

ABM University Health Board	
5 th April 2018 Quality and Safety Committee Agenda item: 5.1	
Subject	Patient Experience Report
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Approved by	Cathy Dowling, Interim Deputy Director of Nursing & Patient Experience
Presented by	Angela Hopkins, Interim Director of Nursing & Patient Experience

1. SITUATION

The Patient Experience Report is attached as **Appendix 1** and provides details of the work undertaken during January and February 2018, and information on key performance indicators.

2. BACKGROUND

The Patient Experience Report has been developed following feedback from Non-Officer Members.

3. ASSESSMENT

Key issues to highlight in the report include:

- The inpatient discharge feedback rate, in December 2017 decreased to 20% from 27% in November 2017, although was higher than the rate reported in December 2016 of 9.4%;
- The lowest scoring areas for the score of % who would highly recommend the service to Friends & Family using the Friends & Family returns for January and February 2018 is set out on page 3 with the main themes identified from the feedback;
- Patient Experience Team Improvement work priorities for 2018/19 is set out on page 5 and includes: stroke services, cancer, patient stories and learning from other organisations;
- The 15 Step Challenge was carried out on Ward 8, Princess of Wales Hospital and the finding are set out on pages 6 to 9;
- Learning from feedback is set out on pages 10 to 13 obtained from 'Let's Talk', 'Care Opinion', 'You Said, We Did' and from the Service Delivery Units.
- Concerns management, the Health Board achieved the 80% target against the 30 working day response rate to formal complaints for January 2018 and the number of re opened complaints has decreased, on aggregate over 2017/18 compared to 2016/17. There number of long standing complaints, complaints open over 6 months has reduced to four. There has been an increase in Ombudsman cases during

2017/18 when compared to 2016/17 and there is a separate report on Ombudsman cases, agenda 9.2 for the Committee members to note;

- Serious Incidents, 58 such incidents were reported in January and February 2018, these incidents are under investigation;
- During January and February 2018, three Never Events were reported which are currently under investigation and the learning from these incidents will be shared with the Committee once the reports are finalised;
- The Health Board is non-compliant with three Patient Safety Solutions, details of which are provided on page 17-18, and sets out the next actions to be taken to progress compliance.
- Arts in Health section on page 18 provides details on dance intervention projects, which will run until September 2019 with the aim of falls prevention.

4. RECOMMENDATION

The Committee is asked to:

- Note the report and the learning and improvement that is being implemented as a consequence of patient experience feedback and learning from events;
- Consider the hotspot findings as Members may wish to consider one of these areas to undertake the next 15 Step Challenge;
- Support the ongoing development of this report and approach on patient experience by providing feedback from the Quality and Safety Committee.



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Appendix 1



Patient Experience Report January - February 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 our Delivery Units and learning.

Index

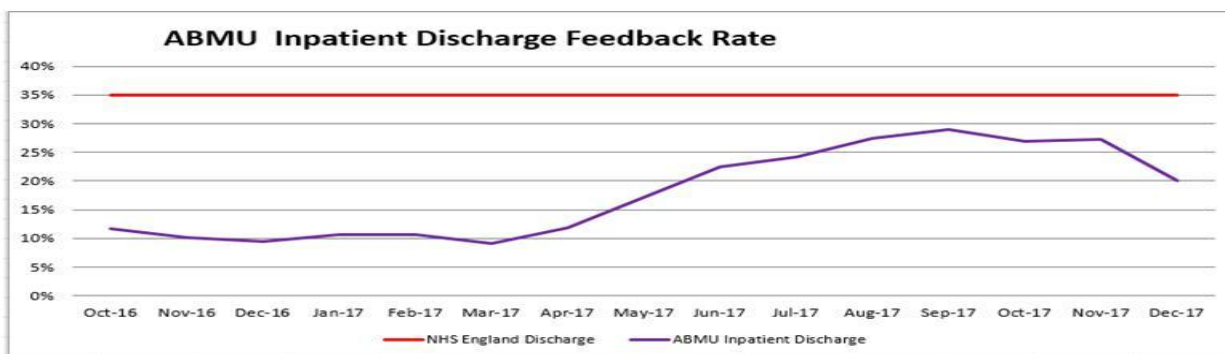
1. Patient Experience Update	Page 2
2. Quality and Safety Reviews.....	Page 6
3. Learning from experience.....	Page 10
4. Compliments	Page 13
5. Concerns Management.....	Page 15
6. Patient Safety Solutions	Page 16
7. Arts in Health.....	Page 17
8. Delivery Unit Reports	Page 19

1. PATIENT EXPERIENCE

1.1 Inpatient Discharge Feedback Rates

The Patient Experience Unit 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. The Health Board's performance in October and November was 27%. Feedback rate for December 2017 decreased to 20%, (below 10% in December 2016 which is considered to be attributable to the Christmas period).



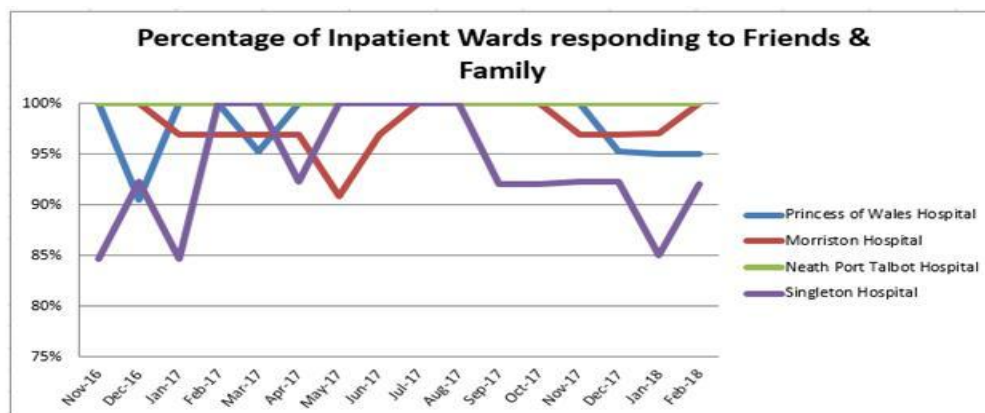
	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
NHS England Discharge	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%
ABMU Inpatient Discharge	11.70%	10.10%	9.40%	10.70%	10.70%	9.20%	11.90%	17.20%	22.40%	24.10%	27.50%	28.90%	27.00%	27.28%	20%



1.2 Unit Feedback Rate

The table below demonstrates the number of ward areas providing feedback from each of the four main hospital sites. The table indicates that Neath Port Talbot Hospital continues to return 100% feedback since September 2016. The Princess of Wales Hospital remained consistent at 100% from April through to December 2017. Although for December, January and February their return rate has decreased to 95%. Singleton return rate has not reached over 93% for six months, year on year figures show January 2018 had 85% which is the same for January 2017. Morriston was 97% for November, December and January, and achieved 100% for February 2018.

The SDU's aim is to increase feedback to 100% compliance for each hospital and sustain this response rate throughout the year.



Percentage of Inpatient Wards responding to Friends & Family																
	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
Princess of Wales Hospital	100%	90%	100%	100%	95%	100%	100%	100%	100%	100%	100%	100%	100%	95%	95%	95%
Morrison Hospital	100%	100%	97%	97%	97%	97%	91%	97%	100%	100%	100%	100%	97%	97%	97%	100%
Neath Port Talbot Hospital	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Singleton Hospital	85%	92%	85%	100%	100%	92%	100%	100%	100%	100%	92%	92%	92%	92%	85%	92%

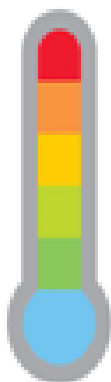
Total Inpatient Wards	No. of Wards on Site	Wards with no reply for January 2018	Total Inpatient Wards	No. of Wards on Site	Wards with no reply for February 2018
Princess of Wales Hospital	21	1	Princess of Wales Hospital	21	1
Morrison Hospital	33	1	Morrison Hospital	33	0
Neath Port Talbot Hospital	6	1	Neath Port Talbot Hospital	6	0
Singleton Hospital	13	2	Singleton Hospital	13	1

- **Did you know:** Patient feedback is collected on 333 areas across ABM. Collection numbers can range from 1,280 to 1,518 per week. The aim is to have more feedback forms completed online.

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

- Pendre, Princess of Wales Hospital (60 responses)
- Coronary Care Unit, Morrison Hospital (34 responses)
- IVF Clinic, Neath Port Talbot Hospital (44 responses)
- Medical Day Unit, Singleton Hospital (234 responses)

The 10 lowest scoring areas for the reporting period were:



- Neurology Ambulatory Care/Emergency X-Ray, Morrison Hospital (30%)
- Ultrasound, Princess of Wales Hospital (56%)
- Fracture Clinic, Princess of Wales Hospital (71%)
- Ward 6 Gastro/Diabetes (75%)
- Phlebotomy - Singleton (75%)
- Cardiac Outpatients Dept - Morrison (75%)
- Audiology Unit, Princess of Wales Hospital (78%)
- Outpatients Department - Gorseinon (78%)
- Cardio Respiratory – Singleton (80%)
- Ward 10 (Trauma & Orthopaedics), Princess of Wales Hospital (81%)

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

- Appointments running late and cold waiting room due to the winter weather.
- Staff not listening to patients.
- Parking and no TV for patients to watch while waiting.
- Staffing issues and no availability of beds.

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?															
Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
97%	96%	93%	97%	95%	95%	94%	95%	95%	95%	96%	95%	92%	95%	93%	93%
You were given help with feeding & drinking?															
Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
63%	78%	74%	87%	75%	84%	79%	72%	79%	82%	73%	85%	85%	86%	77%	94%
Were you given the support you needed to help with any communication needs?															
Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
91%	89%	88%	92%	90%	92%	91%	88%	86%	89%	91%	90%	91%	87%	87%	89%
Were things explained to you in a way that you could understand?															
Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
89%	88%	83%	89%	88%	87%	87%	86%	83%	85%	89%	87%	86%	88%	88%	92%
Did you feel we did enough to keep you as free as possible from pain?															
Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
91%	87%	83%	86%	85%	84%	87%	83%	85%	87%	88%	86%	81%	94%	84%	89%
People are kind and compassionate to you?															
Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
88%	90%	88%	89%	89%	89%	89%	88%	86%	91%	91%	88%	94%	92%	88%	91%
People are welcoming, friendly and helpful?															
Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
89%	92%	91%	88%	89%	89%	88%	91%	84%	91%	90%	88%	91%	86%	89%	90%
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?															
Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
92%	92%	87%	91%	90%	87%	83%	90%	90%	90%	91%	91%	85%	89%	89%	84%

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 November/December has improved to 96% this is the first time the combined data has reached this score. Below are the hospital site scores: Gorseinon Hospital 79% (84%), Maesteg 100% (96%), Morriston Hospital 94% (94%), Neath Port Talbot 98% (97%), Princess of Wales Hospital 95% (95%) and Singleton Hospital 96% (96%). NPTH and Maesteg have improved from the last reporting period in brackets; Morriston, POWH and Singleton have remained the same. Gorseinon has dropped 5% for this reporting period.
Retrospective – more in-depth surveys	The overall satisfaction score from feedback of the Patient Experience Framework questionnaire has slightly dropped 1% to 84% This is based on the number of people scoring 9 and 10 from a scale of 0 to 10.
Balancing – Concerns, Patient Stories	Mental Health and Learning Disabilities delivered a patient story to the Board in December 2017. Title of the story: Michelle's Story. How staff helped Michelle learn coping strategies and value herself.
Proactive/Reactive – texts, social media	48 alerts were received into the Patient Experience inbox for November and December of which 11 needed to be escalated to the PAL's Team or Governance Manager for the area. The ABMU Let's Talk mailbox received 32 feedback e-mails for November and December, which were forwarded to the appropriate teams.

1.6 Patient Experience Team Improvement Work

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

- **Quality Priority – Stroke:** Patient Experience Team are working with the stroke occupational therapist service in POWH. Early discussions have taken place and the questions for the survey are being developed. The aim is for the information collected to be used to guide service needs and to develop and improve the input occupational therapy provides to stroke patients.
- **Cancer:** After a successful meeting with the National Cancer Network, the Health Board was approached by Macmillan to work together on developing a bespoke survey. The aim is to capture cancer patient feedback from the GP pathway. There was a meeting in January with Upper Valley cluster lead, ABM Patient Feedback Team and GP and Macmillan regional nurse. A set of questions have been discussed and bespoke surveys are being developed for comment.
- **Patient stories:** Ongoing work developing the ABM Patient Stories SharePoint site. This site will house the library of patient stories which staff will have access too. Development of the Patient stories, Standard Operating Procedure, guide and toolkit has been developed to support the governance of this work and consistently across the Health Board.
- **Learning from others:** The Patient Experience Team visited Bristol Royal Hospital and WAST to find out how they capture patient experience and the methods they use. From the WAST meeting there are 2 possible projects which the Patient Experience Team are keen to get involved with. 'The big conversation' and Joint A&E and Ambulance Survey. Future meetings with WAST will be held to discuss the plan going forward.

2. QUALITY AND SAFETY REVIEWS:15 STEP CHALLENGE

Date: 1st February 2018

Location: Ward 8, Princess of Wales Hospital

- Ward 8 is identified as a Hot Spot pressure ulcer ward in the patient experience report.
- Ward 8 is identified as a low scoring area for patient feedback in the patient experience report.
- Identified as HCAI ward in Infection control report.

General comments:

Ward 8 in the Princess of Wales Hospital, Bridgend is an elective surgical unit. Length of stay is approximately 3 days. The age range for admission is 16+.

The Ward Manager has been in post since September 2017. When the team spoke to the Manager, she was enthusiastic about the Ward and the care provided to patients. It was clear that the Manager wanted to improve the quality of care on the Ward as she mentioned she had completed quality improvement courses and had implemented various initiatives on the Ward.

On entering the Ward, visitors are presented with freshly painted walls and natural light, which made it feel welcoming and calm. The walls had information posters displayed which were all in good repair. The reception desk is central to the ward for visitors to report to when entering. The reception area was busy but clutter free, which gave the Ward a clean and organised feel.

WELCOMING:

Welcoming		
Is there a welcoming appearance/ atmosphere?	✓	Freshly painted, bright environment. Very organised appearance, no clutter
Is there information available on visiting hours and staff?	✓	Open visiting

Open visiting hours

The Ward Manager raised concerns with the flexible visiting policy and its appropriateness for Ward 8. Due to the nature of the Ward, patients are returning from theatre regularly throughout the day.

These patients require increased care, which can be delayed by visitors. Post-operative patients also need to rest, but this can be disrupted by not having dedicated rest periods. The Ward Manager feels that flexible visiting but with dedicated rest periods for patients would be better suited to the Ward.

Action required	How, By Who and When?
Highlight open visiting policy concerns with Unit Nurse Director. Discuss policy at Nursing Midwifery Board with Nurse Director.	Will be discussed in next Nursing Midwifery Board which is on the 22 nd March 2018 by Nurse Director

SAFE:

Safe		
Are hand gels in place for use?	✓	Yes plenty on display for use, staff using regularly, Although some people did come in and not use.
Is there evidence of falls hazards?	✓	Trolleys and equipment stored on ward but safely. No obstacles/ evidence of hazards
Is rubbish and dirty linen stored appropriately?	✓	No rubbish or dirty linen visible

Young person admission

The Ward can sometimes have admissions of persons ages 16 and 17. The ward recognises the risks around this and has processes in place. If a young person is admitted onto the Ward they will be given a cubicle whenever possible. The Ward will link in with safeguarding and flag the incident on Datix. The Ward Manager stated that she has no concerns of this process at the moment, and wants to ensure that young people get the care they need whilst on the Ward.

Recruitment

Retention of staff on Ward 8 is a challenge. Currently there are 8 WTE qualified Nurse vacancies. Staff shortages are filled with regular agency staff who are familiar with the Ward; however, this effects continuity of care. The Ward Manager describes the ward as constantly busy and full on. The Ward is regularly involved in recruitment days and also has a rolling vacancy advert. The Ward offers Student Nurses who successfully apply for vacancies the opportunity to join the ward as an unqualified member of staff while waiting for their PIN. Ward Manager raised concerns that due to decrease in numbers of Nurses coming through training they are in a position to pick where they would like to work once qualified.

Patient flow

The Ward has a number of medical outliers (6 on day of visit). The Ward Manager highlighted that surgical consultants do rounds on weekends, but medics do not which causes delays with patient flow over the weekend period.

Pressure Ulcers

Ward 8 had two incidents of suspected deep tissue/known pressure ulcers in December 2017. However, the Ward has had no incidents since. The Ward Manager said that pressure ulcers on the ward are likely to develop when the patient is in theatre for a long period. The Ward Sister has started to audit skin bundles to make improvements in this area and prevent further incidents.

Action required	How, By Who and When?
Consider rotation of staff on Short Stay Surgical Unit with Ward 8.	All new Band 5 adverts will stipulate rotation between both Surgical Wards and the Short Stay Unit for all staff to gain experience in elective and emergency surgery
Create an environment which supports staff on Ward 8 to develop skills.	Work with Nurse Practitioners to develop skills in specialised areas to include Colorectal, Urology and ENT. Utilize band 6 nurses on Ward to provide ad hoc training
Discussions around medical rounds on weekends	Has been raised with medical colleagues to look at ways to improve weekend medical reviews on the weekends

CARING AND INVOLVING:

Caring		
Are there indications that the importance of dignity and privacy is respected?	✓	Curtains in good repair and in use.
Can I see good team working in place?	✓	Staff described a supportive colleague environment
Is Patient feedback displayed?	✓	On display in office, but did not notice on public display.

Friends and Family Feedback

Friends and Family recommended feedback for Ward 8 had decreased to 76% during November & December 2017 (95% for November and December 2016). The Ward Manager stated that the ward regularly receives positive feedback in the form of verbal and thank you cards from patients, however she recognises that this should also be documented by Friends and Family feedback. The ward Manager has already started to address this by encouraging the Ward Clerk to gather feedback. The Ward Manager reflected that due to ward pressures it can be difficult for clinical staff to gather feedback as it takes time away from their clinical duties, which is their main priority. Friends and Family feedback was displayed in the ward office, but the team did not observe this information displayed on the Ward.

Ice Machine

The Ward cares for many ENT patients who require ice post-operatively. However, the Ward does not have its own ice machine which presents a number of issues. The Ward has to acquire ice from other areas or Costa Coffee Shop in the hospital entrance which can be an infection risk. Both of these options result in Nurses needing to leave the Ward and a delay in patient care. A bid to Charitable Funds Committee should be considered to buy an ice machine for the Ward.

Ward Hostess

Ward 8 does not have a Ward based Hostess so therefore this is part of the Health Care Support Worker (HCSW) role. Due to low numbers of HCSW on the Ward, taking on this duty impacts on care as patients are coming out of Theatre throughout the day. A Ward Hostess would free up time for nurses to care and improve the quality of care provided.

Action required	How, By Who and When?
To improve levels of patient feedback.	Ward staff have made improvements gaining patient feedback. (completed)
Display Friends and Family Feedback in public areas.	Friends and family feedback now being displayed in public areas (completed)
Complete charitable funds bid for Ice Machine	To be discussed with Infection Control and Unit Nurse Director regarding use of Ice Machines on Wards
Discussions around ward Hostess. Follow-up on paper submitted.	Unit Nurse Director having further discussions with Service Director re: funding of hostesses

WELL ORGANISED AND CALM:

Organised		
Is there evidence that equipment is stored appropriately?	✓	Yes – As above comment
Is information about patients visible/accessible?	✓	Yes – Patient Information boards on display and in use
Is there clear signage?	✓	Yes – Pictures/ symbols used. As well as Welsh translations
Calm		
Does it feel calm?	✓	Calm and relaxed despite busy nature of ward
Do staff appear to have time to spend with Patients?	✓	Observation of Receptionist demonstrating good communication skills with a patient and then relaying information onto clinical staff.

3. 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 this section.

3.1



‘Lets Talk’

From the end of June 2017 ABM Let’s Talk transferred to the Patient Feedback Team to manage. The Datix system is used to log, store, and track the ABM Lets Talk data/information. This enables the Health Board to use this data when looking at themed reports. For the period, January & February there were 39 contacts made by members of the public 13 converted into complaints for the SDU’s.

3.2



‘Care Opinion’

ABM Health Board has subscribed to be able to respond to comments made on the Patient Opinion website. There was only one comment posted on the site for January and February 2018.

"Didn't even take 2 minutes of their time to see if I was OK"

About: Coity Clinic / Mental Illness

Posted by *Gameoflife* (as the patient), 2 weeks ago

I was admitted on to the coity clinic. I was having very suicidal episodes and I was diagnosed with severe post natal depression.

I was put here, so I could be safe and receive help but all I received was judgement and lack of empathy. I was often told by staff that I looked well, as a trained mental health nurse, I would hope they realise that mental health doesn't necessarily affect how you look. At this point, I hadn't showered in two weeks and I was just shutting myself in my room.

I repeatedly asked for my PRN as I could feel a bad episode coming on but because I was able to chat with my partner and appeared to look OK, I didn't need it. I then proceeded to self harm just to release the anger and hurt I felt. They caught me doing this and did nothing. They did not even take two minutes of their time to see if I was OK.

I am not an uneducated person, I know my rights. I'm a university student who unfortunately is suffering from pnd through no fault of my own and the "help" I have received has been detrimental at best.

They discharged me at the end of the week, despite me having suicidal tendencies and basically I was left in the hands of the home treatment team who were very similar to the staff in this ward.

Responses

Response from Abertawe Bro Morgannwg University Health Board last week

Hello *Gameoflife*,

I sincerely apologise for the fact that your experience was poor and rather than you feeling safe and receiving the help you needed, as would be expected, you experienced judgment and a lack of empathy.

We really try hard to improve our services based on the comments we receive from patients and would appreciate having the opportunity to discuss your experiences more fully with you.

If you would be happy to do this, please contact a member of our team from the Bridgend Locality on 01656 754046.

Thank you

3.3 You Said We Did

YOU SAID

Ward 9, Singleton: A patient was anxious and did not know why they were still in hospital. They had passed all the tests and felt medically fit. They felt nobody was communicating with them.

WE DID

PALS spoke with Ward Manager who stated that the family had concerns about the patient returning home. The patient is now awaiting a package of care to support them so they can return home safely and this has been fully explained to the patient.

YOU SAID

Minor Injuries Unit, NPTH: It would be good to have information for waiting times on arrival at MIU.

YOU SAID

Ty Olwen, Morriston: Some people felt that they were not given enough privacy.

WE DID

The side rooms have been increased from 3 to 4 rooms. Confidential discussions are encouraged to be held in quiet rooms where privacy can be maintained for relatives/visitors.

YOU SAID

Ward 5, POWH: Patient unhappy with the attitude of agency staff.

<p>WE DID</p> <p>New screen fitted to MIU department displaying estimated waiting times. In addition, other information such as clinics running that day and general notices.</p> <p>MIU staff trained to upload new information and update existing tiles.</p>	<p>WE DID</p> <p>Spoke with the patient on the telephone and apologised and noted her concerns. Email sent to ward manager highlighting the concerns raised.</p>
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3.4 Learning from Concerns

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

Morrison Hospital:

Final Ombudsman Report: COM4097

The Public Service Ombudsman considered the handling of the initial complaint made by the family in March 2016 was poor and below a reasonable standard. Key lessons learned:

- Early face to face meetings where patients/family have an opportunity to voice their concerns and be listened to
- Regular high quality communication with the patient/family to keep them updated and involved
- Setting of clear timescales in collaboration with patient/family and early identification of barriers to achieving them

The Unit has improved the management of concerns over the past 18 months and on the 10th February 2018 had 87 formal complaints waiting longer than 30 days for a response open. This was further reduced to 24 by 5th March 2018 and none of the starting 87 remained open.

In addition the recommendations by the PSO, the following actions have/are being taken in the Unit.

- A quarterly independent review of formal responses by the corporate patient feedback team to be undertaken with direct feedback to Head of Quality & Safety – from **November 2017**;
- Response writing workshop led by Interim Medical Director – **January 2018**;
- All formal complaint letter responses are “peer” reviewed within the Morrison Q&S Team – **from April 2017**;
- Ad hoc audit of all responses to be undertaken on a monthly basis by head of Quality & Safety at Morrison Hospital – **from July 2018**.

Maternity Services:

- INC 71394, Ward 18 Singleton - Staff reminded regarding accurate completion of the waterlow tool and when scoring greater than 10 instigation of general skin bundle for pressure ulcer prevention needs to be completed and implemented
- INC 68207 – Safeguarding midwifery lead has spoken to all Community Team Midwives in relation to patient/partner having learning disabilities and that an appropriate referral should have been made during this patient’s pregnancy. It was also noted that the GP failed to share information with the midwife when concerns were raised at booking.

- **INC 71986** – Safety brief sent out to all staff to remind them of the importance to check WPAS on all admissions for a safeguarding alert. Where there is an alert they are to access to the safeguarding file. Follow all details within the birth plan and notify Social Services: On admission, on delivery and on discharge. They are to document all information in the safeguarding file, if providing care and it may be necessary in the future to complete a statement.
- **INC 72818** – All community staff are now able to access the portal so that shared information can be accessed at all times.

Primary and Community Services:

- **Pilot with WAST and Afan GP Cluster:** SOP jointly developed with WAST and Afan GP cluster to enable paramedics undertake appropriate home visits following triage by the GP. Patients are advised by the GP that a paramedic will be attending the patient's home to undertake an assessment. Currently the paramedics undertake 6 home visits a day and the early feedback is very positive.
- **DNS Bridgend West:** Nurse Lead Clinic started in the west network for those patients who are on the district nursing caseload but are not housebound i.e. catheters, drains, picc lines. These clinics are held twice a week in a Cornelly Clinic.
- **Acute Clinical Team Swansea:** Started pilot for taking 999 downgrades straight from the clinical desk following triage between WAST and Acute Clinical Team AP (Bevan Exemplar).
- **NPT District Nursing Service:** Community Tissue Viability Nurse and Community Network Operational Lead to develop a pressure ulcer champion programme for each base. The aim is to improve accurate reporting of a pressure ulcers grade and subsequent Datix completion.
- **Bridgend East: Communication Improvement Pilot** commenced in one network, following communication issues highlighted by the General practitioner and District nurses with the Residential homes MDTs now organised monthly at each residential home with District nurse, Social worker and General practitioner , to ensure a preventative and proactive approach to care needs of residents.
- **Anticipatory Care:** Anticipatory Care in Swansea is being re-designed in line with Health Board Strategic Group feedback. The Community Dementia Support Worker Team and Mental Health Link Practitioner will be working closely with the anticipatory care navigator to refocus “contingency planning” for a targeting group of patients. An SBAR will be formulated and shared at the next Anticipatory Care Steering Group.
- **Health Visiting:** Due to high no of Sudden Infant Deaths in 2016/17 – use of social media to reinforce safer sleep messages (40,000 views and 300 shares).

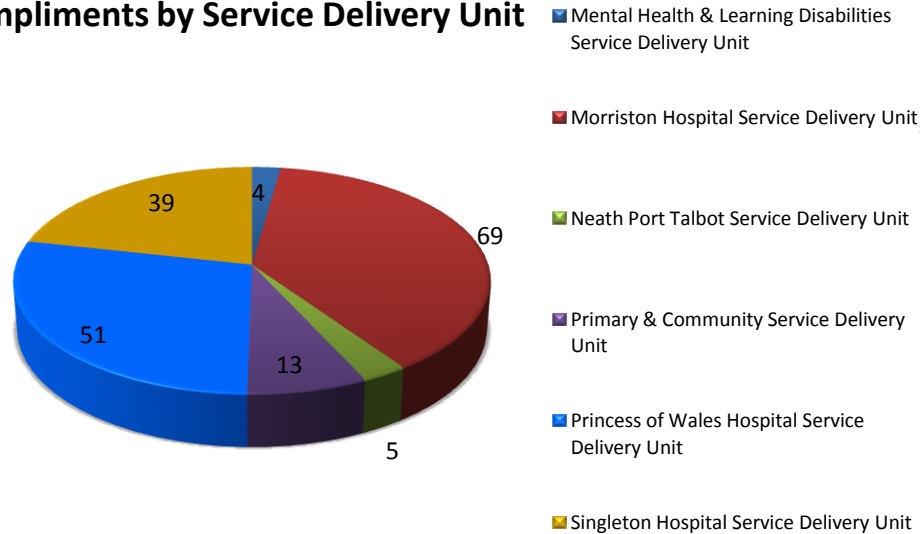
Princess of Wales Hospital:

- **INC 42044/ID 6566** – Identified review of nursing documentation. Training needs established for staff on Ward in relation to record keeping and ALERT training revisited.

- **CN2128** - Learning has ensued in terms of the care provided to patients with Pressure Areas across site. Documentation has been updated to allow staff greater ease to record information re treatment provided. Clear process in place as regards ordering of equipment, highlighted with staff in and out of hours. Scrutiny Panel provides review of care to ensure effective learning and dissemination across site, together with incidents via Datix.
- **1150** – Issues highlighted with communication on discharge with the District Nursing Teams. Contact details for the DN Team recirculated to all wards to ensure effective communication between teams for patient care.
- **307**- Identified learning in terms of no reasonable assessment of the patients' neurological and circulatory systems. Pathway has been robustly established across the Health Board in Peripheral Arterial Disease (PAD) in October 2014 with staff fully conversant.
- **86** – Identified reinforcement of protocols regarding follow up for patients in Radiology department by radiographers. Discrepancies continued to be discussed at meetings to ensure learning is taken on board and disseminated within department.
- **94** – Identified learning in terms of two Consultant carrying out Hartman's procedures going forward and caseloads to be reviewed to ensure two Consultant's present in complicated surgical cases.
- **7376** – Documentation reflecting better communication with families updated in ITU. Affirmation of audits on Ward 8 re Infection Control, Hand hygiene etc. POINT reviews reintroduced in October 2017. Handover sheets updated to reflect better communication re transfer of patients from ITU to wards. NEWS training revisited for staff on Ward 8. Greater discussion surrounding Bed Management, late discharges from ITU monitored via Datix.

4. Compliments – January/February 2018

Compliments by Service Delivery Unit



Gorseinon Hospital:

"I was a patient in your hospital last month after quite a traumatic experience in our local hospital. Having had emergency surgery, I arrived feeling very weak and probably a bit sorry for myself. I was warmly welcomed and treated so kindly by all the staff no matter what my needs, I was quickly attended to. The warmth and friendliness of all the staff encouraged me so much, I just want to say a big thank you. This was all grades of staff, who treated me in such a lovely way." Thank you so much."

Cardiac Intensive Therapy Unit, Morrison Hospital:

"The care and treatment was first class. The staff were caring and professional. I have now recovered from my heart attack. Staff at all levels were caring, professional and extremely friendly. I am so grateful to everyone from the first moment I arrived at Morrison hospital in the middle of a heart attack to the end of my cardiac rehab which took place in Singleton 10 weeks later."

Urology Department, Princess of Wales Hospital:

"Following a visit to the Urology Department this morning, we just have to tell you what an amazing experience it was. From the friendly receptionist who supplied a jug of water and a glass on our request of where to go for some water. She has the ability to transform what could be an embarrassing and awkward situation into an almost fun thing. She so efficiently sorted out some problems for my over anxious husband that we left the department feeling so reassured. The proximity to the Eye Clinic prompted me to pop in there to discuss a problem I have had getting prescribed eye drops. Again such a helpful receptionist arranged everything with the nurse and doctors and I left there with everything sorted out. Not just The NHS at its best, but lovely people. A huge thank you to all involved."

Physiotherapy Department, Singleton:

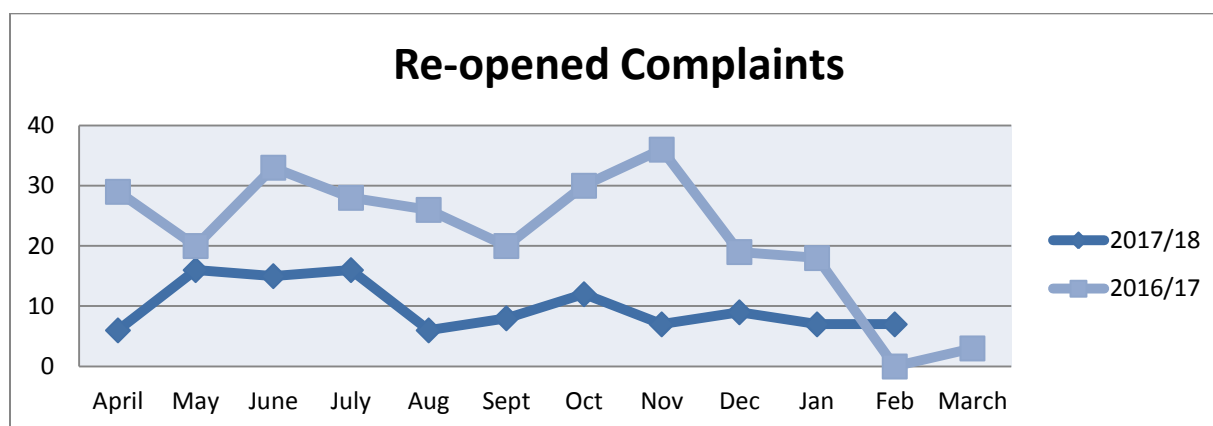
"Many thanks for diagnosing my problem so promptly and setting me out on the road to recovery. Through your therapy, I was once again inspired by physical activity and its obvious benefits. I'm hardly an adrenalin junkie but I am sticking with the weekly gym referral and doing at least one other day a week. I've had a few aches and pains along the way, but I am now pain free and back to normal due to you. My cardio-vascular is also much better and I have lost a stone in weight! You are a miracle worker!"

5. CONCERNS MANAGEMENT

During the period 1st January to 28th February 2018, 207 formal complaints were made. Last year for the same time period we received 193 formal complaints, that is an increase of 14 formal complaints made this year.

Performance of complaints management is reported in the Quality and Safety Dashboard Report to the Committee and full details of complaint performance is provided in this report to the Committee. The report highlights that the Health Board's performance against the 30 working day target was 80% for the month of January 2018 and on aggregate for 2017/18 is 78%

The number of re-opened complaints has decreased during 2017/18 when compared to 2016/17.

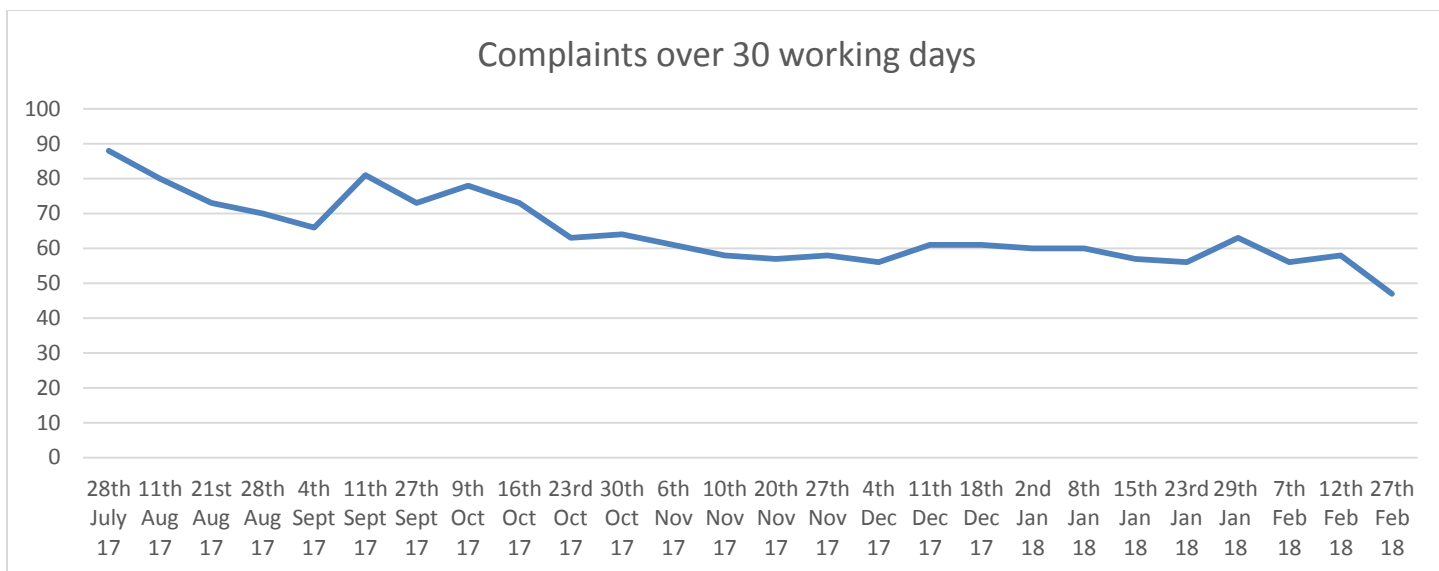


The number of complaints which have re opened since the timeliness of the responses has improved has decreased and the graph above sets out the position for 2016/17 and 2017/18.

5.1 Concerns Assurance

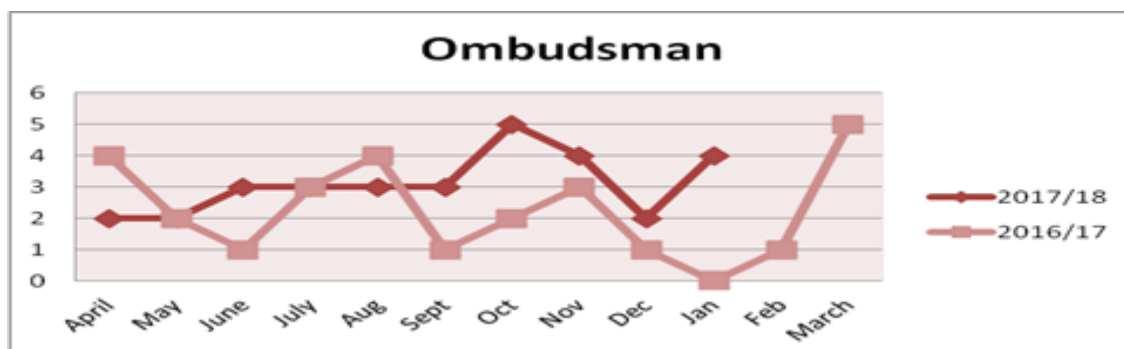
Monthly audits are continuing on closed Unit's complaint responses through the work of the Concerns, Redress and Assurance Group for Regulation 24 and 26 responses. The audits monitor quality and compliance with Health Board Values, and Putting Things Right Regulations. Feedback on the audits is reported 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.

The Health Board has undertaken work to prioritise long standing complaints with the aim of reducing complaints open over 6 months to zero. Currently there are four complaints open over 6 months and 43 open over the 30 working day target. The graph below demonstrates the reduction in complaints open over 30 working days and this continues to be a priority for the Health Board.



5.2 Ombudsman Cases

There has been an increase in complaints the Ombudsman has investigated in relation to the Health Board in 2017/18, 36 compared to 26 in 2016/17. 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 January to 28th February 2018 a total of 4,305 incidents were reported. The severity of the level of harm of incidents reports is set out as follows:

No Harm	Negligible	Minor Harm	Moderate Harm	Major Harm	Critical Harm
2,879 (67%)	367 (9%)	859 (20%)	166 (4%)	14 (0.3%)	6 (0.1%)

NB: 4 incidents not graded.

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

- Un-witnessed Trips/Slips/Falls – 482 (11%) incidents
- Pressure Ulcers Developed Prior to Caseload – 383 (9%) incidents

- Moisture Lesion – 292 (7%) incidents
- Inappropriate behaviour towards staff by patient – 201 (5%) incidents
- Witnessed Trips/Slips/Falls - 194 (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 and;
- 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 Boards Health & Safety Committee.

5.4 Serious Incidents

Serious incidents are incidents which Health Bodies in Wales are required to report to Welsh Government. Serious Incidents can relate to serious harm caused to patients, although can also relate to lower level harm as in the case pressure ulcer incidents and also relate service disruption, infection control outbreaks as in the recent flu outbreak. A total of 58 Serious Incidents were reported to Welsh Government during January and February 2018. Pressure ulcers accounted for 41% of the SIs and falls accounted for 22%. The remaining 37% do not highlight any particular theme. Of the 58 incidents six related to critical harm.

All incidents are investigated and the learning shared with the Service Delivery Units through the Assurance & Learning Group.

5.5 Never Events

There have been three never events reported within the Health Board during the period January to February 2018. These incidents are under investigation to identify the care/service delivery issues contributory factors so the Health Board can learn from the incidents. The learning and actions being taken will be shared with the Committee once the reports have been finalised and assured by Welsh Government.

6. Patient Safety Solutions

- Health Board is non-compliant with **two** Patient Safety Alerts which passed compliance date and one Patient Safety Notices, which has passed its compliance date.

PSA/PSN No.	Compliance Target Date	Title	Status
PSA 007	01/08/2017	Restricted use of open systems for injectable medication	<p>The alert is being managed by Medicines Safety Group and has been escalated to the Director of Therapies and Health Sciences as Exec Lead.</p> <p>The alert consists of several components, all of which are compliant apart from the required audit compliance.</p> <p>To complete compliance the audit is due to be signed off at the Medicines Management Board Meeting end of March 2018.</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 been concluded. Assurance has been given to the Welsh Delivery Unit of our steps towards compliance. We now have a detailed action plan which has been adopted as Health Board Standard for NG tube incidents.</p> <p>The next Nursing and Midwifery Board on 22nd March are appraising training options being developed by the Nutrition Specialist Nurse.</p> <p>NON-COMPLIANT</p>
PSN 030	26/08/17	Construction of medicine cupboards	<p>The safe storage of medicines: cupboards.</p> <p>The Medicines Administration Recording Review and Storage Policy self-assessment has been completed, actions are underway to address deficiencies and will be discussed at next Medicines Safety Group on 29th March 2018.</p> <p>NON-COMPLIANT</p>

7. Arts in Health

Dance to Health Falls Prevention Programme

Background

This project is led by Arts Enterprise with a Social Purpose (AeSOP) who are based in Oxford. They ran a successful Dance to Health pilot project from February 2015 to July 2016. The charity subsequently raised £2.3million to scale up the programme across the UK.

ABMU Health Board was identified as one of the Health Partners and has the unique opportunity of being the only Health Board in Wales who is involved in the scheme. We contributed £30K towards the project and invited the National Dance Company Wales (NDCW) to be the dance partner for the work.

We are working in conjunction with AeSOP and NDCW to deliver six high quality dance intervention projects based on the OTAGO and FaME evidence based falls prevention programmes. The six intervention programmes will each last for six months and will be followed by 3 maintenance programmes where we will work with the participants, volunteers and the local community to develop an ongoing regular falls prevention dance group.

The project runs until September 2019.

Progress

- An AeSOP's Dance to Health local coordinator has been appointed.
- Three dance artists were appointed by NDCW and subsequently completed the level 4 Fame PSI training with Later Life. Two assistant dance artists were also appointed.
- Groups 1-3 started in January and three more in February/March
- Group 1 Brighton Road Club, Gorseinon on Tuesday mornings
Numbers have built well and now between 14 – 28 each week. A total 32 people have attended
- Group 2 The Institute, Pontarddulais on Tuesday afternoons
Numbers rocketed! A total of 60 people have come - they divided into two groups
- Group 3 The Institute, Pontarddulais on Tuesday afternoons
- Three new groups are starting this month
- A second group is starting in Gorseinon and one in Pontadawe and the last one will be in Porthcawl
- There are currently a total of 5 volunteers involved
- Sheffield Hallam University are leading the research

Future Plans

The Pontarddulais and Gorseinon groups are well supported by the local area coordinators and are considering how to raise funds to support the maintenance groups. In Pontarddulais Tesco staff are serving the refreshments and planning to contribute ongoing support.



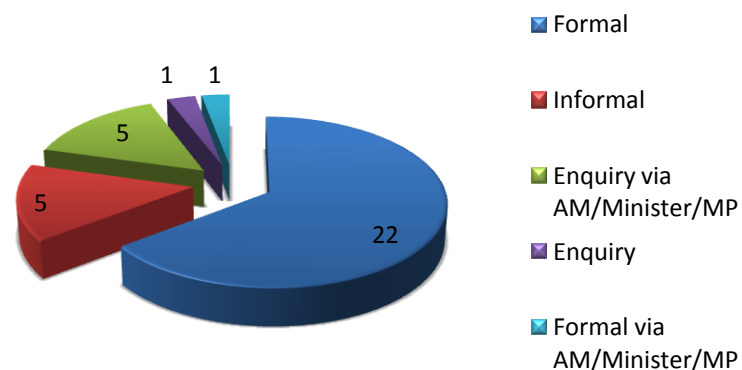
8. DELIVERY UNIT REPORTS

Mental Health & Learning Disabilities Services Delivery Unit

1st January – 28th February 2018

Mental Health & Learning Disabilities SDU received 34 concerns.

Mental Health & Learning Disabilities SDU - Complaints



Top 3 Complaint Trends

- Attitude and behaviour (8)
- Communication issues (7)
- Clinical treatment (5)

During January/February there were:

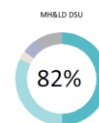
- No never events
- No redress
- 2 personal injury claims
- 1 clinical negligence claim

Incidents

625 incidents were reported with the 3 top themes being:

- ❖ Self-harming Behaviour - Newton Ward (41), Ward 14, POWH (19) and Celyn Ward (17)
- ❖ Inappropriate/Aggressive Behaviour towards Staff by a Patient - Ward 1, Glanrhyd (13), Fendrod (9) and Derwyn Ward (9)
- ❖ Suspected Slips/Trips/Falls (un-witnessed) – Derwyn Ward (9), Ward 2, Glanrhyd (9) and Ward G, NPTH (8)

Serious Incidents - 6 – suspected slips, trips, falls (4)



Friends & Family Results – January/February 2018

of 54 respondents said they would be extremely likely or likely to recommend the clinical service.

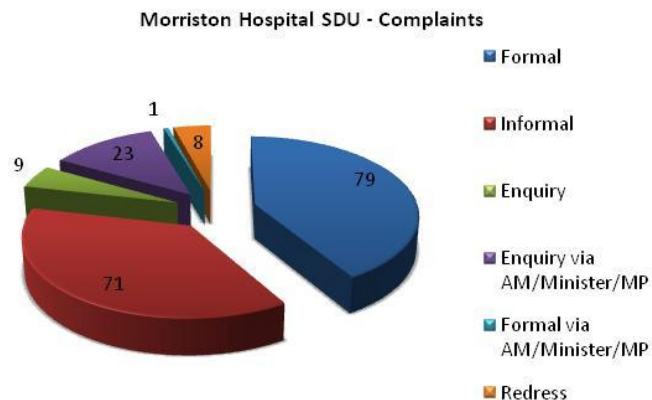
There were no All Wales Surveys completed for the Service Delivery Unit during January and February 2018.

Compliment: *Patient wishes to commend the excellent service provided by the OCD group therapy course which he attended. He outlines that the experience was very positive.*

Morrison Hospital Service Delivery Unit

1st January 2018 – 28th February 2018

Morrison Hospital SDU received 191 concerns.



Top 3 Complaint Trends

- Admissions (49) – Cancelled admissions, delays and no date
- Appointments (29) – Delay in receiving and cancelled
- Communication issues (27) – Staff to patient verbal



13 Clinical Negligence Claims
1 Personal Injury Claim



No Never Events

Incidents

1,307 incidents were reported with the 3 top themes being:

- ❖ Access and Admission – Accident & Emergency Department (66)
Ward A, Morrison (32) Ward F, Morrison (13)

- ❖ Suspected Slips/Trips/Falls (un-witnessed) – Ward S (13), Ward J (12), Acute Medical Assessment Unit, Swansea East (10)
- ❖ Moisture Lesion – Acute Medical Assessment Unit, Swansea East (18) Accident & Emergency Department (11), Ward A, Morrison (8)

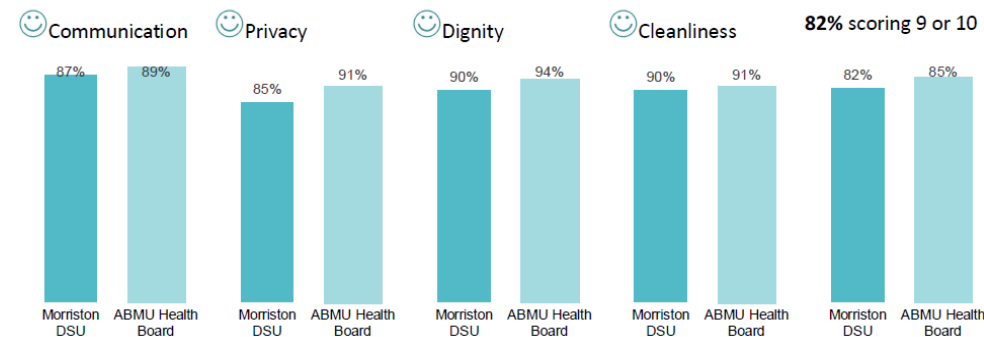
Serious incidents -11 (5 – slips, trips, falls & 3 – pressure ulcers)



likely

- ❖ **Friends & Family Results – January/February**
- ❖ of 2,999 respondents said they would be extremely likely or likely to recommend the clinical service.

All Wales Survey



165 All Wales Surveys were received for the Service Delivery Unit during January and February 2018.

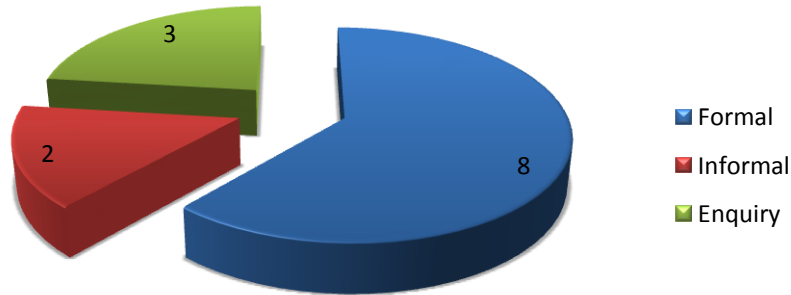
Compliment: “I was an inpatient in Neath Port Talbot Breast Cancer Ward and this is a thank you for the excellent treatment I received from all the staff in very pleasant surroundings. The whole experience will stay in my memory as a good one”. **Morrison Hospital Delivery Unit**

Neath Port Talbot Hospital Service Delivery Unit

1st January – 28th February 2018

Neath Port Talbot SDU received 13 concerns.

Neath Port Talbot Hospital SDU - Complaints



Top Complaint Trend

- Attitude and behaviour (4)
- Clinical treatment (2)
- Communication issues (2)



No never events
No personal injury cases

Incidents

192 incidents were reported with the 3 top themes being:

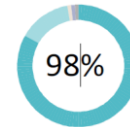
- ❖ Suspected Slips/Trips/Falls (un-witnessed) – Ward C (22), Ward E (10) and Ward D (10) Ward B2 (10)
- ❖ Witnessed Slips/Trips/Falls – Ward C (8), Ward D (4) and Ward B2 (4)

- ❖ Inappropriate/Aggressive Behaviour towards Staff by a Patient – Ward C (14), Ward D (2) and Ward B2, IVF Cardiff IVF Neath and Ward E (1each)

Serious Incidents – 4 (3 patient accidents/falls)

Claims & Redress

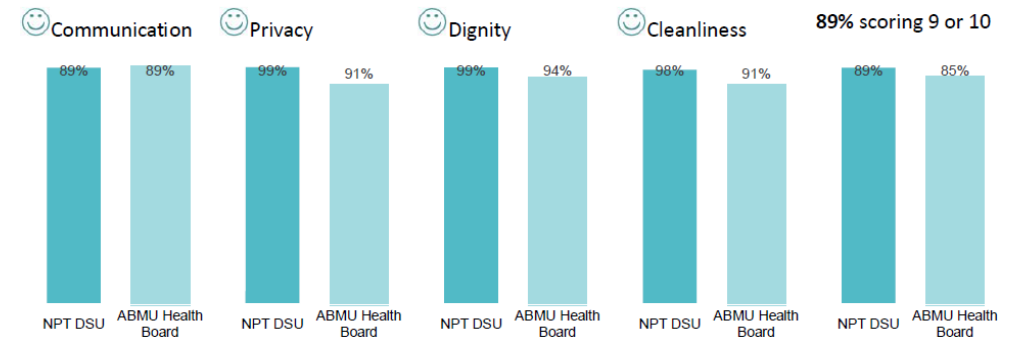
- ❖ 7 clinical negligence claims



Friends & Family Results – January/February

of 1,754 respondents said they would be extremely likely or likely to recommend the clinical service.

All Wales Survey



156 All Wales Surveys were received for the Service Delivery Unit during January/February 2018.

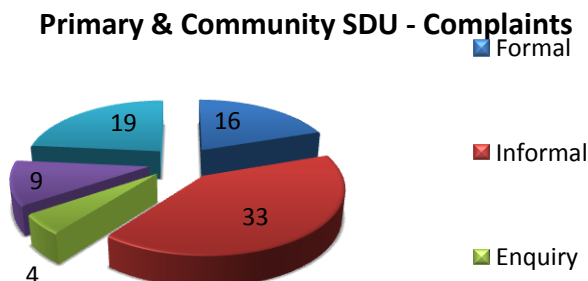
Compliment

"Name has gone above and beyond to ensure that I understood the information she was giving me and also so others involved in my care are kept informed. Name has allocated a lot of time to ensure this and has been contactable and supportive at all times. Both doctors have been really sensitive to my situation and have made me feel very comfortable at every appointment. I really can't thank them enough and would like for their work and bedside manner to be recognised. **Clinic B1 Neath Port Talbot Hospital**

Primary & Community Service Delivery Unit

1st January – 28th February 2018

Primary & Community SDU received 81 concerns.



Top 3 Complaint Trends

- Communication issues (21)
- Clinical Treatment (17)
- Appointments (17) – Delay in receiving appointment, and appointment cancelled

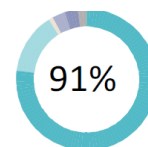


No personal injury
No clinical negligence
No never events

750 incidents were reported with the 3 top themes being:

- ❖ Moisture lesion – Patient's home (87), City Health Central Hub (15), Bay Health West Hub (5) Bridgend Network North (5)
- ❖ Developed in current clinical area/caseload – Patient's home (58), City Health Central Hub (9) Llchwyr North Hub (5)
- ❖ Injury of unknown origin – Patients Home (14), West Ward Gorseinon (2), 10 others 1 each

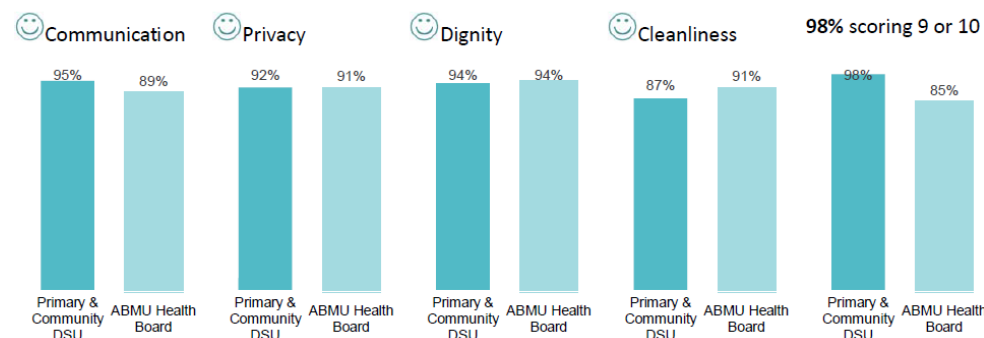
Serious Incidents (15) – Pressure ulcers (14)



Friends & Family Results – January/February

of 190 respondents said they would be extremely likely or likely to recommend the clinical service.

All Wales Survey



53 All Wales Surveys were received for the Service Delivery Unit during January and February 2018.

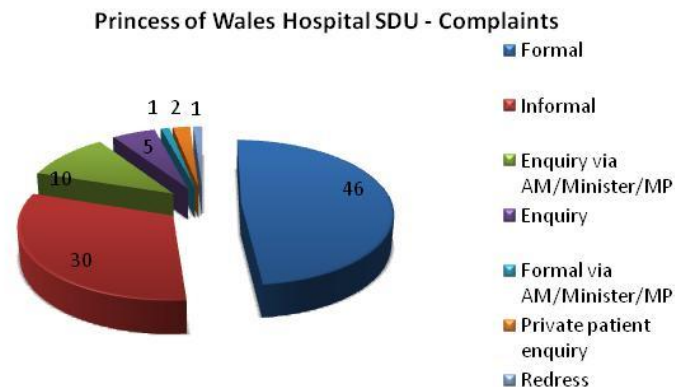
Compliment received:- Bridgend Community Resource Team:

"Thank you for your care and support, efficiency, patience and kindness to both of us. We deeply appreciated the service and it was much less stressful that going into hospital. We hope that the service expands and we do see it as a valuable and sensible way to treat people who are immune deficient or other complicated condition."

Princess of Wales Hospital Service Delivery Unit

1st January – 28th February 2018

Princess of Wales Hospital SDU received 95 concerns.



Top 3 Complaint Trends

- Communication Issues (25)
- Clinical treatment (15)



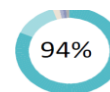
- 3 Never Events
- 7 Clinical Negligence Claims

Incidents

795 incidents were reported with the 3 top themes being:

- ❖ Suspected Slips/Trips/Falls (un-witnessed)– Ward 20 (12), Ward 4 (10), Ward 19 (8), Acute Medical Assessment Unit (8)
- ❖ Service Provision Insufficiencies/Failures/closures – Accident & Emergency Department (10), Ward 2 (9) and Ward 18 (6)
- ❖ Witnessed Slips/Trips/Falls – Ward 20 (8), Ward 9 (7), Ward 10 (5)

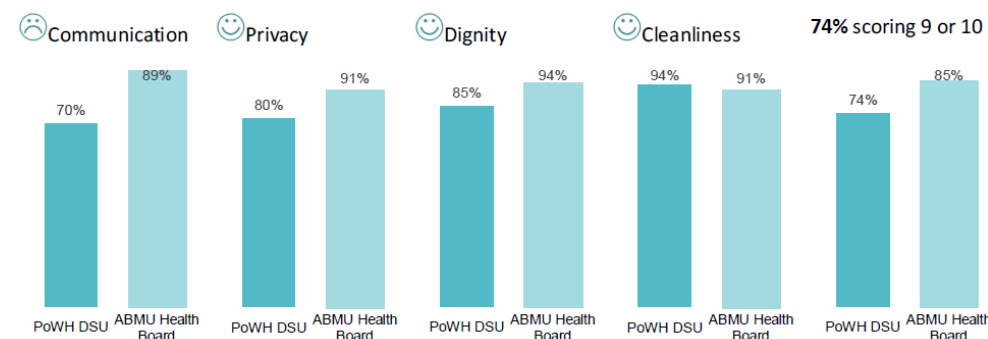
➤ Serious incidents - 19 – there were no themes.



Friends & Family Results – January/February

of 2,206 respondents said they would be extremely likely or likely to recommend the clinical service.

All Wales Survey



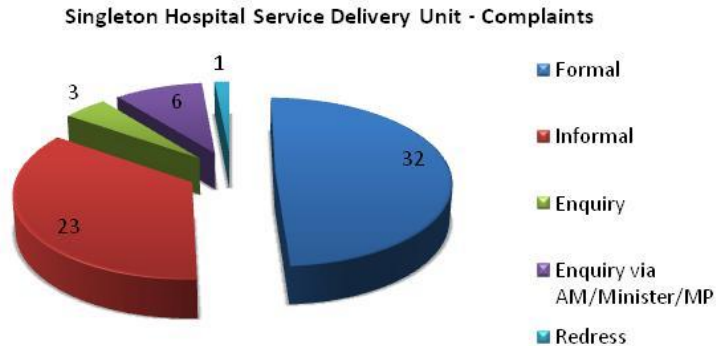
35 All Wales Surveys were received for the Service Delivery Unit during January and February 2018.

“Compliment” I would like to highlight the excellent work of the nursing staff on Ward 8. I found that the staff that I had dealings with were professional and supportive whilst working under pressure.” **Ward 8, POWH**

Singleton Hospital Service Delivery Unit

1st January – 28th February 2018

Singleton Hospital SDU received 65 concerns.



Top 3 Complaint Trends

- Communication issues (12)
- Clinical treatment (13) – Delay in receiving, lack of treatment and delay in diagnosis
- Appointments (13) – Delay in receiving/Cancellations



No never events

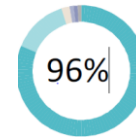
Incidents

595 incidents were reported with the 3 top themes being:

- ❖ Suspected Slips/Trips/Falls (un-witnessed) – Wards 6 (21), Ward 12 (15) and Ward 3 (13)
- ❖ Laboratory Investigations/Interpretations – Laboratory (21) Pathology Department (6) and Oakwood Ward (2)

❖ Forms – Neonatal Unit (7), Singleton Assessment Unit (6), Oakwood Ward (2) Ward 9 (2) High Dependency Unit (2)

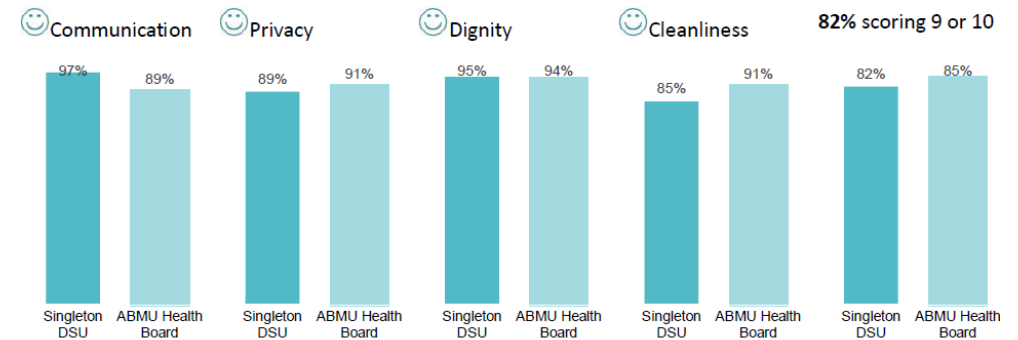
Serious incidents - 4 – pressure ulcers (2)



Friends & Family Results – January and February

of 3,170 respondents said they would be extremely likely or likely to recommend the clinical service.

All Wales Survey



117 All Wales Surveys were received for the Service Delivery Unit during January and February 2018.

Compliment “ I have attended for a blood test this morning. Since my childhood I have not had an injection or any procedure involving a needle that didn't result in me fainting... until this morning when I attended the blood testing service in singleton hospital. I attended - at the very busy waiting room - with the usual anxieties. After a very short wait I was seen by one of the nurses who actually took note that I had advised I was prone to fainting (many medical professionals ignore this statement), the chair was adjusted to an incline, the process was administered quickly, efficiently and very calmly”. **Phlebotomy, Singleton Hospital**

