trends, to each of the Service Delivery Units. The training will also incorporate the importance of complying with actions agreed at meetings with complainants and in complaint responses. This will ensure a robust system is in place in the Service Delivery Units.

4.4 Concerns Actions taken/being taken include:

- Concerns Redress Assurance Group to continue reviewing and auditing complaint responses to ensure compliance with the “Regulations”.
- Each month a ‘deep dive’ review is undertaken on each Service Delivery Unit in turn, as well as the review of a selection of closed complaints from the other Service Delivery Units. During this review, any agreed actions by the Service Delivery Units are monitored by the Corporate Complaints Team to confirm actions are completed to ensure compliance and reported to the Quality and Safety Governance Group.
- Concerns Assurance Manager to attend all Welsh Risk Pool Complaints Network & Ombudsman Network meetings and share learning with the Health Board.
- Tailored training/workshops for each Service Delivery Unit to reinforce the NHS (Concerns, Complaints & Redress Arrangements) (Wales) 2011 Regulations (“Regulations”) and ‘Good Response’ writing.
- Appropriate early resolution to be considered on receipt of each Ombudsman enquiry and investigation.
- Attending all Welsh Risk Pool Ombudsman and Complaints Network meetings.
- Working closely with Primary and Community Care Service Delivery Unit to ensure consistency in the approach to cases which relate to the primary care setting.
- Tailored Mental Health & Learning Disabilities training is currently being arranged to reinforce the “Regulations” and Redress process.
- A Learning Event based on sharing learning and providing assurance, based on complaints themes and trends, is being arranged for 27th February 2020. Learning from other Health Board’s Section 16 Ombudsman Reports will also be presented in the Learning Event, which is being supported and attended by the Health Board’s Ombudsman Improvement Officer.

4.5 Incidents

For the period 1st July 2019 to 30th September 2019 a total of 5829 incidents were reported. The severity of the level of harm of incidents reported is set out as follows:

No Harm (1)	3849 (66.03 %)
Low (2)	1770 (30.36%)
Moderate (3)	180 (3.08%)
Severe (4)	6 (0.10%)
Death (5)	24 (0.41%)
Total	5829

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

- Moisture Lesion – 614 (349 – non HB acquired) (10.53%) incidents
- Suspected Slips/Trips/Falls (Unwitnessed) – 463 (7.94%) incidents
- Behaviour – 461 (7.90%) incidents
- Administrative Processes – 388 (6.65%) incidents
- Pressure Ulcer Developed Prior to Admission – 383 (6.57%) incidents

The Health Board has improvement programmes in place for Pressure Ulcer incidents and falls and the results/performance of these programmes are detailed in Agenda item: 5.2.

Behavioural incidents are reported and monitored through the Health and Safety Operational Group and reported to the Health and Safety Committee.

5. Patient Safety Solutions

- The Health Board is non-compliant with one Patient Safety Alerts (PSA) 008 - Nasogastric Tube misplacement which has passed its compliance date and non-compliant with two Patient Safety Notices (PSN), three of which have passed their compliance dates.
- PSN 030 - Construction of medicine cupboards, has passed its compliance date. This is still in the process of being reissued by Patient Safety Solutions in Welsh Government.
- PSN 046 - Resources to support safer bowel care for patients at risk of autonomic dysreflexia has passed its compliance date. Welsh Government have congratulated the Health Board on the work that we have undertaken
- PSN 049 - Supporting the introduction of the Tracheostomy Guidelines for Wales – Adults and Children has passed its compliance date.

6. DELIVERY UNIT REPORTS

Mental Health & Learning Disabilities Services Delivery Unit

1st July 2019- 30th September 2019

Mental Health & Learning Disabilities SDU received 62 concerns.



Top 3 Complaint Trends

- Communication (19)
 - Appointments (10)
 - Clinical Treatment (10)
- 😊
- No Personal Injury claims
 - No Never Events
- ☹️
- 2 Clinical Negligence claims

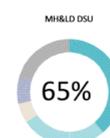
Incidents:

860 incidents were reported with the 3 top themes being:

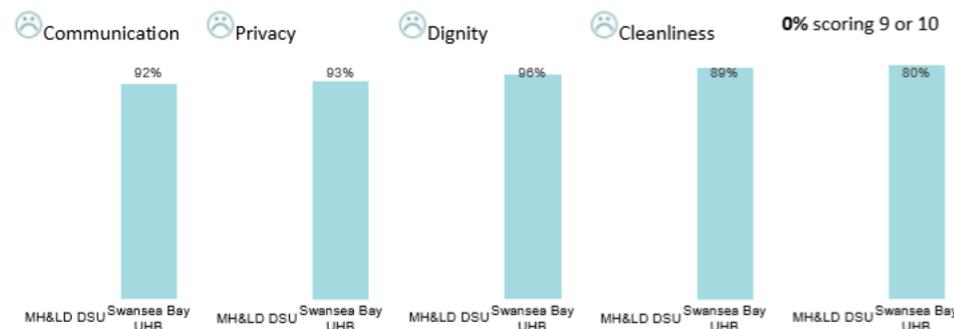
- Inappropriate/Aggressive Behaviour towards Staff by a Patient – (208)
- Inappropriate/Aggressive Behaviour towards a Patient by a Patient– (111)
- Suspected Slips/Trips/Falls – (82)

24 Serious Incident's: Unexpected deaths - 22 (the Health Board retrospectively reported all deaths of Mental Health patients known to the service who died within 12 months of being seen by the Health Board), Patient Accident/Fall- 2

Friends & Family Results – July - September 2019
of 49 respondents said they would be extremely likely or likely to recommend the clinical service.



All Wales Survey



There were one All Wales Surveys completed for the Service Delivery Unit during July – September 2019 with the overall score 0%.

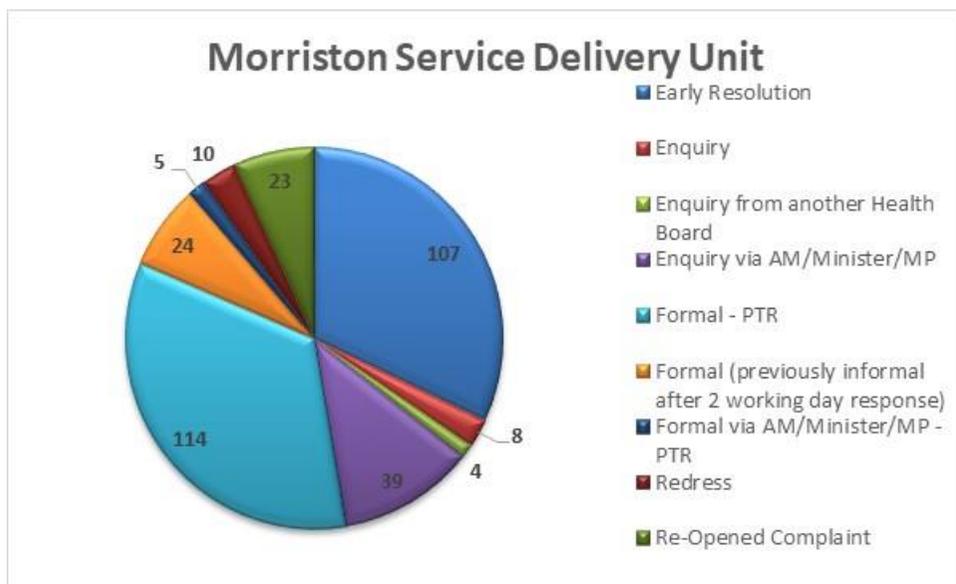
Compliment: Clyne Ward, Cefn Coed Hospital

"My daughter was on the ward from early March to late June I would like to thank you staff and your doctors for the high standards of care and attention that she received"

Morrison Hospital Service Delivery Unit

1st July – 30th September 2019

Morrison Hospital SDU received 334 concerns.



Top Complaint Trends

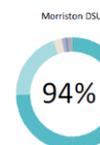
- Admissions (103)
- Appointments (56)
- Communication (53)
- Clinical Treatment (52)
-  22 Clinical Negligence Claims
-  No Personal Injury Claims
- No Never Events

Incidents:

2213 incidents were reported with the 3 top themes being:

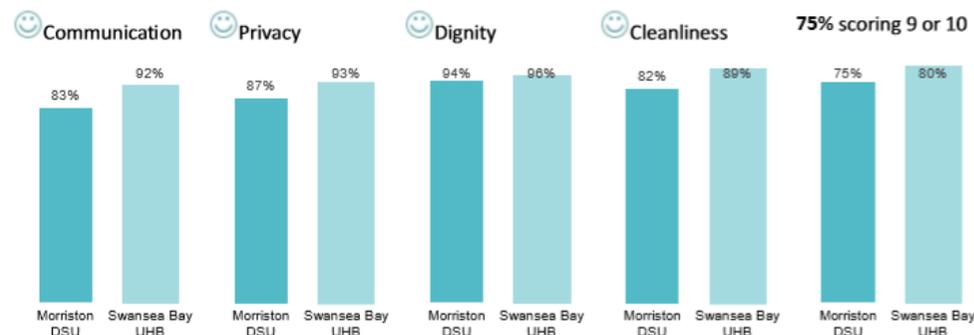
- Access and Admission – (364)
- Moisture Lesion – (222)
- Suspected Slips/Trips/Falls – (189)

13 Serious Incidents: Patient Accident/Fall- 2, Unexpected Death- 3, 1 Therapeutic Processes/Procedures, 3 Infection Control, 1 Behaviour, 1 Service Disruptions, 1 Pressure Ulcer and 1 Diagnostic Processes/Procedures.



Friends & Family Results – July to September 2019
of 5,366 respondents said they would be extremely likely or likely to recommend the clinical service.

All Wales Survey



315 All Wales Surveys were received for the Service Delivery Unit during July to September 2019 with the overall score of 75%.

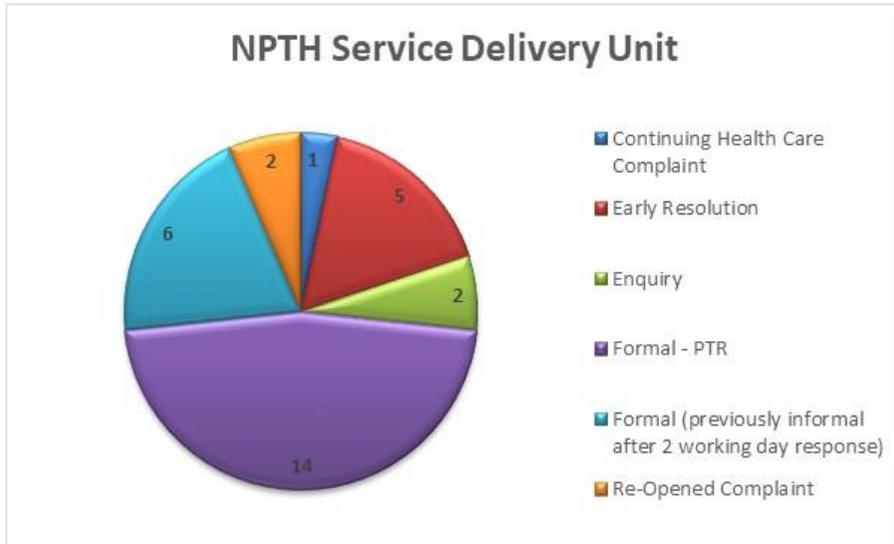
Compliment: ENT Clinic – Morrison hospital

"I just wanted to say every member of staff I encountered yesterday was outstanding. I couldn't have been treated better. I was quick enough to complain regarding planning issues so felt I should be as quick to compliment the standard of care I received once again from a fantastic team".

Neath Port Talbot Hospital Service Delivery Unit

1st July 2019 – 30th September 2019

Neath Port Talbot SDU received 30 concerns



Top Complaint Trends

- Communication (9)
- Clinical Treatment (8)
- Attitude & Behaviour (4)

- 😊 ➤ No Personal Injury claims
- No Never Events

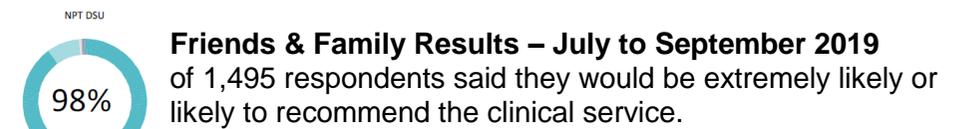
- ☹️ ➤ 2 Clinical Negligence claims

Incidents:

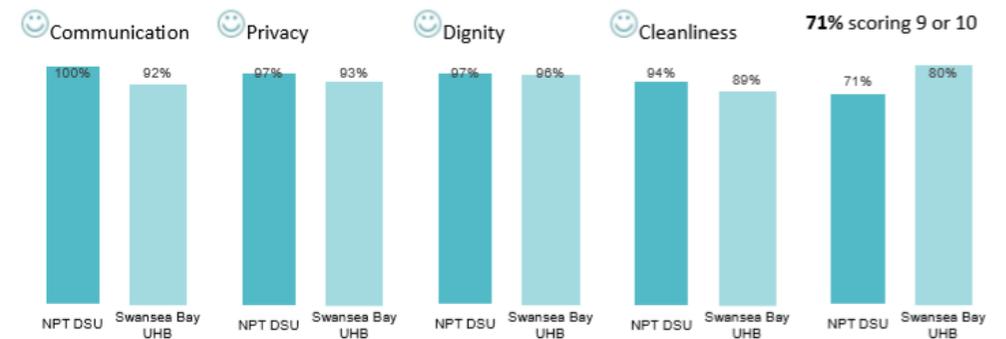
341 incidents were reported with the 3 top themes being:

- Suspected Slips/Trips/Falls (un-witnessed) – (65)
- Inappropriate/Aggressive Behaviour towards a Staff by a Patient – (38)
- Witnessed slips, trips/falls – (18)

3 Serious Incidents: Patient Accident/Fall – 2, Service Disruptions - 1



All Wales Survey



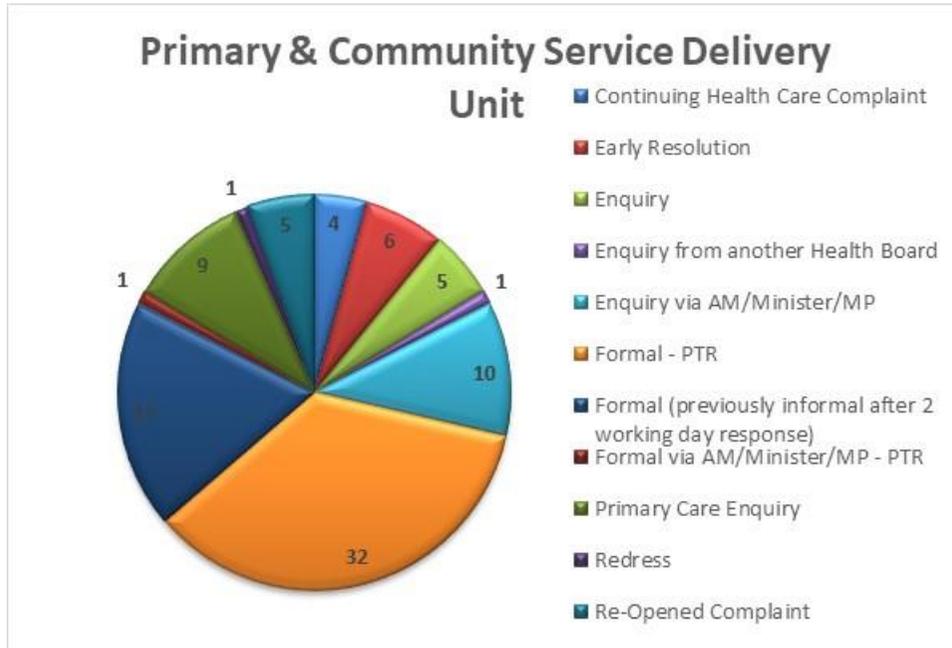
119 All Wales Surveys were received for the Service Delivery Unit during July to September 2019 with the overall score of 71%.

Compliment via Twitter “I don’t often tweet about personal things but with our NHS often being open to criticism, I felt I should share how wonderful the staff were today at the Endoscopy Unit at NPT Hospital, with particular mention to xxxx who was kind and reassuring”.
Endoscopy Unit

Primary & Community Service Delivery Unit

1st July – 30th September 2019

Primary & Community SDU received 91 concerns.



Top 3 Complaint Trends

- Communication (21)
- Appointments (19)
- Clinical Treatment (11)



- No Personal Injury claims



- 1 Clinical Negligence claim
- 1 Never Event

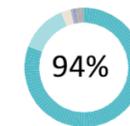
Incidents:

1059 incidents were reported with the 3 top themes being:

- PU Developed prior to admission – (340).
- Moisture Lesion – (326)
- Injury of unknown origin – (83)

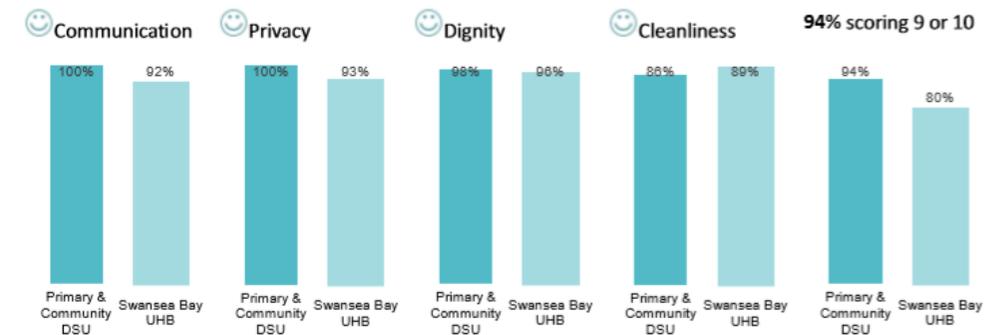
4 Serious Incident's: Pressure Ulcers – 3, Therapeutic Processes/Procedures – 1

Primary & Community DSU



Friends & Family Results – July - September 2019
of 415 respondents said they would be extremely likely or likely to recommend the clinical service.

All Wales Survey



50 All Wales Surveys were received for the Service Delivery Unit during April to June 2019 with the overall score of 94%

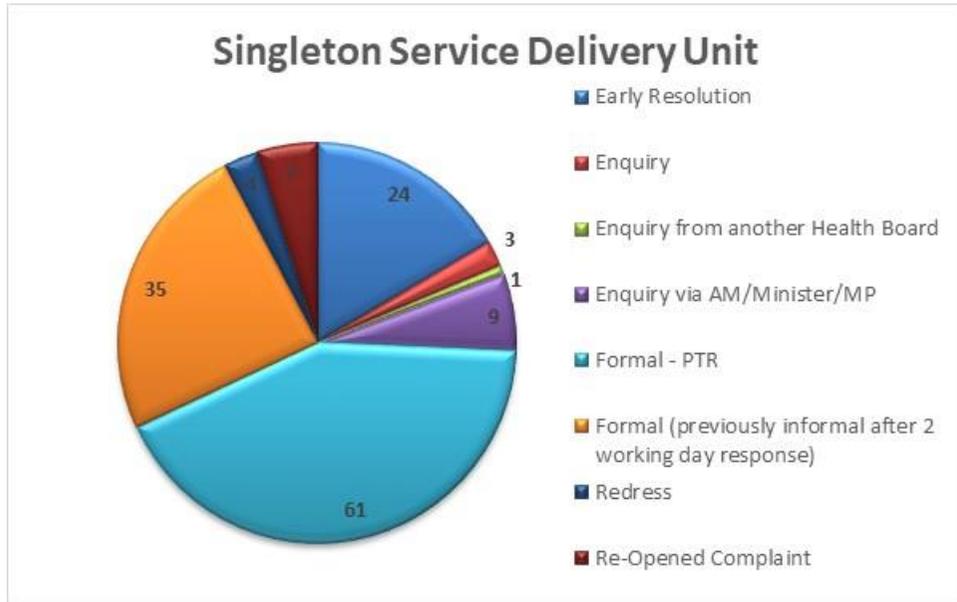
Compliment: Orthotics Service Team:

"Thank you so much for all you have done for me over the years, it is much appreciated".

Singleton Hospital Service Delivery Unit

1st July 2019 – 30th September 2019

Singleton Hospital SDU received 144 concerns.



Top 3 Complaint Trends

- Appointment (35)
- Communication issues (32)
- Clinical Treatment (27)



- 8 Clinical Negligence claims
- 1 Personal Injury claim
- 1 Never Event

Incidents

1164 incidents were reported with the 3 top themes being:

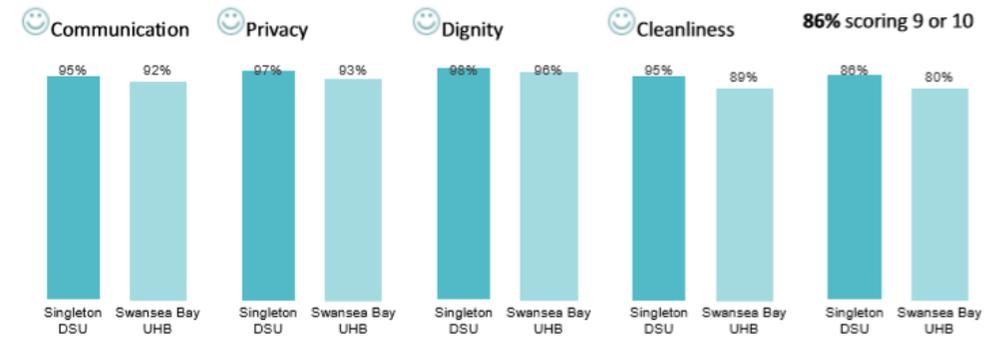
- Maternity Triggers – (179)
- Suspected Slips/Trips/Falls – (101)
- Neonatal Triggers – (64)

11 Serious Incident's: Pressure Ulcers – 3, Maternity Care – 3, Infection Control – 2, Neonatal/Perinatal Care – 2, Anaesthesia - 1

Friends & Family Results – July – September 2019

of 4,509 respondents said they would be extremely likely or likely to recommend the clinical service.

All Wales Survey



330 All Wales Surveys were received for the Service Delivery Unit during April to June 2019 with the overall score of 86%.

Compliment: Ward 12, Oncology, Singleton, "Many thanks to all the staff for the rehabilitation given to me. I very much enjoyed the Tai Chi classes and very much appreciated having them"