



Appendix 1



Patient Experience Report April - June 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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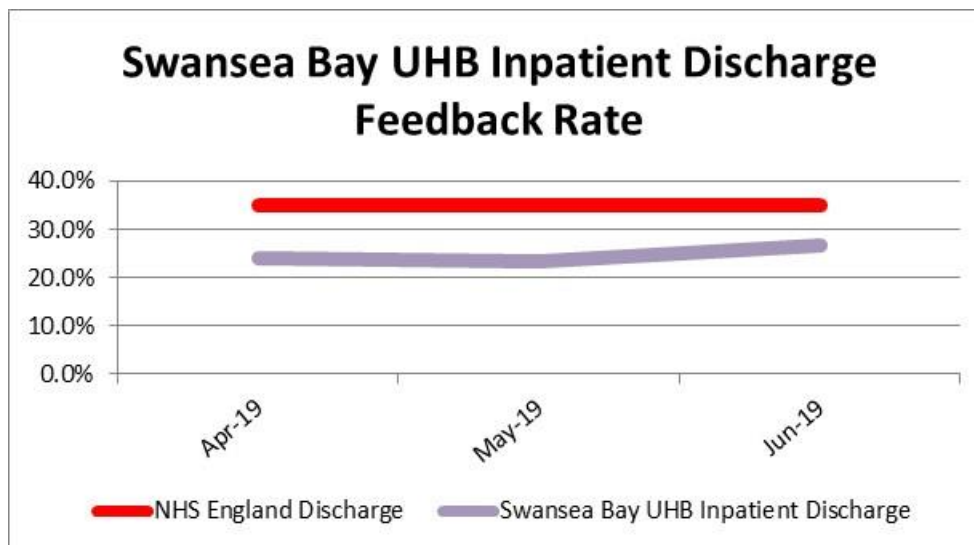
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1. PATIENT EXPERIENCE

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%. April 2019 was 24.16%, May 2019 was 23.32% and June 2019 was 26.56%.



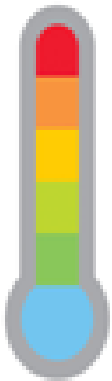
	Apr-19	May-19	Jun-19
NHS England Discharge	35.0%	35.0%	35.0%
Swansea Bay UHB Inpatient Discharge	24.2%	23.3%	26.6%

1.2 CURRENT POSITION

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

- Surgical Day Unit, Singleton Hospital (246 responses)
- Afan Nedd Day Unit, Neath Port Talbot Hospital (151 responses)
- Childrens Outpatient Dept, Neath Port Talbot Hospital (94 responses)

The 10 lowest scoring areas for the reporting period were:



- Fracture Clinic, Morriston Hospital (70%)
- Corridor 7 OPD, Singleton Hospital (71%)
- Phlebotomy, Morriston Hospital (71%)
- Outpatients Department, Gorseinon Hospital (71%)
- Cardiac Outpatients Dept, Morriston Hospital (77%)
- Ear, Nose and Throat, Morriston Hospital (80%)
- Plastic Surgery Outpatients Dept, Morriston Hospital (83%)
- Emergency Dept, Morriston Hospital (84%)
- Corridor 4 & 5 OPD, Singleton Hospital (85%)
- Ward J (Trauma & Orthopaedics), Morriston Hospital (85%)

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

- Delays in appointment clinics.
- Car parking on all sites (ongoing issues).
- Communication issues – Insufficient information
- Delays in receiving test results.
- Standard of food and also drinks machine requests.

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?											
Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
97%	95%	95%	96%	96%	92%	99%	93%	96%	97%	97%	97%
You were given help with feeding and drinking											
Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
89%	67%	81%	83%	83%	88%	91%	81%	87%	79%	86%	84%
Were you given the support you needed to help with any communication needs?											
Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
92%	88%	95%	89%	92%	89%	95%	90%	92%	97%	97%	86%
Were things explained to you in a way that you could understand?											
Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
92%	88%	90%	85%	90%	84%	91%	85%	88%	92%	91%	85%
Did you feel we did enough to keep you as free as possible from pain?											
Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
87%	82%	84%	85%	85%	79%	88%	80%	91%	88%	90%	88%
People are kind and compassionate to you?											
Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
87%	88%	92%	91%	90%	84%	97%	88%	94%	96%	79%	92%
People are welcoming, friendly and helpful?											
Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
92%	87%	92%	92%	92%	82%	95%	95%	91%	96%	86%	92%
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?											
Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
91%	83%	87%	87%	89%	92%	91%	90%	93%	92%	90%	87%

1.4 Key performance Indicators for Patient Experience

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

Real Time – short surveys	Health Board Friends and Family recommendation score for April, May and June has increased to 96%. Below are the hospital site scores: Gorseinon Hospital 73%, Morriston Hospital 95%, Neath Port Talbot 98% and Singleton Hospital 95%.
Retrospective – more in-depth surveys	The overall satisfaction score from feedback of the Patient Experience Framework All Wales questionnaire has stayed the same at 84% This is based on the number of people scoring 9 and 10 from a scale of 0 to 10. (Time period April, May and June).
Balancing – Concerns, Patient Stories	<p>The Jig-so Journey was presented at the Swansea Bay Board by Gareth Howells, Director of Nursing and Patients Experience. The story developed in partnership with Local Authority and highlighted the Jig-so project, supporting teenagers and young women with complex social factors during pregnancy.</p> <p>Also shown at the Board was a Staff Story called: Taking care of staff. 'Taking Care' training consisted of one and a half days training for ninety members of staff between September 2018 and May 2019 plus a further one day for 'Wellbeing Champions' who can support the embedding of the training in the wards. A short film was made to show how the team have improved the sickness levels and implemented changes.</p>
Proactive/Reactive – texts, social media	<p>118 alerts were received into the Patient Experience inbox for April, May and June combined.</p> <p>ABMU Lets Talk: For the period, April, May and June there were 97 contacts made by members of the public of which 26 converted into complaints for the SDU's, 7 compliments and 11 had to be transferred over to Cwm Taf.</p>

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:

- **Working with GP's and Macmillan:** You may remember we developed a bespoke patient feedback survey for the GP Upper Valley cluster and Macmillan during late 2018. From the survey results, Macmillan and the GP cluster are working on the following improvements:
 1. Training non-clinical staff to become cancer champions, signposting, point of contact etc.
 2. Creating a short video on practices showing results on sign and symptoms and what they look for.
 3. Creating a poster to feedback information to service users/ patients.
 4. Offering bespoke training for nurses to carry out cancer care reviews.
 5. The cluster have signed up to the Macmillan quality improvement toolkit.

Celebrating Patient Experience Week (3rd – 7th June)

The Celebration of Patient Experience is a global event. The annual event aims to inspire, celebrate accomplishments and recognise and re-energise the staff who impact patient experience every day, under the slogan 'we are all the patient experience'.

This year is the first year Swansea Bay held listening events across its three main sites. Staff wrote pledges, patients, and visitors left comments on the listening tree. Musicians played in the main outpatient at Morriston Hospital and Patient stories showcased at Swansea Bay Head Quarters.

The Unit Nurse Directors and Governance Manager across Swansea Bay all received the feedback forms.

Some comments captured from the event are:

Singleton Hospital:

Positive Comments	Negative Comments
Phlebotomy really quiet and staff were fine.	Food very expensive in the coffee shop.
Lymphodema, attending for 2 years and every time very friendly staff.	Better signage around the hospital as I couldn't find my way out of the hospital. Better lifts.
Fantastic staff, helpful, polite and caring at X-Ray.	Mansleton surgery running late, had to rearrange my appointment so I could get my wife to the hospital.

Volunteering.

Staff Pledges

I will improve my patients' experience by.....

Listening.



Morrison Hospital:

Positive Comments	Negative Comments
Volunteers are great.	Not enough ward staff. Inflexible shift patterns. Not great equality.
Caring staff – Plastics.	More funding to employ trainees.
Staff good. Very good service (Bloods).	Less waiting time. Parking bad.
Good blood clinic, nothing to improve.	Improve on parking.

Staff Pledges

I will improve my patients' experience by.....

Being a good
role model.



Communicating
at all times in a
manner that is
understood.

Supporting my team to help staff better
services through continuous improvement.

Ensuring all their developmental and
therapeutic needs are met through the
medium of play.

Neath Port Talbot Hospital:

Positive Comments	Negative Comments
Staff are great. Parking is ok	Blood Clinic is a long wait
Waited 20 minutes for OPD appointment, but, once seen, in and out within 2 minutes. Happy with experience	Quicker bloods time. More staff, bigger room. More disabled parking
Excellent visit to botox in OPD, rehab medicine. Wonderful staff. Communication very good.	Bloods clinic, sometimes you have to wait longer than normal, but we have no choice. Fasting is difficult and too long
Staff nice	Not enough disabled parking

Staff Pledges

I will improve my patients' experience by.....

Looking after my staff as well as my patients.



Listening better.

Building a rapport with my patients.

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 ABM Lets Talk data/information. This enables the Health Board to use this data when looking at themed reports. For the period, April, May and June there were 97 contacts made by members of the public of which 26 converted into complaints for the SDU’s, 7 compliments and 11 had to be transferred over to Cwm Taf.



‘Care Opinion’

The Health Board has subscribed to Care Opinion to be able to respond to feedback/comments made on their website. There was one compliment for April thanking staff at Caswell Clinic. Another compliment posted in June for the cardiac team at Morriston Hospital.

You Said - We Did

<p>You Said: Audiology Dept - Toilets suitable for children are needed.</p> <p>We did: In the hospital sites, there are toilets suitable for children, and baby-changing facilities are available. Unfortunately, the Morriston Clinic at Sway Road does not have children specific toilets.</p> <p>Head of Audiology has asked the Estates Department for a feasibility report to see if there is room to fit a Childrens toilet. Also logged estates ‘job card’ for redecorating the toilet. Primary Care Estates Manager has also confirmed a major rebuild of this site and surrounding GP surgeries is planned during the next few years.</p>	<p>You Said: Outpatients, Neath Port Talbot Hospital: Visitor unhappy with the attitude of two receptionists in Neath Port Talbot Hospital.</p> <p>We did: Liaised with Sister in charge, investigated concern and identified the staff member involved. Discussed findings with complainant, and reassurance provided. Apologies provided, complainant happy with the outcome.</p>
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<p>You said: Main Entrance, Morriston Hospital: It is disgusting having to walk through the smokers at the main entrance</p> <p>We did: PALS officers now regularly walk around the area and politely move anyone caught smoking away from the front of the hospital</p>	<p>You said: Phlebotomy, Neath Port Talbot Hospital: Complaint received concerning Phlebotomy waiting times.</p> <p>We did: Liaised with Service Manager, assurances received that there has been a recruitment drive underway to recruit more staff which should assist in alleviating waiting times.</p>
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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 and Morriston Hospital Delivery Unit held their learning event on 10th June 2019 and the learning will be reported to the December's meeting.

The learning identified from the Singleton Hospital Delivery Unit Learning Event on 14th May 2019 included presentations from the below service areas and learning and changes made included:

Bay Youth - Matron from Childrens Services:

- Children's Charter in the Health Board based on the United Nations connection on the rights of the child.
- Set up to give young people a voice in the Health Board. Bay Youth have a work programme which includes undertaking a 15 Step Challenge on the ward and provide feedback on it.
- Plan to undertake an audit of children's rights in health.
- Patient Stories completed – You Tube virtual tour of children's journey to theatre.

Pressure Ulcer Prevention and Intervention Service (PUPIS) –Principal Clinical Scientist, Medical Physics and Clinical Engineering:

Presentation on the work undertaken in collaboration with Welsh Burns and Plastics and Rehabilitation Services following referrals relating to pressure ulcers which are complex. This included:

- Involvement in early stage with children requiring paediatric plastic surgery.
- PUPIS in house training – 25 people trained during a practical session.
- Pressure management masterclass – pilot 6th June at Welsh Innovation Centre.
- Established “offload” resource providing mobile solutions for press ulcer prevention – leaflets, engagement games, hot topics. www.medic.video/a14-process.
- Developed an at risk leaflet approved by the Editorial Board to raise staff awareness of the service.
- Developed public engagement – “Move a Little More”.

Improving the Care of the Cancer Associated Thrombosis (CDAT) Patient:

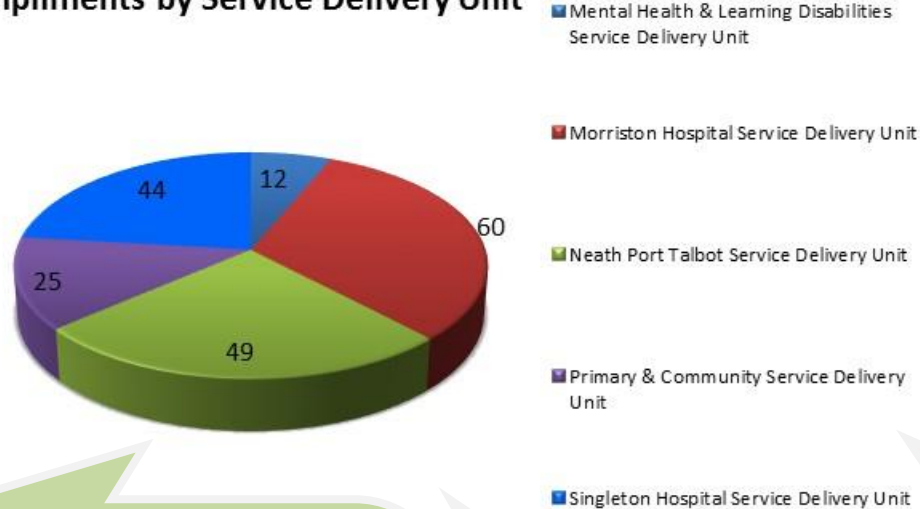
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- A quarter of patients seen were cancer patients. 1 in 5 cancer patients develop a blood clot and is the second most common cause of death in cancer patients.
- In August 2017 CAT pathway launched and CAT technician role created. Which supports with the supply of medication, monitoring, recording weight, education and support.
- Increase in compliance with the pathway following the appointment of the CAT technician.
- Cancer clot website launched for patients to access.
- Feedback from the pilot has resulted in a reduction in patient’s anxiety greater awareness of the risk of the clot and what to do.
- Patients find local information by Swansea Bay University Health Board most influential and helpful.

The next Learning Event will be hosted by Primary and Community Services Delivery Unit on 6th November 2019 at 2:00 pm in the Lecture Hall, Education Centre at Neath Port Talbot Hospital.

3. Written Compliments April 2019 – June 2019

Compliments by Service Delivery Unit



Brynavon LD "Staff from the unit supported 24hrs with reassurance, and helping the patient understanding what would be happening and why. Staff on the ward were grateful for all input and support. The parents of the patient who had difficulty in visiting were, very thankful to the staff who they could contact at the hospital on a mobile telephone, so they could speak to their family member. The family were very complimentary on the dedication of the staff who worked over their hours to give support, and the emotional support they provided to the family".

Ward B1 Neath Port Talbot Delivery Unit

"Attended the menopause clinic today, had not been looking forward to it but what a positive experience from & staff. They were very professional putting me at ease. Basically talking nonsense & with very good humour which is what I needed to take my mind off the procedure. I felt unwell afterwards & they would not let me leave until I felt better & had had a cup of tea. Even though the procedure wasn't very pleasant the experience of & her compassion helped me through it. Thank you"

Ward 11, Haematology – Singleton:

"I am emailing my thanks for the care you provided to my Dad. My Mum and myself when we attended the unit last week. My Dad was there for a Bone Marrow Test.

Everyone was friendly, supportive and knowledgeable. We were kept informed throughout the process and nothing was too much trouble for any of the staff. I have completed the friends and family feedback form but wanted to send a more personal email".

Derwen Ward Public House, Morryston Hospital:

"I read today with joy and tears in my eyes of the lovely 'pub' in Derwen Ward – what a wonderful idea!

My Mum died almost five years ago aged 91 and she suffered from vascular dementia; the last few years of her life were a maelstrom of confusion and mood swings, with some moments of clarity and focus of the strong independent woman she used to be. I had no idea of the different forms of dementia until I wandered the specialist dementia ward, whilst sadly waiting for her to die.

I wish she had experienced something like Derwen Pub, which I'm sure would have positively enhanced her lived experience and helped us her family. Many congratulations on this wonderful project and share my good wishes with your Director of Nursing and Patient Experience and the Board".

4. CONCERNS MANAGEMENT

During the period 1st April 2019 to 30th June 2019, 394 formal complaints were made. Last year for the same time period we received 324 formal complaints that is an increase of 70 formal complaints made this year. This is due to the introduction of 'Once for Wales' Guidance from Welsh Government, which has changed the way the Health Board logs and responds to concerns. Early Resolutions (previously called Informal concerns) will now have to be logged as Formal concerns if they are not responded to within 2 working days. The Patient Feedback Team have changed all Early Resolution concerns not responded to within 2 days received after 1st April 2019 to Formal concerns which has caused the increase in the data for this period. Another change brought by the introduction of 'Once for Wales' is that each Health Board in Wales have previously been provided with 31 working days to respond to complaints (or 3 days for early resolutions). Welsh Government have advised that this will no longer be the case & that from 1st April 2019 all Health Board's will have to count the first day of the receipt of a complaint as 'Day One', in line with the Putting Things Right Guidance.

Complaints management performance is recorded on the Performance Statements and the Ward to Board Dashboard. The Health Board's performance against the 30 working day target was 83% for the month of May 2019, achieving the 75% Welsh Government target.

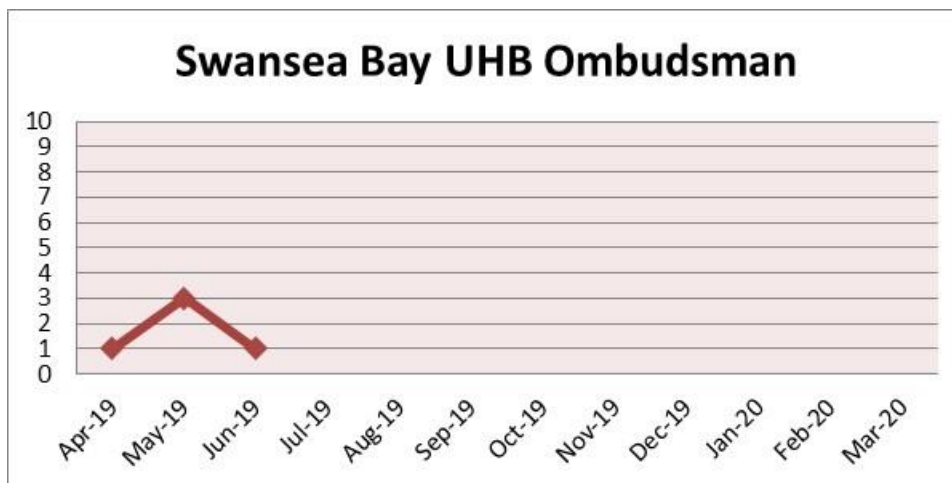
The Corporate Complaints team are now reviewing and monitoring the themes and trends for re-opened concerns as part of the Concerns Redress Assurance Group (CRAG).

4.1 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 the NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011. Feedback on the audits is reported currently to the Quality and Safety Forum. 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.

4.2 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 April 2019 – 30th June 2019 we have received 5 new investigations which is a 17% reduction on last year.



The Concerns Assurance Manager has recently presented Complaints Training on the Consultant Development Programme, which was most helpful at gaining clinical insight into Complaints and Ombudsman concerns. The Health Board's Ombudsman Improvement Officer from the Public Services Ombudsman for Wales also attended the Consultant Development Programme and relayed his expectations in an insightful presentation. The Health Board has had regular contact with the Ombudsman's Improvement officer through meetings with our Liaison Officer, the Assistant Director of Nursing and Head of Patient Experience, Risk & Legal Services. The Patient Feedback Team will continue to attend this programme and present to different cohorts of newly qualified Consultants.

New 'Once for Wales' concerns guidance is being presented throughout the Delivery Units, due to the recent changes being introduced by Welsh Government, which have already been implemented by Swansea Bay University Health Board.

A tailored training programme is currently being implemented by the Patient Feedback Team based on Ombudsman Themes and Trends and examples of how Governance Teams can improve responses is in the process of being rolled out to each Delivery Unit.

Ongoing Actions being taken include:

- Strategy meetings continue to be held on receipt of new Ombudsman investigations.
- Early settlement resolutions are proposed where appropriate.
- Review of Ombudsman cases in CRAG meetings.
- Any new enquiry from the Ombudsman to be subject of an internal corporate review to identify any learning.

4.3 Incidents

For the period 1st April 2019 to 30th June 2019 a total of 5,005 incidents were reported. The severity of the level of harm of incidents reported is set out as follows:

No Harm (1)	3,248 (64.90 %)
Low (2)	1,537 (30.71%)
Moderate (3)	184 (3.68%)
Severe (4)	13 (0.26%)
Death (5)	23 (0.46%)
Total	5,005

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

- Moisture Lesion – 504 (295– non HB acquired) (10.07%) incidents
- Suspected Slips/Trips/Falls (Unwitnessed) – 444 (8.87%) incidents
- Pressure Ulcer Developed Prior to Admission – 343 (6.85%) incidents
- Administrative Processes – 280 (5.59%) incidents
- Behaviour- 270 (5.39%) incidents

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 three 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.
- PSN 046 - Resources to support safer bowel care for patients at risk of autonomic dysreflexia has passed its compliance date.
- PSN 049 - Supporting the introduction of the Tracheostomy Guidelines for Wales – Adults and Children has passed its compliance date.

PSA/PSN No.	Compliance Target Date	Title	Status
PSA 008	30/11/2017	Nasogastric Tube misplacement: Continuing risk of death and serious harm	<p>Assistant Medical Director has considered Medical training from other Health Boards. A new survey training process is currently being trialled. Confirmation that the process is effective should be achieved by May 2019.</p> <p>22/05/2019 The Assistant Medical Director has confirmed will meet with the Medical Director to discuss and agree a way to take this forward and review the survey results.</p> <p>17/06/2019 The Assistant Medical Director has agreed to have a further meeting with the Medical Director to discuss and agree a way to take the training forward in order to be complaint.</p> <p>08/07/2019 No further update received – the Assistant Medical Director will liaise with colleagues to agree what actions can be put in place to comply with this alert.</p> <p>06/08/2019 No further update received - the Assistant Medical Director is continuing to liaise with colleagues to agree what actions can be put in place to comply with the training requirements for this alert.</p> <p>NON-COMPLIANT</p>
PSN 030	26/08/2017	Construction of medicine cupboards	<p>Advice has been sort from Patient Safety Solutions on when PSN 030 will be re-issued.</p> <p>14/01/2019 No further advice has been received from PSS.</p> <p>12/02/2019 No further advice has been received from PSS</p> <p>18/03/2019 No further advice has been received from PSS</p> <p>08/04/2019 No further advice has been received from PSS</p> <p>15/05/2019 No further advice has been received from PSS</p> <p>14/06/2019 No further advice has been received from PSS</p> <p>08/07/2019 No further advise has been received from PSS</p> <p>06/08/2019 No further advise has been received from PSS</p> <p>NON- COMPLIANT</p>
PSN 046	29/3/2019	Resources to support safer bowel care for patients at risk of autonomic dysreflexia	<p>Sent to High Risk weekly meeting for advice. A meeting was held with the Assistant Medical Director week commencing 18/02/2019 to agree a plan to take this forward.</p> <p>13/03/2019 Assistant Medical Director has confirmed that he is Clinical Lead. This alert was discussed at the last Continence Steering Group on 06/03/2019. Autonomic dysreflexia was also discussed at the last All Wales Continence Forum meeting in</p>

			<p>December. Further work is required regarding the action plan, and specifically regarding the training element. The alert is being managed by the Health Board Continence Group.</p> <p>12/04/2019 The Health Board has set up a Task & Finish group , the first meeting was held on the 4th April to look at training requirements, including key nursing staff that would need to be trained and also develop Clinical Guidelines.</p> <p>20/05/2019 Autonoic Dysreflexia Guidelines have been developed in association with Rookwood spinal injury unit. This will go to Continence Steering group for Ratification in June 2019.</p> <p>3 Training Sessions have been arranged for the identified group of nurses. Training provided by Clinical Specialist Nurse Rookwood hospital – Spinal injuries. Training will be complete by 30th May 2019.</p> <p>29/05/19 Training sessions have been held for Key nursing teams CNS Spinal Nurses, OOH Nurse Practitioners, Continence Nurse Advisors, Community Nurses with Spinal Injury Patients in their localities. This training was provided by the CNS for Spinal Injuries based at Rookwood hospital. Training to be cascaded within identified teams.</p> <p>13/06/19 HB Continence nurses linking with All Wales Continence Forum to remain updated on All Wales position re training – awaiting confirmation on compliance status.</p> <p>08/07/19 Awaiting confirmation from Chair of Group that the guidelines have been approved and confirmation that we are now complaint with this notice.</p> <p>06/08 /19 Awaiting confirmation from the Continence Steering Group that the guidance for Autonomic Dysreflexia will be ratified in September in order to confirm compliance status.</p> <p>NON-COMPLIANT</p>
PSN 049	01/7/2019	Supporting the introduction of the Tracheostomy Guidelines for Wales – Adults and Children	<p>The alert has been disseminated to Medical Director and all the Unit Medical Directors to action.</p> <p>20/05/2019 The nominated Critical Care Consultant has agreed to work with colleagues to ensure the actions agreed at the Clinical Cabinet meeting held in MHSDU are implemented. These include, forming the Tracheostomy MDT, nurse training, Ward T training and evidence of training, to include cardiac ITU and Radiology. An update will be provided to the next Clinical Cabinet meeting in 2 weeks.</p>

			<p>16/06/2019 Further update on compliance from the Unit Medical Director and Critical Care Consultant to be provided at the next clinical cabinet meeting.</p> <p>06/08/2019 A meeting was held on the 31/07/2019 with the Assistant Medical Director and Head of Quality and Safety for Morriston SDU to discuss the agreed actions in place against this notice – awaiting confirmation from the Unit that we are now compliant.</p> <p>NON-COMPLIANT</p>
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6. Arts in Health

Update on Taking Care Project

This project was funded by Arts Council Wales. The £30K grant employed Performing Medicine drama team to work with all the staff from three elderly care wards. All staff had one and a half days practical training with skilled drama practitioners who taught about non-verbal body language, self-care and communication techniques. The Performing Medicine team also visited each ward and developed a bespoke piece of theatre forum which facilitated deep discussion on the training days.

An external evaluation is being completed by Swansea University.

Mental Health & Learning Disability Management Board are considering running further training for more staff. Here are some of the key findings:

	Mean	Std. Deviation	Percentage reporting strong intention to change
The strength of my intention to change...			
The way I communicate with colleagues	3.1026	1.50833	76%
The way I communicate patients	2.9103	1.62917	69%
My NVB with colleagues	3.1154	1.45031	73%
My NVB with patients	2.9615	1.60715	69%
My pace and posture with colleagues	3.3077	1.58980	76%
My pace and posture with patients	3.2308	1.60294	74%
Take more care of my wellbeing at work	4.0641	1.32253	91%

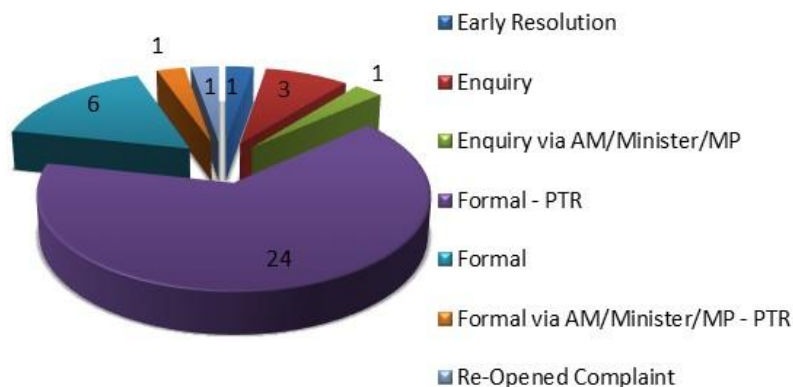
7. DELIVERY UNIT REPORTS

Mental Health & Learning Disabilities Services Delivery Unit

1st April 2019- 30th June 2019

Mental Health & Learning Disabilities SDU received 37 concerns.

Mental Health & Learning Disabilities SDU - Complaints



Top 3 Complaint Trends

- Appointments (9)
- Attitude and behaviour (8)
- Communication (7)



- No never events



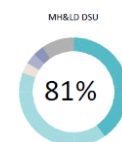
- 2 personal injury claims
- 1 clinical negligence

Incidents:

636 incidents were reported with the 3 top themes being:

- Inappropriate/Aggressive Behaviour towards a Staff by a Patient – (105)
- Inappropriate/Aggressive Behaviour towards a Patient by a Patient– (73)
- Suspected Slips/Trips/Falls – (71)

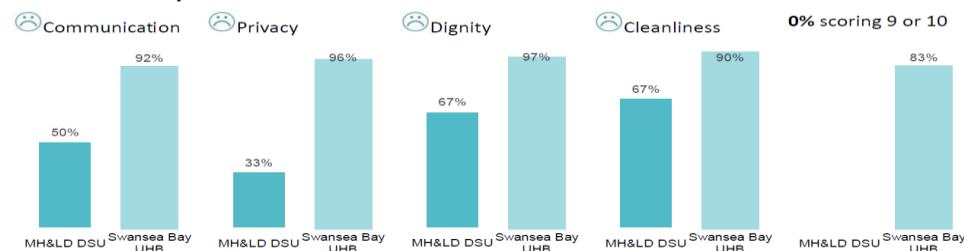
19 Serious Incident's: Unexpected deaths - 18 (the Health Board retrospectively reported all deaths of Mental Health patients known to the service who died within 12 months of being seen by the Health Board), Patient Accident/Fall- 4



Friends & Family Results – April - June 2019

of 62 respondents said they would be extremely likely or likely to recommend the clinical service.

All Wales Survey



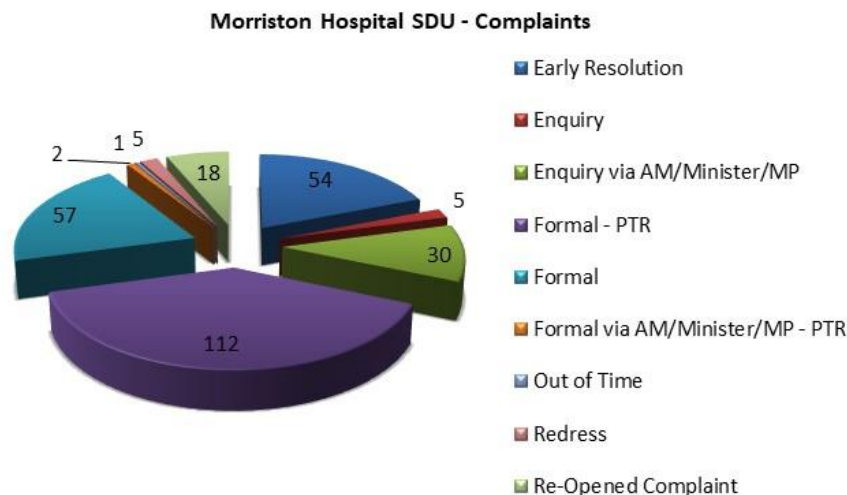
There were three All Wales Surveys completed for the Service Delivery Unit during April – June 2019 with the overall score 0%.

Compliment: "Thank you for being a brilliant team. You've all been fantastic. Thank you, Diolch yn fawr..... Best wishes. What a difference 2 weeks make!" **Detox Unit, Neath Port Talbot Hospital**

Morrison Hospital Service Delivery Unit

1st April 2019 – 30th June 2019

Morrison Hospital SDU received 284 concerns.



Top 3 Complaint Trends

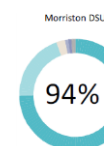
- Admissions (81)
 - Appointments (52)
 - Communication (44)
-
-  Never Events
 - 21 Clinical Negligence Claims
-
-  No Personal Injury Claims

Incidents:

2,057 incidents were reported with the 3 top themes being:

- Access and Admission – (249)
- Moisture Lesion – (209)
- Suspected Slips/Trips/Falls – (183)

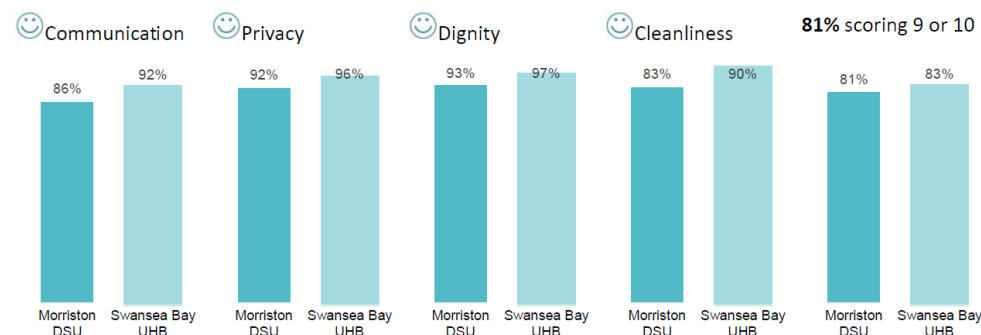
16 Serious Incident's: Patient Accident/Fall- 8, Unexpected Death- 3, 2 Therapeutic Processes/Procedures, 1 Medical Gases/Oxygen, 1 Infection Control and 1 Diagnostic Processes/Procedures.



Friends & Family Results – April to June 2019

of 4,805 respondents said they would be extremely likely or likely to recommend the clinical service.

All Wales Survey



107 All Wales Surveys were received for the Service Delivery Unit during April to June 2019 with the overall score of 81%.

Compliment: Renal Dietetic Team – Morrison hospital

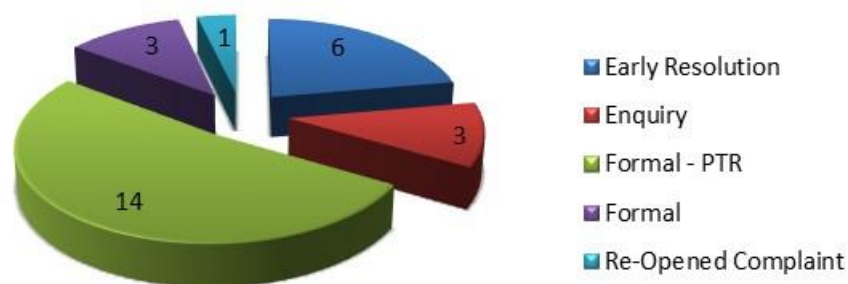
Card thanking the Renal Dietetic Team for sending a recipe book so promptly as it suits their needs well. Stating it will make life easier and more enjoyable for them.

Neath Port Talbot Hospital Service Delivery Unit

1st April 2019 – 30th June 2019

Neath Port Talbot SDU received 27 concerns

Neath Port Talbot Hospital SDU - Complaints



Top Complaint Trend

- Clinical Treatment (6)
- Appointments (5)
- Communication (5)



- No Personal Injury claims
- No Never Events



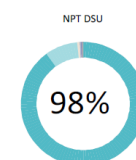
- 5 Clinical Negligence claims

Incidents:

299 incidents were reported with the 3 top themes being:

- Suspected Slips/Trips/Falls (un-witnessed) – (63)
- Dispensing Processes– (21)
- Inappropriate/Aggressive Behaviour towards a Staff by a Patient – (15)

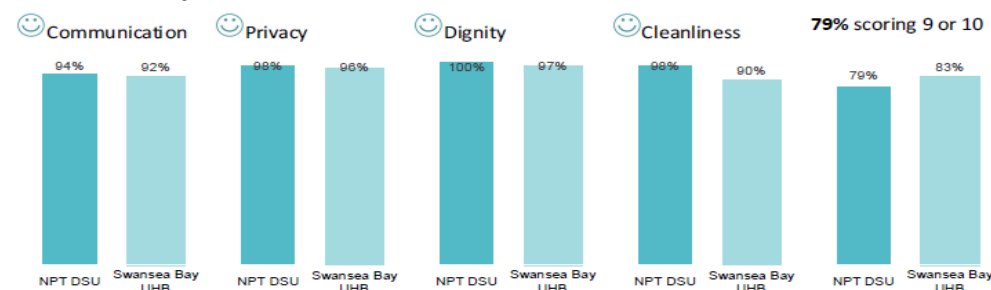
Serious Incident's: Patient Accident/Fall – 2



Friends & Family Results – April to June 2019

of 2,296 respondents said they would be extremely likely or likely to recommend the clinical service.

All Wales Survey



124 All Wales Surveys were received for the Service Delivery Unit during April to June 2019 with the overall score of 85%.

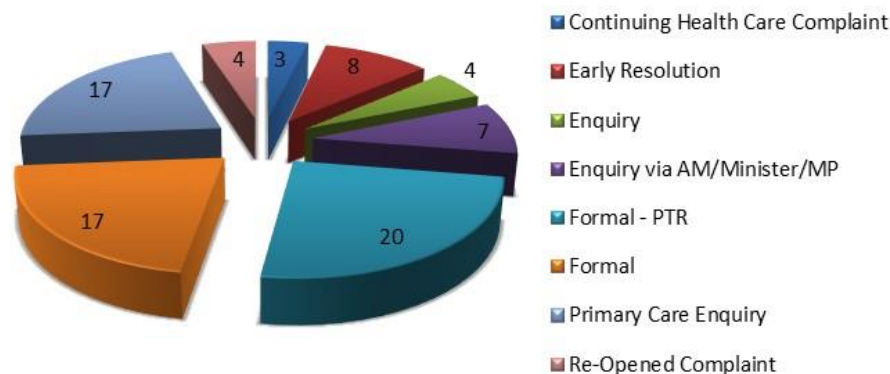
Compliment "I just wanted to say how great the staff are in the accident centre in Port Talbot, I brought my Mum in on Saturday after she fell in the garden. We were seen quickly by Ingrid the triage nurse, she was kind, compassionate and professional. We had a wait before seeing another nurse but he quickly arranged for a colleague to dress her wounds on her hands. The nurse thoroughly washed and dried his hands before preparing the kit he needed. Again he was thorough but kind. The team to a great job and I really appreciated their help. Huge thanks....." **Minor Injuries Unit**

Primary & Community Service Delivery Unit

1st April 2019- 30th June 2019

Primary & Community SDU received 80 concerns.

Primary & Community SDU - Complaints



Top 3 Complaint Trends

- Communication (100)
- Clinical Treatment (73)
- Appointments (61)



- No Never Events
- No Personal Injury claims



- 5 Clinical Negligence claims

Incidents:

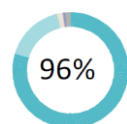
879 incidents were reported with the 3 top themes being:

- Developed prior to admission – (282).
- Moisture Lesion – (238)
- Injury of unknown origin – (80)



No new Serious Incidents were reported for Primary Care within this period

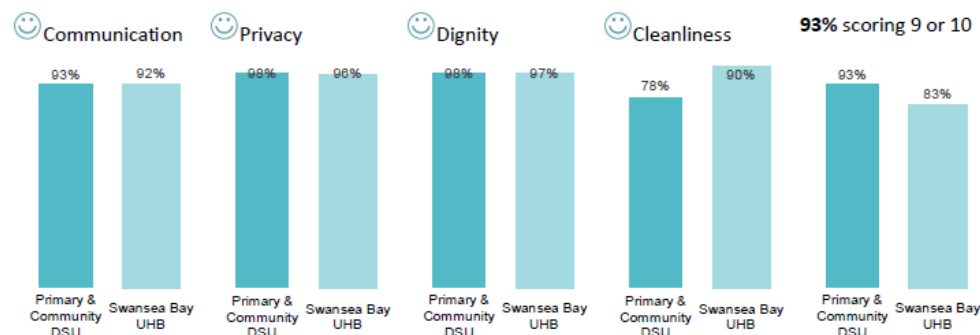
Primary & Community DSU



Friends & Family Results – April - June 2019

of 396 respondents said they would be extremely likely or likely to recommend the clinical service.

All Wales Survey



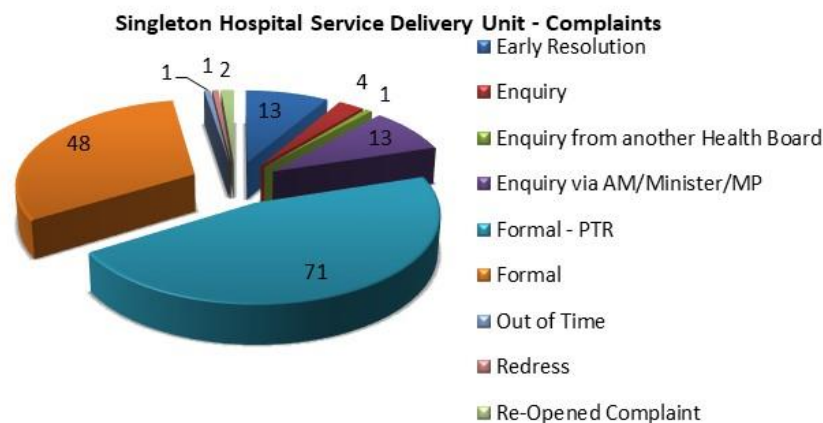
46 All Wales Surveys were received for the Service Delivery Unit during April to June 2019 with the overall score of 93%

Compliment: “I am writing to formally thank you for your part in the diagnosis and treatment of L2/3 stenosis. You saw me last year and referred me to Consultant at Hospital. Surgery was carried out last week and I am pleased to tell you that there has been an immediate and marked reduction in symptoms as a result. I no longer have back pain and sensation has returned to the left leg to a large extent. I am able to stand and walk without pain. Please accept my thanks for your kind and considerate treatment and diagnosis. I am extremely grateful”.

Singleton Hospital Service Delivery Unit

1st April 2019 – 30th June 2019

Singleton Hospital SDU received 154 concerns.



Top 3 Complaint Trends

- Appointment (45)
- Communication issues (24)
- Clinical Treatment (24)



- No Never Events



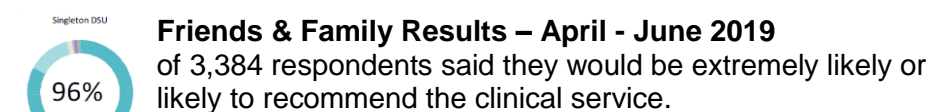
- 19 Clinical Negligence claims
- 2 Personal Injury claims

Incidents

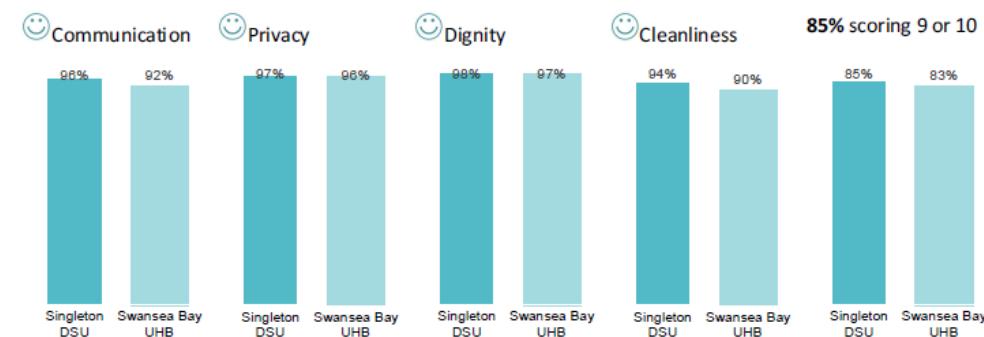
997 incidents were reported with the 3 top themes being:

- Maternity Triggers – (153)
- Suspected Slips/Trips/Falls – (109)
- Laboratory investigations – (55)

9 Serious Incident's: Administrative processes- 1, Infection Control- 1, Maternity Care- 2, Neonatal/Perinatal Care- 3, Patient Accident/Fall- 2



All Wales Survey



205 All Wales Surveys were received for the Service Delivery Unit during April to June 2019 with the overall score of 82%.

Compliment "I would like to say how wonderful your member of staff is. My daughter and myself had to take my grandson to have a blood test, he is only 16 months old. The member of staff was so lovely with him as you can imagine he didn't quite know what was going on, but she put my daughter and Archie at ease. I would just like to thank her for making a worrying experience better."