

Our Ref: JP/RB/ses Direct Line: 01633 435958 2 July 2014

William Powell AM Chair **Petitions Committee** National Assembly for Wales Cardiff Bay Cardiff CF99 1NA

Dear Mr Powell

Re: Petition - P-04-545 Aneurin Bevan Hospital Procedures

Thank you for your letter dated the 30th May 2014 with regard to the above Petition currently being considered by the Petitions Committee. As indicated in your letter, the Committee considered the petition for the first time at your meeting on 29th April 2014.

Further to your request, as you will be aware, the Health Board contacted the Committee to seek further information with regard to the Petition. This was to assist with the development of the Health Board's response in order to ensure that the Health Board provided the most relevant information to the Committee with regard to the Health Board procedures highlighted in the petition.

The Committee was able, with the permission of the lead petitioner, to provide the name of the lead petitioner to assist with the investigation for our response and to provide the Committee with the most pertinent information relating to the request.

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Firstly, as you will be aware, the Health Board and lead petitioner have been engaged in correspondence and discussions over an extended period of This correspondence has sought to respond to the lead petitioner's concerns and complaints with regard to the Health Board's services and procedures and the treatment received. This engagement has been undertaken through correspondence with the Chief Executive and officers and clinicians within the organisation and the lead petitioner's concerns have also been fully considered through the Health Board's Putting Things Right processes and have also been subject to a referral to the Public Services Ombudsman for Wales. However, the Ombudsman's Office decided that the referral was not one which the Ombudsman would investigate, but asked the LHB to review this matter and remind staff of the requirement to follow procedures and ensure that patients are aware from the beginning what procedures will be used and this further reinforcement of procedures and practice has undertaken by the Health Board with our staff.

In relation to the four specific statements made within the petition regarding the Health Board's procedures, I should be grateful if you would find below as response to each from the Health Board. I hope this information is helpful to you in your consideration of the petition.

1. Discharging vulnerable patients late at night without hospital transport:

After a decision to discharge a patient has been made, be that during the day or at night, it is part of the duty of the nurse organising the discharge of the patient to ensure that a patient has the ability to arrive home safely. This primarily would be through arranging for ambulance transport, or determining whether a patient has their own transport or assisting with the booking of a taxi if other means of transport are not available. However, on some occasions especially at times of high demand for services, ambulance transport might not be available for some time due to the need to support emergency calls and this can result in patients having extended delays whilst waiting for ambulance transport. On these occasions the option to use other means of transport to return home safely will be explored with the patient. It is always the concern of Health Board staff to ensure that any patient being discharged can arrive home safely.

2. The Virtual In-Patient Scheme:

The Virtual In-Patient Scheme is used for those patients who have been admitted as an emergency either to Accident and Emergency Departments or an Emergency Assessment Unit, but their condition at that time is not assessed as serious enough to remain in a hospital bed waiting for investigations to be undertaken. The virtual inpatient service is a service which allows patients to continue to receive diagnostics and treatment whilst being discharged to their home environment. This is a

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dedicated service within specialities to which it is most suited. An example would be when a patient is waiting for a diagnostic test for which a follow up treatment can be initiated out of hospital or via a future planned admission. The advantage of this is that the patient is allowed to return to their home environment and avoid the stress and risks of remaining in a hospital bed. It also improves bed availability for those patients who cannot be cared for as virtual inpatients. Virtual inpatients are 'tracked' by dedicated clinical staff to ensure their priority is maintained and their diagnosis and treatment occurs in a timely manner.

3. Aneurin Bevan LHB Complaints Procedures, especially when a patient is still in poor health or pain:

The Health Board in line with the Putting Things Right regulations are required to look into the concerns raised by individuals making concerns or complaints and respond accordingly within specific timeframes. However, the Health Board recognises that in some instances the individuals raising concerns or complaints might have ongoing health issues and therefore, might be continuing to be in our care and receiving services from the Health Board. I would like to assure the Committee that a patient raising a concern or complaint should not in any way be affected in the level or timeliness of the care that they receive because they have also raised issues with regard to the Health Board. The ongoing care of the patient would carry on through our duty of care in the usual ways and the Putting Things Right process would run in parallel.

4. Dealing with mental health patients in general hospitals:

The Health Board has identified this as a key issue for the organisation to ensure that the Health Board can effectively care for and support patients with mental health issues who are admitted to our general wards. The Health Board, as part of 1000 Lives initiative, has established a working group to look further into the Health Board's coordination of care for mental health patients on our general hospitals.

However, the Health Board also has mental health liaison nurses on site at both the Royal Gwent and Nevill Hall Hospitals for support and advice. Also, the Divisional Nurse for Mental Health and Learning Disabilities has strong links with all Divisional Nurses and support with leadership and environmental walk-arounds in wards and other facilities. The Health Board is also undertaking a pilot project in Newport to support patients on discharge who have cognitive impairment and/or dementia.

The Health Board is also undertaking a range of work specifically on dementia care and support including the rolling out of the 'This is me' document and approach. Dementia Champions have been identified across all wards in Scheduled and Unscheduled Care. Dementia training has been carried out by Mental Health staff to over 500 general staff and the 'daisy' has been adopted as the sign to recognise patient's with dementia and is being used across Royal Gwent and Nevill Hall Hospital sites. Dementia information Boards are also evident across both Nevill Hall and Royal Gwent Hospital sites with clinics for carers also operating across both sites.

I hope this information is helpful to the Committee in your consideration of the petition you have received and are currently considering. However, if you would like any clarification on any elements of this response or any further information with regard to the issues raised, please do not hesitate to contact me.

Yours sincerely

Judith Paget

Judith Paget
Interim Chief Executive/ Prif Weithredwr Dros Dro