



Patient Experience Report

October 2021

This report provides information on Patient Experience, Risk & Legal Services 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 Groups and learning.

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1. PATIENT EXPERIENCE UPDATE

Due to Covid-19, the collection of the Friends and Family paper forms has been suspended from 23rd March 2020 until the Covid situation improves. Surveys via SMS started at the end of May 2021. Numbers have increased.

For the month of October there were 2,734 Friends and Family survey returns which resulted in 92% of people stating they would highly recommend the Health Board to Friends and Family. This is a 1% increase from September 2021 where the recommendation score was 91% and returns were 2,761.

Morrison Service Group:

- 986 Number of friends and family surveys completed (1012 in September)
- 92% of who rated their overall experience of the service as good or very good (921% in September)

Singleton & NPT Service Group:

- 1,528 Number of friends and family surveys completed (1,477 in September)
- 92% of who rated their overall experience of the service as good or very good (90% in September)

Singleton & NPT Service Group Hospital Breakdown:
(As it's a service group, other hospitals are included)

Singleton

- 983 Number of friends and family surveys completed (912 in September)
- 92% of who rated their overall experience of the service as good or very good (89% in September)

Neath Port Talbot

- 444 Number of friends and family surveys completed (417 in September)
- 94% of who rated their overall experience of the service as good or very good (91% in September)

Community

- 1 Number of friends and family surveys completed (59 in September)
- 100% of who rated their overall experience of the service as good or very good (100% in September)

Morrison

- 73 Number of friends and family surveys completed (89 in September)
- 90% of who rated their overall experience of the service as good or very good (87% in September)

Primary Community & Therapies Service Group:

- 151 Number of friends and family surveys completed (216 in September)
- 91% of who rated their overall experience of the service as good or very good (90% in September)

Quarantine cases (unmapped cases awaiting release):

These are feedback surveys which are not yet assigned to an area. This is because some areas are in the WPAS system and not in the Civica system when this report is pulled. We are working with the developers to resolve this functionality.

- 55 Number of friends and family surveys completed (55 in September)
- 87% of who rated their overall experience of the service as good or very good (89% in September)

Mental Health and Learning Disabilities Service Group

This data is from October 2021.

The Mental Health and Learning Disabilities Service Group are using a different set of survey questions. The role out of the semi structured interview surveys have been managed in stages. Role out, awareness posters and meetings with managers and teams continues. 3 pilot sites in LD have been identified and work is ongoing to ensure the service is accessible to patients within the forensic and LD Divisions

This work is led by the MH&LD Quality improvement manager and the Service User Feedback and Involvement Practitioners.

- 10 number of surveys completed
- 100% percentage who rated overall experience as excellent and good.

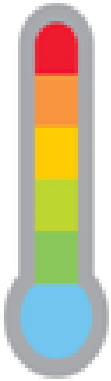
From the responses received the high response areas across the September reporting period (all with 100% positive feedback) included:

- Children's Centre – Neath Port Talbot Hospital (18 responses)
- Plastic Surgery Treatment Centre – Morriston Hospital (15 responses)
- Colposcopy – Neath Port Talbot Hospital (14 responses)
- Neurophysiology – Morriston Hospital (28 responses)
- Cardiac Short Stay Unit (CSSU) – Morriston Hospital (10 responses)
- Medical Day Unit – Singleton Hospital (15 responses)
- Dan Danino Ward – Morriston Hospital (19 responses)
- Renal Day Unit – Morriston Hospital (46 responses)
- Ward 08 (Respiratory) – Singleton Hospital (3 responses)
- Ward C (Cardiac) – Morriston Hospital (7 responses)

Some positive feedback we received was:

- ❖ Friendly staff - made to feel relaxed.
- ❖ Nurses were really caring and I was treated as a person not a number. Excellent. The consultant Dr Mo was really good. Explained everything carefully and told me what was going to happen. He asked if I would have a scan urgently and what treatment I would have after the result of the Scan. Can't speak highly enough of him.
- ❖ Lovely, friendly staff made the treatment feel more bearable. Treated like an individual at all times much more pleasant.
- ❖ From the nurse on the reception desk, the nurses that did my checks before going in to see the doctor, they were all fantastic. Brilliant sense of humour and professionalism which I believe go hand in hand. Dr. was fantastic again professional and a funny sense of humour. I cannot fault them.

The 2 lowest scoring (Above 30%) areas for the reporting period (1st October to 31st October 2021) were:



- IVF Clinic – Neath Port Talbot Hospital (50%) (2 response)
- Ward 12 (Oncology) - Singleton Hospital (33%) (3 response)

IVF Clinic Negative Feedback:

No one turned up after a 40 minute wait.

All negative feedback was forwarded to the ward managers and dealt with accordingly. Patients have been contacted by the PALS if contact details were left.

1.1 Patient Experience Team

Editorial Board: PE staff are undertaking a review of all the leaflets with the authors. This work is ongoing and aims to have all leaflets refreshed and uploaded to the CPOIN system. Making it easier for staff to access the leaflets.

NHS PE framework report: The Swansea Bay Patient Experience Framework report has been written, agreed and submitted to WG.

Interactive Voice Recognition – IVR scripts has been agreed with the Welsh Language Network across Wales, and is compliant. Our Welsh Language team have recorded the scripts they are being considered to be used across Wales Health Boards IVR. Civica are now moving to the build of the IVR element.

1.2 Patient Advisory Liaison Service (PALS) Activity – October 2021

We were unable to retrieve the PALS data this month due to the new RLDatix system and the PALS module being developed.

1.4 All Wales Patient Experience Questionnaire

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

Key Determinants of a Good Service User Experience

The key determinants of a good service user experience, based on national and local published evidence, include:

First and Lasting Impressions

For example:

- Being welcomed in an appropriate manner;
- Being able to access services in a timely way;
- Being treated with dignity and respect.



Receiving care in a Safe, Supportive, Healing Environment

For example:

- Receiving care in a clean, clutter free environment;
- Receiving good, nutritious, appropriate food;
- Having access to drinks;
- Having rigorous infection control practices in place.



Understanding of and Involvement in Care

For example:

- Receiving appropriate, timely information;
- Being communicated with in an appropriate, timely manner;
- Involvement of patients, carers and families in decisions about choice of treatment options and care plans, including discharge and transfer.



These three domains can be used to support the use and design of feedback methods and be used to classify feedback from all sources.

Percentage of patients that ticked 'Always' to the following questions:											
Treated with Dignity?											
Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
96%	65%	90%	96%	97%	N/A	N/A	96%	95%	95%	95%	96%
You were given help with feeding and drinking											
Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
100%	50%	86%	83%	92%	N/A	N/A	83%	89%	91%	84%	90%
Were you given the support you needed to help with any communication needs?											
Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
100%	64%	89%	89%	94%	N/A	N/A	93%	93%	93%	92%	93%
Were things explained to you in a way that you could understand?											
Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
89%	76%	90%	92%	97%	N/A	N/A	93%	93%	93%	92%	94%
Did you feel we did enough to keep you as free as possible from pain?											
Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
76%	60%	80%	83%	93%	N/A	N/A	92%	92%	91%	91%	92%
Did you feel we did enough to keep you as free as possible from pain?											
Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
76%	60%	80%	83%	93%	N/A	N/A	92%	92%	91%	91%	92%
People are kind and compassionate to you?											
Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
81%	67%	86%	87%	96%	N/A	N/A	94%	94%	94%	94%	95%
People are welcoming, friendly and helpful?											
Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
81%	67%	86%	87%	96%	N/A	N/A	94%	93%	93%	94%	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-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
86%	70%	80%	84%	81%	N/A	N/A	95%	95%	94%	94%	95%

2. LEARNING FROM FEEDBACK

The Health Board uses feedback from incidents, complaints, Friends and Family questionnaires and systems such as “Let’s Talk” and “Care Opinion” to learn following feedback from patients, relatives and staff.

‘Let’s Talk’ – October 2021

23 were complaints and the remainder were managed by PALS, referred to GP/Dentist or nipped in the bud.



There was one positive comment captured on the Care Opinion for September 2021. The comment was a thank you for the care given at the Breast Centre. It was shared

with the wider team and Gareth Howells who personally resent the message to the member of staff and congratulated them on their excellent care.

I Want Great Care

There was no I want great care feedback for October 2021.

2.1 Learning from Events

This section of the report will include learning from events for example: SI's, incidents, complaints, claims, inquests and Redress cases. The Learning from Events will be issued using the RL Datix alerts module to ensure the Service Groups receive them.

The NHS Delivery Unit issues the first leaning brief nationally from NHS organisations reporting learning from Covid-19 cases: **CoRSEL learning update #1** To all HBs/Trusts. The update provided a summary of **early learning** related to in-hospital transmission of Covid-19. The learning brief has been shared with Covid Gold members and distributed to Units through the Datix Alerts module.

3. COMPLIMENTS

From 1 July 2021, all new compliments are recorded in the Datix Cymru system. Initially staff were required to log into the system to add compliments. This was changed by the OFW central team on 26 July 2021, and any staff could log a compliment (without having to log in). Subsequently, however, on 3 August 2021, it was found that this approach would lead to the creation of duplicate contacts. This was discussed with the OFW team and a logged in approach has now been re-adopted. The new process has been included in the bulletin and the Intranet Datix page has been updated.

Date	Number of Compliments Received
June 2021	83
July 2021	49

Aug 2021	97
Sept 2021	54
October 2021	55

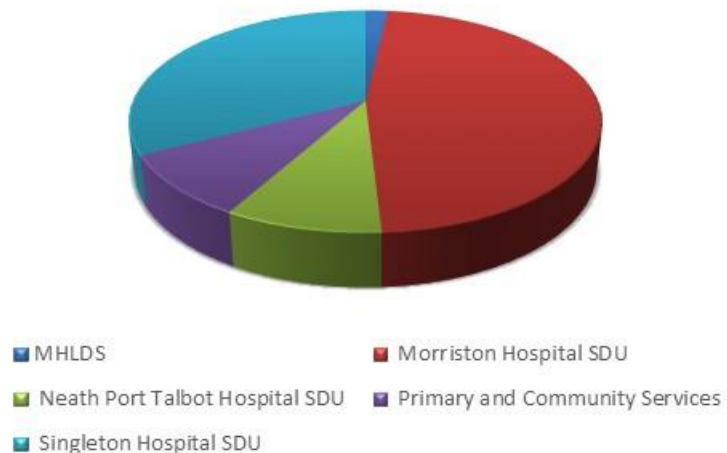
A comparison with 2020 is shown below

June 2020	77
July 2020	91
August 2020	52
Sept 2020	70
October 2020	77

A breakdown by the Service Delivery Unit is provided below, together with a snapshot of some of the compliments received.

3.2 Written Compliments – October 2021

Compliments by Service Delivery Unit



"To all the wonderful staff at Ty Olwen, a heartfelt thank you for your care & compassion for my dad, and also thank you for looking after me"

Ty Olwen, Specialist Palliative Care, Singleton SDU

Thanks and appreciation for the quality of the treatment provided to the patient whilst under the care of the NHS in the last year of his life. The support, kindness and respect of the staff at Cefn Coed, where this gentleman spent a substantial amount of time, helped enrich his quality of life and he often commented on the kindness and patience of the staff who looked after him. Whilst the treatment he received from the NHS was exceptional, Cefn Coed is considered to be the jewel in the crown of Swansea Bay UHB

Cefn Coed, Mental Health Learning Disabilities

"Hello there have just returned from having my Flu jab at my Gp Surgery, Swansea and feel it's important for you to know how caring and efficient the team there are (as they were last year). You really do have some amazingly dedicated members of staff who thoroughly deserve to be praised. I do hope they get recognised for all that they do. We'll done.

Nicholl St GP Surgery, Primary & Community Services

Letter of appreciation received from Canada, from the sister of patient and the care that he received under Doctor in Morryston Hospital. Overwhelming gratitude for the outstanding compassionate and devoted medical care provided.

General Medicine, Morryston Hospital

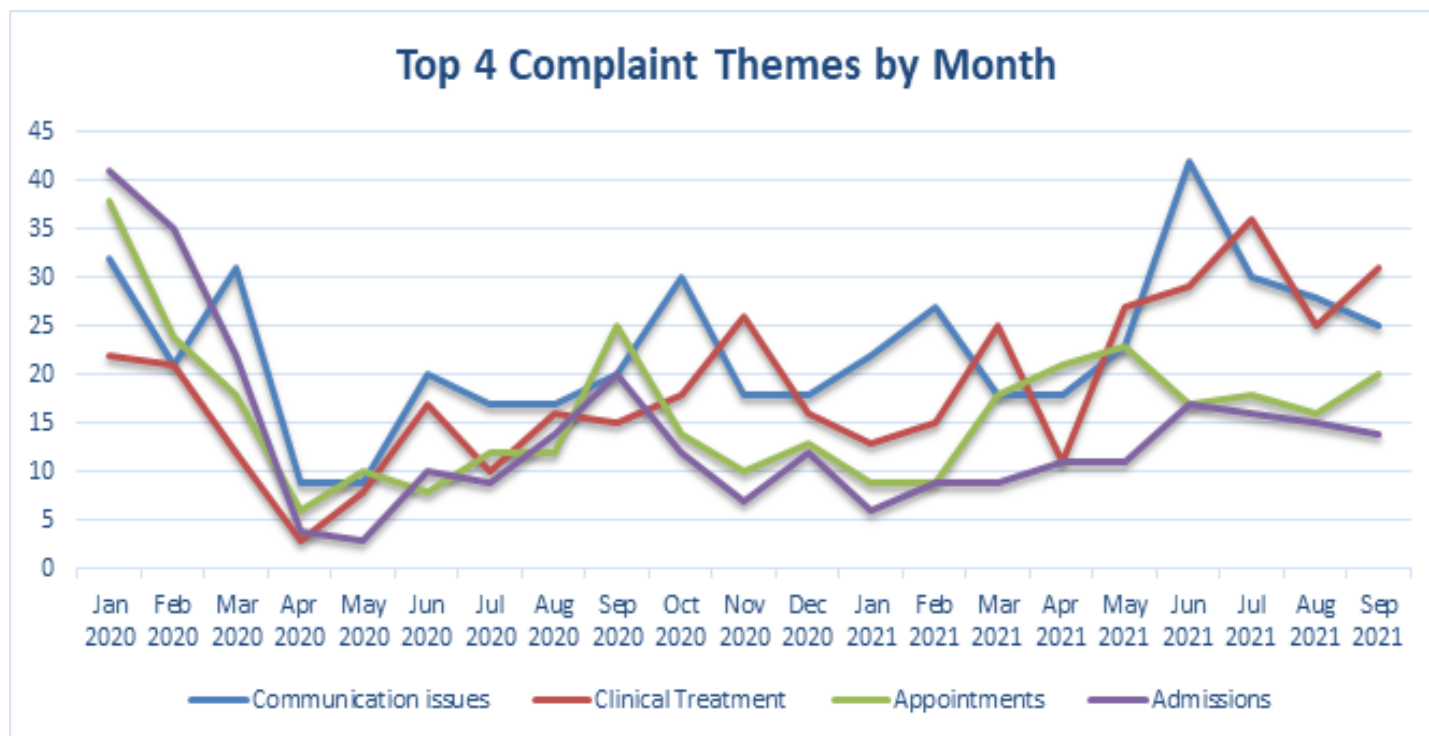
Compliment in relation to the care and treatment provided to patient at a recent attendance to Day Surgery.

Day Surgery, NPTH, NPTH SDU

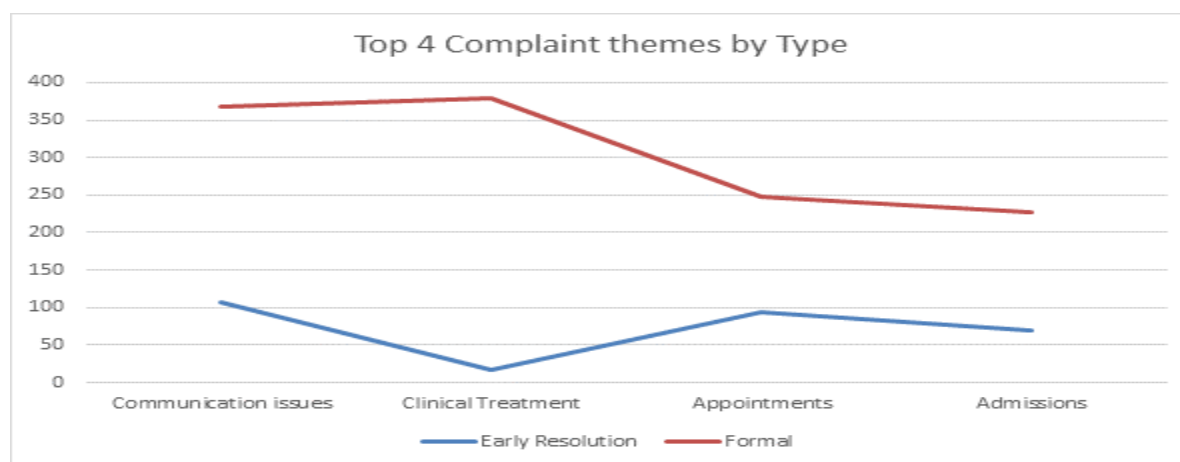
4. CONCERNS MANAGEMENT

4.1 Complaint themes by month – January 2020 to September 2021

During the period January 2020 – September 2021 the top four complaint themes related to: communication issues, clinical treatment, appointments and admissions. The graph below sets out the number of complaints, by month received for these four themes.

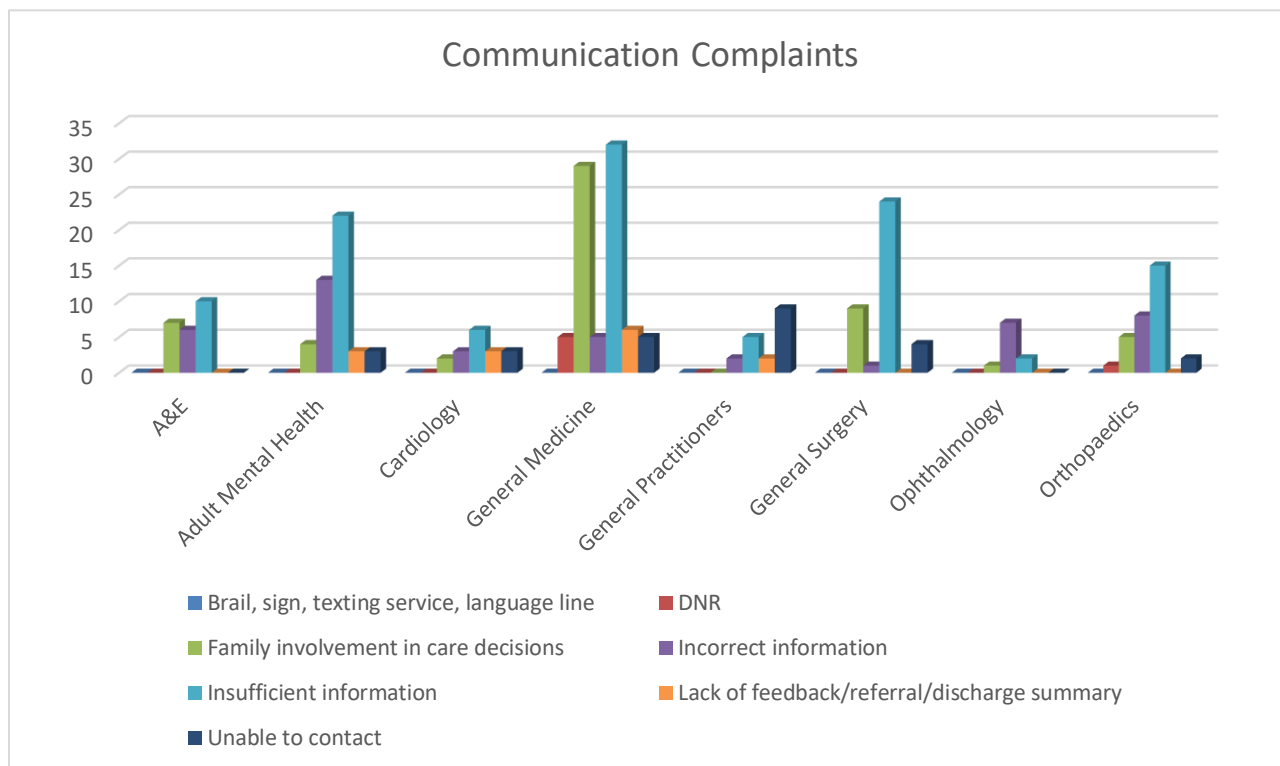


The graph below shows whether the complaints received were Early Resolution (responded to within two working days or managed in line with the NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011).

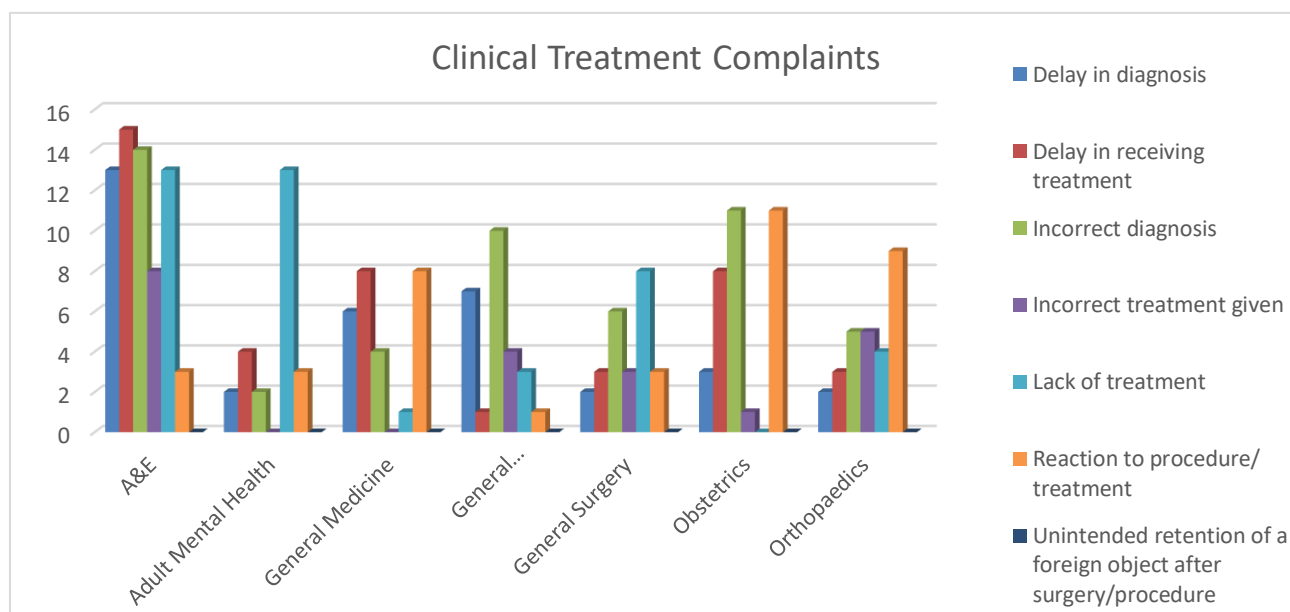


The graphs below are a further breakdown of each top theme also by the main specialty areas that they relate to; Please note the data in these graphs is only up until 30th June 2021 before the new Datix system went live.

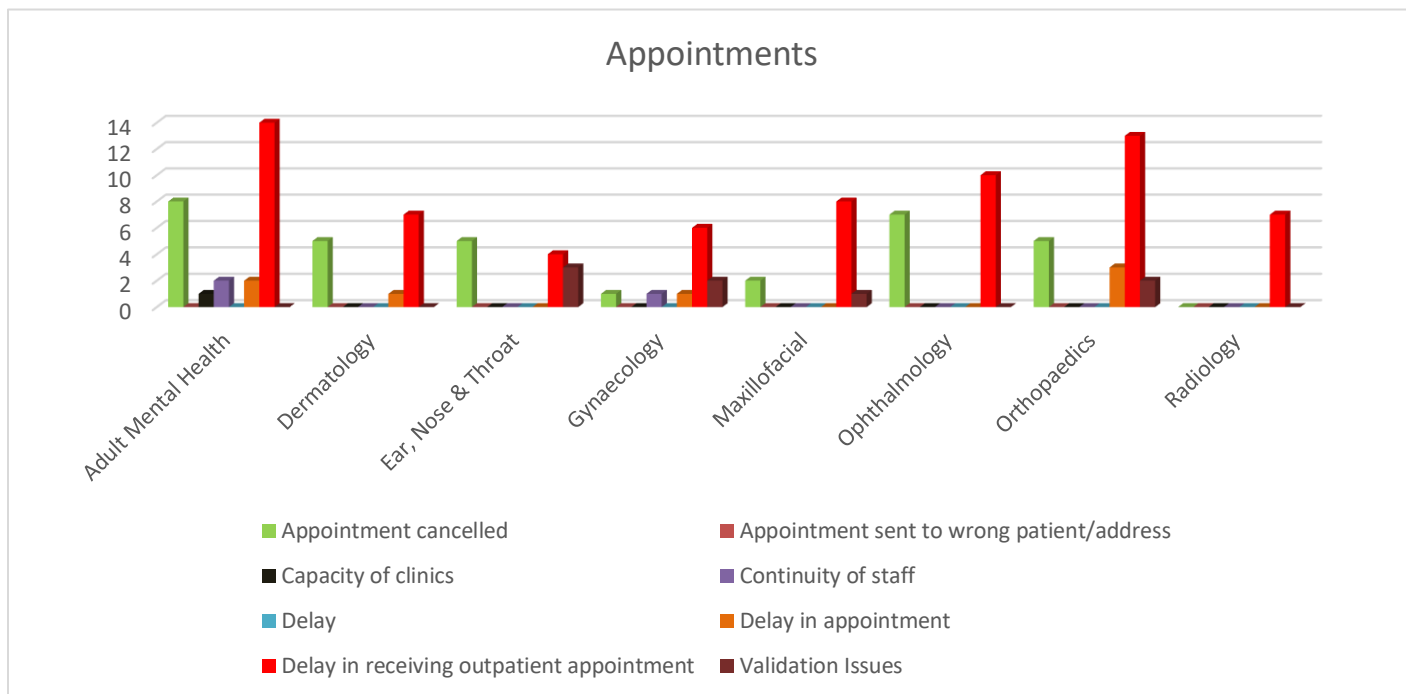
Communication Complaints



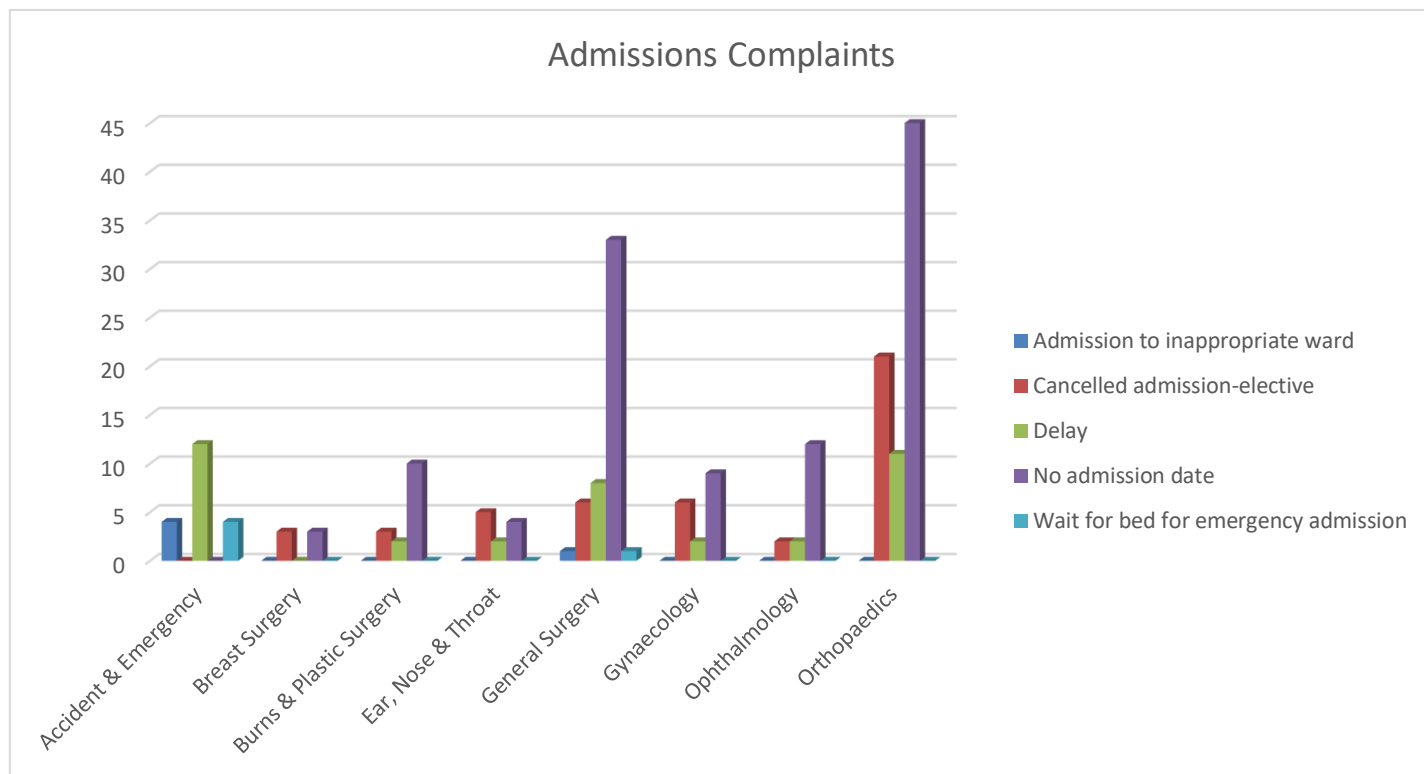
Clinical Treatment Complaints



Appointment Complaints

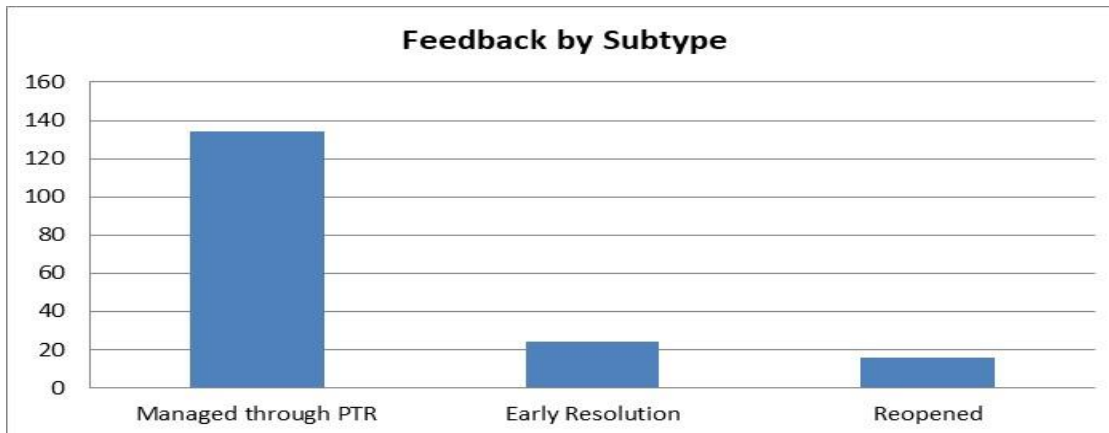


Admissions Complaints



4.2 Complaints – October 2021

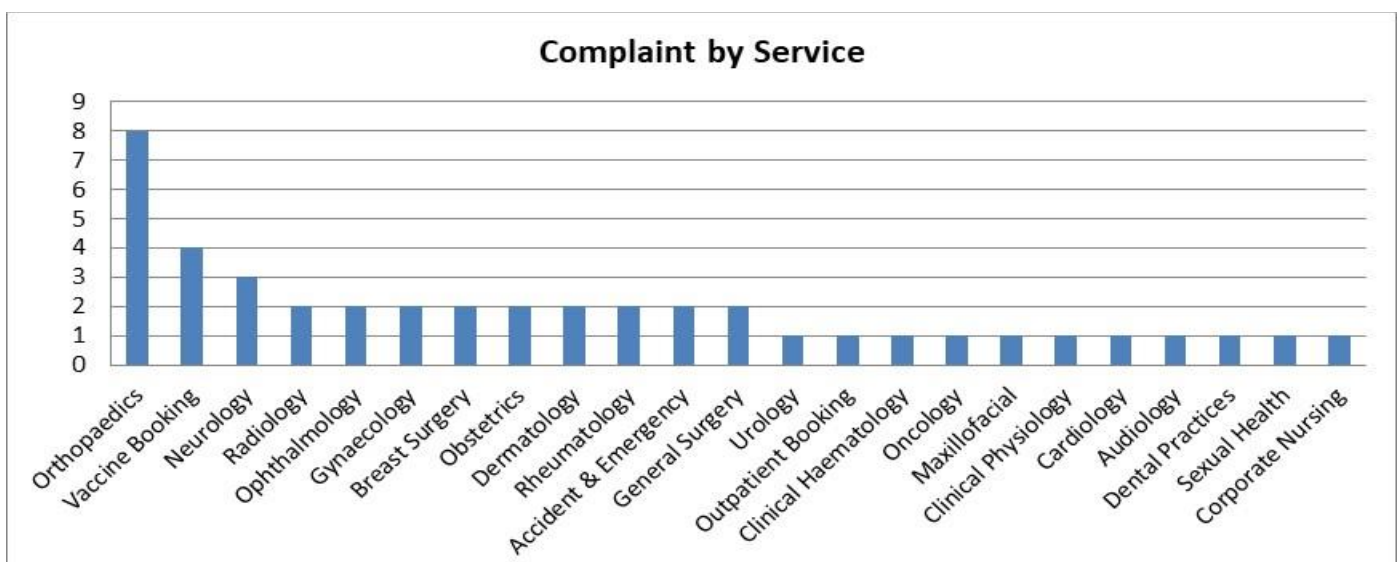
The Health Board received 174 complaints during the month October 2021, please see breakdown type below;



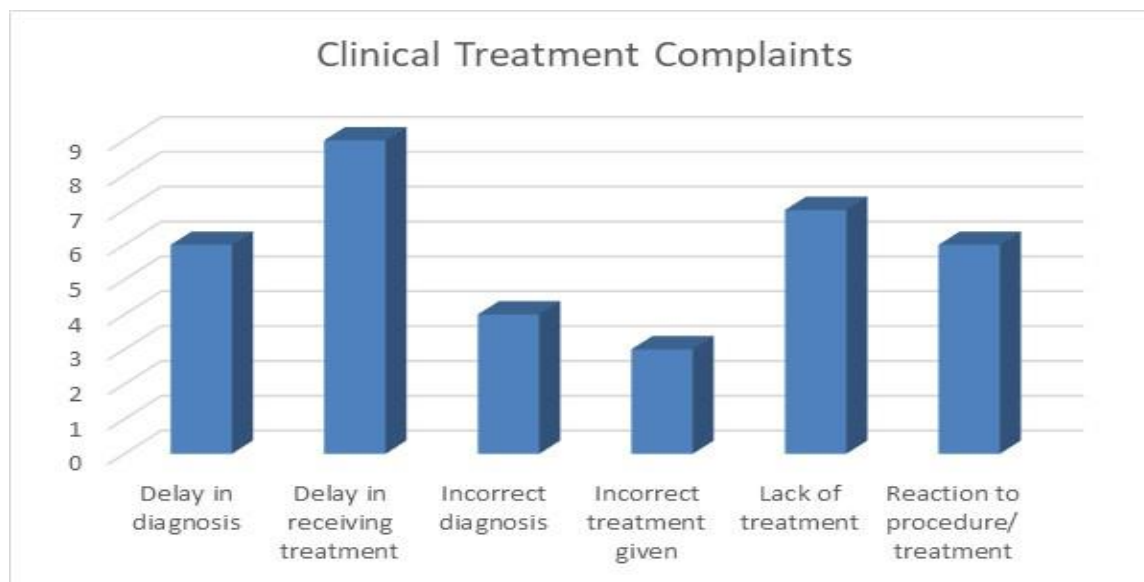
Top 4 Complaint Themes – October 2021



During October there were 44 complaints received which related to cancelled or delayed appointments or admissions. Please see breakdown by specialty below, as you can see Orthopaedics received the most complaints;



Clinical treatment is one of the top subjects therefore, please see further breakdown below;



4.3 Concerns Assurance

On a monthly basis, the Health Board conducts a Concerns Redress Assurance Group (CRAG) where the Corporate Complaints Team review recently closed complaints. A 'deep dive' review is undertaken on each Service Groups in turn, as well as the review of a selection of closed complaints from the other Service Groups. During this review, any agreed actions by the Service Groups are monitored by the Corporate Complaints Team to confirm actions are completed to ensure compliance. CRAG is continually developing and evolving to ensure that the best possible learning and assurance is attained by the Health Board.

CRAG meetings have been held with all Service Delivery Groups on a rotational basis. The meetings are positive and all complaints had been responded to appropriately and in compliance with the Regulations.

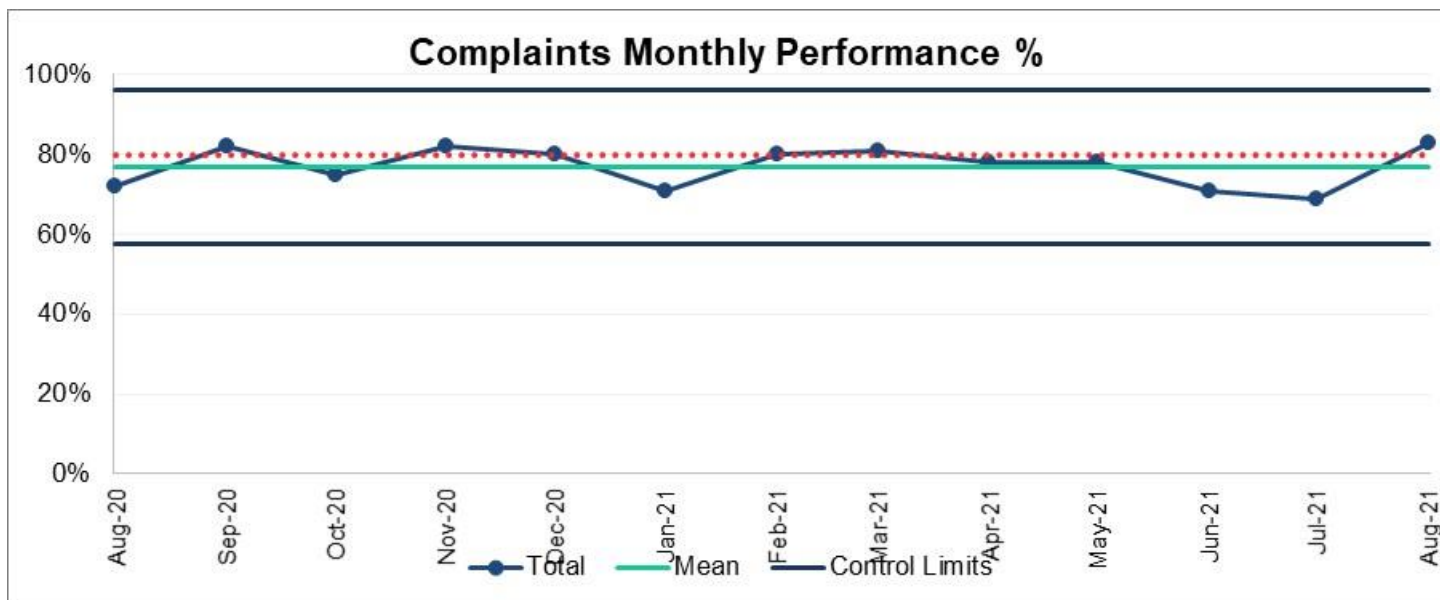
CRAG meetings have been arranged for 5th November 2021 with Morriston Unit and 19th November 2021 with Mental Health and Learning Disabilities.

The Complaints Department will keep the Service Groups up to date with newsletters which will identify themes from complaints/learning and good practice in terms of complaints management have been issued. The last Complaints and Ombudsman Newsletter was issued in August 2021.

A complaints training package is currently being produced and will be rolled out to all Units.

4.4 Complaints Performance

The Health Board recorded 83% performance against the 30 working day target in August 2021. The Welsh Government Target is 75%.



4.4 Ombudsman Cases

There was a slight decrease in complaints which the Ombudsman investigated in relation to the Health Board in 2020/21, 18 compared to 30 in 2019/20. There were two new investigations received during October 2021.

The Ombudsman Annual Letter was received on 4th October 2021 and will be presented to the Board for their consideration in due course. The Annual Letter is encouraging and commends good, clear communication with the Ombudsman and the Health Board's Improvement Officer.



Concerns Actions taken/being taken include:

- Concerns Redress Assurance Group (CRAG) to continue reviewing and auditing complaint responses to ensure compliance with the "Regulations".
- Each month a 'deep dive' review is undertaken on each Service Delivery Unit in turn, as well as the review of a selection of closed complaints from the other Service Delivery Units. During this review, any agreed actions by the Service Delivery Units are monitored by the Corporate Complaints Team to confirm actions are completed to ensure compliance and reported to the Quality and Safety Governance Group.
- Attendance at both Ombudsman & Complaints Network Meetings will continue throughout 2021. These meetings are currently being undertaken and attended remotely.

- Three Complaints Newsletters have been issued, which include learning from Ombudsman cases, PALS work and management of complaints.
- We have requested communication training from the Ombudsman Training Officer.
- We are currently reviewing further champions training being provided by the British Institute of Human Rights.

4.6 Incidents

Incident Reporting & Performance

For the period 1 October 2021 to 31 October 2021, a total of 1970 incidents were reported. The severity of the level of harm of incidents reported is set out as follows: This is the severity that has been recorded at the time of reporting the incident.

Severity of Harm	Incidents Reported
No Harm (1)	1403
Low (2)	473
Moderate (3)	73
Severe (4)	5
Death (5)	16
Total	1970

The top five themes relate to:

Incident Type Tier One - Top 5	Data	
Injury of unknown origin	267	14%
Patient Accidents/Falls	255	13%
Pressure Ulcers	207	10%
Administrative Processes	186	9%
Behaviour	137	7%

The Health Board has improvement programmes in place for Pressure Ulcer incidents and Falls (these Groups oversee all these incidents) and the results/performance of these programmes are detailed in performance reports to the Quality & Safety Governance Group.

Behavioural incidents are reported and monitored through the Health and Safety Operational Group and reported to the Health and Safety Committee.

In terms of the incidents relating to unknown origin, analysis of the 267 incidents recorded is as follows:

- All incidents affected patients
- None were reportable to the WG

The types of incident are below:

Incident type tier three	Data
--------------------------	------

Non SBUHB acquired Moisture lesion	124
SBUHB acquired Moisture lesion	73
Injury of unknown origin	70
Total	267

Staff will record the following as an injury of unknown origin:

- Blisters
- Injuries where it is not known how they occurred (eg, skin tears)
- Bang on bed rails
- Injuries caused by trauma not pressure
- Diabetic/leg Ulcer
- Haematoma

Scrutiny of the Injury of Unknown Origin cases determined that:

5 are moisture damage

5 are pressure damage

5 are patient accident (collision or fall)

These incidents have been amended.

Incidents overdue for closure (the 30 working days for completion of the investigation has passed), at 3 November 2021

There are 3544 incidents and 47 Redress (@ 27.10.21 there were 3505)

	Incident	Redress
Corporate Governance	15	19
Corporate Medical Director	3	0
EMRTS	16	0
Finance	2	0
Mental Health and Learning Disabilities Delivery Unit	515	0
Morrison Hospital Service Delivery Unit	1794	13
Neath Port Talbot Hospital Service Delivery Unit	153	2
Nursing & Patient Experience	6	0
Operations (previously Planning)	59	0
Primary and Community Services	382	0
Princess of Wales Hospital Service Delivery Unit	0	1
Singleton Hospital Service Delivery Unit	561	12
Strategy	1	0
Workforce & Organisational Development	37	0
Total	3544	47



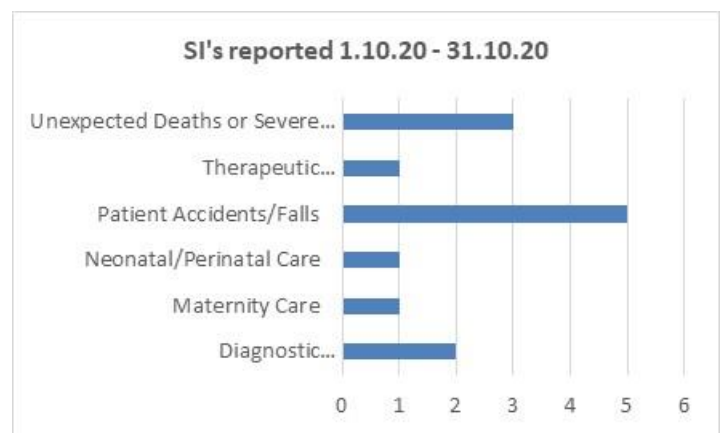
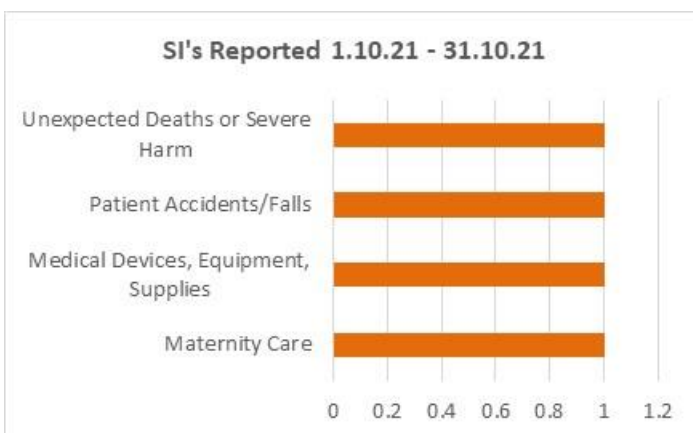
Following roll out of the Incidents Module in Datix Cymru, there will be a window of 3 months to close cases down, before the system is made read-only. All live cases that remain on the current system after this time will need to be transferred manually to the new Cloud system. Units have been asked to analyse this data and undertake incident closure where possible.

4.7 SI's Reported 1st October 2021 to 31st October 2021

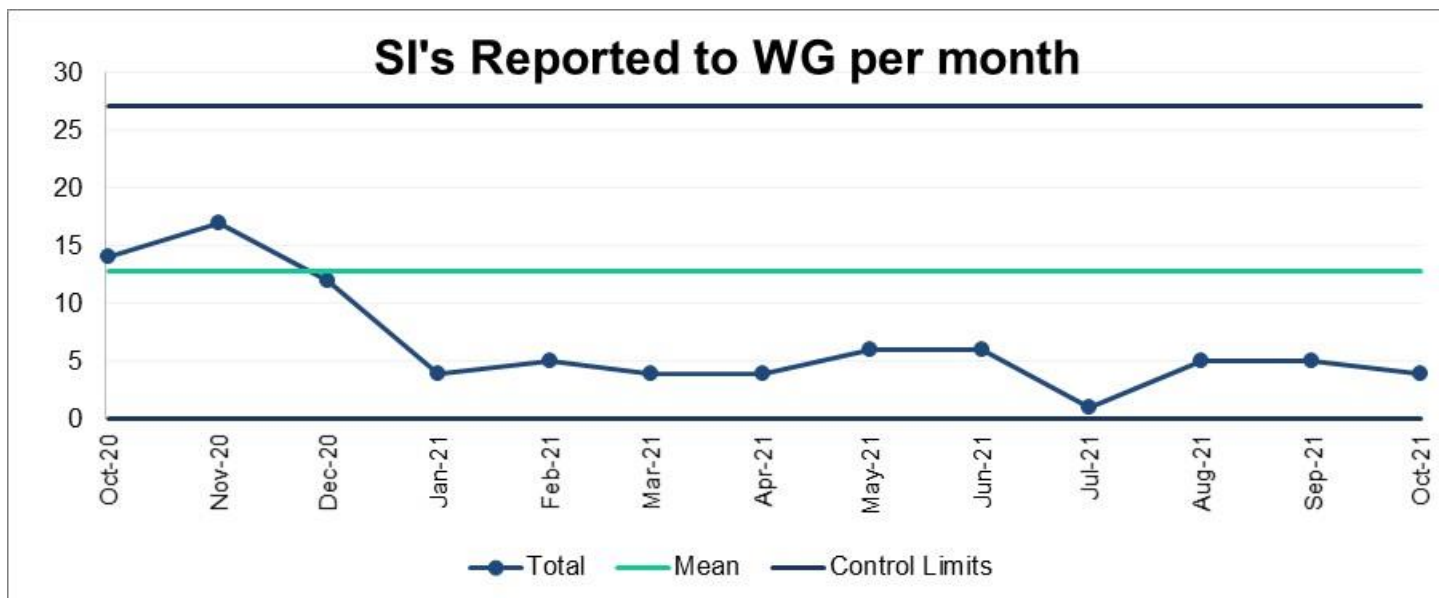
As at 5th November 2021, there were 80 open serious incidents ("SI's") of which:

- **5 relate to 2018/19.**
- **9 relate to 2019/20.**
- **66 relate to 2020/21**

During October 2021, 4 serious incidents were reported to Welsh Government, this compares to 13 reported during October 2020, see breakdown of type of incidents below



Serious incidents reported on a monthly basis are set out in the graph below by month. During the month of October 2021 the Health Board reported 4 Serious Incidents.



The Serious Incident Team will produce a Learning brief from the Serious Incidents they investigate which will be issued via RL Datix, alerts module. The SI Team will also support the sharing of learning from SI investigations in relation to themes from SI's for example: falls; pressure ulcer; mental health cases and infection control. The Learning briefs will also be shared with the Quality & Safety Committee.

4.8 Never Events

The last Never Event was reported to Welsh Government on the 5th November 2021 (Wrong Implant/Prosthesis). During 2020/21 the Health Board reported three never events to Welsh Government relating to:

- Wrong Implant/Prosthesis
- Retained Foreign Object – two cases

The Health Board has investigated these incidents and the learning from the closed cases has been presented to the Quality & Safety Governance Group and Quality & Safety Committee.

Never Events during 2020/21

During the year three incidents occurred which were a 'Never Event.' They are incidents that all NHS organisations should have robust systems and processes in place to prevent them occurring.

The last Never Event was reported to Welsh Government on the 18th June 2021 (Retained Guidewire).

Learning from Closed NE's

Lessons Learnt:

- Official swab counts to be conducted whenever swabs are used, whether for procedures or examinations
- Only Raytec swabs to be used

- Documentation to be fully and accurately completed by staff
- The Midwifery Led Unit is classed as a low risk unit but they must also follow all the guidelines and procedures that adhere to the Labour & post-natal wards
- Policies and procedures are put in place for a good reason and should be followed by all staff in all areas
- Patients to be transferred to the Labour ward if medical input is required.
- MLU to work to the same standards as the Labour ward and post-natal ward. Swab counts fully completed for all swabs used, documented in patient notes and counter signed by two members of staff.
- Both midwifery staff and medical staff to ensure that documentation is fully completed before the end of their shifts
- All staff to count swabs before and after the examination/procedure

Recommendations:

- All non raytec swabs to be removed from the Midwifery Led Unit or placed in a clearly marked area so that they are not used for examinations/procedures
- All staff to be reminded about the importance of official swab/instrument counts whenever swabs/packs are used
- Senior staff to complete six monthly audits on patient records where swabs/packs are used to check for compliance with official swab/instrument counts and record keeping
- Learning of incident is disseminated to all midwives to raise awareness about the risk of retained foreign objects
- Safety brief to be issued to the relevant areas – (Appendix 3)
- All staff to be reminded about the protocol of transferring patients that require medical review.
- The Guidelines for management & repair of perineal trauma to clearly include that swabs used for examination purposes also apply to the official swab count protocol and to be noted in patient records with a clear swab count noted and countersigned.
- All staff to be made aware of the importance of recording keeping and noting of any swabs/packs used on patients for any reason.
- Audits to be completed to ensure staff compliance with record keeping for swab use
- All maternity staff to be reminded that all areas must adhere to the same policy and procedures with official swab counts

- A dedicated container to be used so that the swabs can be separated during counting, and the swabs are not to be removed until all counts are reconciled.
- The guidelines for perineal repair & trauma to include the need for swab counts for examinations as well as procedures.
- Only raytec swabs that are detectable on radiography and have safety features, such as tails or tags to be used for any examinations/procedures
- Any non- raytec swabs to be removed from the MLU or placed in a separate area and clearly marked as non-raytec swabs.
- Audit/stock take the type of swabs on the MLU.
- All staff to be made aware that swabs used to procedures/examinations are to be raytec only swabs.

Lessons Learnt:

- The importance of ensuring correct Anaesthetic staffing levels within the Burns Unit.
- The importance of maintaining communication with the main Anaesthetic and critical care service when experiencing staffing deficits.
- The importance of ensuring correct Anaesthetic staffing levels within the Burns Unit.
The importance of maintaining communication with the main Anaesthetic and critical care service when experiencing staffing deficits.
- The importance of using of arterial line sets with longer guidewire lines. The use of a longer line would protrude from the cannula therefore it would be impossible to connect to the arterial line set until the guidewire was removed
- All lines should be reported on radiology films

Recommendations:

- Closer working relationship needs to be developed between Anaesthetic and Critical Care Services to create appropriate increased Health Board capacity options to provide adequate cover for Burns Unit.
- Closer working relationship needs to be developed between Anaesthetic and Critical Care Services to create appropriate increased Health Board capacity options to provide adequate cover for Burns Unit.
- Procurement team to identify a companies who can supply arterial line sets with longer guidewires. This would constitute a forcing function which would be regarded as the most effective way of preventing retention of guidewires.

- The reporting of all lines on radiology films has been reiterated to the reporting Radiologist.
- The Never Event incident to be discussed at future Radiology Education meetings and staff to be requested to report all lines on radiology films.

5. Once for Wales Update

Following a period of extensive testing and alignment, the OFW Team handed over the current iteration of the OfWCMS Datix Cymru system for our organisation to the Local System Leads on 7 May 2021.

OFW have identified a member of the Datix Cymru Team to act as a primary contact point for the handover process.

Handovers meetings have been held and the Datix Cymru team have produced a QA report which outlines the information needed by the organisation.

An ActionPoint system has been established for queries to be escalated to the Central Team

Background

All NHS bodies are required to report incidents on to the Datix software management system. Currently, all Health Boards/Trusts in Wales have varying versions and modules of the DatixWeb and DatixRichClient systems and the Once for Wales Concerns Management System (OfWCMS) will introduce a new cloud-based system. The key features of the all Wales RLDatix system include incident management, investigation management, risk and compliance management, audit management, contractor management, controlled-document management, action management and reporting and analysis, with the ability to capture investigations, learn and share information across NHS Wales.

Implementation of the new Once for Wales Datix system, Datix Cymru, is overseen by the SBUHB O4W Implementation Group/Datix User Group which meets monthly and comprises of representatives from across SBUHB.

The 8 modules that were originally anticipated to be ready for implementation for Phase 1 April 2021:

Module	SBUHB Position
Incidents	Go Live date to be confirmed following a gap analysis between the 2 systems
Feedback (Complaints)	Go Live date: 1 July 2021
Feedback (PALS/Compliments)	Go Live date: 1 July 2021
Claims	Go Live date: 1 July 2021
Redress	Go Live date: 1 July 2021
Mortality	Access to the Module has been provided to Mortality team for testing – 7.7.21
Safeguarding	Awaiting formal confirmation from the National O4W team.
Inquests	Go Live date: 1 July 2021

The Datix team continue to work to complete tasks to support Phase 1/roll out of the implementation of the new RLD Datix cloud system

Recognising the pressures within services currently, the 'go live' date for the incidents module has been delayed from 1st October. The corporate team will be contacting services directly to discuss an appropriate alternative date.

Update as follows:

- Datix Cymru has gone live with the Feedback, Claims & Redress Modules.
- The Datix team continue to liaise with the Units to assist with any queries.
- Training in the Cloud – The training videos in the Sandpit system are available. Staff have been made aware of where to locate them and drop-in sessions are also held twice weekly to assist users with any questions they may have.

6. Healthcare Inspectorate Wales


Status of Action Plans from 2019/20, 2020/2021 and 2021/2022 HIW Inspections

Following the last meeting a number of action plans reported as complete have been removed from the below table. A number of those remaining have not been updated for some time – steps are being taken to refresh the position and a further revised table will be brought to the next meeting.

Date of Inspection	Inspection	Action Plan Update
April 2018	Dunes Dental Care	25.3.21 - All actions completed (AP due for sign off)
August 2018	Staffing Issues at Cefn Coed Hospital	28.8.2018 – investigated & response sent
June 2019	National Review of Maternity Services	<p>The action plan was submitted to HIW on 19 March 2021, following approval by the Executive Nurse. The Midwifery Matron has confirmed that work is continuing to complete the outstanding actions.</p> <p>On 25 August 2021, HIW advised that, following careful consideration, they have taken the decision not to progress with phase 2 of the review as set out in the published terms of reference. Instead, for issues identified in relation to aspects of maternity care that were outside the original scope of the national review, HIW will seek assurances through their follow up work</p>
July 2019	Cwmafan Health Centre	7.10.2020 - Two actions outstanding, required by estates. This is included on the HB's Risk Register and actions have been taken to mitigate risk, was reduced due to reduced footfall.
August 2019	Cefn Coed Hospital	<p>All actions completed except:</p> <ol style="list-style-type: none"> 1. The closure of the smoking room on Fendrod Ward. Delayed due to Covid-19 Pandemic. <p>Update: Smoking cessation scheme is underway and the removal of the internal ward smoking room is an integral part of this initiative. External smoking shelter and ciglow (igniters) have been installed. Will continue with planned decommissioning – Delayed due to Covid 19</p>

Date of Inspection	Inspection	Action Plan Update
		<p>2. The health board must consider what improvements can be made to improve the clinic rooms on both wards</p> <p>Update: Both wards will have new stable-doors fitted - Fitting by external contractor delayed due to Covid19</p>
October 2019	NPTH Birth Centre	<p>24.3.21 – Updated action plan received</p> <p>Outstanding Action: If curtains to be removed, alternative solution to hide medical gases to be sourced.</p> <p>Update: This action is currently outstanding – plan is to source a single pair of curtains in order to replace when main curtains are being cleaned on a rotational basis. Revised date for completion April 2021 - Work was stalled due to covid so this action will be completed once a suitable supplier /product has been sourced.</p>
January 2020	Morrison Hospital Paediatric Services	24.3.21 – Updated Action Plan received.
January 2020	Morrison Hospital ED/AMAU	No Update –Complex and detailed action plan which the DoN is sighted on.
September 2020	Gorseinon Hospital	<p>24.3.21 – One Action Due by July 2021</p> <p>Confirm plans to train senior staff as clinical supervisors and restart the programme last done in 2018</p> <p>Update: The matron has undertaken supervision with all the clinical staff apart from 2 x band 5s who will be scheduled in for supervision in the coming weeks. The acting band 7 is undertaking a Clinical supervision course so will be able to support the matron in a more sustainable way moving forward</p>
September 2020	Morrison Orthopaedic Surgery (Ward B)	Improvement Plan accepted by HIW
September 2020	Morrison Cardiac Ward	<p>Update 24.3.21</p> <p>No Improvements required following HIW visit – 2 suggestions made</p> <ul style="list-style-type: none"> • The health board is advised to consider how it can further support and maintain these staffing arrangements, particularly as the pandemic progresses. <p>Update 24.3.21 - Cyril Evans has had an uplift following the NSA review we now have the 5 qualified on an early and late Monday to Friday which equates to an additional 1.4 WTE being funded.</p> <ul style="list-style-type: none"> • The health board is advised to consider how it utilises space on the ward with a view to provide single sex toilet facilities, where possible. <p>Update 24.3.21 - Cyril Evans Ward has placed single sex toilets on the risk register on the 2nd September 2020 risk rate 9. Consideration on how to provide additional space for toilets cannot be facilitated without considerable structural works that will impact on three ward areas, this was not</p>





Date of Inspection	Inspection	Action Plan Update
		deemed viable during COVID pandemic. The aim is to reassess the footprint of the ward post pandemic
November 2020	Singleton Hospital (Oncology)	<p>Update 24.3.21 – With the exception of the falls review being presented to the Cancer Falls panel which will be completed at next panel, this improvement plan is complete.</p> <p>Action - Cancer Services will commence a monthly MDT falls scrutiny panel from March 2021 to identify reasons for falls and ensure early learning is shared and integrated into practice in order to prevent and reduce harm.</p>
March 2021	Morrison ED	<p>Immediate improvement notice issued following check in relation to mandatory training. A review was undertaken in terms of the actual position of the training compliance and how incomplete/inaccurate information had been provided to HIW during the Quality Check. The Workforce & Information Systems Manager reviewed the compliance of mandatory training in the Emergency Department and this information was uploaded to HIW on Friday 19 March 2021. (compliant)</p> <p>The final report was received on 15.4.21.</p> <p>The improvement plan was returned to HIW 28.4.2021.</p> <p>An updated improvement plan was returned to HIW on 25.6.2021 recording progress against agreed actions. HIW responded on 1.7.2021 concluding that <i>"...it provides us with sufficient assurance. This is because the improvements we identified have either been addressed and/or progress is being made to ensure that patient safety is protected."</i></p> <p>At that time, in addition to actions recorded as complete, there were four actions either partially completed or due for completion between August and November 2021. HIW have closed the workspace.</p>
April 2021	Bryn Afon (Ferndale)	<p>HIW conducted a Tier One Quality check of Bryn Afon on 13 April 2021.</p> <p>Findings received 28.4.21 – 2 improvements required by 7 May 2021:</p> <ul style="list-style-type: none"> • Whilst HIW recognise the challenges posed by the pandemic, the health board must ensure that maintenance issues at the unit at reviewed and remedied in a timely and effective manner (completed end May 21) • Whilst HIW were assured that safe care is being provided, they would ask the health board to review how the therapeutic benefits for this resident, and others within the unit, can be fully realised (update due end June 21) <p>The final, updated improvement plan was returned to HIW on 12.7.21.</p>

Date of Inspection	Inspection	Action Plan Update
		 12.7.21 - Updated IP.docx
April 2021	WAST	<p>HIW have undertaken a review of WAST services. As part of the local review, WAST considered the impact of ambulance waits outside of Emergency Departments on patient safety, privacy, dignity and overall experience</p> <p>The completed self-assessment documentation for Morriston and Singleton Hospitals was returned on 20 April 2021.</p> <p>HIW issued its draft report and template action plan under cover of letter dated 12.8.2021. This has been forwarded to the Chief Operating Officer for coordination with partner organisations.</p> <p>A joint management response action plan is due for return to HIW by 25 September 2021.</p> <p>A response has been completed that covers the health board recommendations. WAST have been approached locally regarding the joint response. HIW have indicated that a single. Co-ordinated action plan for Wales is expected. Work is ongoing.</p>
April 2021	Joint Inspectorate review of Child Protection Arrangements (JICPA)	<p>HIW provided notice of a Joint Inspectorate review of Child Protection Arrangements. The review was being undertaken jointly by the Care Inspectorate Wales (CIW), HIW, Estyn, Her Majesty's Inspectorate of Probation (HMIP) and Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services. The review spanned services provided by Neath Port Talbot County Borough Council, Swansea Bay University Health Board, Wales National Probation Service and South Wales Police. It was undertaken in May & June 2021.</p> <p>Following the review a draft letter, outlining the effectiveness of partnership working and the work of individual agencies in NPT was issued on 10 August 2021. SBU returned comments in respect of the draft letter content to CIW (the lead inspector) on 24.8.2021. We are informed that a final letter, reflecting any changes following the receipt of comments from organisations inspected, will be issued by the end of week ending 17.9.2021.</p> <p>In the meantime, the letter indicates that the local authority should prepare a written statement of proposed action responding to the findings outlined in this letter. The statement should be a multi-agency response involving the National Probation Service, Youth Justice Service, Swansea Bay University Health Board and South Wales Police. The response should set out the actions for the partnership and, where appropriate, individual agencies. The initial target date</p>

Date of Inspection	Inspection	Action Plan Update
		<p>for response has been amended and will be 4 weeks following the date of the final letter when received. NPT Local Authority are liaising within the Head of Nursing (Safeguarding) in respect of action planning.</p> <p>The final report was published on 16 Sept 2021</p> <div data-bbox="885 380 935 441" data-label="Image"> </div> <p>Final Report JICPA.pdf</p>
May 2021	Llwyneryr Unit	<p>HIW completed a Tier 1 Quality Check on 19 May 2021.</p> <p>The report was received 15.6.2021. One improvement was identified:</p> <ul style="list-style-type: none"> • The health board must provide HIW with updates in relation to the discharge progress of patients who have been admitted for lengths of stay beyond the purpose of an assessment and treatment unit. <p>An action plan was drafted setting out a number of actions to address the above. This was submitted on 17.06.2021 and accepted by HIW.</p> <p>A summary update of progress against actions and the position in respect of delayed transfers of care was provided to HIW on 19.8.21. (One patient indicated awaiting decision; two others discharged).</p> <p>The HIW workspace is now closed.</p>
June 2021	Princess Street Surgery Gorseinon	<p>Inspection was carried out on 16 June 2021.</p> <p>The report & action plan were published on 08 August 2021. There were 6 improvements identified:</p> <ol style="list-style-type: none"> 1. The Practice Manager should ensure that a procedure for home visits is developed along with formal risk assessment. 2. The Practice Manager should ensure that all staff receive a detailed COVID-19 risk assessment, which should be retained on staff files to evidence that these have been completed and reviewed as necessary. 3. The Practice Manager should ensure that formal team meetings are reinstated. 4. The Practice Manager should ensure that all policies and procedures contain a review date and are version controlled. The Practice Manager should also ensure they have a system in place to demonstrate that all staff have read and understood the policies and procedures. <p>Update on progress against the actions has been requested.</p>

Date of Inspection	Inspection	Action Plan Update
		<p>5. The Practice Manager should ensure that formal SEA meetings are now reinstated with immediate effect.</p> <p>5. The Practice Manager must provide HIW with a copy of the updated mandatory training plan and, within three months of this quality check, provide HIW with a further update in relation to mandatory training completion rates.</p> <p>Updated Action Plan requested 2.11.21</p>
June 2021	Morrison Acute Medical Assessment Unit	<p>Inspection carried out on 8 June 2021</p> <p>The report was received on 1.7.21 - identified for improvement:</p> <ul style="list-style-type: none"> ○ The health board must provide further information to HIW on the future plans for the AMAU, and how any new location will be suitable in terms of providing space for access throughout the unit, and adequate storage space. ○ The health board must ensure staff are fully compliant with IPC training as a matter of priority. ○ The health board must remind doctors and consultants of their responsibility to adhere to the bare below the elbow policy and the unit's PPE requirements when seeing patients at the AMAU. ○ The health board must provide assurance on the actions being taken to permanently recruit new members of staff to fill existing vacancies, and on how the recruitment of newly qualified nurses will impact on the skill mix and experience of staff working at the AMAU. ○ The health board must provide assurance of its plans to ensure all staff are fully compliant with their mandatory training as soon as possible. ○ The health board must ensure any outstanding PADRs are completed with staff as a matter of priority. ○ The health board must provide assurance on the actions being taken to help reduce the high number of moisture lesions and pressure ulcers incidents, and review whether such issues are being managed appropriately through patient care plans and treatment that accurately reflect the underlying cause of the problem. <p>The Improvement Plan was returned to HIW on 15 July 2021 and was accepted by HIW. The quality check report was published on 30 July 2021.</p> <p>An update on the actions was due for submission to HIW by 8 September 2021 (three months following the original Quality Check visit). HIW has extended their deadline to no later than 30 September in recognition of the extraordinary pressures within the health board currently.</p>

Date of Inspection	Inspection	Action Plan Update
		The updated improvement plan was uploaded to HIW on 4.10.21 and accepted by HIW On 5.10.21.
June 2021	Victoria Gardens (GP) - Neath	<p>Inspection carried out 24.6.21</p> <p>During the quality check, HIW found areas of concern which could pose an immediate risk to the safety of patients. Due to the seriousness of these concerns, HIW require an update on the actions we have or are taking, to address this and ensure patient safety is protected.</p> <p>Improvements required:</p> <ul style="list-style-type: none"> • There was a lack of evidence that robust and appropriate infection control measures and checks were in place. This posed a potential risk to patients and staff attending the practice <p>The Improvement Plan was returned to HIW on 2 July 2021.</p> <p>An update on the improvement was requested on 2.11.21.</p>
June/July 2021	National Review of Mental Health Crisis Prevention in the Community	<p>As part of this review HIW indicated their intention to engage with professionals within each health board along with other organisations, which support the public with their mental health needs. There are two key areas for the professional engagement that are critical to the national review:</p> <ul style="list-style-type: none"> • A professional survey, for staff providing services to share their experiences with us anonymously • Interviews with senior health board staff and service representatives. <p>The Named Contact for Swansea Bay UHB is the Divisional General Manager for Mental Health.</p> <p>Feedback from HIW is awaited.</p>
June 2021	Morriston Childrens' Emergency Unit	<p>HIW inspection carried out on 29.6.21</p> <p>HIW found areas of concern which could pose an immediate risk to the safety of patients. To help them fully understand any potential impact on patient care as a result of the areas of concern, HIW have requested to see some records of patients in line with standard NHS hospital inspection approach.</p> <p>Additionally, an immediate improvement plan was requested by HIW. One was submitted, but following HW feedback requiring additional assurance, a second immediate improvement plan was sent to HIW on 22 July 2021 and accepted by HIW on 27 July.</p> <p>Following this a Quality Check report was issued on 3 August 2021 and routine Improvement Plan requested. This was</p>

Date of Inspection	Inspection	Action Plan Update
		<p>submitted to HIW on 19 August. HIW confirmed its acceptance on 24 August.</p> <p>HIW require updates where actions remain outstanding and/or in progress, to confirm when these have been addressed – for this service these updates will need to reflect action on the Immediate Improvement Plan and the routine Improvement Plan.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  CEU ImmedImpPlan 20210721 </div> <div style="text-align: center;">  CEU Imp Plan 20210820 </div> </div> <p>A progress update and supporting documentation in relation to the immediate Improvement Plan and subsequent Improvement Plan was submitted to HIW on 22.10.21.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  HIW_ImmediateImp rovement_CEU_Oct2 </div> <div style="text-align: center;">  HIWImprovementPl an_CEU_Oct2021FIN </div> </div>
August 2021	HMP Swansea	<p>The initial evidence request was returned to HIW on 26 August 2021.</p> <p>However, due to the operational challenges the Health Board is facing at present and the specific pressures in relation to the Primary Care and Community Services Group, HIW interviews were postponed to November 2021.</p>
August 2021	Hospital Onsite IR(ME)R inspection	Awaiting feedback from inspection.

HIW Inspections

No new HIW (and joint) inspections/reviews notified.

Setting	Type	Confirmation & Information Request	Review Period
HMP Swansea	Prison	11 August 2021	August – November 2021
Radiotherapy Centre – Singleton Hospital	Hospital Onsite IR(ME)R inspection	2 August 2021	28 & 29 September 2021

Awaiting draft report following the above inspections.

Local review of governance arrangements at Swansea Bay UHB for the provision of healthcare services to HMP Swansea

In August 2017 HIW assisted Her Majesty's Inspectorate of Prisons (HMIP) during its inspection of HMP Swansea. Significant concerns were identified during this inspection in relation to some clinical practices and the health board's overall governance arrangements. A further HMIP inspection took place on 25 August and 2/3 September 2020, with HIW present again. The findings of this inspection again identified a series of concerns, some of which were reflective of those identified in August 2017.

Both inspection reports highlighted concerns around the effectiveness of SBUHB's quality governance arrangements in relation to the provision of healthcare services to HMP Swansea. As a consequence of these concerns, in line with its escalation process, HIW formally met with SBUHB in December 2020 to seek assurances over actions taken in response to the issues found during the HMIP inspection. In response, the health board developed its own improvement plan to address the concerns which was shared with HIW. HIW has decided to undertake a review of the effectiveness of SBUHB's quality governance arrangements for the provision and oversight of health care services in HMP Swansea. The review is to assess the actions taken by the health board to address the issues highlighted by previous HMIP inspections, and how effective the health board's quality governance arrangements are regarding prison healthcare.

The initial evidence request was returned to HIW on 26 August 2021.

However, due to the operational challenges the Health Board is facing at present and the specific pressures in relation to the Primary Care and Community Services Group, HIW have made the decision to postpone all interviews scheduled between 11 and 22 October 2021.

HIW will not pause the review in its entirety. The review team will continue with work reviewing data and documents, and will also attend as observers, the scheduled meetings already set within the Health Board. The team will also continue to liaise with and interview non-Health Board prison staff. The review team will resume their interview schedule week commencing 1 November 2021, commencing where possible interviewing independent Board members. This will follow with interviews for all relevant Health Board staff as previously highlighted, until 26 November 2021.

DA Investigation

The HB has been notified of an investigation into the clinical care received by an individual in the criminal justice system locally

The investigator (Sally Lester) has undertaken an initial notes based investigation and is now seeking to interview staff who delivered care - these interview are in the process of being arranged

7. SERVICE GROUP REPORTS

Mental Health & Learning Disabilities Services Group

1st October – 31st October 2021

Mental Health & Learning Disabilities SG received 16 concerns



Top Complaint Trends

- Communication Issues (5)
- Attitude & Behaviour (3)
- Clinical Treatment (3)



- No Never Events
- No Personal Injury Claims



- 1 Clinical Negligence claim

Incidents:

272 incidents were reported with the 3 top themes being:

- Inappropriate/Aggressive Behaviour towards staff by patient – (48)
- Inappropriate/Aggressive Behaviour by patient towards object- (24)
- Self-harming behaviour – (24)

One Serious Incident was reported during October relating to an unexpected death

Service User Bespoke Survey – October 2021

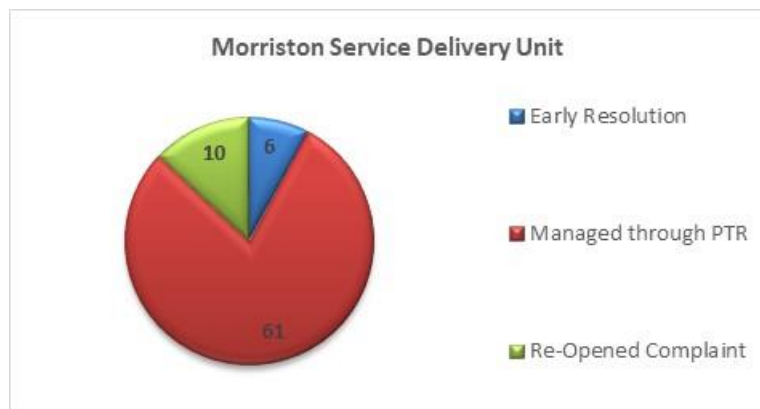
Here is some positive feedback we received from the Service User/Carer -Semi Structured Interview Survey (MH & LD survey) in October.

- The team have been a tremendous help to my wife and me. They were always friendly and caring, and treated me so well. They were always there for me.
- Amanda made an effort and went above and beyond when she was here. I and she talked well together.
- Yes they listen and are very helpful.

Morrison Hospital Service Group

1st October - 31st October 2021

Morrison Hospital SG received 77 concerns.



Top Complaint Trends

- Clinical Treatment (18)
- Communication (16)
- Admissions (14)
- 0 New Never Events
- 0 Personal Injury Claims
- 9 Clinical Negligence Claims

Incidents:

873 incidents were reported with the 3 top themes being:

- Access & Admission – (141)
- Moisture Lesion – (117)
- Suspected Slips/Trips/Falls (unwitnessed) – (88)

No Serious Incidents were reported during October

All Wales Results – October 2021

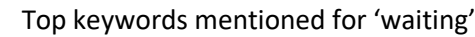
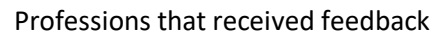
Full report of the All Wales survey is in the attached spreadsheet.



Morrison All Wales
Report - Oct21.xlsx

Service Group	Responses	1 - Overall experience
		Friends & Family Test ,Paediatric Questionnaire ,Patient / Service User Experience Survey, Patient Experience Survey - Audiology, Patient Experience Survey - Endoscopy, Patient Experience Survey - Maternity, Patient Experience Survey - Ophthalmology, Patient Experience Survey - Paediatric Audiology
Morrison Group	972	94
	Overall	94
	Benchmarks	85

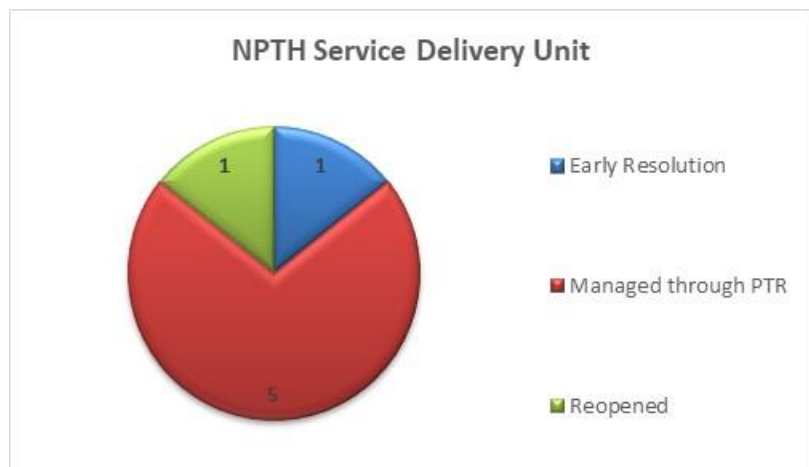
Top keywords mentioned for 'professional and competent'



Neath Port Talbot Hospital Service Group

1st October- 31st October 2021

Neath Port Talbot SG received 7 concerns.



Top Complaint Trends

There was no obvious themes from the above complaints



- No Personal Injury claims
- No Never Events
- No Clinical Negligence claims

Incidents:

94 incidents were reported with the top themes being:

- Suspected Slips/Trips/Falls (un-witnessed) – (25)
- Inappropriate behaviour towards staff by a patient – (10)
- Suspected Slips/Trips/Falls (witnessed) – (10)

One Serious Incident was reported during October relating to a patient fall

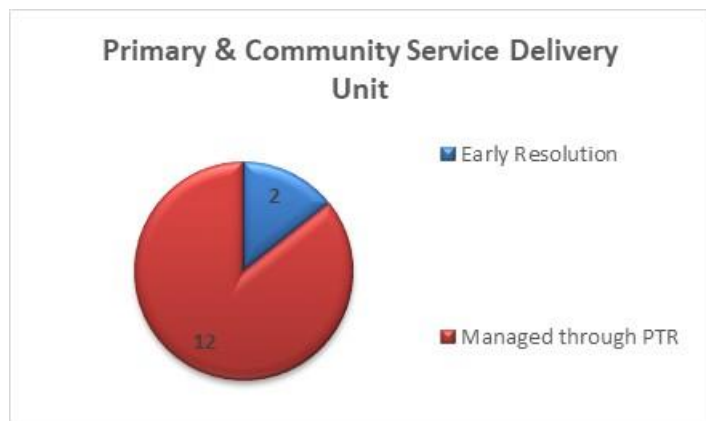
All Wales Results – October 2021

This data has been combined with Singleton Service Group on Page 56.

Primary & Community Service Group

1st October – 31st October 2021

Primary & Community SG received 14 concerns



Top Complaint Trends

- Communication (4)



- No Never Events



- 1 Clinical Negligence Claim
- 1 Personal Injury claim

Incidents:

293 incidents were reported with the 3 top themes being:

- Pressure Ulcer – developed prior to admission (113)
- Moisture Lesion- (53)
- Pressure Ulcer – developed in current clinical area (25)

No Serious Incidents were reported during October



P&C All Wales
Report - Oct21.xlsx

Service Group	Responses	1 - Overall experience
		Friends & Family Test, Paediatric Questionnaire, Patient / Service User Experience Survey, Patient Experience Survey - Audiology, Patient Experience Survey - Endoscopy, Patient Experience Survey - Maternity, Patient Experience Survey - Ophthalmology, Patient Experience Survey - Paediatric Audiology
Primary Community Therapies Group	150	94
	Overall	94
	Benchmarks	85

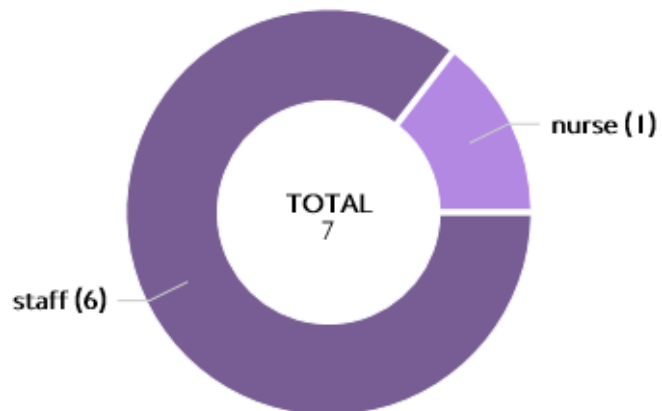
Top themes – Primary, Community & Therapies

Friendliness

Top keywords mentioned for 'friendliness'

pleasant
friendly
relaxed
welcoming

Professions that received feedback

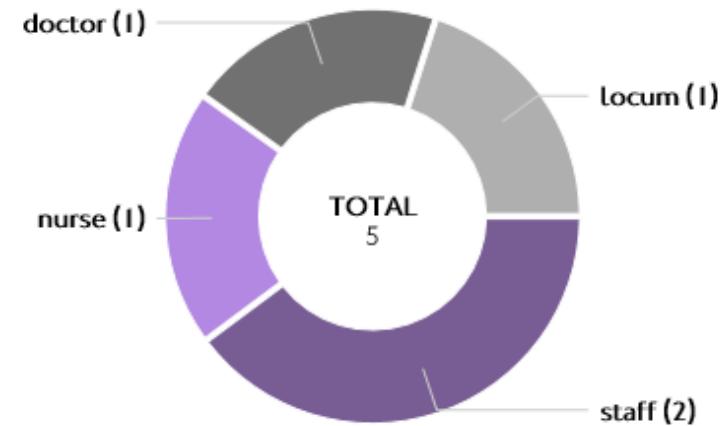


Professional and competent

Top keywords mentioned for 'professional and competent'

"excellent service"
"well organised"
"wasting my time"
knowledge
thorough
professional
efficient
knowledgeable
efficiently
knowledgable
"great service"

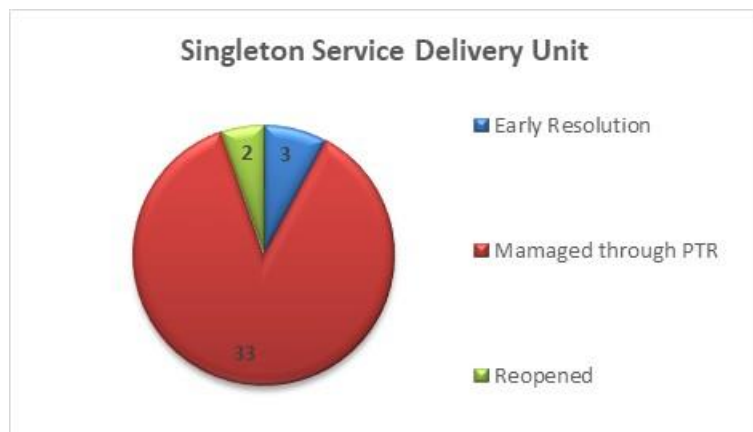
Professions that received feedback



Singleton Hospital Service Group

1st October – 31st October 2021

Singleton Hospital SG received 25 concerns.



Top Complaint Trends

- Clinical Treatment (13)
- Communication (8)
- Appointments (6)



- 0 Never Events
- 0 Personal Injury Claims



- 2 Clinical Negligence claims

Incidents

402 incidents were reported with the 3 top themes being:

- Maternity Triggers – (55)
- Suspected Slips, Trips, Falls (unwitnessed) – (47)
- Moisture Lesion – (26)

Two Serious Incidents were reported during October -1 Maternity Incident and 1 Medical device incident

All Wales Results – October 2021

Full report of the All Wales survey is in the attached spreadsheet.



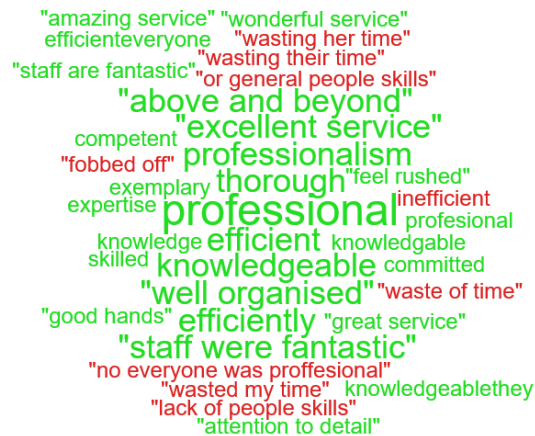
NPT & Sing All
Wales Report - Oct2

Service Group	Responses	3 - Overall experience
		Friends & Family Test, Paediatric Questionnaire, Patient / Service User Experience Survey, Patient Experience Survey - Audiology, Patient Experience Survey - Endoscopy, Patient Experience Survey - Maternity, Patient Experience Survey - Ophthalmology, Patient Experience Survey - Paediatric Audiology
NPT & Singleton Group	1524	95
	Overall	95
	Benchmarks	85

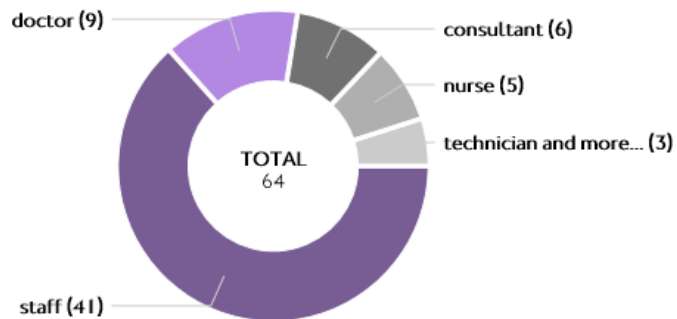
Top themes - Singleton & NPT

Professional and competent

Top keywords mentioned for 'professional and competent'



Professions that received feedback



Friendliness

Top keywords mentioned for 'friendliness'



Professions that received feedback

