



Patient Experience, Risk & Legal Services Report December 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 Groups and learning.

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1. PATIENT EXPERIENCE UPDATE

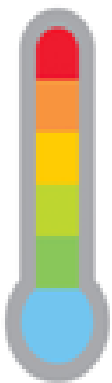
Due to Covid-19, the collection of the Friends and Family paper forms has been suspended from 23rd March until the Covid situation improves.

For the month of December there were 639 Friends and Family online survey returns which resulted in 77% of people stating they would highly recommend the Health Board to Friends and Family which was a 7% decrease from November 2020.

From the 639 responses received the high response areas across the reporting period (all with 100% positive feedback) included:

- Phlebotomy – Singleton Hospital (8 responses)
- Outpatients Blue – Neath Port Talbot Hospital (4 responses)
- Renal Dialysis Annexe – Morriston Hospital (7 responses)
- Cardigan Ward - Morriston Hospital (4 responses)
- Ward 09 – Singleton Hospital (25 responses)
- Acute Clinical Team - NPTCRT (11 responses)
- Cardiac Rehabilitation – Morriston Hospital (5 responses)
- Surgical Decision Making Unit – Morriston Hospital (6 responses)
- Ward G – Morriston Hospital (3 responses)
- Ward J - Morriston Hospital (2 responses)

The 9 lowest scoring (Below 90%) areas for the reporting period (1st December to 31st December 2020) were:



- Ward V - Morriston Hospital (67%) (3 responses)
- Celyn – Cefn Coed Hospital (33%) (3 responses)
- Cyril Evans Ward – Morriston Hospital (17%) (6 responses)
- Ward H – Morriston Hospital (29%) (7 responses)
- Ear, Nose and Throat – Morriston Hospital (50%) (2 responses)
- Onnen – Cefn Coed Hospital (5%) (19 responses)
- Chemotherapy Day Unit - Singleton Hospital (14%) (14 responses)
- Ward 03 - Singleton Hospital (25%) (4 responses)
- Radiotherapy Unit - Singleton Hospital - (10%) (20 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.

1.2 Patient Experience Team Work

Christmas Thank You Bulletin: Friends, Family and Patients feedback was used to produce a Christmas Thank You Bulletin for staff. This was well received. See bulletin link: http://abm.cymru.nhs.uk/intranet/bulletin.php?bulletin_id=13822

Civica Update: Patient Experience staff have been working on populating the new Hierarchy document ready for the new feedback system.

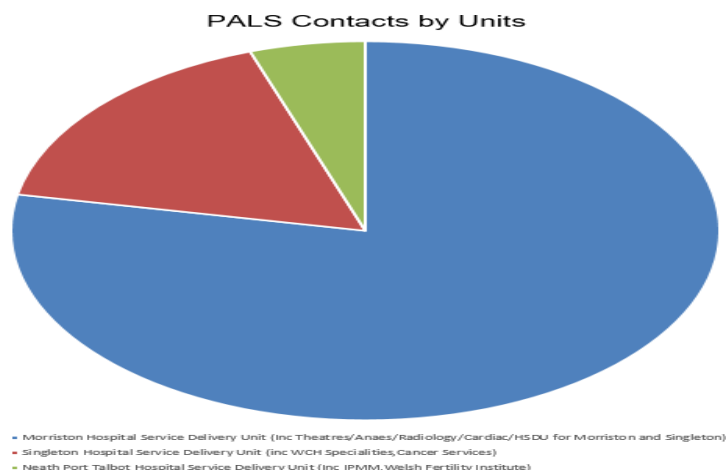
Staff Recognition awards: Using the Friends and Family data the team worked with the Staff Experience Team to produce staff recognition award. The award certificates and letter from the Nurse Director congratulated staff on being named and highlighted some of the comments patient had written about them. Staff received an award certificate when they met the criteria and their names were mentioned 6 times or more in a 3 month period on the Friends & Family surveys. This work had been postponed due to the Covid Pandemic and staff worked really hard to get the certificates to staff before Christmas. The comments from managers and staff who have received the award is really positive. Although the numbers were low for this first batch, we feel it will increase with the new feedback system. We are adopting this as a new process to use the data positively and produce more awards through the year.

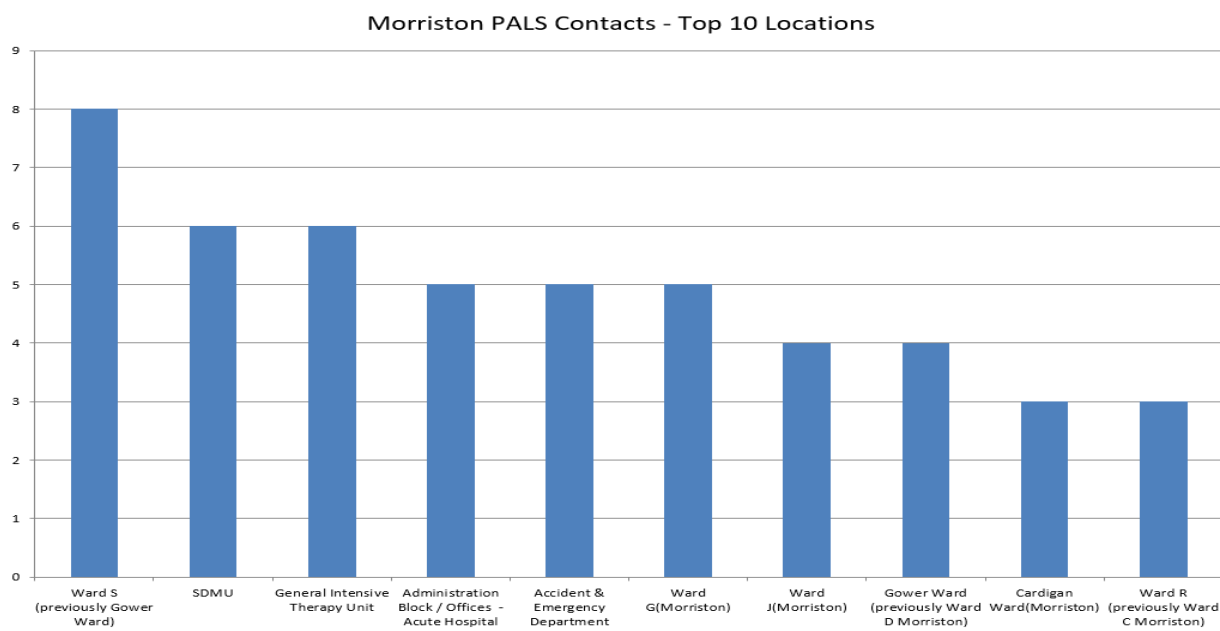
- **Hafan y mor:** The service changed the way they worked during the pandemic and want to gather feedback regarding the changes they made. Survey is now live and will be reported back during February.
- **IPC Staff Survey:** Developed with the Transformation team a survey to find out staff experience regarding PPE. This is awaiting sign off before being published.

1.3 Patient Advisory Liaison Service (PALS) Activity – December 2020

During the month of December 2020, the Health Board's PALS Teams recorded 234 records on the Datix system, this compared to a total of 115 contacts for December 2019.

These are broken down by each PALS Team/Delivery Unit below, Morriston having the highest number with 89 contacts.

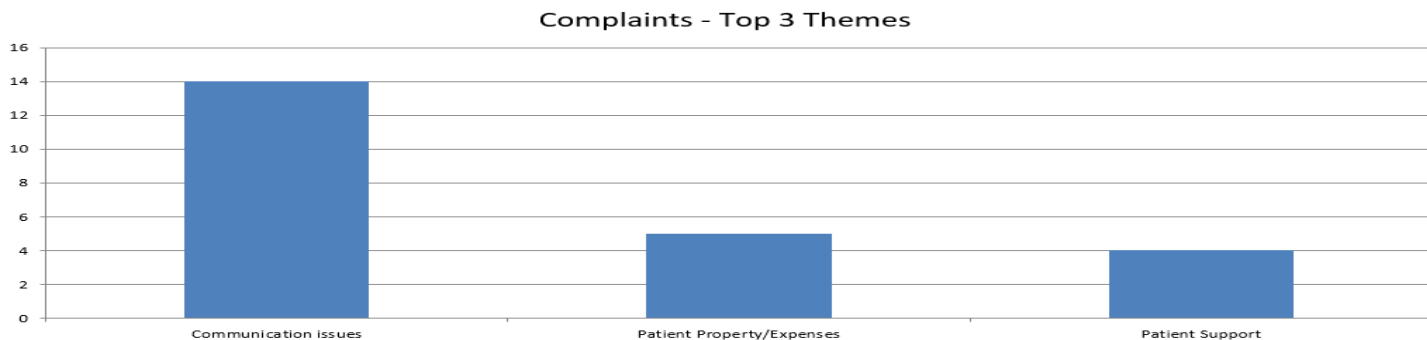




The PALS teams deal with a variety of different situations ranging from complaints to compliments, below shows the contacts by type;

Advice	14
Bereavement	35
Comment	21
Compliment	13
Concern	34
Help	11
Information	7
Support	586

Out of the 34 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.

1.4 All Wales Patient Experience Questionnaire – 17 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

Unable to update this chart at present time

Percentage of patients that ticked 'Always' to the following questions:											
Treated with Dignity?											
Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
95%	95%	92%	97%	100%	100%	92%	92%	93%	88%	96%	96%
You were given help with feeding and drinking											
Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
50%	93%	87%	0%	100%	0%	0%	80%	40%	76%	75%	100%
Were you given the support you needed to help with any communication needs?											
Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
95%	92%	92%	98%	100%	93%	82%	87%	89%	83%	90%	100%
Were things explained to you in a way that you could understand?											
Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
90%	90%	86%	93%	95%	100%	92%	94%	87%	76%	89%	89%
Did you feel we did enough to keep you as free as possible from pain?											
Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
81%	91%	86%	75%	100%	100%	67%	89%	79%	85%	81%	76%
People are kind and compassionate to you?											
Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
88%	90%	91%	92%	100%	100%	78%	92%	96%	81%	91%	81%
People are welcoming, friendly and helpful?											
Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
88%	92%	95%	88%	100%	100%	67%	90%	91%	83%	96%	81%
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?											
Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
83%	85%	86%	88%	100%	80%	67%	86%	83%	84%	71%	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.

‘Let’s Talk’ – December 2020

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 December, there were 50 contacts. 9 were converted to complaints; 0 compliments and 1 transferred to Cwm Taf University Health Board. The remaining related to queries which PALS managed, GP correspondence and marketing emails/ accidental pocket calls.

‘Social Media’

4 compliments

- 2 for Bay Field Hospital
- 1 for MIU Neath Port Talbot Hospital
- 1 for Morriston A&E



Only one contact for December, comment related to A&E waiting and staff communication. A&E Matron responded online.

I Want Great Care

There was one piece of feedback for Morriston Hospital on I Want Great Care for the month of December. The comment left was: Staff would walk past ringing telephones ignoring them and just chatting. Family were ignored and patient’s progress and information was not passed onto patient’s family.

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.

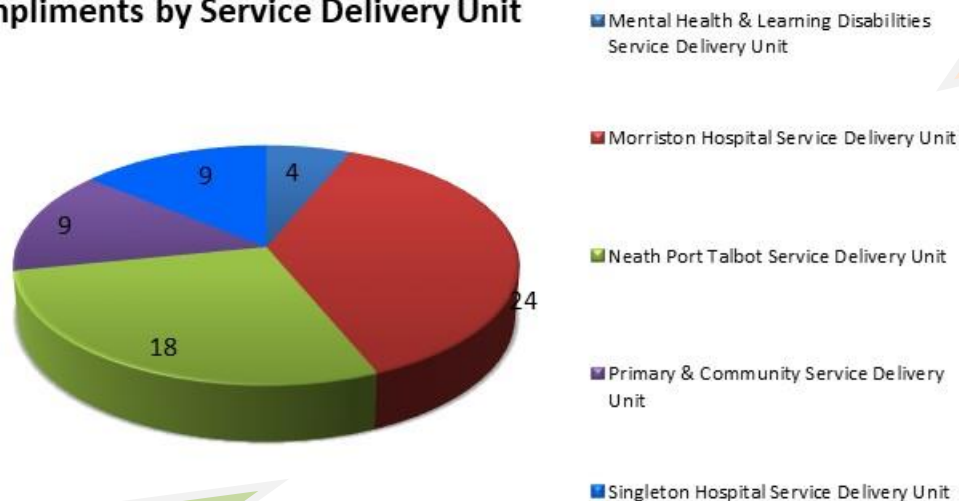
The NHS Delivery Unit issues the first leaning brief nationally from NHS organisations reporting learning from Covid-19 cases: **CoRSEL learning update #1** To all HBs/Trusts. The update provided a summary of **early learning** related to in-hospital transmission of Covid-19. The learning brief has been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

3. COMPLIMENTS

A total of 64 compliments were recorded on Datix between 1st December 2020 and 31st December 2020, a breakdown by the Delivery Units is provided on Page 14 and a selection of compliments received.

3.2 Written Compliments – December 2020

Compliments by Service Delivery Unit



"I speak on behalf of all my family in thanking (name) for his assistance, which went over and above what we expected of him.

(Name) is an absolute credit to your Service (which I'd hope you already know!!), but my family and I felt it really important that we make you aware of the esteem in which we hold him and or appreciation for his efforts, not just over the past 24 hrs, but over the past 9 months".

Mental Health & Learning Disabilities, Older People's MH Services

"I would like to pass comment on the superb, seamless care I received from the Minor Injuries Unit yesterday. Everyone from the receptionist, the radiographers and the nursing staff were extremely friendly and it was lovely to have so many staff introduce themselves. Well done!"

MIU, Neath Port Talbot Hospital

"Our recent visit to Singleton Hospital paediatrics department was a really calm and supportive experience. From the time we walked into reception, all the way to seeing the consultant and having blood taken by their team. The whole experience was all focused on ensuring my son felt as comfortable and safe as possible. I could not explain how much this care meant to me and my son."

Paediatric Department, Singleton Hospital

"My daughter suffered 47% burns in a tragic accident. She was cared for in the intensive care unit at Morriston hospital for over two months and then moved to Powys ward. Since discharge last November she has had several operations, two of which were carried out last month. I just want to say that during my daughter's time in intensive care, the care she received was exceptional. As a family, we were always kept well informed of her progress and all the members of staff were always so welcoming to family and friends visiting the unit. We were overwhelmed by the dedication of the staff. We are so grateful to them."

Burns & Plastics Unit, Morriston Hospital

"Briton Ferry Health Centre would like to express her sincere gratitude towards all ACT staff with the way Brynsiriol Residential Home has been supported over the last few days and especially with the commitment and expertise that has been given. She wishes this to be expressed to all the Team, and how wonderful you all are. Well done everybody, please be very proud of yourselves and however challenging these next few months are going to be; you are making a huge difference for our Neath Port Talbot Residents and having a huge impact".

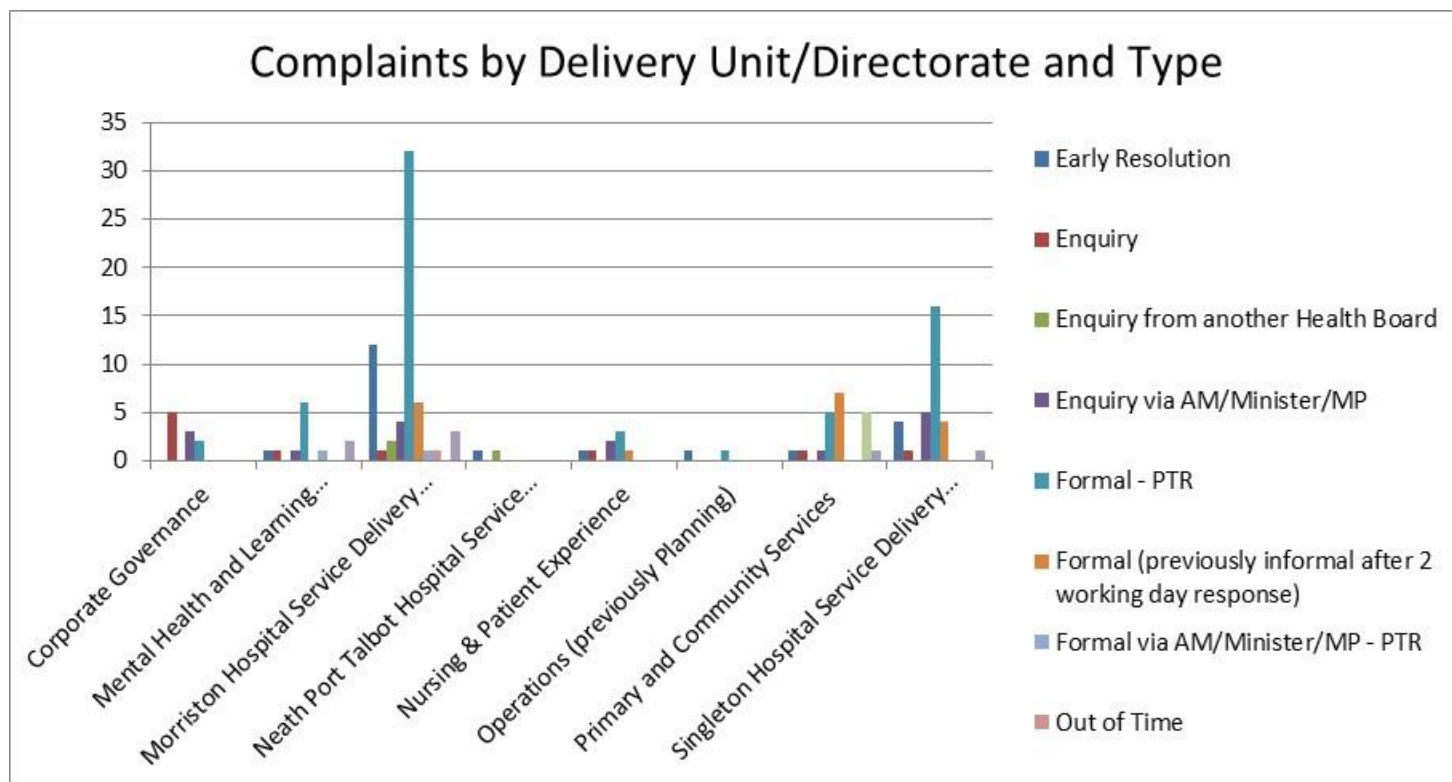
Primary Care & Community Services Resource Team

4. CONCERNS MANAGEMENT

4.1 Complaints – December 2020

Complaints 1.12.20 – 31.12.20

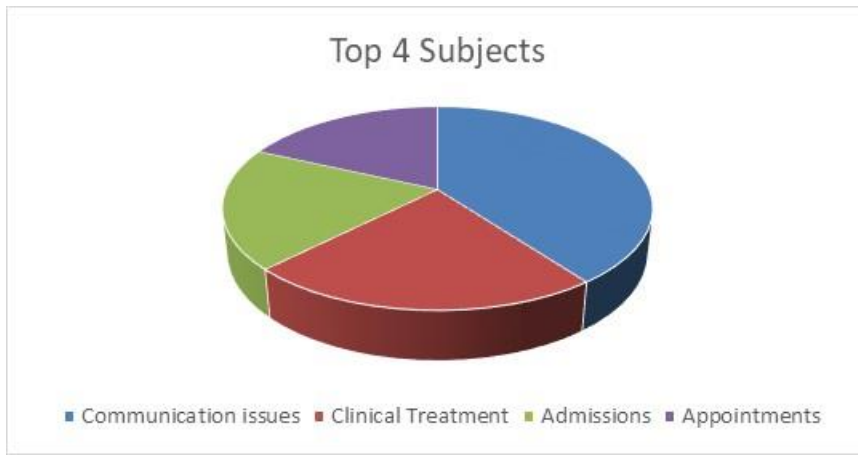
The Health Board received 148 complaints during the month December 2020, please see breakdown by unit and type below;



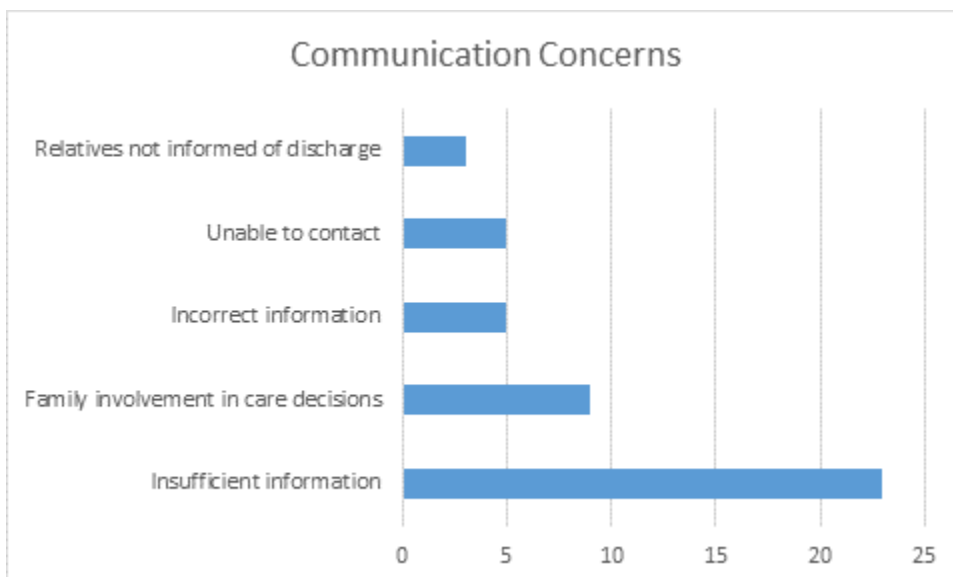
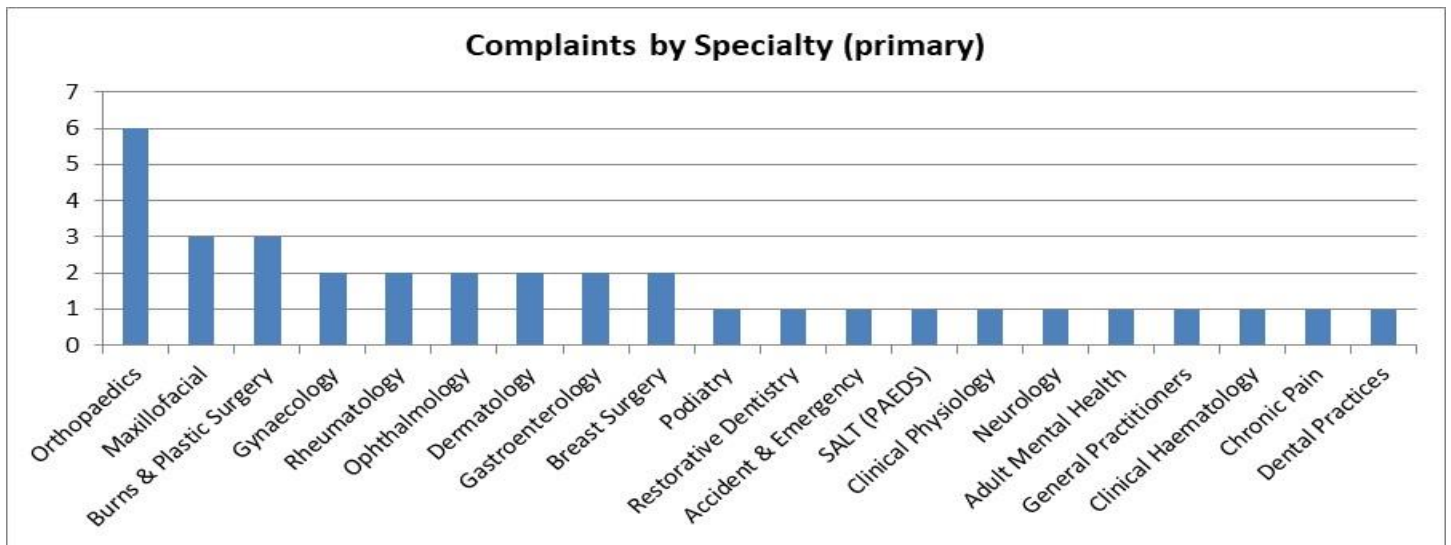
Out of these 148 complaints, 35 related to COVID-19, please see subject breakdown below;

Access to other treatment	17
Acquired COVID-19 during admission	4
Lack of Testing	4
Delay in Diagnosis/Testing for COVID-19	3
Lack of communication	2
Incorrect PPE	1
Hand Gel/Soap Unavailable	1
Contact with Patient/Staff with suspected COVID-19	1
Cancellation of treatment/appointment/Clinic due to COVID-19	1
Infection Control (contamination)	1

Top 4 Complaint Themes



During December there were 32 complaints received which related to cancelled or delayed appointments or admissions. Please see breakdown by specialty below;



Communication Concerns	
Insufficient information	23
Family involvement in care decisions	9
Incorrect information	5
Unable to contact	5
Relatives not informed of discharge	3

In terms of the top two types of complaints these have been further analysed as follows:

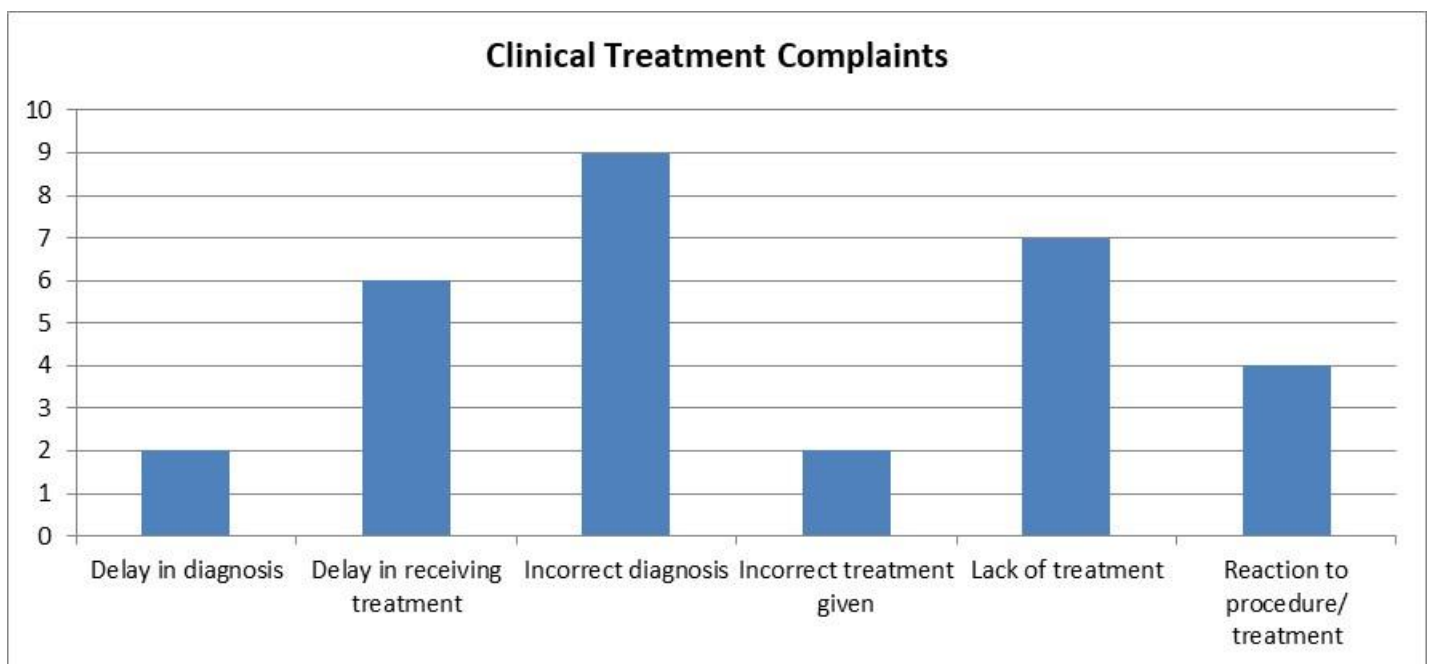
Family involvement in Care;

- 3 enquiries/complaints regarding Mental Health & LD not involving families in decisions and communicating with them when the patient may lack capacity (2 received from AM's)
- Families not receiving information regarding patient's condition whilst admitted to Morriston and only being able to visit when the patient is end of life.

Insufficient Info;

- Patients not receiving contact or information from GP Practice – Primary Care Services
- 3 AM enquiries received relating to patients not receiving treatment plans or updates regarding appointments/surgery
- Lack of communication for inpatients in relation to their ongoing care plan

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 Groups in turn, as well as the review of a selection of closed complaints from the other Service Groups. During this review, any agreed actions by the Service Groups are monitored by the Corporate Complaints Team to confirm actions are completed to ensure compliance. CRAG is continually developing and evolving to ensure that the best possible learning and assurance is attained by the Health Board.

A CRAG review of Mental Health cases was undertaken on the 10th November 2020. The Interim Director of Nursing & Patient Experience, the Unit Nurse Director and Governance Manager were in attendance. The key issues discussed at the meeting were:

Themes

- No medical notes offered, not compliant with PTR Regulations
- Redress not considered despite evident breaches resulting in harm.
- No lessons learnt outlined in responses.
- Responses are not sympathetic, despite complaints often concerning quite serious and emotive issues.

Concerns

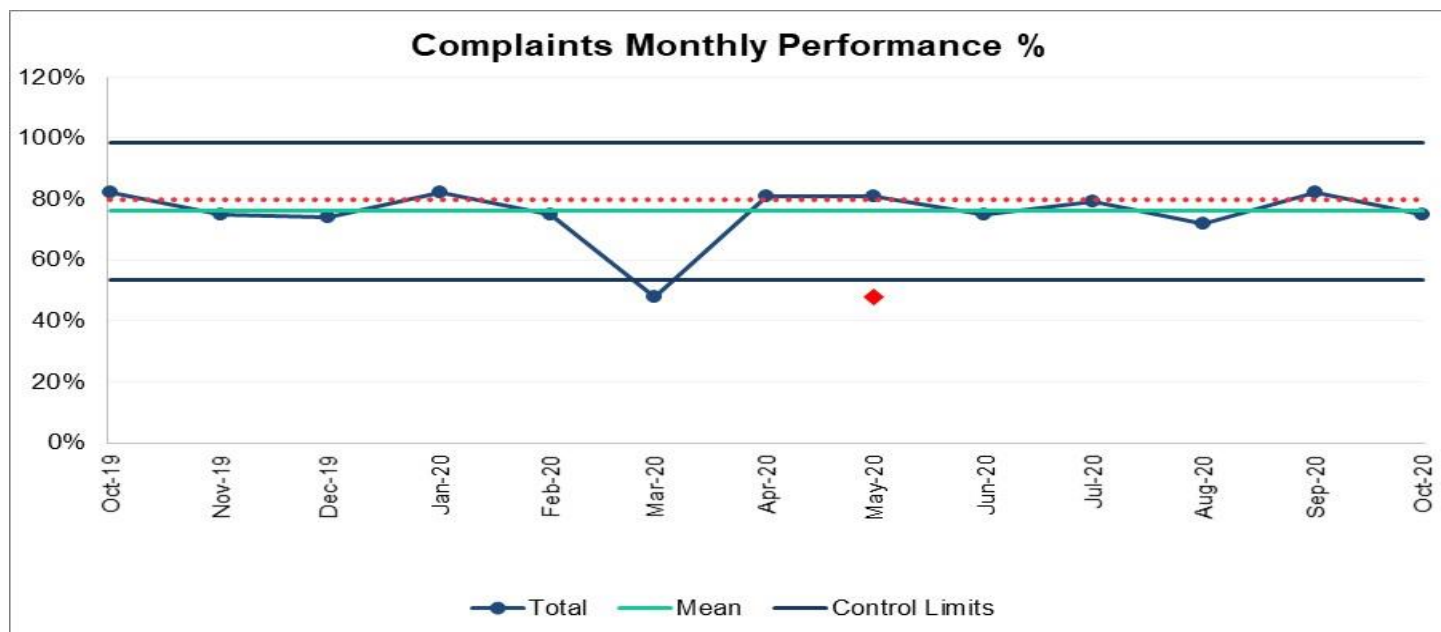
- Letters of complaint are sent out to the Locality Managers & are not returned to the Governance Team, this results in PTR not being considered and often letters which should be run past the Legal Team for Redress advice are not as the Q&S Team do not receive the responses back for review/consideration of whether there has been a breach of duty.
- Responses could be far more apologetic and sympathetic. Opening the letter with 'I am disappointed you had cause to complain about the treatment' often gives the wrong impression from the outset.
- Responses often do not read well and are defensive.
- Responses often do not offer the complainant sympathy for the loss of their family member.
- Delays and lack of updates often unfortunately lead to complainants having no faith in the Health Board's investigation.
- If complaints go to the Ombudsman, the Health Board will be criticised for not providing regular updates to the family, which may result in financial penalties also.
- The opportunity to build bridges with families at this point, who advise in their complaint the effect of the care provided has had on them as a whole, as well as the patient
- Families are often very open and honest and we often lose the opportunity to put things right at this point, which leads to the families going to the Ombudsman or sadly feeling let down.

The Complaints Department will deliver training via TEAMS Learning Event will be rescheduled in Q3/Q4 of 2020/21. The Complaints Department will keep the Units up to date with newsletters which will identify themes from complaints/learning and good practice in terms of complaints management have been issued.

4.3 Complaints Performance

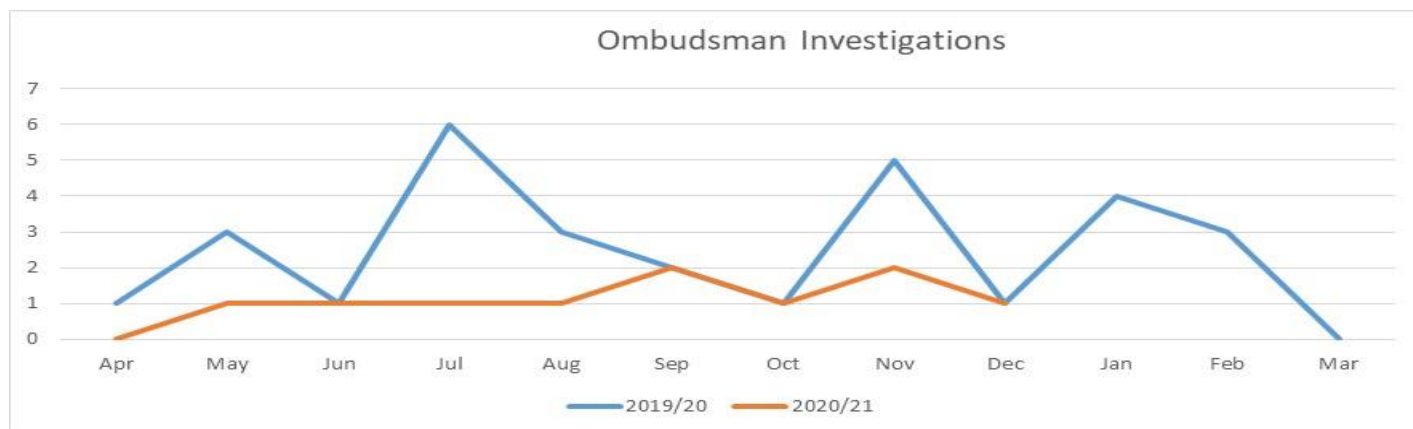
The Health Board recorded 75% performance against the 30 working day target in October 2020. The Welsh Government Target is 75%. The significant decrease in performance in March was due to the

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%.



4.4 Ombudsman 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 December 2020.



The Ombudsman has confirmed that there has been a decrease of complaints investigated by the Public Services Ombudsman for 2020/21 compared to 2019/20. The Patient Feedback Team remains committed to improving this trend. All cases that have been referred to the Ombudsman's Office are reviewed to ensure learning and improvement. 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 Ombudsman 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.

4.5 Concerns Actions taken/being taken include:

- Concerns Redress Assurance Group (CRAG) to continue reviewing and auditing complaint responses to ensure compliance with the “Regulations”.
- Each month a ‘deep dive’ review is undertaken on each Service Delivery Unit in turn, as well as the review of a selection of closed complaints from the other Service Delivery Units. During this review, any agreed actions by the Service Delivery Units are monitored by the Corporate Complaints Team to confirm actions are completed to ensure compliance and reported to the Quality and Safety Governance Group.
- Attendance at both Ombudsman & Complaints Network Meetings will continue throughout 2020. These meetings are currently being undertaken and attended remotely.
- Tailored training provided to Morriston Unit Q&S Team following an Ombudsman recommendation was delivered in December 2020.
- Two Complaints Newsletters have been issued, which include learning from Ombudsman cases, PALS work and management of complaints.
- Work with Ombudsman Office due to commence to introduce Complaints Standards Training.
- Ombudsman Complaints Standards Training due to commence in March/April 2020.

4.5 Incidents

4.5.1 Incident Reporting & Performance

For the period 1st December 2020 to 30th December 2020 a total of 1,799 incidents were reported (November was 1,783). The severity of the level of harm of incidents reported is set out as follows:

Severity of Harm	Incidents Reported
No Harm (1)	1298
Low (2)	354
Moderate (3)	107
Severe (4)	7
Death (5)	33
Total	1799

The top five themes relate to:

Incident Type Tier One - Top 5	No	
Patient Accidents/Falls	269	14.95%
Injury of unknown origin	256	14.23%
Pressure Ulcers	236	13.11%
Behaviour	136	7.55%
Infection Control Incident (Healthcare Associated Infection)	133	7.39%

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 256 incidents recorded is as follows:

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

The types of incident are below:

Incident type tier three	Data
Injury of unknown origin	68
Non SBUHB acquired Moisture lesion	108
SBUHB acquired Moisture lesion	80
Total	256

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 these 68 cases identified 14 incidents which had been incorrectly coded. These cases have now been updated and coded correctly as follows:

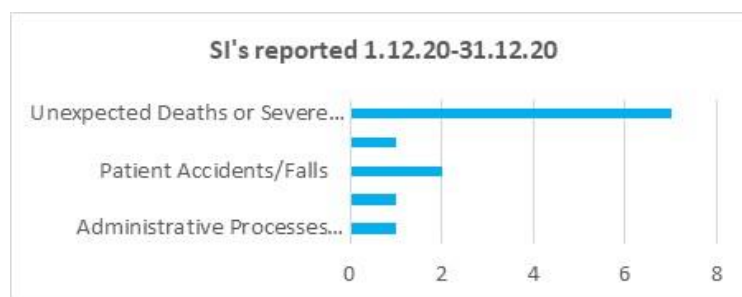
Patient Accident (contact/collision)	1
Medication (self-administering)	1
Moisture Lesion	2
Pressure Ulcer	5
Patient Fall	2
Bed Availability	2
Manual Handling (patient)	1

Consideration is being given to how health organisations in Wales classify these incidents to ensure consistency as part of the Once for Wales Work.

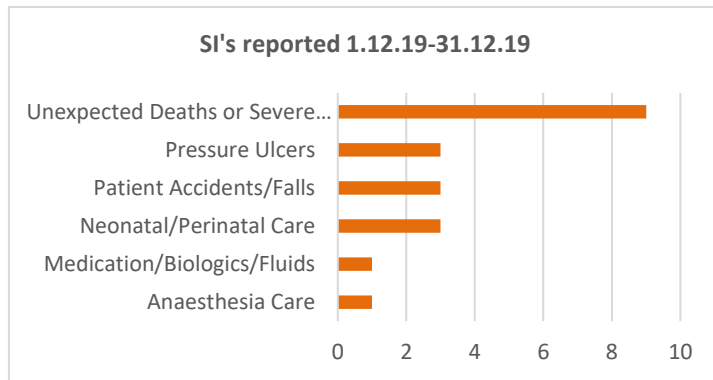
4.5.2 SI's Reported 1st December 2020 to 31st December 2020

- During the pandemic, Welsh Government changed the SI reporting criteria, reported to the Q&SGG in March 2020, this reverted back in the autumn of 2020. Correspondence has been received from Welsh Government on 6th January setting out reduced reporting requirements during the pandemic.
- From 1st October 2020** all SI's will be reported to the NHS Delivery Unit who have taken over responsibility for reviewing new SI's and assuring the closure forms. No Surprise Reports will still be reported to Welsh Government. From a Health Board perspective, the Serious Incident Team have reviewing and updated their reporting processes. The Service Groups processes will remain unchanged as they report SI's and NSR's to the Serious Incident Team.
- As a reminder **CORSEL** is in place which requires the Health Board to identify learning from Covid cases to be shared with Health Boards via a report to the NHS Delivery Unit. All notifications are to be sent to the Health Boards Serious Incident Team for reporting.
- During December 2020 a total of 12 serious incidents were reported to Welsh Government of which 7 related to unexpected deaths.

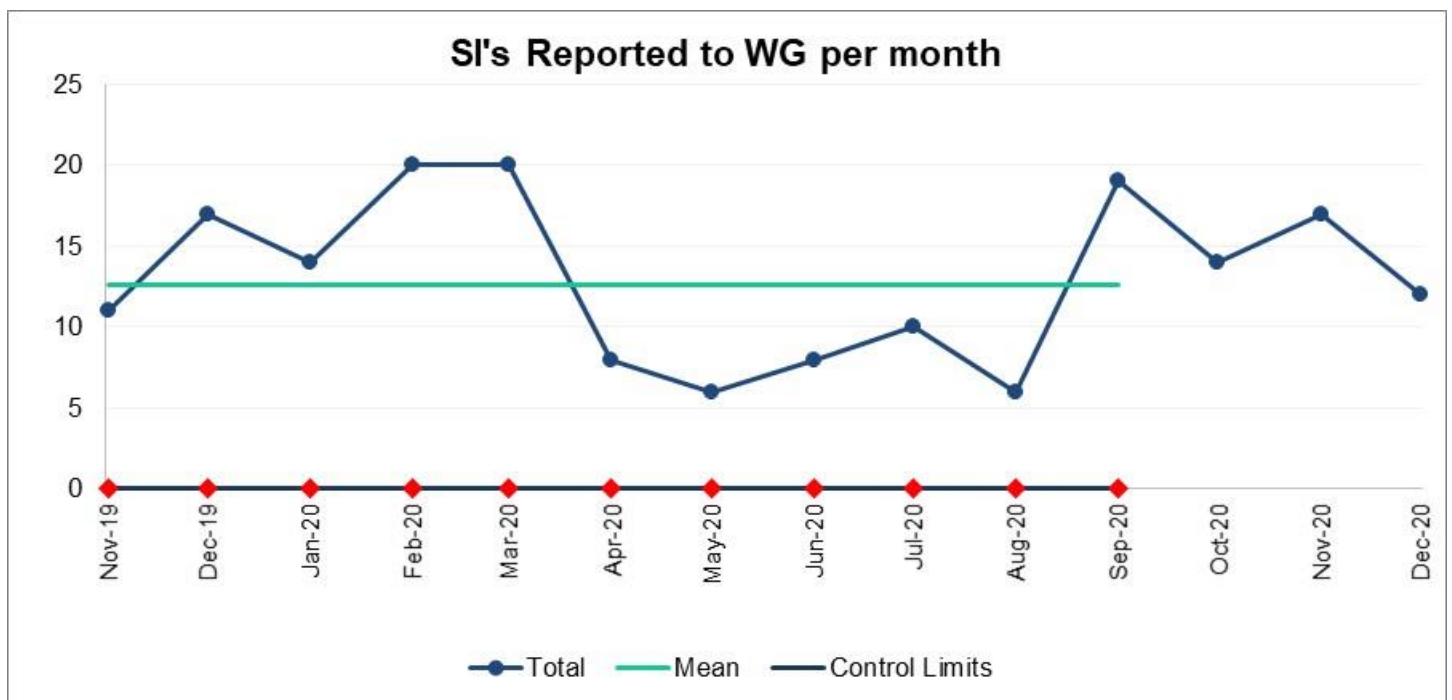
SI's reported 1.12.20-31.12.20	
Administrative Processes (Excluding Documentation)	1
Maternity Care	1
Patient Accidents/Falls	2
Pressure Ulcers	1
Unexpected Deaths or Severe Harm	7



SI's reported 1.12.19-31.12.20	
Anaesthesia Care	1
Medication/Biologics/Fluids	1
Neonatal/Perinatal Care	3
Patient Accidents/Falls	3
Pressure Ulcers	3
Unexpected Deaths or Severe Harm	9



In comparison to the same period in 2019 the number of serious incidents reported to Welsh Government was lower (20). Serious incidents reported on a monthly basis are set out in the graph below by month. During the month of December 2020 the Health Board reported 12 Serious Incidents.



Learning from SI's

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

4.5.2 Never Events

The last Never Event was reported to Welsh Government on the 19th November 2020 (Wrong implant/Prosthesis). 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 was issued in Q3 of 2020/21.

Actions

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

5. Once For Wales System Update

The Once for Wales Concerns Management System (OfWCMS) is a cloud-based risk and compliance management interface solution and will enable a step-change in managing quality, health, safety, environment, risk and compliance across the whole of NHS Wales. The key features include incident management, investigation management, risk and compliance management, audit management, contractor management, controlled-document management, action management and reporting and analysis, with the ability to capture investigations, learn and share information across NHS Wales.

All NHS bodies are required to report incidents on to the Datix software management system. Currently, all Health Boards/Trusts in Wales have varying versions and modules of the DatixWeb and DatixRichClient systems. Following a successful competitive tender, RLDatix Ltd were awarded the contract for 5 years, with an option to extend this period if required. The new solution is known as “DatixCloudIQ” and has many enhanced features compared to other systems.

The new DatixCloudIQ system will enable all NHS staff to report incidents/concerns/events and risks into the new RLDatix system through a log in weblink held on an organisations intranet page.

The new RLDatix system will be integrated with Active Directory Federation Services (ADFS) this is a new approach to how all NHS health boards and trusts in Wales currently login to Datix system/s. This functionality will enable staff to use their existing username and password credentials used to login to a PC on a daily basis, this will eliminate administrative burden and make Datix reporting a swift process. The Local System Leads will control access hierarchy to records within the system through security groups and profiles based on staff roles/ responsibilities and areas of work.

The Programme Timetable for implementation of the new DatixCloudIQ system is outlined in table1 below:

Table 1 – Programme Timetable for Roll Out of the OfWCMS

Phase	Function
Phase 1	<ul style="list-style-type: none"> • Incident Reporting, Capture, Coding and Management • Content and Update Governance

April 2021	<ul style="list-style-type: none"> • Migration of data for existing Datix systems • Training programme for Local System Leads • Code of Connection - NHS Wales Infrastructure and RLDatix • Active Directory/ADFS/Connection and Access to Cloud services • Integration with PAS/Empi and ESR • Risk Management • Civica – Patient Experience system (replacing SNAP)
Phase 2 April 2022	<ul style="list-style-type: none"> • Datix RFI Functional Workstream continuity • Link with LARS Case Management System

Organisation Readiness Report – by 23 December 2020 - complete

Final hierarchy submitted on 23 December 2020 - The Health Board were unable to submit the new hierarchy as this is not yet available. The current hierarchy as it currently stands in the Datix system was submitted to the OFW Team by the deadline. When the new hierarchy information has been received, this will necessitate re-completion of all the system access documents (which will take several months to complete)

Import of staff mapping to the Cloud (template) – By 31 January 2021

Correct Combo-linking for areas in SBU (for the Cloud) – By 31 January 2021

Delays in providing information by 29 January 2020 will result in a high risk that the system will not be available to go live in April 2020

- The Datix User Group oversees the local implementation of the Once for Wales Concerns Management System. The group meet monthly and provide bi-monthly progress reports to the Quality and Safety Governance Group and has highlighted a concern in relation to going live with the incident module as there will be a loss of functionality in comparison to the system the Health Board currently uses. Discussions will be held at the Quality & Safety Governance Group in terms of whether to go live with the incident module on 1st April 2021 or defer until the Once for Wales Team can build the required functionality into the new incident module.

6. Healthcare Inspectorate Wales

Update on Action Plans from 2019/20 HIW Inspections

Inspection	Action Plan Update
National Review of Maternity Services	HIW to meet with HoMs to discuss timescales for completion of improvement plans
NPTH Birth Centre	All actions completed.
Morrison Hospital Paediatric Services	Outstanding Actions (some overdue): 1. Consider ward layout and dignity of patients/parents/carers (Covid-19 delays) 2. Emergency Bell needs to be heard across the ward (Covid-19 delays) 3. MDT working group has been set up re the approach to Sepsis 6 4. Pain Management recording to be audited 5. Review of staffing rotas to take place (by 2021) 6. Appraisals compliance to be addressed (plans in place)
Morrison Hospital ED/AMAU	Complex and detailed action plan which the DoN is sighted on.

Cefn Coed Hospital	All actions completed except the closure of the smoking room on Fendrod Ward. Delayed due to Covid-19 Pandemic.
Cwmafan Health Centre	Two actions outstanding, required by estates. This is included on the HB's Risk Register and actions have been taken to mitigate risk, which is now low due to reduced footfall.
Alfred Street Primary Care Centre	All actions completed
Greenhill Medical Centre	All actions completed
Skewen Medical Centre	All actions completed
Gupta Dental Surgeons	All actions completed. The HB and Dental Practice Advisor (DPA) worked closely with this Practice to develop an Action Plan. HIW confirmed this Practice is no longer a concern following the updates they have received.
Sketty Road Dental	All actions completed
Dunes Dental Care	All actions completed
Neath Teeth Orthodontics	All actions completed
Gorseinon Dental Practice	All actions completed
Health Centre Station Road	All actions completed
Ravenhill Dental Surgery	All actions completed
Cwmbwrla Dental Surgery	All actions completed
Gorseinon Hospital	One Action Due by 2.1.2021 - Confirm plans to train senior staff as clinical supervisors and restart the programme last done in 2018 Update 4.1.2020 - Matron has set up a Clinical Supervision plan which spans over the next 6 months. To date one member of staff has received formal clinical supervision, the roll-out plan has been affected due to COVID and the associated workforce impact. However, informal supervision continues to take place. The full roll-out of formal clinical supervision will be completed by July 2021.
Morrison Cardiac Ward	No Improvements required <ul style="list-style-type: none"> • The health board is advised to consider how it can further support and maintain these staffing arrangements, particularly as the pandemic progresses. • The health board is advised to consider how it utilises space on the ward with a view to provide single sex toilet facilities, where possible.
Singleton Hospital (Oncology)	5 improvements required by 15 February 2021: <ol style="list-style-type: none"> 1. Compliance with the completion of pressure ulcer prevention care plans and individualisation of these care plans was found to be only 40% compliant. The health board must provide HIW with evidence that confirms staff have been adequately trained to assess and monitor patient pressure ulcers and that the completion of assessments and care plans has improved and is subject to regular audit and management review 2. HIW requires assurances that the health board assesses and analyses the reasons for patient falls and every effort is made to prevent and reduce harm. 3. HIW require assurance that action has been taken which demonstrates that resuscitation equipment is effectively maintained so that it is safe to use. In addition HIW require assurance that the required standards are met and action is taken to ensure social distancing within staff groups, a review of excessive equipment on corridors and ligature points identified on the wards are risk assessed in order to ensure a safe health care environment.

4. The IPC audit for October 2020 conducted by IPC department identified one issue that identified a nurse had not removed PPE after leaving a patient room. HIW require assurance of what action the ward took at the time to ensure learning from this finding and to ensure that practices have improved.
5. HIW require assurance and evidence to confirm the level of mandatory and other training compliance is improved and meets health board requirements.

HIW Inspections

HIW are currently planning their work on a quarterly basis and have provided the planned programme of Quality Checks for the Quarter commencing in November 2020.

Setting	Type	Confirmation & Information Request	Quality Check Data
Singleton Hospital (Oncology)	Hospital	20-Oct-20	03-Nov-20
Llansamlet Surgery, Swansea	GP	27-Oct-20	10-Nov-20
Neath Port Talbot hospital (MIU)	MIU	03-Nov-20	17-Nov-20
Morriston Hospital	ED	23-Nov-20	08-Dec-20

Morriston Hospital (ED) – The HIW Tier 1 quality check originally scheduled for 8 December 2020, has been postponed until after the New Year, date to be determined. A formal notification will be sent out by HIW in the usual way.

Singleton Hospital (Oncology) – The draft report was received on 18 December 2020. The findings are summarised below:

Covid 19 - how the service has responded to the challenges presented by COVID-19:

The process described to HIW of screening and testing patients for the Covid-19 virus, demonstrates the ward has taken measures to manage patient admissions as safely as they can.

There is an official pathway in place for the safe screening of in-patients with suspected COVID-19. There is a clear process for dealing with staff who have suspected COVID-1, demonstrating that staff are confident in applying the process they have in place to minimise any risks of COVID -19 transmission which might come from staff.

The ward has access to PPE. Training is provided by champions on the ward who have been trained to show staff how to safely don and doff PPE and provide advice and support to help maintain safe standards.

They have allocated two side rooms equipped with toilets and showers to isolate patients with suspected or confirmed COVID-19. In the event these rooms are not available, patients can be transferred to ward 16 in Singleton Hospital which is currently being used as a cohort COVID-19 ward. Routine visiting is not permitted at present and the ward day room is closed. These measures help prevent cross contamination and transmission of the virus.

Upon admission to the ward, consultants provide a virtual consultation with patients. This maintains social distancing whilst identifying all patient needs.

No improvements identified

Environment – HIW considered how the service has designed and managed the environment of care to keep it as safe as possible for patients, staff and visitors.

Ward 12 has recently had Perspex screens installed in patient bays.

The ward had recently had a new intercom system installed at the entrance to the ward to enable them to monitor and manage people accessing the ward.

Patients are able to access a chaplain service for their religious needs.

The ward aims to discharge a patient as soon as they are medically fit and it is safe to do so. There are no current problems or delays with discharge from ward 12 at the present time.

One area for improvement identified

Infection Prevention & Control – HIW considered how well the service manages and controls the risk of infection to help keep patients, visitors and staff safe.

Up to date Infection Control and Covid19 policy

Audits are being conducted

Hand hygiene compliance (with the requirement for staff to be bare below the elbow)

Cleaning audit tool used – 99.44 % compliance

IPC audit identified the ward environment was clean

A review of patient equipment identified items were clean and labelled, sharp items were being disposed of safely in contaminated waste facilities, linen was being stored and handled appropriately and signage was in place to provide guidance on social distancing.

One area for improvement identified

Governance - HIW explored whether management arrangements ensure that there are sufficient numbers of appropriately trained staff on the ward to provide safe and effective care.

Ward 12 has been nominated and will be receiving an award for outstanding contribution to learning and development on the 25 November 2020.

The staffing roster is planned six weeks in advance on the live system "Allocate". The ward uses bank and agency staff to support safe staffing levels.

A practice development nurse is responsible for staff training. Evidence that staff are compliant with mandatory training including in areas including IPC, resuscitation, health, safety and welfare, safeguarding, equality, diversity and equal rights.

A tissue viability nurse provides specialist advice and supports the review of pressure ulcers

Staff have access to a Wellbeing Policy, wellbeing Unit and the occupational department.

One area for improvement identified

Neath Port Talbot Hospital (MIU) - Feedback from HIW was positive regarding the evidence that was provided. The inspector stated that MIU is clearly in a different place from September 2018. HIW will refer to the lack of water fountain in the report, despite MIU having done all they can to address the issue. Awaiting final report

HMP Swansea - An inspection of HMP Swansea (HIW attended in a supportive capacity to HMIP who led the inspection), identified concerns from a healthcare perspective, relating to medicines management, infection control and governance. The response and Improvement Plan was submitted to HIW on 14 October 2020. HIW have accepted the actions as providing assurance for the oversight of healthcare provision at the site. Since then however, HIW have been made aware of an incident that has occurred following an assault on a prisoner, where head injury protocols were not followed by medical staff tending to the victim. This incident has raised concern over the ability of healthcare

services within HMP Swansea to keep the prisoners safe. A meeting between Health Board and HIW staff will be arranged to discuss assurance for the improvements which will be made.

Maternity Services Review 2019/2020 – The aim of the review was to provide a national picture of the quality and safety of NHS maternity services across Wales, to understand whether the care being provided is safe, and to identify wider learning to improve services for women and their families.

The phase one report is now complete and was published on 19 November 2020

Findings to date show the quality of care that is being provided across Wales is generally good, and that the majority of women and families who use maternity services report positive experiences, delivered by a hugely committed and dedicated group of professionals.

Phase One of the review identified some issues in relation to aspects of maternity care that were outside the original scope of the national review. These key areas to focus upon relate to:

- Antenatal care – to consider the quality of care provided by community midwifery teams
- Postnatal care – to consider the periods after the birth and up to the stage of health visitor engagement
- Follow-up on some of the inspections undertaken as part of Phase One, to understand what progress is being made

Maternity Services have implemented an Improvement Plan in response to the recommendations. Phase Two will seek again to explore in relation to the above:

- The experiences of women, their partners and families. It will also explore the extent to which Health Boards across Wales:
- Provide safe and effective maternity services
- Understand the strengths and areas for improvement within their community maternity services

An update from HIW was received on 30 November 2020, in regards to the recent publication of the National Review of Maternity Services Phase One Report. HIW feel that there are further discussions needed regarding timescales. They met with the Heads of Midwifery (HoM's) the week before publication to give them a brief overview of the findings within the report. This meeting went extremely well with findings being taken on board by all. In the meeting HIW also advised that following on from the WG/HIW Learning Event being held on Wednesday, 2 December 2020, they would arrange to meet with all HoMs to look at timescales for sending back completed improvement plans.

HIW understand the current pressures being experienced with the pandemic and winter pressures, and so, to make sure they do not put any additional pressures on the service, they will work with the HoMs to look at realistic dates. Provisionally the end of March 2021 is being considered and will be confirmed in due course.

7. SERVICE GROUP REPORTS

Mental Health & Learning Disabilities Services Group

1st December- 31st December 2020

Mental Health & Learning Disabilities SG received 12 concerns.



Top Complaint Trends

- Communication (6)



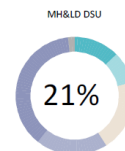
- No Never Events
- 0 Clinical Negligence claim
- 0 Personal Injury claim

Incidents:

270 incidents were reported with the 3 top themes being:

- Inappropriate/Aggressive Behaviour towards staff by patient – (61)
- Self-harming behaviour – (36)
- Patient refusal of diagnostic/therapeutic recommendations – (28)

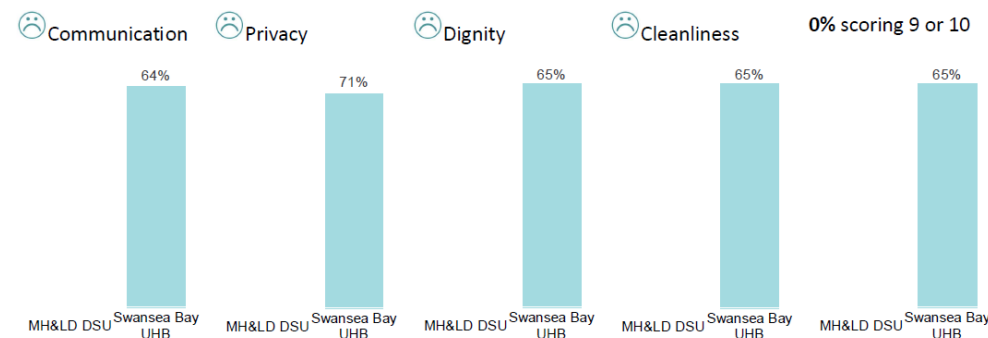
7 Serious Incident's: all relating to unexpected deaths



Friends & Family Results – December 2020

Of the 56 respondents, 12 said that overall their experience of the service was good or very good.

All Wales Survey

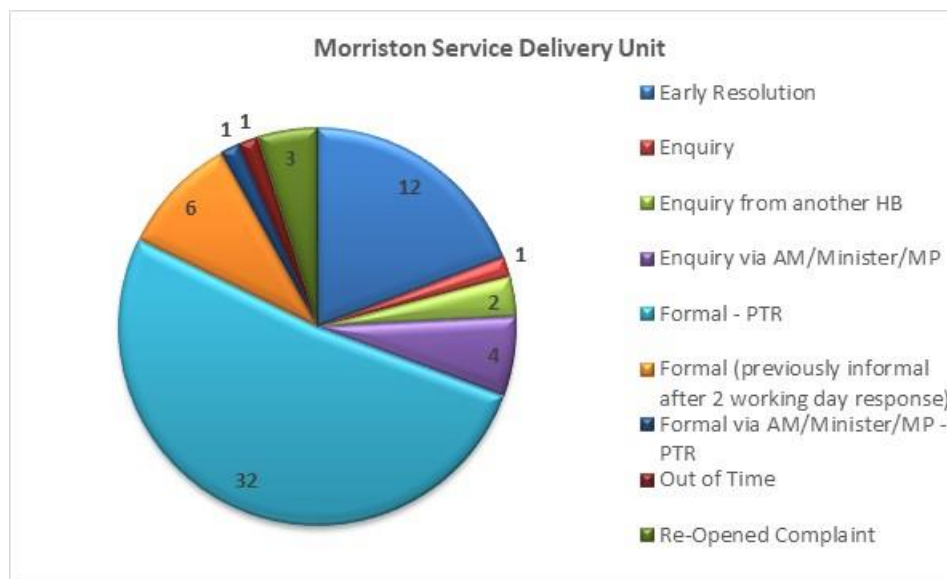


There was 0 All Wales Surveys completed for the Service Delivery Unit during December 2020.

Morrison Hospital Service Group

1st December– 31st December 2020

Morrison Hospital SG received 62 concerns.



Top Complaint Trends

- Communication (13)
- Clinical Treatment (11)
- Admissions (10)
- No New Never Events



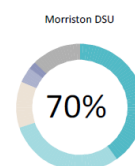
- 4 Clinical Negligence Claims
- 1 Personal Injury Claims

Incidents:

753 incidents were reported with the 3 top themes being:

- Suspected Slips/Trips/Falls (unwitnessed) – (98)
- Moisture Lesion– (97)
- Access & Admission – (83)

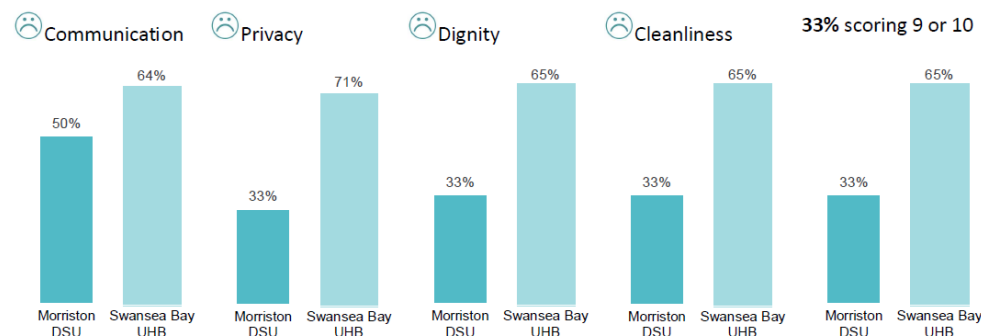
1 Serious Incident was reported relating to a fall.



Friends & Family Results – December 2020

of the 152 respondents, 106 said that overall their experience of the service was good or very good.

All Wales Survey

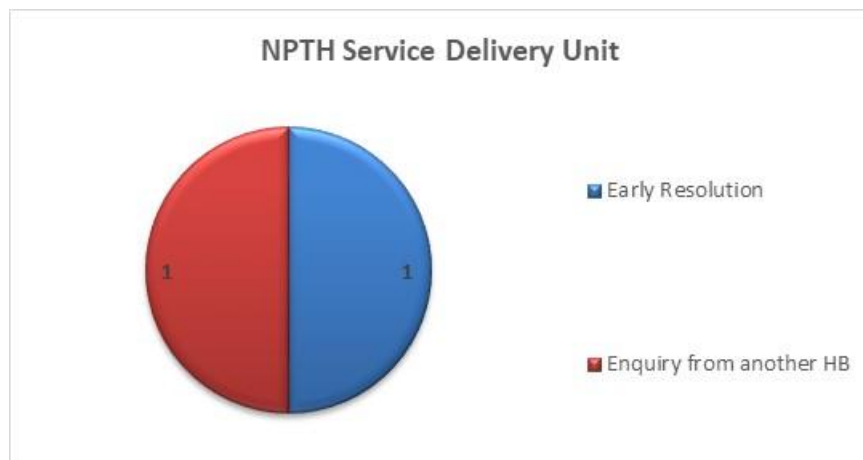


3 All Wales Surveys were received for the Service Delivery Unit during December 2020 with the overall score of 33%.

Neath Port Talbot Hospital Service Group

1st December– 31st December 2020

Neath Port Talbot SG received 2 concerns



No obvious complaint trends.



- No Personal Injury claims
- No Never Events



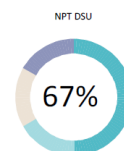
- 2 Clinical Negligence claims

Incidents:

83 incidents were reported with the top themes being:

- Suspected Slips/Trips/Falls (un-witnessed) – (28)
- Infection Source – (6)
- Inappropriate/Aggressive behaviours towards staff by patient – (5)

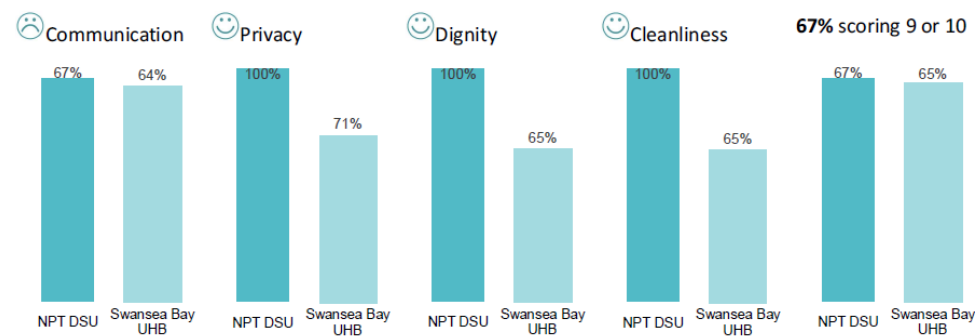
No Serious Incidents were reported during December 2020



Friends & Family Results – December 2020

of the 18 respondents, 12 said that overall their experience of the service was good or very good.

All Wales Survey

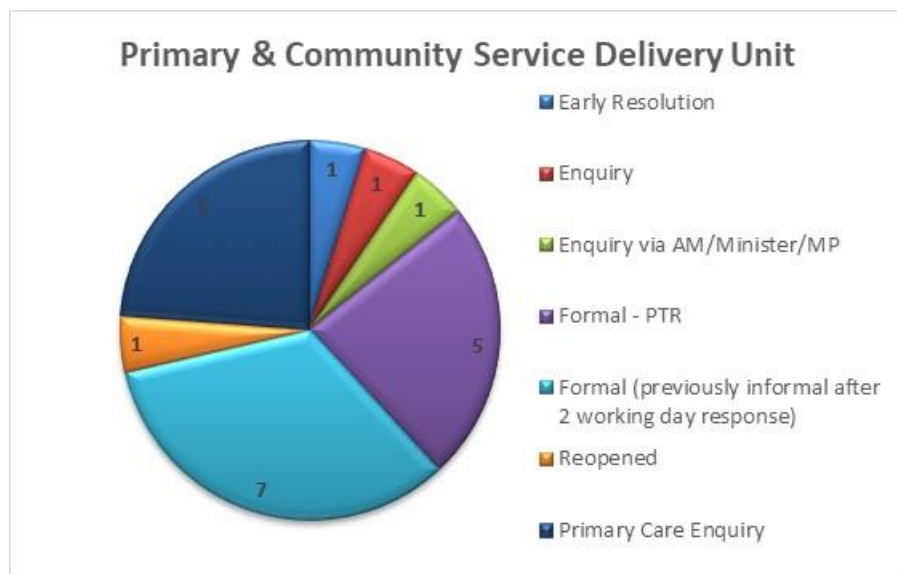


3 All Wales Surveys were received for the Service Delivery Unit during December 2020 with the overall score of 67%.

Primary & Community Service Group

1st December– 31st December 2020

Primary & Community SG received 21 concerns.



Top Complaint Trends

- Communication (6)
- Appointment (4)
- Clinical Treatment (3)



- No Personal Injury claims
- No Never Events



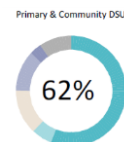
- 2 Clinical Negligence Claims

Incidents:

234 incidents were reported with the 3 top themes being:

- Pressure Ulcer – developed prior to admission (63)
- Moisture Lesion- (48)
- Pressure Ulcer – developed in current clinical area (27)

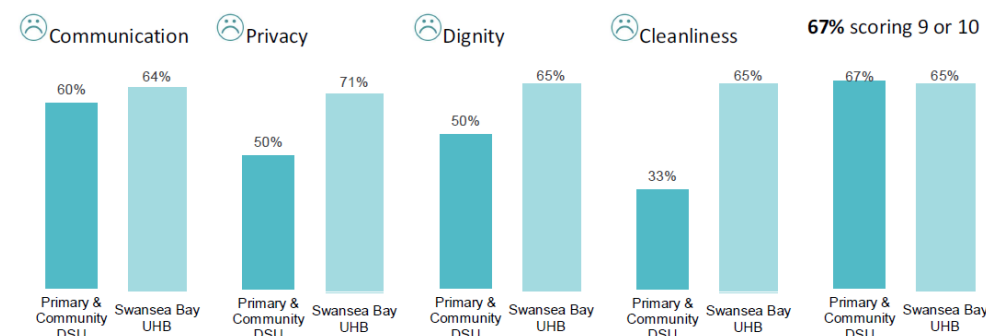
No Serious Incidents were reported during December 2020



Friends & Family Results – December 2020

of 83 respondents, 51 said that overall their experience of the service was good or very good.

All Wales Survey

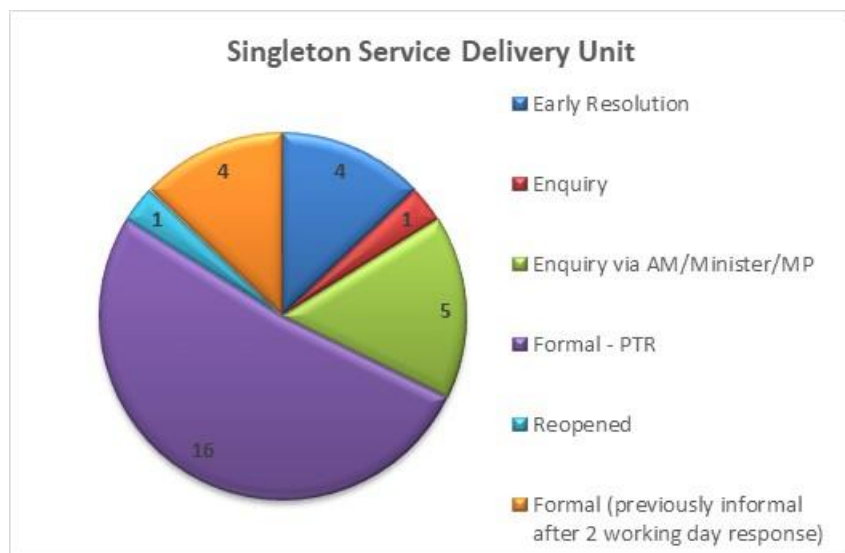


6 All Wales Surveys were received for the Service Delivery Unit during December 2020 with the overall score of 67%.

Singleton Hospital Service Group

1st December- 31st December 2020

Singleton Hospital SG received 31 concerns.



Top Complaint Trends

- Communication (6)
- Admissions (6)
- Appointments (5)



- 0 Personal Injury Claims
- 0 Never Events



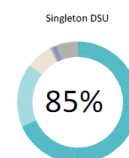
- 1 Clinical Negligence claim

Incidents

382 incidents were reported with the 3 top themes being:

- Maternity Triggers – (43)
- Moisture Lesion (35)
- Suspected Slips, Trips, Falls (unwitnessed)– (33)

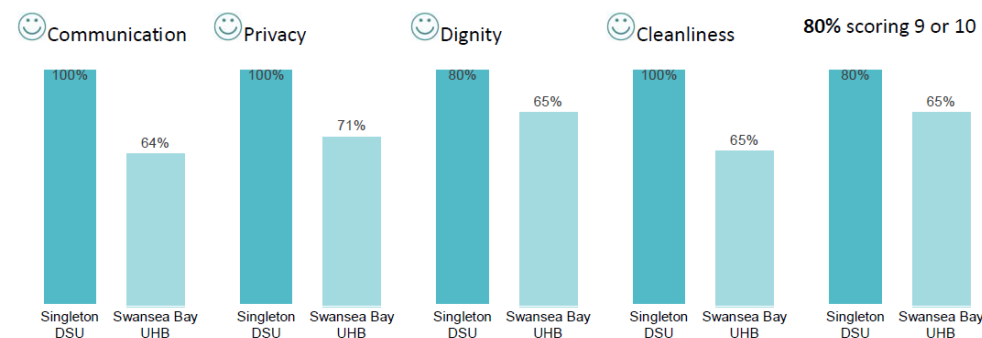
4 Serious Incidents were reported during December – 1 Patient Falls, 1 Maternity Care, 1 Pressure Ulcer and 1 Admin Processes



Friends & Family Results – December 2020

of 330 respondents, 282 said that overall their experience of the service was good or very good.

All Wales Survey



5 All Wales Surveys were received for the Service Group during December 2020 with the overall score of 80%.