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Meeting Date	26 July 2022	Agenda Item	4.2
Report Title	Patient Experience, Risk & Legal Services Report		
Report Author	Sue Ford, Interim Head of Patient Experience, Risk & Legal Services		
Report Sponsor	Hazel Lloyd, Interim Director of Corporate Governance		
Presented by	Sue Ford, Acting Head of Patient Experience, Risk & Legal Services		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to provide the Committee with a quarterly update against the work of the Patient Experience, Risk & Legal Services Department.		
Key Issues	<p>Key issues to highlight include:</p> <ul style="list-style-type: none"> • The Patient Experience, Risk & Legal Services Team have developed a new quarterly report for the Committee. The report covers Complaints, Compliments, Incidents, Ombudsman and Patient Experience and is attached as Appendix 1. • Following discussions with Service Groups regarding complaints, performance has increased. During April 2022, the Health Board's performance was 76% which is above the Welsh Government target and is the highest it has been for the last six months. • Communication training from the Ombudsman has been well attended by nursing and medical staff. Positive feedback received from all recent sessions. • The Patient Experience Team are working with a Consultant Geriatrician and the Bevan commission on gathering feedback (via Easy read Survey) from frail and elderly patients who are on the waiting list (Cholecystectomy and hernia) to see if they can offer interventions to benefit the patients. • The Health Board received 547 complaints in quarter 1 (Q1) of 2022/23 (April, May, June). This compares with 529 for Q4 2021/22 (Jan, Feb, Mar). The totals include complaints received and managed via either formal, early resolution and any re-opened complaints. Graph 1 provides a long-term view of complaints received per month. Further details on complaints and themes can be found in Appendix 1 Pages 4-11. • As part of the Health Board's focus on Urgent Care, Planned Care and Cancer Services Page 12 on Appendix 1 highlights the complaints performance and themes in these areas. 		

	<ul style="list-style-type: none"> The complaints, incidents, compliments and patient feedback for each of the Service Groups is summarised from Page 13 on Appendix 1. Details of Ombudsman cases and learning from the cases which have concluded for this quarter are included in Appendix 1 Page 32. 			
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance	Approval
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recommendations	Members are asked to: <ul style="list-style-type: none"> CONSIDER the new style of report. NOTE the contents of the report. 			

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
The patient experience, incidents and complaints have been reviewed by the Units Quality & Safety Teams to take forward any learning to mitigate recurrence.		
Financial Implications		
Financial implications will be assessed following completion of the investigations.		
Legal Implications (including equality and diversity assessment)		
Investigation are ongoing in relation to the incident and complaints and will be managed in accordance with the Civil Procedure Rules of the NHS Concerns, Complaints and Redress Arrangements Wales Regulations 2011		
Staffing Implications		
None		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
No implications for the Team to be notified of.		
Report History	<ul style="list-style-type: none"> Quarterly to the Q&S Committee 	
Appendices	<ul style="list-style-type: none"> Appendix 1: Patient Experience, Risk & Legal Services Report 	



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Patient Feedback & Incident Report

Quarter 1, 2022/23

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Report Summary and Overview

COMPLAINTS	Apr	May	June
Total number of complaints received	162	219	164
Complaints acknowledged within set timescale	100%	100%	100%
Number of re-opened complaints	11	10	10
	Feb	Mar	Apr
Complaints responded to within agreed timescale - formal	64%	65%	76%
OMBUDSMAN	Apr	May	June
Number of Ombudsman Investigations received	1	1	6
Number of actions outstanding (within timescale)	13	9	16
Number of actions overdue	0	0	2
PATIENT EXPERIENCE	Apr	May	June
No. of Friends & Family surveys received	3,133	3,550	3,292
Recommendation score	89%	90%	88%
New Bespoke Surveys	5	2	2
NATIONAL REPORTABLE INCIDENTS	Apr	May	June
Number of National Reportable Incidents reported	1	8	1
Number of Never Events	0	1	0

Successes	Priorities
<ul style="list-style-type: none"> 100% formal complaints acknowledged within target. Communication training from the Ombudsman well attended by nursing and medical staff. Positive feedback received from all recent sessions. Increase in complaints performance – above Welsh Government target of 75% Prison Surveys continue to be received, allowing to feedback to primary care managers. Working with consultant geriatrician David Burberry and Bevan commission on gathering feedback (via Easy read Survey) from Frail and Elderly patients who are on the waiting list (Cholecystectomy and hernia) to see if they can offer interventions to benefit the patients. WAST Incident reviews completed/process agreed. 	<ul style="list-style-type: none"> New Sharepoint pages for each department to be completed – awaiting confirmation date Childrens community services. Supporting the collection of feedback from families and staff. Ongoing meetings reviewing the feedback with wider team. We produced a short film called 'Why feedback matters' this is being reviewed by the team. To maintain complaints performance Produce themes and learning reports for Service Units relating to Ombudsman cases Reduce red incidents awaiting review by Service Groups.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> Continuous Concerns Redress Assurance Group (CRAG) meetings with Service Groups to ensure feedback, learning, improvement – feedback reports now provided following each meeting. Complaints Network with other Health Boards opportunity to discuss issues relating to concerns and share learning. Task & Finish Groups set up with other Health Board's to improve Datix Once for Wales system. Working with ALN to develop a survey to capture feedback (in a QR code) which will be placed on Newsletters and fact sheets, also online. New training programme to be designed and shared with All Wales for consideration. 	<ul style="list-style-type: none"> Pressures within Service Groups impacting on the availability of staff due to the rise in COVID cases, to provide the required information to respond to complaints/ombudsman cases within the recognised timescale. Number of dissatisfied and challenging complainants. Staff resource: To support the work around Digital stories. Increase in number of Ombudsman new investigations received – four of which relating to Orthopaedic waiting times

1. COMPLAINTS

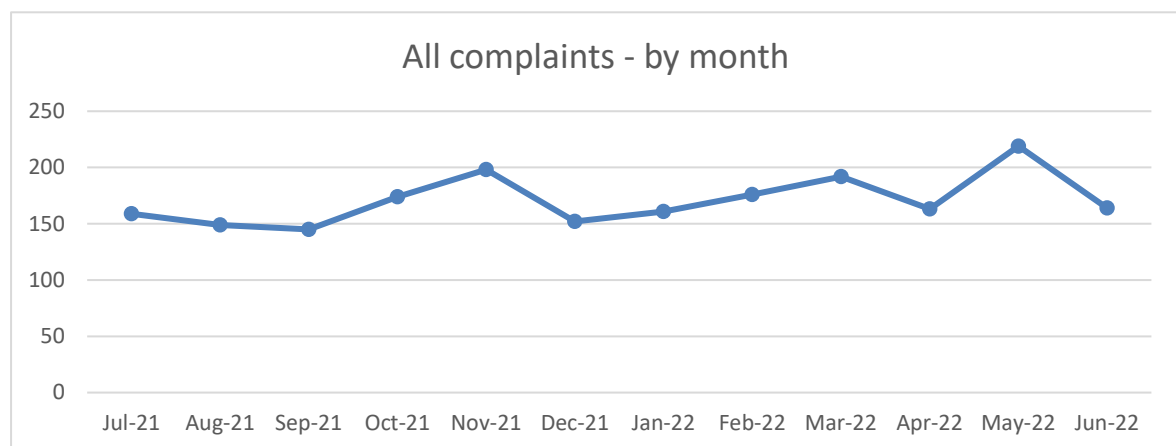
1. Complaints performance –

The Health Board is committed to supporting patients, relatives and carers in resolving their concerns. Our service is visible, accessible and impartial, with every issue taken seriously. Our aim is to provide honest and open responses in a way that can be easily understood by the recipient.

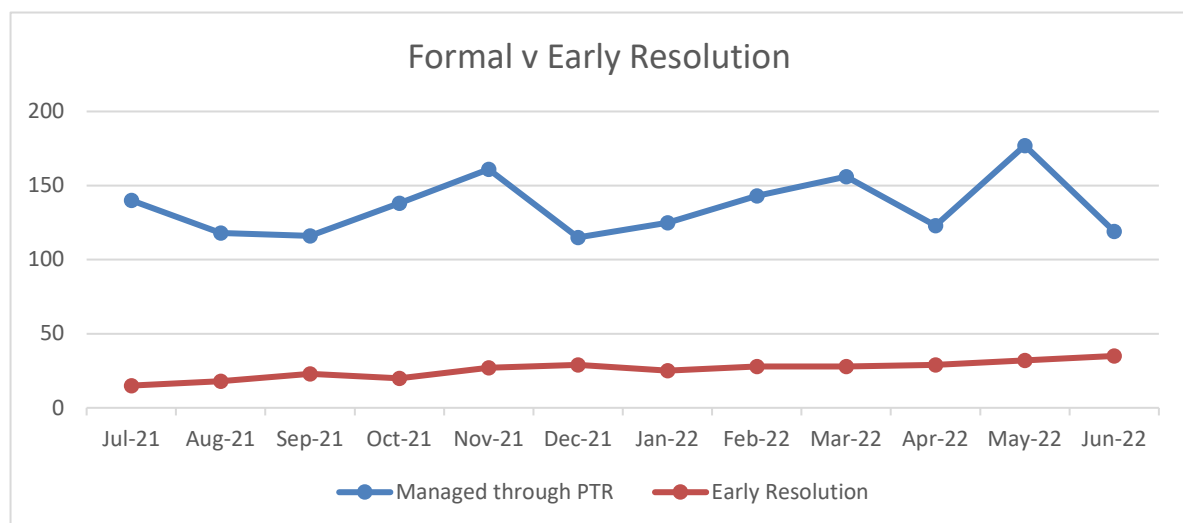
1.1 Total complaints received

The Health Board received 547 complaints in quarter 1 (Q1) of 2022/23 (April, May, June). This compares with 529 for Q4 2021/22 (Jan, Feb, Mar). The totals include complaints received and managed via either formal, early resolution and any re-opened complaints. Graph 1 provides a long-term view of complaints received per month.

Graph 1: Total number of complaints per month



Graph 2: Formal v Early resolution complaints per month



Graph 2 (above) shows complaints dealt with via the Formal Putting Things Right (PTR) investigation process compared with those dealt with via the early resolution investigation process, over the same period. We continue to deal with a higher proportion of complaints via the formal process, this is due to the tight timescale of two working days for early resolution complaints. Any early resolution that is not resolved within two working days, converts to a formal following guidance issued by Welsh Government.

1.2 Complaints responses within agreed timescale

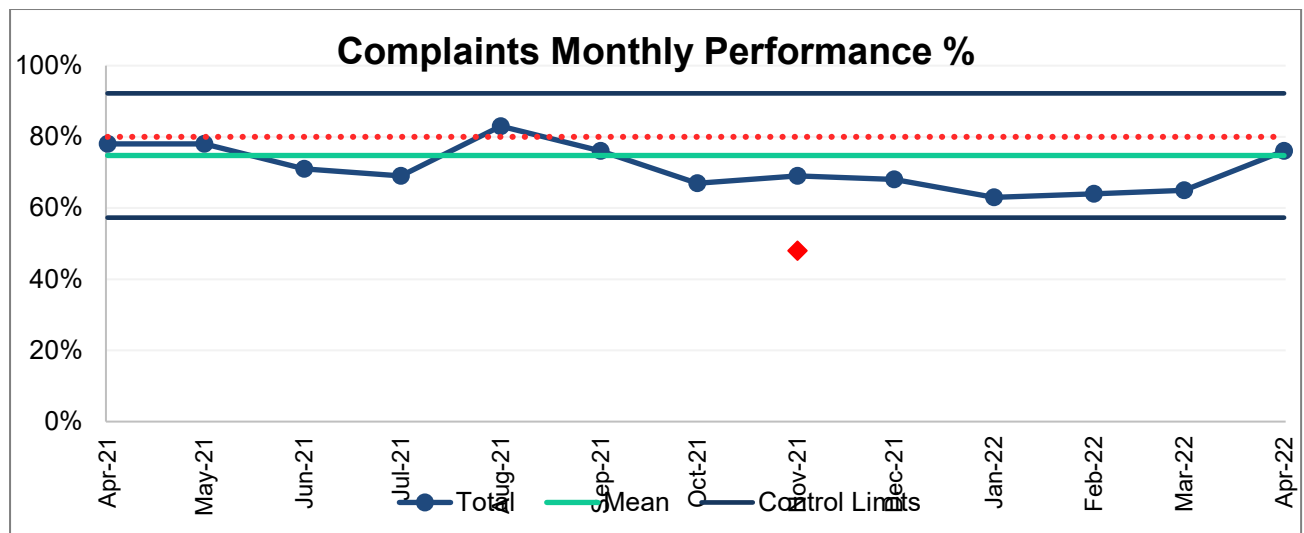
Whenever a complaint is managed through the formal PTR process, the Health Board is required to investigate the complaint and write to the complainant with our findings, within 30 working days. If this target is not achievable, it is essential that the complainant is kept up to date throughout and any delays are explained.

1.2.1 Formal Investigations

The Health Board's target is to respond to at least 80% of formal complaints within the agreed timescale. Welsh Government also issue a target for all Health Board's to achieve at least 75% each month.

Graph 3 shows the Health Board's performance in responding to complaints since March 2021. The Health Board has seen a decrease in performance over the last few months. During April 2022, the Health Board's performance was 76% which is above the Welsh Government and is the highest it has been for the last six months.

Graph 3: Percentage of formal complaints responded to within agreed timescale



Discussions have been held with the Service Groups in relation to the reasons for low performance over the last few months and the aim now is to maintain above the 75% Welsh Government target.

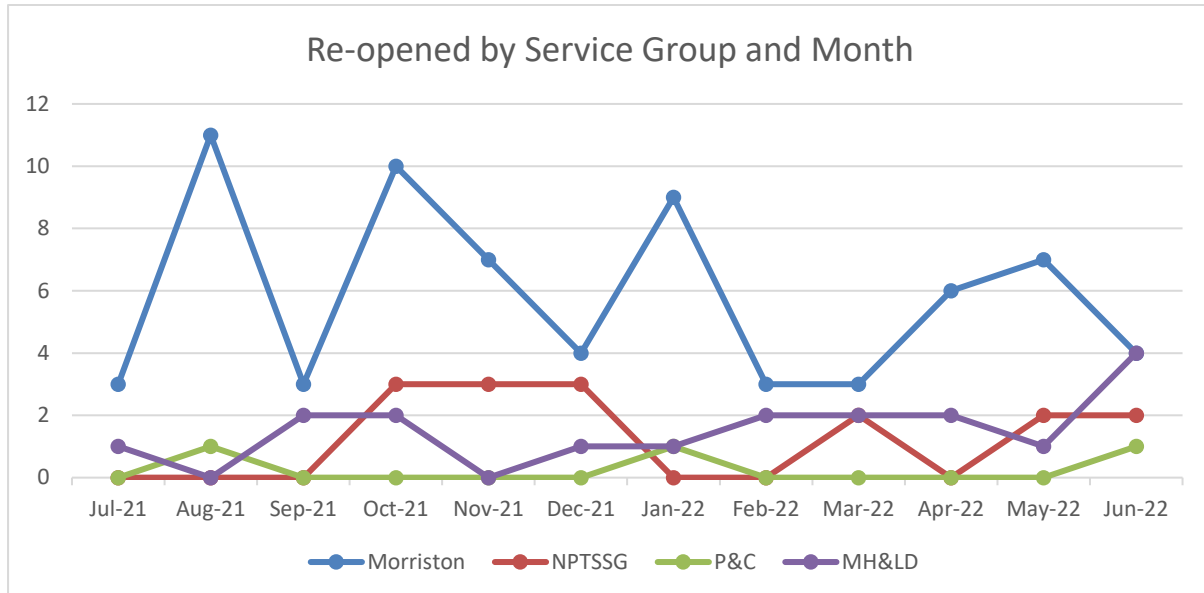
1.2 Re-opened complainants

The Health Board aims to resolve all complaints within the first response however, there are often times when the complainant remains dissatisfied or needs further clarification. If the complainant writes back to the Health Board expressing their dissatisfaction, the correspondence will be reviewed by the Corporate Complaints Team and a decision made as

to whether the complaint should be re-opened. This may be when the complainant feels not all issues raised in the initial complaint have been addressed or if a meeting is required.

Graph 4 shows the number of re-opened complaints per month since July 2021.

Graph 4: Number of re-opened complaints by Service Group per month



2. Complaints Themes

2.1 – Themes - Health Board overview

Every complaint received by the Health Board is coded in the Datix Once for Wales system against the relevant subject codes. This allows the Health Board to identify any themes in the complaints received.

Table 1 provides a breakdown of complaints received by primary subject in Q1 2022/23 compared with Q4 for 2021/22. The colours in the table represent an **increase** or **decrease** when compared with the previous quarter.

Table 1: Complaints by primary subject

Subject/Theme	Q4 2021/22	Q1 2022/23
Communication Issues	120	136
Appointments	83	94
Clinical treatment/Assessment	107	83
Admissions	48	66
Attitude and Behaviour	40	32
Medication	26	29
Test and Investigation Results	22	17



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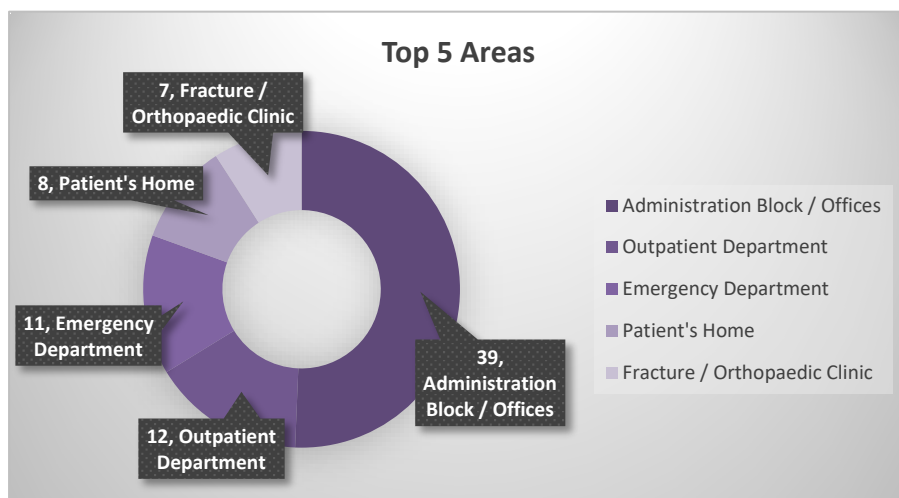
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Referral	13	18
Discharge Issues	18	12
Environment/Facilities	2	12
Monitoring/Observation Issues	6	9
Equipment	6	4
Personal Property/Finance	4	4
Assault	1	2
Confidentiality	3	5
Consent	2	3
Record Keeping	14	4
Access (to Services)	1	2
Accident/Falls	5	1
Catering	0	2
Cleanliness	0	1
Infection Control	3	1
Nutrition/Hydration Issues	1	2
Other	0	1
Patient Care	1	3
Resources	1	2
Skin Damage	0	1

Top theme; Communication;

During Q1, 199 complaints were received which received an element of communication. A breakdown of the communication sub-subjects are below – please note, some complaints include more than one of these issues.

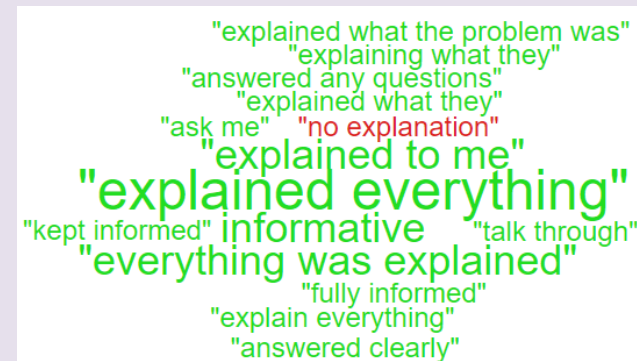
Communication Issues	
Insufficient information	118
Unable to contact	46
Incorrect information	24
Family involvement in care decisions	23
DNR	3
Patient involvement in care decisions	3
Lack of feedback/referral/discharge summary	2
Brail, sign, texting service, language line	1



What we are doing about this?

- Communication training sessions have been arranged with the Ombudsman Trainer. Sessions have already taken place and dates have been secured each month up until October 2022. These sessions have been offered to all Service Delivery Groups with a plan to have attendance from a variety of staff.
- The Training Officer within the Patient Feedback Team met with the Ombudsman's communication training session with a view to provide cascade training throughout the Health Board.
- We are working with the Head of Communications to devise a communication plan for patients and service users.
- Advanced Communication Training arranged with the Christie NHS Foundation Trust – one session took place in April and another in May 2022.

Outpatient Department Patient Experience feedback for Quarter 1:



Comments breakdown for Outpatients Department only

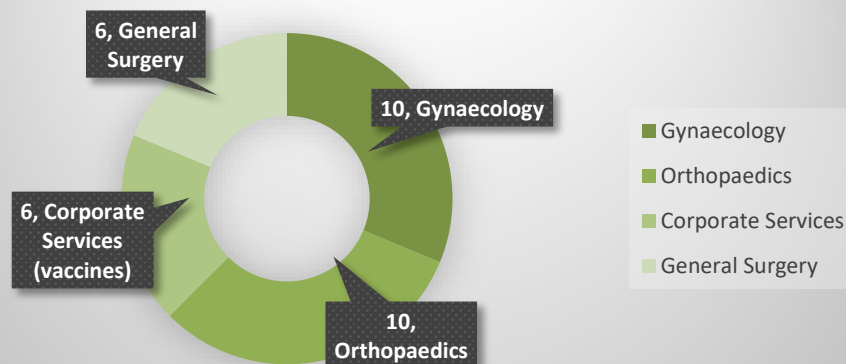
- Communicating to Patients 48 positive, 1 negative
- Information 10 positive, 2 negative
- Listening involving patient 9 positive, 4 negative

Theme 3: Appointments;

During Q1, 111 complaints were received regarding appointments. A breakdown of the issues raised are below;

Appointment Issues	
Delay in receiving outpatient appointment	48
Appointment cancelled	37
Delay in appointment	9
Validation Issues	9
Patient lost to follow-up	8
Capacity of clinics	3
Patient booked into wrong outpatient clinic	2

Top Services



What we are doing about this?

- Virtual clinics to continue to help reduce clinic waiting times
- Outsourcing of patients to other Healthcare providers to help reduce waiting times;
- Attendance at Service Unit Group meetings to provide feedback on concerns received for specific areas in relation to clinical treatment themes
- Long COVID services set up in the community
- Rapid Diagnostic Centre expansion.

All Wales questions do not have 'appointments' as a question set. Therefore we searched the words delay/delays/appointment for the areas mentioned.

Friends & Family Feedback from Gynaecology during Quarter 1:

"I was kept waiting over an hour for my APPOINTMENT. The ward was very quiet so unsure why. Then my APPOINTMENT lasted all of 3 minutes. Could have been done over the phone."

"Didn't have to wait long at the APPOINTMENT to see the doctor. Everything was so good."

"Waiting time for my APPOINTMENT. 1 year +"

The overall satisfaction score for the area is 87% for quarter one.

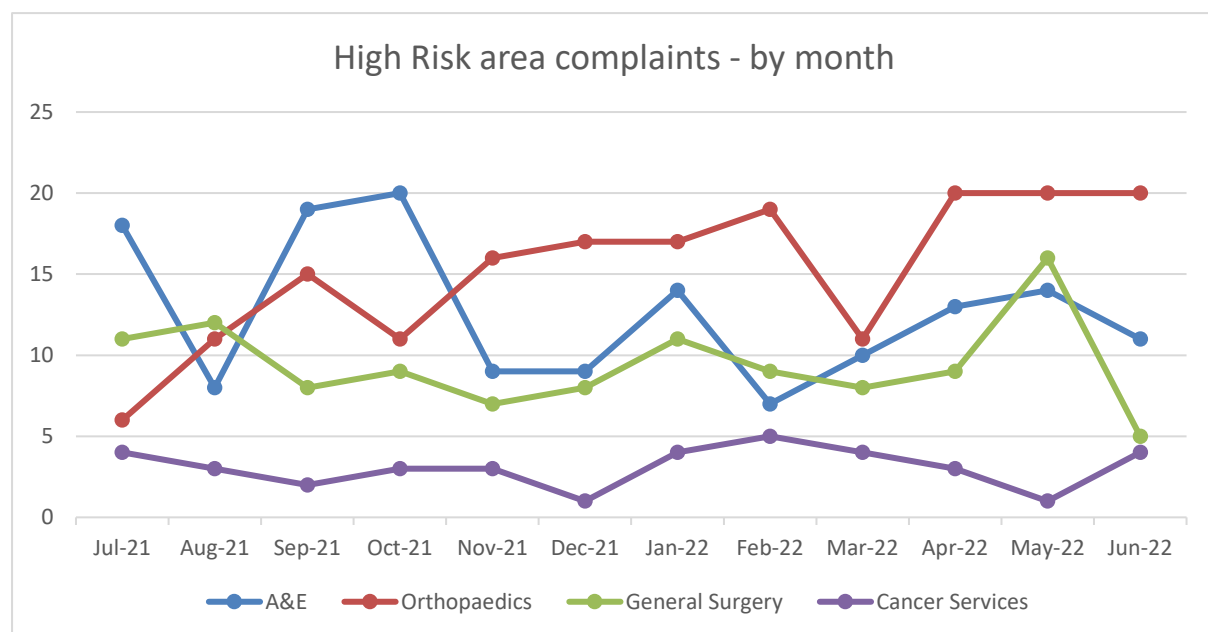
3. HIGH RISK AREAS

As part of the Health Board's focus on Urgent Care, Planned Care and Cancer Services the following section highlights complaints received in:

- A & E
- Orthopaedics
- General Surgery
- Cancer Services

Graph 1 below shows the number of complaints each of the Health Board 'High Risk' areas has received per month since July 2021.

Graph 1: High risk area complaints per month



As seen in graph 1, there appears to have been an increase in Surgical complaints received during May however, it is worth noting that these complaints are not real time and may relate different time periods. Overall, A&E and Orthopaedics received the most complaints, a further breakdown of the top themes for these areas can be found in the tables below.

3.1 – A&E Complaint themes

A&E Complaint Subjects	Q4 2021/22	Q1 2022/23
Clinical treatment/Assessment	8	14



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Admissions	1	3
Monitoring/Observation Issues	0	5
Communication Issues	4	2
Attitude and Behaviour	3	5
Cleanliness	0	1
Discharge Issues	1	0
Environment/Facilities	0	1
Medication	1	1
Nutrition/Hydration Issues	0	1
Personal Property/Finance	1	1
Test and Investigation Results	1	1
Accident/Falls	1	0

3.2 – Orthopaedic Complaint themes

Orthopaedics Themes	Q4 2021/22	Q1 2022/23
Admissions	20	22
Communication Issues	8	13
Clinical treatment/Assessment	10	10
Appointments	5	9
Attitude and Behaviour	1	1
Referral	0	2
Accident/Falls	1	0
Medication	1	1
Nutrition/Hydration Issues	1	0

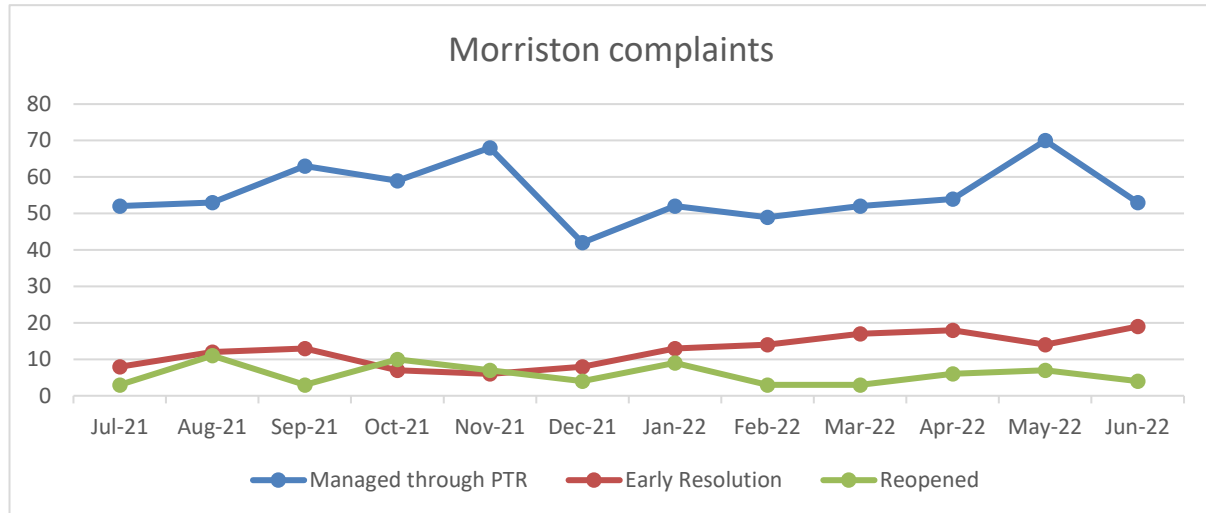
4. SERVICE GROUP COMPLAINTS, INCIDENTS, COMPLIMENTS AND PATIENT FEEDBACK HIGHLIGHTS

MORRISTON SERVICE GROUP

4.1 – Morriston Service Group complaints

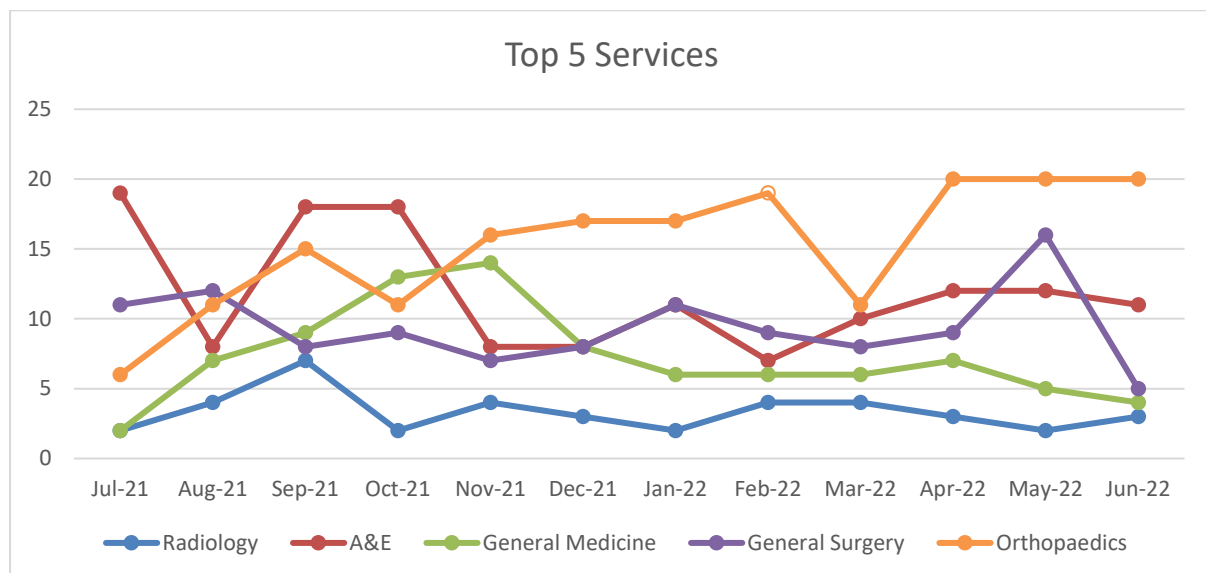
Morriston Service Group received a total of 245 complaints during Q1 2022/23. Graph 1 below shows the total number of complaints received relating to Morriston Service Group since July 2021. The graph breaks the total number received down by Formal PTR, Early Resolution and Re-opened complaints.

Graph 1: Morryston Service Group complaints by month and type



Graph 2 shows the top five services that had the most complaints since July 2021. As seen in the graph, A&E received the most complaints in July 2021 which then decreased but increased again during September and October 2021. Since November 2021 the number of complaints for A&E has again decreased and the number Orthopaedics received has increased with the highest being 20 complaints received per month.

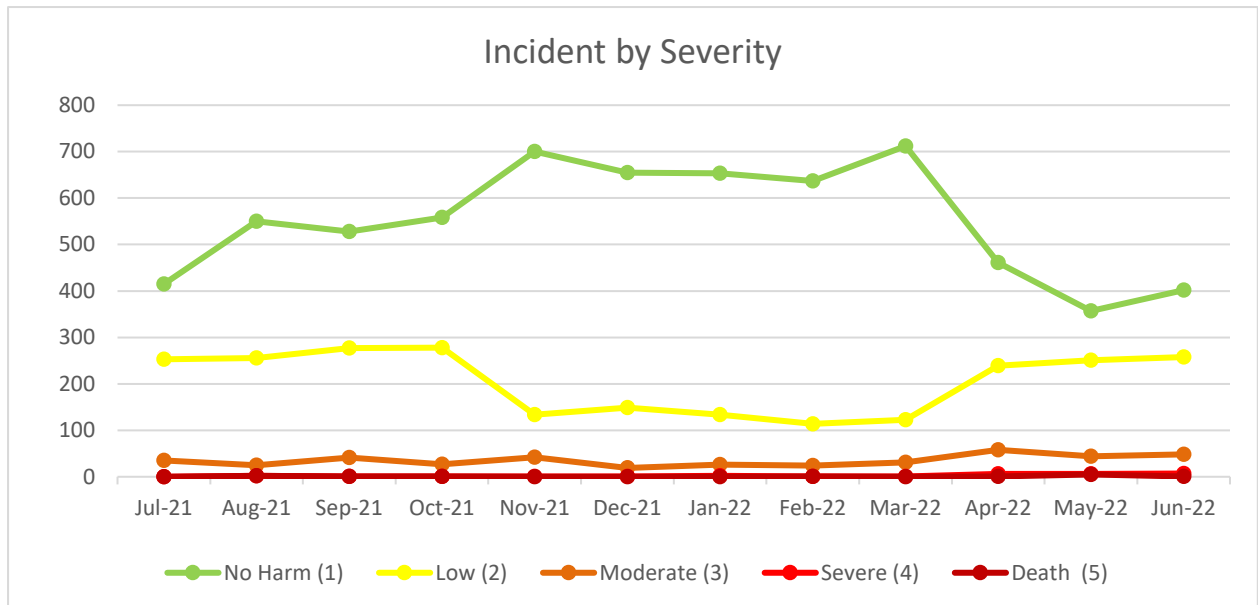
Graph 2: Top 5 Services by month



4.2 – Morryston Service Group Incidents

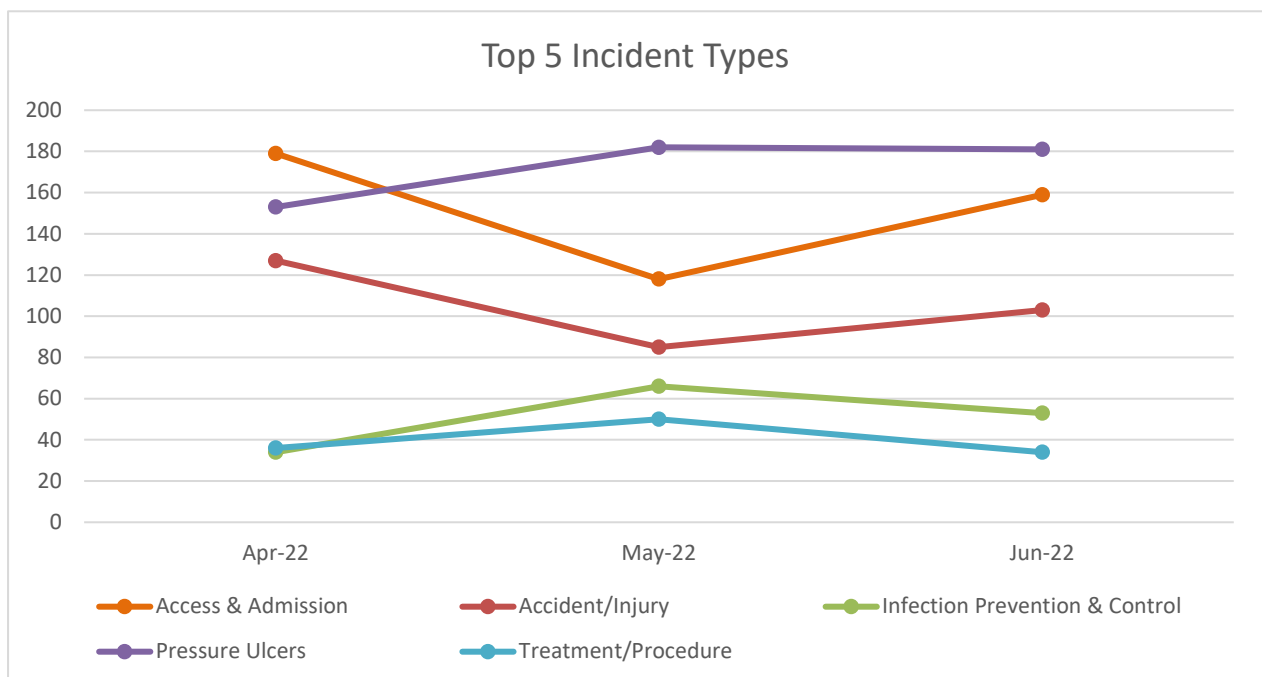
Morryston Service Group reported 2150 incidents in quarter 1 (Q1) of 2022/23 (April, May, June). This compares with 2459 for Q4 2021/22 (Jan, Feb, Mar). Graph 1 shows the number of incidents per month broken down by severity.

Graph 1: Morriston Incidents by Severity and month



Graph 2 shows the top 5 incident types, of all incidents reported by Morriston Service Group since April 2022 – June 2022. Please note Graph 2 only runs from April 2022 due to the change in Datix systems for incidents and the types of incidents being categorised differently.

Graph 2: Top 5 incidents per month

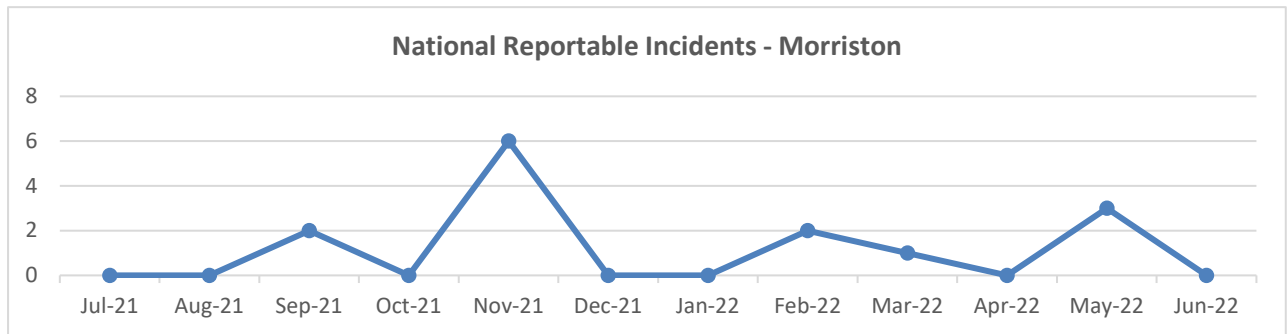


4.3 – Morriston Service Group National Reportable Incidents

Morriston Service Group reported 3 Nationally Reportable Incidents (NRI's) during Q1 2022/23, this is the same as the previous quarter, with 3 also being reported during Q4 of

2021/22. 2 of the NRI's reported related to falls and the other was a Never Event in Orthopaedics relating to a Retained foreign object post procedure. Graph 1 shows the number of NRI's reported per month.

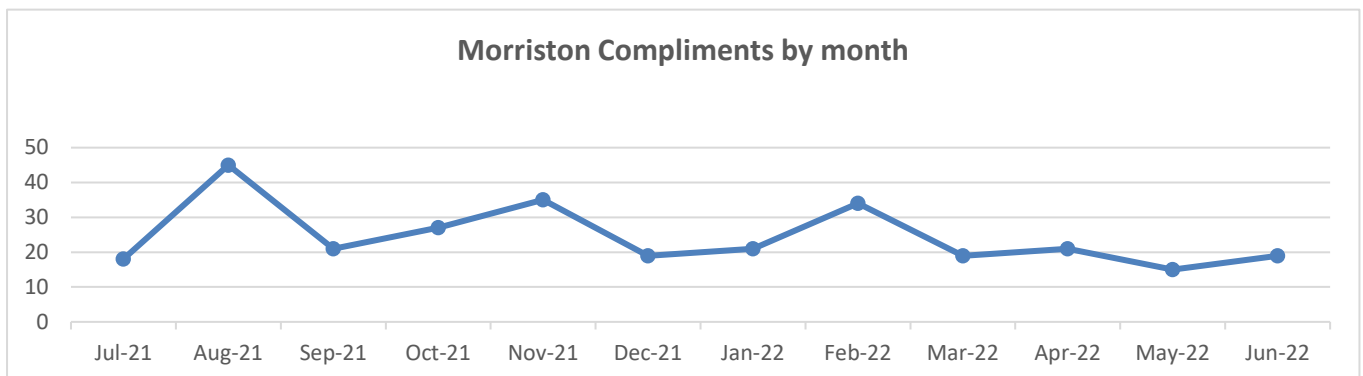
Graph 1: Nationally Reportable Incidents reported per month by Morryston Service Group



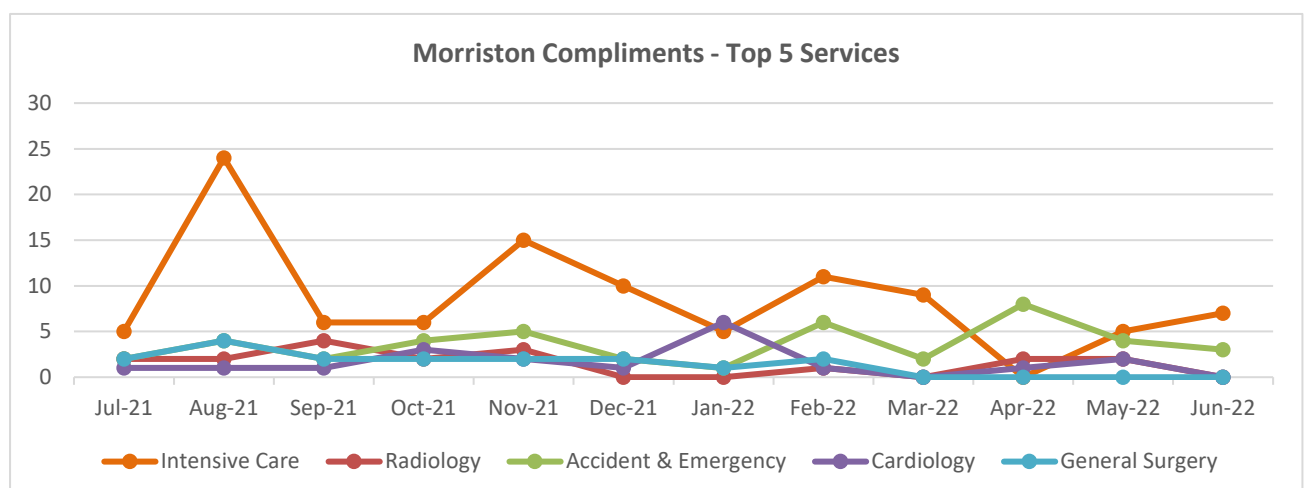
4.4 – Morryston Service Group Compliments

Morryston received 55 compliments during Q1 of 2022/23. Graph 1 shows the number received per month since July 2021.

Graph 1: Morryston compliments per month



Graph 2: Morryston compliments – Top 5 Services

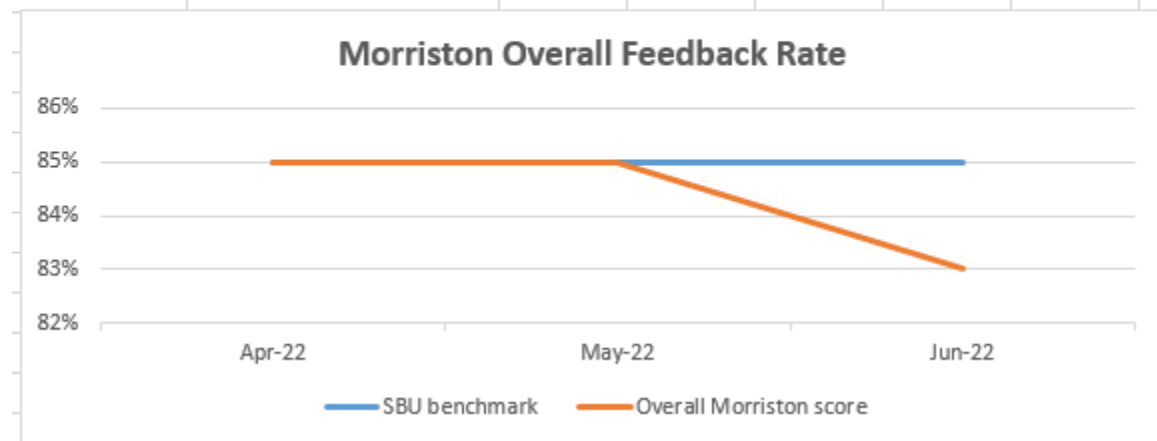


4.5 Morriston Service Group Patient Experience Feedback

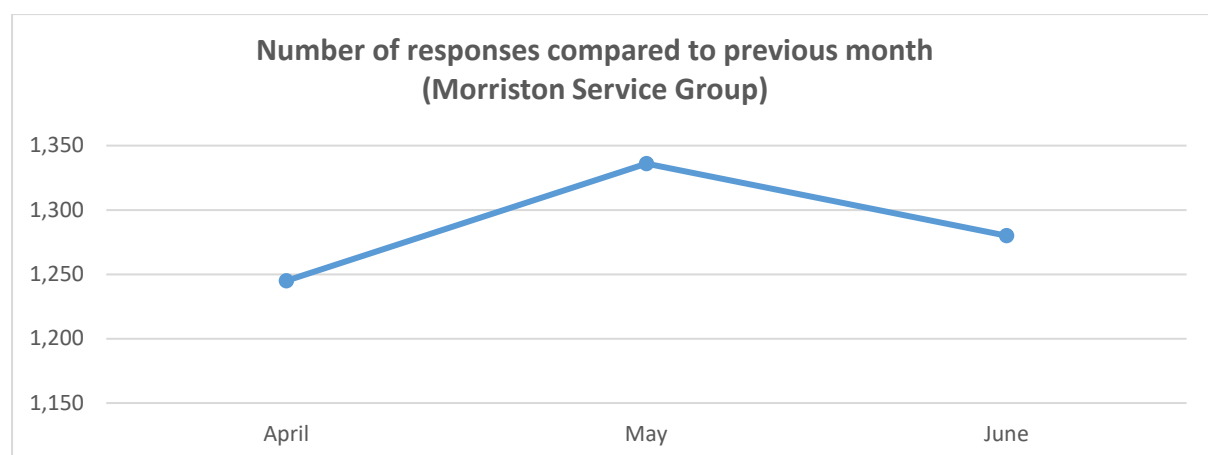
Overall, during quarter one there were 52,263 number of patients seen under Morriston Service Group (This includes ED).

There were 4,023 Friends and Family survey returns which equates to 8% responding to the survey. Out of the 8% who responded, 84% of people stated they would highly recommend the Health Board to Friends and Family.

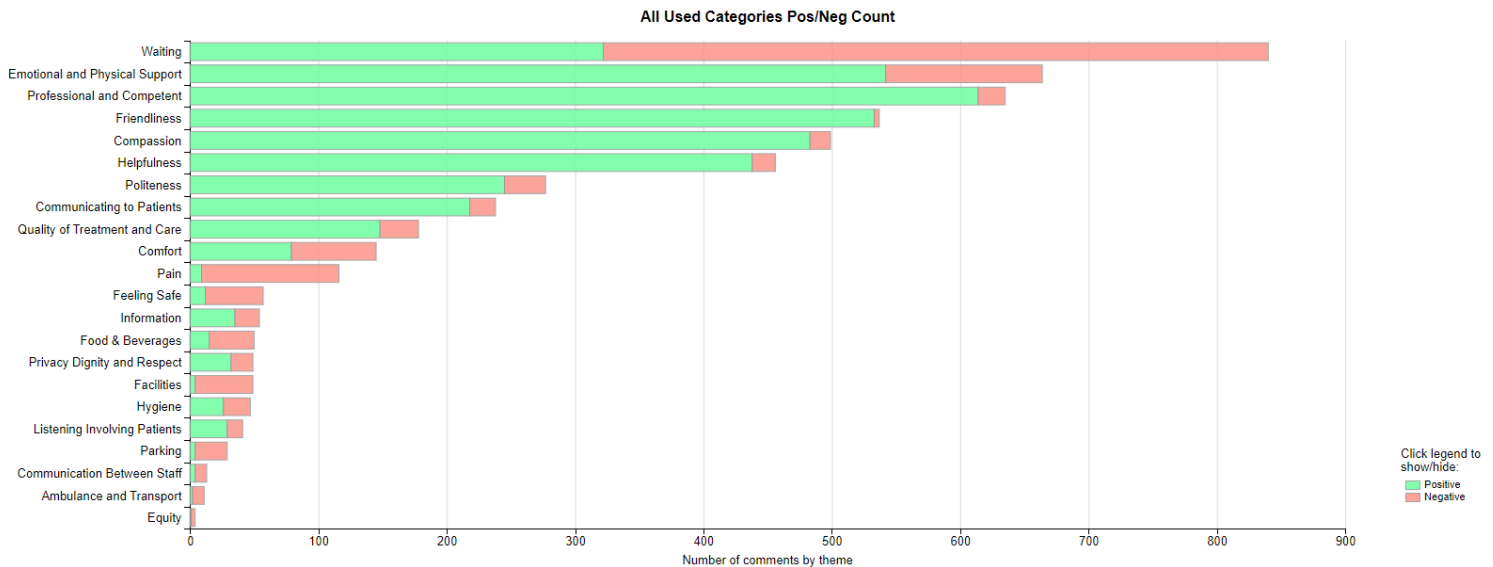
	Apr-22	May-22	Jun-22
SBU benchmark	85%	85%	85%
Overall Morriston score	85%	85%	83%



Below are the number of responses in a line graph:



Below are the main themes mentioned for Morriston:

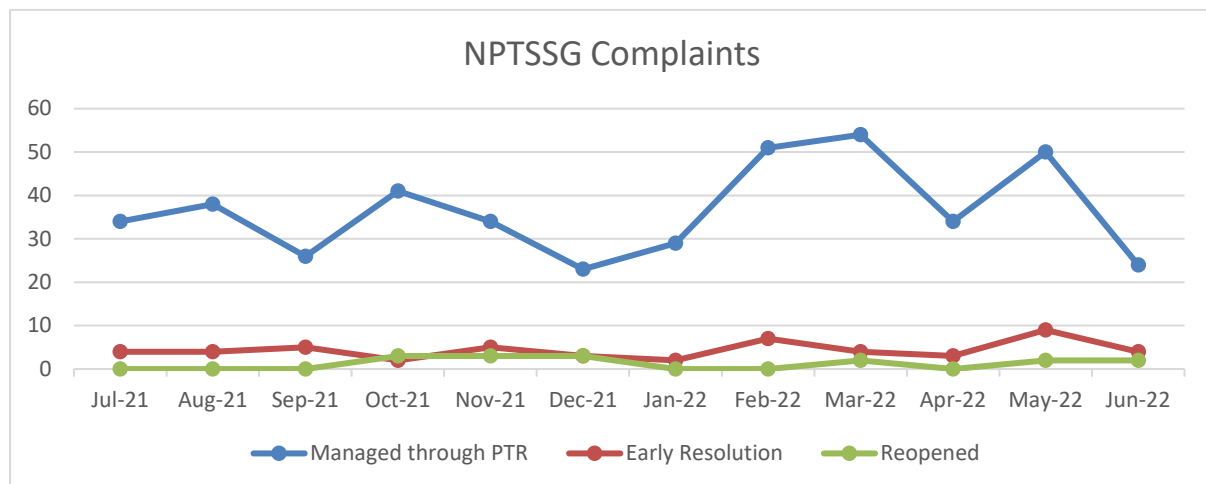


NEATH PORT TALBOT SINGLETON SERVICE GROUP

4.6 – NPTSSG Complaints

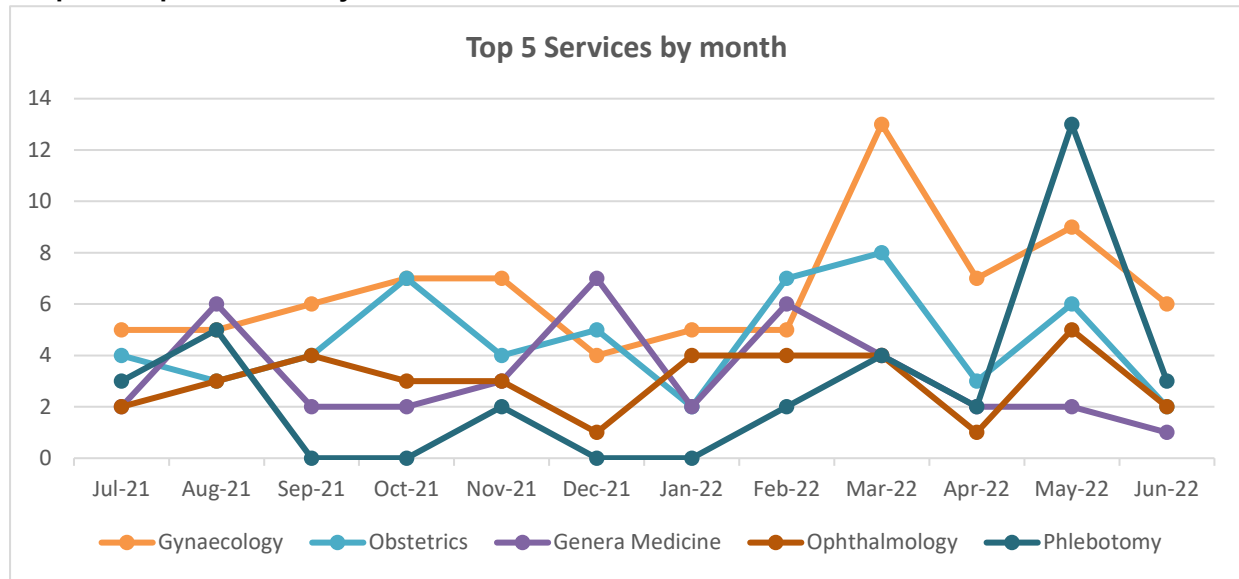
NPTSSG received a total of 128 complaints during Q1 2022/23. Graph 1 below shows the total number of complaints received relating to NPTSSG since July 2021. The graph breaks the total number received down by Formal PTR, Early Resolution and Re-opened complaints.

Graph 1: NPTSSG complaints by month and type



Graph 2 shows the top five services that had the most complaints since July 2021. As seen in the graph, Gynae and Obstetrics appear to have had an increase in March 2022. Phlebotomy also had a significant increase during May 2022 compared to previous months and this appears to have been due to a technical issue where patients were experiencing difficulties obtaining appointments on the online booking system.

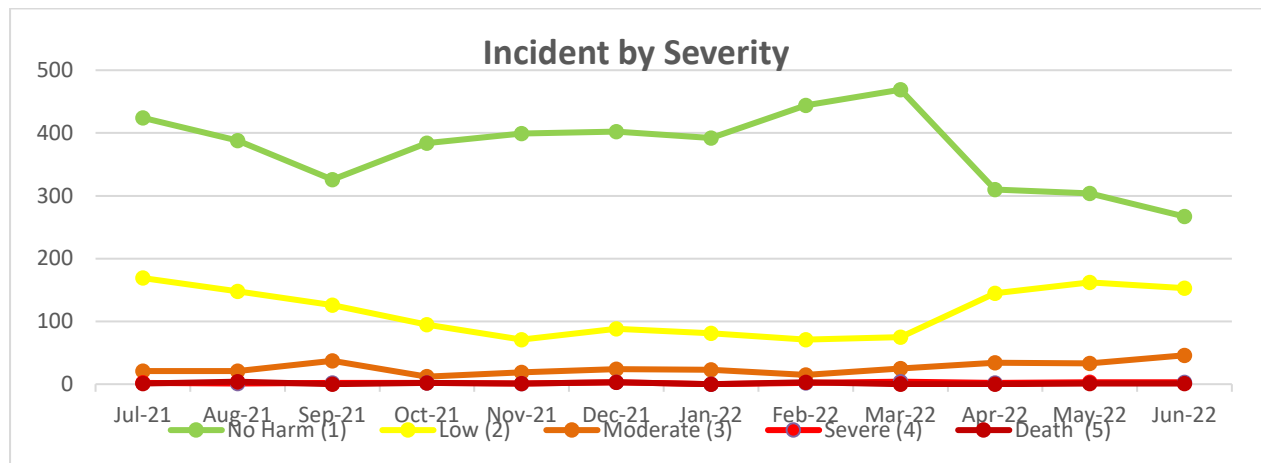
Graph 2: Top 5 Services by month



4.7 – NPTSSG Incidents

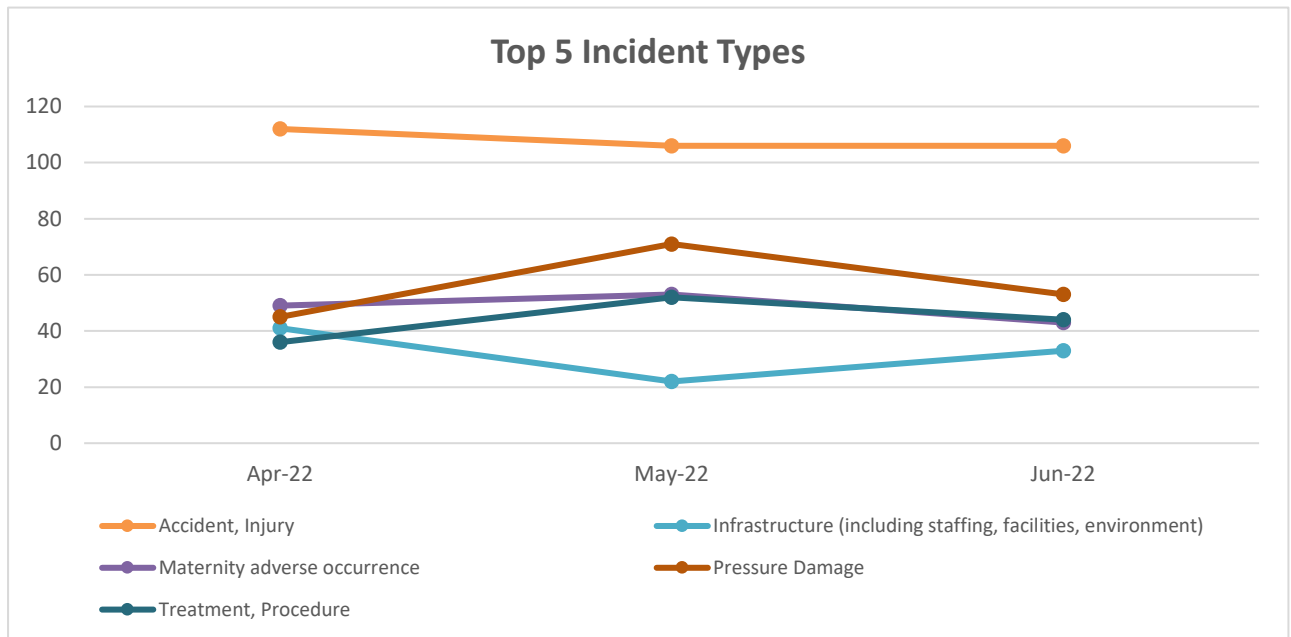
NPTSSG reported 1464 incidents in quarter 1 (Q1) of 2022/23 (April, May, June). This compares with 1604 for Q4 2021/22 (Jan, Feb, Mar). Graph 1 shows the number of incidents per month broken down by severity.

Graph 1: NPTSSG Incidents by Severity and month



Graph 2 shows the top 5 incident types, of all incidents reported by NPTSSG since April 2022 – June 2022. Please note Graph 2 only runs from April 2022 due to the change in Datix systems for incidents and the types of incidents being categorised differently.

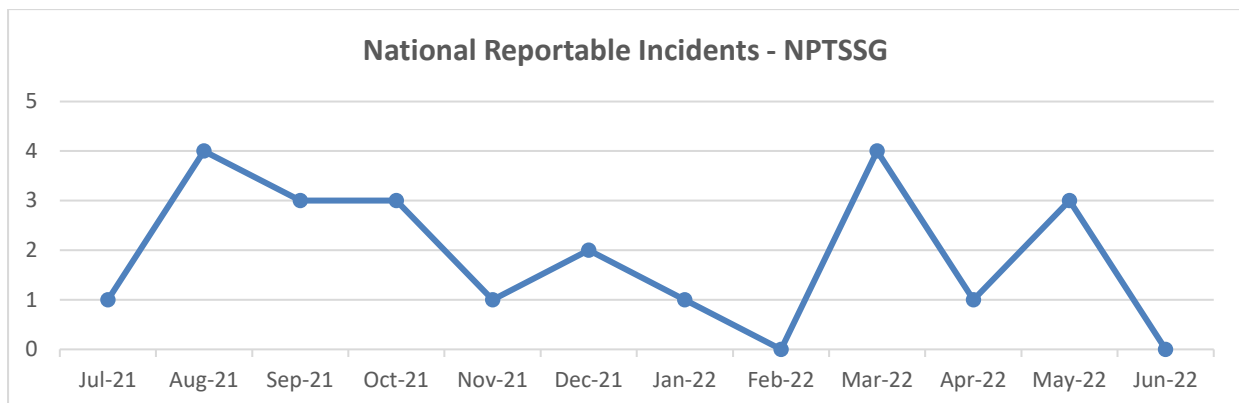
Graph 2: Top 5 incidents per month



4.8 – NPTSSG National Reportable Incidents

NPTSSG reported 4 Nationally Reportable Incidents (NRI's) during Q1 2022/23, this compares to 5 being reported during Q4 of 2021/22. 3 of the NRI's reported related to falls and the other was a maternal death in the Community. Graph 1 shows the number of NRI's reported per month.

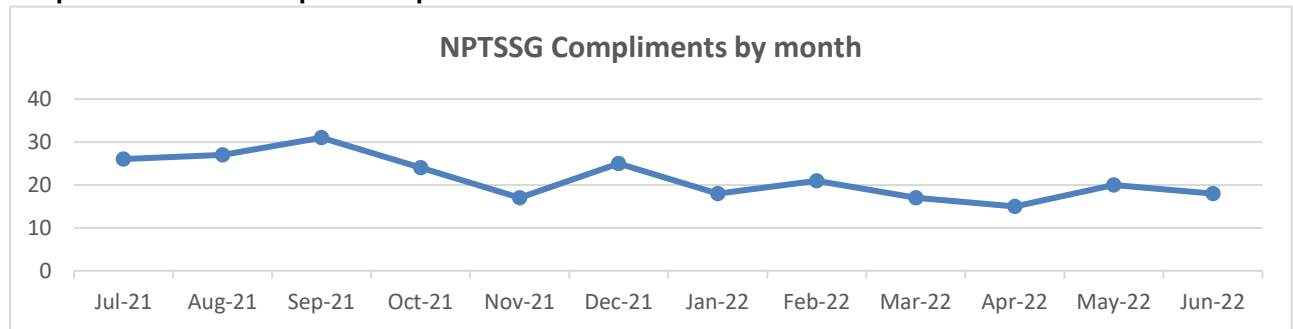
Graph 1: Nationally Reportable Incidents reported per month by NPTSSG



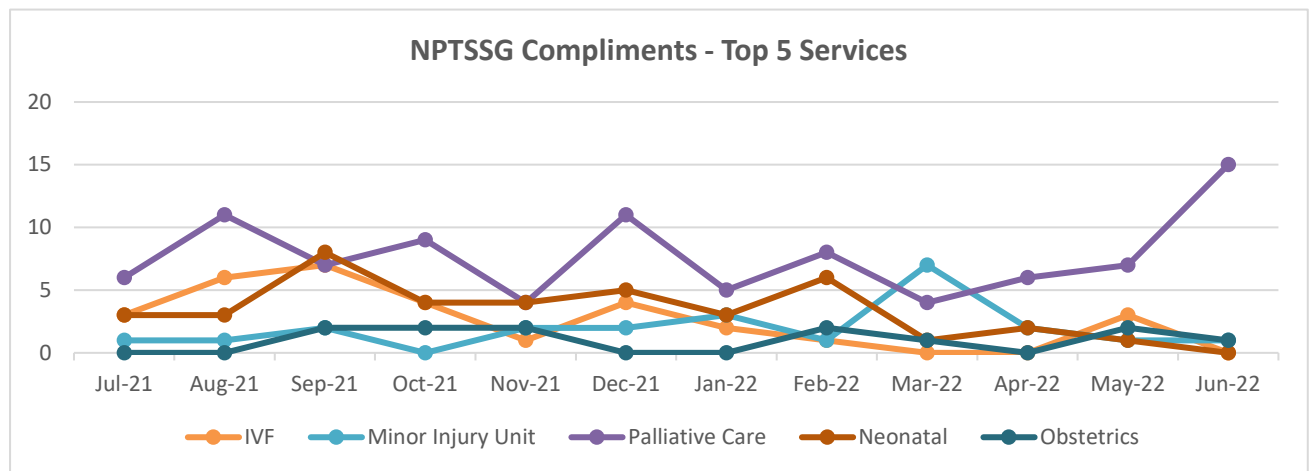
4.9 – NPTSSG Compliments

NPTSSG received 53 compliments during Q1 of 2022/23. Graph 1 shows the number received per month since July 2021.

Graph 1: NPTSSG compliments per month



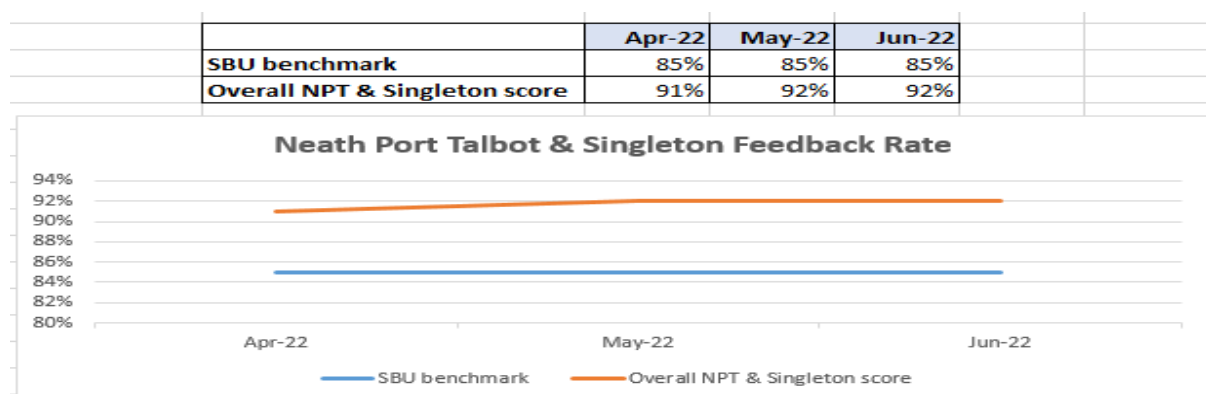
Graph 2: NPTSSG compliments – Top 5 Services



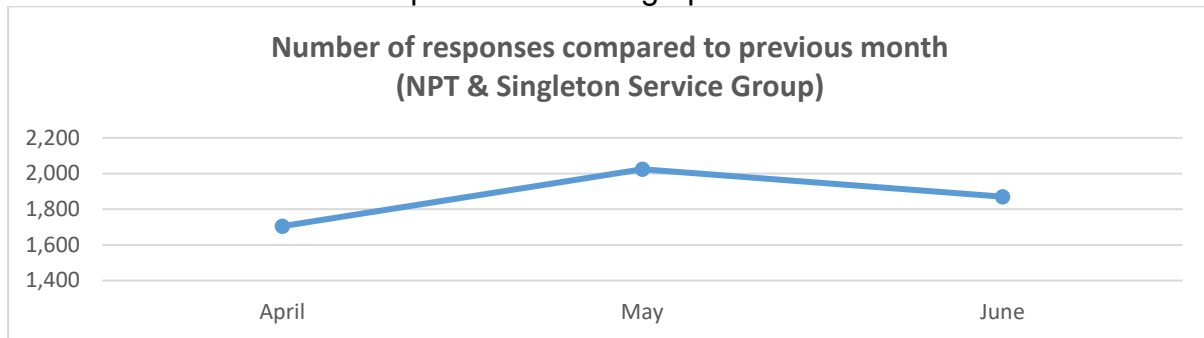
4.10 NPTSSG Patient Experience Feedback

Overall, during quarter one there were 39,587 number of patients seen under Neath Port Talbot and Singleton Service Group (This includes MIU).

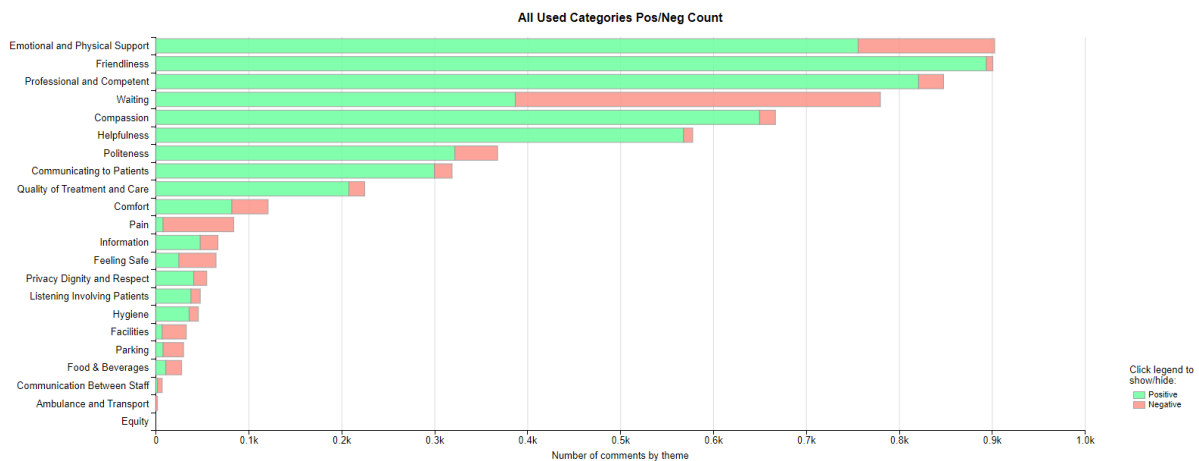
There were 5,665 Friends and Family survey returns which equates to 14% responding to the survey. Out of the 14% who responded, 92% of people stated they would highly recommend the Health Board to Friends and Family



Below are the number of responses in a line graph:



Below are the main themes mentioned for NPT & Singleton:

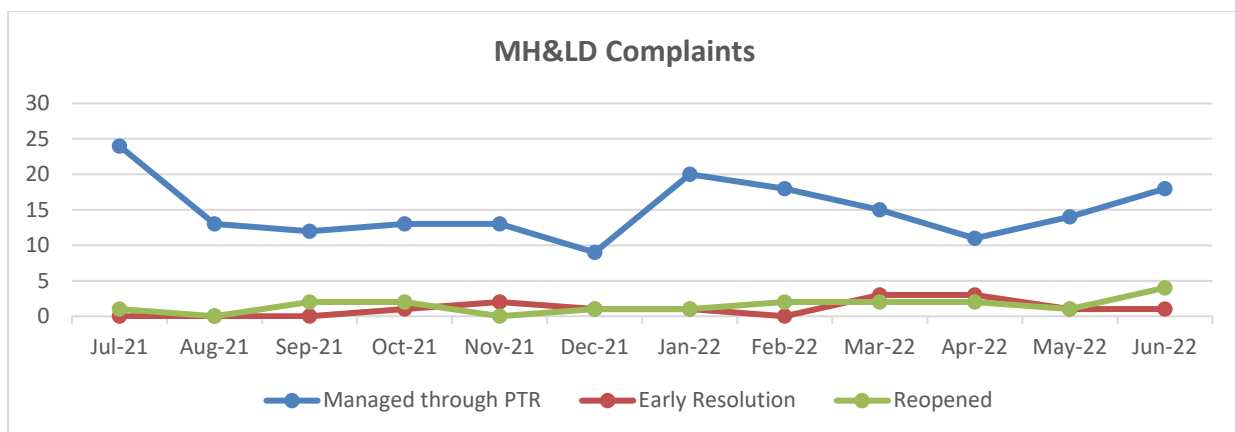


MENTAL HEALTH AND LEARNING DISABILITIES SERVICE GROUP

4.11 – MH&LD Complaints

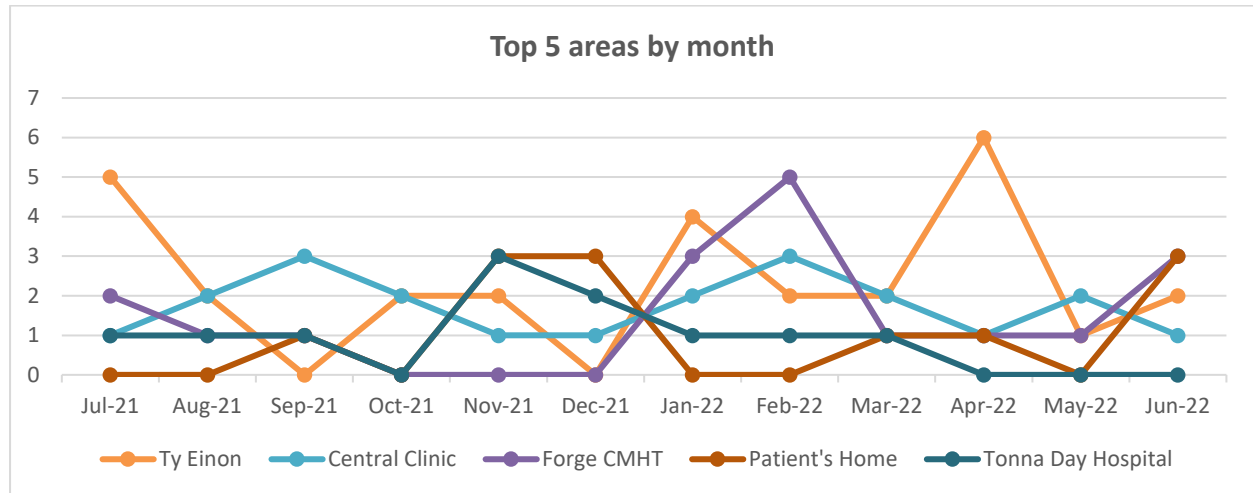
MH&LD received a total of 55 complaints during Q1 2022/23. Graph 1 below shows the total number of complaints received relating to MH&LD since July 2021. The graph breaks the total number received down by Formal PTR, Early Resolution and Re-opened complaints.

Graph 1: MH&LD complaints by month and type



Graph 2 shows the top five areas within MH&LD that had the most complaints since July 2021. As shown in the graph, Ty Einon appear to have received an increase in complaints during April 2022 which then decreased again in May.

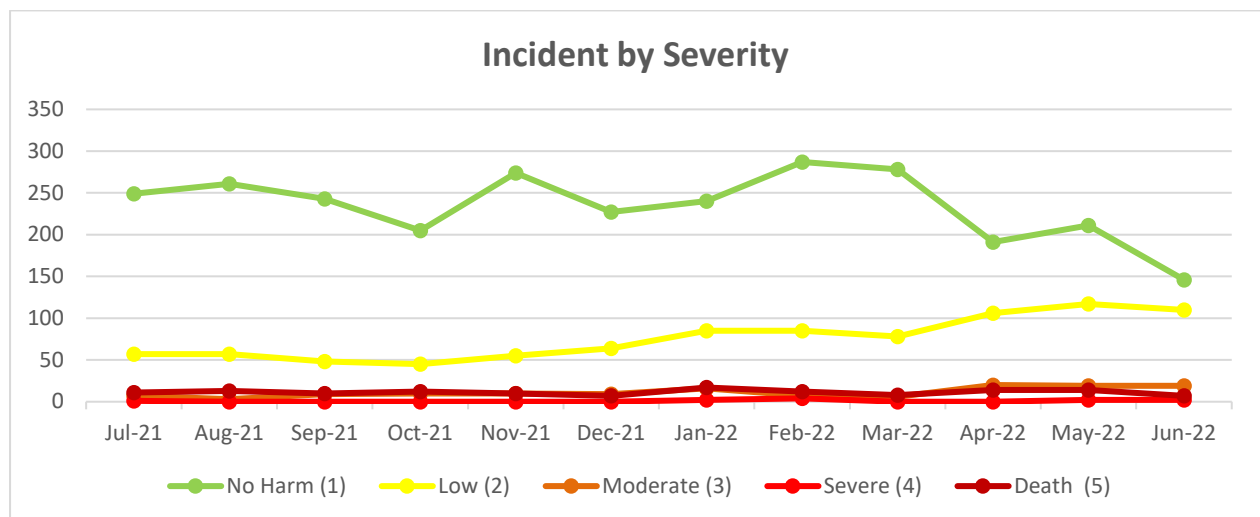
Graph 2: Top 5 Services by month



4.12 – MH&LD Incidents

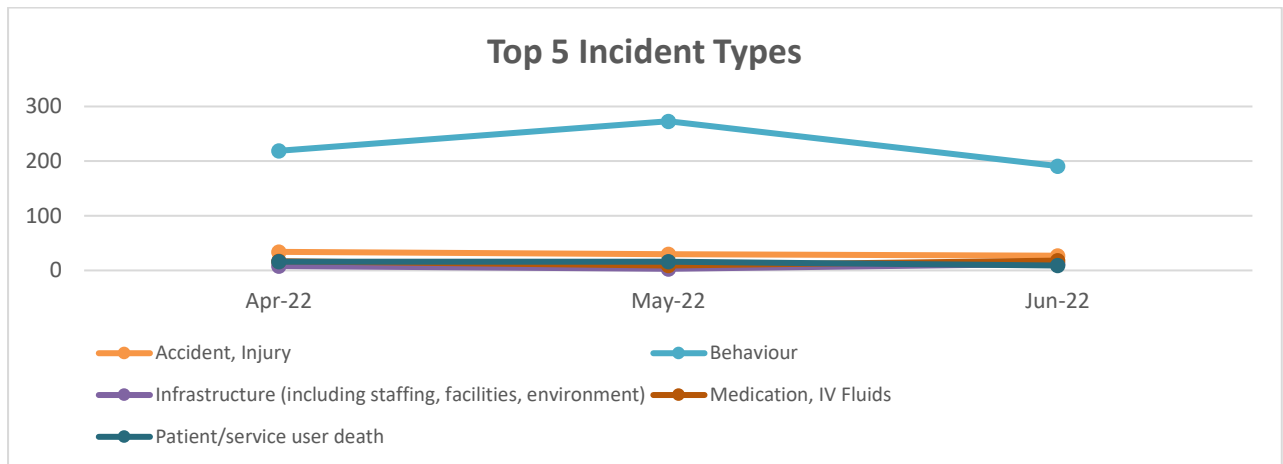
MH&LD reported 978 incidents in quarter 1 (Q1) of 2022/23 (April, May, June). This compares with 1125 for Q4 2021/22 (Jan, Feb, Mar). Graph 1 shows the number of incidents per month broken down by severity.

Graph 1: NPTSSG Incidents by Severity and month



Graph 2 shows the top 5 incident types, of all incidents reported by MH&LD since April 2022 – June 2022. Please note Graph 2 only runs from April 2022 due to the change in Datix systems for incidents and the types of incidents being categorised differently.

Graph 2: Top 5 incidents per month



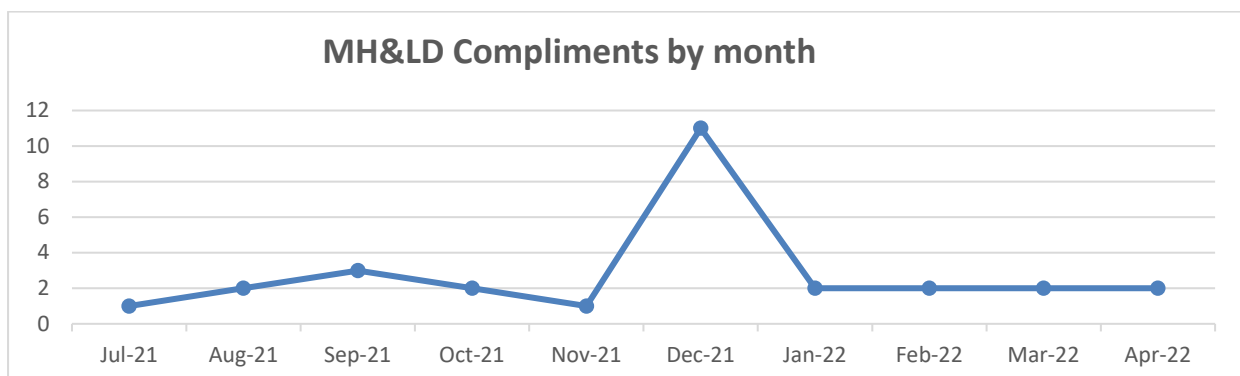
4.13 – MH&LD National Reportable Incidents

MH&LD did not report any Nationally Reportable Incidents (NRI's) during Q1 2022/23, this was the same in Q4 of 2021/22. In June 2021, the criteria for reporting and investigating mental health incidents changed hence none being reported. A mental health death is now only reportable if it is a suspected homicide where the alleged perpetrator has been under the care of mental health services in the past 12 months or an in-patient Suicides. All completed in-patient suicides of any service user, in any clinical setting, will be reportable. The requirement extends to all service users, not just those being treated for mental health needs either within a Mental Health setting or otherwise. Detained Mental Health patients on authorised/agreed leave away from the clinical setting who complete suicide, or are suspected to have completed suicide whilst away, regardless of the agreed leave timeframe, will be reportable as in-patient suicides.

4.14 – MH&LD Compliments

MH&LD received 28 compliments during Q1 of 2022/23. Graph 1 shows the number received per month since July 2021.

Graph 1: MH&LD compliments per month

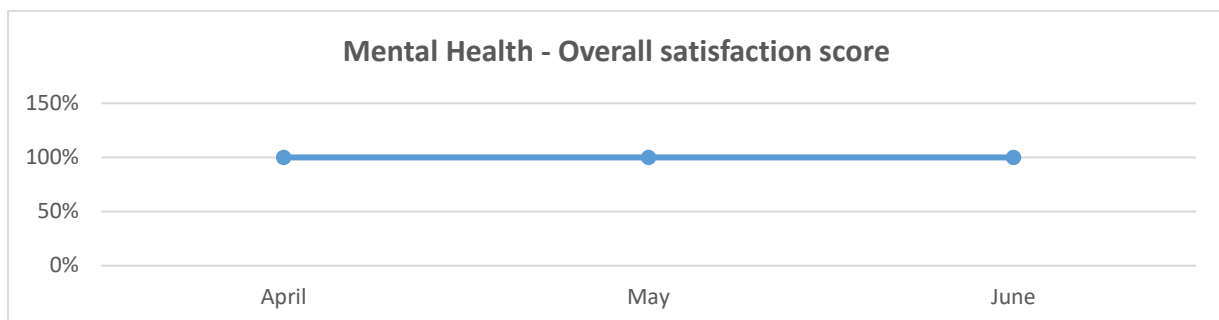
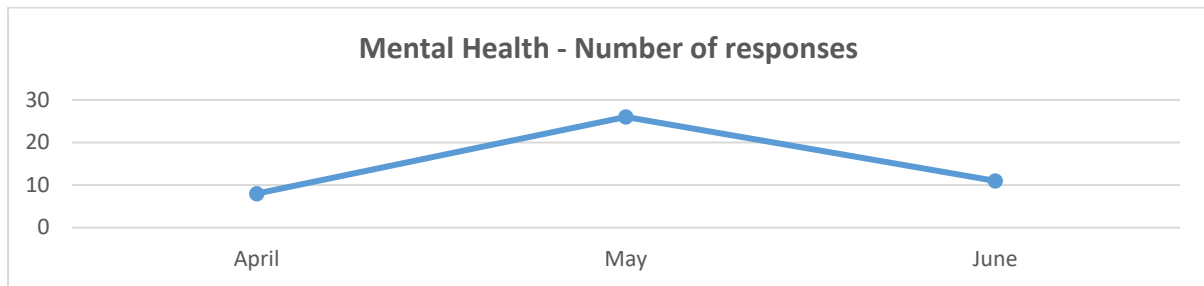


There are no particular areas receiving these compliments however, during December 2021 there was an obvious increase in compliments received. The 11 received were all received in Uned Gobaith, which is a specialist Perinatal Inpatient Mental Health Unit situated within Tonna Hospital.

4.15 MH&LD Patient Experience Feedback

This data is from Quarter One.

The Mental Health and Learning Disabilities Service Group are using a different set of survey questions. The roll out of the semi structured interview surveys have been managed in stages. Roll out, awareness posters and meetings with managers and teams continues.

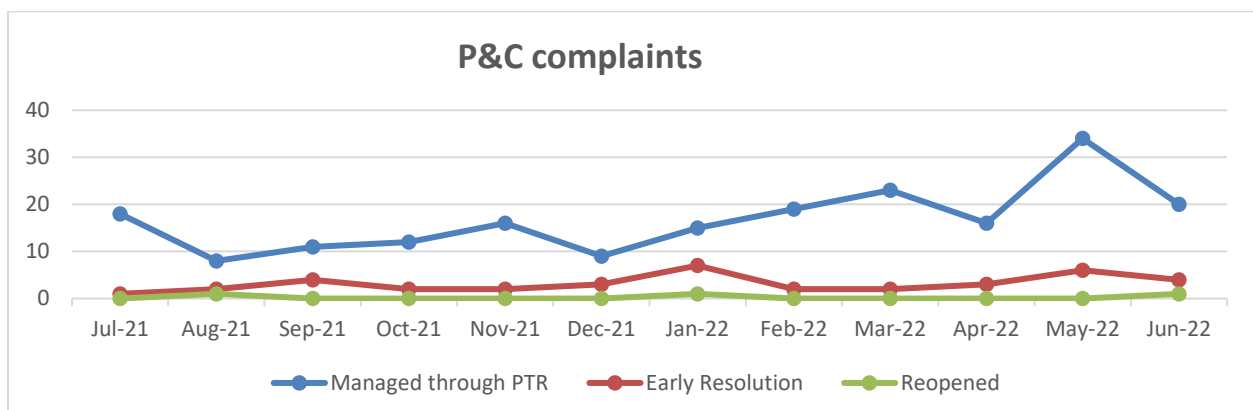


PRIMARY AND COMMUNITY SERVICE GROUP

4.16 – P&C Complaints

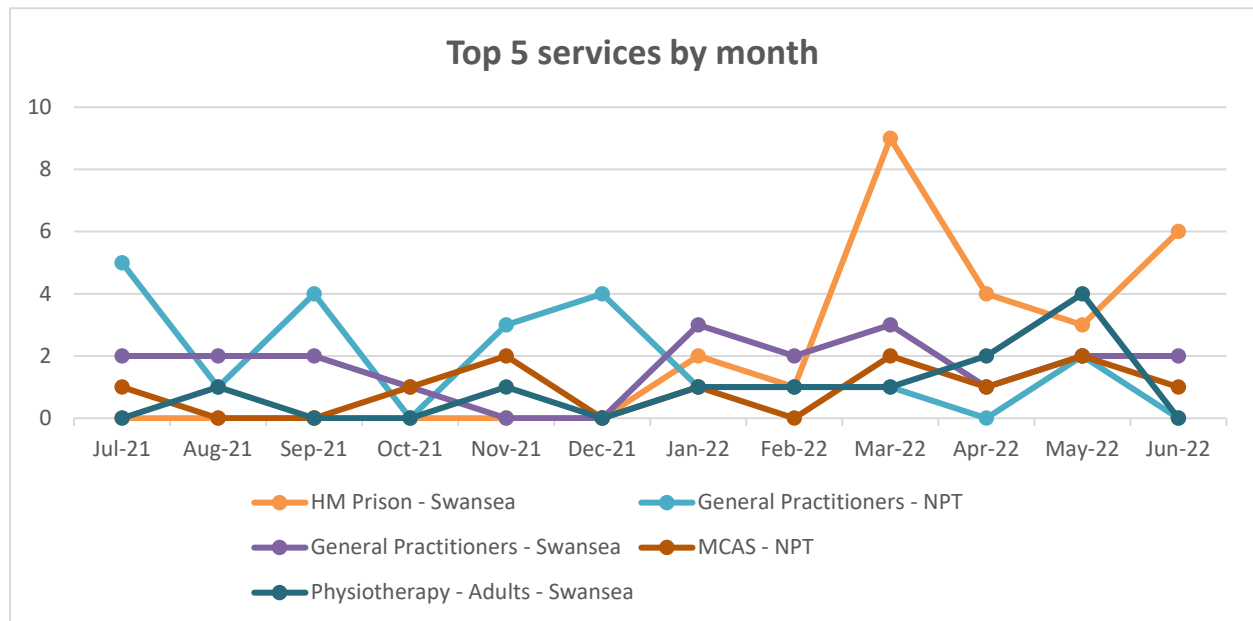
P&C received a total of 84 complaints during Q1 2022/23. Graph 1 below shows the total number of complaints received relating to P&C since July 2021. The graph breaks the total number received down by Formal PTR, Early Resolution and Re-opened complaints.

Graph 1: P&C complaints by month and type



Graph 2 shows the top five services that had the most complaints since July 2021. As seen in the graph there appears an increase in complaints relating to HMP Swansea since December 2021. This was following a meeting with the prison where it was agreed that any complaint received and resolved in the prison, would be forwarded to the Health Board's complaints team for logging on Datix. This ensures all complaints are recorded on the system and any themes can be identified by Primary & Community Services.

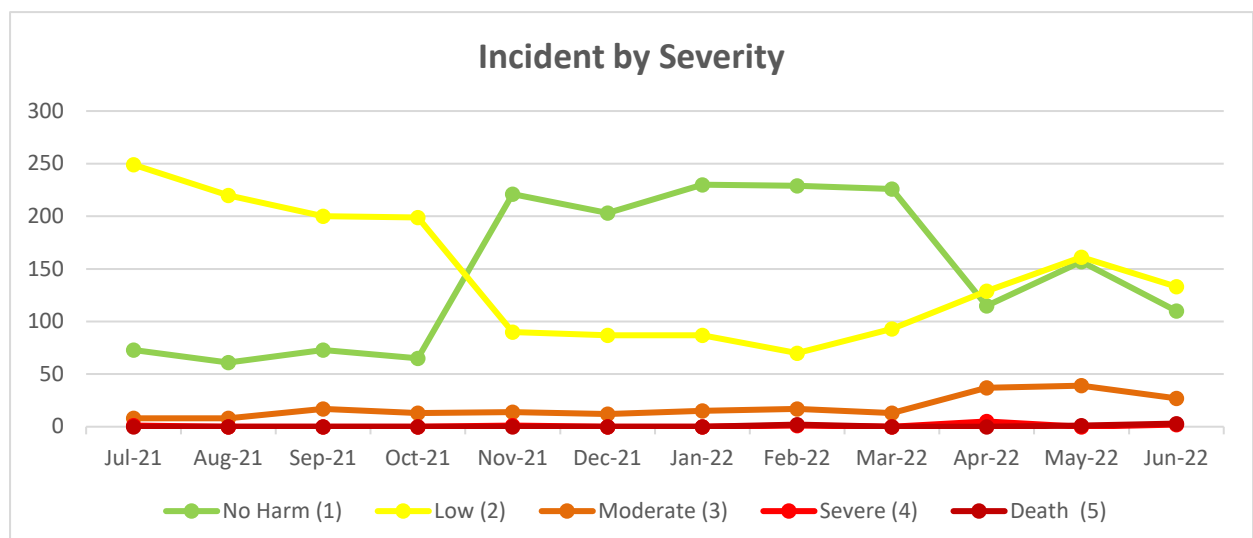
Graph 2: Top 5 Services by month



4.17 – P&C Incidents

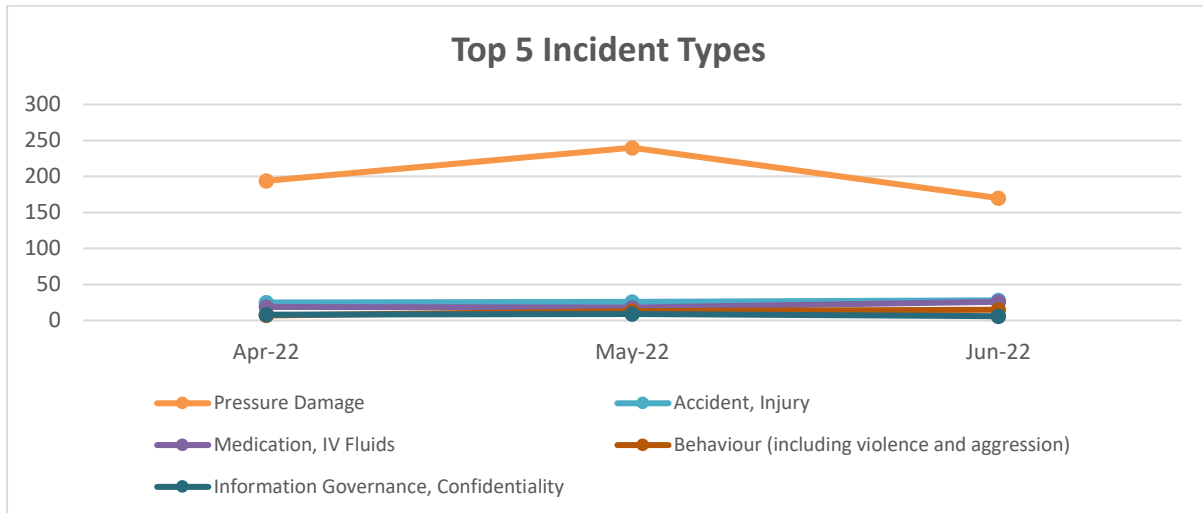
P&C reported 929 incidents in quarter 1 (Q1) of 2022/23 (April, May, June). This compares with 983 for Q4 2021/22 (Jan, Feb, Mar). Graph 1 shows the number of incidents per month broken down by severity.

Graph 1: P&C Incidents by Severity and month



Graph 2 shows the top 5 incident types, of all incidents reported by P&C since April 2022 – June 2022. Please note Graph 2 only runs from April 2022 due to the change in Datix systems for incidents and the types of incidents being categorised differently.

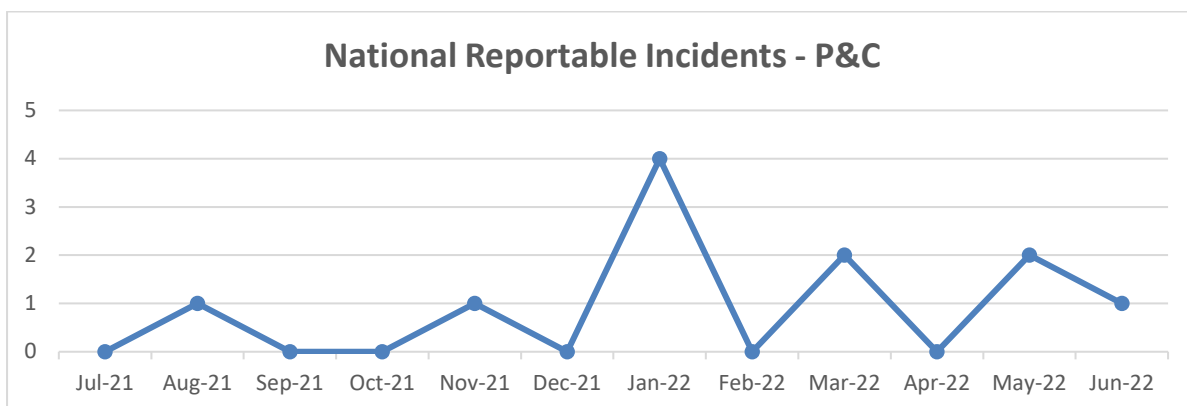
Graph 2: Top 5 incidents per month



4.18 – P&C National Reportable Incidents

P&C reported 3 Nationally Reportable Incidents (NRI's) during Q1 2022/23, this compares to 6 being reported during Q4 of 2021/22. 2 of the NRI's reported related to pressure ulcers and the other was an unexpected death in the Community. Graph 1 shows the number of NRI's reported per month.

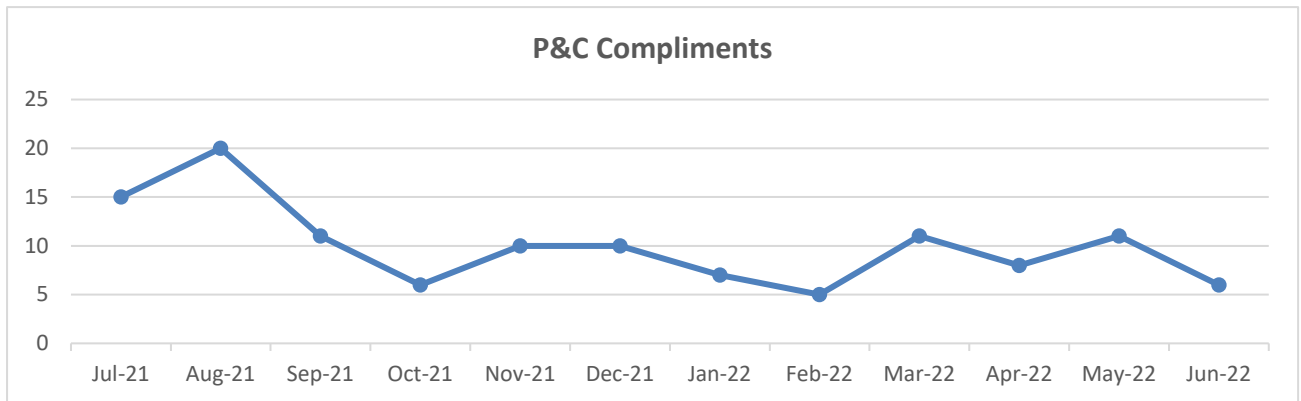
Graph 1: Nationally Reportable Incidents reported per month by P&C



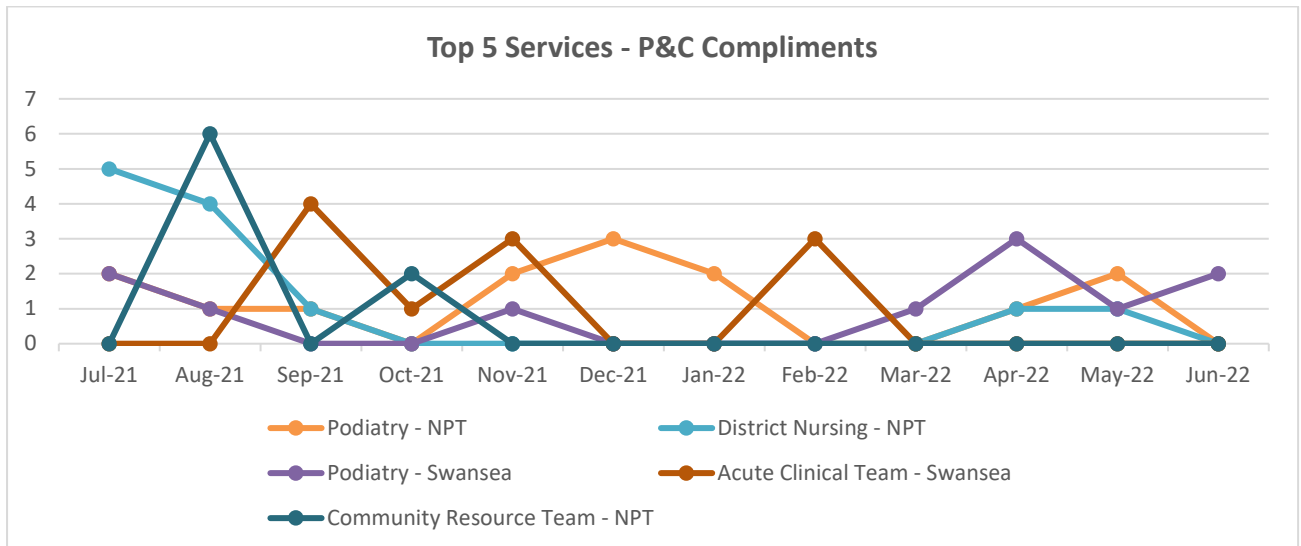
4.19 – P&C Compliments

P&C received 25 compliments during Q1 of 2022/23. Graph 1 shows the number received per month since July 2021.

Graph 1: P&C compliments per month



Graph 2: P&C compliments – Top 5 Services

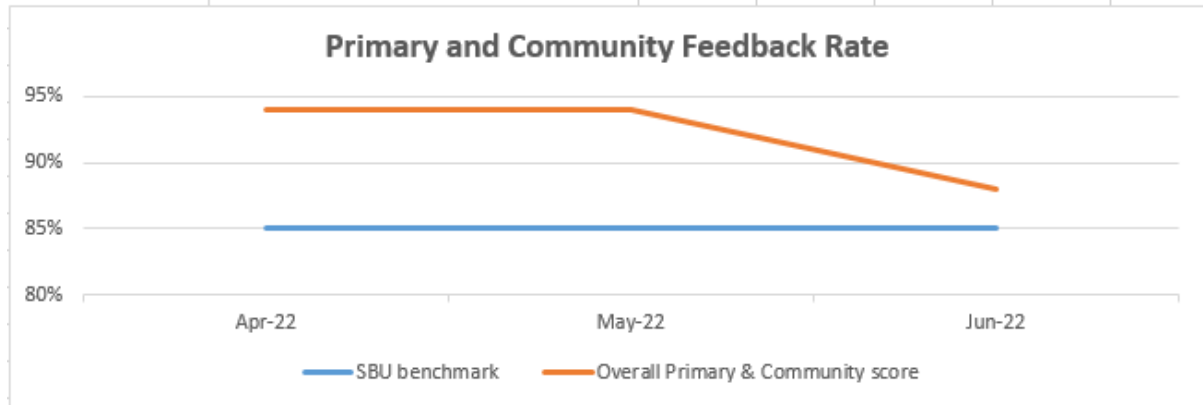


4.20 P&C Patient Experience Feedback

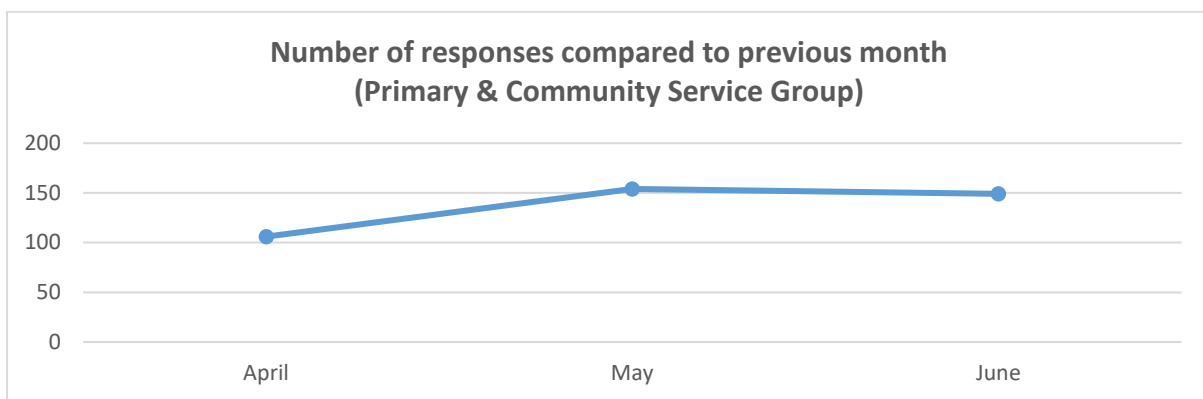
Overall, during quarter one there were 415 number of patients seen under Primary and Community Service Group.

There were 2,618 Friends and Family survey returns which equates to 16% responding to the survey. Out of the 16% who responded, 92% of people stated they would highly recommend the Health Board to Friends and Family

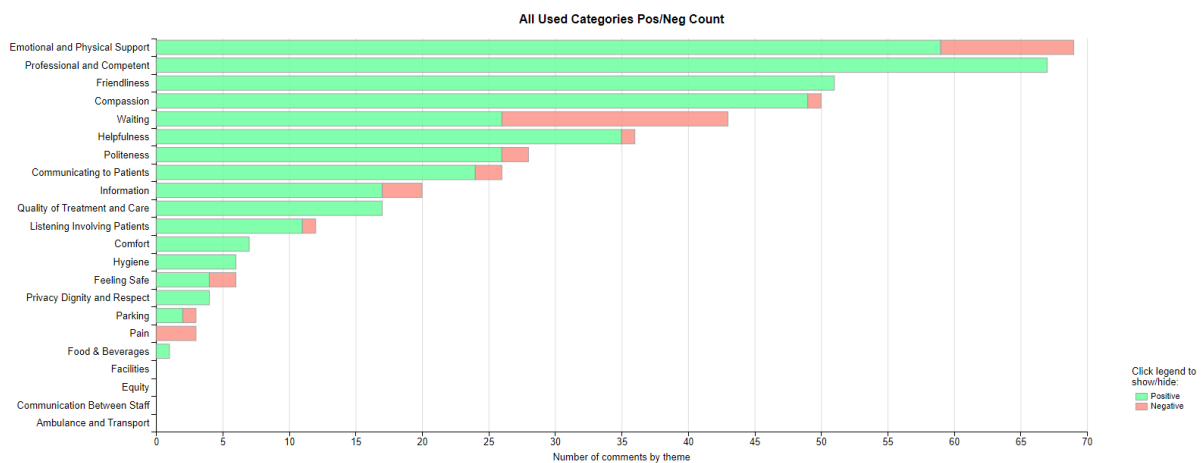
	Apr-22	May-22	Jun-22
SBU benchmark	85%	85%	85%
Overall Primary & Community score	94%	94%	88%



Below are the number of responses in a line graph:



Below are the main themes mentioned for Primary & Community:



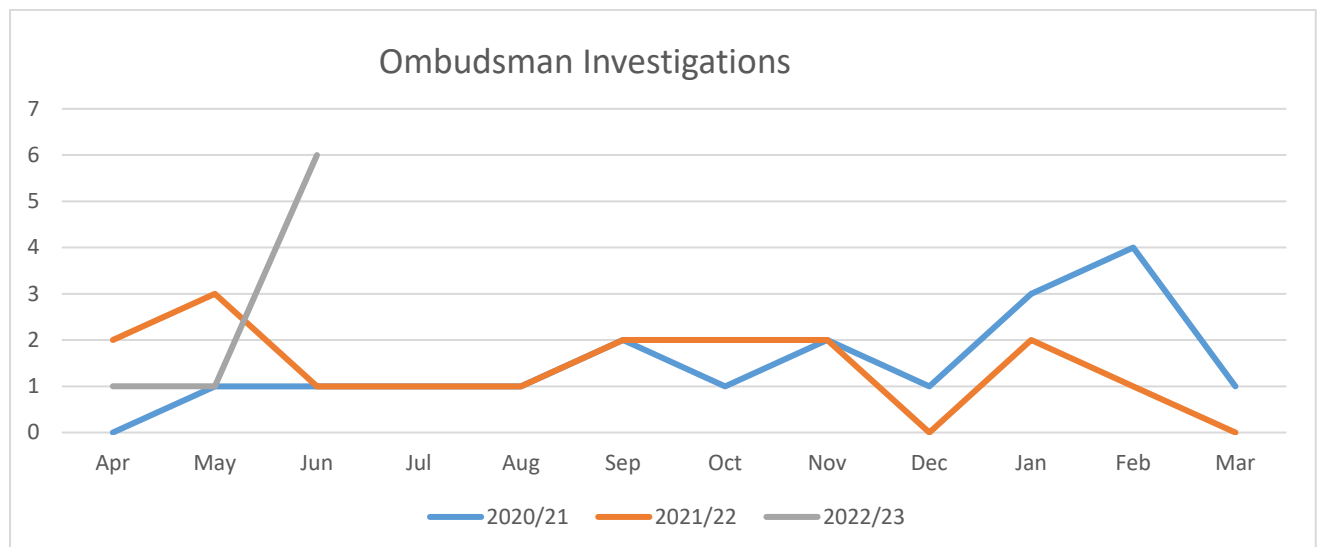
5. OMBUDSMAN CASES

5.1 Ombudsman investigations

Eight new Ombudsman investigations were received during Q1 2022/23, this compares to 3 in Q4 2021/22. Graph 1 shows the number of investigations received per month;

Graph 1: Number of Ombudsman investigations per month

Out of the 6 new investigations received during June, 3 of these related to Orthopaedic Surgery and since June we appear to have seen an increase in Orthopaedic waiting time concerns that the Ombudsman are investigating.



As seen in the Ombudsman summary the number of outstanding actions has increased. This is due to the final reports that have been received within this timeframe with recommendations to action. The Health Board cannot influence when the final reports are received and there is no theme to these.

You will also see there are now two overdue actions. These were due by the 30th June however, further work is required by the MH&LD Team. An action plan with evidence has been sent to the Ombudsman with an update on the remaining evidence. The Ombudsman is satisfied with this update and we have agreed to provide a further update following the MH&LD Outpatient Improvement Group on the 27th July 2022.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

5.2 Ombudsman Learning

Quarter 1; April – June 2022

(concluded Ombudsman cases within Q1)

1) Case numbers and Service Group

- ID 5520 – Morriston Service Group – Burns & Plastics – **Partly upheld**
- ID 5219 - NPTSSG – Obstetrics - **Upheld**

2) Issues Identified

- Failure in Health Board's communication with patient and family
- Failure to maintain good standard of record keeping
- Insufficient evidence that the patient was counselled appropriately about the risks and benefits associated with a vaginal birth and alternative options for care with a suspected large-for-dates baby.
- Additional support with gas and air was not provided to patient during labour when it could have been causing unnecessary pain.

3) Recommendations/Action

- Reflective learning from clinicians involved
- Apologise to the complainant/patient for the failings identified during the investigation
- Redress payment of £500, comprising £250 in recognition the distress caused by failing to appropriately communicate the findings of a scan and £250 for the distress which resulted from the poor standard of record keeping.
- Reminders to clinical staff of their professional obligation to maintain documentation that is clear, concise and comprehensive, as an accurate and true record of care.
- Evidence of learning from the case being discussed at its Clinical Governance Morbidity and Mortality Meeting.
- Take steps to ensure that all expectant mothers with a suspected large-for-dates baby are counselled regarding the risks and benefits associated with a vaginal birth and alternative options for care.

4) General Positive Comments received

- Increase of decisions not to investigate cases that were referred to Ombudsman, due to Health Board responses being comprehensive and robust and there being nothing further for the Health Board to respond to.
- Ombudsman have advised that implementation of recommendations on one case was of high standard and they will be sharing with the Complaints Standards Authority as an example of good practice.
- Following enquiry from Ombudsman and evidence sent, the Ombudsman decided not to investigate the case due to a risk assessment being completed and provided as evidence., resulting in no further action being required from the Health Board.

