



Patient Experience, Risk & Legal Services Report July 2020

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 Delivery Units and learning.

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1. PATIENT EXPERIENCE UPDATE

1.1 Inpatient Discharge Feedback

Due to Covid-19, the collection of the Friends and Family forms has been suspended from 23rd March until the 31st August 2020. The Patient Experience Team took the following actions to obtain patient experience feedback during the pandemic:

- **Developed an electronic survey** which is available online and also sent out weekly via SMS messages to discharged patients across the Health Board. The survey focusses on communication, virtual visiting/appointments and the availability of clothing and toiletries.

The Covid-19 survey results are being shared with the Health Boards Intelligent Network to help inform the recovery work and the IT team. The results are also shared with Person Centred Care Cancer Steering Group, Eye Care Collaborative Group and the Health Boards Charity Manager to take any action as required in relation to the Wish List.

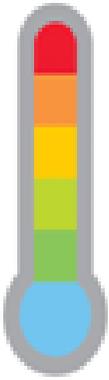
The feedback for the surveys in July is being analysed, and mainly positive comments relating to the changes made.

For the month of July there were 502 Friends and Family online survey returns which results in 91% of people stating they would highly recommend the Health Board to Friends and Family which was a 4% increase from June 2020.

From the 502 responses received the high response areas across the reporting period (all with 100% positive feedback) included:

- Anglesey Ward, Morriston Hospital (22 responses)
- Audiology Unit, Morriston Hospital (10 responses)
- Burns Outpatients Dept, Morriston Hospital (7 responses)
- Dan Danino Ward – Morriston Hospital (14 responses)
- Renal Dialysis Annexe – Morriston Hospital (7 responses)
- Renal Dialysis Unit – Morriston Hospital (10 responses)
- Antenatal Clinic – Singleton Hospital (32 responses)
- Labour Ward – Singleton Hospital (6 responses)

The 7 lowest scoring (Below 90%) areas for the reporting period (1st July to 31st July 2020) were:



- Physiotherapy, Gorseinon Hospital (33%) (3 responses)
- Phlebotomy, Singleton Hospital (60%) (3 responses)
- Chemotherapy Day Unit, Singleton Hospital (83%) (6 responses)
- Gynaecology Outpatients Department, Singleton Hospital (83%) (6 responses)
- Neurodevelopmental Disorders Service, Neath Port Talbot Hospital (83%) (6 responses)
- Emergency Department, Morriston Hospital (85%) (1 response)
- Childrens Centre, Neath Port Talbot Hospital (86%) (7 responses)

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.

We have investigated the reason for the above departments scoring so low. The reason why the scores are so low is because a lot of people are selecting 'neither' or 'don't know' on the 'Overall, how was your experience of our service?' question. There were no negative comments.

During the Covid-19, we will continue to monitor all online feedback and report any issues directly to the Units.

1.2 Patient Experience Team Work

- **Cancer feedback Prehab2rehab.** Work continues with the joint collaborative Task & Finish Group with Cardiff and Vale Patient Experience leads, and Macmillan. We have developed the PREMs and a link is now on the booklet and sits on the Health Boards website. Swansea Bay's Cancer service managers and CNS's are sending out the Prehab2rehab booklet. Alongside this the RTT team are also sending out the leaflets to people on waiting lists.
- **Staff survey Patient Reported Experience Measures (PREM).** Patient Experience Team built and managed the staff survey for Work Force & Organisational Development (WF&OD). The survey closed on 31st July and 1,650 staff members completed the survey. This is the largest survey we have managed. The final summary report is 150 pages and is now with the WF & OD for review. The report will help shape the future work plan for the team.
- **Wales Fertility Clinic:** We have been approached by the clinic to develop a Patient Reported Experience Measure (PREM) on the experiences of patients during the Covid pandemic. The questions are being developed and the team aim to have the feedback results by the end of October.
- **Volunteer Survey:** During the last few months our Volunteer services were 'stood down' due to Covid outbreak. The impact this has had on the retention of volunteers has been significant

and we have been asked to develop a Volunteer survey to capture their experience. The results will not be available until end of October.

- **Bereavement Survey:** During the Covid Pandemic some staff and patients have experienced the sad loss of loved ones. The Chaplaincy have asked to work with us and lead on capturing a reflective survey from staff around the multi-faith experiences and support. There is also an opportunity to capture the wider community experiences on a separate survey, for the community multi faith organisations. This is at the early stages of discussion and we will update you on the developments.
- **Advanced Care Planning:** We have been asked to support digital stories and leaflets for the Advanced Care Planning Team. The aim is to get people talking to loved ones about the need to prepare for the future and your wishes if you become poorly.
- **Keep a look out:** The team is currently writing its first Newsletter to be publish on the staff intranet page in August. This is will highlight the work and support we can provide.
- **All Wales Information Hospital Visiting/appointment Patient Leaflet:** Patient Experience manager is working with colleagues across Wales on a Task & Finish group with Welsh Government to produce an easy ready guide for patients 'Hospital Visiting / Appointments. The leaflet is awaiting sign off before being released.
- **Antibody testing:** We have added the Antibody testing area in the Bay field hospitals to the Friends and Family test to capture the experience of people who use the service.
- **Reset and Recovery:** We are sharing the feedback we have received for the Covid Survey and the online Friends and Family data with the Reset and Recovery team. The team are also using our Covid Digital Stories to shape future services.
- **Patient & Citizen Empowerment Project Board:** This group held its first meeting on 23rd July. This board will allow us to share the feedback we collect from patient experience and also from our wider team, Serious Incidents, Ombudsman, Complaints, Legal

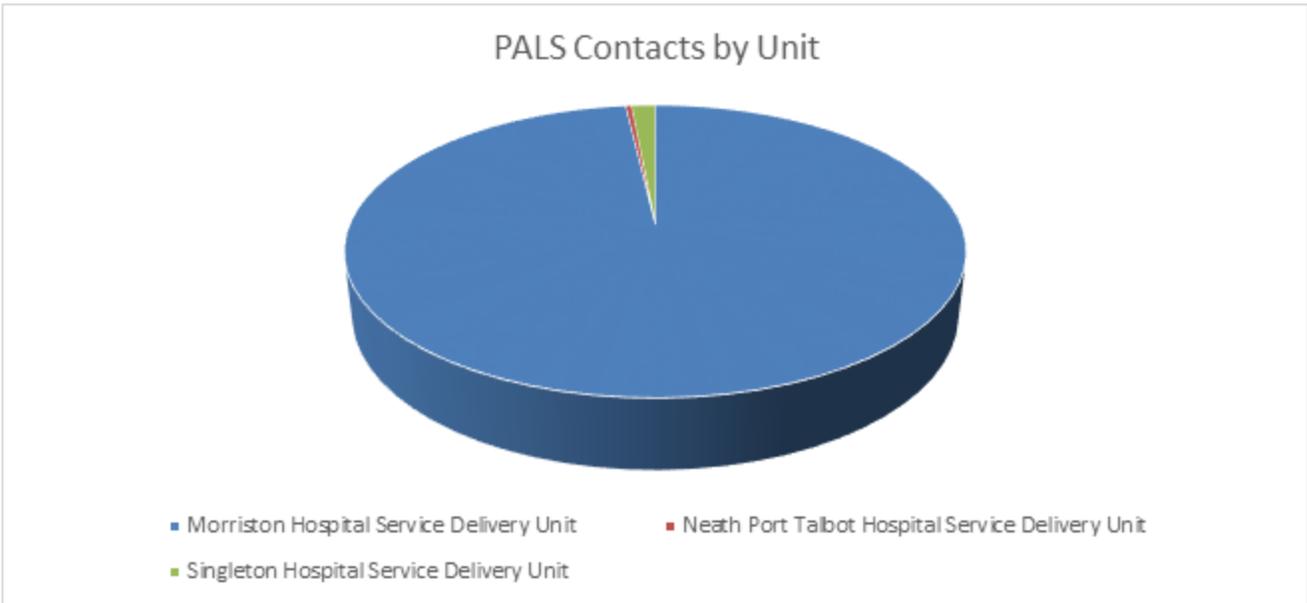
1.3 All Wales Survey

During July 2020, 77 All Wales Surveys were completed.

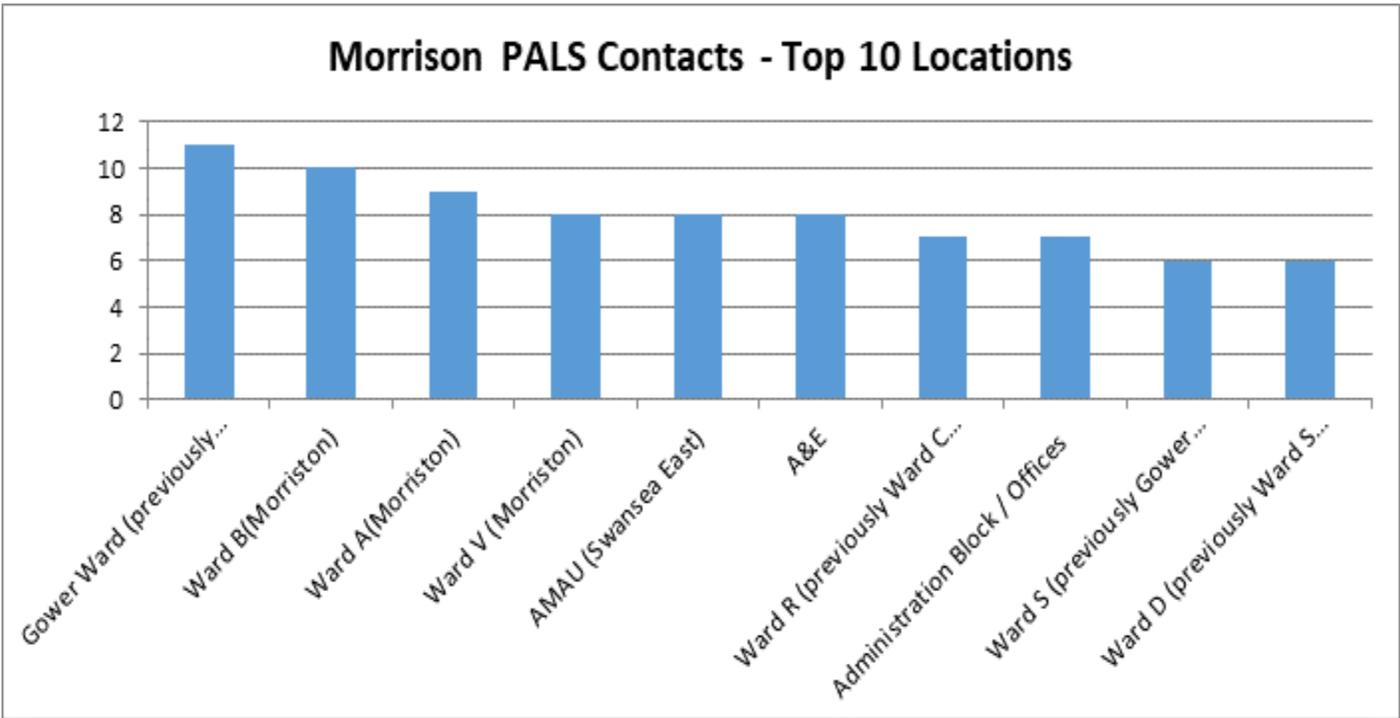
Patient Advisory Liaison Service (PALS) Activity – July 2020

During the month of July 2020, the Health Board's PALS Teams recorded 1415 records on the Datix system, this compared to a total of 141 contacts for July 2019.

These are broken down by each PALS Team/Delivery Unit below, Morriston having the highest number of 1389 contacts.



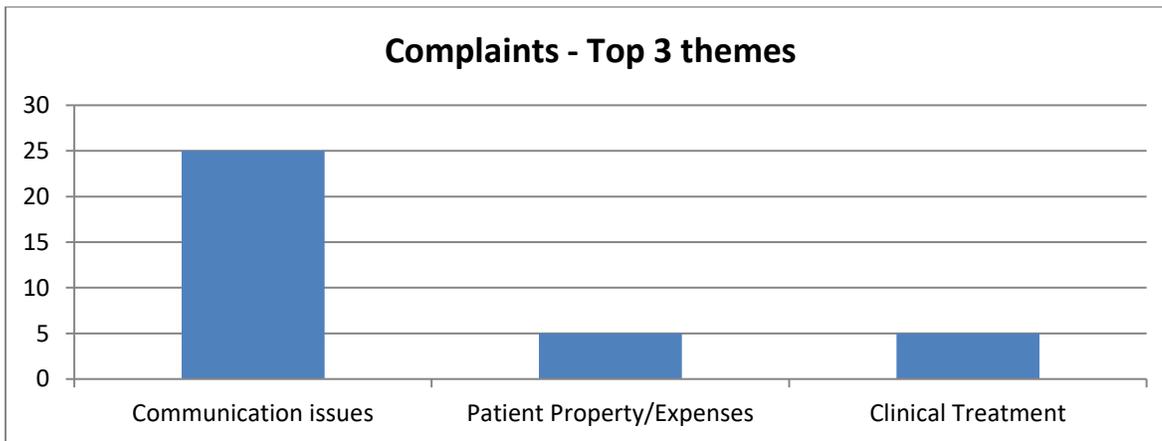
Out of the 1389 logged for Morriston Unit, 1250 have been logged by the PALS Team in Morriston when dropping off patient's belongings to the wards during COVID. Out of the remaining records, the locations with the most contacts are below;



The PALS teams deal with a variety of different situations ranging from complaints to compliments, below shows the contacts by type;

Support	1207
Help	101
Concern	59
Information	20
Bereavement	9
Compliment	9
Advice	8
Comment	2

Out of the 59 concerns received via the PALS Team, the top complaint issues are below;



Communication training for all staff

As a result of the themes emerging from the PALS report we have developed bespoke communication training for all staff.

A bulletin placed on the staff intranet September:

Without exception COVID has affected all the services the Health Board provides to its patients and stakeholders.

In times of crisis communication skills are often challenged the most. Responding to the needs of our patients, their relatives and each other, under such circumstances can be very distressing and especially so, when we are exhausted.

It is important that we take time out to re-charge our batteries. Therefore, Kathryn Ratcliffe from the Patient Experience Risk and Legal Team is offering bespoke communication training to meet those needs. All training

sessions will focus on dignity, empathy and compassion and how we can pamper and support one another with these attributes. ***Caring for each other and Working Together*** as carers energises us for ensuring our patients receive that five star experience.

In addition, training in managing telephone and visitor aggression is also available.

Training can be provided where necessary one to one, in pairs, or groups up to eight. To access this provision or to make enquiries Kathryn can be contacted on 07903672208 or Kathryn.ratcliffe@Wales.nhs.uk

We will report the outcomes throughout the year.

1.3 All Wales Patient Experience Questionnaire - 77 returns

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.

Reduced numbers of returns due to Covid

Percentage of patients that ticked 'Always' to the following questions:												
Treated with Dignity?												
Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	
99%	97%	95%	97%	95%	95%	92%	97%	100%	100%	92%	92%	
You were given help with feeding and drinking												
Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	
79%	79%	83%	70%	50%	93%	87%	0%	100%	0%	0%	80%	
Were you given the support you needed to help with any communication needs?												
Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	
94%	93%	90%	93%	95%	92%	92%	98%	100%	93%	82%	87%	
Were things explained to you in a way that you could understand?												
Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	
88%	92%	88%	90%	90%	90%	86%	93%	95%	100%	92%	94%	
Did you feel we did enough to keep you as free as possible from pain?												
Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	
83%	91%	81%	87%	81%	91%	86%	75%	100%	100%	67%	89%	
People are kind and compassionate to you?												
Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	
96%	95%	94%	91%	88%	90%	91%	92%	100%	100%	78%	92%	
People are welcoming, friendly and helpful?												
Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	
97%	95%	93%	89%	88%	92%	95%	88%	100%	100%	67%	90%	
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?												
Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	
95%	91%	90%	86%	83%	85%	86%	88%	100%	80%	67%	86%	

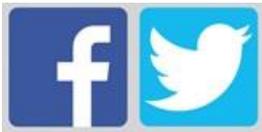
2. LEARNING FROM FEEDBACK

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 month of July, there were 36 contacts. 5 were converted to complaints; 2 compliments and 0 transferred to Cwm Taf University Health Board. The remaining related to queries re GP practices which PALS referred and marketing emails/ accidental pocket calls.

'Social Media'



No contact received via social media in July.



No contact received via Care opinion during July.

I Want Great Care

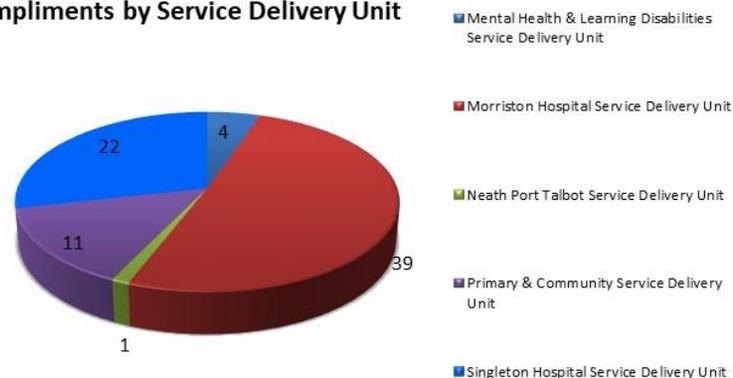
No compliments received for July.

3. COMPLIMENTS

A total of 77 compliments were recorded on Datix between 1st July 2020 and 31st July 2020, a breakdown by the Delivery Units is provided on Page 7 and a selection of compliments received.

3.2 Written Compliments – July 2020

Compliments by Service Delivery Unit



*"I have just spoke to a patient's brother that you both assessed in A&E. he was very thankful for the input you both had, commenting on how lovely and professional the situation was dealt with. I quote 'I am a painter and decorator, and I don't have a clue about mental health. But as soon as the two from your team came I knew they were mental health specialists, as things just got better and help was given'". **Adult Mental Health Services***

*"I cannot express enough gratitude and admiration to the commitment, care, compassion, communication and support I received during this time from the amazing team/unit and that includes every grade of worker from voluntary tea ladies to the surgeon. Apart from the obvious changes going on because of Covid-19 to keep staff and patients safe and the stress that this will have put on front line workers their care and professionalism never waivered. I hold them all in high esteem, close to my ear t and will forever be in their debt." **Breast Care Centre, Singleton Hospital***

*"I cannot fault the whole of the hospital staff from Doctors right down to the lovely cleaners, PALS was a godsend too soon as items were dropped off they were on their way delivering. There was not one non smiley face all the time I was there and boy did they have an awful lot not to smile about. The care I had was fantastic and felt safe in their hands. The NHS has its 72nd birthday today and I want to say what a fantastic service we are getting through this very sad and difficult time. So I want to do a massive clap for Morriston hospital and all NHS staff all over the country". **AMAU East, Gowers and PALS team, Morriston Hospital***

*"I would like to thank you very much for all your work to help me with the problems I've got with my feet. Your kind and friendly manner makes what you have to do more bearable. Very much appreciated." **Podiatry, Neath Port Talbot Resource Centre***

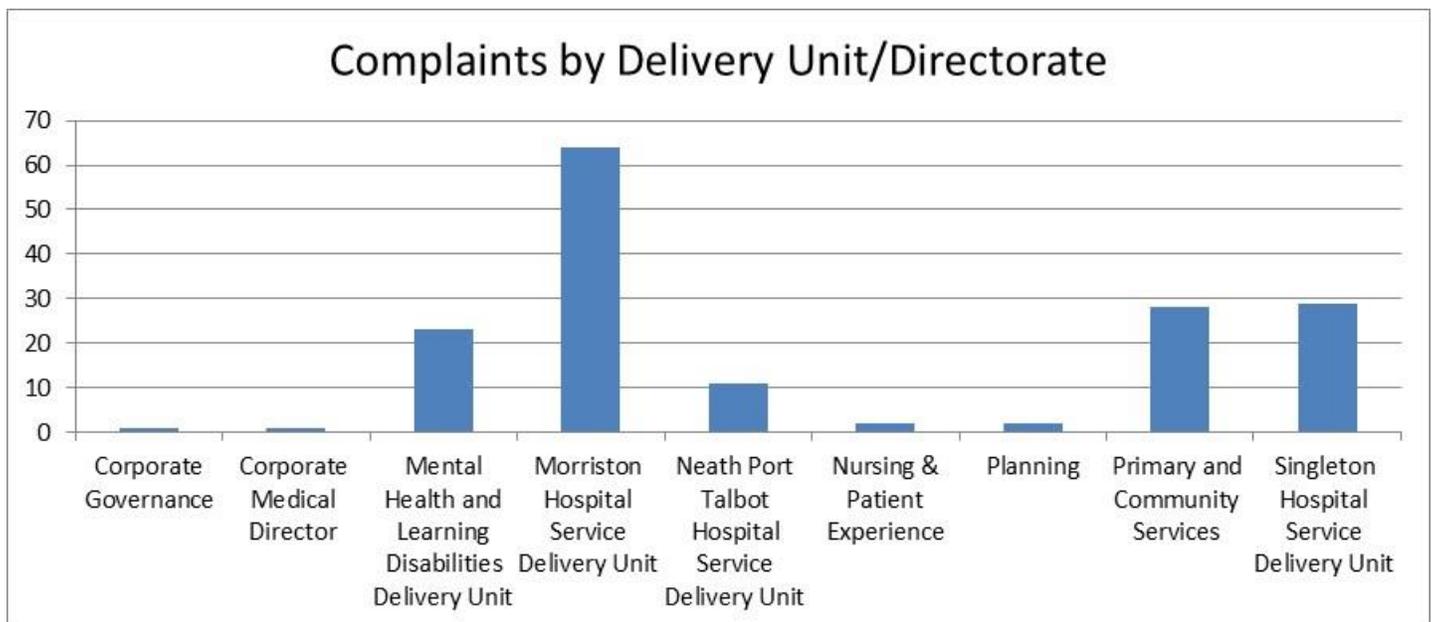
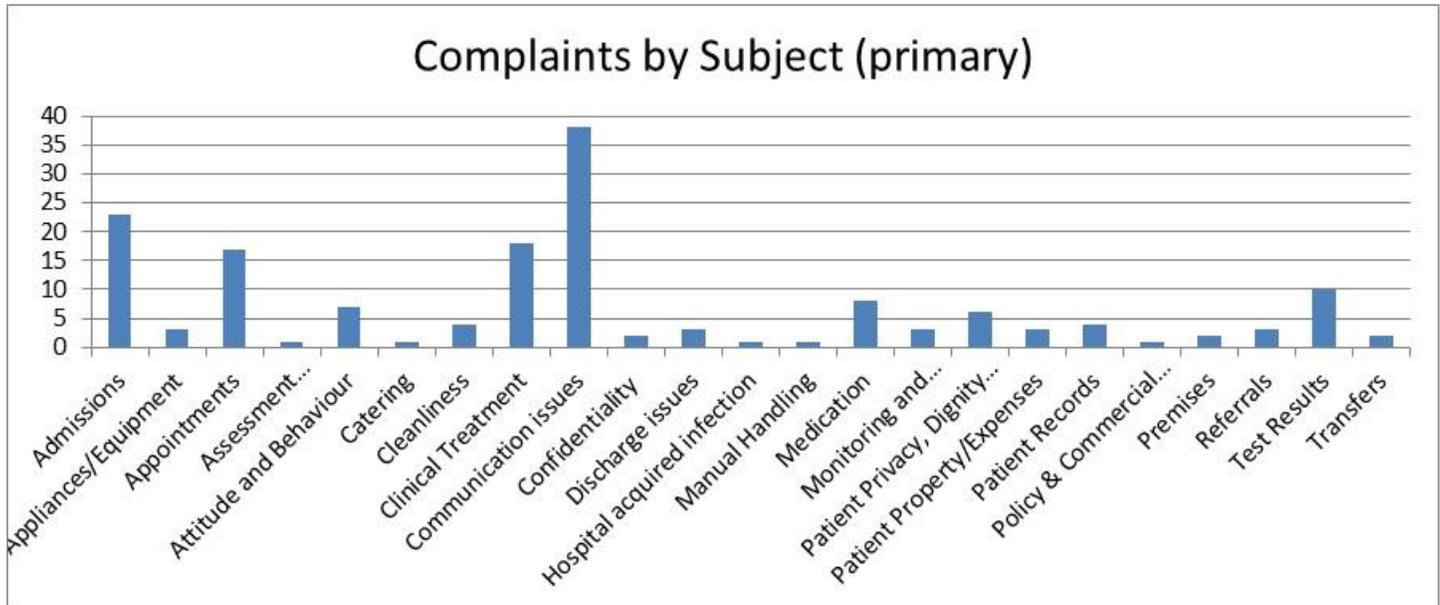
*"Words cannot express our thanks to the teams for saving his life, helping in his recovery and for the verbal and electronic support in the form of Skype calls as we could not visit. Please could you ensure this letter reaches the staff on RAU, ITU and Wd S in Morriston Hospital and thank you to all the Doctors, Nurses, support staff and ancillary staff without each and every one, his journey may have ended so differently. We are so grateful to you all and humbled by the kindness shown by all". **RAU, Ward S and ITU, Morriston Hospital***

4. CONCERNS MANAGEMENT

4.1 Complaints – July 2020

Complaints 1.7.20 – 31.7.20

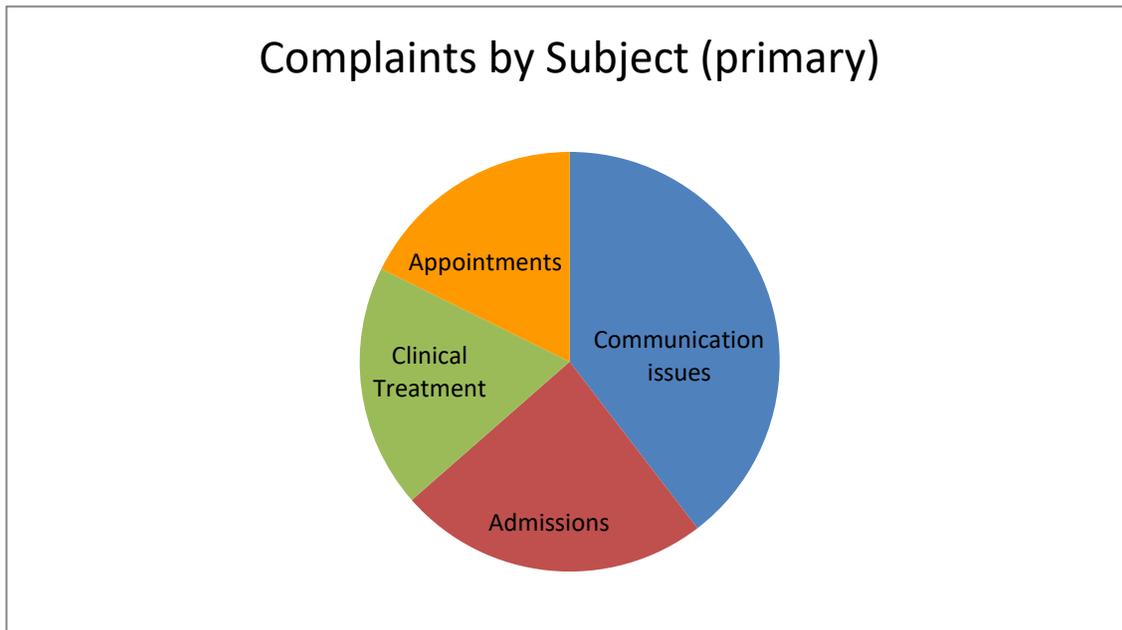
The Health Board received 161 complaints during the month July 2020, please see breakdown by subject and unit below;



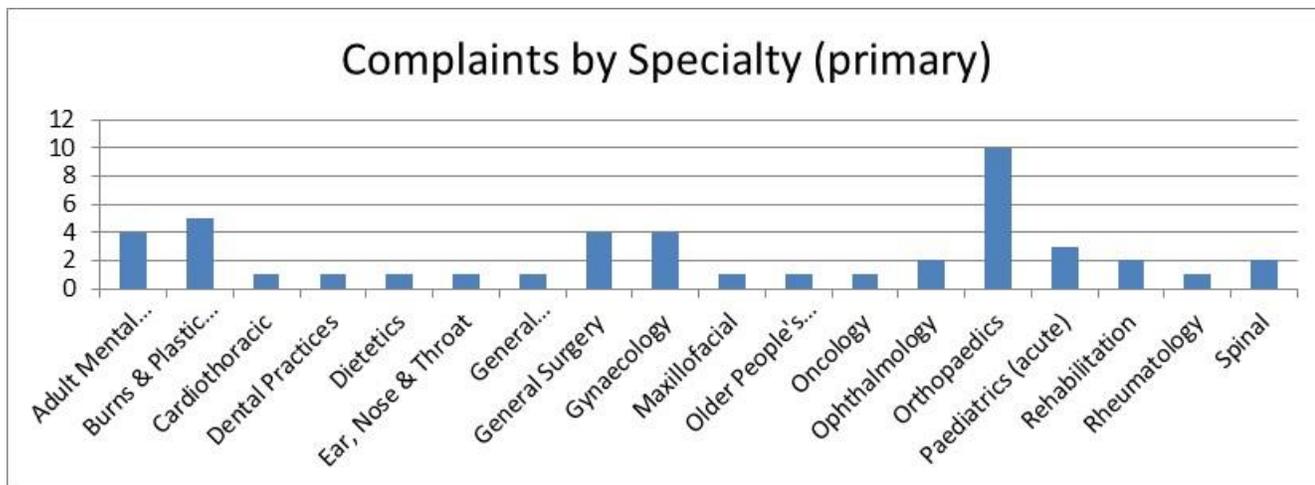
Out of these 161 complaints, 31 related to COVID-19, please see subject breakdown below;

Aggressive/Inappropriate behaviour due to restrictions	2
Lack of communication	1
Acquired COVID-19 during admission	1
Cancellation of treatment/appointment/Clinic due to COVID-19	4
Delay in Diagnosis/Testing for COVID-19	2
Room/location unable to be used/unavailable	2
Access to other treatment	15

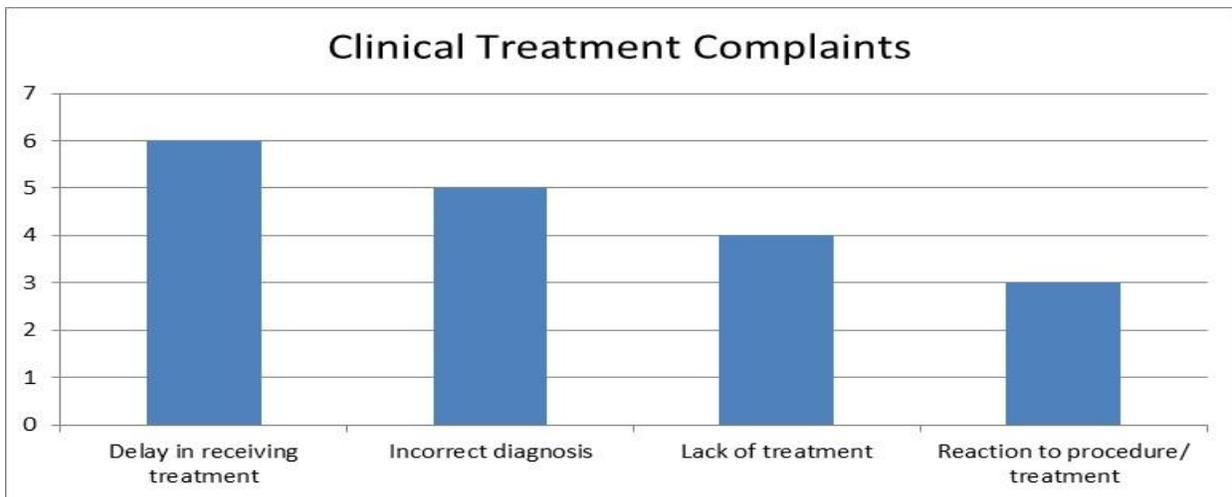
Top 4 Complaint Themes



During July there were 44 complaints received which related to cancelled or delayed appointments or admissions. Please see breakdown by specialty below;



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



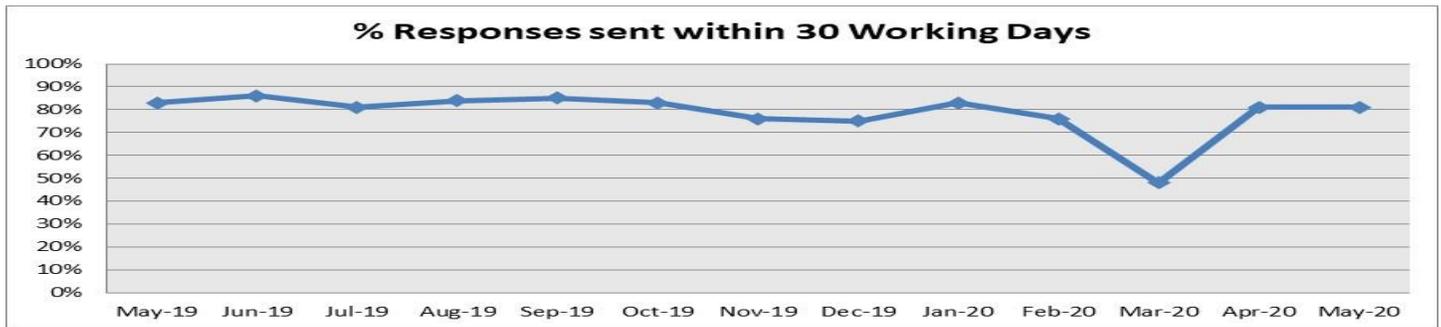
4.2 Concerns Assurance

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, was scheduled to take place on the 28th April 2020 during Patient Experience Week. However, due to the current COVID situation, this was postponed. The Complaints Department are pursuing options to deliver training via TEAMS at this time and re scheduling the Learning Event in Q3/Q4 of 2020/21 and in the meantime a newsletter to identify themes from complaints/learning and good practice in terms of complaints management will be issued in Q2 of 2020/21.

4.3 Complaints Performance

The Health Board recorded 81% performance against the 30 working day target in May 2020 and 75% in June. The Welsh Government Target is 75%. The significant decrease in performance in March was due to the current COVID-19 situation with staff in the units being unable to undertake their usual governance roles. The overall performance against this target in 2019/20 was 82%.



4.3 Ombudsman Cases

In September 2020 the Ombudsman Improvement Officer met with the Interim Director of Nursing and Director of Governance as part of a regular review. The Ombudsman's Officer was very complimentary about organisation in terms of the openness and transparency and timeliness of responding to the actions set for any partially or fully upheld complaint. He was very pleased with the relationship developed between staff in the Ombudsman's office and the Health Boards Ombudsman's lead and complimentary in relation to the training the Health Board had delivered from complaints investigations and for including the Ombudsman's staff to support the training.

4.3.1 Annual Letter

The Ombudsman Annual Letter was received on 8th September 2020 and advises that this is an unprecedented time for public services in Wales. The majority of data contained in the Annual Report relates to the period before the rapid escalation in Covid-19 and before restrictions on economic and social activity had been introduced. The Ombudsman acknowledges that he is only too aware of the impact the pandemic continues to have. The Ombudsman is grateful for Swansea Bay continuing to pro-actively engage with the Health Board's Ombudsman Improvement Officer and advised he is encouraged by the positive manner with which the Health Board has embraced his input, including via regular invitations to training sessions which enable direct engagement with frontline clinical and nursing staff. In the light of the recent internal reorganisation in the Health Board's complaints handling and governance teams and lead, he trusts that this constructive approach will continue.

4.3.2 Summary of Cases

There has been a slight decrease in complaints which the Ombudsman has investigated in relation to the Health Board in 2019/20, 30 compared to 44 in 2018/19. There was one new investigation received during July 2020.



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, 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.

The Public Service Ombudsman (PSO) has issued his annual fact sheet for 2019/20 in relation to complaints received from Health Boards. The Table below compares the number of complaints against the Health Board which were received by the PSOW during 2019/20, and the number of complaints per 1,000 residents (population) and the second table details the reason the complaints were referred with the highest, 50 relating to clinical care and the second highest relating to complaints management – 10. An analysis of the 50 complaints is being undertaken and will be used in the learning event to be held Q3/Q4 of 2020/21 and will also inform the complaints learning newsletter.

Health Board	Complaints Received	Complaints received per 1000 people (population)
Aneurin Bevan University Health Board	140	0.24
Betsi Cadwaladr University Health Board	227	0.33
Cardiff and Vale University Health Board	100	0.20
Cwm Taf Morgannwg University Health Board	80	0.18
Hywel Dda University Health Board	92	0.24
Powys Teaching Health Board	23	0.17
Swansea Bay University Health Board	91	0.23
	753	0.24

Complaints Received by Subject with percentage share

Swansea Bay University Health Board	Complaints Received	
Adult Social Service - Services for vulnerable adults (eg with learning difficulties. or with mental health issues)	1	1.10%
Complaint Handling- Health	10	10.99%
Health - Appointments/admissions/discharge and transfer procedures	3	3.30%
Health - Clinical treatment in hospital	50	54.95%
Health - Clinical treatment outside hospital	6	6.59%
Health - Continuing care	5	5.49%

Health - Funding	3	3.30%
Health - Other	4	4.40%
Health - Patient list issues	7	7.69%
Various Other - Poor/No communication or failure to provide information	2	2.20%

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. These meetings are currently being undertaken and attended remotely.
- Appropriate early resolution is considered on receipt of each Ombudsman enquiry and investigation.
- A meeting with the Health Board’s Ombudsman Improvement Officer confirmed that the Health Board are increasingly resolving Complaints via early resolution, negating the requirement for a full Ombudsman 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, was scheduled for the 28th April 2020 during Patient Experience Week but this was postponed due to the current COVID situation. Alternative means of delivering such events and training are currently under consideration with the aim being to hold this event in Q3/Q4.
- Complaints Newsletter to be issued in Q3 which will include learning from Ombudsman cases and management of complaints.
- A meeting with the Ombudsman Improvement Officer took place on the 10th 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 1st July 2020 to 31st July 2020 a total of 1695 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)	1134
Low (2)	449

Moderate (3)	94
Severe (4)	3
Death (5)	15
Total	1695

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

- Injury of unknown origin – 281 (16.5%) incidents
- Patient Accidents/Falls– 241 (14.2%) incidents
- Behaviour - Violence & Aggression - 161 (9.4 %) incidents
- Pressure Ulcers - 145 (8.5%) incidents
- Behaviour – 127 (7.4%) incidents

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. Further analysis will be undertaken in relation to the Injury of Unknown Origin and reported to the next meeting.

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 281 incidents recorded is as follows:

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

The types of incident are below

CCS Type 3	Data
Injury of unknown origin	79
Non SBUHB acquired Moisture lesion	122
SBUHB acquired Moisture lesion	80
Total	227

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

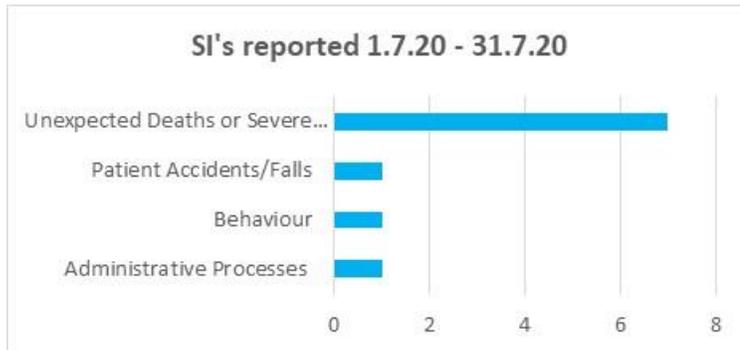
- Blisters
- Injuries where it is not known how they occurred (eg, skin tears)
- Bang on bed rails
- Injuries caused by trauma not pressure
- Diabetic/leg Ulcer
- Haematoma

Consideration is being given to how health organisations in Wales classify these incidents to ensure consistency.

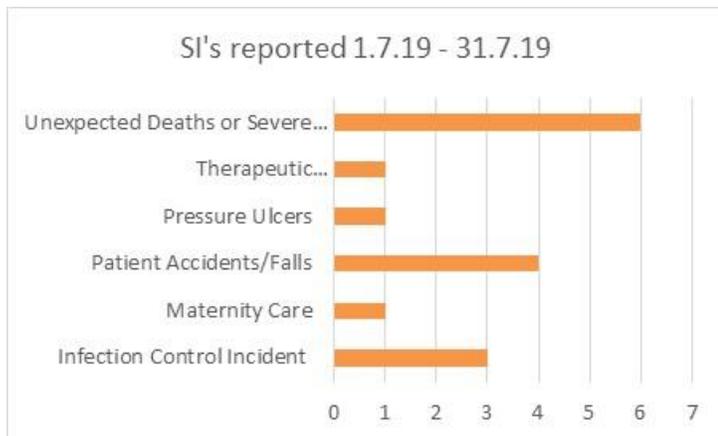
4.5.2 SI's Reported 1st July 2020 to 31st July 2020

During the pandemic, Welsh Government changed the SI reporting criteria, reported to the Q&SGG in March 2020, which has now been removed and normal reporting of serious incidents resumed in August 2020.

During July 2020 a total of 10 serious incidents were reported to Welsh Government of which 7 related to unexpected deaths.



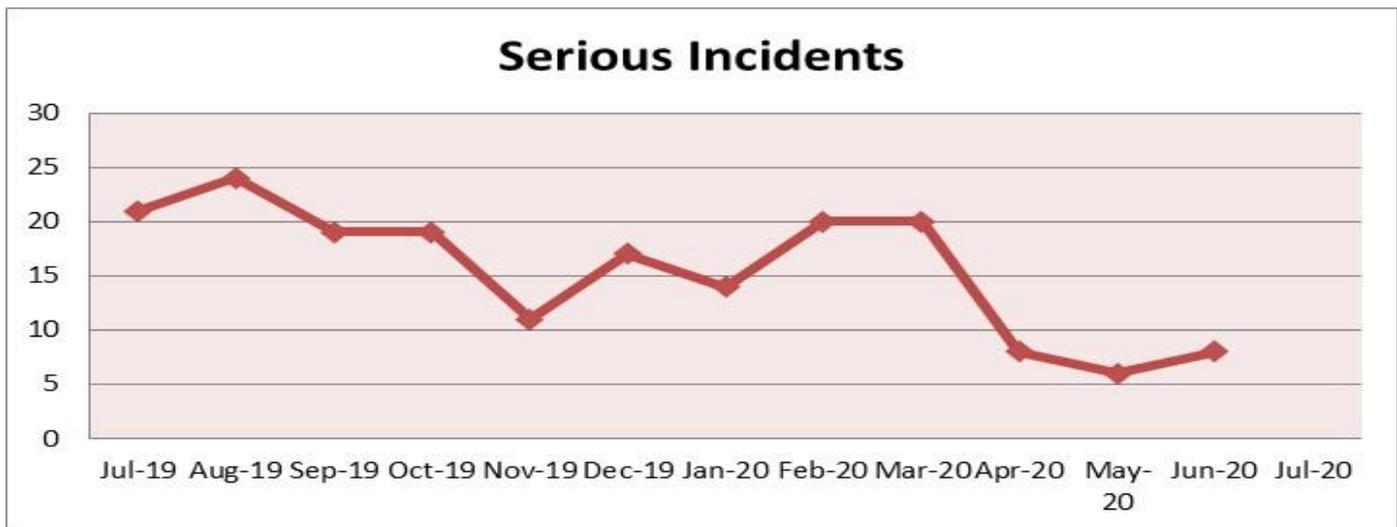
SI's reported 1.7.20 - 31.7.20	
Administrative Processes	1
Behaviour	1
Patient Accidents/Falls	1
Unexpected Deaths or Severe Harm	7



SI's reported 1.7.19 - 31.7.19	
Infection Control Incident	3
Maternity Care	1
Patient Accidents/Falls	4
Pressure Ulcers	1
Therapeutic Processes/Procedures	1
Unexpected Deaths or Severe Harm	6

In comparison to the same period in 2019 the number of serious incidents reported to Welsh Government was higher, 16 (10 in 2020).

Serious incidents reported on a monthly basis are set out in the graph below by month. During the month of July 2020 the Health Board reported 10 Serious Incidents.



4.5.2 Never Events

The last Never Event was reported to Welsh Government on the 23rd June 2020 (Retained foreign object post procedure – Burns & Plastics). During 2020/21 the Health Board 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 these incidents and the learning from the closed cases has been presented to the Quality & Safety Governance Group and Quality & Safety Committee. A Newsletter setting out the learning and actions taken will be issued in Q2 of 2020/21.

Actions

- SI training to be delivered across the Health Board in accordance with training programme and;
- Never Event Newsletter to be issued in Q3.

5. Healthcare Inspectorate Wales

Correspondence

On the 6th July, the Health Board received correspondence from the Interim Chief Executive of HIW. This correspondence confirmed the changes in HIW's inspection and review process, which would be piloted until October 2020. The new reviews will have three tiers; Tier 1 will mean the investigations are carried out offsite via virtual interviews, Tier 2 will consist of offsite and limited onsite investigations where necessary and Tier 3 will represent a more traditional onsite inspection.

The Health Board received a response from HIW in relation to the Factual Accuracy and comments the Health Board submitted following receipt of the Improvement Plan for the Morriston ED and AMAU Inspection. HIW were disappointed with some of the comments received from the Health Board, suggesting they were defensive but noted the Health Board's request for an additional inspection now that a lot of work has been carried out to improve the areas in question.

HIW Inspections

During July 2020 no HIW Inspections took place. Due to the Covid-19 Pandemic, all inspections were postponed although they have re commenced in September with the following reviews being undertaken via Microsoft Teams meetings with Ward managers for Tier 1 reviews:

- Gorseinon
- Ward B (Orthopaedics, Morriston)
- Cyril Evans (Cardiac Ward, Morriston)

Reports

IRMER NPTH – Final Report received. No immediate concerns or assurances were identified during the inspection. The improvement plan which was submitted to HIW in relation to the improvements required was accepted as sufficient assurance. Work is ongoing to ensure completion of the actions by the dates suggested.

National Review of Maternity Services

All Health Boards in Wales are currently part of a National Review HIW are conducting into Maternity Services.

In July 2020 the Health Board received confirmation from HIW that their National Maternity Review would be resuming and they notified us of their intention to interview Executive staff members. These interviews were initially due to take place on site at the Health Board HQ in April 2020, however they were postponed. HIW then interviewed 4 members of the Board (Chair, Chief Executive, Medical Director and Director of Nursing) via Microsoft Teams.

6. DELIVERY UNIT REPORTS

Mental Health & Learning Disabilities Services Delivery Unit

1st July– 31st July 2020

Mental Health & Learning Disabilities SDU received 23 concerns.



Top Complaint Trends

- Communication (7)
- Appointments (3)



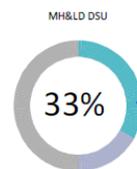
- No Never Events
- 0 Clinical Negligence claim
- 0 Personal Injury claim

Incidents:

253 incidents were reported with the 3 top themes being:

- Inappropriate/Aggressive Behaviour towards staff by patient – (55)
- Inappropriate/Aggressive Behaviour towards patient by patient – (44)
- Suspected Slips/Trips/Falls– (28)

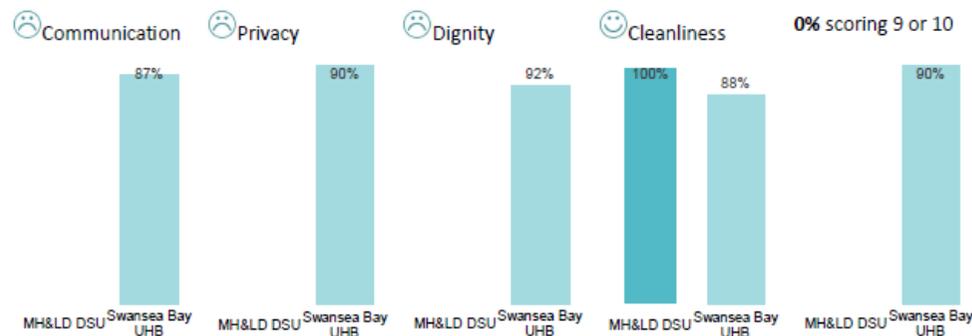
9 Serious Incident's: 7 relating to unexpected deaths, 1 Behaviour and 1 Patient Fall.



Friends & Family Results – July 2020

Of the 6 respondents, 2 said they would be extremely likely or likely to recommend the clinical service

All Wales Survey

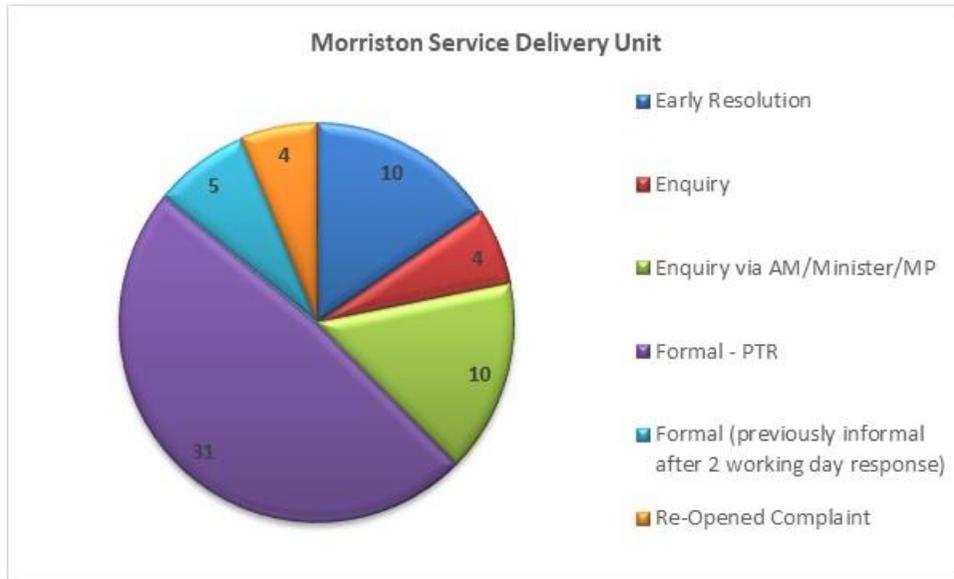


There was 1 All Wales Surveys completed for the Service Delivery Unit during July 2020.

Morriston Hospital Service Delivery Unit

1st July– 31st July 2020

Morriston Hospital SDU received 64 concerns.



Top Complaint Trends

- Admissions (18)
- Communication (11)
- Clinical Treatment (7)



- 7 Clinical Negligence Claims



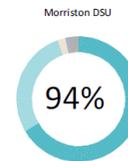
- No Personal Injury Claims
- No Never Events

Incidents:

643 incidents were reported with the 3 top themes being:

- Moisture Lesion– (102)
- Suspected Slips/Trips/Falls (unwitnessed) - 53
- Inappropriate/Aggressive Behaviour towards staff by patient – (51)

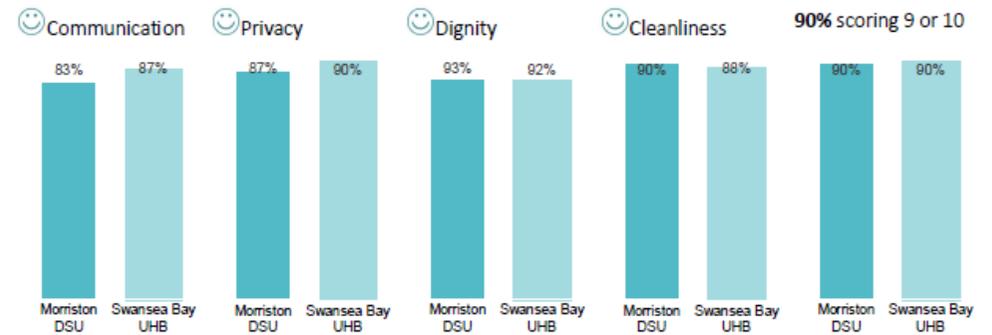
One Serious Incident were reported during July 2020 relating to follow up processes not accomplished.



Friends & Family Results – July 2020

of the 143 respondents, 134 said they would be extremely likely or likely to recommend the clinical service.

All Wales Survey

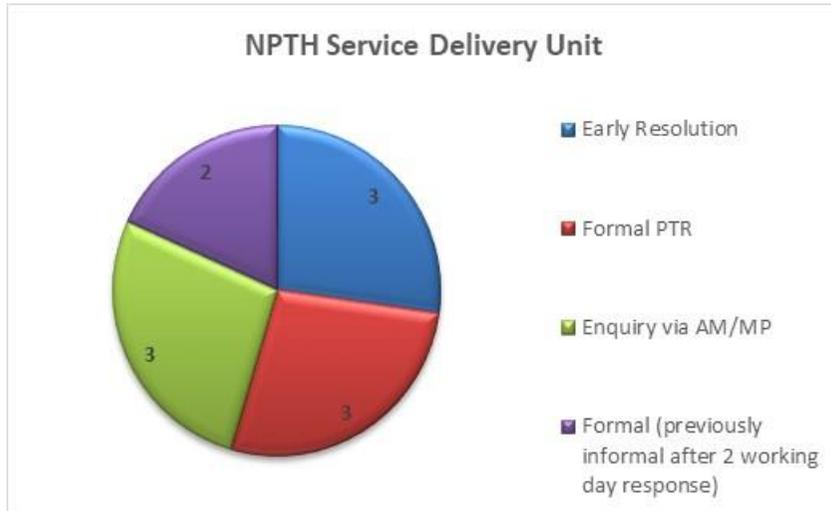


32 All Wales Surveys were received for the Service Delivery Unit during July 2020 with the overall score of 90%.

Neath Port Talbot Hospital Service Delivery Unit

1st July– 31st July 2020

Neath Port Talbot SDU received 11 concerns



Top Complaint Trends

- Communication (5)
- Appointment (5)



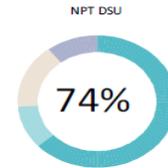
- No Personal Injury claims
- No Never Events
- No Clinical Negligence claims

Incidents:

104 incidents were reported with the 3 top themes being:

- Suspected Slips/Trips/Falls (un-witnessed) – (31)
- Suspected Slips/Trips/Falls (witnessed) – (14)
- Inappropriate/Aggressive behaviour towards staff by a patient – (6)

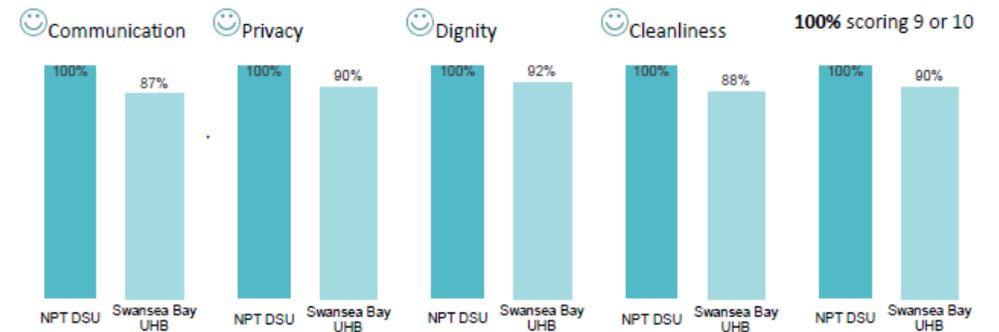
No Serious Incident were reported



Friends & Family Results – July 2020

of the 19 respondents, 15 said they would be extremely likely or likely to recommend the clinical service.

All Wales Survey

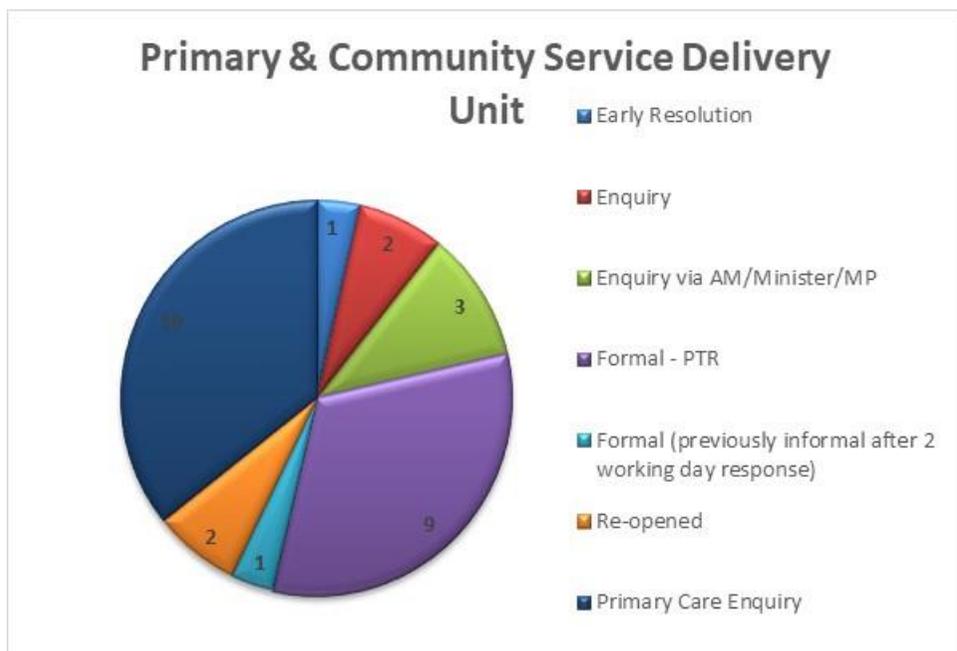


24 All Wales Survey was received for the Service Delivery Unit during July 2020 with the overall score of 100%.

Primary & Community Service Delivery Unit

1st July– 31st July 2020

Primary & Community SDU received 28 concerns.



Top Complaint Trends

- Communication (7)
- Medication (5)
- Clinical Treatment (5)



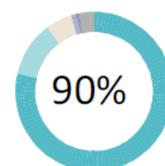
- No Personal Injury claims
- No Clinical Negligence Claims
- No Never Events

Incidents:

266 incidents were reported with the 3 top themes being:

- Moisture Lesion– (66)
- Pressure Ulcer – developed prior to admission (61)
- Pressure Ulcer – developed in current clinical area – (26)

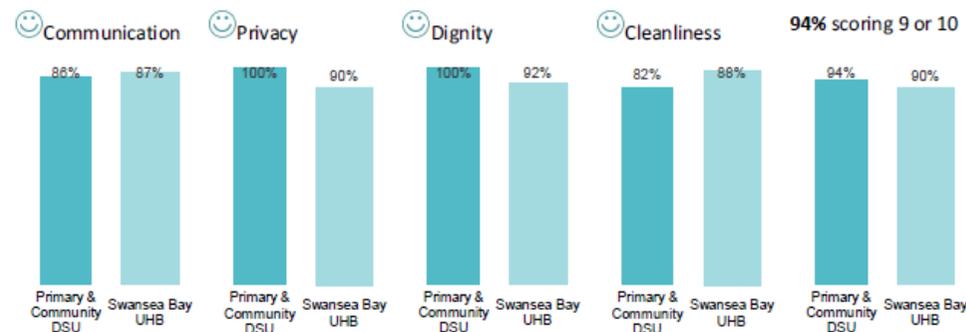
No Serious Incidents were reported



Friends & Family Results – July 2020

of 183 respondents, 166 said they would be extremely likely or likely to recommend the clinical service.

All Wales Survey

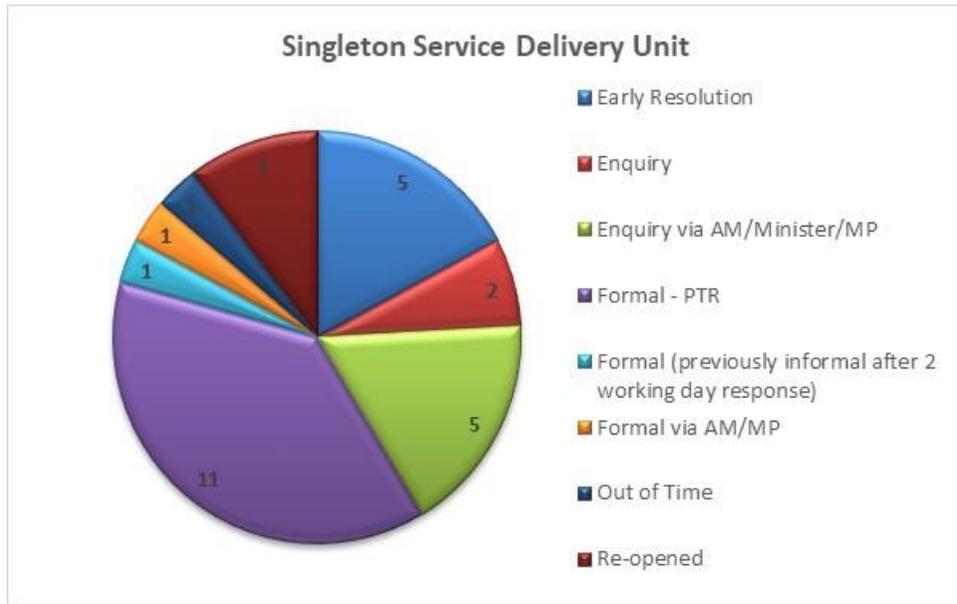


17 All Wales Surveys were received for the Service Delivery Unit during July 2020 with the overall score of 94%.

Singleton Hospital Service Delivery Unit

1st July– 31st July 2020

Singleton Hospital SDU received 29 concerns.



Top Complaint Trends

- Communication (7)
- Clinical Treatment (5)
- Appointments (4)



- 0 Never Events
- 0 Personal Injury Claims



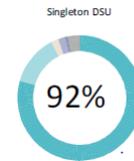
- 2 Clinical Negligence claims

Incidents

384 incidents were reported with the 3 top themes being:

- Maternity Triggers – (61)
- Moisture Lesion - (29)
- Slips/Trips/Falls - unwitnessed (28)

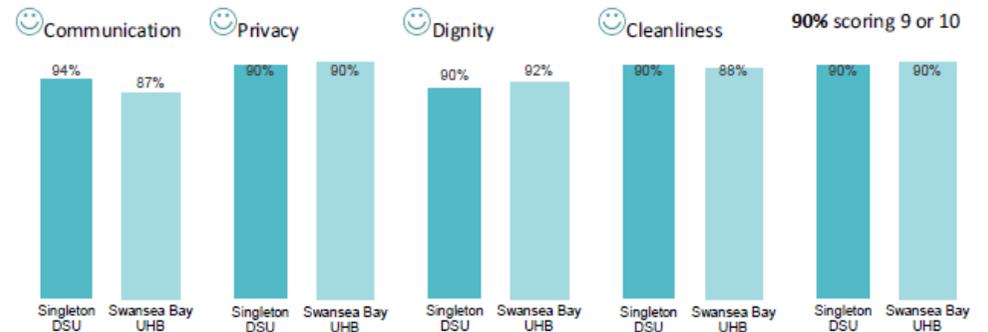
0 Serious Incidents:



Friends & Family Results – July 2020

Of 154 respondents, 142 said they would be extremely likely or likely to recommend the clinical service.

All Wales Survey



30 All Wales Surveys were received for the Service Delivery Unit during July 2020 with the overall score of 90%.