



# Patient Experience Report February 2020

This report provides information on Patient Feedback and Experience, what it means and how we are using it to improve the service. Included within this report is the current performance of the Health Board’s Service Delivery Units and learning.

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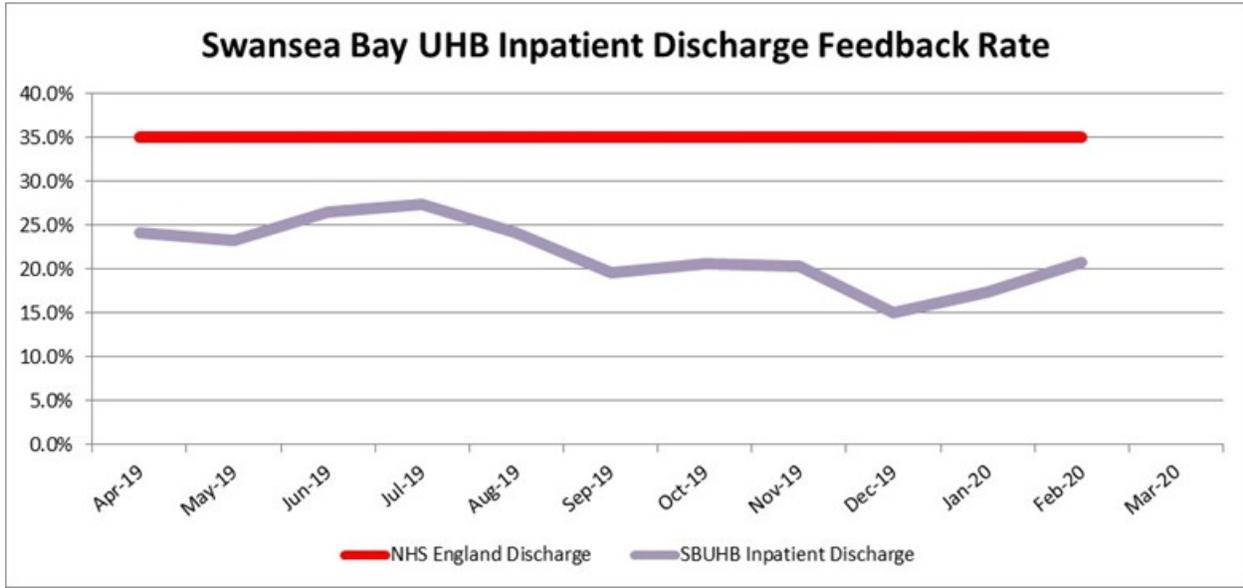
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# 1. PATIENT EXPERIENCE UPDATE

## 1.1 Inpatient Discharge Feedback Rates

The Patient Experience Team continues to provide support and guidance to the Service Delivery Units (“SDU”) on increasing the number of surveys completed.

The graph below indicates the discharge feedback rate benchmarked against the best performing Trusts for patient feedback returns in NHS England (35%). The Health Board’s aim is to increase the rate to 35%. The return rate increased to 17.4% in January 2020 and increased to 20.8% in February 2020.



	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
NHS England Discharge	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	
SBUHB Inpatient Discharge	24.2%	23.3%	26.6%	27.5%	24.2%	19.5%	20.6%	20.4%	15.0%	17.4%	20.8%	

The Patient Experience Team have analysed the low reporting areas and 5 star patient experience training/ awareness sessions are being held in these areas.

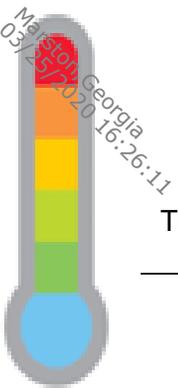
An All Wales approach is being taken to the purchase of a Patient Experience electronic system which will allow more flexibility in relation to the ability to capture more patient experience feedback and also analyse the data. It is anticipated that the new system will be implemented in the Autumn/Winter of 2020/21.

## 1.2 CURRENT POSITION

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

- Nuclear Medicine, Singleton Hospital (21 responses)
  - Surgical Day Unit, Singleton Hospital (42 responses)
  - Continence Service, Singleton Hospital (29 responses)
  - Ward 16 (Pregnancy Advisory), Primary and Community (19 responses)
  - Ward F, Morriston Hospital (35 responses)
  - Physiotherapy Outpatients, Neath Port Talbot Hospital (54)
  - Rapid Diagnostic Clinic, Neath Port Talbot Hospital (28 responses)

The 10 lowest scoring areas for the reporting period (1<sup>st</sup> February to 29<sup>th</sup> February 2020) were:



- Cardiac Rehabilitation, Singleton Hospital (75%)
- CHDU, Morriston Hospital (78%)
- Ward 03 (Elderly Care), Singleton Hospital (79%)
- Ward D (General Medicine), Morriston Hospital (83%)
- Chemotherapy Day Unit, Singleton Hospital (83%)
- Emergency Dept, Morriston Hospital (83%)
- Ward 08 (Respiratory), Singleton Hospital (84%)
- Antenatal Clinic, Singleton Hospital (85%)
- Surgical Short Stay Unit, Morriston Hospital (86%)
- Cardiac Rehabilitation, Morriston Hospital (88%)

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

- Car parking on all sites (ongoing issues).
- Better food.
- Communication issues between staff.

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

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### 1.3 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 mechanisms and be used to classify feedback from all sources.

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Percentage of patients that ticked 'Always' to the following questions:											
Treated with Dignity?											
Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
96%	97%	97%	97%	94%	99%	97%	95%	97%	95%	95%	92%
You were given help with feeding and drinking											
Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
87%	79%	86%	84%	64%	79%	79%	83%	70%	50%	93%	87%
Were you given the support you needed to help with any communication needs?											
Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
92%	97%	97%	86%	89%	94%	93%	90%	93%	95%	92%	92%
Were things explained to you in a way that you could understand?											
Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
88%	92%	91%	85%	83%	88%	92%	88%	90%	90%	90%	86%
Did you feel we did enough to keep you as free as possible from pain?											
Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
91%	88%	90%	88%	83%	83%	91%	81%	87%	81%	91%	86%
People are kind and compassionate to you?											
Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
94%	96%	79%	92%	89%	96%	95%	94%	91%	88%	90%	91%
People are welcoming, friendly and helpful?											
Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
91%	96%	86%	92%	85%	97%	95%	93%	89%	88%	92%	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?											
Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
93%	92%	90%	87%	90%	95%	91%	90%	86%	83%	85%	86%

## 1.4 Key performance Indicators for Patient Experience

The Health Board is now using key performance indicators (KPI's) to demonstrate the Health Board performance against the 4 domains of patient experience.

<b>Real Time – short surveys</b>	<p>Health Board Friends and Family recommendation score for February remained at 95%. Below are the scores:  Morrison Hospital 96%, Neath Port Talbot 98% and Singleton Hospital 93%.  Gorseinon Hospital 39%,  Reviewing the results for Gorseinon Hospital, overall there were 13 responses and the breakdown consisted of:  5 patients selected Extremely Likely or Likely to recommend  2 patients selected Unlikely or Extremely Likely to recommend  6 patients selected Neither or Don't Know  There were no further comments received, so unable to identify reasons for the low score.</p>
<b>Retrospective – more in-depth surveys</b>	<p>During the month of February there were 141 returns, the overall satisfaction score from feedback of the Patient Experience Framework All Wales questionnaire has decreased to 81%. This is based on the number of people scoring 9 and 10 using a scale of 0 to 10. The two main themes were privacy and cleanliness.</p>
<b>Balancing – Concerns, Patient Stories</b>	<p>Patient stories shown at the staff showcase event in February. There was no stakeholder or Board meeting during January.</p>
<b>Proactive/Reactive – texts, social media</b>	<p>45 alerts were received into the Patient Experience inbox in February. An alert is generated when a contact field is completed or buzz word is written.</p> <p>SBU Lets Talk: For the period, February there were 33 contacts. 12 were converted to complaints, 2 compliments, 3 transferred to Cwm Taf the remaining related to general queries.</p>

## 1.5 Patient Experience Team Improvement Work

An update on work being led by the Patient Experience Team to promote patient feedback is set out below:

- Once for Wales Patient Feedback System:** Timescales are yet to be confirmed although it is anticipated the new system will be introduced in organisations during Autumn/Winter 2020/21.
- Patient story showcase event:** The health board held its third patient story showcase event. This event showed the stories made by the newly trained staff members. Staff from across the area are invited to come along and watch the stories.

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- **Welsh Government ENT survey.** Across Wales the Welsh Government are undertaking a review of ENT services. Swansea Bay has collected feedback from patients. The result summary report is currently being produced, this will be shared with the ENT Clinical Lead and Welsh Government.

## 2. LEARNING FROM FEEDBACK

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



The Datix Risk Management system is used to log, store, and track the Swansea Bay Lets Talk data/information. This enables the Health Board to use this data when looking at themed reports. For the period February, there were 33 contacts. 12 were converted to complaints, 2 compliments and 3 transferred to Cwm Taf University Health Board as they related to Bridgend services. 0 text asking for information. The rest fell into different areas. Generic queries, PALS, referred back to GP practices, marketing emails and accidental pocket calls.



### 'Social Media'

For February, there were 3 contacts received via social media.

- 1 Compliment for Morryston Pembroke ward
- 1 Compliment for Morryston General Surgery
- 1 Compliment for Singleton -Paeds

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### ‘Care Opinion’

The Health Board has subscribed to Care Opinion to be able to respond to feedback/comments made on their website. There was no comments posted for February.



### ‘I Want Great Care’

We have just started reviewing the I Want Great Care website for feedback regarding our hospitals.

For February, there was only 1 comment received which was negative.

The comment which was left was for Neath Port Talbot Hospital. The theme was waiting times and lack of communication between the staff and patient.

### You Said - We Did

**Physiotherapy Outpatients, Singleton Hospital: You said:** Patient had been sent a letter to attend Singleton Physiotherapy Department for an appointment but in the letter it states to ring to confirm attendance. Patient had rang the department a number of times, left messages but has been unable to get hold of anyone and he is worried he will be taken off the list. He would like someone to contact him as soon as possible so he can confirm his appointment.

**We did:** Patient Experience Team contacted Singleton Physiotherapy Reception and arranged for them to telephone the patient directly to confirm his appointment. The patient was also telephoned to apologise for the difficulty he experienced in getting through and that no one from the department had rang him back. He was grateful for the call and for the concern to be closed.

**Main Entrance Toilets, Morriston Hospital, You said:** The bins in the disabled toilets were incorrect ie: could not be used by patients in wheelchair.

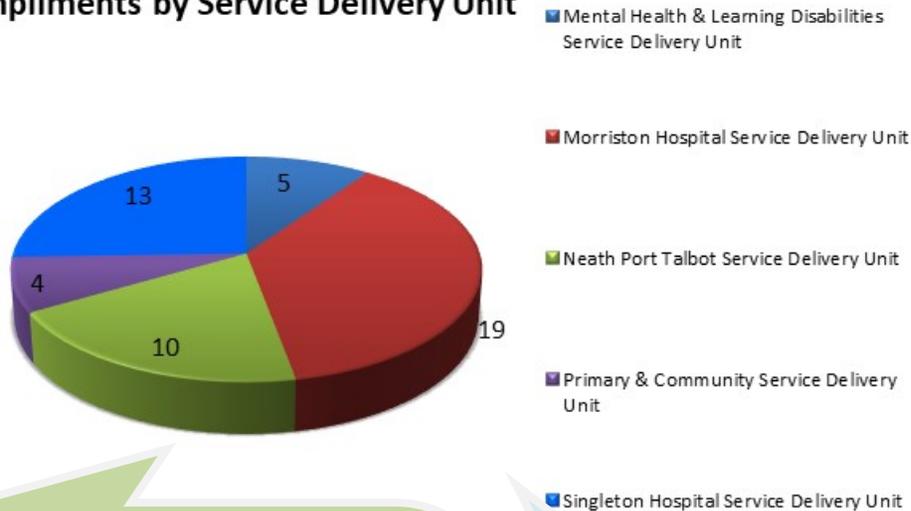
**We did:** The hospital changed the bins to bins that can be lifted by hand and therefore used by patients in a wheelchair.

### 3. COMPLIMENTS

A total of 51 compliments were recorded on Datix between 1<sup>st</sup> February 2020 and 29<sup>th</sup> February 2020, a breakdown by Delivery Unit is provided on Page 8 and a selection of compliments that were received.

### 3.2 Written Compliments – February 2020

#### Compliments by Service Delivery Unit



*"I am writing to compliment the Radiotherapy Department of Singleton Hospital and especially the staff who work there who are all truly amazing. Throughout my treatment I was given the best possible care, I was put at ease by every member of staff and was treated with respect and dignity in what was a very stressful and emotional time. What I also observed was the professionalism, efficiency, dedication and commitment of the staff who seemed to be constantly working to very strict deadlines in what is a very busy department". Radiology, Singleton*

*"GP, was very friendly, listened to what I had to say, to find out what my problem was, he also made sure that I knew what to do if the treatment I was prescribed didn't work within 48hours, and to ring my GP and not leave receptionists say there was no appointments as that could be an admittance into hospital for stronger iv antibiotics and fluids as a result. So he made sure I was fully informed, which means hopefully me not using any further hospital time and saving the NHS Money in the long term". OOH, Primary Care*

*"I recently had surgery at Morriston hospital for a dual procedure of tissue reconstruction and debridement. I would like to express my appreciation of the excellent care I received from the nursing staff on Clydach ward, the surgical team. At a time when the NHS is much criticised it seems appropriate to praise the standard of healthcare when it is duly deserved" Morriston Hospital, Burns & Plastics*

*"I just wanted to thank you for your prompt action in resolving my feedback. Following your e mail I received a call from the minor injuries unit the same day. We discussed my concerns and I have to say the reassurance offered to me was outstanding. I fully understand the pressures the department face and now know that the day I visited the demand from very sick people was very high. Following advice I visited the department yesterday to have my injury checked. The care and attention I received from all staff was first class. I was seen promptly and treated with compassion. I would like to thank everyone involved and feel that my faith in our wonderful NHS has been restored". MIU, Neath Port Talbot*

## 4. CONCERNS MANAGEMENT

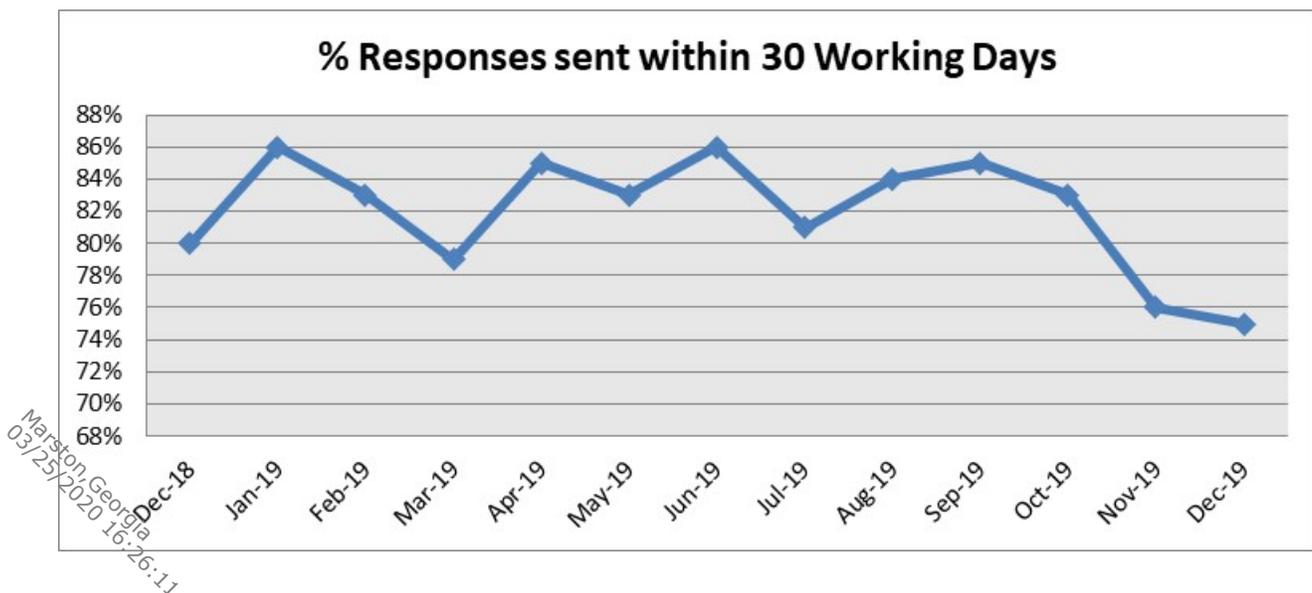
### 4.1 Concerns Assurance

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 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. CRAG is continually developing and evolving to ensure that the best possible learning and assurance is attained by the Health Board. The Health Board has also introduced CRAG workshops where learning is shared with senior members of the Service Delivery Units.

A Learning Event based on sharing learning and providing assurance, based on complaints themes and trends, with examples of good responses, is being arranged for 28<sup>th</sup> April during Patient Experience Week. Learning from other Health Board's Section 16 Ombudsman Reports will also be presented in the Learning Event, which is being supported and attended by the Health Board's Ombudsman Improvement Officer. Since the last report Swansea Bay Health Board has also received a Section 16 Ombudsman Report which was publicised on the 19<sup>th</sup> February. A comprehensive action plan to support the learning from this Section 16 report has been compiled and an action plan will be completed by the 30<sup>th</sup> April in line with the Ombudsman's timescales.

### 4.2 Complaints Performance

The Health Board have achieved 75% for December 2019 performance, which achieved the Welsh Government Target of 75%. The reduction in performance was discussed at the Quality and Safety Assurance Governance Group in January and related to complex complaints and capacity in 3 of the Units taking longer than 30 days to respond.



## 4.2.1 Re-opened Complaints from 1<sup>st</sup> April 2019 to 10<sup>th</sup> March 2020

### Breakdown

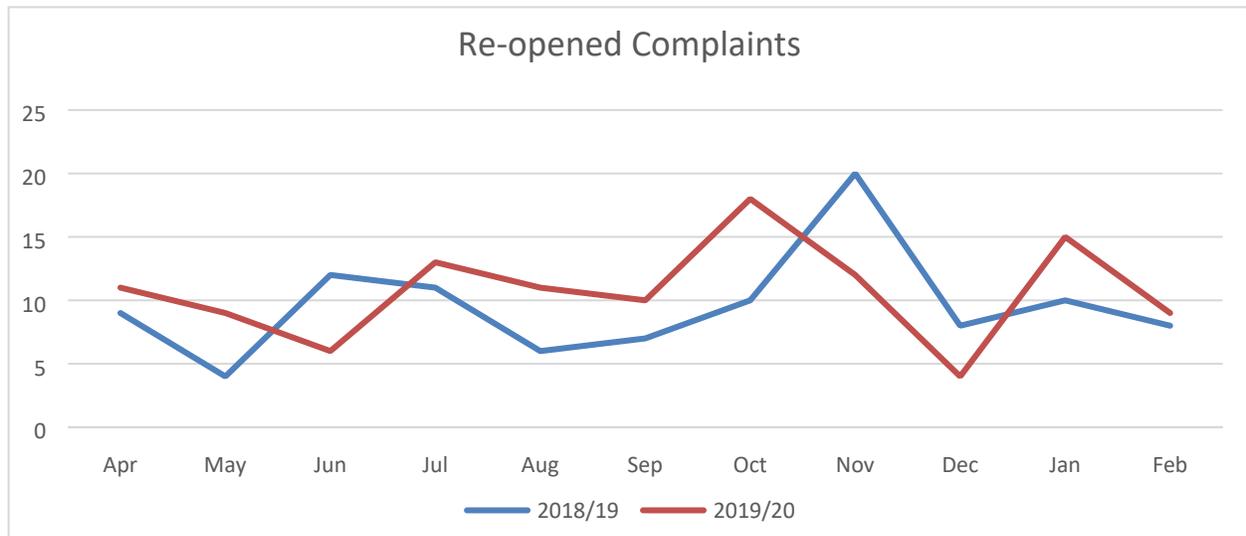
The Health Board received **1416** formal complaints from 1<sup>st</sup> April 2019 – 10<sup>th</sup> March 2020, the percentage of re-opened cases during this period is **8.26%**

Total **117** re-opened cases throughout the Health Board

### Comparison to this period last year

The Health Board received **1245** formal complaints from 1<sup>st</sup> April 2018 – 10<sup>th</sup> March 2019, the percentage of re-opened cases during this period was **8.35%**

Total of **104** re-opened cases throughout the Health Board



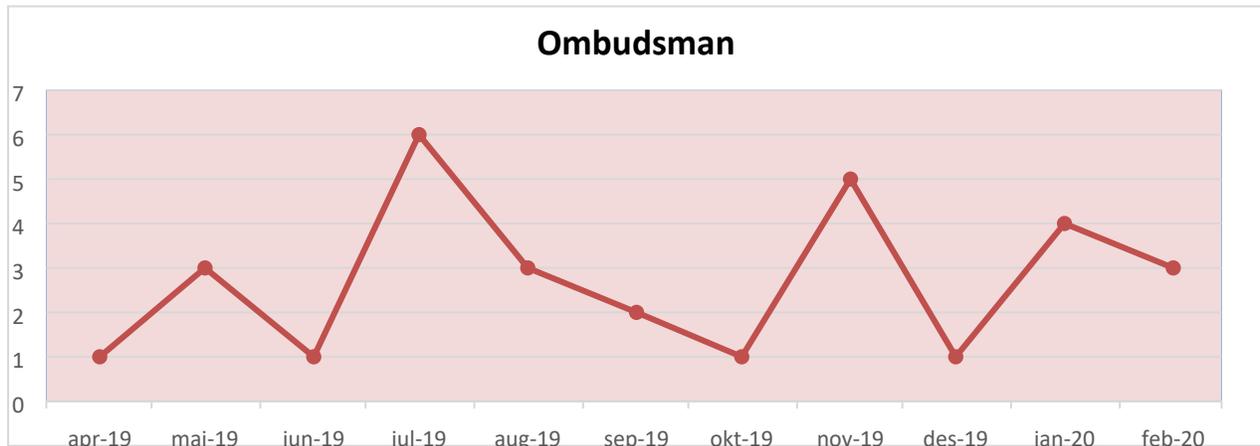
### Unit Breakdown 2018 & 2019

Service Delivery Unit	Received		% of total received Complaints		Re-opened	
	2018	2019	2018	2019	2018	2019
Morrison Hospital	444	606	36%	51.3%	62	74
Primary & Community	124	155	9.9%	13.1%	15	17
Neath Port Talbot	81	75	6.5%	6.3%	3	7
Singleton Hospital	213	375	17.1%	31.7%	9	16
Mental Health	107	150	8.6%	12.7%	7	3
Princess of Wales	239	N/A	19.2%	N/A	8	N/A
Corporate	15	15	1.2%	1.3%	0	0
Planning	21	37	1.7%	3.1%	0	0
Workforce	1	3	0.08%	0.2%	0	0
<b>Total</b>	<b>1245</b>	<b>1181</b>			<b>104</b>	<b>117</b>

The peak of reopened complaints in October has been analysed and presented to the Quality and Safety Governance Group in January 2020 and tailored training sessions are being provided to the Units to support learning.

### 4.3 Ombudsman Cases

There has been a slight decrease in complaints which the Ombudsman has investigated in relation to the Health Board in 2018/19, 35 compared to 37 in 2017/18. From the 1<sup>st</sup> April 2019 – 10<sup>th</sup> February 2020 we have received 30 new investigations compared to 38 for the same period last year.



The Patient Feedback Team has ensured that all Ombudsman timescales are met to ensure continued timeliness when communicating with the Ombudsman. The Health Board has Key Performance Indicators in place, which are monitored on the Datix system, which assist with achieving the timescales set by the Ombudsman.

An Ombudsman Project Plan has been implemented, and a tailored training programme providing Ombudsman Learning and Assurance training has been delivered to each Unit Governance Team, based on identified themes and trends. The training incorporated the importance of complying with actions agreed at meetings with complainants and in complaint responses. This will ensure a robust system is in place in the Service Delivery Units.

### 4.4 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 the both Ombudsman & Complaints Network Meetings will continue throughout 2020.

- Appropriate early resolution is considered on receipt of each Ombudsman enquiry and investigation.
- Tailored Mental Health & Learning Disabilities training is currently being arranged to reinforce the “Regulations” and Redress process.
- A Learning Event based on sharing learning and providing assurance, based on complaints themes and trends, is being arranged for 28<sup>th</sup> April 2020 during Patient Experience Week.
- Meeting with the Ombudsman Improvement Officer took place on the 10<sup>th</sup> March 2020 who confirmed he was happy with the progress the Health Board is making but will continue his role as the Improvement Officer and support with complaints training for the Consultants Training day and unit training.

## 4.5 Incidents

### 4.5.1 Incident Reporting & Performance

For the period 1<sup>st</sup> February 2020 to 29<sup>th</sup> February 2020 a total of 1729 incidents were reported. The severity of the level of harm of incidents reported is set out as follows:

Severity of Harm	Incidents Reported
No Harm (1)	1263
Low (2)	374
Moderate (3)	83
Severe (4)	3
Death (5)	6
<b>Total</b>	<b>1729</b>

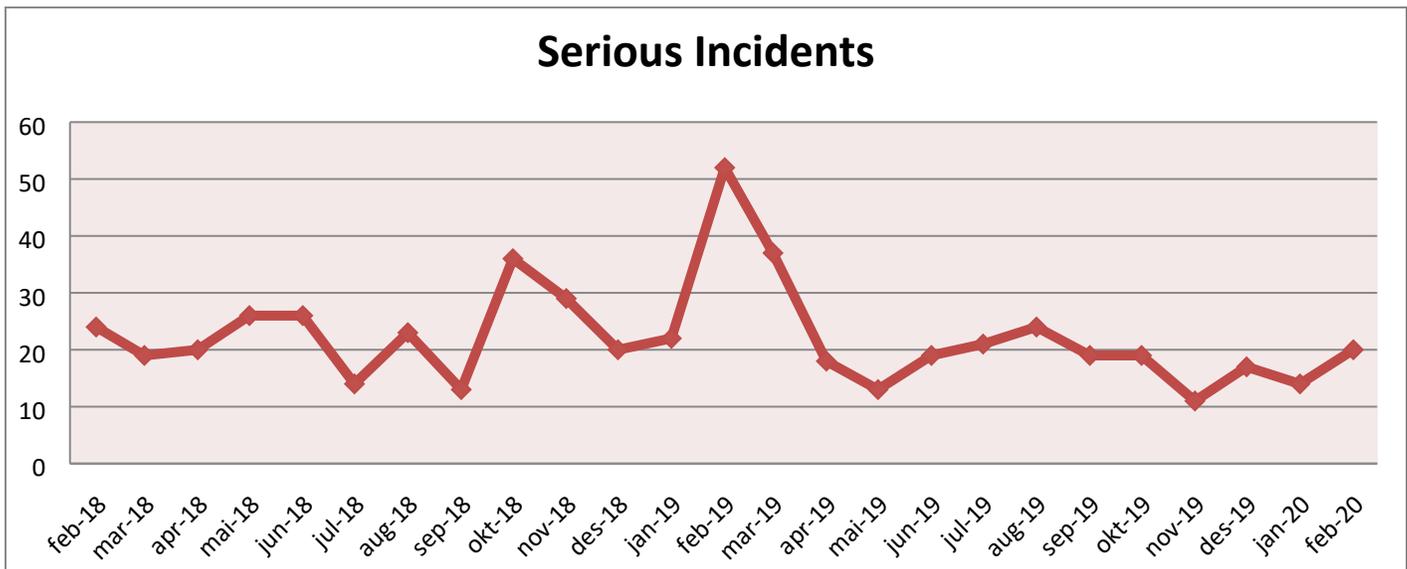
From all the incidents reported, the top five themes relate to:

- Patient Accidents/Falls– 244 (14%) incidents
- Injury of unknown origin – 237 (13%) incidents
- Pressure Ulcers - 187 (10.8%) incidents
- Administrative Processes – 142 (8%) incidents
- Behaviour – 135 (7.8%) incidents

The Health Board has improvement programmes in place for Pressure Ulcer incidents and falls and the results/performance of these programmes are detailed in performance reports to the Quality & Safety Committee and Board.

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

Serious incidents reported on a monthly basis are set out in the graph below by month. The peak in February 2019 relates to the change in mental health SI reporting. Any unexpected death of a patient known to the mental health services within 1 year of their last contact is reported to Welsh Government as a serious incident.



Welsh Government are reviewing the Serious Incident Framework and recognise that Mental health SI's are often difficult to investigate and conclude within 60 working days given the families are often still grieving and the cause of death is not available until some time after, given timescales regarding toxicology. From 1st April 2020 the 60 working day target will no longer be a requirement for the Health Boards to be monitored against.

#### 4.5.2 Never Events

The last Never Event was reported to Welsh Government on the 13<sup>th</sup> January 2020 (wrong site surgery – Orthopaedics). Since 1<sup>st</sup> April 2019 the Health Board has reported seven never events to Welsh Government relating to:

- Wrong Implant/Prosthesis
- Retained Foreign Object
- Wrong tooth extraction – two cases
- Wrong site surgery – three cases

The Health Board has investigated the incidents and the learning from the closed cases is summarised below.

#### Learning from Closed NE's

##### 4.5.2.1 Recommendations

- The practice to adopt a recognised 'Local Safety Standards for Invasive Procedures' (LocSSIPs) for wrong site extraction in Dentistry for all Dental staff at the practice.
- Any training needs within the practice are identified and implemented.
- A follow up support visit by Richard Jones, Dental Practice Advisor within 6 months to ensure the LocSSIPs has been embedded within the practice.
- Six monthly audits to assess compliance in the use of the correct site surgery checklist (1000 Lives checklist or similar)

- The practice to enhance its record keeping policy and train staff appropriately with 6 monthly audits to check for standards of record keeping.
- PD to continue to implement the LocSSIPs approach in her future practice.
- Swansea Bay University Health Board to share anonymised learning with Welsh Government, HEIW (Health Education & Improvement Wales), the local Dental Committee, Health Board Quality and Safety Groups and its local practitioners via the Newsletter and end of year practice visits.
- Support LocSSIPs for WSS as an integral part of its Quality Assurance Frameworks.
- Swansea Bay University Health Board to encourage Swansea Bay Health Board practices to adopt LocSSIPs and encourage HEIW to recommend all DFT (Dental Foundation Trainees) training practices to adopt LocSSIPs.
- LocSSIPs to be recommended as part of Conditional Inclusion of EU/PLVEs (Performers List Validation by Experience) within the Health Board.
- HEIW examine how they notify and work collaboratively with Health Boards when patient safety issues are identified with trainees.

#### **4.5.2.2 Recommendations**

- Clinical Lead identified within orthopaedics to prepare action plan in response to this alert
- Following review of X-Rays of all potential patients (352), one patient identified as having reconstruction plate fitted since 1<sup>st</sup> February 2018 that resulted in plate failure
- Reconstruction plates have previously been included on the tray system in orthopaedic theatres, and are now stored separately for use as required
- The labelling of the reconstruction plates has been made as clear as possible within theatres to ensure they are not used inappropriately
- Clinical Lead for Trauma & Orthopaedic Surgery has discussed the PSA with consultant colleagues within the department
- Clinical Lead for Trauma & Orthopaedic Surgery to further reiterate at Orthopaedic Audit
- Theatre Manager has cascaded information to all groups of staffing including nursing and professions allied to medicine
- Review of LocSSIP for the prevention of wrong implant/prosthesis which is considered robust by theatre management

Orthopaedic surgeons and theatre staff were unaware of the risk of plate failure when utilising reconstruction plates. This was considered an unavoidable risk due to lack of knowledge at the time.

#### **4.5.2.3 Recommendations**

- Cardiac theatres should revert to accepted practice of having one scrub nurse and one circulating nurse responsible for all swab counts within theatre.
- Swab counts to only be performed by appropriately trained staff.
- Any changes within theatre practice to be discussed and agreed with cardiac senior staff
- Staff to undergo training on the Safety Brief and its importance of completing on TOM's prior to the surgery commencing.

- Review of governance practice and risk assessments prior to any change in practice

#### **4.5.2.4 Recommendations**

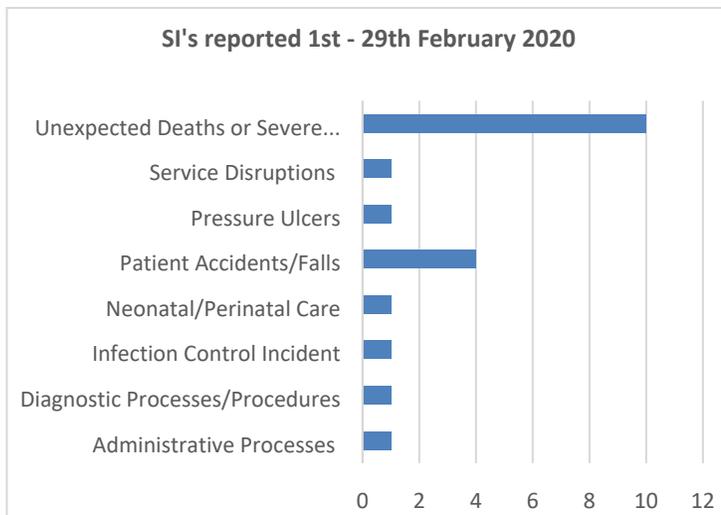
- Dental Practice to adopt a recognised “Local Safety Standards for Invasive Procedures” (LocSSIPs) for wrong tooth extraction in dentistry for all Dentists at the practice as well as sharing the learning with all performers, dental care professionals and support staff in the practice. A follow up support visit from the Dental Practice Advisor (DPA) to ensure action is embedded within the practice.
- IA to continue to implement the LocSSIPs approach in his future practice.
- Swansea Bay University Health Board to share the anonymised learning with Welsh Government, Health Education & Improvement Wales (HEIW), Local Dental Community (LDC), Local Health Board Quality & Safety groups and local practitioners via a newsletter and end of year practice visits.
- Swansea Bay University Health Board to continue to encourage all Swansea Bay UHB practices to adopt a LocSSIPs approach and encourage HEIW to recommend all Dental Foundation Trainee (DFT) practices to adopt a LocSSIPs.
- LocSSIPs to be recommended as part of conditional inclusion of EU/PLVEs (Performers List Validation by Experience) within a practice.
- HEIW examine how they notify and work collaboratively with Health Boards when patient safety issues are identified with trainees. A new reporting document has been issued to practices from HEIW but this does not offer any potential for triangulation(Appendix A). HEIW to work with Health Boards to examine whether there is any benefit in issuing guidance on DFTs involvement in IHAs.
- Dental Practice Advisor (DPA) support visit to ensure changes embedded within the practice to give the Health Board confidence and to develop agreed action plan to include audits on record keeping and LocSSIPs and any training needs within the practice are identified and implemented
- Swansea Bay University Health Board to review its Policy on In Hours Access patient appointment times and standards
- HEIW working with Health Boards to review how DFTs are involved in In Hours Access Patients.
- Dental Practices who host Foundation Dental Trainees to be fully aware of the HEIW Dental Significant Event Reporting Protocol.
- SBUHB review the Service Level Agreements (SLA) for In Hours Access (IHA) provision as to whether a basic base chart should be implemented for all patients seen through IHA and clarification on competence expectations of those delivering IHA sessions.

#### 4.5.2.5 Recommendations:

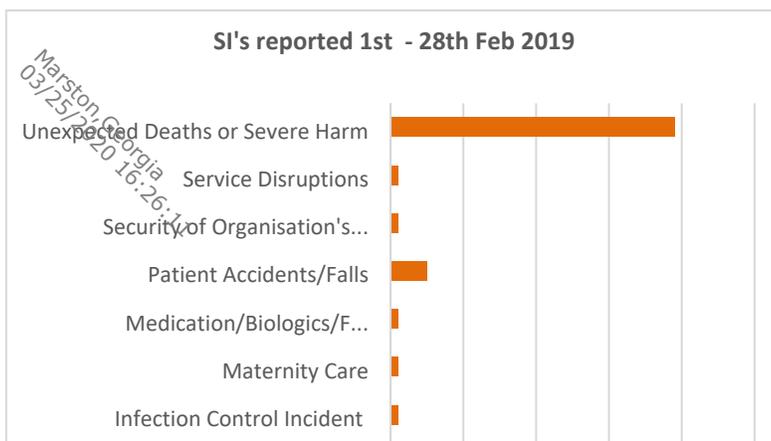
- Introduction of Safety Briefing at start of all invasive procedures with allotted appointment time.
- LocSSIPs to be written in keeping with NatSSIPs.
- Staff to undergo training on the Safety Brief and its importance.
- All staff to be included in Sign In process and confirmation of the site procedure.
- Review of current WHO checklist in collaboration with Cwm Taf Morgannwg External Clinical Leads.
- Consideration of pen marking of side before the patient lies on the table.
- Consideration of side marker on image intensifier.
- Consideration of use of split screen initially; one showing reference image with marker and the other screen showing live image of procedure for initial injection so that the radiographer is able to confirm the correct side of the procedure.
- All above to be considered for inclusion in reviewed policies and procedures.
- Review of LocSSIPs and other procedural documentation in conjunction with NatSSIPs to ensure compliance.

#### 4.5.3 SI's Reported 1<sup>st</sup> February 2020 to 29<sup>th</sup> February 2020

During February 2020 a total of 20 serious incidents were reported to Welsh Government of which 10 (50%) related to unexpected deaths of mental health patients.



SI's reported 1st - 29th Feb 2020	
Administrative Processes	1
Diagnostic Processes/Procedures	1
Infection Control Incident	1
Neonatal/Perinatal Care	1
Patient Accidents/Falls	4
Pressure Ulcers	1
Service Disruptions	1
Unexpected Deaths or Severe Harm	10



SI's reported 1st - 28th Feb 2019	
Category	Data
Behaviour	1
Infection Control Incident	1

<b>Maternity Care</b>	1
<b>Medication/Biologics/Fluids</b>	1
<b>Patient Accidents/Falls</b>	5
<b>Security of Organisation's Property, Data and Buildings</b>	1
<b>Service Disruptions</b>	1
<b>Unexpected Deaths or Severe Harm</b>	39

In comparison to the same period in 2019 the number of serious incidents reported to Welsh Government was higher, 50 (20 in 2020). This was due to the change in criteria for reporting all Mental Health deaths of patients known to the service.

## **Actions**

- SI training to be delivered across the Health Board in accordance with training programme.

## **5. Risk Management**

Members will recall that the Executive Team held two sessions on Risk Management (July and September 2019) and a Risk Management Workshop was held in September 2019. Executive Directors endorsed the updated HBRR for submission to the Board in November 2019 together with the Risk Management Policy which was ratified.

Executive Directors/nominated deputies update their risk entries on a monthly basis with any updates. There are a total of 35 HBRR risks of which 17 risks are rated as 20 or 25. Each risk is assigned to a sub Committee of the Board.

New Risks reported to the Audit Committee in March 2020 are (6):

- **65 CTG interpretation:** Central monitoring system required to reduce the risk of misinterpretation of abnormal CTG traces;
- **66 SACT Treatment:** delays in Chemotherapy Day Unit;
- **67 Radical Radiotherapy treatment:** delays in achieving target timescales to deliver the treatment;
- **68 Pandemic Framework:** Risk of declared pandemic due to **Coronavirus** Infectious Disease outbreak 2020;
- **69 CAHMS:** Adolescents being admitted to adult MH wards and;
- **70 National Data Centre outages** which disrupts Health Boards services

Closed Risks (1) - **55 Bridgend Boundary Change**

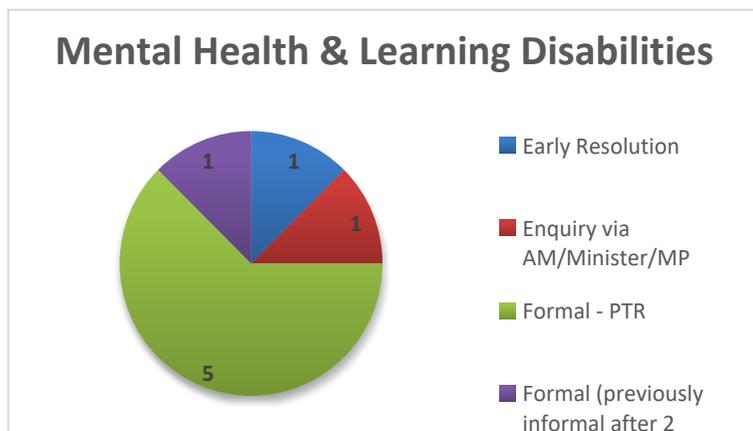
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## 6. DELIVERY UNIT REPORTS

### Mental Health & Learning Disabilities Services Delivery Unit

1<sup>st</sup> February – 29<sup>th</sup> February 2020

Mental Health & Learning Disabilities SDU received 8 concerns.



#### Top Complaint Trends

- Communication (4)

There were no other obvious themes



- No Never Events
- 0 Clinical Negligence claim
- 0 Personal Injury claim

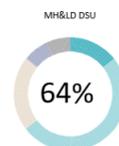
#### Incidents

209 incidents were reported with the 3 top themes being:

- Inappropriate/Aggressive Behaviour towards Staff by a Patient – (52)

- Inappropriate/Aggressive Behaviour towards a Patient by a Patient – (26)
- Suspected Slips/Trips/Falls (unwitnessed) – (22)

**11 Serious Incident's:** 10 relating to Unexpected deaths (the Health Board retrospectively reported all deaths of Mental Health patients known to the service who died within 12 months of being seen by the Health Board) and 1 Diagnostic Processes/Procedures



#### Friends & Family Results – February 2020

64% of the 14 respondents said they would be extremely likely or likely to recommend the clinical service

#### All Wales Survey



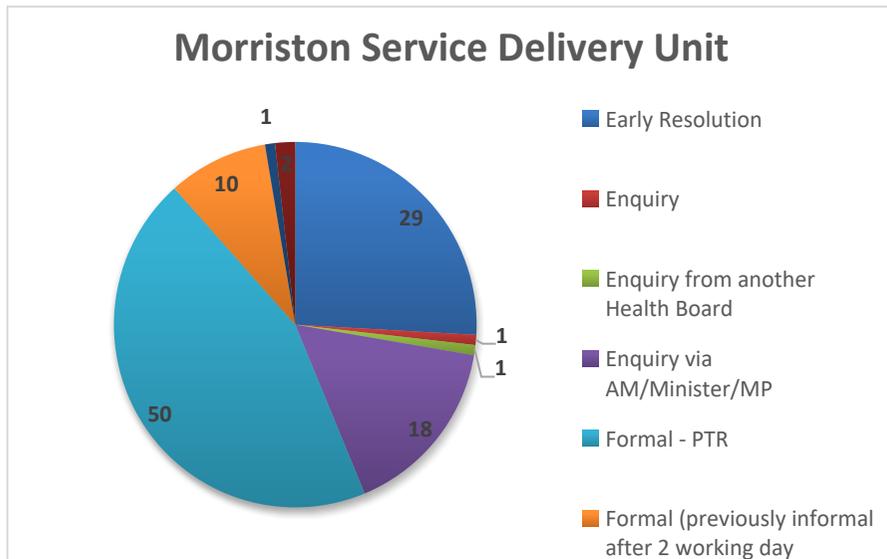
There was no All Wales Surveys completed for the Service Delivery Unit during February 2020.

*Compliment, Adult Mental Health "Dr was very accommodating and took the time to answer my questions. It was great to see the role of the liaison team and the multi-disciplinary team, which consisted of frontline nurses in A and E. I found out that the role of the nurses we crucial in taking the full psychiatric history, assessing the patients and making a plan for the patient".*

# Morrison Hospital Service Delivery Unit

1<sup>st</sup> February – 29<sup>th</sup> February 2020

Morrison Hospital SDU received 112 concerns.



## Top Complaint Trends

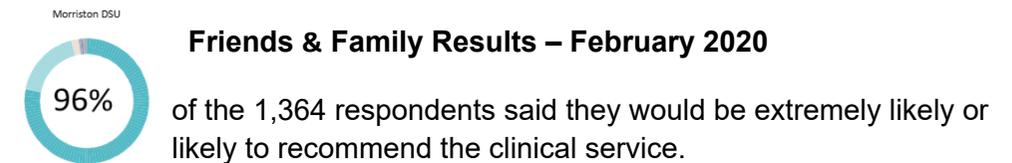
- Admissions (47)
- Clinical Treatment (16)
- Communication Issues (13)
- 5 Clinical Negligence Claims
- 0 new Never Events
- 0 Personal Injury Claims

## Incidents:

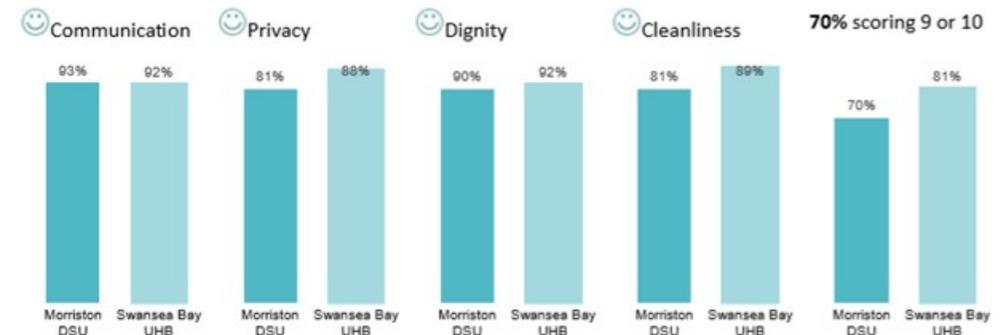
651 incidents were reported with the 3 top themes being:

- Administrative Processes – (123)
- Patient Accident/Falls– (84)
- Injury of unknown origin (83)

1 Serious Incident: which was an Infection Control incident



## All Wales Survey



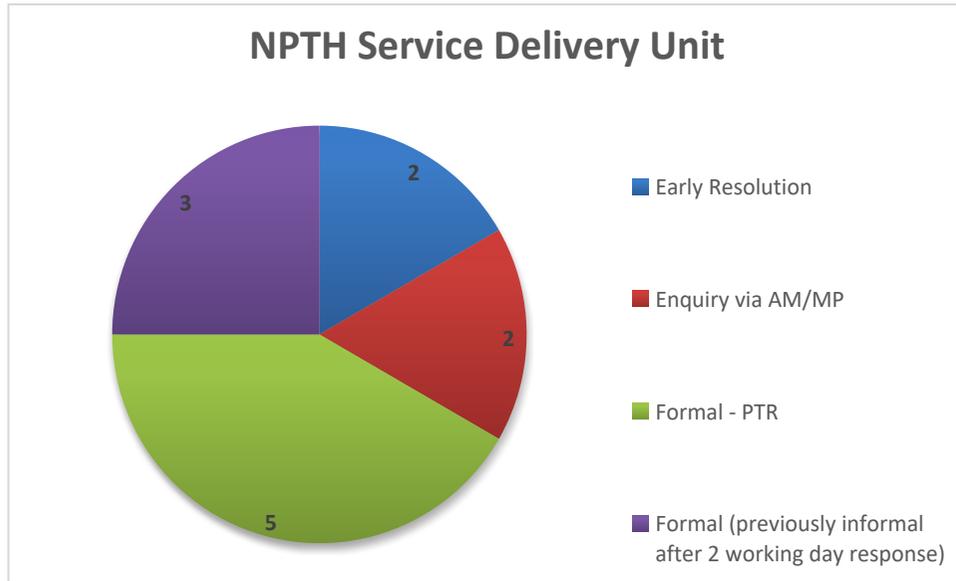
57 All Wales Surveys were received for the Service Delivery Unit during February 2020 with the overall score of 70%.

**Compliment Outpatient Dept:** "This is just to say I went to Morrison last week to have a blood pressure monitor fitted and the service was excellent particularly as I was late due to a flat tyre (I did ring ahead)".

# Neath Port Talbot Hospital Service Delivery Unit

1<sup>st</sup> February – 29<sup>th</sup> February 2020

Neath Port Talbot SDU received 12 concerns



## Top Complaint Trends

- Communication (3)
- Clinical Treatment (3)

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


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## Incidents:

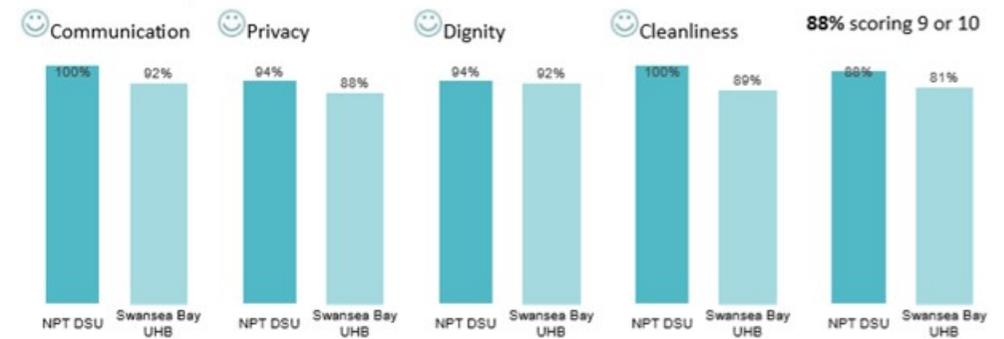
128 incidents were reported with the 3 top themes being:

- Suspected Slips/Trips/Falls (un-witnessed) – (40)
- Inappropriate/Aggressive Behaviour towards a Staff by a Patient – (14)
- Human Resource Availability (11)

2 Serious Incident were reported – both Patient Accident/Falls

of 97% **Friends & Family Results – January 2020** the 350 respondents said they would be extremely likely or likely to recommend the clinical service.

## All Wales Survey



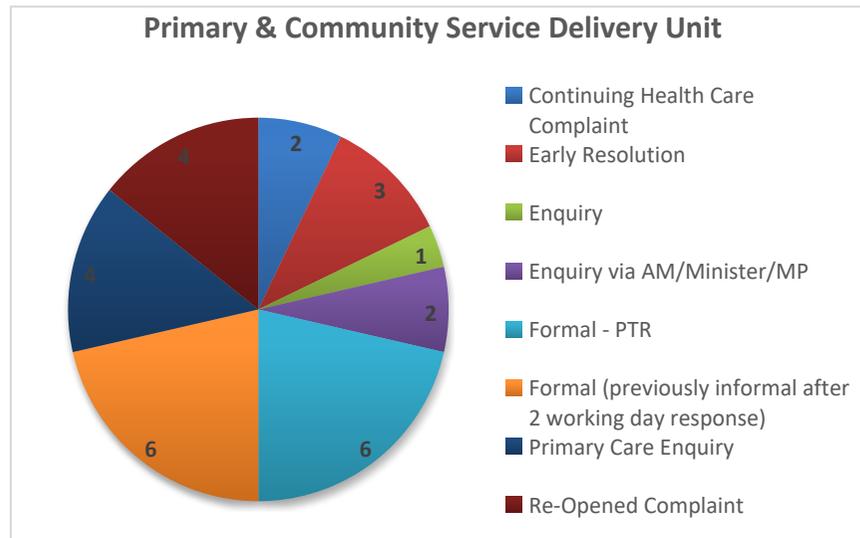
16 All Wales Surveys were received for the Service Delivery Unit during February 2020 with the overall score of 88%.

**Compliment, Dietetics Dept: "Very grateful to everyone involved in dad's care and that you are all amazing and very supportive. Really appreciates everything you've done for them".**

# Primary & Community Service Delivery Unit

1<sup>st</sup> February – 29<sup>th</sup> February 2020

Primary & Community SDU received 28 concerns.



## Top Complaint Trends

- Communication Issues (9)
- Attitude & Behaviour (7)
- Appointments (4)
- Clinical Treatment (4)



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

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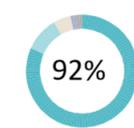
## Incidents:

285 incidents were reported with the 3 top themes being:

- Pressure Ulcer – developed prior to admission (86)
- Moisture Lesion– (68)
- Injury of unknown origin – (28)

## 1 Serious Incident's: relating to a Pressure Ulcer

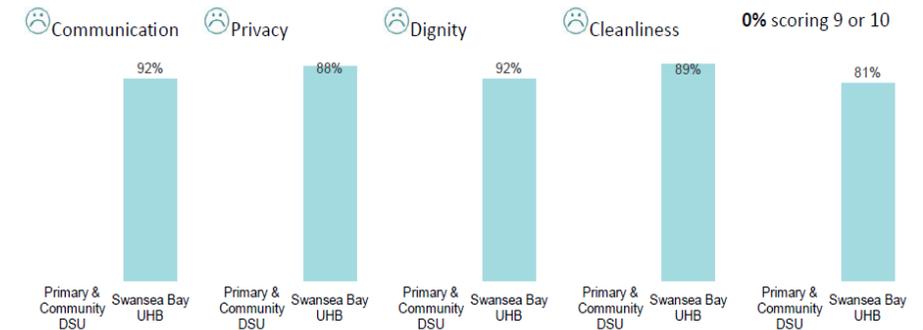
Primary & Community DSU



## Friends & Family Results – February 2020

of the 180 respondents said they would be extremely likely or likely to recommend the clinical service.

## All Wales Survey



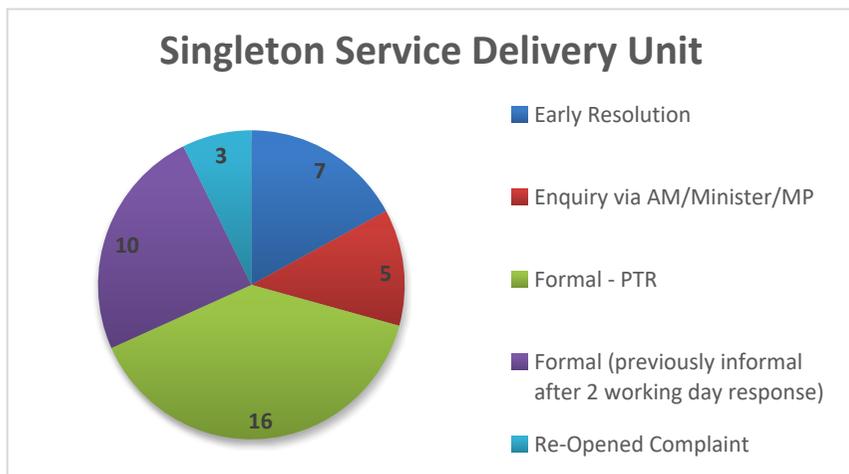
There were no All Wales Surveys completed for the Service Delivery Unit during February 2020.

**Compliment, Acute Clinical Team** "I recently used the services of your Acute Clinical Team. They delivered IV antibiotics at home for 4 days after an 11 day stay in hospital. I am just writing to you to compliment you on a wonderful service. The nurses were all kind, caring and professional – a great asset to your service."

# Singleton Hospital Service Delivery Unit

1<sup>st</sup> February– 29<sup>th</sup> February 2020

Singleton Hospital SDU received 41 concerns.



## Top 3 Complaint Trends

- Appointment (13)
- Admission (6)
- Communication (5)



- 0 Never Events
- 0 Personal Injury Claims



- 6 Clinical Negligence claims

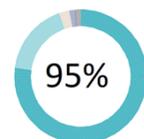
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## Incidents

387 incidents were reported with the 3 top themes being:

- Maternity Triggers
- Suspected Slips/Trips/Falls (unwitnessed)– (31)
- Moisture Lesion – (26)

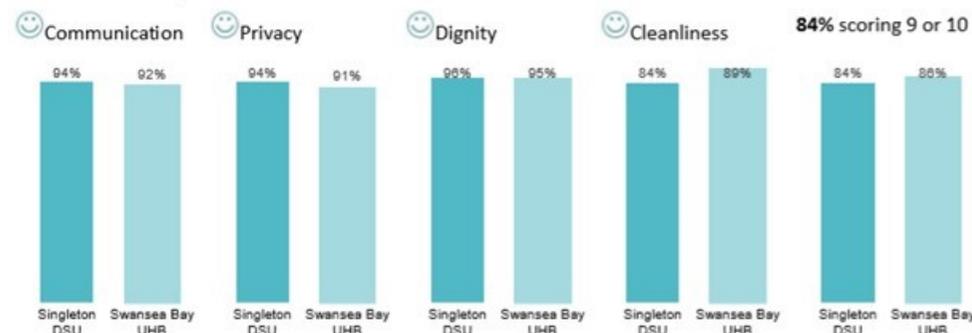
**5 Serious Incidents:** 2 Patient Accident/Falls, 1 Administrative Processes, 1 Neonatal/Perinatal Care and 1 Service Disruptions



## Friends & Family Results – February 2020

Of the 1,120 respondents said they would be extremely likely or likely to recommend the clinical service

## All Wales Survey



71 All Wales Surveys were received for the Service Delivery Unit during February 2020 with the overall score of 88%.

*Compliment, Dermatology Dept, "I just wanted to say how grateful I am to Dr and all the staff at the Singleton dermatology clinic this morning. I took my elderly mother to her appointment there, and everyone was kind, polite, patient, and caring. She even had her skin lesion removed at the same clinic by a delightful doctor, and a very nice nurse. I appreciate the excellent service".*