



Appendix 1



Patient Experience Report October 2018 – February 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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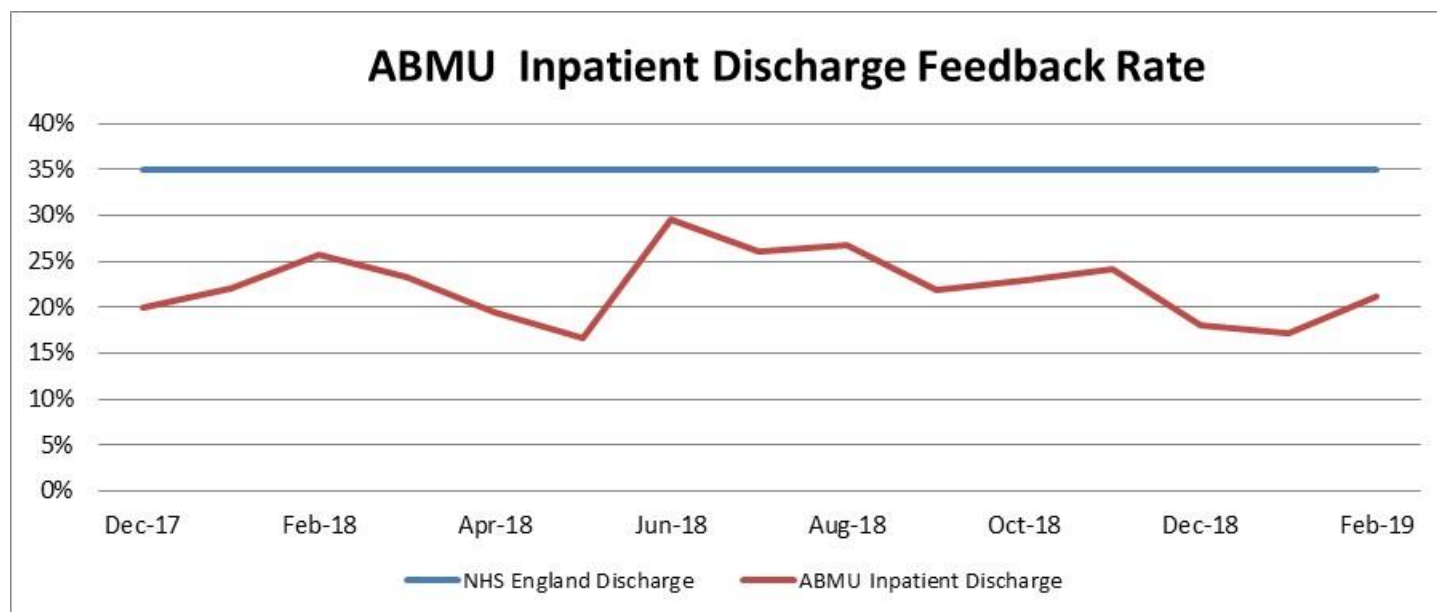
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1. PATIENT EXPERIENCE

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%. October 2018 was 22.85%, November 2018 was 24.09%, December 2018 was 17.99%, January 2019 was 17.16% and February 2019 was 21.16%.



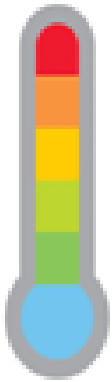
	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
NHS England Discharge	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%
ABMU Inpatient Discharge	20%	22.10%	25.76%	23.32%	19.40%	16.70%	29.50%	26.04%	26.84%	21.81%	22.85%	24.09%	17.99%	17.16%	21.16%

1.2 CURRENT POSITION

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

- Pendre, Princess of Wales Hospital (165 responses)
- Dyfed Ward, Morriston Hospital (47 responses)
- Ward A, Neath Port Talbot Hospital (132 responses)
- Diabetics Dept, Singleton Hospital (10 responses)

The 10 lowest scoring areas for the reporting period were:



- Dermatology, Singleton Hospital (39%)
- Ward 20, Singleton Hospital (64%)
- Breast Care Unit, Singleton Hospital (65%)
- Fracture Clinic, Princess of Wales Hospital (65%)
- Corridor 4&5, Singleton Hospital (65%)
- Lymphoedema, Singleton Hospital (67%)
- Rheumatology, Princess of Wales Hospital (67%)
- Maxillofacial, Princess of Wales Hospital (67%)
- Dermatology, Princess of Wales Hospital (69%)
- Audiology, Morriston Hospital (70%)

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

- Delays in appointments.
- Insufficient information being given to patients and families.
- Food not being up to a high standard.
- Car parking on all sites (ongoing issues).

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

1.3 All Wales Patient Experience Questionnaire

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

Percentage of patients that ticked 'Always' to the following questions:																
Treated with Dignity?																
Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	
92%	95%	93%	95%	94%	97%	98%	96%	97%	95%	95%	96%	96%	92%	99%	93%	
You were given help with feeding & drinking?																
Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	
85%	86%	77%	91%	80%	88%	53%	77%	89%	67%	81%	83%	83%	88%	91%	81%	
Were you given the support you needed to help with any communication needs?																
Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	
91%	87%	87%	91%	93%	94%	94%	96%	92%	88%	95%	89%	92%	89%	95%	90%	
Were things explained to you in a way that you could understand?																
Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	
86%	88%	88%	93%	89%	90%	94%	91%	92%	88%	90%	85%	90%	84%	91%	85%	
Did you feel we did enough to keep you as free as possible from pain?																
Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	
81%	94%	84%	91%	92%	91%	91%	89%	87%	82%	84%	85%	85%	79%	88%	80%	
People are kind and compassionate to you?																
Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	
93%	94%	88%	91%	91%	96%	96%	90%	87%	88%	92%	91%	90%	84%	97%	88%	
People are welcoming, friendly and helpful?																
Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	
90%	89%	89%	90%	90%	94%	95%	91%	92%	87%	92%	92%	92%	82%	95%	95%	
Percentage of patients that ticked 'Never' to the following question:																
At any point in your stay did any of our actions make you feel unsafe?																
Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	
85%	89%	89%	86%	95%	93%	89%	91%	91%	83%	87%	87%	89%	92%	91%	90%	

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 October, November, December, January and February has remained the same at 95%. Below are the hospital site scores: Gorseinon Hospital 89%, Maesteg 98%, Morriston Hospital 94%, Neath Port Talbot 98% , Princess of Wales Hospital 95% and Singleton Hospital 95%.
Retrospective – more in-depth surveys	The overall satisfaction score from feedback of the Patient Experience Framework All Wales questionnaire has stayed the same at 86% This is based on the number of people scoring 9 and 10 from a scale of 0 to 10. (Time period October, November, December, January and February).
Balancing – Concerns, Patient Stories	Patient Story for November presented at the ABM Board by Gareth Howells, Director of Nursing and Patients Experience. The story called My Special Cushion – Pressure Ulcer improvement work. Patient Story for January presented at the ABM Board by Gareth Howells, Director of Nursing and Patients Experience. The story called Dance For Health – Reducing falls.
Proactive/Reactive – texts, social media	351 alerts were received into the Patient Experience inbox for October, November, December, January and February combined. ABMU Lets Talk: For the period, October, November, December, January and February there were 119 contacts made by members of the public of which 32 converted into complaints for the SDU's.

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:

- **Patient Stories:** Over the last 12 months, we have worked with the Arts in Health Co-ordinator to write the standard operating procedures and establish digital patient stories as mainstream ABMU practice. In November, we launched a share point site where staff can access a library of stories to use in meetings and training. They will also be able to access the standard operating procedures, submission form and training applications. It is agreed that each delivery unit will have two trained story facilitators and a new accredited training course started in January 2019. We are now on the second cohort of story facilitators.

The patient story work we have undertaken has also been show cased at the All Wales Chairman's meeting on 4th March 2019. From this meeting other health boards have asked to visit and see the work and share the learning. In light of the work developed, a new Media Apprentice role has been created, this role will support staff when building the digital stories and help to manage the SharePoint site and administrative duties.

- **SMS text messaging pilot:** We are always looking at new ways of capturing patient feedback, especially retrospective feedback. Retrospective feedback forms part of the All Wales Listening and Learning Framework. During December, we undertook a pilot to see if using SMS messaging could increase our online Friends and Family surveys. Working with the informatics team who identified the ENT clinics and extracted the data to send the patients the SMS message a few days after their appointment. This was a very successful pilot and we identified 'proof of concept' by using this method. Numbers increased from an average weekly collection of 100 online Friends and Family to 376. The All Wales online surveys increased from 6 to 90. We are aiming to undertake a further pilot during 2019/20 focusing on an area linked to one of the Health Board's quality priorities.
- **Working with GP's and Macmillan:** ABM have been working with the Upper Valley Cluster and Macmillan, to build a survey capturing the patient cancer journey from the GP perspective. Macmillan have informed us that this is a first in Wales. During October and November, the survey was sent to GP cancer patients, with replies and results building a summary report for the team. The cluster and Macmillan who are now evaluating the results and formulating actions to improve their service as a result of the patient feedback received.

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.

2.1



'Lets 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, October, November, December, January and February there were 119 contacts made by members of the public of which 32 converted into complaints for the SDU's.

2.2



'Care Opinion'

ABMU Health Board has subscribed to Care Opinion to be able to respond to feedback/comments made on their website. No comments left during October, December, January and one comment left for November and one for February.

You Said We Did

YOU SAID	YOU SAID
Reception toilets, Singleton: Member of the public was annoyed that baby changing facilities were screwed shut and unable to use.	Neuro Rehabilitation, Neath Port Talbot Hospital: Multiple issues around alleged staff attitude and communication.

<p>WE DID</p> <p>PALS contacted estates who said they had been screwed shut for safety purposes and were awaiting the parts to fix the problem.</p>	<p>WE DID</p> <p>Meetings held on the Neuro Rehabilitation Unit with the complainant, Ward Manager and Therapy staff in order to address any issues that should arise so that they can be actioned and nipped in the bud in a timely manner preventing escalation to a formal complaint.</p>
<p>YOU SAID</p> <p>Main Entrance, Morriston Hospital: The raised flower beds are full of cigarette ends and look awful.</p> <p>WE DID</p> <p>Estates have now removed the raised flower beds at the request of PALS.</p>	<p>YOU SAID</p> <p>Ward 5, Princess of Wales Hospital: Patient complained they require gluten free diet and are not adequately catered for and staff are not aware if the food is suitable or not.</p> <p>WE DID</p> <p>Meeting held with the patient and family. Catering Department have now spoken to the patient, Ward Sister has made a notice re patients dietary requirements and spoken to HCSW on the food trolley - catering problem much improved - patient happy.</p>

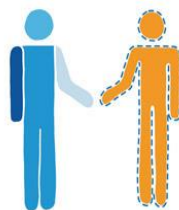
2.4 Learning from Events, Patient Experience & Clinical Practice



Neath Port Talbot Hospital Delivery Unit hosted an Assurance and Learning Event on 2nd April 2019 to support one of the Health Boards values – Always improving and set a challenge to share the learning and carry it far and wide. During the meeting the Unit shared learning from concerns, practice improvement and a never event which occurred and also from patient experience of care. The learning and changes made included:

Clostridium Difficile (“CD”) learning from a hospital outbreak - Lead Advanced Nurse Practitioner

- Deep dive review was undertaken following a CD outbreak when four patients were identified as having the same strain of CD.



Let's talk about:
***Clostridium
difficile***

Learning identified:

- Decontamination of equipment e.g. pulse oximeters, Dynamap, scales should be cleaned between patients.
- Mattress checking and replacing was not regularly undertaken.
- Handwashing of patients – help support this.
- Patient clutter on lockers makes effective cleaning difficult.
- Diagnostic and prescribing practices may be a contributory risk factor.

Action taken:

- Developed a Comprehensive Geriatric Assessment – CD assessment tool
Which carers 10 risk factors
 - Antibiotic use in last 12 weeks
 - Current usage of antibiotics
 - Age of patient – over 65 years old and at a greater risk of having CD
 - Acid Suppression Therapy – increases the risk of CD
 - Enteral feeding increases the risk of CD
 - Immunocompromised – susceptibility to infections
 - Co morbidities
 - Inflammatory bowel
 - Previous CD infection
 - Hospitalisation
- Trigger to review prescribing and whether Acid Suppression Therapy was still required.
- Mattress check, clean and replacement programme developed and implemented.

The Unit have shared the learning and in particular the CD risk assessment tool at the Infection Control Committee and with the Units in the Health Board.

Learning from a historical concern – Neuro-rehabilitation Unit, Senior Matron

- Young adult, significant brain injury following RTA in September 2015 and emerged from post-traumatic amnesia – agitated, aggressive, delusional, paranoid and hallucinating.
- Family raised concerns relating to a number of care issues and also experience of care. The complaints were not dealt with timely and the family not supported which resulted in a referral to the Nursing and Midwifery Council.

Learning/action taken:

A number of changes have been made which include:

- Registered Mental Health Nurse (RMN) employed in neuro-rehabilitation.
- Risk assessment now in place to trigger RMN to support challenging behaviour.
- V & A training for staff and the V & A Lead developed a bespoke PBN training for neuro rehabilitation service.
- Member of staff on the Ward is a train the trainer.
- Developed behavioural management plan.

- Neuro governance meeting established.
- Culture change to meet with families who have concerns and the PALS Team facilitate this on a weekly basis.

3. Learning from Recognition of Acute Deterioration and Resuscitation Group RADAR and Houdini Pilot

The Health Board has recently reviewed and revised the Resuscitation Committee into a Recognition of Acute Deterioration And Resuscitation Group (RADAR) which will oversee and coordinate the work of key sub groups which include:

Rapid Response to Acutely Ill Patient (RRAILS) Group;
Sepsis Group and;
Acute Kidney Injury.



In Neath Port Talbot Unit they have undertaken training to promote recognition of Acute Kidney Injury (AKI) and developed a tool to use on recognition: AKI Response Strategy.

- Urinary tract infections are the second most prevalent healthcare acquired infection (HCAI's) in Welsh Hospitals (15.9% of total HCAI's). The Unit, in recognising that the daily risk of acquiring a UTI is between 3-7% while a urinary catheter remains in place – the longer the UC is in place the higher the risk, commenced a pilot to reduce the days a catheter remain in place.

Baseline data was collected in May 2018 and then data was collected in October 2019 following the education supporting the pilot. The results revealed:

- 61 fewer catheter days (comparing two 29 day periods). Suggesting a **42% reduction**.

Actions Taken/learning to improve recognition and management of the deteriorating patient include:

- **SEPSIS Buckets are in place** on all resuscitation trolleys within NPTH site.
- **Educational strategy:** 'Spot the sick patient' champions will have completed nursing /HCSW staff education within their clinical areas in relation to: NEWS, Observations and Sepsis screening.
- Ward D trialling the response sticker to 'NEWS' 3 or greater to see if it is user friendly for the ward staff.
- AKI presentation within multi -professional education arena and proposed response strategy.
- **AKI response strategy stickers** have been implemented within all four medical wards and being considered within surgery on site at NPTH. Compliance in usage of stickers to be embedded within clinical practice.
- Urinary Catheter Protocol being trialled on Ward C to prevent infection. **Protocol is to be used if there is no specific medical instruction that urinary catheter is to remain in situ.**

Midwifery Matron - Learning from a Never Event in the Birth Centre, NPTH

- Incident: Retained swab following repair of perineum.

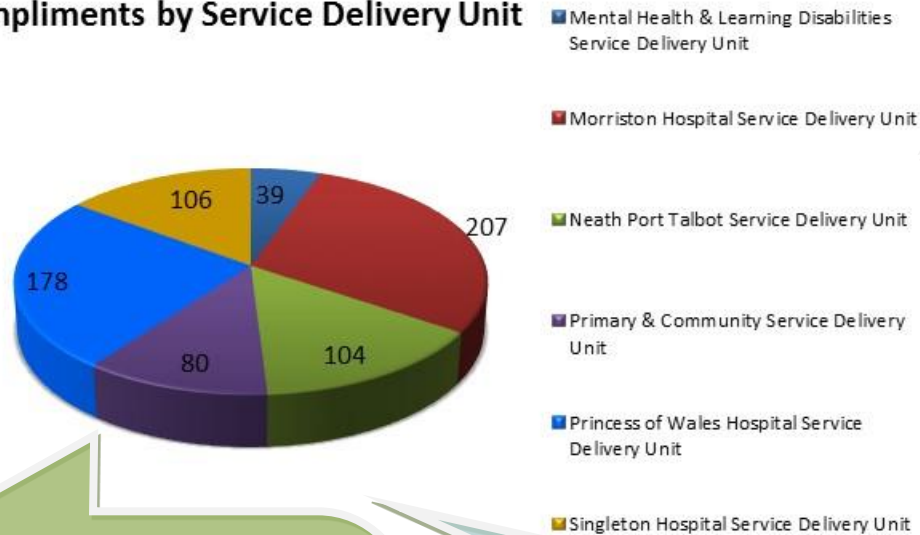
Learning identified/action taken:

- Missed opportunity to identify retained swab when midwife visited the patient.

- All Wales Normal Labour Pathway used and followed which does not stipulate a 2 person check – identified the learning on an All Wales basis and the All Wales pathway will be amended.
- Introduced a 2 person checking of all swabs, needles and instruments following perineal repair in accordance with ABMU Management and Repair of Perineal Trauma Guideline (January 2018)
- Supply of suturing specific sterile packs in the Birth Centre and for community teams.
- Only long tail swabs are stocked on the Birth Centre.
- Training update for all staff on the correct procedure for swab count.
- Staff reminded of the importance of performing clinical examinations when women report symptoms of feeling unwell.

3. Written Compliments October – February 2019

Compliments by Service Delivery Unit



Wound Clinic, Primary and Community Services Delivery Unit

"I have since September been treated for a wound due to a pilonidal sinus complication. I have visited the Maesteg, Cornelly, Pencoed and Princess of Wales Wound clinics over the past few months every day. I have found the service to be great and knowing I was a complicated patient things have gone very smoothly".

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"

Paediatric Ward M, Singleton Delivery Unit

"I would sincerely like to thank all the staff and doctors on the Paediatric Ward M at Morrison Hospital after the way they dealt with my son when he was recently an inpatient on the ward. I cannot thank everyone enough for the caring and professional way they dealt with us. After arriving on the ward at a very late hour we were given an overnight put up bed and allowed to stay with a very anxious 12 year old suffering a broken ankle. Over the following days the care and attention we received from all of the staff on this ward was exceptional; nothing was a "bother" for them. The nursing staff were exceptional and caring, the ward was spotlessly clean and every member of staff is a credit to the Health Service."

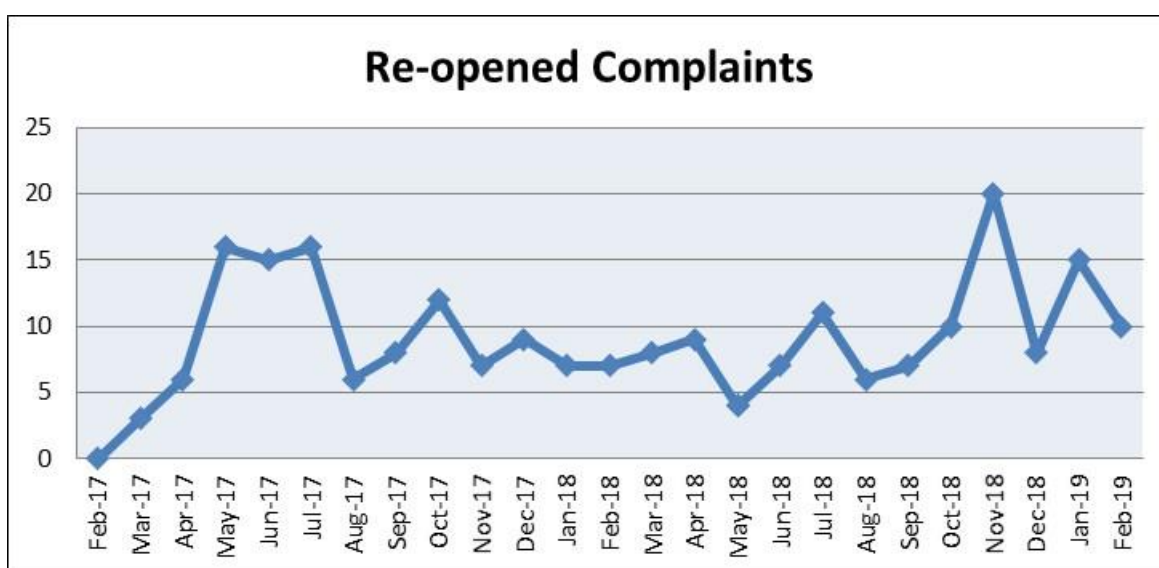
Morrison A& E & Ward F: I feel that the least I can do is to inform you of the outstanding treatment I received from the staff in A&E, Ward F and in particular the wonderful Stroke Team on Ward F during my recent illness. I suffered a TIA at home and was taken to Morrison Hospital A&E to find that from the stroke team was there ready to see me. I had lost the use of my right arm and leg and was very distressed and confused but from the outset was comforted and reassured by and the other staff. Later that day I was taken to Ward F and words fail me as to the high standard of care I received during my stay on that ward. Everyone, without exception from the lady that brought the tea, the consultant, radiographers, porters the wonderful nursing staff were all so very caring and so very understanding of my fears and concerns. The level of care I received was outstanding and I could never thank the amazing Stroke Team and everyone else for their level of care.

5. CONCERNS MANAGEMENT

During the period 1st October 2018 to 28th February 2019, 531 formal complaints were made. Last year for the same time period we received 520 formal complaints that is an increase of 11 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 2019, achieving the 75% Welsh Government target.

The Number of re-opened complaints has increased since last year. This is being looked into and monitored by the Corporate Team.

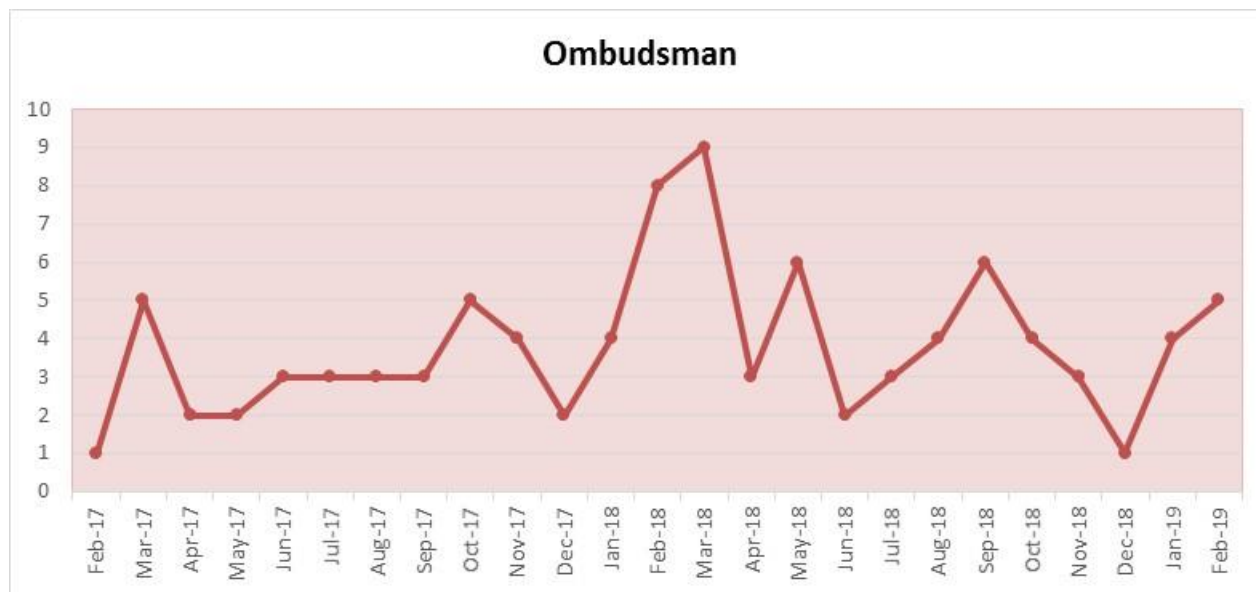


5.1 Concerns Assurance

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 the NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011. Feedback on the audits is reported currently to the Assurance and Learning Group. Unit Directors and Governance leads for the Units are invited to attend the meetings in order to share information and cascade learning to their respective Units.

5.2 Ombudsman Cases

There has been an increase in complaints which the Ombudsman has investigated in relation to the Health Board in 2017/18, 36 compared to 28 in 2016/17. From the 1st October 2018 – 28th February 2019 we have received 16 new investigations. The Health Board is reviewing the increase to identify the issues resulting in complaints being referred to the Ombudsman for investigating and the Health Board will be taking action to learn and improve following the findings.



The Health Board has had an opportunity to consider the learning points from the cases which have been referred to the Public Service Ombudsman and considers that the main learning points are communication; length of waiting times and complaint handling.

A bespoke training programme to support staff on communicating effectively with patients has been developed and is being implemented within Singleton Hospital Unit and will then be evaluated and rolled out across the Health Board. The training package was developed by the complaints trainer in the Patient Feedback Team following a review of complaints where communication issues were upheld and this includes Public Service Ombudsman cases.

In terms of timely access to services, the number of patients waiting over 36 weeks for treatment has significantly improved in February 2019 with 1,142 (28%) less patients waiting over 36 weeks when compared to February 2018. This is the best position the Health Board has been in since April 2014 and we are working hard to improve further. A number of options are being considered to support the improvement further which include:

- Piloting a visiting GP scheme out of hours in care homes in the Bay Cluster with the aim of reducing GP Out Of Hours demand and 999 transfers;
- Development of long term posts in therapies and pharmacy to support winter plans in a sustainable format;
- Demand and Capacity analysis for first outpatient appointments for suspected cancer referrals now available via a Cancer Dashboard;
- Development of Children's Emergency Centre (Morriston) and Swansea Wellbeing Centre.

In relation to the four Public Service Ombudsman investigations upheld relating to mental health services a number of actions have been taken to improve the services we provide and the experience of care received which include:

- Access to Psychological Therapies improvement have been made and since the end of January 2019 the Health Board has achieved the Welsh Government target of 26 weeks maximum wait for this service.
- Access to Community Drug Alcohol Team (CDAT) has been clarified and a flow chart developed for the service/Team Managers. Information leaflets made available to staff and patients. Dual Diagnosis Working Group established and there are link workers identified in CDAT and the generic mental health teams.
- Assessment clinics are held within GP practices and as part of this role are readily available for advice, consultation and education.
- Staff have been reminded of the requirement to document the name of medication when giving medication on a PRN basis.
- A Multidisciplinary Falls Group has been established under the Chairmanship of the Head of Physiotherapy and this provides regular reports to both the Quality & Safety and Health & Safety Committees.
- All patients who fall in hospital are reviewed by a doctor or senior nurse and the falls risk assessment updated which would include a medication review.
- Training is in place for front line staff for suicide risk assessment.
- Letters are sent to GPs after Out Patient appointments. GPs receive a notification with outcome for all crisis assessments within 24 hours.
- All Older Peoples' wards have a Band 6 Clinical Lead who takes the lead role in discharge planning and ensuring that relatives/carers are fully involved in the Discharge Planning process.
- Significant work has been done by the multidisciplinary team on the Older Peoples' Wards to improve patient engagement in non drug interventions/ activities. Facilities have been improved with the addition of " Pub", Hair Salon and Café to improve experience and there has been investment in therapeutic staff on the wards.

We are hoping these improvements will make a difference to our patients going forward in 2019/20.

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.

In addition the improvement Officer presented at training events held for all of the six Units. The Liaison Officer in the Health Board identified an increase in complaints being upheld in relation to poor complaint handling within Morriston Unit and a special training session was held and the Ombudsman's Improvement Officer attended and provided training and worked through a case scenario with the service which the staff found very helpful. A further training event has been arranged for Consultants and the Ombudsman's Officer has agreed to present again in June, for which the Health Board is very grateful for this support.

Further 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.

5.3.Incidents

For the period 1st October 2018 to 31st December 2018 a total of 6583 incidents were reported. The severity of the level of harm of incidents reported is set out as follows

No Harm (1)	4028 (61.18%)
Negligible (1)	994 (15%)
Minor (2)	1324 (20%)
Moderate (3)	196 (2.9%)
Major (4)	14 (0.21%)
Critical (5)	27 (0.41%)
Totals:	6583

It is important to note that the severity descriptors, in the table above, have changed in the Datix system in January 2019, in line with the NRLS severity codes and the new proposed Once for Wales national severity codes.

For the period 1st January 2019 to 28th February 2019 a total of 2388 incidents were reported. The severity of the level of harm of incidents reported is set out as follows:

No Harm (1)	3244 (65.92%)
Low (2)	1459 (29.6%)
Moderate (3)	179 (3.6%)
Severe (4)	9 (0.18%)
Death (5)	30 (0.60%)
Totals:	4921

- From all the incidents reported, the top five themes relate to:
- Suspected Slips Trips/Slips/Falls – 1143 (9.9%) incidents
- Pressure Ulcers developed prior to caseload – 899 (7.8%) incidents
- Moisture Lesion – 833 (7.2%) incidents
- Access and Admission – 531 (4.6%) incidents

- Inappropriate behaviour towards patient by patient- 199 (1.7%) incidents

6. Patient Safety Solutions

Key Issues to note:

Health Board is **non complaint with three Patient Safety Solutions:**

- PSA 008 Naso Gastric Tube Misplacement and compliance is expected to be achieved in May 2019. Deputy Medical Director is progressing;
- PSN 030 Construction of Medicine Cupboards – Welsh Government are re drafting this notice and plan to re issue.
- PSN 046: Resources to support safer bowel care for patients at risk of autonomic dysreflexia
- There are currently four Patient Safety Notices and one Patient Safety Alert live where the compliance date has not yet passed.
- The Medicines Safety Group reviews historic alerts to ensure the Health Board remains compliant. Two historic notices PSN 028 Medicines Reconciliation – Reducing the risk of serious harm and PSN 032 Risk from interaction between miconazole and coumarin anticoagulants were received at their meeting on the 14th March 2019 and it was agreed the Health Board still comply with the requirements in the notice.

PSA/PSN No.	Compliance Target Date	Title	Status
PSA 008	30/11/2017	Nasogastric Tube misplacement: Continuing risk of death and serious harm	Deputy 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. NON-COMPLIANT
PSN 030	26/08/2017	Construction of medicine cupboards	Advice has been sort from Patient Safety Solutions on when PSN 030 will be re-issued. 14/01/2019 No further advice has been received from PSS. 12/02/2019 No further advice has been received from PSS 18/03/2019 No further advice has been received from PSS NON- COMPLIANT
PSN 046	29/3/2019	Resources to support safer bowel care for	Alert sent to High Risk weekly meeting for advice. A meeting was held with the Assistant

		patients at risk of autonomic dysreflexia	<p>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 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>NON-COMPLIANT</p>
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7. Arts in Health

Patient Experience and use of outdoor space in Courtyards

There are several projects underway to open courtyards for use by patients in hospitals.

At Morriston Hospital there has been a task and finish group led by the Unit Nurse Director of Morriston Hospital Delivery Unit to look at which courtyards are feasible to use for patients.

Courtyard 28 is now being developed as a therapies courtyard. The work has been sponsored by Hurley – a construction company working on site at the hospital.

- Courtyard 27 has had a sculpture placed in it and is now part of a Big Lottery Fund, People's Project bid to provide planting and infrastructure such as seating and a door from Powys ward that will enable patients in beds access to the outdoors. A design plan for the planting has already been completed with support from Swansea Council. The environment team are working closely with Keep Wales Tidy to progress this project.
- Gorseinon Hospital courtyard is also part of the Big Lottery Fund, People's Project bid to provide improved courtyard planting and access for patients at the hospital. The Arts team will be working with the Botanic Garden of Wales, once the outcome of the Big Lottery Fund bid is known, to commission a sculpture for the courtyard. We will be commissioning a sculpture that has wide community, patient and staff consultation and input.

Both these projects have been shortlisted for the Big Lottery Fund, People's Project bid. Voting opens on 1st April 2019.

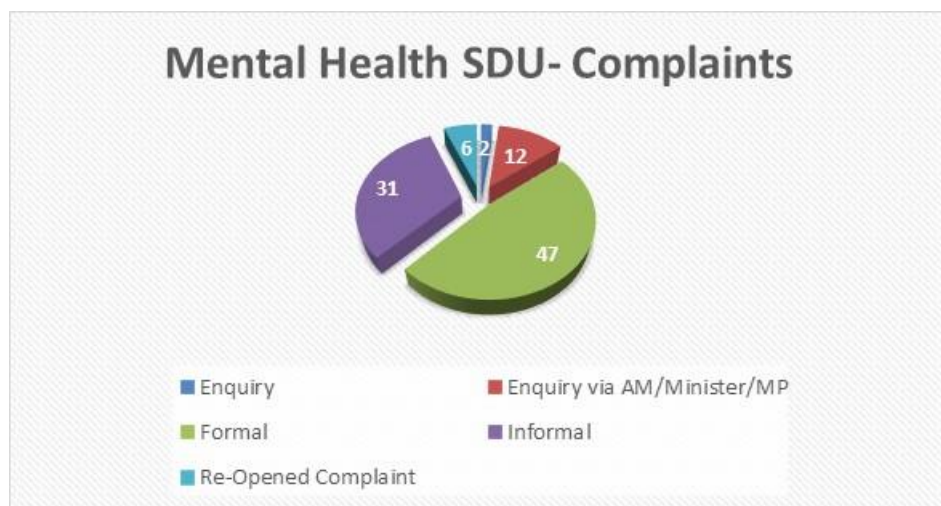
Further plans are being developed by the environment team so that our outdoor spaces work for the wellbeing of patients and staff.

8. DELIVERY UNIT REPORTS

Mental Health & Learning Disabilities Services Delivery Unit

1st October 2018- 28th February 2019

Mental Health & Learning Disabilities SDU received 98 concerns.



Top 3 Complaint Trends

➤ Communication issues (60)

➤ Clinical Treatment (25)

➤ Attitude & Behaviour (29)



- No clinical negligence claims
- No never events



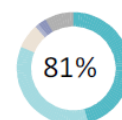
- 4 personal injury claims

Incidents:

1443 incidents were reported with the 3 top themes being:

- Inappropriate/Aggressive Behaviour towards Staff by a Patient – Ward F NPT (43), Fendrod CCH (31) and Hafod Y Wennol (26).
- Inappropriate/Aggressive Behaviour towards a Patient by a Patient– Ward F NPT (24), Clyne Ward CCH (22), and Fendrod Ward CCH (17)
- Self-harming Behaviour - Newton Ward (49), Ward F (NPTH) (35) and Clyne Ward (14),

58 Serious Incident's: Unexpected deaths - 48 (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), Behaviour- 5, Injury of Unknown Origin- 1, Patient Accident/Fall- 4



Friends & Family Results – October - February 2018/19
of 69 respondents said they would be extremely likely or likely to recommend the clinical service.

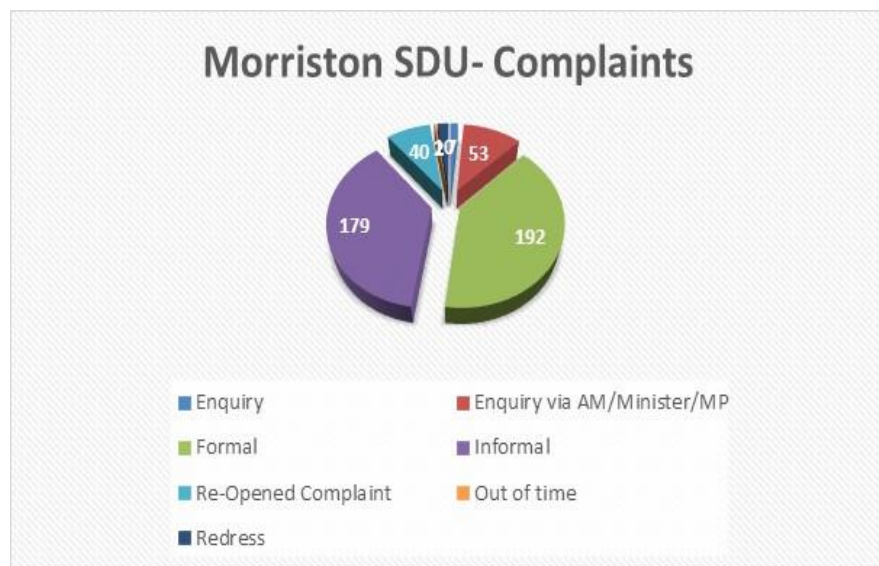
There was one All Wales Survey completed for the Service Delivery Unit during October – February 2018/19 with the overall score 0%.

Compliment: "Just wanted to say that the CBT course that you have put on in ARC centre has been amazing for my daughter. As a single parent who has had to deal with anxiety and depression for a child, the difference the past 2 weeks, are just well let me say changing. Please pass back feedback in to your team, from a parents point of view, I no longer have that sick feeling when the phone rings and it's my daughter. Amazing course, amazing work."

Morrison Hospital Service Delivery Unit

1st October 2018 – 28th February 2019

Morrison Hospital SDU received 280 concerns.



Top 3 Complaint Trends

- Communication issues (276)
- Clinical Treatment (167)
- Admissions (143)



40 Clinical Negligence Claims
1 Personal Injury Claim



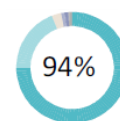
No Never Events between October 2018 – February 2019

Incidents:

3,170 incidents were reported with the 3 top themes being:

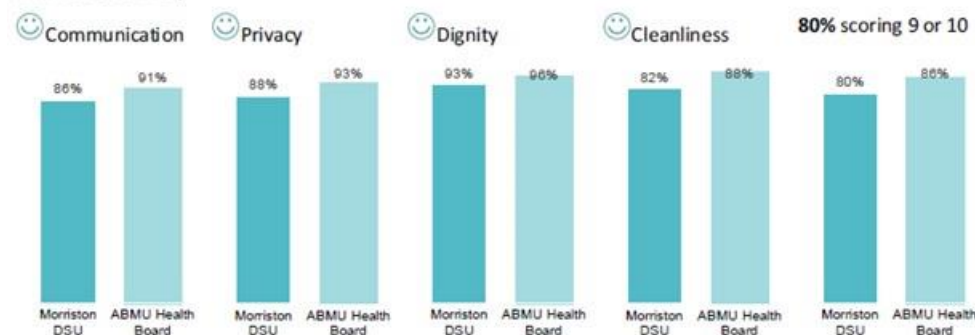
- ❖ Access and Admission – A&E (323), Ward F (23), Ward B (8)
- ❖ Suspected Slips/Trips/Falls (un-witnessed) – Ward S (28) Acute MAU West (22), Ward J (22)
- ❖ Moisture Lesion – General ITU (27) Acute MAU West (16), A&E and Acute MAU East (15 Each)

16 Serious Incident's: Documentation- 1, Medication/Biologics/Fluids- 1, Patient Accident/Fall- 9 Pressure Ulcers- 2, Security of organisations property- 1, Therapeutic Processes/Procedures- 1, Unexpected Death- 1



Friends & Family Results – October to February 2018/19
of 7,184 respondents said they would be extremely likely or likely to recommend the clinical service.

All Wales Survey



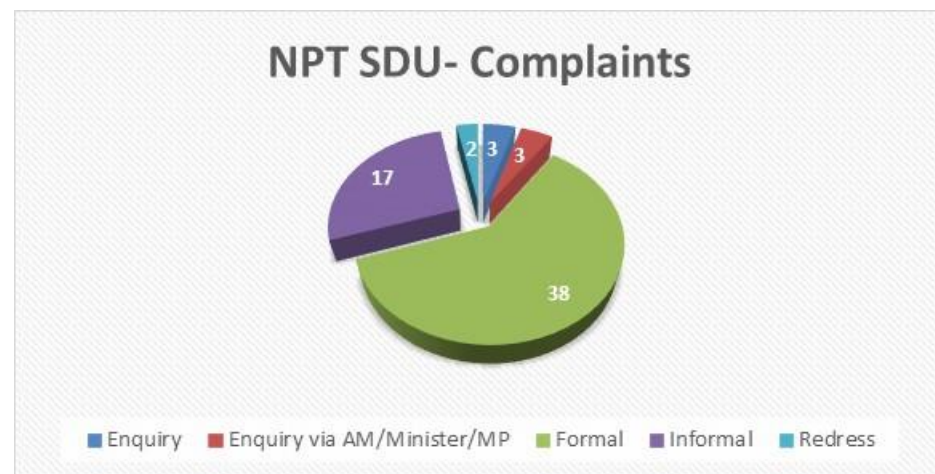
681 All Wales Surveys were received for the Service Delivery Unit during October to February 2018/19 with the overall score of 80%.

Compliment: "I would like to take this opportunity to express my delight in how I was treated and the fantastic service I received from radiology team at Morrison Swansea. I was given an appointment efficiently and when I arrived I was greeted with a smile and made to feel very comfortable. I received an MRI in no time at all and was even given a choice of music to listen to. I received the results within a day which lead to an emergency operation taking place. I am pleased to say that everything was a success and I am on the mend".

Neath Port Talbot Hospital Service Delivery Unit

1st October 2018 – 28th February 2019

Neath Port Talbot SDU received 63 concerns



Top Complaint Trend

- Clinical Treatment (33)
- Communication (31)
- Attitude & Behaviour (14)

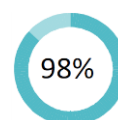
- ❖ 1 Personal Injury claims
- ❖ 4 clinical negligence claims
- ❖ No never events

Incidents:

- ❖ **578** incidents were reported with the 3 top themes being:
- ❖ Suspected Slips/Trips/Falls (un-witnessed) – Ward B2 (33), Ward D (31) and Ward C (28)

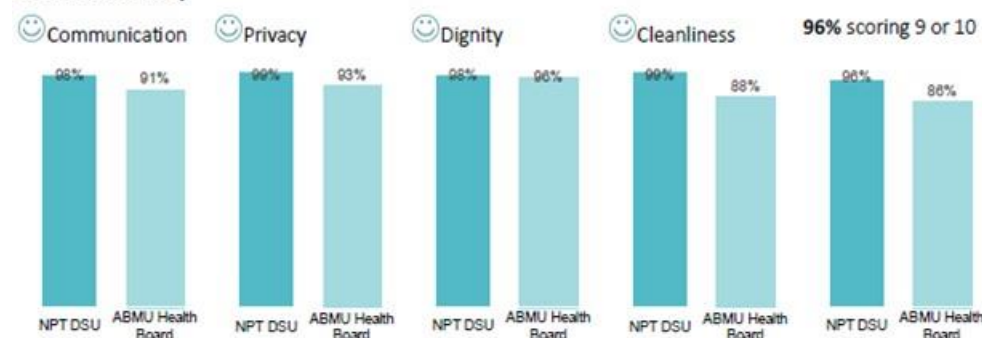
- ❖ Dispensing Processes– Pharmacy (17), IVF Cardiff C (3) and 4 others (2 each)
- ❖ Witnessed Slips/Trips/Falls– Ward C (8), Ward D (5), and Ward B2 (4)

4 Serious Incident's: Patient Accident/Fall- 1, Pressure Ulcers- 2, Diagnostic Processes/Procedures- 1



Friends & Family Results – October to February 2018/19
of 3,795 respondents said they would be extremely likely or likely to recommend the clinical service.

All Wales Survey



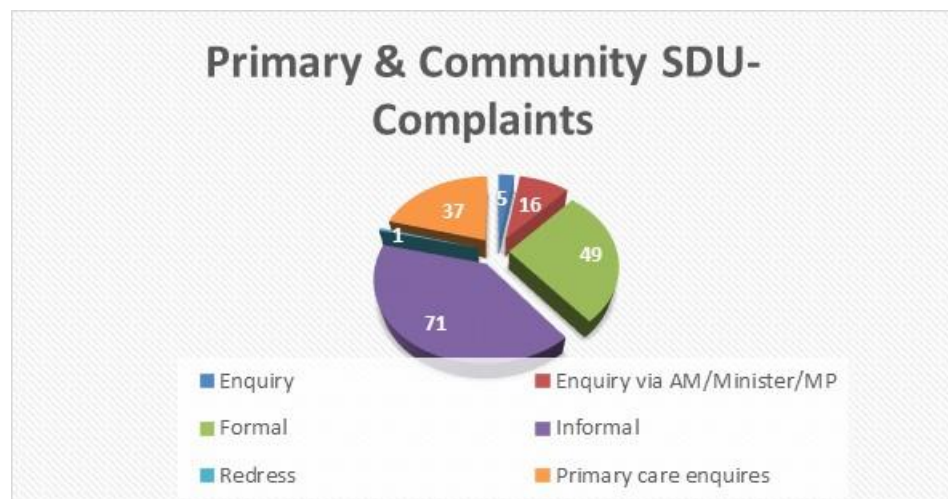
228 All Wales Surveys were received for the Service Delivery Unit during October to February 2018/19 with the overall score of 96%.

Compliment "The staff and facilities here are second to none and I cannot recommend this facility enough. A huge thank you for bringing our little one safely into the world and the care provided afterwards" Neath Port Talbot Birth Centre ".

Primary & Community Service Delivery Unit

1st October 2018- 28th February 2019

Primary & Community SDU received 193 concerns.



Top 3 Complaint Trends

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



- No never events
- No personal injury claims



- 4 clinical negligence claims

Incidents:

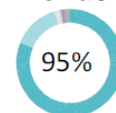
2212 incidents were reported with the 3 top themes being:

- ❖ Moisture lesion – Patient's home (235), Bay Health West Hub (32) Residential home (25),

- ❖ Developed in Current Clinical Area/Case load – Patients Home (154), Bay Health West Hub (29), Llchwyr North Hub, Residential Home, City Health Hub, (9 each).
- ❖ Injury of unknown origin – Patients Home (77), Bay Health West Hub (11) Area 1 (1).

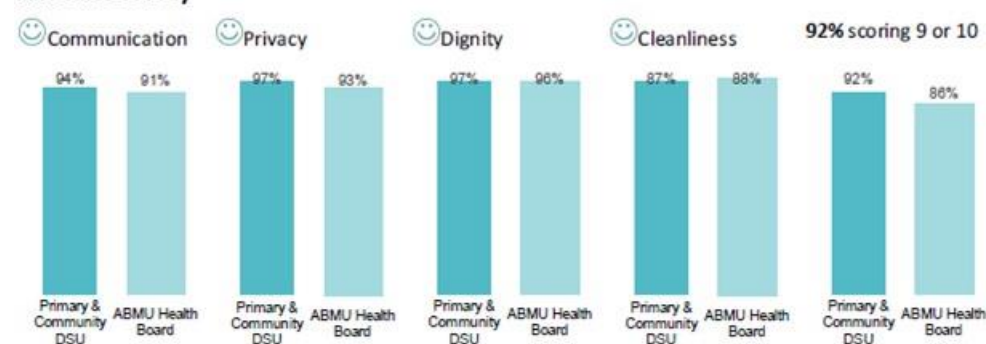
38 Serious Incident's: Patient Accident/Fall- 2, Therapeutic Processes/Procedures- 1 Medication/Biologics/Fluids- 1

Friends & Family Results – October - February 2018/19



of 753 respondents said they would be extremely likely or likely to recommend the clinical service.

All Wales Survey



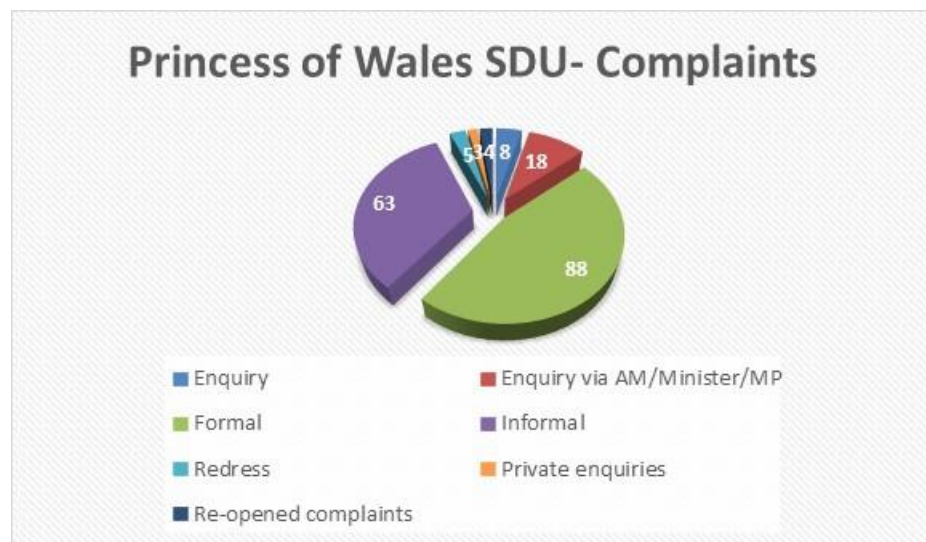
189 All Wales Surveys were received for the Service Delivery Unit during October to February 2018/19 with the overall score of 92%

Compliment "The carers at Neath Port Talbot resource team have been exceptional in looking after mum and dad what has been a very difficult time. Nothing was too much trouble. They were compassionate and so attentive. They deserve recognition for their duties. We are so very grateful".

Princess of Wales Hospital Service Delivery Unit

1st October 2018- 28th February 2019

Princess of Wales Hospital SDU received 191 concerns.



Top 3 Complaint Trends

- Communication Issues (120)
- Clinical treatment (83)
- Admissions (42)



21 Clinical Negligence Claims
1 Personal Injury claims



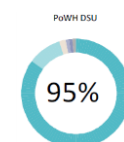
No Never Events

Incidents:

2218 incidents were reported with the 3 top themes being:

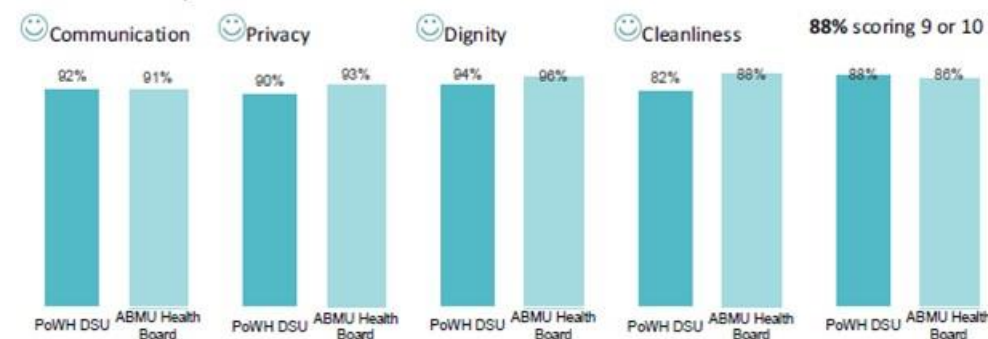
- ❖ Suspected Slips/Trips/Falls (un-witnessed)– Ward 20 (38), Ward 18 (31), Ward 4 (POWH) (30)
- Moisture Lesion– A&E (28), Ward 20 (22) and Ward 5 (21)
- ❖ Maternity Triggers – Labour Ward / Central Delivery Suite (107), Labour Ward/Delivery Room (35), Ward 12 (19)

18 **Serious Incident's**: Diagnostic Processes/Procedures- 1, Infection Control- 3, Maternity Care- 1, Medical Devices/Equipment/Supplies: 1, Neonatal/Perinatal Care- 3, Patient Accident/Fall- 8, Service Disruption- 1, Unexpected death-1



Friends & Family Results – October - February 2018/19
of 4,246 respondents said they would be extremely likely or likely to recommend the clinical service.

All Wales Survey



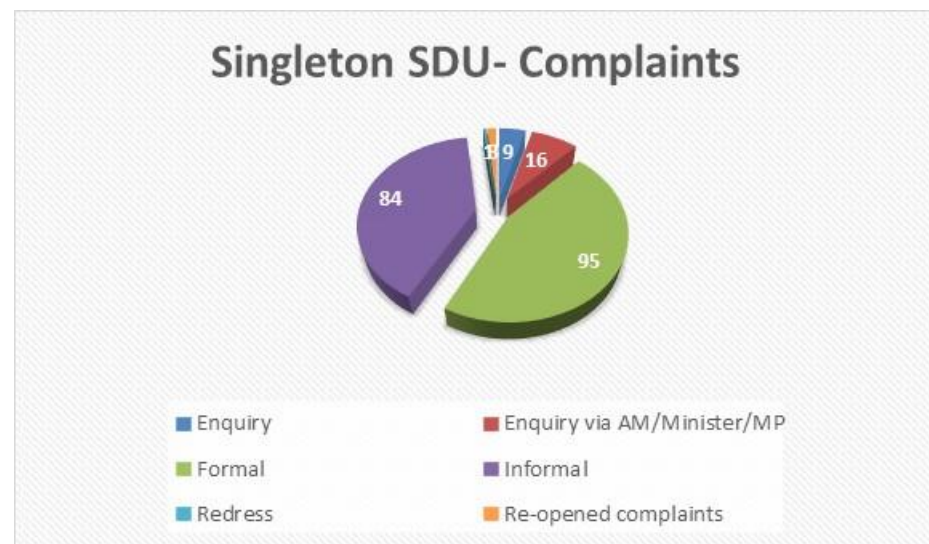
275 All Wales Surveys were received for the Service Delivery Unit during October to February 2018/19 with the overall score of 88%.

Compliment: " I would like to say a huge thank you to the lovely staff in A & E for looking after my daughter yesterday and on a number of occasions lately. They always go above and beyond the call of duty even though services are often stretched. Please send on our gratitude you do a superb job."It would be wrong to select individuals for praise, so suffice to say that every single member of staff I encountered was absolutely superb. This ward should be used as an example of how the NHS should be viewed by the public. Please pass on my most sincere thanks to all concerned".

Singleton Hospital Service Delivery Unit

1st October 2018- 28th February 2019

Singleton Hospital SDU received 211 concerns.



Top 3 Complaint Trends

- Communication issues (131)
- Appointment (82)
- Clinical Treatment (80)



14 Clinical Negligence claims
3 Personal Injury claims



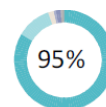
No never events

Incidents

1833 incidents were reported with the 3 top themes being:

- ❖ Suspected Slips/Trips/Falls (un-witnessed)– Ward 3 (41) Ward 12 (34) and Ward 9 (33)
- ❖ Maternity Triggers – Labour Ward / Central Delivery Suite (113), Labour Ward/Delivery Room (42) and Ward 18 (15)
- ❖ Laboratory Investigations/Interpretations – Laboratory (57), Pathology Department (19), Outpatients Dept (4)

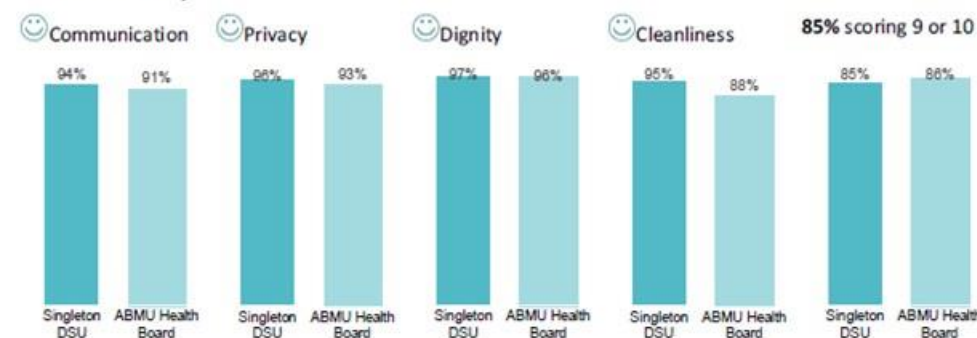
25 Serious Incident's: Administrative processes- 5, Infection Control- 2, Maternity Care- 2 Medication/Biologics/Fluids- 1, Neonatal/Perinatal Care- 3, Patient Accident/Fall- 4, Pressure Ulcers- 8



Friends & Family Results – October - February 2018/19

of 6,540 respondents said they would be extremely likely or likely to recommend the clinical service.

All Wales Survey



507 All Wales Surveys were received for the Service Delivery Unit during October to February 2018/19 with the overall score of 85%.

Compliment "I would like to congratulate on in our view and outstanding service offered to us by your Haematology Department. I was recently diagnosed with bone marrow cancerour whole experience at Singleton Hospital has been very good"