



# Patient Experience Report

## April 2022

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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## Patient Experience Summary and Overview

	Mar	Apr	
No. of Friends & Family surveys received	3,728	3,133	↓
Recommendation score	90%	89%	↓
New Bespoke Surveys	9	5	↓

Successes	Priorities
<p>Patient Experience team have been short listed for LOV (Living Our Values) award.</p> <p>PE Team invited to present at the Once for Wales Steer Group Meeting. Sharing how we have achieved the implementation, what we have learnt and what our future opportunities are.</p> <p>Staff completed PADRs, and have 100% ESR.</p>	<p>Childrens Community Continuing Care services.</p> <p>Working with Head of Quality and Improvement to capture feedback from families and staff.</p> <p>Already developed and ready for use:</p> <p>What's the noise survey: for staff to give their thoughts on how the shift was, what can we do to improve it etc.</p> <p>We are listening survey: We developed a sticker with links to QR code survey, this will be placed on the family's home files. This will allow the family's to leave us feedback at any time day or night.</p> <p>Under development: Short TikTok (or similar) video on why feedback is important, what we do with it and how it makes a difference. This can be shared in the first instance to the Community care team, then more widely.</p>
Opportunities	Risks & Threats
<p>The Health Board's feedback system, Civica is now established in the Secondary care areas, hospitals, clinics etc. There is now scope to widen our collection with in the Primary care platform.</p> <p>Plans are in place to progress discussions with Primary Care colleagues in terms of how we can support them using the system to collect feedback.</p>	<p>Due to our success we have seen an increase for our services.</p> <p>Requests for surveys has increased. If then we reintroduce the collection of the paper F&amp;F then we would require additional resources to process the surveys.</p> <p>We have a waiting list of staff who wish to undertake Digital story training. Currently The previous Arts in Health Coordinator delivers the training and building of complex stories. However her hours have reduced to 10 a week. We need to consider the future for SBU, what our Digital stories will be and</p>

	who can lead on the All Wales Digital Story Programme.
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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 23<sup>rd</sup> March 2020 until the Covid situation improves. Surveys via SMS started at the end of May 2021. Numbers have increased.

For the month of April there were 3,133 Friends and Family survey returns which resulted in 89% of people stating they would highly recommend the Health Board to Friends and Family. This score decreased by 1% compared to March 2022 where the recommendation score was 90% and returns were 3,353.

### **Morrison Service Group:**

- 1,245 Number of friends and family surveys completed (1,454 in March)
- 85% of who rated their overall experience of the service as good or very good (86% in March)

### **Singleton & NPT Service Group:**

- 1,684 Number of friends and family surveys completed (1,737 in March)
- 91% of who rated their overall experience of the service as good or very good (94% in March)

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

#### Singleton

- 755 Number of friends and family surveys completed (1,083 in March)
- 92% of who rated their overall experience of the service as good or very good (93% in March)

#### Neath Port Talbot

- 828 Number of friends and family surveys completed (501 in March)
- 91% of who rated their overall experience of the service as good or very good (94% in March)

#### Morrison

- 101 Number of friends and family surveys completed (152 in March)
- 91% of who rated their overall experience of the service as good or very good (91% in March)

### **Primary Community & Therapies Service Group:**

- 106 Number of friends and family surveys completed (164 in March)
- 94% of who rated their overall experience of the service as good or very good (92% in March)

### **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.

- 98 Number of friends and family surveys completed (371 in March)
- 94% of who rated their overall experience of the service as good or very good (88% in March)

### **Mental Health and Learning Disabilities Service Group**

This data is from April 2022.

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

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

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

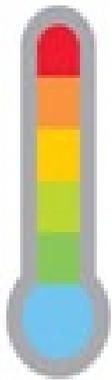
From all the responses received the high response areas across the April reporting period (all with 100% positive feedback) included:

- Cardio Respiratory – Singleton Hospital (18 responses)
- Dan Danino Ward – Morriston Hospital (22 responses)
- Colposcopy – Neath Port Talbot Hospital (15 responses)
- Endoscopy Unit – Singleton Hospital (24 responses)
- Ward 02 (Surgery) – Singleton Hospital (15 responses)
- Neurology Ambulatory Care – Morriston Hospital (17 responses)
- Outpatient - Green – Neath Port Talbot Hospital (25 responses)
- Urology – Neath Port Talbot Hospital (39 responses)
- GAT Pathway – Community (14 responses)
- Surgical Day Unit – Singleton Hospital (43 responses)

Some positive feedback we received was:

- Upon arrival greeted with courtesy directed to waiting area with polite directions within minutes saw Nurse within a further 10mins saw Registrar. In and out within 45 minutes.
- All the staff that was seeing to me were amazing. Was seen and had X-rays without to long a wait.
- The Staff on the Dan Danino ward were exceptionally good and caring, they went above and beyond expectations, I cannot praise them highly enough.

The 1 lowest scoring area for the reporting period for April was:



- Ward R (Medicine) – Morriston Hospital (33%) (6 responses)

**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.**

#### Patient Experience Update – Primary Care & Community Service Group

The Health Board's feedback system, Civica is now established in the Secondary care areas, hospitals, clinics etc. There is now scope to widen our collection with in the Primary care platform.

Currently we are working with the Primary Care Speech and Language Team (SLT) to integrate the PIMS appointments system into Civica. This will generate a SMS messages to capture feedback from service users.

The Prison service are now providing feedback, which sits within Primary Care. There were 47 responses in total for April 2022. 22 people were happy with the service they received and 26 were not. Attached below the reports which includes the feedback. The reports have been shared with the Prison Team and Primary Care Quality, Safety and Improvement manager.



HMP Prison Survey -HMP Prison Survey -  
Comment Report ApSurvey Response Bre

Plans are in place to progress discussions with Primary Care colleagues in terms of how we can support them using the system to collect feedback.

## 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?												
May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	
N/A	96%	95%	95%	95%	96%	96%	96%	97%	94%	97%	94%	
You were given help with feeding and drinking												
May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	
N/A	83%	89%	91%	84%	90%	90%	87%	91%	86%	84%	83%	
Were you given the support you needed to help with any communication needs?												
May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	
N/A	93%	93%	93%	92%	93%	94%	94%	94%	93%	91%	93%	
Were things explained to you in a way that you could understand?												
May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	
N/A	93%	93%	93%	92%	94%	94%	94%	93%	92%	99%	93%	
Did you feel we did enough to keep you as free as possible from pain?												
May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	
N/A	92%	92%	91%	91%	92%	92%	93%	92%	89%	89%	88%	
People are kind and compassionate to you?												
May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	
N/A	94%	94%	94%	94%	95%	95%	95%	95%	93%	94%	93%	
People are welcoming, friendly and helpful?												
May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	
N/A	94%	93%	93%	94%	95%	95%	95%	95%	92%	93%	93%	
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?												
May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	
N/A	95%	95%	94%	94%	95%	96%	95%	97%	94%	95%	94%	

## 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’ – April 2022

For April there were 66 contacts.

26 were logged on Datix as either complaints or enquiries, 15 were compliments/enquiries and 4 were compliments. The remainder were related to other issues or passed to pals.



There was 2 comments posted on the Care Opinion for April 2022. 1 Relating to the waiting times at Morriston A&E and the other was positive comments about Singleton SAU.

### I Want Great Care

There was no I want great care feedback for April 2022.

### 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

	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	
Total number of Compliments Received	73	47	57	37	41	↑

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	No. of Compliments
Aug-21	97

Sep-21	54
Oct-21	55
Nov-21	60
Dec-21	73
Jan-22	47
Feb-22	57
Mar-22	37
Apr-22	41

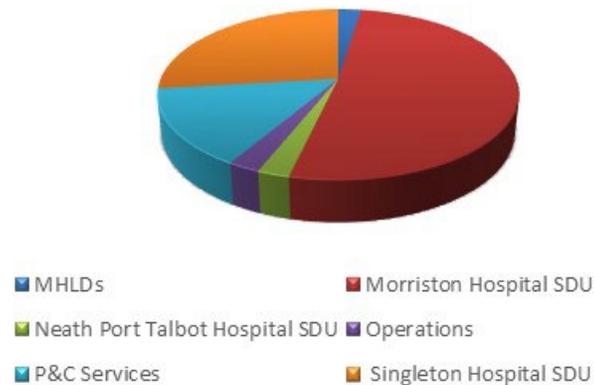
A comparison with 2020/2021 is shown below

Date	No. of Compliments
Aug-20	52
Sep-20	70
Oct-20	77
Nov-20	51
Dec-20	74
Jan-21	63
Feb-21	122
Mar-21	110
Apr-21	96

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

### 3.2 Written Compliments – April 2022

#### Compliments by Service



*Thanks for help provided by the Counselling Service, which was enlightening, rewarding and helpful. The Counsellor was patient, kind and understanding, including being flexible in fitting the patient around a number of other appointments.*  
**Primary MHL D Service**

*Thanks for the extremely prompt referral to the Monoclonal Infusion Unit (appt given same day) and for the welcoming, caring,, informative and professionalism shown by staff. Care received was timely, safely and efficient.*

**Monoclonal Infusion Unit (Ward G), Neath Port Talbot**

*Feedback in relation to the care and attention received by the patient as part of PAC and, additionally, her frequent visits to the Wound Clinic. Staff showed exceptional and faultless care, expertise, empathy and reassurance.*

**Cardiac Outpatients at Morriston Hospital**

*"I want to pass on my thanks for the outstanding care I received yesterday, 5th April, when admitted for the day to Ward 2 for a procedure under general anaesthetic. Every single person who dealt with me yesterday gave outstanding care and I want to express my gratitude to them all."*

**Ward 2, Singleton Hospital**

*From Consultant Neuroradiologist to Morriston Switchboard Team "I just wanted to convey my thanks to you all. Whenever I am on call overnight and on weekends, or acute daytime duty, your staff is always helpful, and always polite and sound cheery on the phone. I'm sure your job is very hectic. Your friendly professional manner is appreciated and hasn't gone unnoticed. Please pass on my compliments to your team.*

**Operations, Morriston Switchboard Team**

## Complaints Summary and Overview

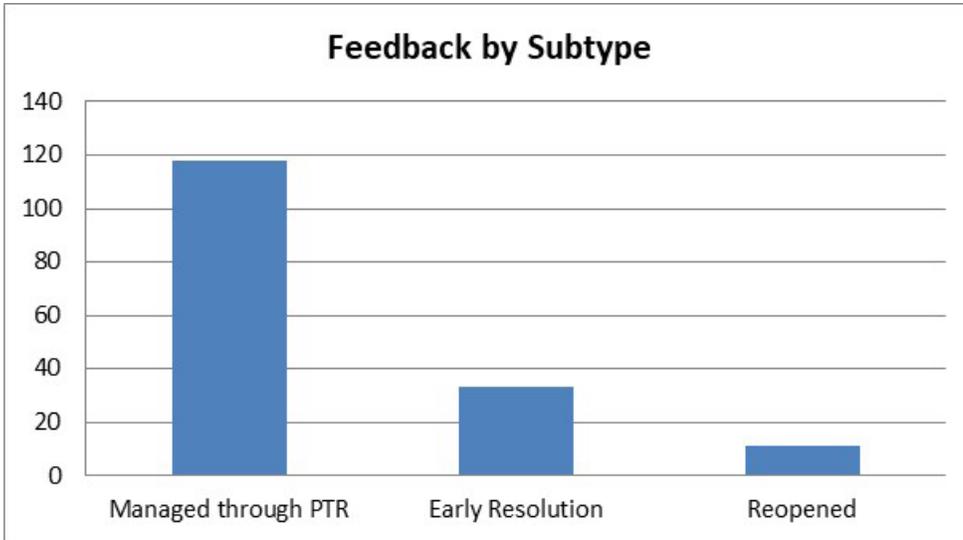
	Mar	Apr	
Total number of complaints received	194	162	
Complaints acknowledged within set timescale	100%	100%	=
Number of re-opened complaints	8	11	
	Jan	Feb	
Complaints responded to within agreed timescale - formal	63%		

Successes	Priorities
<ul style="list-style-type: none"> <li>• 100% formal complaints acknowledged within target.</li> <li>• Reduction in total number of complaints received during April</li> <li>• Ongoing plan for training with the units</li> <li>• Quarterly newsletter for Complaints and Ombudsman published April 2022.</li> </ul>	<ul style="list-style-type: none"> <li>• Communication training to Health Board staff in conjunction with the Ombudsman trainer an attempt to reduce the number of complaints relating to communication commenced January 2022 – dates scheduled until October 2022.</li> <li>• Complaints training prospectus and deliver training to staff throughout the Health Board.</li> </ul>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>• Continuous Concerns Redress Assurance Group (CRAG) meetings with Service Groups to ensure feedback, learning, improvement.</li> <li>• Complaints Network with other Health Boards opportunity to discuss issues relating to concerns and share learning.</li> <li>• Task &amp; Finish Groups set up with other Health Board's to improve Datix Once for Wales system.</li> </ul>	<ul style="list-style-type: none"> <li>• Pressures within Service Groups impacting on the availability of staff to provide the required information to respond to complaints within the recognised timescale.</li> <li>• Number of dissatisfied and challenging complainants.</li> <li>• Non-compliance from Service Groups in regard of 30day complaint response targets.</li> </ul>

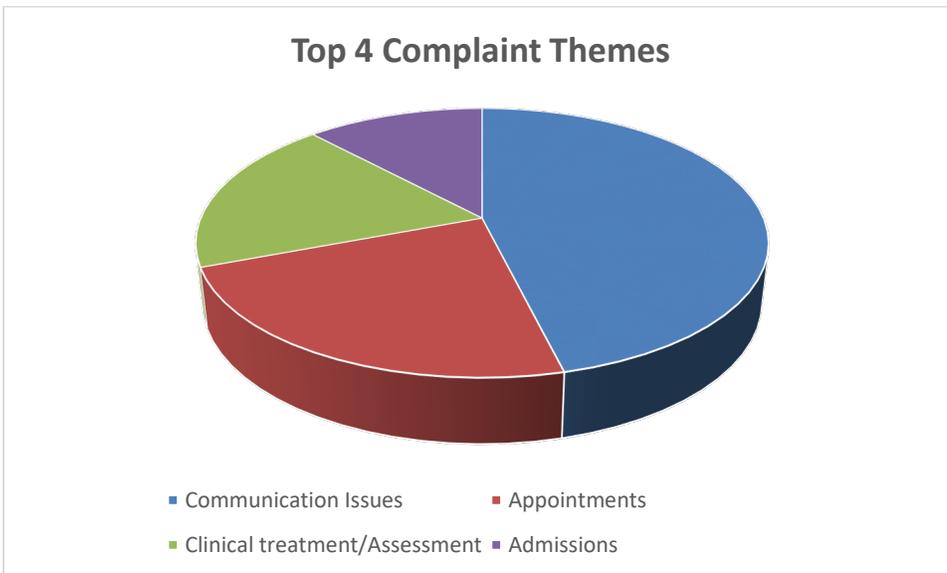
## 4. CONCERNS MANAGEMENT

### 4.1 Complaints – April 2022

The Health Board received 162 complaints during the month April 2022, please see breakdown type below;



### Top 4 Complaint Themes – April 2022



### Communication;

Communication continues to be one of the highest themes in complaints. During April, 76 complaints were received which received an element of communication. A breakdown of the communication sub-subjects are below – please note, some complaints include more than one of these issues.

Communication Issues	
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<b>Insufficient information</b>	48
<b>Unable to contact</b>	19
<b>Family involvement in care decisions</b>	10
<b>Incorrect information</b>	8
<b>DNR</b>	1
<b>Lack of feedback/referral/discharge summary</b>	1

### **Actions:**

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

### **Clinical Treatment:**

<b>Clinical Treatment Issues</b>	
<b>Delay in receiving treatment</b>	18
<b>Lack of treatment</b>	10
<b>Reaction to procedure/ treatment</b>	8
<b>Incorrect diagnosis</b>	3
<b>Delay in diagnosis</b>	2

### **Appointments:**

<b>Appointment Issues</b>	
<b>Delay in receiving outpatient appointment</b>	79
<b>Appointment cancelled</b>	25
<b>Cancelled appointment</b>	9
<b>Validation Issues</b>	8
<b>Delay in appointment</b>	5
<b>Capacity of clinics</b>	2
<b>Continuity of staff</b>	1
<b>Patient booked into wrong outpatient clinic</b>	1

### **Actions:**

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

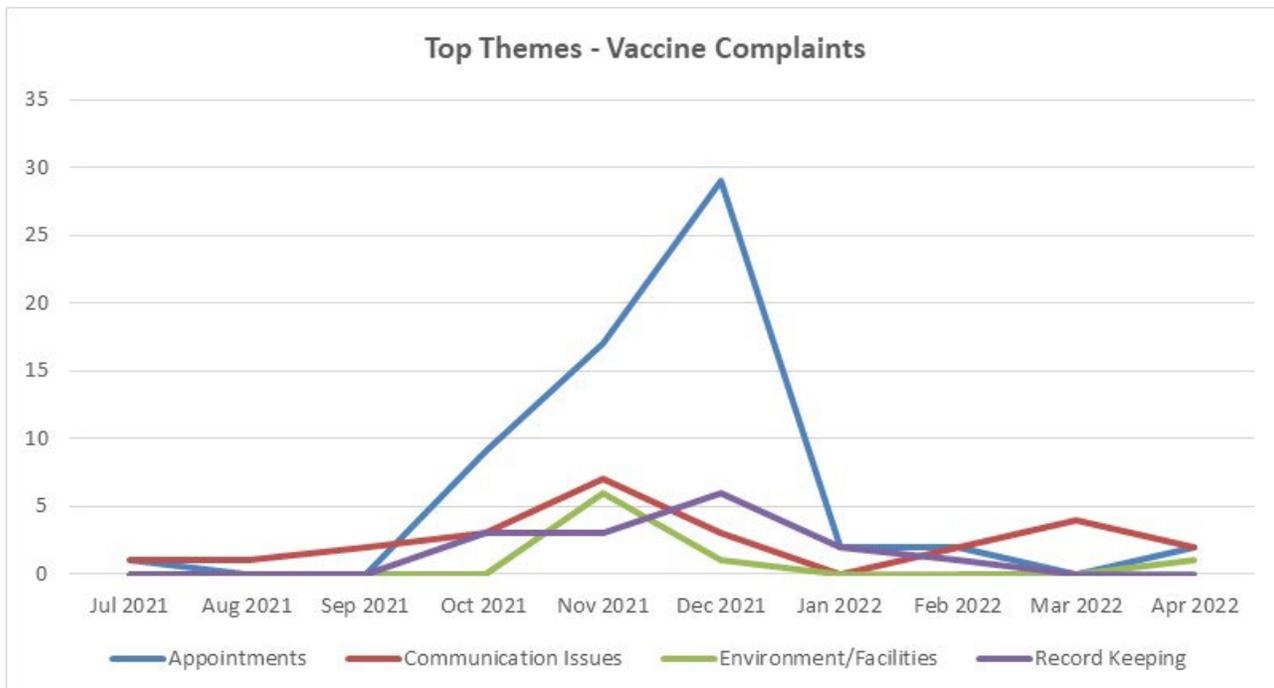
**Orthopaedic Waiting Times**

The Health Board has recently received two enquiries from the Ombudsman regarding Orthopaedic waiting times. Both relate to patients who have already been waiting for surgery for over two years and unfortunately, the waiting list team are unable to provide a date or expedite due to priority and current waiting list pressures.

During April 2022, the Health Board received 28 enquiries/complaints relating to Orthopaedic Services.

**Vaccine Complaints**

Since the start of the COVID vaccination system, the Health Board has seen a number of complaints and enquiries from patients/relatives regarding the system. The Health Board saw a rise in the number of vaccine complaints received during November and December, (which was also the start of the booster programme) however, they appear to have decreased again since January. The vaccine team recognised these issues and took action to minimise the number of complaints received.



## Prison Complaints

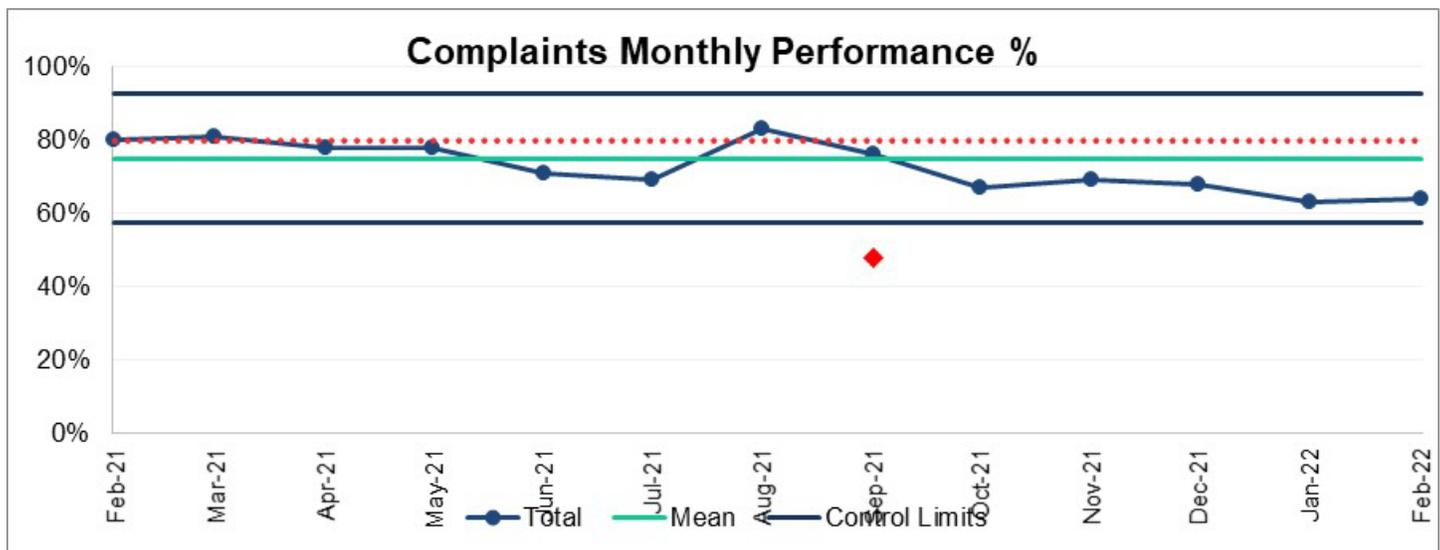
Recent meetings have been held with the Prison to discuss the process for recording and responding to complaints received directly by the Prison. It was agreed that any complaints received would be forwarded to the Health Board to ensure all were recorded on the Datix system.

During April, 4 complaints relating to the Prison were received. This compared to only 9 during March 2022.

Out of these 4 complaints, 3 were involving medication issues.

### 4.4 Complaints Performance

The Health Board recorded 64% performance against the 30 working day target in February 2022. This is below the Welsh Government Target of 75%, this is likely to be due to the increase in COVID cases and staff shortages within the Health Board.



As shown in the table below, NPTSSG, MH&LD and P&C are below the target of 75%. Discussions have been held with the Service Groups in relation to the reasons for low performance and this will continue to be monitored by the Corporate Complaints Team.

	Number Received	Number Acknowledged within 2 working days	% Acknowledged within 2 working days	Number of Responses sent within 30 working days	% of Responses sent within 30 working days
Corporate Governance	3	3	100%	3	100%
Corporate Medical Director	1	1	100%	1	100%
Mental Health and Learning Disabilities Delivery Unit	16	16	100%	6	38%
Morrison Hospital Service Delivery Unit	49	49	100%	38	78%
Neath Port Talbot Hospital Service Delivery Unit	13	13	100%	8	62%
Nursing & Patient Experience	1	1	100%	1	100%
Strategy & Partnerships	1	1	100%	1	100%
Primary and Community Services	19	19	100%	13	68%
Singleton Hospital Service Delivery Unit	36	36	100%	18	50%

<b>Totals:</b>	139	139	100%	89	64%
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### Concerns Redress Assurance Group

The last Concerns Redress Assurance Group (CRAG) meetings were held on the 28<sup>th</sup> April 2022, one with Mental Health & Learning Disabilities and one with Children’s Services.

All closed cases for MH & LD during March were reviewed and a feedback report was provided to the unit following the meeting. The team were advised to consider the wording used within their responses including the use of medical abbreviations. They were also reminded of the standard paragraphs that are required in all formal PTR responses.

The reviews undertaken for Children’s Services were very positive however, the team were reminded to offer copy medical records within responses and also to send holding letters to keep the complainant updated when unable to meet the response target date. A feedback report was provided following the meeting.

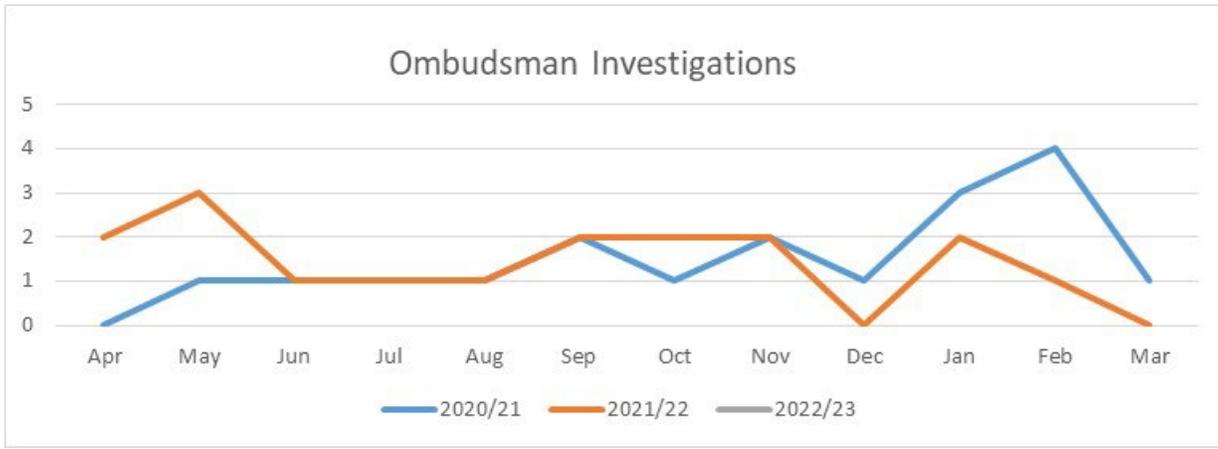
### Ombudsman Summary and Overview

	Mar	Apr	
Number of Ombudsman Investigations received	0	1	↑
Number of actions outstanding (within timescale)	13	9	↓
Number of actions overdue	0	0	=

Successes	Priorities
<ul style="list-style-type: none"> <li>• Training dates for communication training secured with Ombudsman up until October 2022</li> <li>• All overdue investigation actions now complete</li> <li>• We have had notification that the Health Board’s Ombudsman Improvement Officer is no longer required</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure all actions are completed within given timescale</li> <li>• Continue engagement with Ombudsman’s Office</li> </ul>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>• Currently reviewing further champions, training being provided by the British Institute of Human Rights.</li> <li>• Attendance at Ombudsman Network Meetings will continue throughout 2022. These meetings are currently being undertaken and attended remotely.</li> </ul>	<ul style="list-style-type: none"> <li>• COVID and staff availability impacting on the availability of clinical staff to provide comments for responses which may affect response timescales.</li> <li>• New Ombudsman commenced in office from 1<sup>st</sup> April – awaiting any indication of any changes in practice from Ombudsman Office.</li> </ul>

#### 4.5 Ombudsman Cases

One new Ombudsman investigation was received during April 2022. The graph below shows the number of investigations received per month;



#### 4.6 Incidents Reporting & Performance

	Nov 21	Dec 21	Jan	Feb	Mar	Apr	
Total number of Incidents received	2147	2035	2067	2106	2240	2011	↓
Total number of incidents open over 30 days	3544	3731	3887	3951	3906	3708	↓

For the period 1 April 2022 to 30 April 2022, a total of 2011 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.

Harm	Number Reported
None	1149
Low	673
Moderate	154
Severe	14
Catastrophic / Death	16
<b>Total</b>	<b>2006</b>

5 reports did not indicate the level of harm at the time of reporting as these relate to EMRTS (who are not required to complete the harm on the 'short' incident reporting form).

The top five themes relate to:

Incident Type - Top 5 Themes	Data	%
Pressure Damage, Moisture Damage	417	21%
Behaviour (including violence and aggression)	315	16%
Accident, Injury	304	15%

Access, Admission	222	11%
Medication, IV Fluids	105	5%

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 42 incidents recorded is as follows:

- All incidents affected patients

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 has determined that:

26 are injury of unknown origin  
 4 are moisture damage  
 5 are pressure damage  
 5 relate to a fall  
 1 is a patient accident (struck an object)  
 1 is a treatment/procedure issue

These incidents have been amended.

Incidents overdue for closure (the 30 working days for completion of the investigation has passed), at 3.5.22

- There are 3708 incidents and 30 Redress (@ 31.3.22 there were 3906)

Further breakdown as follows:

- Number overdue by SDU

	Incident	Redress
Corporate Governance	36	18

Corporate Medical Director	2	0
EMRTS	5	0
Finance	8	0
Mental Health and Learning Disabilities Delivery Unit	346	0
Morrison Hospital Service Delivery Unit	1977	11
Neath Port Talbot Hospital Service Delivery Unit	169	0
Nursing & Patient Experience	9	0
Operations	61	0
Primary and Community Services	233	0
Singleton Hospital Service Delivery Unit	833	1
Workforce & Organisational Development	29	0
<b>Total</b>	<b>3708</b>	<b>30</b>

➤ Number by SDU and Severity

SDU and Severity	No Harm (1)	Low (2)	Moderate (3)	Severe (4)	Death (5)	Grand Total
Corporate Governance	35	1	0	0	0	36
Corporate Medical Director	1	0	0	0	0	1
Corporate Medical Director	1	0	0	0	0	1
EMRTS	4	1	0	0	0	5
Finance	5	2	1	0	0	8
Mental Health and Learning Disabilities Delivery Unit	129	40	12	4	161	346
Morrison Hospital Service Delivery Unit	1200	510	211	14	42	1977
Neath Port Talbot Hospital Service Delivery Unit	108	15	28	5	13	169
Nursing & Patient Experience	9	0	0	0	0	9
Operations	30	23	8	0	0	61
Primary and Community Services	170	45	10	0	8	233
Singleton Hospital Service Delivery Unit	525	155	125	13	15	833
Workforce & Organisational Development	26	1	1	1	0	29
<b>Grand Total</b>	<b>2243</b>	<b>793</b>	<b>396</b>	<b>37</b>	<b>239</b>	<b>3708</b>

By SDU and number of days the incident has been open:

- Open 31 – 60 days from reported date
- Open 61 – 90 days from reported date
- Open >90 days from reported date

Delivery Units	31 - 60 Days	61 - 90 Days	91 Days and Over	Grand Total
Corporate Governance	1	4	31	36
Corporate Medical Director	0	0	1	1
Corporate Medical Director	0	1	0	1
EMRTS	2	1	2	5

Finance	2	1	5	8
Mental Health and Learning Disabilities Delivery Unit	57	73	216	346
Morrison Hospital Service Delivery Unit	175	206	1596	1977
Neath Port Talbot Hospital Service Delivery Unit	26	28	115	169
Nursing & Patient Experience	0	2	7	9
Operations	7	6	48	61
Primary and Community Services	62	48	123	233
Singleton Hospital Service Delivery Unit	133	138	562	833
Workforce & Organisational Development	1	0	28	29
<b>Grand Total</b>	<b>466</b>	<b>508</b>	<b>2734</b>	<b>3708</b>

➤ Overdue for Closure - Top 5 themes by SDU

<b>Corporate Governance</b>	
Incident type Tier 1	Total
Administrative Processes (Excluding Documentation)	28
Medical Devices, Equipment, Supplies	3
Service Disruptions (environment, infrastructure, human resources)	2
Communication	1
Medication/Biologics/Fluids	1
Therapeutic Processes/Procedures	1
<b>Grand Total</b>	<b>36</b>
<b>Corporate Medical Director</b>	
Incident type Tier 1	Total
Medication/Biologics/Fluids	1
Service Disruptions (environment, infrastructure, human resources)	1
<b>Grand Total</b>	<b>2</b>
<b>EMRTS</b>	
Incident type Tier 1	Total
Service Disruptions (environment, infrastructure, human resources)	2
Communication	1
Medical Devices, Equipment, Supplies	1
Security of Organisation's Property, Data and Buildings	1
<b>Grand Total</b>	<b>5</b>
<b>Finance</b>	
Incident type Tier 1	Total
Security of Organisation's Property, Data and Buildings	3
Accidents/Falls	2
Behaviour (Including Violence and Aggression)	1
Exposure to Environmental Hazards	1

Service Disruptions (environment, infrastructure, human resources)	1
<b>Grand Total</b>	<b>8</b>
<b>Mental Health and Learning Disabilities</b>	
<b>Incident type Tier 1</b>	<b>Total</b>
Unexpected Deaths or Severe Harm	161
Behaviour	49
Patient Accidents/Falls	36
Behaviour (Including Violence and Aggression)	35
Medication/Biologics/Fluids	10
<b>Grand Total</b>	<b>291</b>
<b>Morrison Hospital Service Delivery Unit</b>	
<b>Incident Type Tier 1</b>	<b>Total</b>
Patient Accidents/Falls	399
Infection Control Incident (Healthcare Associated Infection)	312
Pressure Ulcers	229
Service Disruptions (environment, infrastructure, human resources)	138
Medication/Biologics/Fluids	122
<b>Grand Total</b>	<b>1200</b>
<b>Neath Port Talbot Hospital Service Delivery Unit</b>	
<b>Incident Type Tier 1</b>	<b>Total</b>
Patient Accidents/Falls	72
Infection Control Incident (Healthcare Associated Infection)	40
Infection Control Incident	8
Behaviour (Including Violence and Aggression)	7
Medication/Biologics/Fluids	7
<b>Grand Total</b>	<b>134</b>
<b>Nursing &amp; Patient Experience</b>	
<b>Incident Type Tier 1</b>	<b>Total</b>
Accidents/Falls	1
Behaviour (Including Violence and Aggression)	1
Diagnostic Processes/Procedures	1
Fires, Fire Alarms and Fire Procedures	1
Infection Control Incident	1
Infection Control Incident (Healthcare Associated Infection)	1
Injury of unknown origin	1
Medication/Biologics/Fluids	1

Security of Organisation's Property, Data and Buildings	1
<b>Grand Total</b>	<b>9</b>
<b>Operations (previously Planning)</b>	
<b>Incident Type Tier 1</b>	<b>Total</b>
Accidents/Falls	28
Service Disruptions (environment, infrastructure, human resources)	11
Communication	6
Infection Control Incident	4
Exposure to Environmental Hazards	3
<b>Grand Total</b>	<b>52</b>
<b>Primary and Community Services</b>	
<b>Incident Type Tier 1</b>	<b>Total</b>
Pressure Ulcers	90
Injury of unknown origin	33
Medication/Biologics/Fluids	25
Administrative Processes (Excluding Documentation)	11
Communication	11
<b>Grand Total</b>	<b>170</b>
<b>Singleton Hospital Service Delivery Unit</b>	
<b>Incident Type Tier 1</b>	<b>Total</b>
Patient Accidents/Falls	173
Pressure Ulcers	106
Infection Control Incident (Healthcare Associated Infection)	102
Maternity Care	55
Administrative Processes (Excluding Documentation)	46
<b>Grand Total</b>	<b>482</b>
<b>Workforce &amp; Organisational Development</b>	
<b>Incident Type Tier 1</b>	<b>Total</b>
Medication/Biologics/Fluids	13
Communication	4
Service Disruptions (environment, infrastructure, human resources)	4
Security of Organisation's Property, Data and Buildings	2
Accidents/Falls	1
<b>Grand Total</b>	<b>24</b>

Following roll out of the Incidents Module in Datix Cymru (1 April 2022), 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. Services are asked to review outstanding incidents and close where possible.

The Assistant Head of Risk & Assurance will draft a risk-based approach to closure for consideration by the health board.

	Mar	Apr	
Number of National Reportable Incidents reported	7	1	
Number of Never Events	0	0	=

Successes	Priorities
<ul style="list-style-type: none"> <li>All incidents now closed with WG for year 2018/2019.</li> <li>Reduction in number of reportable incidents during 2022 due to change in reporting criteria since June 2021.</li> <li>No new NE's in April 2022.</li> <li>Patient Safety Incident Team working with the Delivery Unit regarding implementation of the new National Incident Policy.</li> </ul>	<ul style="list-style-type: none"> <li>Meet KPI's for all reportable incident investigations.</li> <li>Reduce red incidents awaiting review by Service Groups.</li> <li>Regular meetings with Service Group to review red incidents and historical incidents.</li> <li>Review incidents received from WAST and NRI report when necessary (SOP developed)</li> </ul>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>CUK Training now complete. Awaiting feedback and progression of any identified improvements.</li> <li>Review and update of investigation report template, use of project planning tools, updating Patient Safety Investigation documentation.</li> <li>Consideration of new Patient Safety Incident Investigation Information Booklet for Staff, Patients and Relatives.</li> <li>Development of new Sharepoint site for Patient Safety Incident Investigation Team.</li> </ul>	<ul style="list-style-type: none"> <li>COVID and Service Group pressures impacting on the availability of clinical staff to provide required information to support investigations for the Patient Safety Incident Team.</li> <li>Service Groups – Submission of notification forms and closure forms in a timely manner.</li> <li>Primary and Community – as no Scrutiny Panel is currently in place, P&amp;C have 29 PU's investigations which have breached investigation timescale (60 working days). Head of Q&amp;S for P&amp;C currently reviewing strategy to reinstate PU Scrutiny Panel.</li> <li>SSG/NPTSG currently have 3 vacancies in the Q&amp;S Admin Team which may impact on their ability to undertake investigations and complete closure forms in a timely manner and meet KPIs.</li> </ul>

#### 4.7 National Incidents Reported 1<sup>st</sup> April 2022 and 30<sup>th</sup> April 2022

As at 4<sup>th</sup> May 2022, there were 28 historical incidents (overdue closure) of which:

- 3 relate to 2019/20 – (1x Mental Health, 2x NPT/SGH)
- 9 relate to 2020/21 – (8x Mental Health, 1x NPT/SGH)
- 16 relate to 2021/22 – (10x NPT/SGH, 2x MH, 4x Morriston)

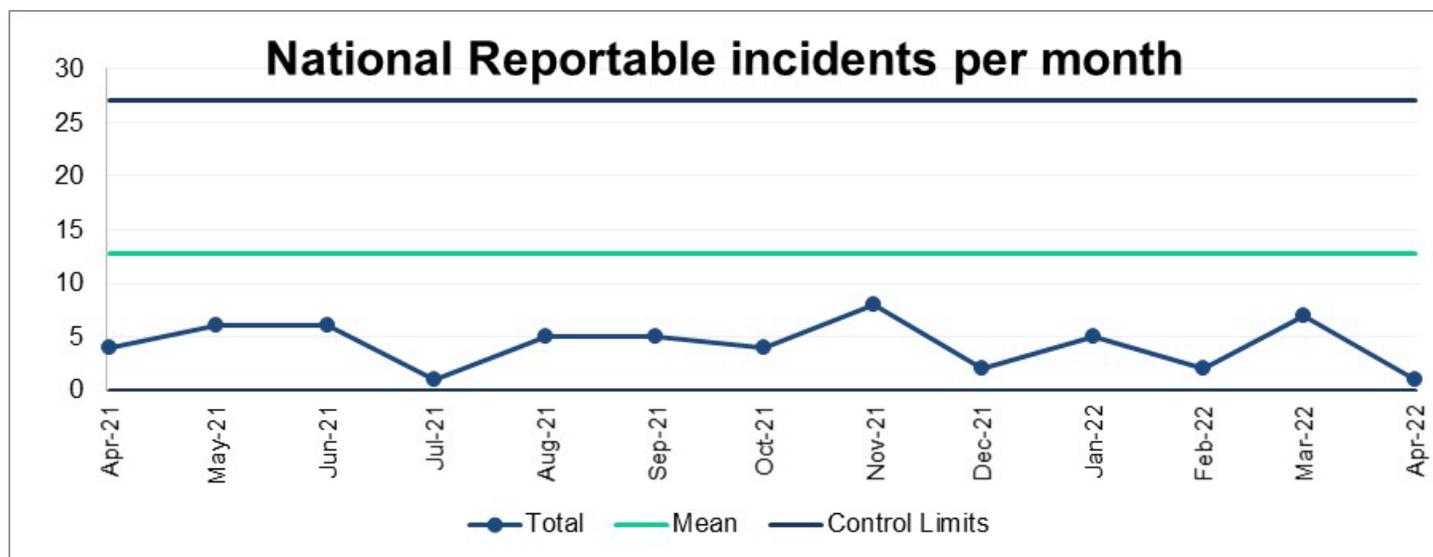
As at 4<sup>th</sup> May 2022, there were 6 open incidents approaching closure, of which:

- 3 x NPT/SGH
- 3 x Morriston

During April 2022, only 1 national reportable incident (**patient fall**) was reported to the Delivery Unit, this compares to 4 reported during April 2021.

To note, the current requirement with the Delivery Unit is that all inpatient falls whereby a long bone fracture is sustained or death occurs, should undergo a proportionate investigation however, the Falls Quality Priority Group have requested that inpatient falls resulting in the above injuries are nationally reported in line with recommendations from the National Audit for Inpatient Falls (NAIF) 2020.

National reportable incidents reported on a monthly basis are set out in the graph below by month.



#### Closure Compliance

The Health Board achieved 25% compliance with the Nationally Reportable Incident (NRI's) closure timescales for April 2022.

2 NRI's met the closure target– (1x P&C and 1x MH&LD Incident – both 120day timescale)

6 NRI's missed the closure date – (4x Morriston, 1x Maternity and 1x Singleton Medicine – all 120day timescale)

The four cases at Morriston have been investigated by the PSIIT. These missed their closure date due to delays in obtaining witness accounts and the availability of Specialist Leads to provide input. Queries from Assistant Executive Medical Director regarding recommendations on one case.

The Maternity case investigation by the Service Group is ongoing.

The Medicine case for Singleton has now been finalised, awaiting outcome form.

#### 4.8 Never Events

No new Never Events have been reported or closed since the last report.

### 5. Risk Management

#### Risk Summary

- Risk entries were shared with Executive Directors for review during March & April.
- During April, an additional meeting of the Risk Scrutiny Panel attended by the Executive Medical Director reviewed risks scored 20 and above. Advisory notes were shared with Executive leads following the meeting for consideration during the update process in April.
- The April HBRR currently contains 39 risks, of which 21 have risk scores at, or above, the Health Board's current appetite of 20. Four of these have risk scores of 25.
- The final meeting of the Covid-19 Gold Command took place in April 2022. At that meeting, arrangements for transfer and ongoing oversight of the remaining risks on the Covid-19 Gold risk log were agreed.
- The delivery of risk management training workshops for managers in service groups is continuing. Sessions are complete in two service groups; commenced in a third; and a first session is planned for the last in May.

Table 1 below stratifies the risks recorded within the HBRR and indicates trends in the risk profile over time:

Table 1: Summary of Risk Assessment Scores

Risk Analysis	Number of Risks				
	Jun 2021	Sep 2021	Jan 2022	Feb 2022	Apr 2022
<b>High Risk (&gt;= appetite): Risk Score of 20-25 (Red)</b>	20	21	25	24	21
<b>High Risk (&lt; appetite): Risk Score of 16-19 (Red)</b>	9	8	7	8	8
<b>Moderate Risk: Risk Score 9-15 (Amber)</b>	8	9	8	7	10
<b>Manageable Risk: Risk Score of 5-8 (Yellow)</b>	1	1	1	0	0
<b>Acceptable Risk: Risk Score of 1-4 (Green)</b>	0	0	0	0	0
<b>Total</b>	<b>38</b>	<b>39</b>	<b>41</b>	<b>39</b>	<b>39</b>

The following movements during March & April are noted:

- One new risk was added to the register:
  - HBR 84 *Cardiac Surgery*
- Two risks have increased in score:
  - HBR 27 *Digital Transformation*
  - HBR 60 *Cyber Security*
- Four risk scores have been reduced:
  - HBR 43 *Deprivation of Liberty Safeguards*
  - HBR 75 *Whole Service Closure*
  - HBR 76 *Partnership Working*
  - HBR 77 *Workforce Resilience*
- One risk has been closed in the register:
  - HBR 70 *Data Centre Outages*

## 6.2 The new risk(s) added to the HBRR is/are:

Table 2: New Risks

Risk Ref	Risk	Lead Exec Director	Current Risk Score
84	<p><b>Cardiac Surgery</b></p> <p>A Getting It Right First Time review identified concerns in respect of cardiac surgery (including patient pathway/process issues) that present risks to ensuring optimal outcomes for all patients. Potential consequences include the outlier status of the health board in respect of quality metrics, including mortality following mitral valve surgery and aortovascular surgery. This has resulted in escalation of the service by WHSSC.</p>	Executive Medical Director	16

As indicated at the last meeting, this risk has been added to the HBRR, recognising the escalated status of the service at WHSSC.

## 6.3 The risk(s) with increased scores is/are:

Table 3: Risks with Increased Scores

Risk Ref	Risk	Lead Exec Director	Previous Risk Score	Current Risk Score
27	<p><b>Digital Transformation</b></p> <p>Inability to deliver sustainable clinical services due to lack of Digital Transformation. There are insufficient resources to:</p> <ul style="list-style-type: none"> <li>• invest in the delivery of the ABMU Digital strategy,</li> <li>• support the growth in utilisation of existing and new digital solutions</li> <li>• replace existing technology infrastructure and the end of its useful life.</li> </ul>	Director of Digital	12	16
60	<b>Cyber Security - high level risk</b>	Director of Digital	20	25

Risk Ref	Risk	Lead Exec Director	Previous Risk Score	Current Risk Score
	The level of cyber security incidents is at an unprecedented level and health is a known target. The health board's digital services (users, devices and systems) increases year on year and therefore the impact of a cyber-security attack is much higher than in previous years. Risks of large fines associated with outages of systems and loss of data with associated UK regulations. The largest risks to the organisation are on user awareness, unsupported software and devices not managed by the ICT department, for example medical devices. The risk of a cyber-attack has increased globally as a result of the Russian invasion of Ukraine, and the use of Russian software in the Health Board			

#### 6.4 The risk(s) with reduced scores is/are:

Table 4: Risks with Reduced Scores

Risk Ref	Risk	Lead Exec Director	HBBR Score Oct 2021	HBRR Score Jan 2022
43	<b>Deprivation of Liberty Safeguards</b> Due to a lack of Best Interest Assessor resource, there is a risk of failure to complete and authorise the assessments associated with Deprivation of Liberty/Liberty Protection Safeguards within the legally required timescales, exposing the health board to potential legal challenge and reputational damage.	Executive Director of Nursing	16	12
75	<b>Whole Service Closure</b> Risk that services or facilities may not be able to function if there is a major incident or a rising tide that renders current service models unable to operate.	Chief Operating Officer	15	10
76	<b>Partnership Working</b> There are some remaining tensions between the Health Board and some trade union partners within SBUHB particularly in response to the supply of PPE which has the potential to create unrest in the workforce and hamper an effective response to COVID-19.	Director of Workforce & OD	15	10
77	<b>Workforce Resilience</b> Culmination of the pressure and impact on staff wellbeing - both physical and mental relating to Covid Pandemic. Local prevalence of Covid infections increasing positive testing and the debilitating effect of the second wave impacting staff. Impact direct in terms of Covid / related sickness (symptomatic Absence) and self-isolation (Asymptomatic). Increased staff	Director of Workforce & OD	20	12

Risk Ref	Risk	Lead Exec Director	HBRR Score Oct 2021	HBRR Score Jan 2022
	absence impact on the pressures for those still in work.			

The risk(s) closed within the HBRR is/are:

Table 5: Closed Risks

Risk Ref	Risk	Lead Exec Director	Commentary
70	<p><b>Data Centre Outages</b></p> <p>There is a risk of national data centre outages which disrupt health board services. The failure of national systems causes severe disruption across NHS Wales, affecting Primary and secondary care services. The delivery of national services are the responsibility of Digital Health &amp; Care Services Wales (DHCW).</p>	Director of Digital	The likelihood associated with this risk has been re-assessed as lower on basis of higher levels of availability with WLIMS following the hardware and software upgrades and the migration of services from Blaenavon to CloudCentres Data Centre. Consequently, the risk score was adjusted to 12 in the March HBRR and the Director of Digital approved its de-escalation from the HBRR for ongoing local management on the service risk register.

There are four risks with a score of 25 currently

Table 6: Action on Risks with Score=25

Risk Ref	Risk & Mitigating Actions	Lead Executive Director
1	<p><b>Access to Unscheduled Care</b></p> <p><i>If we fail to provide timely access to Unscheduled Care then this will have an impact on quality &amp; safety of patient care as well as patient and family experience and achievement of targets. There are challenges with capacity/staffing across the Health and Social care sectors.</i></p> <p>Actions completed and/or new controls introduced include:</p> <ul style="list-style-type: none"> <li>• Joint WAST Stack review by GP and APP (Advanced Paramedic Practitioner).</li> <li>• OPAS (Older People's Assessment Service) have undertaken training with nursing homes (on management of patient falls) &amp; set up direct contact details with nursing homes.</li> <li>• The frailty short-stay unit has been re-established.</li> <li>• The third phase of procurement to commission additional care home beds is complete.</li> </ul> <p>Targets for actions have been refreshed where required and the following actions have been added or amended:</p> <ul style="list-style-type: none"> <li>• Review roles &amp; service models in order to increase SDEC working hours and throughput of patients. sustainably.</li> </ul>	Chief Operating Officer

Risk Ref	Risk & Mitigating Actions	Lead Executive Director
	<ul style="list-style-type: none"> <li>OPAS developing a proposal to assess elderly patients at home.</li> <li>Introduce Band 6 navigator role in ED for better streaming of patients.</li> </ul>	
50	<p><b>Access to Cancer Services</b>  <i>A backlog of patients now presenting with suspected cancer has accumulated during the pandemic, creating an increase in referrals into the health board which is greater than the current capacity for prompt diagnosis and treatment. Because of this there is a risk of delay in diagnosing patients with cancer, and consequent delay in commencement of treatment, which could lead to poor patient outcomes and failure to achieve targets.</i></p> <p>The following actions have been completed since last meeting:</p> <ul style="list-style-type: none"> <li>Process for clinical harm review implemented</li> <li>Cancer Programme Board established.</li> </ul> <p>Additional notes:  Overall there has been marked reduction in the 62+ day backlog, but in certain specialties long waits remain. The top 6 tumour sites of concern in this respect have improvement plans in place.</p>	Chief Operating Officer
60	<p><b>Cyber Security - high level risk</b>  <b>The level of cyber security incidents is at an unprecedented level and health is a known target. The health board's digital services (users, devices and systems) increases year on year and therefore the impact of a cyber-security attack is much higher than in previous years. Risks of large fines associated with outages of systems and loss of data with associated UK regulations. The largest risks to the organisation are on user awareness, unsupported software and devices not managed by the ICT department, for example medical devices. The risk of a cyber-attack has increased globally as a result of the Russian invasion of Ukraine, and the use of Russian software in the Health Board.</b></p> <p>New Risk Factors:</p> <ul style="list-style-type: none"> <li>Cyber Warfare- Increased risk of Cyber Security war directly or indirectly impacting SBU</li> <li>Kaspersky- Russian Security Software on all SBU Desktops and Servers</li> </ul> <p>Actions completed include:</p> <ul style="list-style-type: none"> <li>Cyber Security Assessment as part of annual NIS compliance work with Cyber Resilience Unit in DHCW.</li> <li>Set up of Digital Tactical Command and Control</li> <li>Development of a mitigating plan to manage the Kaspersky risk.</li> </ul>	Director of Digital
64	<p><b>Health &amp; Safety Infrastructure</b>  <b><i>Insufficient resource and capacity of the Health, safety and fire function within SBUHB to maintain legislative and regulatory compliance for the workforce and for the sites across SBUHB.</i></b></p> <p>Summary progress notes on addressing this risk:  Two fire advisors were successfully appointed in December 2021 and commenced in February 2022. The additional fire resource has enabled the development of a rolling 12 month FRA programme to maintain 100%</p>	Director of Finance & Performance

Risk Ref	Risk & Mitigating Actions	Lead Executive Director
	<p>compliance of completion and during Q1 regular fire safety tours will be introduced, providing presence and support at each of the service groups. Audits will be developed to review actions identified in the FRA and maintain fire compliance. The team will also be reviewing fire evacuation plans and drawings.</p> <p>Additionally, it has been agreed by the health board to recruit one H&amp;S Advisor and one Manual Handling Trainer/Advisor. The post will be advertised in Q1 2022/23, with the end of Q1 or beginning of Q2 for successful candidates to commence. Given that the posts will take time to have any impact on training and audit, it is possible that the risk score can be reduced slightly in 6 months' time after successful recruitment with a targeted reduction in Q4.</p>	

## Covid-19 Risk Register

The final meeting of the Covid-19 Gold Command took place in April 2022. At that meeting, arrangements for transfer and ongoing oversight of the remaining risks on the Covid-19 Gold risk log were agreed:

Table 7: Transfer of risks in the Covid-19 Gold Command risk register

Gold Ref	Risk Title & Description	Risk Score	Executive Owner	Gold Command Agreed Oversight to Transfer to:
COV 004	<p><b>Covid related sick absence</b> Number of staff who are absent from work through self-isolation or family illness will impact on ability to deliver safe care for patients; and will impact on ability to keep capacity open and to staff surge and super surge capacity. Note: This risk only captures the total of staff absence as reported weekly to Welsh Government. Risk score reflects the position in comparison with wave one position which peaked at 1700 staff absent.</p>	15	Director of Workforce	<p>Workforce &amp; OD Committee</p> <p>Monitored via Workforce Directorate and reported to W&amp;OD Committee as appropriate.</p>
COV 005	<p><b>Care Homes</b> Potential failure in local care home sector to manage staff absences could result in emergency closure of care home which will place undue pressure and therefore on community health and social services to support and/or lead to an increase in patient admission to hospital. Risk of patient harm if care homes are not adequately covered.</p>	16	Director of Nursing	Transformation Board
COV 009a	<p><b>Workforce Shortages</b> Measures the risk to service provision, deployment plans and health board strategic workforce related developments ie surge capacity, field hospital / immunisation programme in the context of</p>	15	Director of Workforce	<p>Workforce &amp; OD Committee</p> <p>Monitored via Workforce Directorate and reported to W&amp;OD Committee as appropriate.</p>

Gold Ref	Risk Title & Description	Risk Score	Executive Owner	Gold Command Agreed Oversight to Transfer to:
	the number of available staff. Factors impacting cover Covid and general sick absence, deployment restrictions relating to staff Covid risk assessment, general turnover, and outbreaks. Key risk areas where specific workforce shortages impact is the greatest (eg ITU, A&E, Covid wards) are reflected in the overall score.			
COV 009b	<p><b><u>Workforce Recruitment</u></b></p> <p>Despite efforts to recruit staff into substantive, agency, bank and other roles the health board fails to meet the expanding requirement to replace staff where Covid related, or increase staff resource as a consequence of new staff resource needs. The workforce staff recruitment/supply risk has been assessed not just against the existing health board plans which had already highlighted the difficulties with staffing super surge. The risk score reflects the risks with meeting every and all existing confirmed requirements. The risk includes the internal risk given the pressures on relatively small departments who need to support recruitment. There is significant pressure on the pool of non-registered staff in the south west of Wales with health boards and local authorities all recruiting from the same pool. This impacts not only on the availability but quality of candidates.</p>	12	Director of Workforce	<p>Workforce &amp; OD Committee</p> <p>Monitored via Workforce Directorate and reported to W&amp;OD Committee as appropriate.</p>
COV 015	<p><b><u>Mass Vaccination</u></b></p> <p>The health board has operationalised its Mass Vaccination Programme in line with the strategic plan submitted to Welsh Government in 2020. Risks that are being managed in the programme are:</p> <ul style="list-style-type: none"> <li>- delivery of booster vaccine supply to enable the Board to meet the milestones set out in the National Vaccination Strategy for the first phase of the programme from September 2021</li> <li>- Delivery of a safe and effective programme that is being rolled out at pace and with significant and ensuring effective and timely communication to the public and key stakeholders</li> <li>- changes to guidance that necessitate frequent adaption of delivery models in line with JCVI and/or Welsh Government policy decisions.</li> </ul>	12	Director of Public Health	Immunisation Silver Group
COV 017	<p><b><u>Nosocomial Transmission</u></b></p> <p>Nosocomial transmission in hospitals due to the unavailability of single rooms and the inadequacy of ventilation systems</p>	20	Executive Medical Director	Infection Prevention & Control Committee

Gold Ref	Risk Title & Description	Risk Score	Executive Owner	Gold Command Agreed Oversight to Transfer to:
	(natural & mechanical) could cause patient harm, increase staff absence, and create wider system pressures (and potential for further harm) due to measures that will be required to control outbreaks.			Nosocomial deaths review will continue, but the Nosocomial group will stand down and this risk will be transferred for IPCC oversight. Additionally, it was agreed clinical oversight at Executive level will continue and small group meetings may be convened if issues arise.  NB This risk scoring 20 has previously been escalated and is already captured within the HBRR.
COV 019a	<b><u>Opening of Field Hospital (revised model - December 2020)</u></b> Risk of patient harm if the field hospital is opened without adequate assurance that the clinical and workforce models are robust and that appropriate policies and procedures are in place.	16	Director of Finance	Field Hospital Decommissioning Group  The management of the Field Hospital will transfer to the Field Hospital Establishment Group, but there will be a name change to the "Decommissioning Group" and it will report to Management Board. All actions/risks related to the Field Hospital will be owned in the new Governance stream.
COV 024	<b><u>Fragility of External Domiciliary Care Market</u></b> Significant reduced staffing levels in domiciliary care agencies due to staff exiting the care home sector for employment in alternative business such as hospitality and retail has resulted in a number of providers being unable to fulfil contracts with attendant handbacks of packages of care. This high level of additional demand has impacted flow from hospital, from bedded reablement and out of domiciliary reablement services where there is any recourse to long term care resulting in delays across all of the discharge pathways and many of the admission avoidance support routes for those in crisis in the community.	25	Community Silver (now stood down also)	Transformation Board

## 6. Once for Wales Update

Update on Go Live in Datix Cymru for the 8 modules that were originally anticipated to be ready for implementation for Phase 1 April 2021:

Module	SBUHB Position
Incidents	Went Live: 1 April 2022
Feedback (Complaints)	Went Live: 1 July 2021
Feedback (PALS/Compliments)	Went Live: 1 July 2021
Claims	Went Live: 1 July 2021
Redress	Went Live: 1 July 2021
Mortality	Confirmed with module lead go live for input of referrals from April 2022.
Safeguarding	Awaiting formal confirmation from the National O4W team.
Inquests	Went Live: 1 July 2021

The Datix team are currently supporting users of the incidents module of the new Datix Cymru system following its 'go live' on 1<sup>st</sup> April 2022. As previously reported the below is ongoing:

- Building further dashboards to support the management and reporting of incidents;
- Resolving 'go live' issues, including addressing access issues;
- Providing drop in sessions twice weekly for any member of staff with questions on how to use the system.

In addition to the above during the coming month the team will be arranging a number of training sessions aimed at approvers and reporters. These will be publicised separately when dates are agreed.

A table of issues and their status at 'go live' was presented at the last meeting. This is being refreshed and will be reported to the next meeting.

## 7. SERVICE GROUP REPORTS

### Mental Health & Learning Disabilities Services Group

1<sup>st</sup> April – 30<sup>th</sup> April 2022

Mental Health & Learning Disabilities SG received 16 concerns



#### Top Complaint Trends

- Communication (5)
- Appointments (3)



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

#### Incidents:

**329** incidents were reported with the 3 top themes being:

- Aggressive/Threatening Behaviour – (82)
- Physical Assault – (32)
- Self-harming behaviour– (31)

**No Nationally Reportable Incidents were reported during April**

#### Service User Bespoke Survey – April 2022

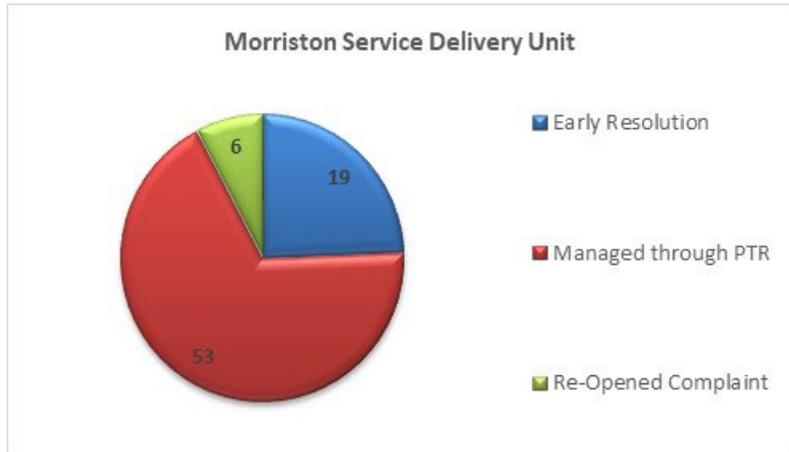
Here is some positive feedback we received from the Service User/Carer -Semi Structured Interview Survey (MH & LD survey) in April.

- My mother was in Onnen ward for 2 years and she said all the team there were very helpful to her and us as a family.
- Veteran's service were great to me and helped a lot.
- Very caring and professional.

# Morrison Hospital Service Group

1<sup>st</sup> April – 30<sup>th</sup> April 2022

Morrison Hospital SG received 78 concerns



## Top Complaint Trends

- Communication (29)
- Clinical Treatment (15)
- Admissions (12)

😊 ➤ No New Never Events  
➤ No Personal Injury Claims

☹️ ➤ 2 Clinical Negligence Claims

## Incidents:

786 incidents were reported with the 3 top themes being:

- Access to services or admission delayed (173)
- Slip, Trip or Fall – (91)
- Moisture associated skin damage – (51)

**No Nationally Reportable Incidents were reported during April**

## All Wales Results – April 2022

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



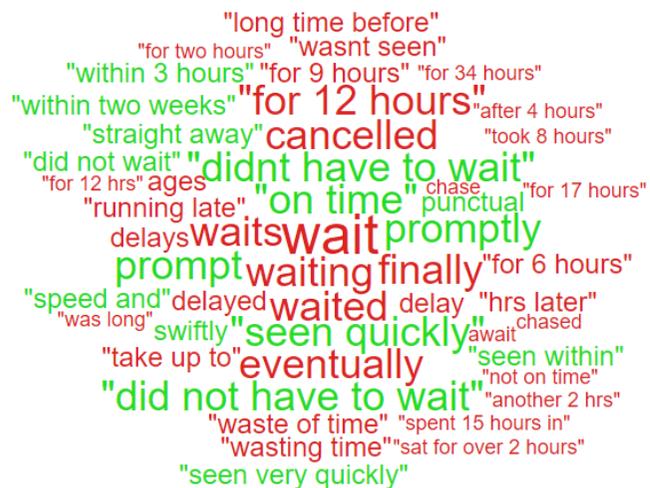
All Wales Morrison SG Ward Report - April 2022

Service Group	Responses	1 - Overall experience
		Friends & Family Test, Patient / Service User Experience Survey
Morrison Group	1222	89
	Overall	89
	Benchmarks	85

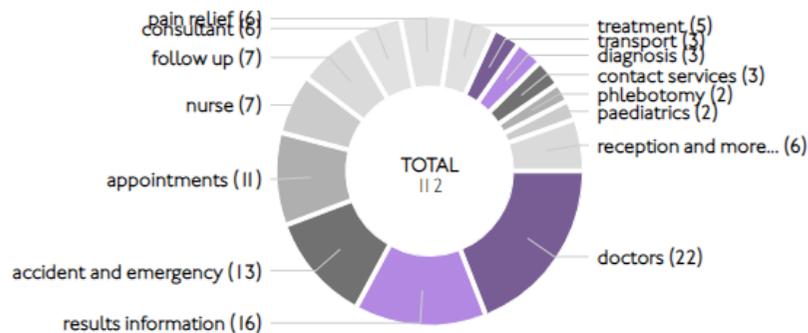
## Top themes – Morriston

### Waiting

Top keywords mentioned for 'waiting'

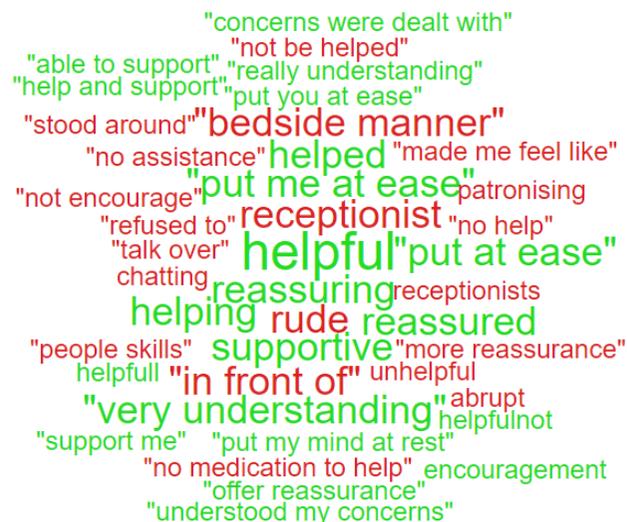


Sub themes that received feedback



## Emotional and Physical Support

Top keywords mentioned for 'Emotional and Physical Support'



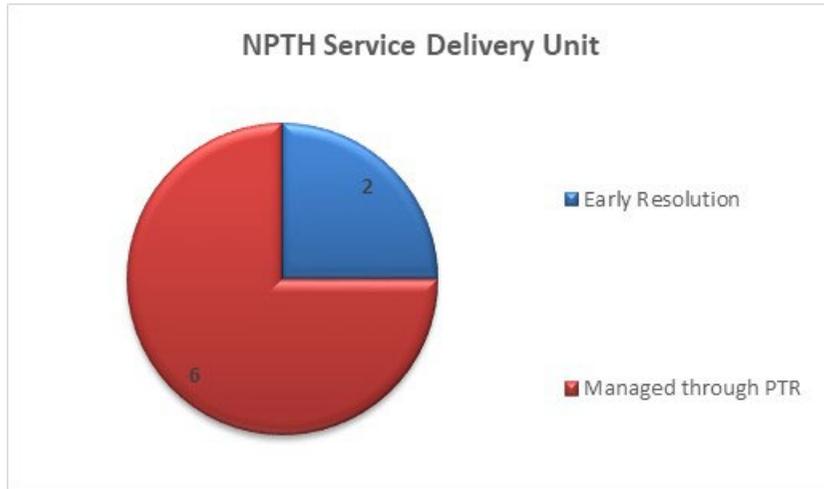
Professions that received feedback

There is no doughnut available

# Neath Port Talbot Hospital Service Group

1<sup>st</sup> April – 30<sup>th</sup> April 2022

Neath Port Talbot SG received 8 concerns



## Top Complaint Trends

- Communication (3)



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

## Incidents:

85 incidents were reported with the top themes being:

- Slips/Trips/Falls– (37)

**No Nationally Reportable Incidents were reported during April**

## All Wales Results – April 2022

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

# Primary & Community Service Group

1<sup>st</sup> April – 30<sup>th</sup> April 2022

Primary & Community SG received 19 concerns



## Top Complaint Trends

- Communication (7)



- No Never Events



- No Personal Injury claims
- 2 Clinical Negligence Claim

## Incidents:

278 incidents were reported with the 3 top themes being:

- Pressure Ulcer – category 2 (52)
- Moisture associated skin damage (not incontinence associated) - (37)
- Moisture associated skin damage (incontinence associated) – (31)

No Nationally Reportable Incidents were reported during April

## All Wales Results – April 2022

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



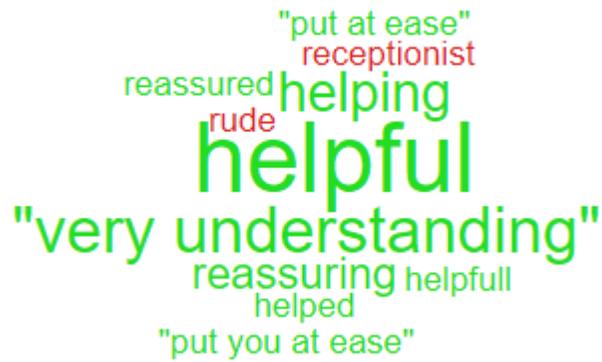
All Wales P&C SG  
Ward Report - Apr22

Service Group	Responses	1 - Overall experience
		Friends & Family Test, Patient / Service User Experience Survey
Primary Community Therapies Group	106	96
	Overall	96
	Benchmarks	85

**Top themes – Primary, Community & Therapies**

**Professional and competent**

Top keywords mentioned for 'emotional and physical support'



Professions that received feedback

No doughnut available

**Friendliness**

Top keywords mentioned for 'friendliness'



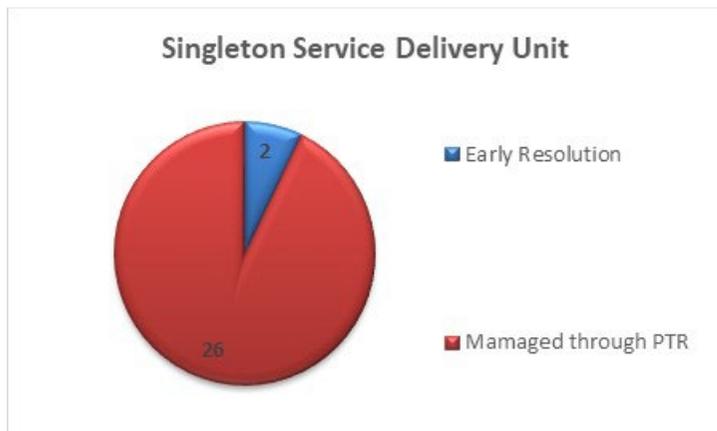
Professions that received feedback

No doughnut available

## Singleton Hospital Service Group

1<sup>st</sup> April – 30<sup>th</sup> April 2022

Singleton Hospital SG received 28 concerns



### Top Complaint Trends

- Appointments (9)
- Attitude & Behaviour (5)



- 0 Never Events
- 0 Personal Injury Claims



- 4 Clinical Negligence claims

### Incidents

398 incidents were reported with the 3 top themes being:

- Slip, Trip, Fall – (45)
- Neonatal – (33)
- Communication Issues – (28)

**One Nationally Reportable Incident was reported during April relating to a patient fall**

### All Wales Results – April 2022

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



All Wales NPT &  
Sing SG Ward Repo

Service Group	Responses	1 - Overall experience
		Friends & Family Test, Patient / Service User Experience Survey
NPT & Singleton Group	1419	94
	Overall	94
	Benchmarks	85

