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Swansea Bay University Health Board

Patient Feedback & Incident Report

Quarter 2, 2022/23

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Report Summary and Overview

COMPLAINTS	Jul	Aug	Sep
Total number of complaints received	190	176	172
Complaints acknowledged within set timescale	100%	100%	100%
Number of re-opened complaints	7	9	7
	May	Jun	Jul
Complaints responded to within agreed timescale - formal	69%	65%	64%
OMBUDSMAN	Jul	Aug	Sep
Number of Ombudsman Investigations received	4	2	1
Number of actions outstanding (within timescale)	13	11	9
Number of actions overdue	2	3	6
PATIENT EXPERIENCE	Jul	Aug	Sep
No. of Friends & Family surveys received	3,391	3,950	3,914
Recommendation score	89%	89%	88%
New Bespoke Surveys	8	1	6
NATIONAL REPORTABLE INCIDENTS	Jul	Aug	Sep
Number of National Reportable Incidents reported	7	11	15
Number of Never Events	1	0	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. Further dates secured for 2023. New Sharepoint pages for department gone live We presented the new Children and Community Heat map (the heat map is a report showing red, amber, green results for feedback) to the Patient and Parent Task and Finish Group. It was well received and will be used monthly to highlight any areas, of good practice and open discussion around areas with lower performing scores. Attended the inaugural Palliative Care End of Life user experience group. SBU have been asked to attend all meetings going forward to help support the build of a national survey. WAST Incident reviews completed/process agreed. 	<ul style="list-style-type: none"> To increase complaints performance in responding to complaints within the timeframe (75%) of 30 working days Produce themes and learning reports for Service Units relating to Ombudsman cases Reduce red incidents awaiting review by Service Groups through weekly contact Patient experience team met with Primary, community & therapies directorate to capture feedback. Further meetings taking place. Review 'ownership' of pressure ulcer/moisture lesion reporting if developed prior to admission to hospital
Opportunities	Risks & Threats
<ul style="list-style-type: none"> Concerns Redress Assurance Group (CRAG) meetings with each Service Group are arranged monthly to ensure feedback, learning and improvement by reviewing complaint responses – feedback reports are now provided following each meeting to share the learning wider throughout the Service Group. The Complaints Network with other Health Boards is an opportunity to discuss issues relating to concerns and share learning. A number of Task & Finish Groups have been set up by the overall Once for Wales Team who manage the Datix system. These meetings are an opportunity to discuss and improve the current system with input from each Health Board. New training programme for incident investigation nearing completion. Discussions with Morriston Quality and Safety and volunteer managers to develop a volunteer role which will support the collection of Friends and Family and All Wales Surveys. Met with Civica and Once for Wales lead. Swansea Bay is to become the pilot site for developing the Digital story platform for Wales. 	<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 and incident reviews/investigation within the recognised timescale. Number of dissatisfied and challenging complainants. For noting: Welsh Government piloted 'Happy or Not' machine in Morriston A&E department. They were only used for a short period of time when the Covid Pandemic started. They were taken off the area (due to possible infection) and not used again. The pilot has now ended and A&E are looking to use an alternative feedback collection. A&E Feedback is being collected via SMS, the feedback reports are being automatically sent to A&E leads.

1. COMPLAINTS

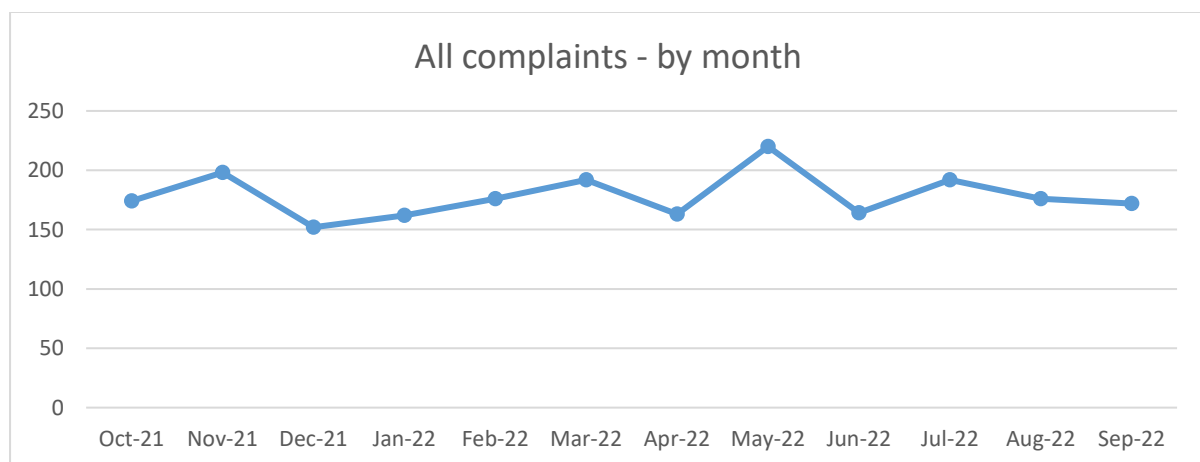
1. Complaints performance –

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.

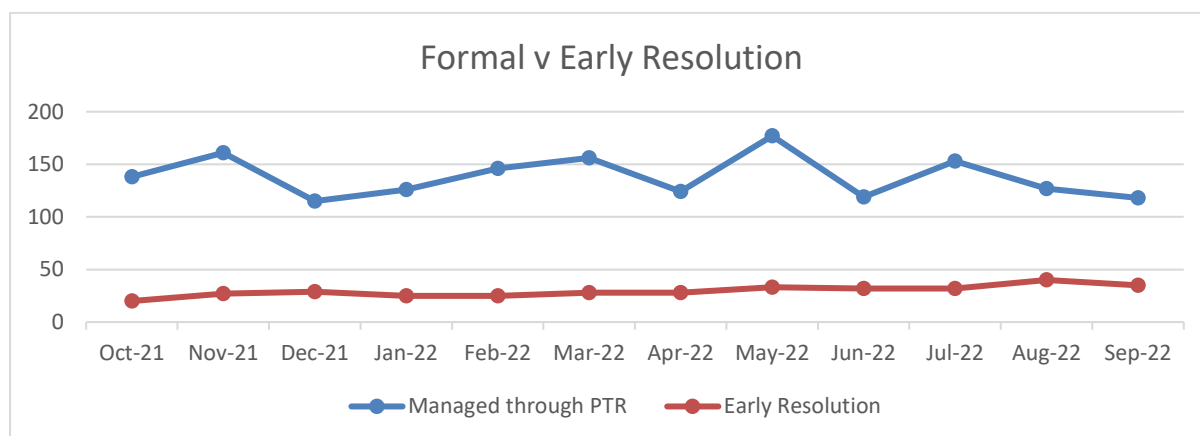
1.1 Total complaints received

The Health Board received 540 complaints in quarter 2 (Q2) of 2022/23 (July, August, September). This compares with 547 complaints in quarter 1 (Q1) of 2022/23 (April, May, June). 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 Complaint responses within agreed timescale

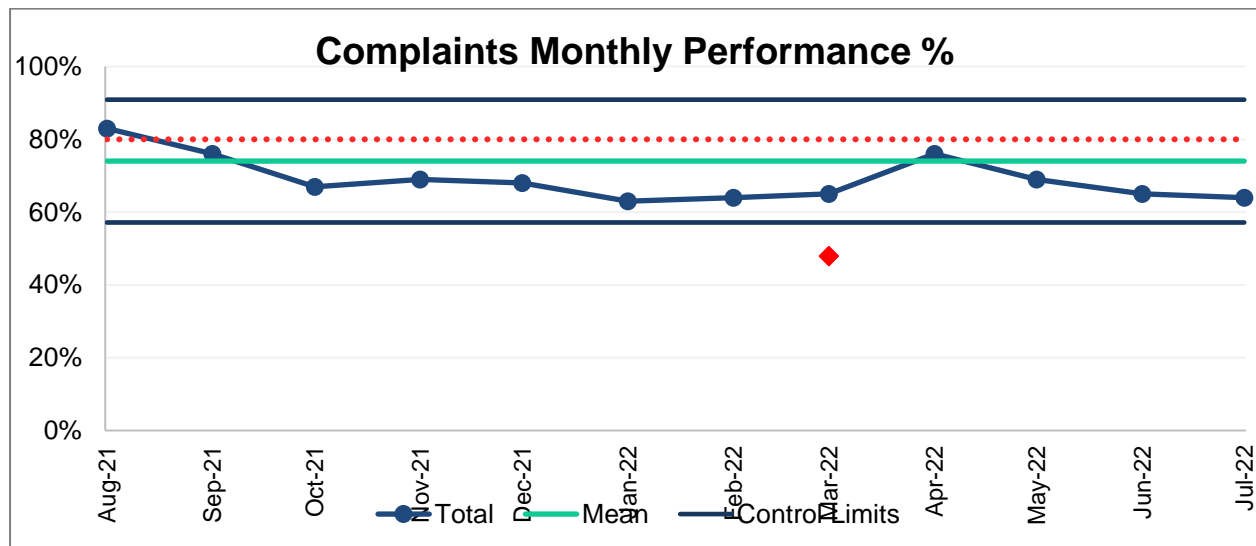
Whenever a complaint is managed through the formal PTR process, the Health Board is required to investigate the complaint and write to the complainant with our findings, within 30 working days. If this target is not achievable, it is essential that the complainant is kept up to date throughout and any 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 August 2021. The Health Board has seen a decrease in performance over the last few months. During July 2022, the Health Board's performance was 64% which is below the Welsh Government target. The Corporate team are working closely with the Service Groups to monitor and increase performance.

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

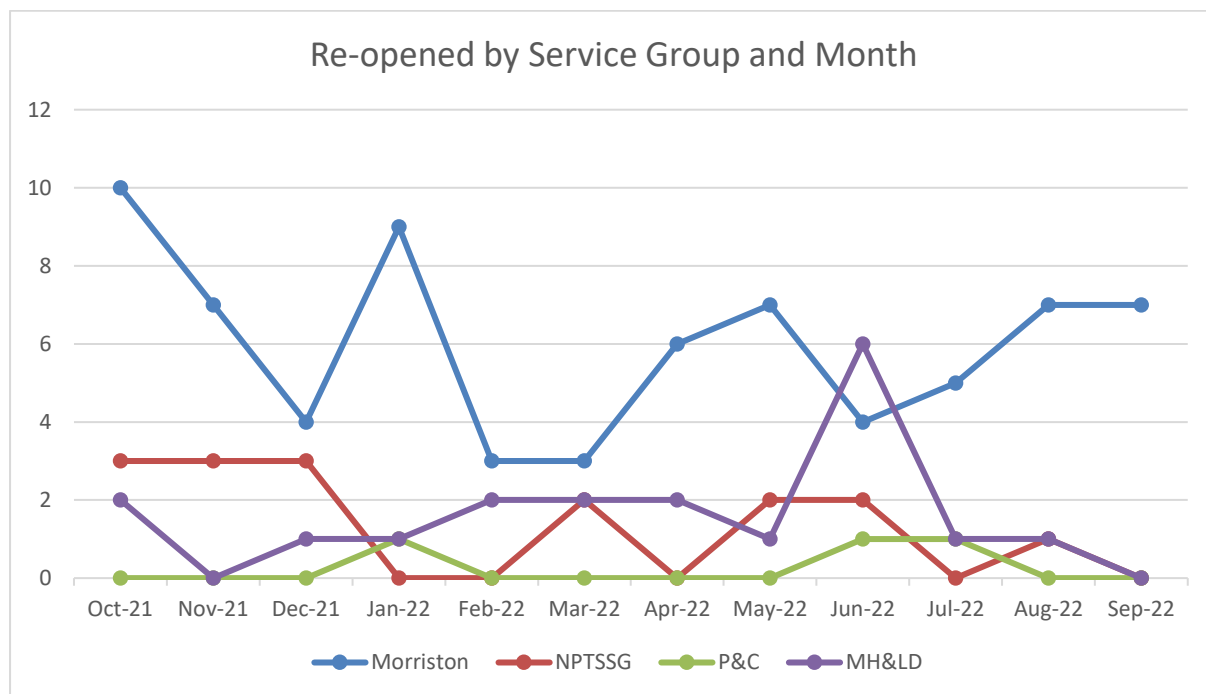


1.2 Re-opened complainants

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 October 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 Q2 2022/23 compared with Q1 for 2022/23.

Table 1: Complaints by primary subject

Subject/Theme	Q1 2022/23	Q2 2022/23
Communication Issues	136	88
Appointments	94	90
Clinical treatment/Assessment	83	88
Admissions	66	79
Attitude and Behaviour	32	45
Medication	29	25
Test and Investigation Results	17	23
Referral	18	15



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Discharge Issues	12	23
Environment/Facilities	12	5
Monitoring/Observation Issues	9	8
Equipment	4	5
Personal Property/Finance	4	3
Assault	2	2
Confidentiality	5	3
Consent	3	1
Record Keeping	4	4
Access (to Services)	2	6
Accident/Falls	1	4
Catering	2	1
Cleanliness	1	4
Infection Control	1	2
Nutrition/Hydration Issues	2	4
Other	1	3
Patient Care	3	4
Resources	2	0
Skin Damage	1	0



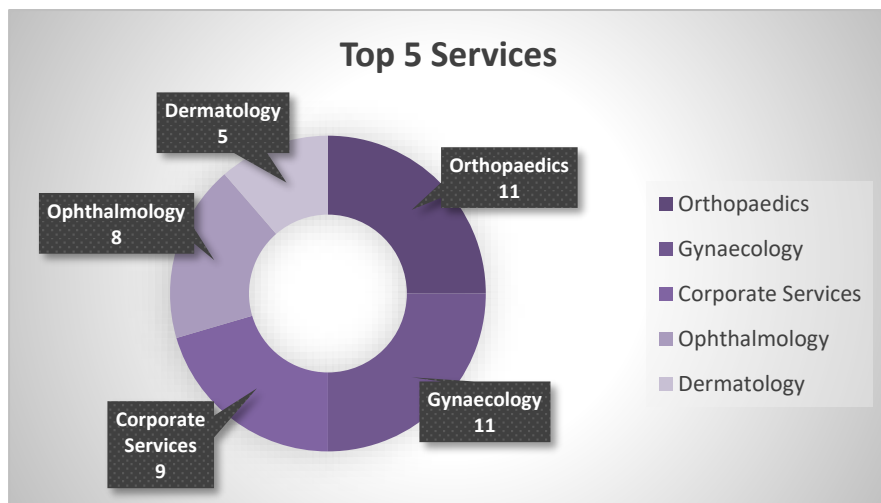
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Top theme; Appointments;

During Q2, 103 complaints were received relating to appointment issues. A breakdown of the appointment sub-subjects are below – please note, some complaints include more than one of these issues.

Appointment Issues	Data
Appointment cancelled	19
Cancelled appointment	11
Validation Issues	8
Delay in appointment	5
Patient lost to follow-up	5
Capacity of clinics	2
Location of appointment unsuitable	2



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.

Feedback from Gynaecology during Quarter 2:

"Left me waiting for two hours online for a cancelled APPOINTMENT."

"My APPOINTMENT was almost 30 minutes later than scheduled, but was not a problem as such for me. However, there was over an hour wait in the pharmacy."

"Quick APPOINTMENT booking."

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

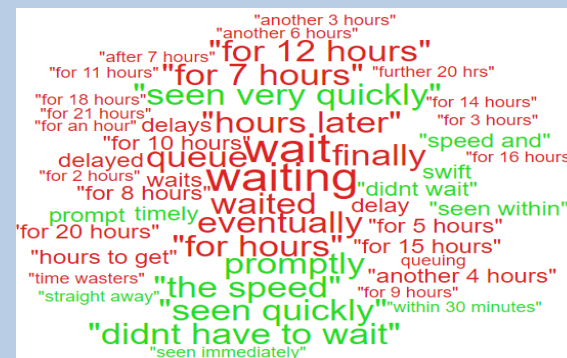
During Q2, 132 complaints were received regarding clinical treatment. A breakdown of the sub-subjects are below – please note, some complaints include more than one of these issues.

Clinical Treatment Issues	Data
Lack of treatment	46
Delay in receiving treatment	41
Reaction to procedure/ treatment	29
Delay in diagnosis	13
Incorrect diagnosis	12
Incorrect treatment given	7

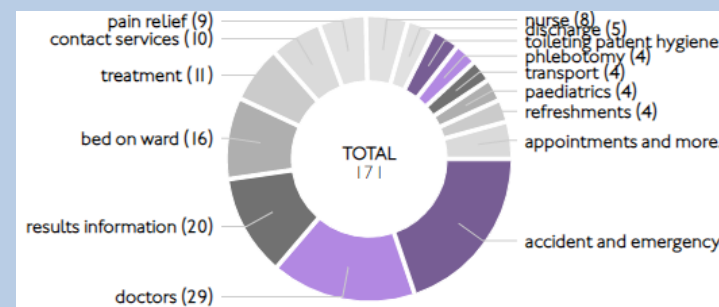


- Virtual clinics to continue to help reduce clinic waiting times
- Outsourcing of patients to other Healthcare providers to help reduce waiting times;
- Introduction of virtual wards to help stabilise and optimise patients in a timely way to help keep them at home and avoid unnecessary deterioration and hospital admissions.
- Long COVID services set up in the community
- Rapid Diagnostic Centre expansion.

Patients waiting/delays comments for Emergency Department



‘Wait’ for:





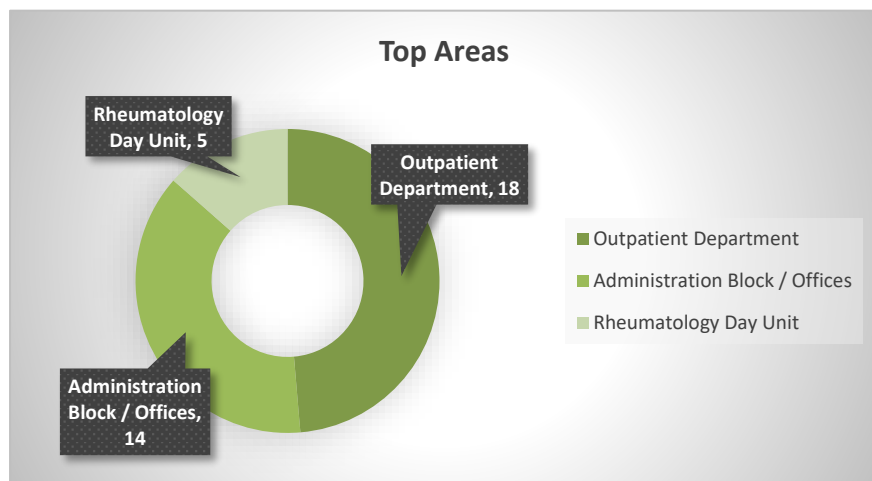
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Theme 3; Communication;

During Q2, 134 complaints were received regarding communication issues. Many of these complaints will have more than one sub-subject, see breakdown below;

Communication Issues	
Insufficient information	65
Unable to contact	33
Family involvement in care decisions	19
Incorrect information	15
Lack of feedback/referral/discharge summary	4
Brail, sign, texting service, language line	2
Patient involvement in care decisions	2
DNR	1



What we are doing about this?

- Communication training sessions with the Ombudsman have been well attended and further dates have been secured for 2023.
- 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.
- Complaints training provided to Trainee Psychologists, MH&LD Managers and Swansea Prison.
- Customer Care training delivered to MIU, SDU, Mortuary and Catering staff.

Main Outpatient Department, Morriston Patient Experience feedback for Quarter 2:



Comments breakdown for Main Outpatients Department, Morriston only

- Communicating to Patients 40 positive, 5 negative

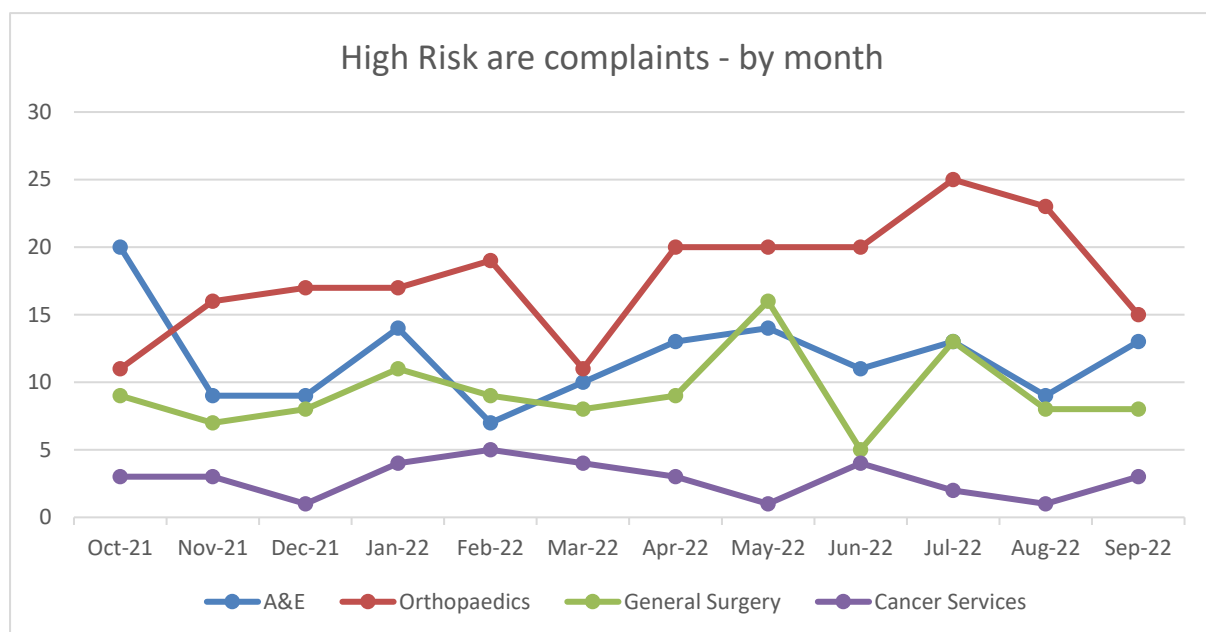
3. HIGH RISK AREAS

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 October 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	Q1 2022/23	Q2 2022/23
Clinical treatment/Assessment	14	15



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Admissions	3	6
Monitoring/Observation Issues	5	1
Communication Issues	2	1
Attitude and Behaviour	5	4
Cleanliness	1	0
Discharge Issues	0	2
Environment/Facilities	1	0
Medication	1	2
Nutrition/Hydration Issues	1	1
Personal Property/Finance	1	0
Test and Investigation Results	1	3
Accident/Falls	0	0

3.2 – Orthopaedic Complaint themes

Orthopaedics Themes	Q1 2022/23	Q2 2022/23
Admissions	22	35
Communication Issues	13	3
Clinical treatment/Assessment	10	5
Appointments	9	10
Attitude and Behaviour	1	2
Referral	2	0
Accident/Falls	0	1
Medication	1	0
Nutrition/Hydration Issues	0	0
Discharge	0	2
Infection Control	0	1
Patient Care	0	1
Post Death Issues	0	1
Test and Investigation Results	0	1

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

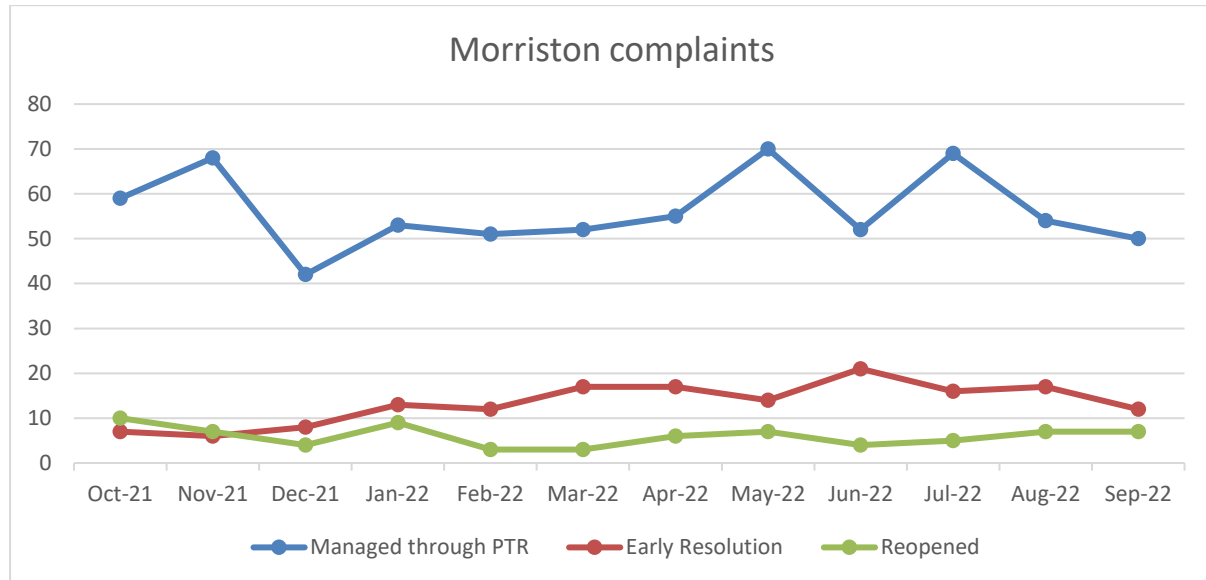
MORRISTON SERVICE GROUP

4.1 – Morriston Service Group complaints

Morriston Service Group received a total of 237 complaints during Q2 2022/23. Graph 1 below shows the total number of complaints received relating to Morriston Service Group since

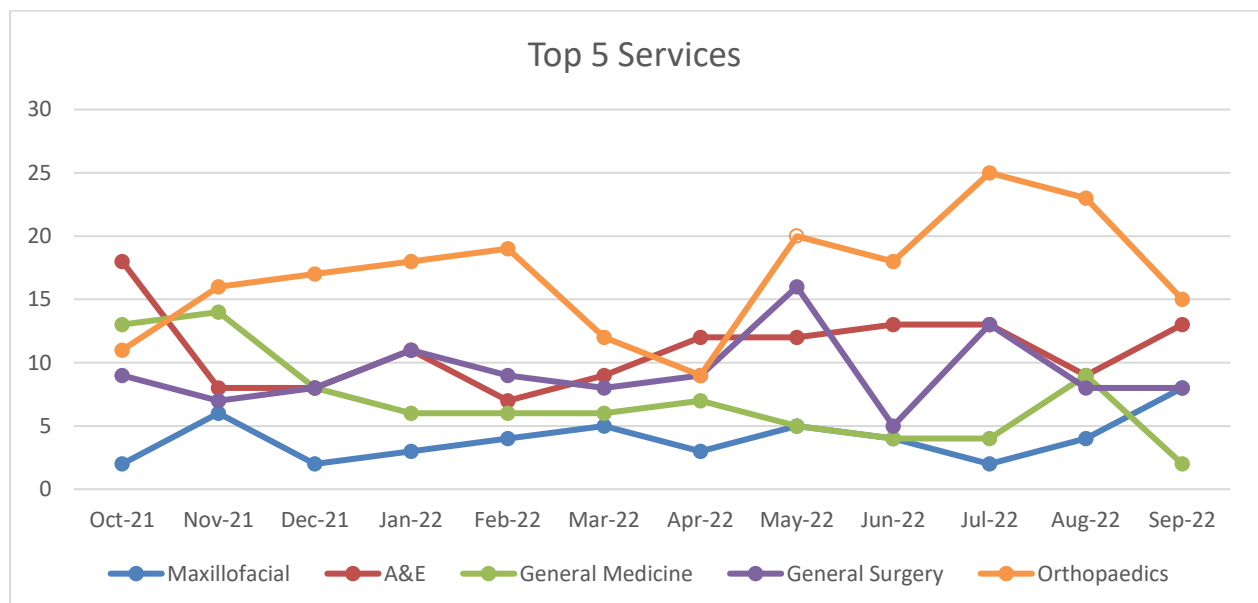
October 2021. The graph breaks the total number received down by Formal PTR, Early Resolution and Re-opened complaints.

Graph 1: Morryston Service Group complaints by month and type



Graph 2 shows the top five services that had the most complaints since October 2021. As seen in the graph, Orthopaedics received the highest number of complaints which appears to have decreased slightly in September 2022.

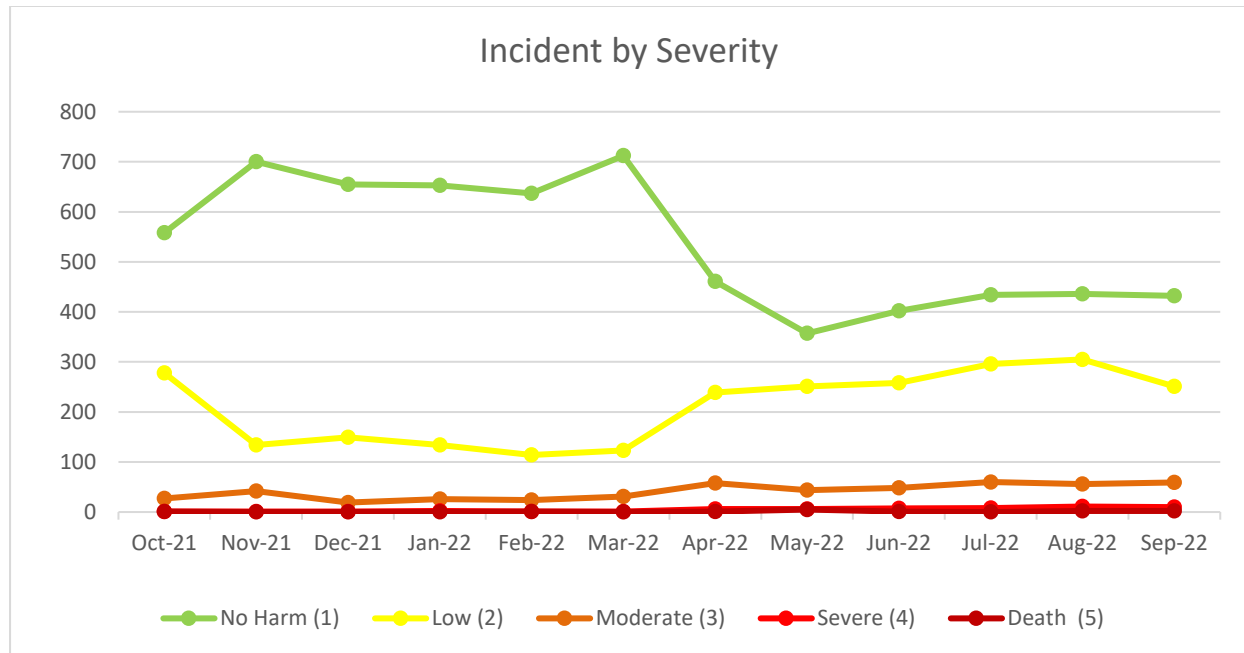
Graph 2: Top 5 Services by month



4.2 – Morryston Service Group Incidents

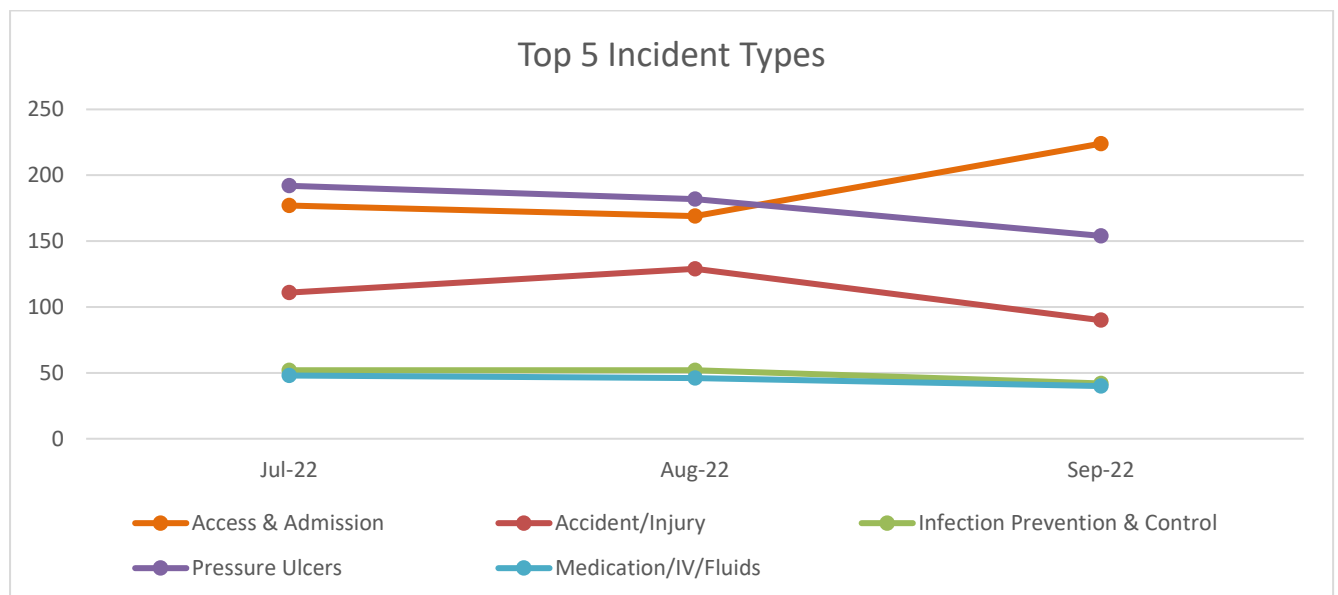
Morryston Service Group reported 2363 incidents in quarter 2 (Q2) of 2022/23 (July, August, September). This compares with 2150 incidents in quarter 1 (Q1) of 2022/23 (April, May, June). Graph 1 shows the number of incidents per month broken down by severity.

Graph 1: Morryston Incidents by Severity and month



Graph 2 shows the top 5 incident types, of all incidents reported by Morryston Service Group since July 2022 – September 2022. As you can see from the graph, the amount of Access & Admission incidents has increased during September 2022.

Graph 2: Top 5 incidents per month

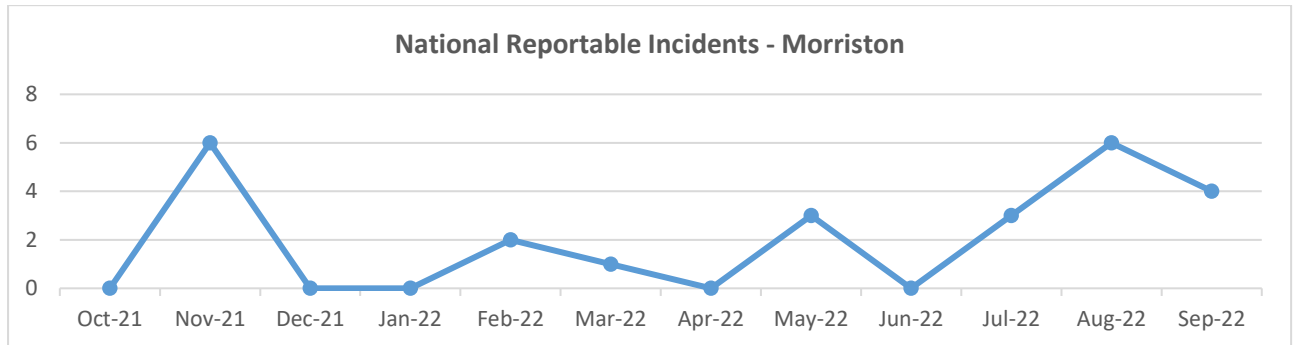


4.3 – Morryston Service Group National Reportable Incidents

Morryston Service Group reported 13 Nationally Reportable Incidents (NRI's) during Q2 2022/23, this compared to 3 reported during Q1 of 2022/23. Of the NRI's reported 10 related to In-Patient Falls, 2 to Pressure Ulcers and the other was a Never Event in theatre relating to a retained foreign object post-surgical procedure. Graph 1 shows the number of NRI's reported per month. There are currently 5 Pressure Ulcers grade 3 or above under investigation within

the Service Group pending scrutiny panel. Any Pressure Ulcer deemed to have been avoidable will be Nationally Reported.

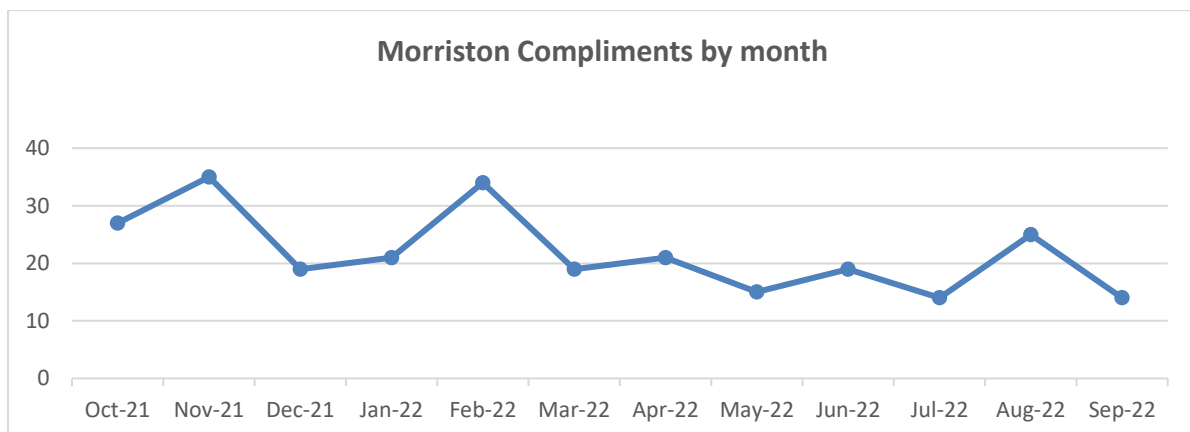
Graph 1: Nationally Reportable Incidents reported per month by Morriston Service Group



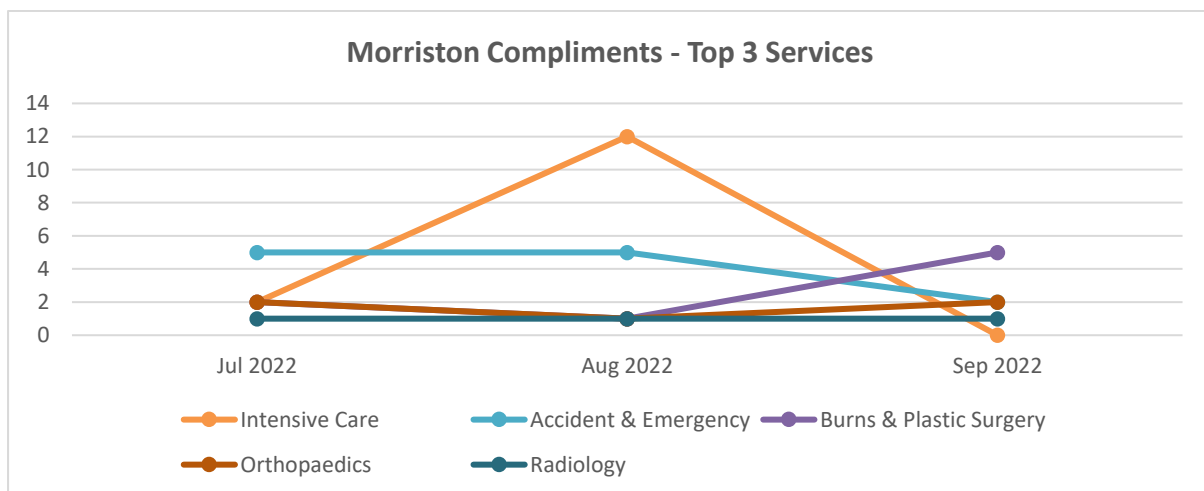
4.4 – Morriston Service Group Compliments

Morriston received 53 compliments during Q2 of 2022/23. Graph 1 shows the number received per month since October 2021.

Graph 1: Morriston compliments per month



Graph 2: Morriston compliments – Top 5 Services





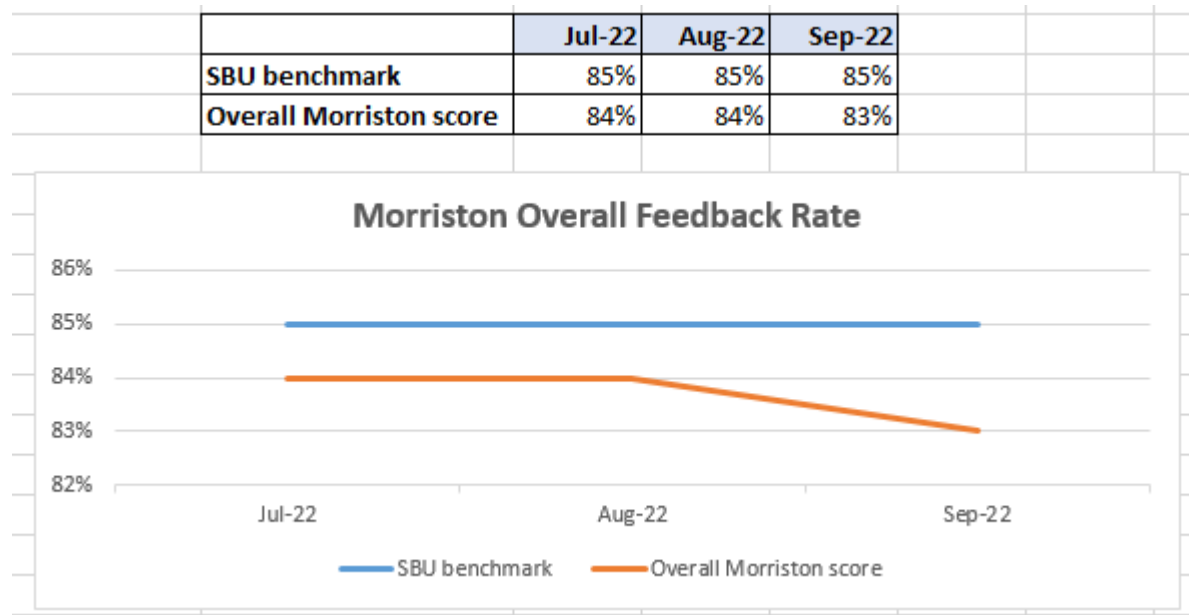
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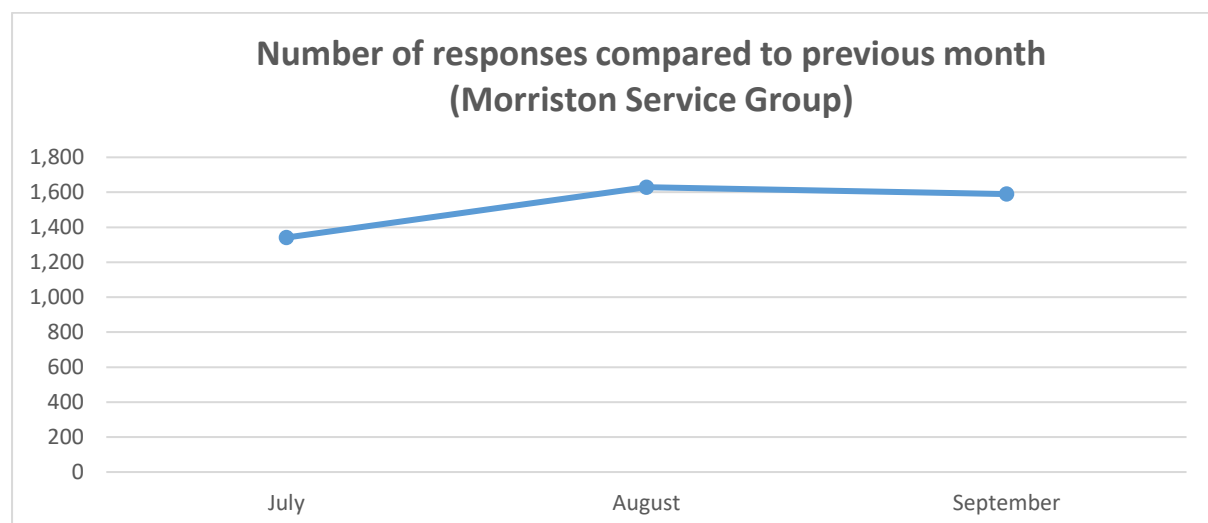
4.5 Morriston Service Group Patient Experience Feedback

Overall, during quarter two there were 91,144 number of patients seen under Morriston Service Group (This includes ED).

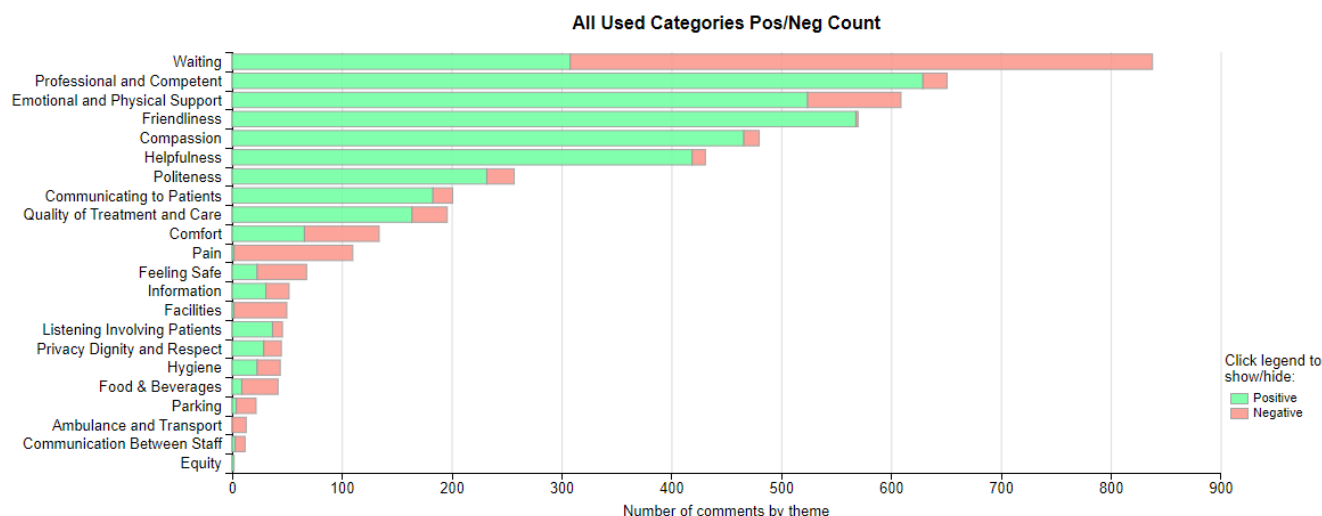
There were 4,634 Friends and Family survey returns which equates to 6% responding to the survey. Out of the 6% who responded, 84% of people stated they would highly recommend the Health Board to Friends and Family.



Below are the number of responses in a line graph:



Below are the main themes mentioned for Morriston:

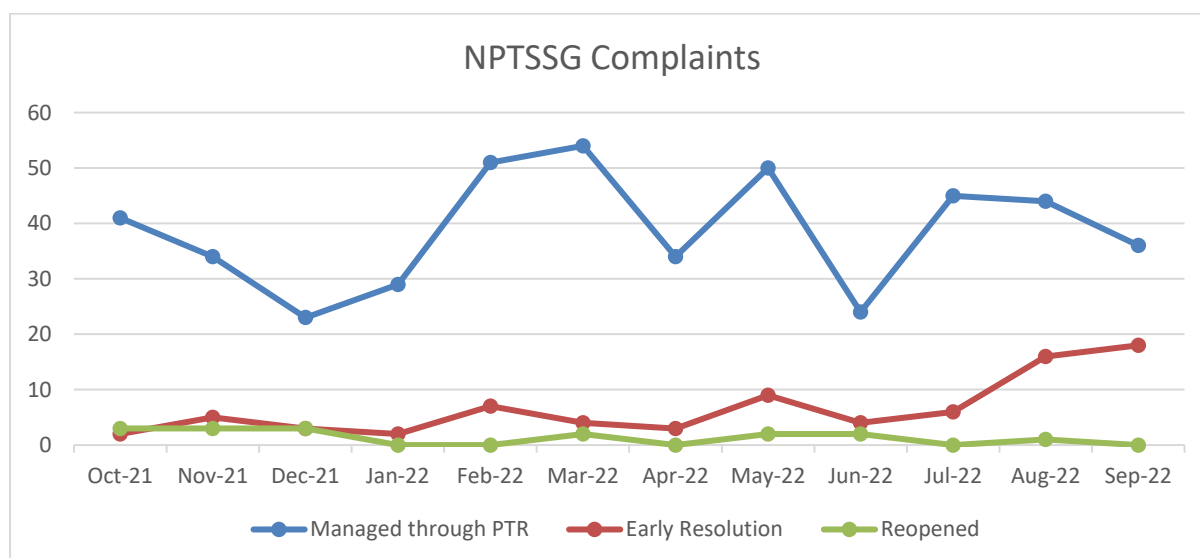


NEATH PORT TALBOT SINGLETON SERVICE GROUP

4.6 – NPTSSG Complaints

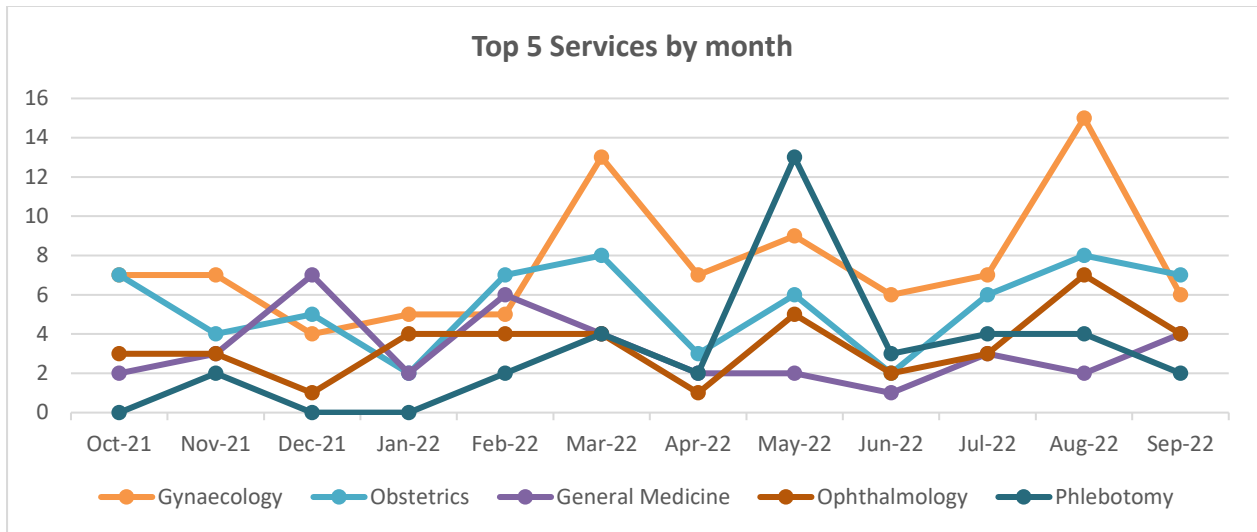
NPTSSG received a total of 166 complaints during Q2 2022/23. Graph 1 below shows the total number of complaints received relating to NPTSSG since October 2021. The graph breaks the total number received down by Formal PTR, Early Resolution and Re-opened complaints.

Graph 1: NPTSSG complaints by month and type



Graph 2 shows the top five services that had the most complaints since October 2021. As seen in the graph, Gynae and Obstetrics appear to have had an increase in March and again in August. 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.

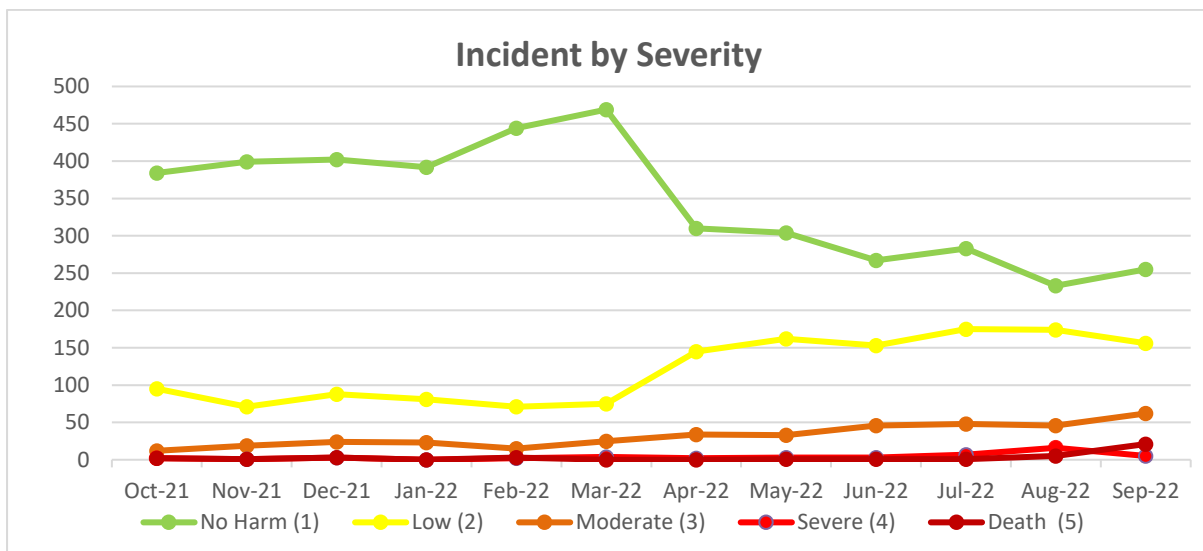
Graph 2: Top 5 Services by month



4.7 – NPTSSG Incidents

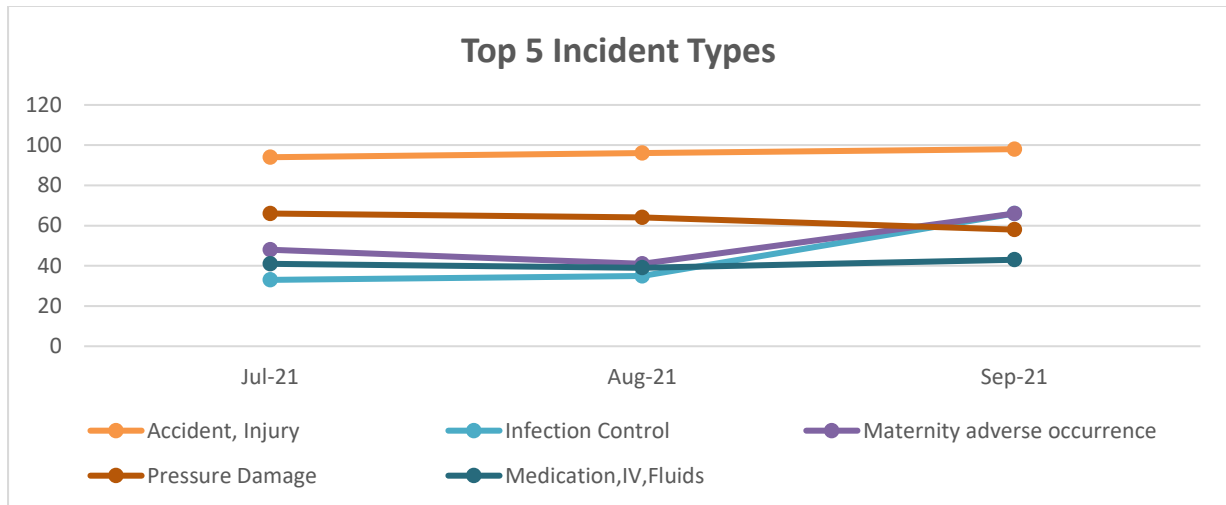
NPTSSG reported 1490 incidents in quarter 2 (Q2) of 2022/23 (July, August, September). This compares with 1464 incidents in quarter 1 (Q1) of 2022/23 (April, May, June). Graph 1 shows the number of incidents per month broken down by severity.

Graph 1: NPTSSG Incidents by Severity and month



Graph 2 shows the top 5 incident types, of all incidents reported by NPTSSG since July 2022 – September 2022.

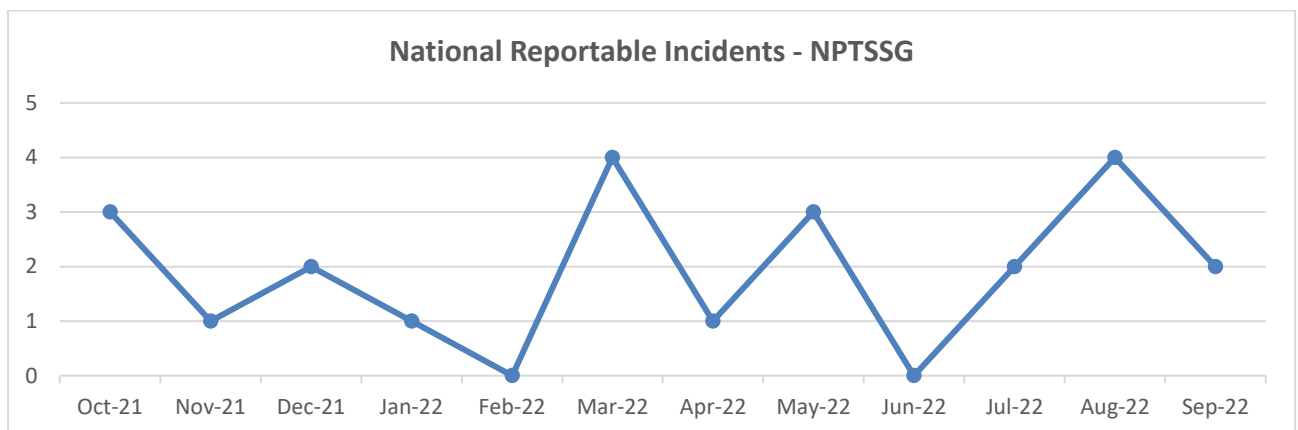
Graph 2: Top 5 incidents per month



4.8 – NPTSSG National Reportable Incidents

NPTSSG reported 8 Nationally Reportable Incidents (NRI's) during Q2 2022/23, this compares to 4 being reported during Q1 of 2022/23. Of the NRI's reported 5 related to In-Patient Falls, 1 documentation, 1 pressure ulcer and 1 resuscitation event. Graph 1 shows the number of NRI's reported per month. There are currently 4 pressure ulcers grade 3 or above under investigation within the Service Group pending scrutiny panel. Any pressure ulcer deemed to have been avoidable will be Nationally Reported.

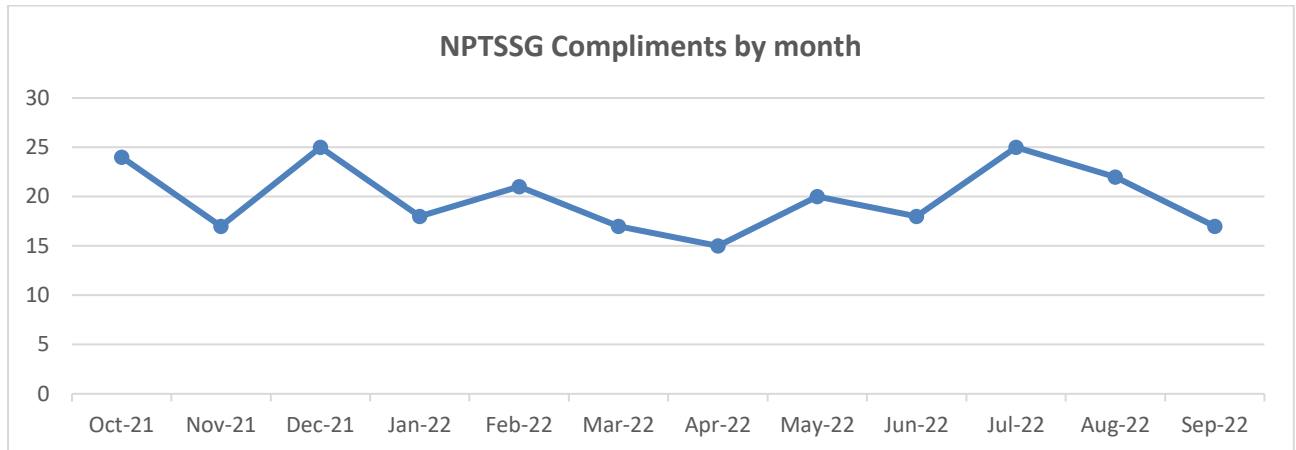
Graph 1: Nationally Reportable Incidents reported per month by NPTSSG



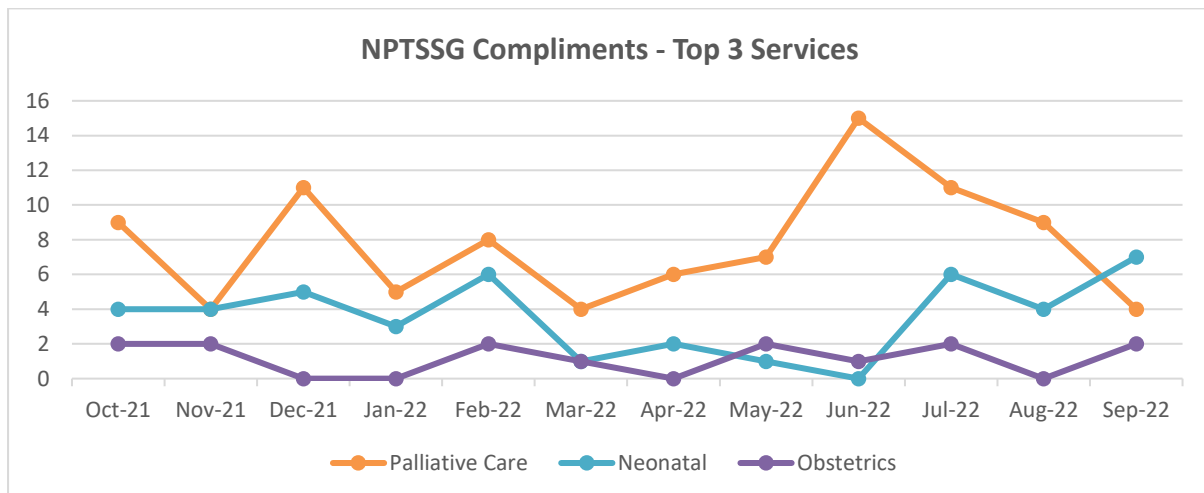
4.9 – NPTSSG Compliments

NPTSSG received 64 compliments during Q2 of 2022/23. Graph 1 shows the number received per month since October 2021.

Graph 1: NPTSSG compliments per month



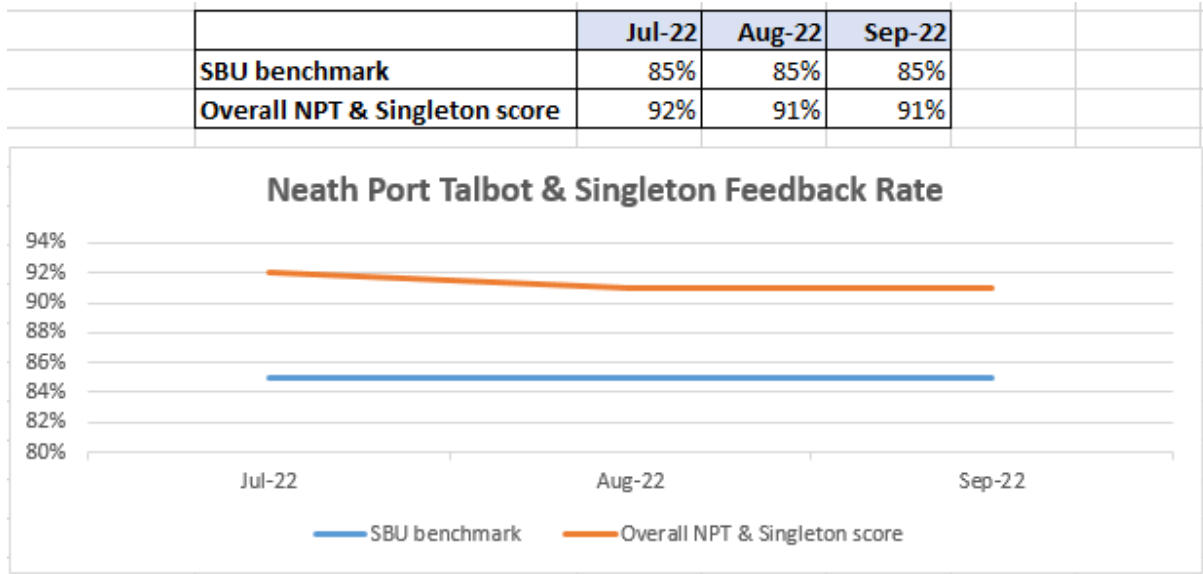
Graph 2: NPTSSG compliments – Top 3 Services



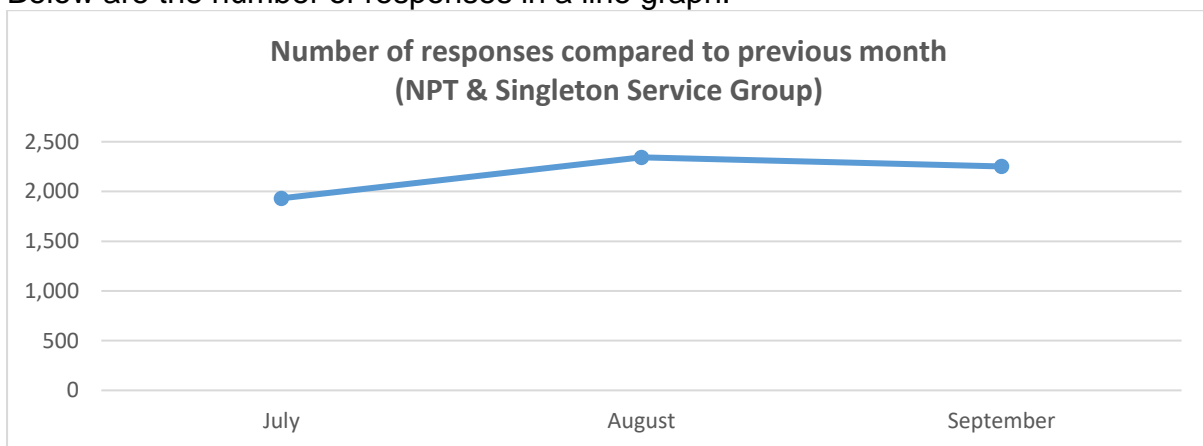
4.10 NPTSSG Patient Experience Feedback

Overall, during quarter two there were 80,489 number of patients seen under Neath Port Talbot and Singleton Service Group (This includes MIU).

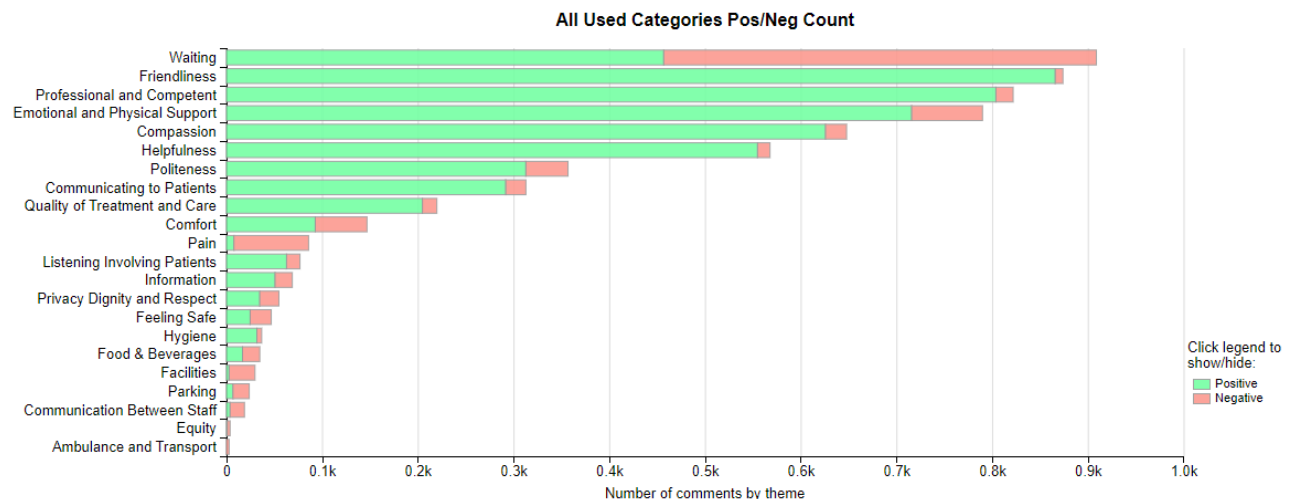
There were 6,659 Friends and Family survey returns which equates to 8% responding to the survey. Out of the 8% who responded, 91% of people stated they would highly recommend the Health Board to Friends and Family during this quarter.



Below are the number of responses in a line graph:



Below are the main themes mentioned for NPT & Singleton:

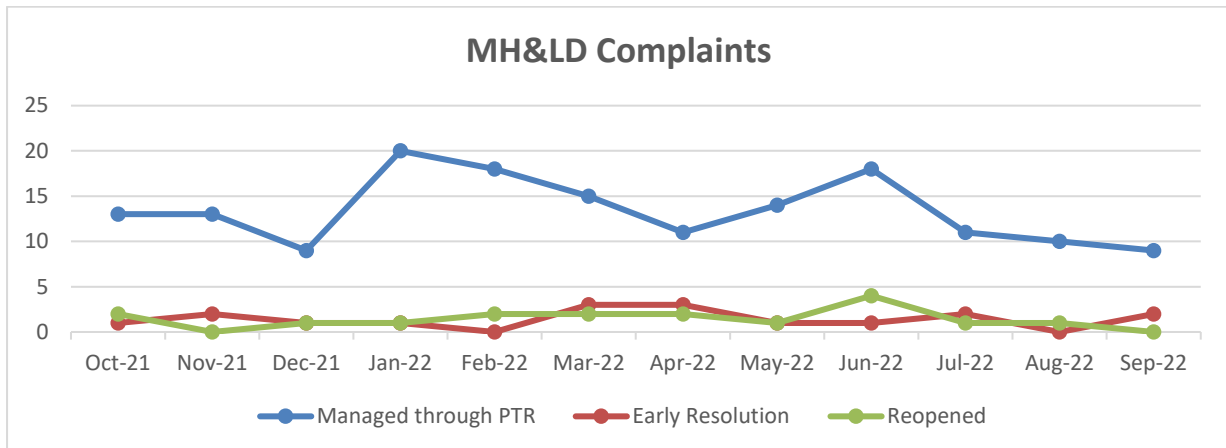


MENTAL HEALTH AND LEARNING DISABILITIES SERVICE GROUP

4.11 – MH&LD Complaints

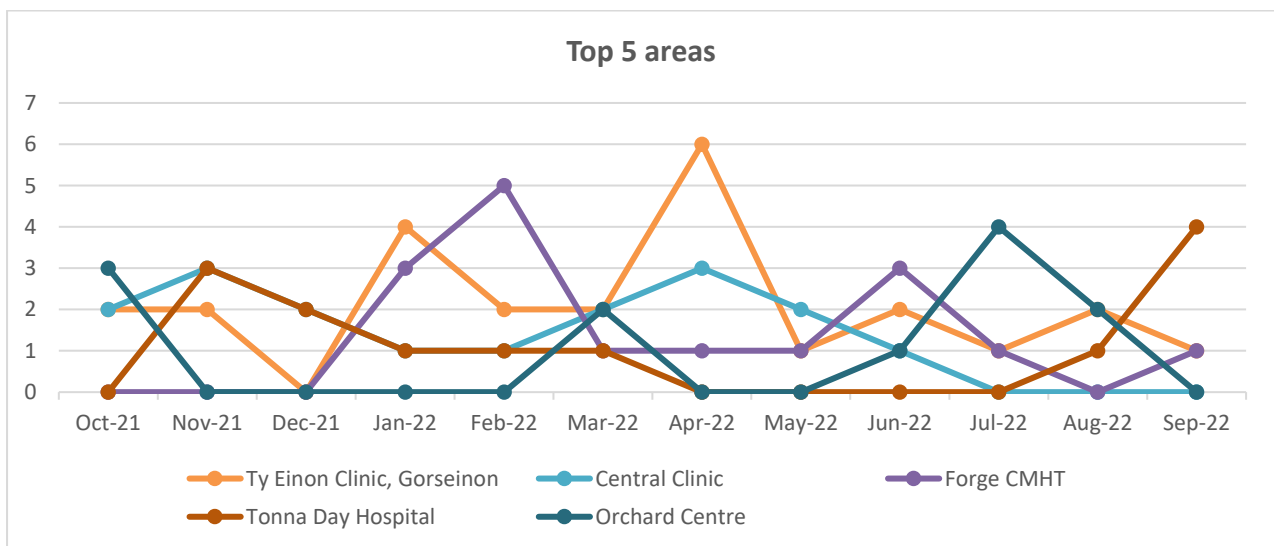
MH&LD received a total of 36 complaints during Q2 2022/23. Graph 1 below shows the total number of complaints received relating to MH&LD since October 2021. The graph breaks the total number received down by Formal PTR, Early Resolution and Re-opened complaints.

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 October 2021. As shown in the graph, Orchard Street Clinic appears to have had an increase during July which has now decreased and we have seen an increase in Tonna Hospital during September.

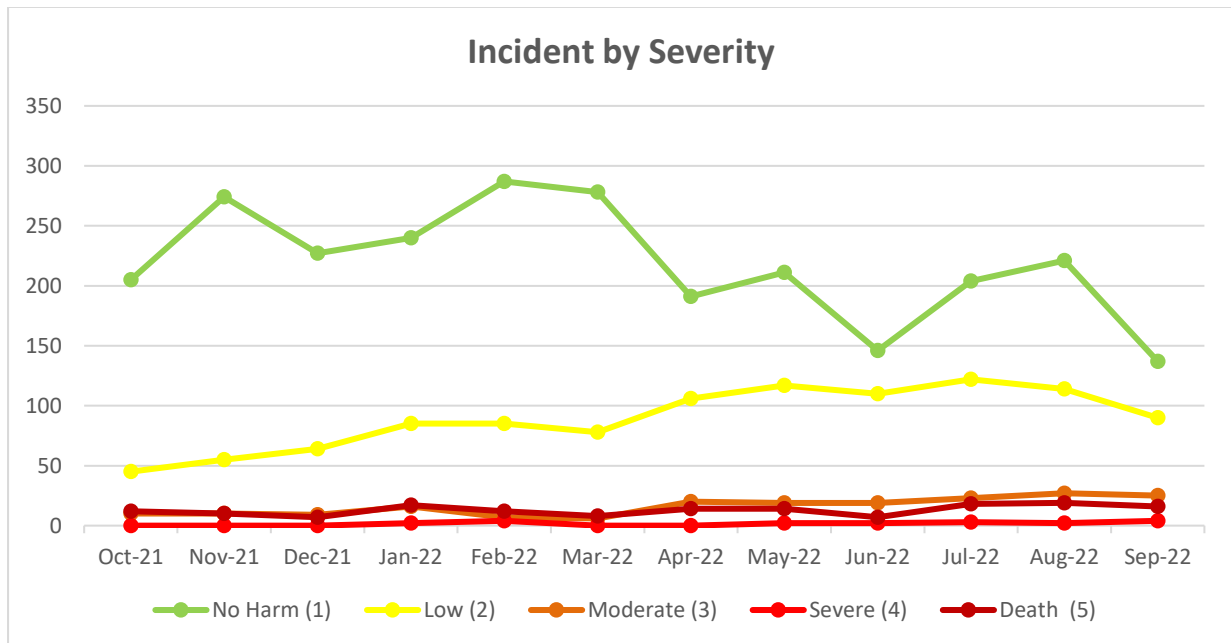
Graph 2: Top 5 Services by month



4.12 – MH&LD Incidents

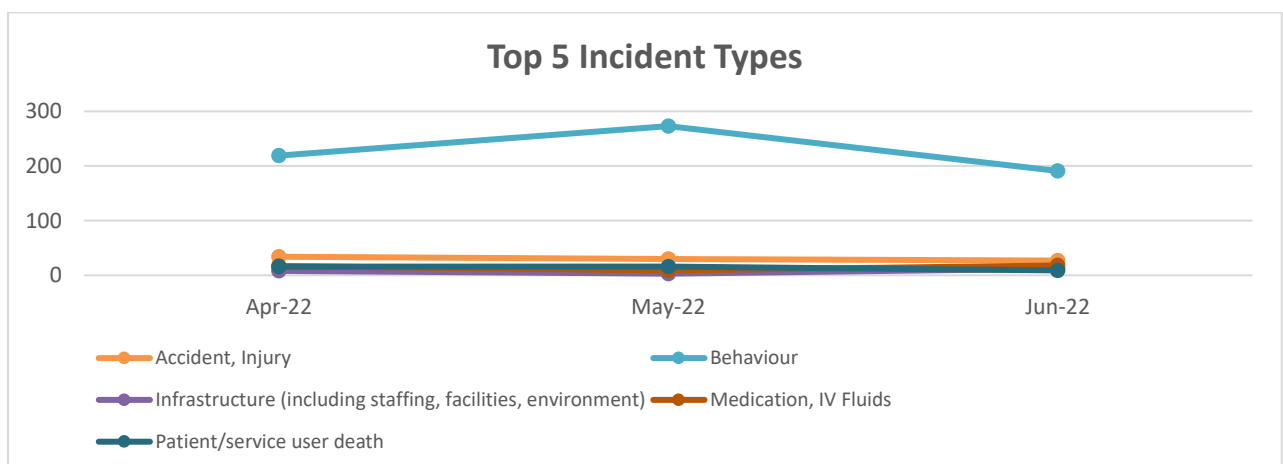
MH&LD reported 1025 incidents in quarter 2 (Q2) of 2022/23 (July, August, September). This compares with 978 incidents in quarter 1 (Q1) of 2022/23 (April, May, June). Graph 1 shows the number of incidents per month broken down by severity.

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



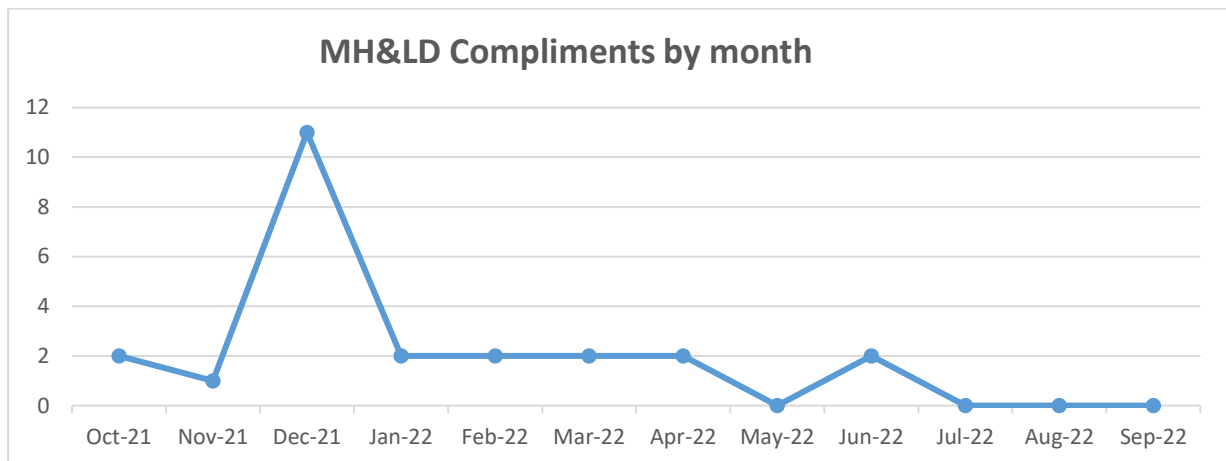
4.13 – MH&LD National Reportable Incidents

MH&LD reported 9 NRI's during Q2 of 2022/23. This compares to 0 reported during Q1. Of these, 5 related to In-Patient Falls, 1 expected death, 1 homicide, 1 pressure ulcer and 1 unexpected death.

4.14 – MH&LD Compliments

MH&LD did not record any compliments on Datix during Q2 of 2022/23. This compares to 4 compliments during Q1 of 2022/23. Graph 1 shows the number received per month since October 2021.

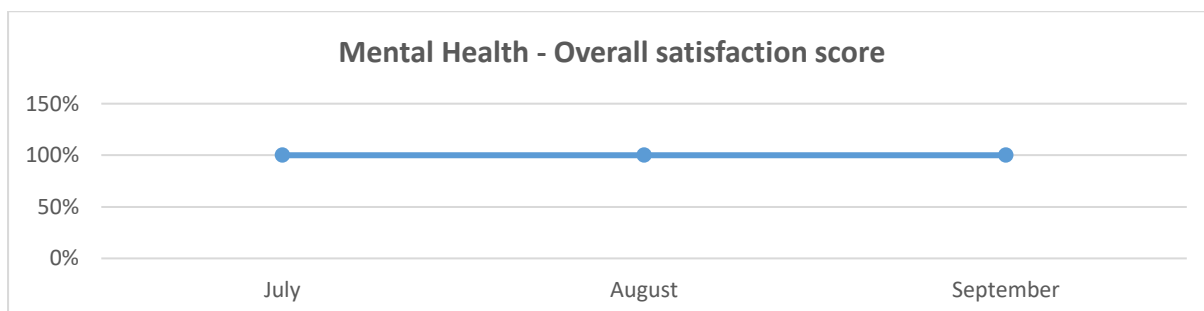
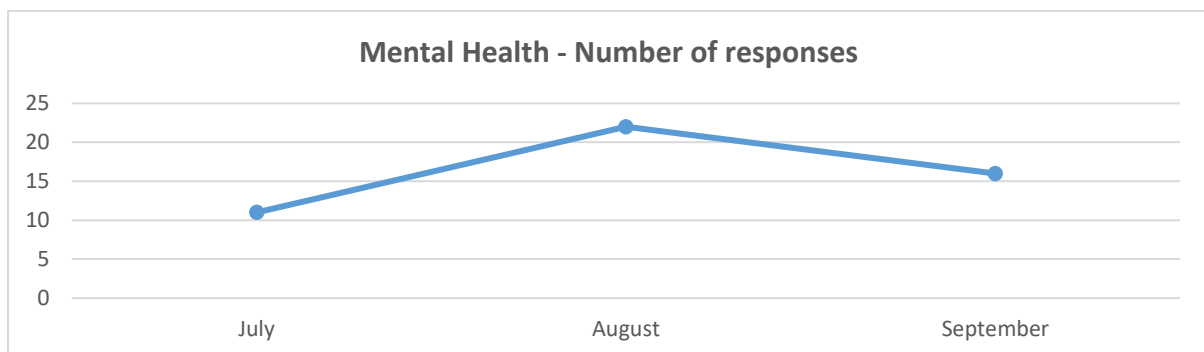
Graph 1: MH&LD compliments per month



4.15 MH&LD Patient Experience Feedback

This data is from Quarter Two.

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.

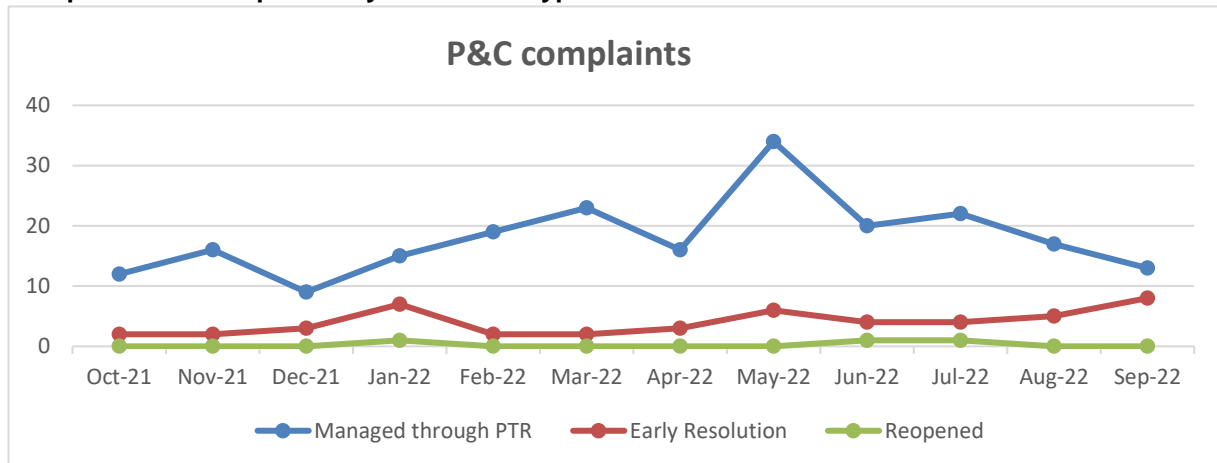


PRIMARY AND COMMUNITY SERVICE GROUP

4.16 – P&C Complaints

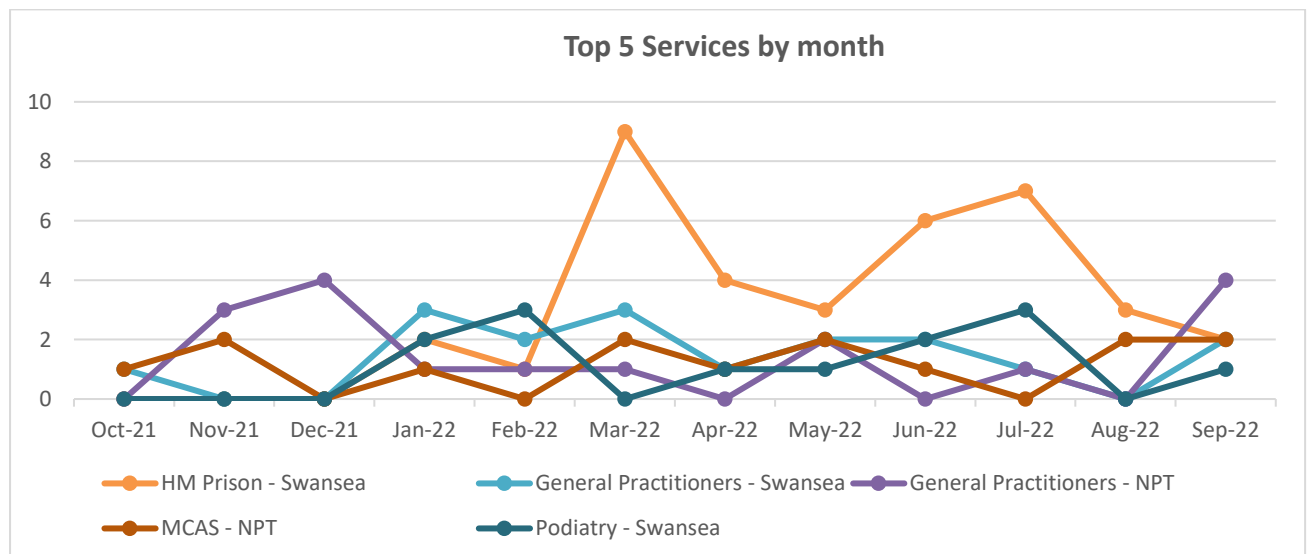
P&C received a total of 70 complaints during Q2 2022/23. Graph 1 below shows the total number of complaints received relating to P&C since October 2021. The graph breaks the total number received down by Formal PTR, Early Resolution and Re-opened complaints.

Graph 1: P&C complaints by month and type



Graph 2 shows the top five services that had the most complaints since October 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.

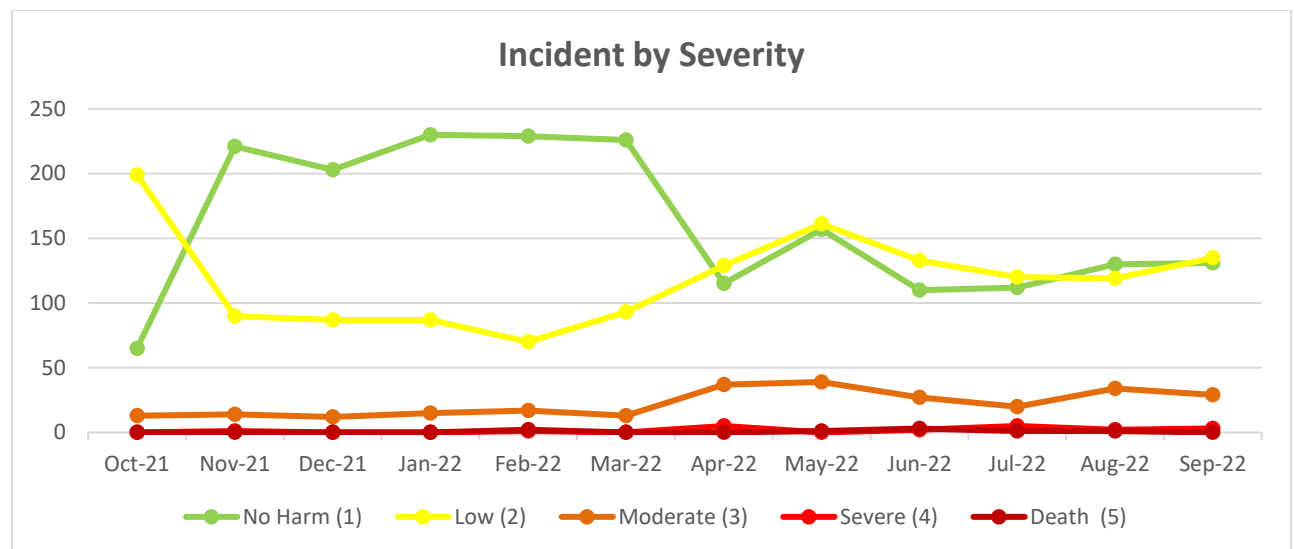
Graph 2: Top 5 Services by month



4.17 – P&C Incidents

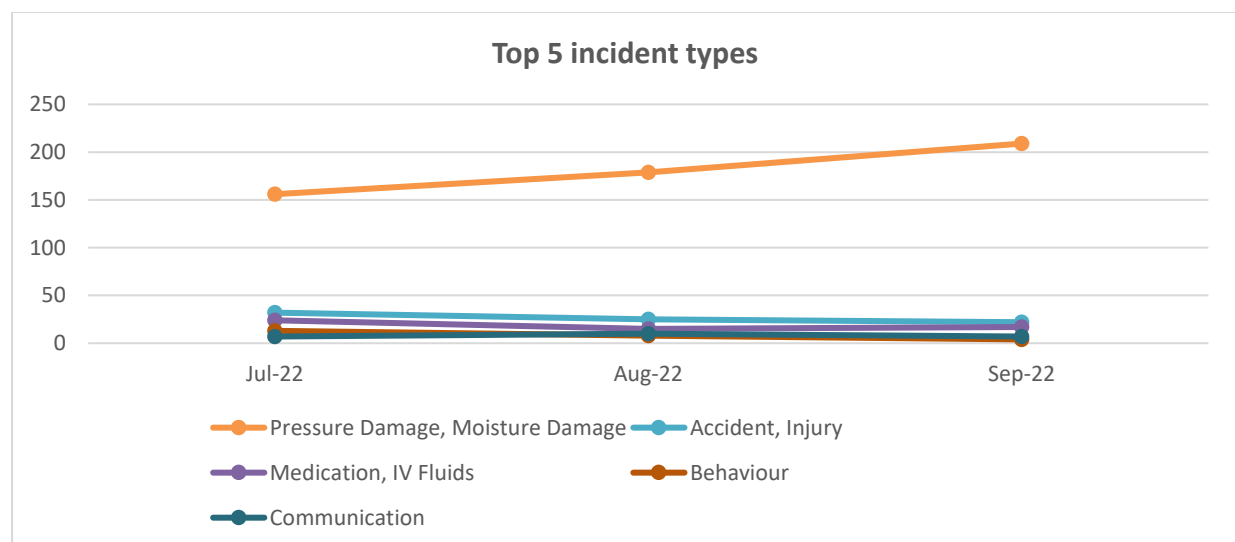
P&C reported 851 incidents in quarter 2 (Q2) of 2022/23 (July, August, September). This compares with 929 incidents in quarter 1 (Q1) of 2022/23 (April, May, June). Graph 1 shows the number of incidents per month broken down by severity.

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 July 2022 – September 2022.

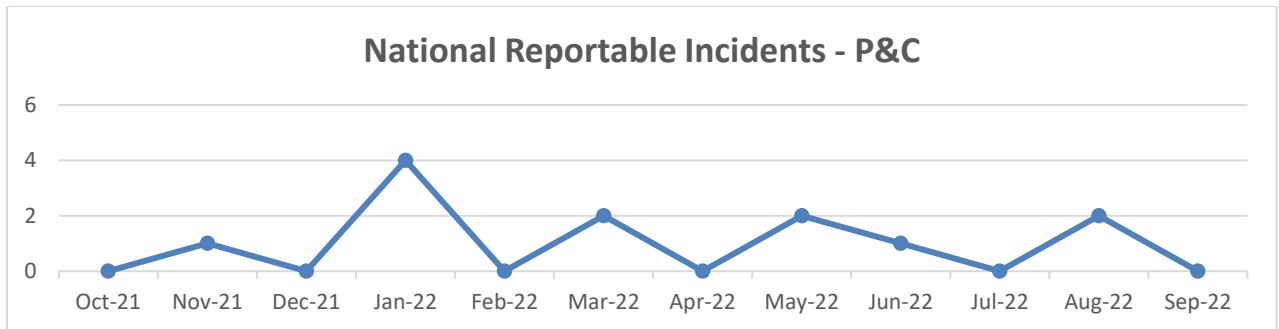
Graph 2: Top 5 incidents per month



4.18 – P&C National Reportable Incidents

P&C reported 2 Nationally Reportable Incidents (NRI's) during Q2 2022/23, this compares to 3 being reported during Q1 of 2022/23. Both incidents were relating to pressure ulcers. Graph 1 shows the number of NRI's reported per month. There are currently 16 pressure ulcers grade 3 or above under investigation within the Service Group pending scrutiny panel. Any Pressure Ulcer deemed to have been avoidable will be Nationally Reported.

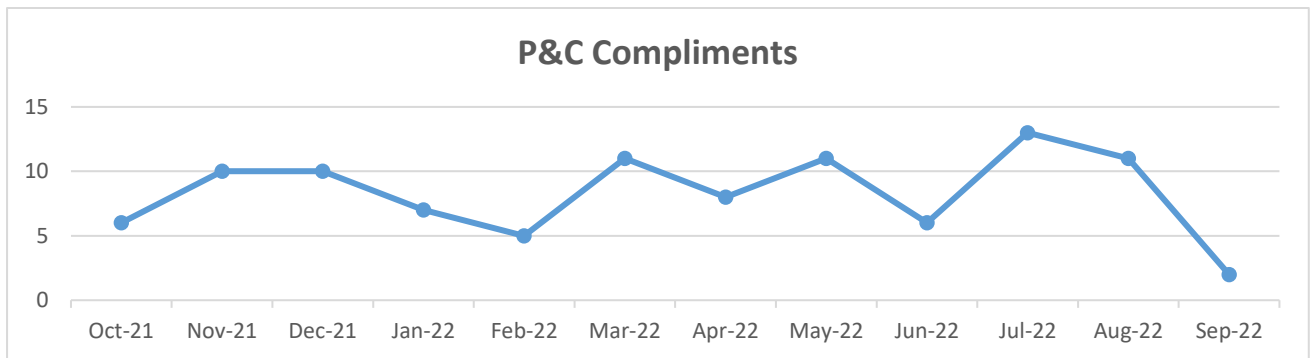
Graph 1: Nationally Reportable Incidents reported per month by P&C



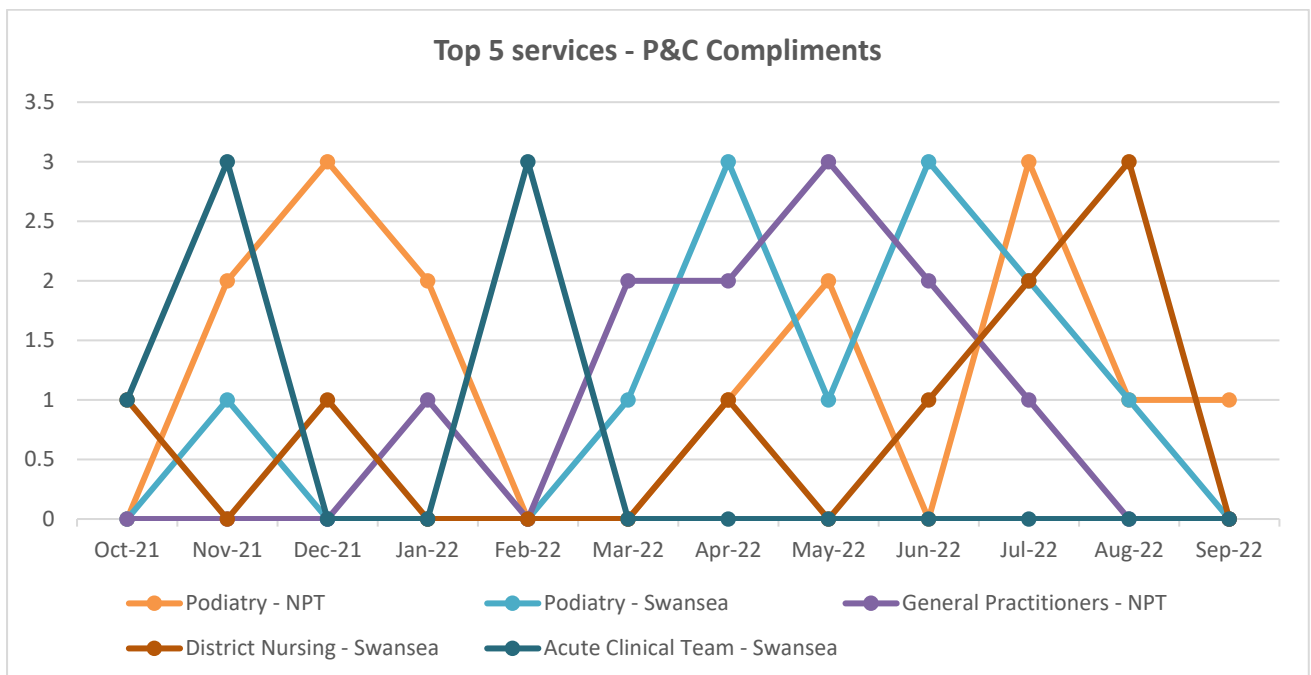
4.19 – P&C Compliments

P&C received 26 compliments during Q2 of 2022/23. Graph 1 shows the number received per month since October 2021.

Graph 1: P&C compliments per month



Graph 2: P&C compliments – Top 5 Services





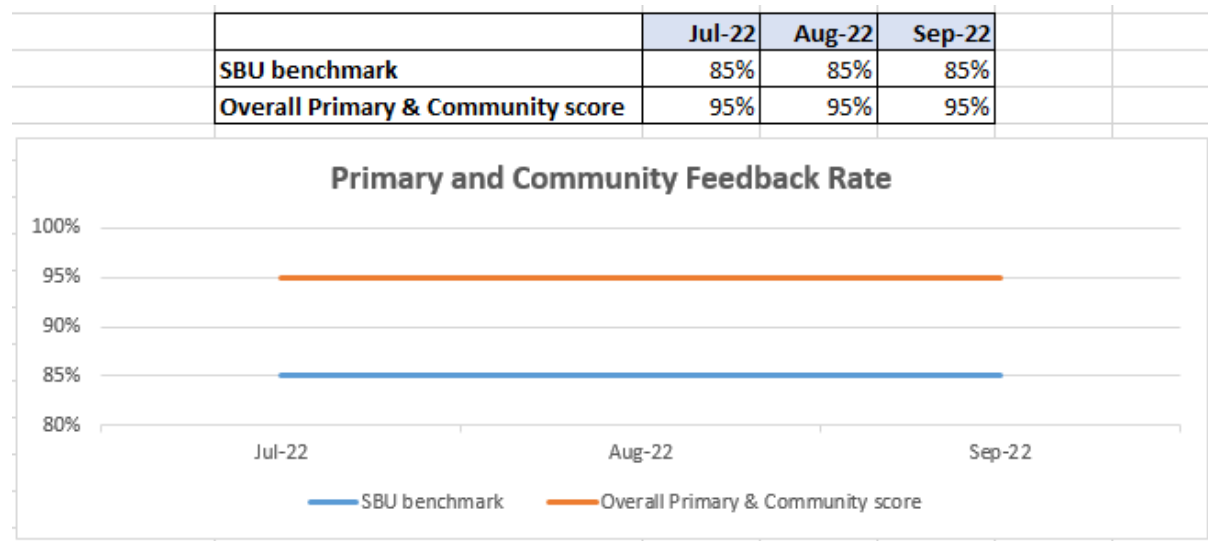
GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

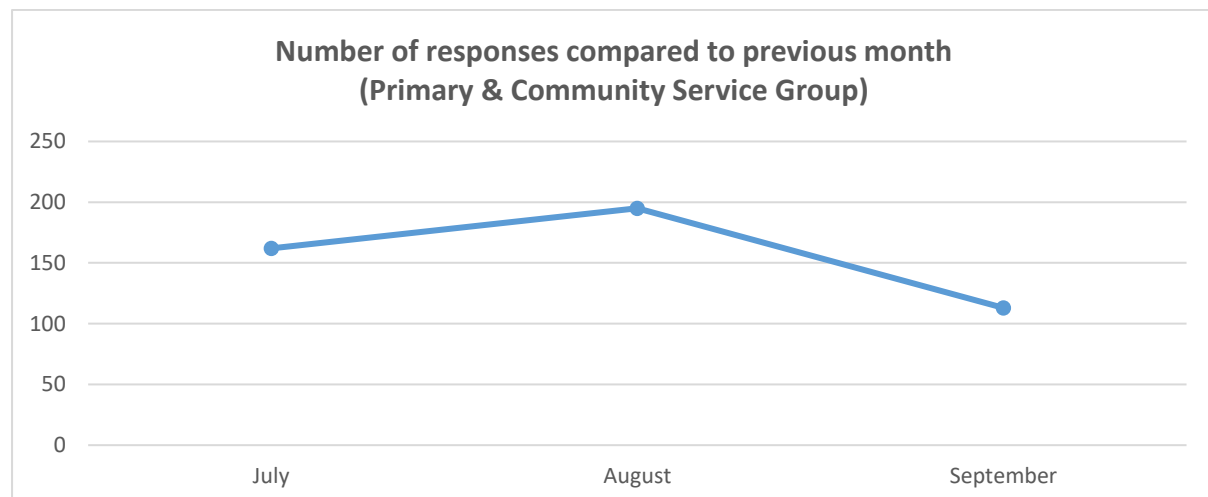
4.20 P&C Patient Experience Feedback

Overall, during quarter two there were 6,238 number of patients seen under Primary and Community Service Group.

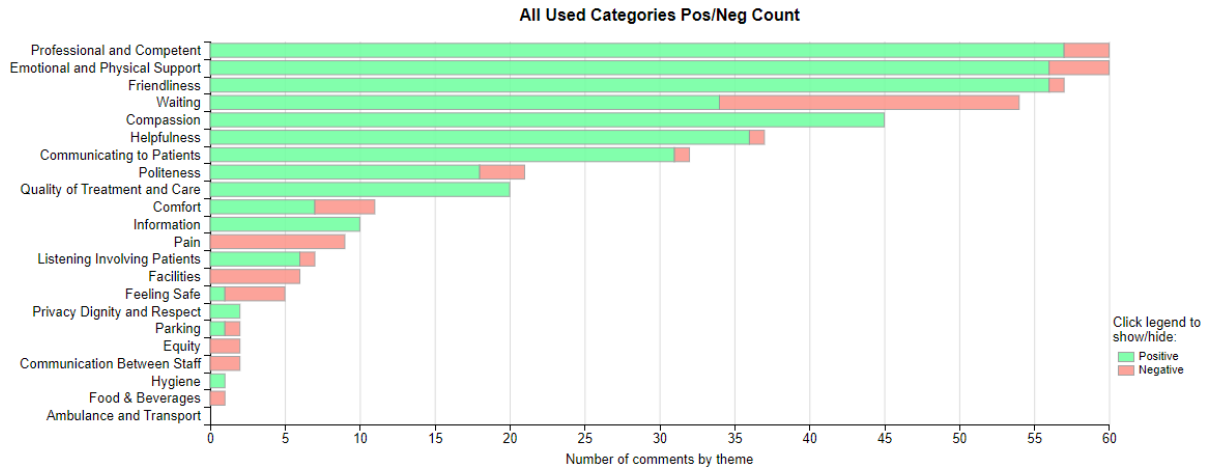
There were 475 Friends and Family survey returns which equates to 8% responding to the survey. Out of the 8% who responded, 95% of people stated they would highly recommend the Health Board to Friends and Family during this quarter.



Below are the number of responses in a line graph:



Below are the main themes mentioned for Primary & Community:

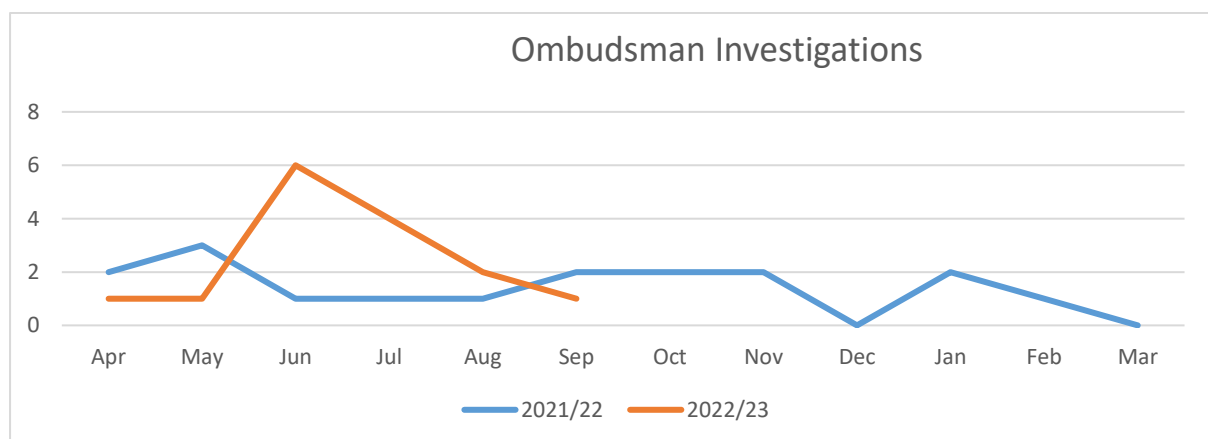


5. OMBUDSMAN CASES

5.1 Ombudsman investigations

Seven new Ombudsman investigations were received during Q2 2022/23, this compares to 8 in Q1 2022/23. Graph 1 shows the number of investigations received per month;

Graph 1: Number of Ombudsman investigations per month



Public Service Ombudsman Annual Report

The Public Service Ombudsman Annual Letter and accompanying data was presented to the Health Board's Management Board on 7th September 2022, and at the Health Board's Quality



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

and Safety Committee on 27th September 2022 and the Public Board on 28th September 2022. A summary of the data is below:

- Increase in the number of cases referred to the Ombudsman during the reported period of 2021/22 (110) compared to 2020/21 (79)
- Decrease in the number of complaints which proceeded to investigation from 2020/21 (25) when compared to 2021/22 (17) with 29 Ombudsman interventions overall
- Complaints have increased on an All-Wales basis, only 28% of complaints received by the Ombudsman regarding Swansea Bay required Ombudsman intervention
- Decrease in complaints regarding clinical treatment in hospital (2021/22 53 complaints - 49%) compared to 2020/21 (54 complaints - 67%)
- Increase in the amount of complaints received regarding complaint handling, 5 complaints - 6% in 2020/21, compared to 20 complaints - 18% in 2021/22. Service Delivery Groups have advised this is due to the effects of the pandemic and availability of staff to respond to complaints due to the unprecedented pressures. We will continue to provide support to the Service Delivery Groups during these difficult times to ensure that improvements in relation to complaints handling are made.

Actions and Learning to improve how we investigate and manage complaints

- Monitoring system in place to ensure all Ombudsman timescales are met
- Communication training delivered in 2020/21 and continued to be delivered by the Ombudsman Trainer in 2021/22
- Ongoing learning and assurance training with regards to Ombudsman themes by Concerns Assurance Manager
- The highest complaints made to the Ombudsman relate to clinical treatment in hospital. The learning from these cases will be presented to Patient Safety Congress in October 2022 and shared Health Board wide by Concerns Assurance Manager
- The Health Board has not received any Public Interest Reports this annum, but will be extracting learning from other Health Board's to ensure shared learning and assurance
- Continue to ensure that early resolutions continue to be undertaken to prevent proceeding to full investigations