



Patient Experience Report February 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.

Index

1. Patient Experience Update	Page 2
2. Compliments	Page 8
3. Concerns Management.....	Page 10
4. Incidents	Page 16
5. Risk Management	Page 20
6. Once for Wales Update	Page 26
7. Healthcare Inspectorate Wales	Page 27
8. Service Group Reports	Page 38

Patient Experience Summary and Overview

	Oct	Nov	
No. of Friends & Family surveys received	3,395	3,099	↓
Recommendation score	92%	90%	↓
New Bespoke Surveys	1	4	-

Successes	Priorities
<p>We have received the first feedback forms from Swansea Prison, comments from cohort regarding their health care and comments on the services they have access to. Details and results included in this report.</p> <p>The summary report has been shared with the Prison Team.</p>	<p>Moving forward with developing the 'What's the Noise' survey, with HCSW Childrens services. Asking them for ideas and suggestions on how to improve the service – Led by the Head of Nursing for Children & Young People.</p>
Opportunities	Risks & Threats
<p>Continue to develop the once for Wales Digital Story platform, Toolkit and Consent with the rest of the Patient Experience Network.</p>	<p>Ongoing challenges to automate SMS collection of patient feedback using the PIMS platform. This is proving a complicated and difficult. The alignment of the hierarchies is a challenge and requires more time exploring options and discussions with therapies on the level of hierarchy that is practical to map across.</p>

1. PATIENT EXPERIENCE UPDATE

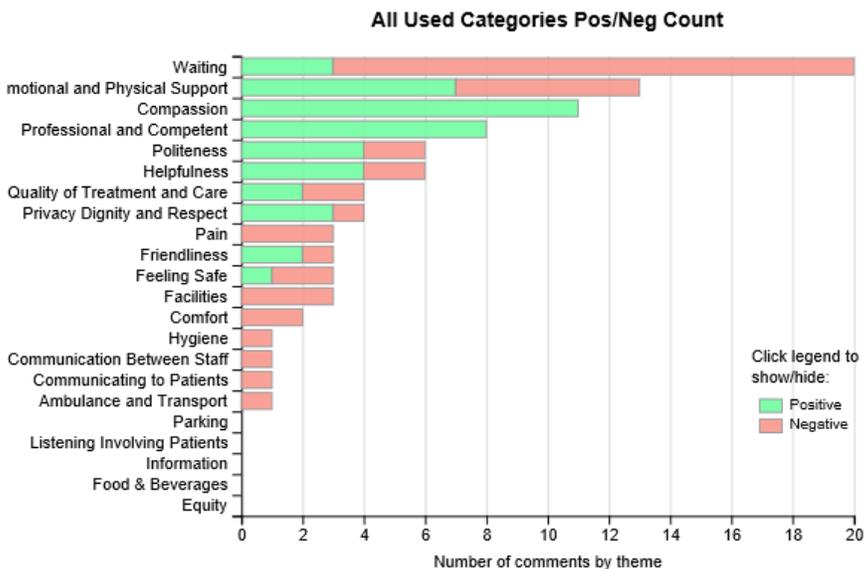
Due to Covid-19, the collection of the Friends and Family paper forms has been suspended from 23rd March 2020 until the Covid situation improves. Surveys via SMS started at the end of May 2021. Numbers have increased.

For the month of February there were 3,099 Friends and Family survey returns which resulted in 90% of people stating they would highly recommend the Health Board to Friends and Family. This is a 2% decrease from January 2022 where the recommendation score was 92% and returns were 3,395.

Morrison Service Group:

- 1,285 Number of friends and family surveys completed (1,130 in January)
- 84% of who rated their overall experience of the service as good or very good (94% in January)

Morrison feedback as there is a 10% decrease in recommendation score. We have started collecting A&E data via SMS and the scores have reduced the Morrison's overall score. The main theme is waiting times.



Singleton & NPT Service Group:

- 1,485 Number of friends and family surveys completed (1,727 in January)
- 94% of who rated their overall experience of the service as good or very good (94% in January)

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

Singleton

- 908 Number of friends and family surveys completed (1,040 in January)
- 94% of who rated their overall experience of the service as good or very good (94% in January)

Neath Port Talbot

- 443 Number of friends and family surveys completed (490 in January)
- 94% of who rated their overall experience of the service as good or very good (94% in January)

Morrison

- 134 Number of friends and family surveys completed (195 in January)
- 91% of who rated their overall experience of the service as good or very good (97% in January)

Primary Community & Therapies Service Group:

- 251 Number of friends and family surveys completed (191 in January)
- 95% of who rated their overall experience of the service as good or very good (93% in January)

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.

- 62 Number of friends and family surveys completed (316 in January)
- 90% of who rated their overall experience of the service as good or very good (79% in January)

Mental Health and Learning Disabilities Service Group

This data is from February 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.

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

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

- MCAS - Pain Management – Community (26 responses)
- Endoscopy Unit – Morrison Hospital (15 responses)
- Dan Danino Ward – Morrison Hospital (14 responses)
- Pre-assessment – Singleton Hospital (18 responses)
- Ward 12 (Oncology) – Singleton Hospital (11 responses)

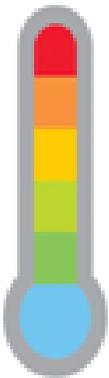
- Cardiac Short Stay Unit (CSSU) – Morriston Hospital (11 responses)
- Dermatology – Neath Port Talbot Hospital (38 responses)
- Endoscopy – Neath Port Talbot Hospital (48 responses)
- Day Surgery Unit – Neath Port Talbot Hospital (26 responses)
- Haematology Day Unit – Singleton Hospital (11 responses)

Some positive feedback we received was:

- ❖ All the staff were so lovely and friendly very supportive and explained everything that was going to happen they made you feel very relaxed.
- ❖ The nurses were very professional and reassuring from the moment I arrived for my appointment. They managed to ease a lot of my nerves and constantly explained what was happening during the procedure.
- ❖ Everyone was very helpful and friendly.
- ❖ The staff were very helpful and informative.

The 1 lowest scoring (Above 30%) area for the reporting period for February was:

- Rapid Assessment Unit – Morriston Hospital (33%) (3 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.

1.2 Patient Advisory Liaison Service (PALS) Activity – February 2022

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

HMP Prison Survey Feedback - February 2022

There were 68 responses in total for February 2022. 45 people were happy with the service they received and 23 were not.. Main themes waiting time for appointments. The reports have been shared with the Prison Team and Primary Care Quality, Safety and Improvement Manager

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?											
Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
97%	N/A	N/A	96%	95%	95%	95%	96%	96%	96%	97%	94%
You were given help with feeding and drinking											
92%	N/A	N/A	83%	89%	91%	84%	90%	90%	87%	91%	86%
Were you given the support you needed to help with any communication needs?											
94%	N/A	N/A	93%	93%	93%	92%	93%	94%	94%	94%	93%
Were things explained to you in a way that you could understand?											
97%	N/A	N/A	93%	93%	93%	92%	94%	94%	94%	93%	92%
Did you feel we did enough to keep you as free as possible from pain?											
93%	N/A	N/A	92%	92%	91%	91%	92%	92%	93%	92%	89%
People are kind and compassionate to you?											
96%	N/A	N/A	94%	94%	94%	94%	95%	95%	95%	95%	93%
People are welcoming, friendly and helpful?											
96%	N/A	N/A	94%	93%	93%	94%	95%	95%	95%	95%	92%
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?											
81%	N/A	N/A	95%	95%	94%	94%	95%	96%	95%	97%	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’ – February 2022

For February there were 83 contacts.

26 were logged on Datix as either complaints or enquiries, 3 were sent to PALS and 4 compliments received.



There were no comments captured on the Care Opinion for February 2022.

I Want Great Care

There was no I want great care feedback for February 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	
Total number of Compliments Received	73	47	57	↑

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
Jul-21	49
Aug-21	97
Sep-21	54
Oct-21	55
Nov-21	60
Dec-21	73
Jan-22	47
Feb-22	57

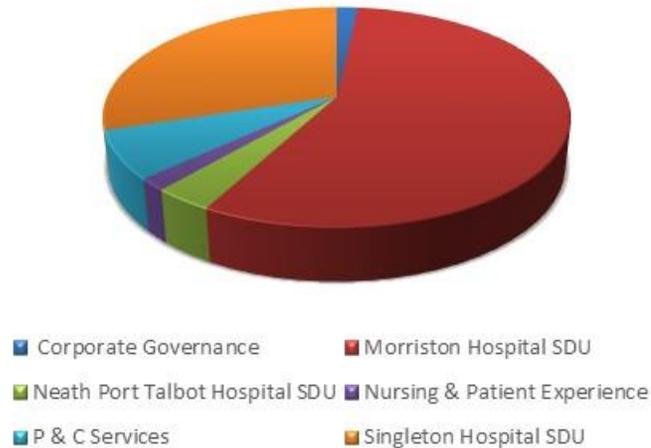
A comparison with 2020/2021 is shown below

Date	No. of Compliments
Jul-20	91
Aug-20	52
Sep-20	70
Oct-20	77
Nov-20	51
Dec-20	74
Jan-21	63
Feb-21	122

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

3.2 Written Compliments – February 2022

Compliments by Service



Thanks to the Acute Clinical Team for the wonderful care received by patient.

Acute Clinical Team, Swansea Locality P&C Services

“Thanks to the 2 incredible midwives, who kept me calm, reassured & listened to me. They have both made a massive impact on me and have given me such a positive experience. I tell everyone about my experience and cannot help but mention how amazing they were. Thank you from the bottom of my heart”

Maternity, Singleton Hospital SDU

*“I recently had my total knee replacement operation in the Neath Port Talbot hospital. I would like to thank **all** the staff involved in my care over that weekend. The knee is healing well and hopefully I will get my life back – golf, dog walking and cycling. I would also like to say the hospital looked very clean in all areas.”*

T&O Team, NPTH

Thanks to all the staff at the Bay Field Hospital. Gentleman became unwell whilst attending. All staff, Phlebotomists, Porters, Co-ordinator were so kind and attentive, assuring dignity, with care & professionalism.

Phlebotomy, Bay Field Hospital, Corporate Governance Team

“I just want to write down and compliment all the staff on this ward (Powys ward). They are all incredible and the level of care is unbelievable, they all as individuals go out of the way to make each day good. Of course I miss my wife and family but the outstanding staff employed here have filled the gap, they are all a credit to their uniform, each one doing above and beyond. Please make sure each member of staff receives this letter and my heartfelt thanks or even if this note is displayed for all to see, each person here is a credit to your Hospital. Kind Regards from someone who has been touched by your care”

Morriston Hospital, Powys Ward

Complaints Summary and Overview

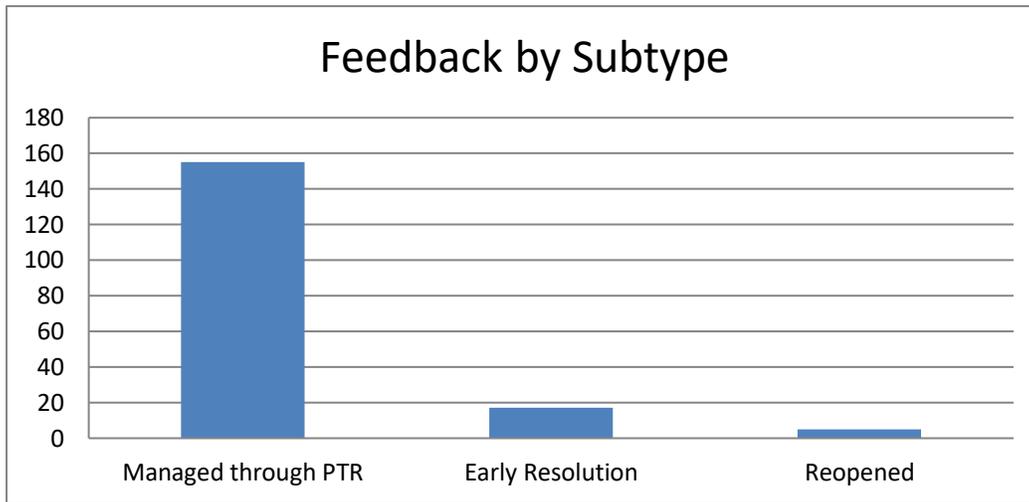
	Jan	Feb	
Total number of complaints received	161	177	↑
Complaints acknowledged within set timescale	100%	100%	=
Number of re-opened complaints	10	5	↓
	Nov	Dec	
Complaints responded to within agreed timescale - formal	69%	68%	↓

Successes	Priorities
<ul style="list-style-type: none"> • 100% formal complaints acknowledged within target. • Complaints training presented to trainee Psychologists • Complaints training presented to the Prison 	<ul style="list-style-type: none"> • 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. • Complaints training prospectus and deliver training to staff throughout the Health Board. • Due to a decrease in complaints performance the Corporate Complaints Team are assisting Service Delivery Groups in closing down overdue complaints.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • Continuous Concerns Redress Assurance Group (CRAG) meetings with Service Groups to ensure feedback, learning, improvement. • Quarterly newsletter to identify complaint themes and share learning – next newsletter due March 22. • Complaints Network with other Health Boards opportunity to discuss issues relating to concerns and share learning. 	<ul style="list-style-type: none"> • Impact of COVID relating to availability of staff to provide the required information to respond to complaints within the recognised timescale. • Number of dissatisfied and challenging complainants.

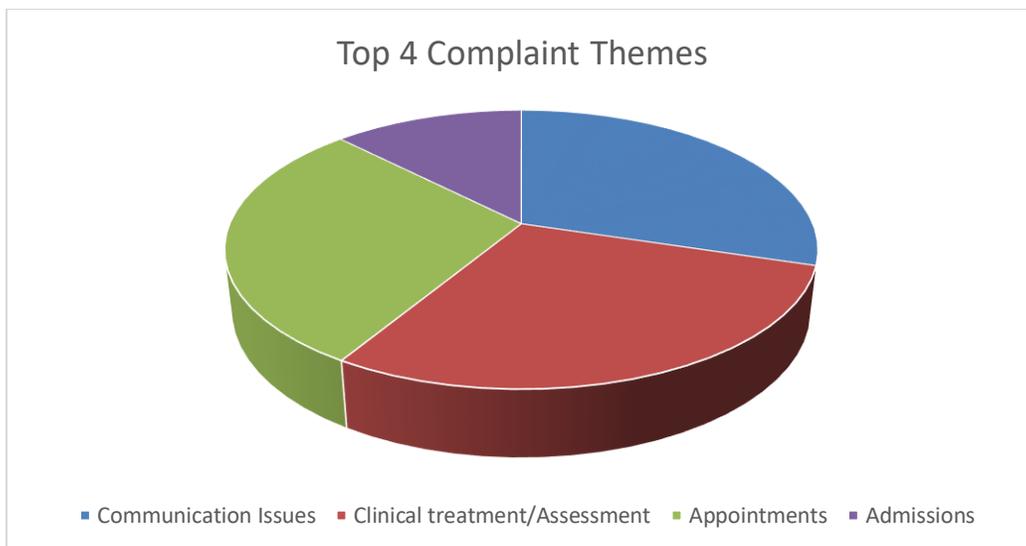
4. CONCERNS MANAGEMENT

4.1 Complaints – February 2022

The Health Board received 177 complaints during the month February 2022, please see breakdown type below;



Top 4 Complaint Themes – February 2022



Communication:

Communication continues to be one of the highest themes in complaints. During February, 36 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	
Insufficient information	34
Family involvement in care decisions	15
Unable to contact	11
Incorrect information	8

Delivery of bad news	2
DNR	2
Patient involvement in care decisions	2
Failure to answer buzzer	1
Lack of feedback/referral/discharge summary	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 to attend the Ombudsman's communication training session with a view to provide cascade training throughout the Health Board.
- Advanced Communication Training arranged with the Christie – dates arranged for April and May 2022.

Clinical Treatment:

Clinical Treatment	
Lack of treatment	33
Delay in receiving treatment	23
Incorrect diagnosis	12
Reaction to procedure/ treatment	9
Delay in diagnosis	7
Incorrect treatment given	4

Actions:

- 'System reset' fortnight from 2nd March to concentrate on clearing delays and backlogs affecting patient flow.
- Virtual clinics to continue to help reduce clinic waiting times
- Long COVID services set up in the community
- Rapid Diagnostic Centre expansion

Appointments;

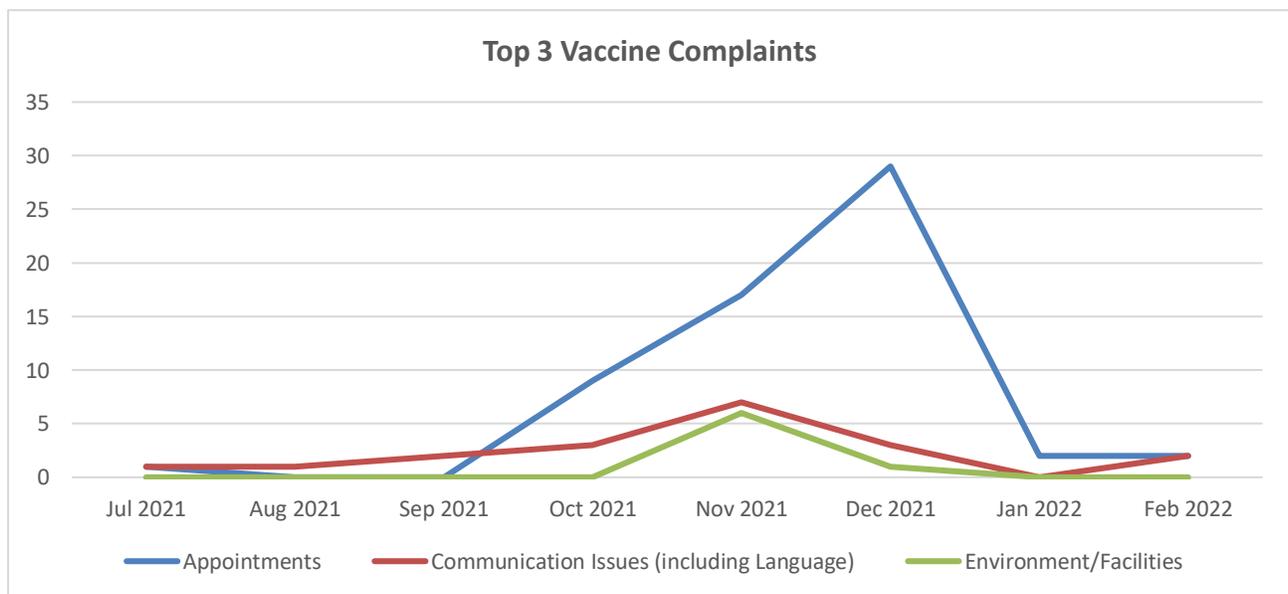
Appointments	
Delay in receiving outpatient appointment	30
Appointment cancelled	7
Patient lost to follow-up	6
Cancelled appointment	2

Actions;

- 'System reset' fortnight from 2nd March to concentrate on clearing delays and backlogs affecting patient flow.

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.



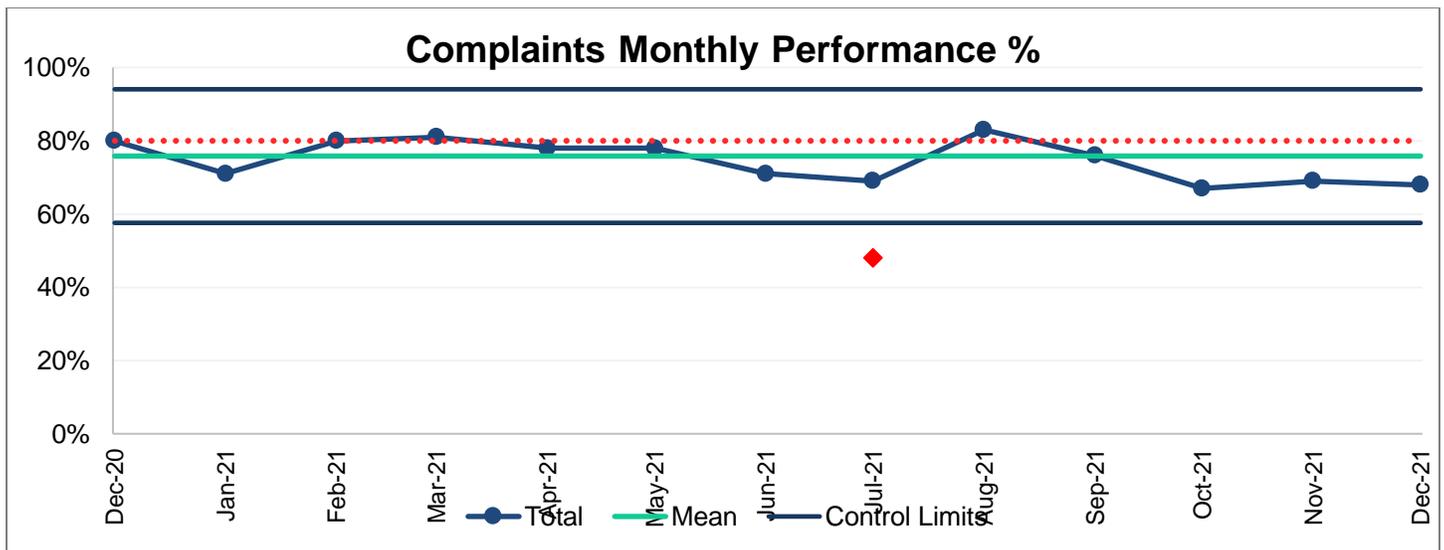
Prison Complaints

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 February only one complaints relating to the Prison was received. This compared to two complaints received in January 2022.

4.4 Complaints Performance

The Health Board recorded 68% performance against the 30 working day target in December 2021. 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 Singleton, NPT and Morriston were below target in their formal responses in December. Corporate were also below target however, this was due to an increase in vaccine related concerns, all of which have now been closed.

	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	27	27	100%	20	74%
Corporate Medical Director	3	3	100%	2	67%
Mental Health and Learning Disabilities Delivery Unit	9	9	100%	7	78%
Morrison Hospital Service Delivery Unit	42	42	100%	29	69%
Neath Port Talbot Hospital Service Delivery Unit	3	3	100%	2	67%
Nursing & Patient Experience	2	2	100%	1	50%
Primary and Community Services	9	9	100%	7	78%
Singleton Hospital Service Delivery Unit	20	20	100%	10	50%
Totals:	115	115	100%	78	68%

Concerns Redress Assurance Group

The last Continuous Concerns Redress Assurance Group (CRAG) meeting was held on the 18th February 2022 with Morrison Service Group.

All closed cases for Morrison during January were reviewed and no issues were identified.

The next CRAG meetings are scheduled for 17th March for Maternity Services and 18th March for Children's Services – any issues identified will be fed back in the next report.

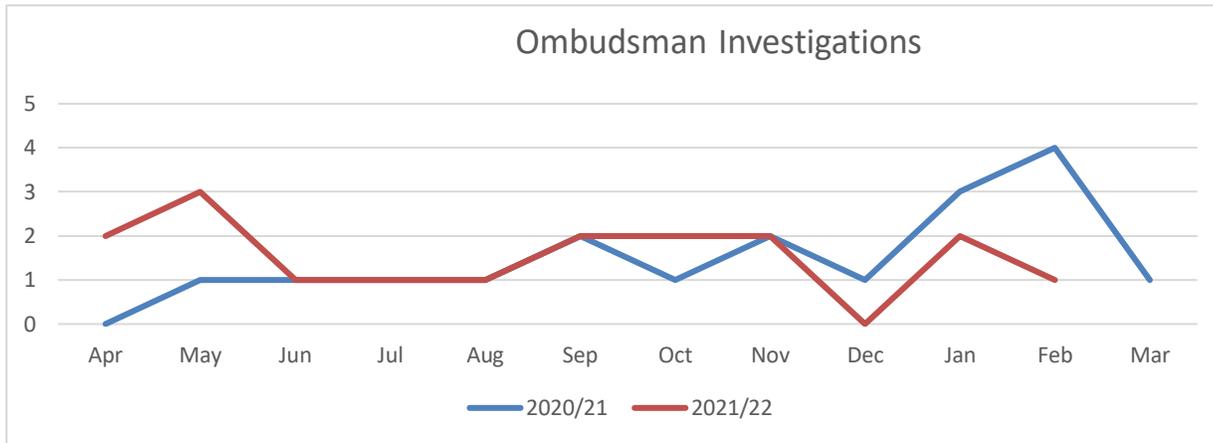
Ombudsman Summary and Overview

	Jan	Feb	
Number of Ombudsman Investigations received	2	1	
Number of actions outstanding (within timescale)	8	1	
Number of actions overdue	1	0	

Successes	Priorities
<ul style="list-style-type: none"> • Training dates for communication training secured with Ombudsman from January – October 2022 • Number of outstanding reduced • Two investigations signed off and closed 	<ul style="list-style-type: none"> • Sign off all overdue actions • Meet Ombudsman KPI's
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • Currently reviewing further champions, training being provided by the British Institute of Human Rights. • Attendance at Ombudsman Network Meetings will continue throughout 2022. These meetings are currently being undertaken and attended remotely. • Advanced Communication Training from the Christie arranged for April 2022. 	<ul style="list-style-type: none"> • COVID and winter pressures impacting on the availability of clinical staff to provide comments for responses which may affect response timescales.

4.5 Ombudsman Cases

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



4.6 Incidents Reporting & Performance

	Nov	Dec	Jan	Feb	
Total number of Incidents received	2147	2035	2067	2106	↑
Total number of incidents open over 30 days	3544	3731	3887	3951	↑

For the period 1 February 2022 to 28 February 2022, a total of 2106 incidents were reported. The severity of the level of harm of incidents reported is set out as follows (this is the severity that has been recorded at the time of reporting the incident):

Severity of Harm	Incidents Reported
No Harm (1)	1665
Low (2)	334
Moderate (3)	82
Severe (4)	7
Death (5)	18
Total	2106

The top five themes relate to:

Incident Type Tier One - Top 5	Data	
Injury of unknown origin	272	13%
Pressure Ulcers	230	11%
Patient Accidents/Falls	220	10%
Administrative Processes	216	10%
Behaviour	216	10%

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 272 incidents recorded is as follows:

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

The types of incident are below:

Incident type tier three	Data
Non SBUHB acquired Moisture lesion	112
SBUHB acquired Moisture lesion	73
Injury of unknown origin	87
Total	272

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:

76 are injury of unknown origin
1 is moisture damage
6 are pressure damage
1 is an unwitnessed fall
1 is patient accident (scald)
1 is an unexpected death
1 is a behaviour incident

These incidents have been amended.

Incidents overdue for closure (the 30 working days for completion of the investigation has passed), at 21.2.22

- There are 3951 incidents and 38 Redress (@ 1.2.22 there were 3887)

This has been reported to the Quality and Safety Governance Group and an improvement plan is in place.

National Reportable Incident Summary and Overview

	Jan	Feb	
Number of National Reportable Incidents reported	5	2	↓
Number of Never Events	0	2	↑

Successes	Priorities
<ul style="list-style-type: none"> Reduction in number of reportable incidents during February No new Never Events during January Patient Safety Incident Team working with the Delivery Unit regarding implementation of the new National Incident Policy 	<ul style="list-style-type: none"> Meet KPI's for all reportable incident investigations Reduce red incidents awaiting review by Service Groups Regular meetings with Service Group to review red incidents and historical incidents
Opportunities	Risks & Threats
<ul style="list-style-type: none"> Consequence training from external provider being undertaken for Patient Safety Incident Team to improve how investigations are undertaken and report writing Review and update of investigation report template, use of project planning tools, updating Patient Safety Investigation documentation Consideration of new Patient Safety Incident Investigation Information Booklet for Staff, Patients and Relatives Development of new Sharepoint site for Patient Safety Incident Investigation Team 	<ul style="list-style-type: none"> COVID and winter pressures impacting on the availability of clinical staff to provide required information to support investigations for the Patient Safety Incident Team. Lack of engagement from Service Groups – Submission of notification forms and closure forms in a timely manner

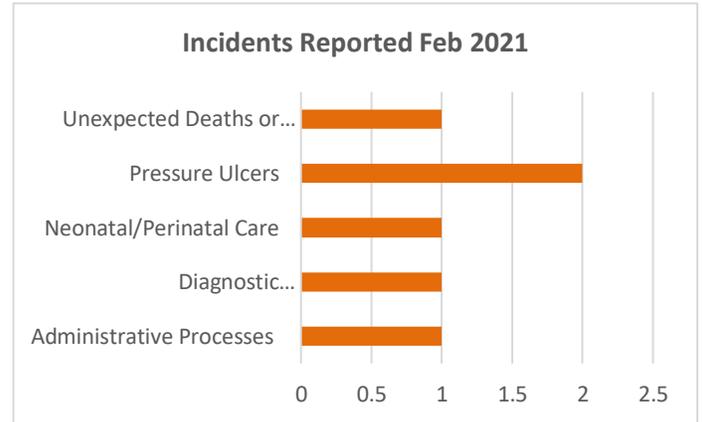
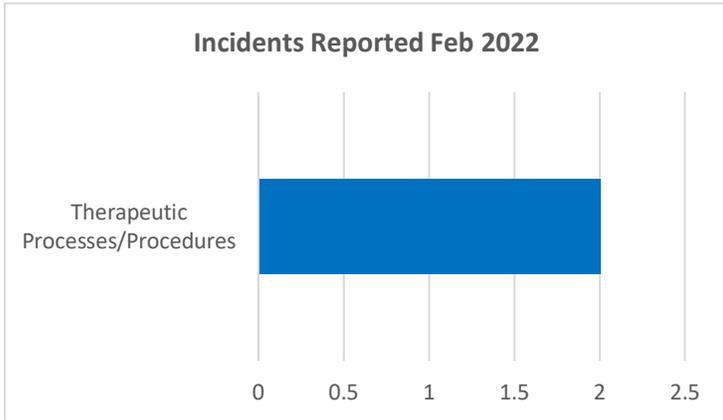
4.7 SI's Reported 1st February 2022 to 28th February 2022

As at 1st March 2022, there were 28 historical incidents (overdue closure) of which:

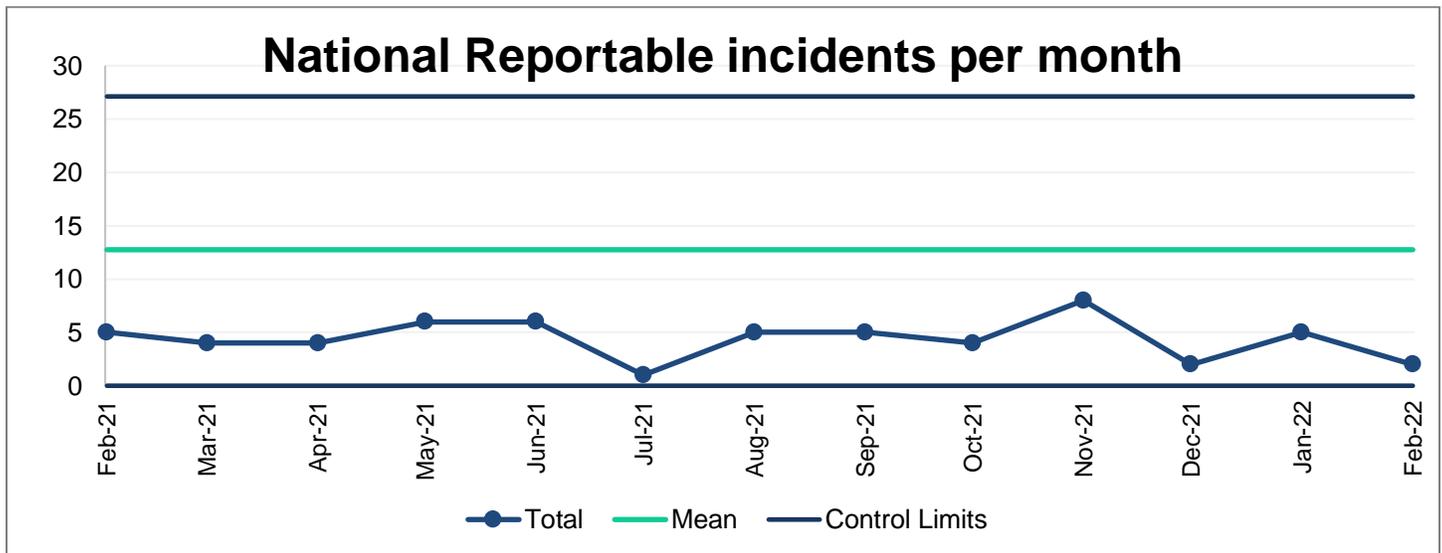
- 3 relate to 2018/19 – (All Mental Health Incidents)
- 4 relate to 2019/20 – (2x Mental Health, 2x NPT/SGH)

- 7 relate to 2020/21 – (4x Mental Health, 2 x PC, 1x NPT/SGH)
- 14 relate to 2021/22 – (9x NPT/SGH, 2x MH, 2x PC, 1x Morriston)

During February 2022, 2 national reportable incidents were reported to the Delivery Unit both relating to therapeutic processes, this compares to 6 reported during February 2021, see breakdown of type of incidents below



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



Closure Compliance

The Health Board achieved 0% compliance with the Nationally Reportable Incident (NRI's) closure timescales for February 2022.

1 NRI was due closure – (Singleton Incident - 30 day timescale/Fall)

1 NRI missed the closure date;

4.8 Never Events

Two Never Events were nationally reported on the 17th February 2022 both relating to wrong site surgery, one in Cardiothoracic and the other in Burns & Plastics. During 2020/21 the Health Board reported three never events to Welsh Government relating to:

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

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

5. Risk Management

- The Health Board Risk Register was last presented to the Audit Committee and Board in November 2021. The Board endorsed continuation of the risk appetite score level of 20. A Board development session has considered the future approach to risk appetite and this work will be developed further for Board consideration in Q1 2022/23.
- Since then risk entries have been shared with Executive Directors for review during December, January and February. The register attached reflects revisions made up to 24th February 2022. This report indicates the changes made during that period. The most recent changes made in the February cycle of revisions are highlighted within the register itself.
- The HBRR currently contains 39 risks, of which 24 have risk scores at, or above, the Health Board's current appetite of 20. Three of these have risk scores of 25.
- Covid-19 Gold Command receives a risk log on a weekly basis. Two risks have increased to meet/exceed the health board appetite level of 20.
- Following a period of engagement with members of the Risk Management Group (RMG) members, revised terms of reference for the RMG have been agreed with members and submitted for approval to the Management Board.
- The delivery of risk management training workshops for managers in service groups is continuing. Delivery to the first service group is complete, a second is in progress and planning for the third underway. Additional support has been agreed following workshops in some services to clarify operational risk register processes.
- A national task & finish group is building a new, national risk management system (within the Once4Wales Datix Cymru Concerns Management System) within which risk registers will be managed by each NHS organisation.

Table 1 below stratifies the risks recorded within the HBRR as it has been received at the most recent meetings:

Table 1: Summary of Risk Assessment Scores

Risk Analysis	Number of Risks				
	Apr 2021	Jun 2021	Sep 2021	Jan 2022	Feb 2022
High Risk (>= appetite): Risk Score of 20-25 (Red)	19	20	21	25	24
High Risk (< appetite): Risk Score of 16-19 (Red)	8	9	8	7	8

Moderate Risk: Risk Score 9-15 (Amber)	5	8	9	8	7
Manageable Risk: Risk Score of 5-8 (Yellow)	0	1	1	1	0
Acceptable Risk: Risk Score of 1-4 (Green)	0	0	0	0	0
Total	32	38	39	41	39

The following movements are noted:

- Three new risks have been added to the register:
 - HBR 72 *CRL & Capital Plan risk*
 - HBR 82 *Risk of Closure of Burns Service*¹
 - HBR 83 *Release of Bed Capacity Savings risk*
- Two risks have increased in score:
 - HBR 20 *Access to Cancer Services*
 - HBR 78 *Nosocomial Transmission*
- Two risk scores have been reduced:
 - HBR 16 *Access & Planned Care*
 - HBR 81 *Midwifery Staffing Levels*
- One risk was increased in January and reduced in February:
 - HBR 51 *Nurse Staffing Act compliance*
- Two risks have been closed in the register
 - HBR 54 *Brexit (Feb)*
 - HBR 68 *Pandemic (Feb)*

(This is in addition to HBR 49 *TAVI* which was closed previously)

New Risks, Increasing & Decreasing Risks

The three new risks added to the HBRR are:

Table 2: New Risks

Risk Ref	Risk	Source	Lead Exec Director	Current Score
72	CRL & Capital Plan Risk Impact of COVID-19 pandemic on the Health Board Capital Resource Limit and Capital Plan for 2021-22.	New risk (Re-opened) (Corporate Finance)	Director of Finance & Performance	20
82	Risk of closure of Burns service if Burns Anaesthetic Consultant cover not sustained There is a risk that adequate Burns Consultant Anaesthetist cover will not be sustained, resulting in closure to this regional service and the associated reputational damage. This is caused by: • Decreasing consultant numbers due to retirement	New risk (Service Group)	Executive Medical Director	20

Risk Ref	Risk	Source	Lead Exec Director	Current Score
	<ul style="list-style-type: none"> Anaesthetists not gaining CCT with appropriate ICM and Burns experience, despite attempts to encourage local development of staff Other UK burns units have ICU co-located with Burns ICU, removing the need for dual certified consultants.			
83	Release of Bed Capacity Savings There is a risk that the health board will not be able to release sufficient bed capacity to meet the requirements of savings schemes predicated on bed release. The main causes of this are: length of stay above benchmark; the unavailability of beds in the community to support discharge; the impact of COVID patients on the overall bed plan; clear ambition of the health Board to reduce exceptionally high occupancy which affects flow The potential consequence is that savings plans will not be achieved, increasing the risk of failure to achieve overall financial outturn target.	New risk (Corporate Finance)	Director of Finance & Performance	20

The two risks with increased scores are:

Table 3: Risks with Increased Scores

Risk Ref	Risk	Lead Exec Director	HBBR Score Oct 2021	HBBR Score Jan 2022
50	Access to Cancer Services (Backlog of referrals exceeding capacity)	Chief Operating Officer	20	25
78	Nosocomial Transmission	Executive Medical Director	16	20

The two risks with reduced scores are:

Table 4: Risks with Reduced Scores

Risk Ref	Risk	Lead Exec Director	HBBR Score Oct 2021	HBBR Score Jan 2022
16	Access & Planned Care	Chief Operating Officer	25	20

Risk Ref	Risk	Lead Exec Director	HBBR Score Oct 2021	HBRR Score Jan 2022
81	Midwifery Staffing Levels	Executive Director of Nursing	25	20

The two closed risks are:

Table 5: Risks with Reduced Scores

Risk Ref	Risk	Lead Executive Director	Commentary
54	Brexit	Director of Strategy	The Head of Emergency Preparedness Resilience & Response has confirmed the Brexit risk log has now been closed as the risks have either been transferred into service risk groups if combined with other issues, or closed.
68	Pandemic	Director of Public Health	<i>Risk of declared pandemic due to Coronavirus Infectious Disease outbreak 2020 leading to disruption to Health Board activities</i> has been proposed for closure as a risk by the Director of Public Health, recognising that this is now established as an ongoing issue. As an issue it presents further risks which are managed operationally via the Covid-19 Gold Command risk log, some of which have been escalated for inclusion in the HBRR. See later section on Covid Risk Register.

Action on Highest Risks (Score=25)

There are three risks with a score of 25 currently (there were six previously). Risk descriptions have been updated in some cases by the lead Director. The below table provides information on action being taken to address these risks.

Risk Ref	Risk & Mitigating Actions	Lead Executive Director
1	<p>Access to Unscheduled Care</p> <p><i>If we fail to provide timely access to Unscheduled Care then this will have an impact on quality & 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>The following actions have been completed since last meeting:</p> <ul style="list-style-type: none"> • Joint working with WAS <ul style="list-style-type: none"> ○ Policy of zero tolerance of over 6-hour handover delays, brought down to 4 hours 	Chief Operating Officer

Risk Ref	Risk & Mitigating Actions	Lead Executive Director
	<ul style="list-style-type: none"> ○ Ambulance offload and cohorting area ○ Identification of patient pathways that can bypass ED ● Redesign of Acute Medical Services including Same Day Emergency Care ● Commissioning of up to 100 care home beds. ● Establishment of 4 virtual wards aligned to GP clusters ● Business case to take virtual wards up to 8 submitted to Management Board. <p>Additional actions in progress/planned:</p> <ul style="list-style-type: none"> ● Re-establish short stay unit on ward D at Morriston (end March 2022). ● Increase SDEC working hours and throughput of patients (end March 2022). ● Third phase of procurement to be undertaken to commission additional care home beds (end Mar 2022). <p>Further notes:</p> <p>While zero tolerance target of 4 hours agreed and SOP in place, this is not currently being achieved due to Omicron surge and increased pressures at Morriston.</p> <p>Patient pathways that can bypass ED have been identified, but the EMD is working with WAST and SBU clinicians to maximise the number of patients receiving SDEC (Same Day Emergency Care).</p> <p>Acute hub relocated to TAWE as planned in December. Estates works have commenced in Enfys ward.</p>	
50	<p>Access to Cancer Services</p> <p><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 score associated with this risk was assessed as having increased as performance was off trajectory and the backlog was increasing.</p> <p>The following actions have been completed since last meeting:</p> <ul style="list-style-type: none"> ● A health board Cancer Performance Group has been established in November 2021. ● A work programme for the group has been established 	Chief Operating Officer

Risk Ref	Risk & Mitigating Actions	Lead Executive Director
	<p>Actions in progress/planned:</p> <ul style="list-style-type: none"> • Phased and sustainable solution for the required uplift in endoscopy capacity that will be key to supporting both the Urgent Suspected Cancer backlog and future cancer diagnostic demand on Endoscopy Services. The timescales for this are linked to the wider endoscopy plan (01/03/2022). • Implement process for clinical harm review (patient pathways completion date is noted 28/02/2022, but the health board is waiting on an All Wales decision on pathways reviews and framework). • Cancer Programme Board to be established (28/02/2022) <p>Further notes:</p> <p>Funding was agreed for posts to support work (1 band 8a and 2wte band 6). The 1wte Band 8a started new role in November and 1wte band 6 started in January 2022. The other 1wte band 6 has gone back out to advert.</p> <p>Weekly operational tumour site meetings continue with top 7 sites. Challenge and review of data done by CIT and Cancer Associate Service Group Director for Cancer Division.</p> <p>PMO office to be engaged to support set up of programme and Cancer Programme Board. Draft TOR for this new Cancer Programme Board (PBD) have been completed.</p> <p>The newly established Cancer Programme Group chaired by Deputy COO will report into this Cancer Programme Board chaired by Executive Medical Director.</p>	
64	<p>Health & Safety Infrastructure</p> <p><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></p> <p>The following progress has been made since last meeting:</p> <ul style="list-style-type: none"> • Two fire safety advisors (SFA) were successfully appointed in December 2021. They are expected to commence in February 2022, increasing the number of FSA to 3 full time staff. <p>Actions in progress/planned:</p>	Director of Finance & Performance

Risk Ref	Risk & Mitigating Actions	Lead Executive Director
	<ul style="list-style-type: none"> Health and safety department structure has been reviewed and proposals & business case produced. Discussion is ongoing to determine funding. (Refreshed 31/03/2022) Health and safety structure review to be presented to the H&S Committee when funding has been agreed. (31/03/2022 in line with above) <p>Further notes:</p> <p>Following commencement of the two fire safety advisors, further posts covering health & safety, manual handling, violence and aggression are awaiting a decision on funding to implement during 2022/23 financial year. It is not anticipated that a reduction in risk score can be made currently, but this will be continuously reviewed.</p>	

6. Once for Wales Update

Following discussions with leads for Datix across service areas and further to the verbal update at the last meeting of the QSGG, the health board postponed go live with the incidents module. Go Live for this module is now scheduled for 1st April.

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

Module	SBUHB Position
Incidents	Go Live scheduled for 1 st 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	Access to the Module was provided to Mortality team for testing 7.7.21 and team have supported development of national system.
Safeguarding	Awaiting formal confirmation from the National O4W team.
Inquests	Went Live: 1 July 2021

The Datix team continue to work to complete tasks to support Phase 1/roll out of the implementation of the new Datix Cymru system. In particular, focus is being given to:

- Building key dashboards & reports to support the management and reporting of incidents when that module goes live;
- Refreshing training materials;
- Providing drop in sessions twice weekly for any member of staff with questions on how to use the system.

7. Healthcare Inspectorate Wales Summary and Overview

Successes	Priorities
<p>Patient Flow Review (Stroke Pathway) A progress update against recommendations in HIW's 2017-18 national <i>Review of Patient Discharge from hospital to GP Practices</i> was due by 18/02/2022. A further extension of two weeks was requested (in order to ensure the scope of the response was appropriate) – the action plan was submitted in accordance with the target date SBU indicated (while this was successfully achieved it should be noted that it was 4 weeks later than the original date requested).</p> <p>PROMPT Wales – An Implementation Update 2020-2021 The above report has been received and action plan was submitted in accordance with the 09/03/2022 deadline.</p>	<p>Unannounced Inspection HIW undertook an unannounced visit to Cefn Coed Hospital overnight (14 March 2022), visiting Clyne and Fendrod Wards. No feedback as yet.</p> <p>Patient Flow Review (Stroke Pathway) HIW will conduct an onsite visit in Morriston Hospital between 26-28 April 2022. Arrangements to be made to prepare for that visit.</p> <p>National Review of Mental Health Crisis Prevention in the Community The draft embargoed report (received on 17/01/2022) has made 19 recommendations. HIW has requested that organisations prepare action plans to address recommendations made – a deadline date for submission will be communicated to the Health Board in April. This will be shared as soon as it is known.</p>
Opportunities	Risks & Threats
<p>AMAT The health board is exploring the use of an electronic system called AMAT as a repository for inspections, audits & reviews and mechanisms for monitoring progress against agreed actions. A Project Board is being set up to take this forward.</p>	<p>Any actions that remain outstanding beyond their target dates, or are not maintained following initial completion present a potential quality & safety risk, and exposure to reputational damage at re-inspection.</p>

Status of Action Plans from 2018/2019, 2019/20, 2020/2021 and 2021/2022 HIW Inspections

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

Date of Inspection	Inspection	Action Plan Update
August 2018	Staffing Issues at Cefn Coed Hospital	<p>28.8.2018 – investigated & response sent.</p> <p>25.8.2020 – Further correspondence from HIW in respect of significant patient risks at CCH during 24/25 August 2020 due to inadequate staffing levels. A response was sent on 28.8.21.</p>
June 2019	National Review of Maternity Services	<p>The action plan was submitted to HIW on 19 March 2021, following approval by the Executive Nurse. The Midwifery Matron has confirmed that work is continuing to complete the outstanding actions.</p> <p>On 25 August 2021, HIW advised that, following careful consideration, they have taken the decision not to progress with phase 2 of the review as set out in the published terms of reference. Instead, for issues identified in relation to aspects</p>

Date of Inspection	Inspection	Action Plan Update
		of maternity care that were outside the original scope of the national review, HIW will seek assurances through their follow up work.
July 2019	Cwmafan Health Centre	<p>7.10.2020 - Two actions outstanding (for Estates). This is included on the HB's Risk Register and actions have been taken to mitigate risk, which was reduced due to reduced footfall.</p> <p>Actions outstanding/Updates: To clearly mark the privacy line between practices - No divide has been put up by estates between Practices. The urgency for this has decreased due to the reduced footfall within the Practice as a result of COVID.</p> <p>To define each practice with colour coded signage & update the exterior signage on the building - Some old signage has been removed by estates though not all.</p> <p>Refurbishment requests in respect of damaged chairs and repairs/improvements - Some improvement works have been undertaken by the Estates team.</p> <p>31.1.22 – Confirmation received from P&C that all actions are now complete</p> <p>This will be closed in this Action Log.</p>
August 2019	Cefn Coed Hospital	<p>All actions completed except:</p> <p>The closure of the smoking room on Fendrod Ward. Delayed due to Covid-19 Pandemic.</p> <p>Update: Smoking cessation scheme is underway and the removal of the internal ward smoking room is an integral part of this initiative. External smoking shelter and ciglow (igniters) have been installed. Will continue with planned decommissioning – Delayed due to Covid 19</p> <p>The health board must consider what improvements can be made to improve the clinic rooms on both wards</p> <p>Update: Both wards will have new stable-doors fitted - Fitting by external contractor delayed due to Covid19</p> <p>Update requested 31.1.22, 15.2.22 & 28.2.22</p>
October 2019	NPTH Birth Centre	<p>24.3.21 – Updated action plan received</p> <p>Outstanding Action: If curtains to be removed, alternative solution to hide medical gases to be sourced.</p> <p>Update: This action is currently outstanding – plan is to source a single pair of curtains in order to replace when main curtains are being cleaned on a rotational basis. Revised date for</p>

Date of Inspection	Inspection	Action Plan Update
		<p>completion April 2021 - Work was stalled due to covid so this action will be completed once a suitable supplier /product has been sourced.</p> <p>Update requested 7.12.21, 6.1.22, 26.1.22, 15.2.22 and 28.2.22</p>
January 2020	Morrison Hospital Paediatric Services	<p>6.1.22</p> <p>Two actions are ongoing:</p> <ul style="list-style-type: none"> - Call Bell upgrade is on the risk register and due to the age of the building at Morrison this requires a full revamp of the call service for all wards. - Adolescent area has not progressed due to potential identified area being used for adult surg. <p>Ongoing.</p>
January 2020	Morrison Hospital ED/AMAU	<p>Complex and detailed action plan which the DoN is sighted on. Further HIW inspections were carried out as follows: Morrison ED in March 2021. Morrison Acute Medical Assessment Unit in June 2021.</p>
September 2020	Morrison Orthopaedic Surgery (Ward B)	<p>Improvement Plan accepted by HIW.</p>
September 2020	Morrison Cardiac Ward	<p>Update 24.3.21 No Improvements required following HIW visit – 2 suggestions made.</p> <ul style="list-style-type: none"> • The health board is advised to consider how it can further support and maintain these staffing arrangements, particularly as the pandemic progresses. <p>Update 24.3.21 - Cyril Evans has had an uplift following the NSA review we now have the 5 qualified on an early and late Monday to Friday which equates to an additional 1.4 WTE being funded.</p> <ul style="list-style-type: none"> • The health board is advised to consider how it utilises space on the ward with a view to provide single sex toilet facilities, where possible. <p>Update 24.3.21 - Cyril Evans Ward has placed single sex toilets on the risk register on the 2nd September 2020 risk rate 9. Consideration on how to provide additional space for toilets cannot be facilitated without considerable structural works that will impact on three ward areas, this was not deemed viable during COVID pandemic. The aim is to reassess the footprint of the ward post pandemic.</p>
March 2021	Morrison ED	<p>Immediate improvement notice issued following check in relation to mandatory training. A review was undertaken in terms of the actual position of the training compliance and how incomplete/inaccurate information had been provided to HIW during the Quality Check. The Workforce & Information</p>

Date of Inspection	Inspection	Action Plan Update
		<p>Systems Manager reviewed the compliance of mandatory training in the Emergency Department and this information was uploaded to HIW on Friday 19 March 2021. (compliant)</p> <p>The final report was received on 15.4.21. The improvement plan was returned to HIW 28.4.2021. An updated improvement plan was returned to HIW on 25.6.2021 recording progress against agreed actions. HIW responded on 1.7.2021 concluding that "...it provides us with sufficient assurance. This is because the improvements we identified have either been addressed and/or progress is being made to ensure that patient safety is protected." At that time, in addition to actions recorded as complete, there were four actions either partially completed or due for completion between August and November 2021.</p>
April 2021	Bryn Afon (Ferndale)	<p>HIW conducted a Tier One Quality check of Bryn Afon on 13 April 2021. Findings received 28.4.21 – 2 improvements required by 7 May 2021: Whilst HIW recognise the challenges posed by the pandemic, the health board must ensure that maintenance issues at the unit at reviewed and remedied in a timely and effective manner (completed end May 21) Whilst HIW were assured that safe care is being provided, they would ask the health board to review how the therapeutic benefits for this resident, and others within the unit, can be fully realised (update due end June 21)</p> <p>The final, updated improvement plan was returned to HIW on 12.7.21. (This was shared in the October 2021 QSGG report.) 22.9.21 – HIW have closed the workspace</p> <p>A further update will be requested in March 2022.</p>
April 2021	WAST	<p>HIW have undertaken a review of WAST services. As part of the local review, WAST considered the impact of ambulance waits outside of Emergency Departments on patient safety, privacy, dignity and overall experience The completed self-assessment documentation for Morrision and Singleton Hospitals was returned on 20 April 2021. HIW issued its draft report and template action plan under cover of letter dated 12.8.2021. This has been forwarded to the Chief Operating Officer for coordination with partner organisations. A joint management response action plan was required for return to HIW by 25 September 2021. A response had been in developed within the health board to address recommendations. However, WAST had been approached locally regarding development of a joint response – WAST expressed the intention to take to EASC for discussion. HIW since clarified in September that it was looking for a co-ordinated approach across all health boards, WAST and WG with just one action plan.</p>

Date of Inspection	Inspection	Action Plan Update
		<p>The response to the report is now being discussed at the EASC Management Group. SBU has representation on this group.</p>
April 2021	Joint Inspectorate review of Child Protection Arrangements (JICPA)	<p>HIW provided notice of a Joint Inspectorate review of Child Protection Arrangements. The review was being undertaken jointly by the Care Inspectorate Wales (CIW), HIW, Estyn, Her Majesty's Inspectorate of Probation (HMIP) and Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services. The review spanned services provided by Neath Port Talbot County Borough Council, Swansea Bay University Health Board, Wales National Probation Service and South Wales Police. It was undertaken in May & June 2021.</p> <p>Following the review, a draft letter outlining the effectiveness of partnership working and the work of individual agencies in NPT was issued on 10 August 2021. SBU returned comments in respect of the draft letter content to CIW (the lead inspector) on 24.8.2021. The final report was published on 16 Sept 2021.</p> <p>The letter indicated that the local authority should prepare a written statement of proposed action responding to the findings outlined in this letter. The statement should be a multi-agency response involving the National Probation Service, Youth Justice Service, Swansea Bay University Health Board and South Wales Police. The response should set out the actions for the partnership and, where appropriate, individual agencies. The initial target date for response was amended and the coordination of the action plan was led by NPT Local Authority. A combined action plan was developed by leads from each of the partner bodies. The health board actions and combined action plan consolidated by the local authority for submission were signed off by the Director of Nursing in October:</p> <p>The Head of Safeguarding is submitting the report and action plan to the health board Safeguarding Committee which will monitor progress against agreed action.</p> <p>Update 11.11.21 – Following the inspection. Care Inspectorate Wales (CIW) are keen for feedback on the joint review findings letter and have issued a link to an online survey for those who have views they wish to contribute. Following discussion with CIW, HIW have extended their original deadline for survey responses to Monday 22nd November 2021. The link has been shared internally (on 11.11.21) with the leads who participated in the review so that they have the opportunity to feedback individually.</p>
June 2021	Morrison Acute Medical Assessment Unit	<p>Inspection carried out on 8 June 2021</p> <p>The report was received on 1.7.21. - identified for improvement:</p>

Date of Inspection	Inspection	Action Plan Update
		<ul style="list-style-type: none"> ○ The health board must provide further information to HIW on the future plans for the AMAU, and how any new location will be suitable in terms of providing space for access throughout the unit, and adequate storage space. ○ The health board must ensure staff are fully compliant with IPC training as a matter of priority. ○ The health board must remind doctors and consultants of their responsibility to adhere to the bare below the elbow policy and the unit's PPE requirements when seeing patients at the AMAU. ○ The health board must provide assurance on the actions being taken to permanently recruit new members of staff to fill existing vacancies, and on how the recruitment of newly qualified nurses will impact on the skill mix and experience of staff working at the AMAU. ○ The health board must provide assurance of its plans to ensure all staff are fully compliant with their mandatory training as soon as possible. ○ The health board must ensure any outstanding PADRs are completed with staff as a matter of priority. ○ The health board must provide assurance on the actions being taken to help reduce the high number of moisture lesions and pressure ulcers incidents, and review whether such issues are being managed appropriately through patient care plans and treatment that accurately reflect the underlying cause of the problem. <p>The Improvement Plan was returned to HIW on 15 July 2021 and was accepted by HIW. The quality check report was published on 30 July 2021.</p> <p>An update on the actions was due for submission to HIW by 8 September 2021 (three months following the original Quality Check visit). HIW has extended their deadline to no later than 30 September in recognition of the extraordinary pressures within the health board currently.</p> <p>The updated improvement plan was uploaded to HIW on 4.10.21 and accepted by HIW on 5.10.21.</p> <p>One action due for completion in December 2021: Action: Architect design to be provided to HIW</p> <p>The Unit/ Assistant Director Strategy – Capital Planning, have been asked to provide an update on 26.1.22 and 15.2.22</p>
June 2021	Victoria Gardens (GP) - Neath	<p>Inspection carried out 24.6.21</p> <p>During the quality check, HIW found areas of concern which could pose an immediate risk to the safety of patients. Due to the seriousness of these concerns, HIW require an update on</p>

Date of Inspection	Inspection	Action Plan Update
		<p>the actions we have or are taking, to address this and ensure patient safety is protected.</p> <p>Improvement required:</p> <ul style="list-style-type: none"> • There was a lack of evidence that robust and appropriate infection control measures and checks were in place. This posed a potential risk to patients and staff attending the practice <p>The Improvement Plan was returned to HIW on 2 July 2021. An update on the improvement plan was received on 6.1.22</p> <p>Primary Care has a process to share learning with other GP Practices, reports are also discussed in their QSGG.</p>
June/July 2021	National Review of Mental Health Crisis Prevention in the Community	<p>As part of this review HIW indicated their intention to engage with professionals within each health board along with other organisations, which support the public with their mental health needs. There are two key areas for the professional engagement that are critical to the national review:</p> <ul style="list-style-type: none"> • A professional survey, for staff providing services to share their experiences with us anonymously • Interviews with senior health board staff and service representatives. <p>The Named Contact for Swansea Bay UHB is the Divisional General Manager for Mental Health.</p> <p>The draft embargoed report, which includes the survey results has been received and cascaded. The focus of the review was review was to understand the adequacy of the measures in place across Wales, to help mental health crisis being prevented in the community, through timely and appropriate care</p> <p>The report made 19 recommendations. It has been circulated internally and we are awaiting confirmation of a lead to coordinate the development of a health board action plan. HIW indicate that a target date for return of the action plan will be communicated in April. We will circulate this as soon as it is known.</p>
June 2021	Morrison Childrens' Emergency Unit	<p>HIW inspection carried out on 29.6.21</p> <p>HIW found areas of concern which could pose an immediate risk to the safety of patients. To help them fully understand any potential impact on patient care as a result of the areas of concern, HIW have requested to see some records of patients in line with standard NHS hospital inspection approach.</p> <p>Additionally, an immediate improvement plan was requested by HIW. One was submitted, but following HW feedback requiring additional assurance, a second immediate improvement plan was sent to HIW on 22 July 2021 and accepted by HIW on 27 July.</p>

Date of Inspection	Inspection	Action Plan Update
		<p>Following this a Quality Check report was issued on 3 August 2021 and routine Improvement Plan requested. This was submitted to HIW on 19 August. HIW confirmed its acceptance on 24 August.</p> <p>HIW require updates where actions remain outstanding and/or in progress, to confirm when these have been addressed – for this service these updates will need to reflect action on the Immediate Improvement Plan and the routine Improvement Plan.</p> <p>A progress update and supporting documentation in relation to the immediate Improvement Plan and subsequent Improvement Plan was submitted to HIW on 22.10.21.</p> <p>A number of actions remained open at this time – including some aimed at addressing training requirements – and supplementary documentation was submitted supporting how these elements would be addressed.</p> <p>Update 17.2.22 – The service met with the Risk & Assurance team in January to consider how to rationalise actions and on 17th Feb describing good progress towards completing actions. A meeting is arranged for mid-March to receive completed action plans for sign-off of closure.</p> <p>Awaiting sign off of action plan closure.</p>
August 2021	HMP Swansea	<p>The initial evidence request was returned to HIW on 26 August 2021.</p> <p>Due to the operational challenges the Health Board was facing HIW interviews were postponed to November 2021.</p> <p>The HIW review of documentation continued through September/October and inspectors attended health board groups and committees and interviewed staff.</p> <p>HIW update 26.1.2022: HIW anticipate the report will be drafted and ready for QA by the week ending 4 February 2022. The draft report will go through a QA process that will be completed by the end of February 2022. Following this the report will be shared with the Health Board for factual accuracy. HIW would expect a response within one week. The report is then translated and prepared for publication during the course of April with a view to publish mid to late April. In advance of this key findings were shared.</p> <p>We are currently awaiting the draft report.</p>
August 2021	Hospital Onsite IR(ME)R inspection – Radiotherapy Service at Singleton.	<p>A draft report was received following this inspection.</p> <p>An improvement plan was completed and returned by the health board, but the reply from HIW w/c 22/11/2021 indicated that it was not accepted. The letter highlighted the</p>

Date of Inspection	Inspection	Action Plan Update
		<p>timescale for one action (the review/harmonisation of procedures) was too long. Action is in hand within the service to respond to this and revise the improvement plan for re-submission.</p> <p>The final (approved action plan was sent to HIW on 22.11.21 and the final report was received on 1.12.2021. HIW has evaluated the response (action plan) and concluded that it provides them with sufficient assurance. This is because the improvements identified have either been addressed and/or progress is being made to ensure that patient safety is protected</p> <p>An update on the Radiotherapy Physics actions was received on 1.2.22:</p> <ul style="list-style-type: none"> -Related Clinical Evaluation procedures have been reviewed and updated where necessary -I Passport is now set up so that all Radiotherapy Physics staff read and understand the relevant written procedures related to referrer training. -Plans in place to ensure Radiotherapy Physics ongoing requirements related to staffing are understood to ensure safe and effective service provision. -Radiotherapy Physics have excellent compliance with PADR (100%) and mandatory Training (97.14%) <p>8.2.22 – Updated improvement plan received. This has also been listed for noting at the Service Group QSR meeting.</p>
February 2022	Llansamlet Surgery	<p>No information requests made at time of notification of inspection.</p> <p>No update to date.</p>

New Inspections/Reviews

Unannounced HIW Inspection

HIW undertook an unannounced visit to Cefn Coed Hospital overnight (14 March 2022), visiting Clyne and Fendrod Wards – no feedback as yet.

National Review of Patient Flow (Stroke Pathway) - Notification of Onsite Visit by Healthcare Inspectorate Wales (HIW) – Murrison Hospital

HIW will conduct an onsite visit at Murrison Hospital on **26-28 April 2022**

In order to facilitate the planning for this work, HIW have asked for contact details for an individual within our organisation, who will be able to act as the main point of contact with HIW, particularly during the pre-site visit stage. The HB contact is Fiona Hughes, Associate Group Director, Medicine.

The intention is that the onsite visit will be conducted over three days, and will include discussions with ED staff, stroke services staff and patient flow/discharge managers. HIW will also seek to interview staff, including other sites within the health board where appropriate, via Teams between the 9 and 20 May 2022. During the onsite visit, HIW will want to attend Multi-disciplinary team meetings (MDT) or equivalent for stroke patients and Bed Management/Site Management meetings.

A self-assessment form was submitted by the due date of 17 January 2022.

On 8 August 2018, HIW published a report for its thematic review of Patient Discharge from Hospital to General Practice (report attached). The review made 13 recommendations for Health Boards to act upon, and HIW are requesting a response from all health boards in relation to their current position for each recommendation. The response may be used to inform the HIW Patient Flow review, and may also be published as a national summary.

For information, the final report following the HIW review of 'Patient Discharge from Hospital to General Practice: Thematic Report 2017-2018 is attached as **Appendix 2** of this report.

Although the due date for the completion of the action plan was originally set as 4 February 2022, an extension was later agreed until 18 February 2022, in order to expand on the actions. A further 2 week extension was sought from HIW (additional action was required to ensure the scope of the response was appropriate) – the action plan was submitted in accordance with the extended target date SBU indicated.

HIW – National Review of Mental Health Crisis Prevention in the Community – Swansea Bay

During 2021 HIW undertook a National Review of Mental Health Crisis Prevention in the Community. The review explored the experiences of people with mental health needs, and the adequacy of services available to support their mental health and well-being at the earliest opportunity.

Recommendations:

Nineteen recommendations were made and the organisation is required to submit an improvement plan in response to the review's recommendations. It has been circulated internally and we are awaiting confirmation of a lead to coordinate the development of a health board action plan. HIW indicate that a target date for return of the action plan will be communicated in April. We will circulate this as soon as it is known.

Prompt Wales – An Implementation Update 2020-2021

PROMPT Wales is a maternity safety programme funded by the Welsh Risk Pool. Its vision is to reduce avoidable harm and improve perinatal outcomes, through multi professional training in obstetric emergencies by enhancing safety, teamwork and communication.

The reference period for this report is 1st April 2020 – 31st August 2021, noting that PROMPT Wales training was paused during April to August 2020 due to restrictions posed by the COVID-19 pandemic. Training was reinstated by NHS Wales maternity services in September 2020 following a nationally agreed COVID-secure programme. The data therefore covers a twelve month period.

To assist in the preparation of an Action Plan, the Senior Safety & Learning Advisor will liaise directly with the HB Director of Midwifery to offer support and guidance. The action plan was due for submission by 9 March 2022 and this deadline was met.

National review of early help, care and support and transition for disabled children in Wales

Please see the attached CIW/HIW joint letter and the National Overview Report.

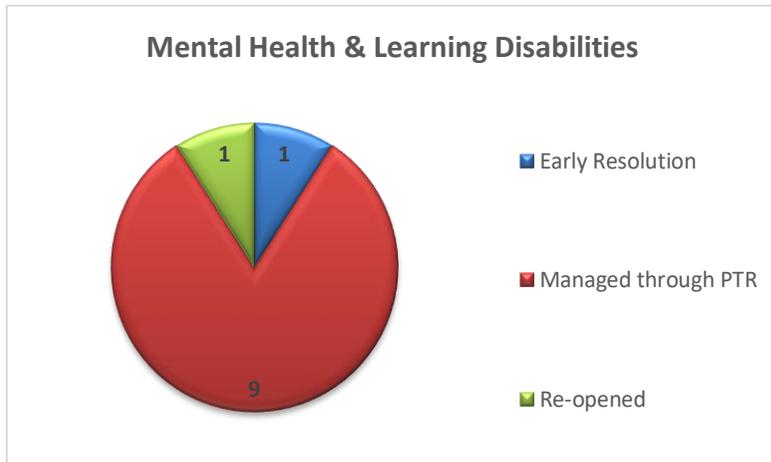
Although there is no target date or request for a formal action plan / response in the letter, there are '*Practice learning points and areas for improvement*'. Most learning points are aimed at local authorities but there are some directed towards health boards. The Service Group Director for Neath Port Talbot & Singleton has been asked to lead on the Health Board response for this.

8. SERVICE GROUP REPORTS

Mental Health & Learning Disabilities Services Group

1st February – 28th February 2022

Mental Health & Learning Disabilities SG received 11 concerns



Top Complaint Trends

- Clinical Treatment/Assessment (3)



- No Never Events
- No Clinical Negligence claims



- 1 Personal Injury Claims

Incidents:

308 incidents were reported with the 3 top themes being:

- Inappropriate/Aggressive Behaviour by patient towards object- (49)
- Inappropriate/Aggressive Behaviour towards staff by patient – (44)
- Self-harming behaviour– (37)

No Serious Incidents were reported during December

Service User Bespoke Survey – February 2022

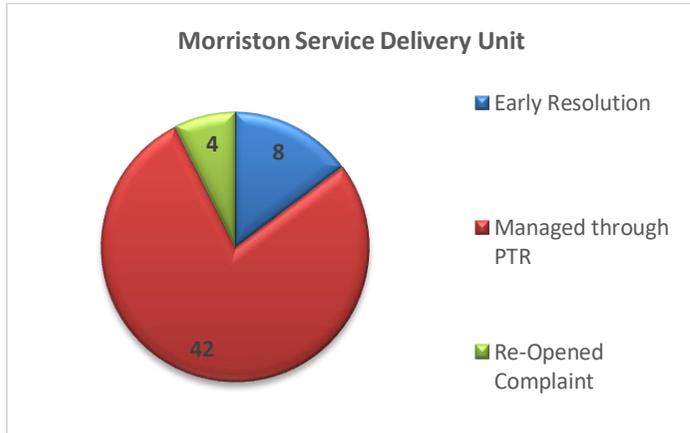
Here is some positive feedback we received from the Service User/Carer -Semi Structured Interview Survey (MH & LD survey) in February.

- Yes they are friendly and they don't judge which is very good.
- Both are lovely and I look forward to their visits.
- Staff have been wonderful to my mother and always listen to what we have to say, also she speaks a bit of Welsh and my mother likes that.

Morriston Hospital Service Group

1st February – 28th February 2022

Morriston Hospital SG received 54 concerns



Top Complaint Trends

- Clinical Treatment (14)
- Admissions (12)
- Communication (9)

- No New Never Events

-  3 Clinical Negligence Claims
- 1 Personal Injury Claim

Incidents:

826 incidents were reported with the 3 top themes being:

- Access & Admission – (128)
- Moisture Lesion – (118)
- Suspected Slips/Trips/Falls (unwitnessed) – (66)

No Serious Incidents were reported during December

All Wales Results – February 2022

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

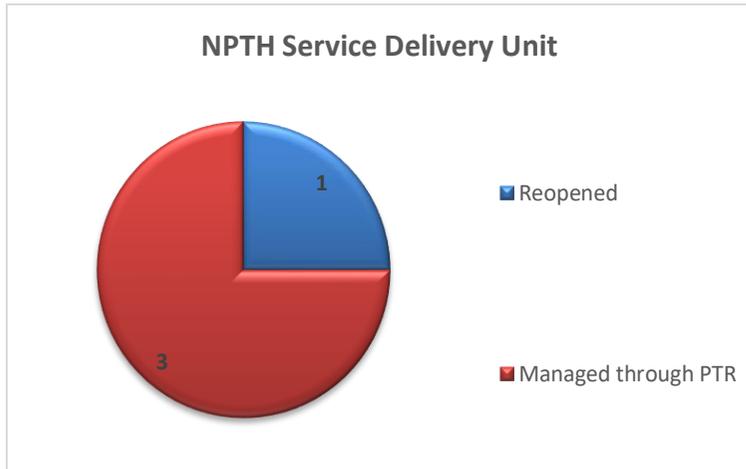


Service Group	Responses	1 - Overall experience
		Friends & Family Test / Patient / Service User Experience Survey
Morriston Group	1256	89
	Overall	89
	Benchmarks	85

Neath Port Talbot Hospital Service Group

1st February – 28th February 2022

Neath Port Talbot SG received 4 concerns



Incidents:

100 incidents were reported with the top themes being:

- Suspected Slips/Trips/Falls (un-witnessed) – (30)

No Serious Incidents were reported during December

All Wales Results – February 2022

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

Top Complaint Trends

- Clinical Treatment/Assessment (2)

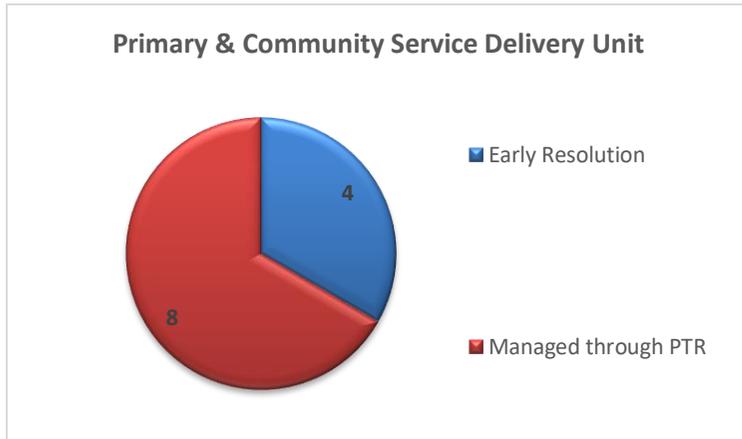


- No Personal Injury claims
- No Never Events
- No Clinical Negligence claims

Primary & Community Service Group

1st February – 28th February 2022

Primary & Community SG received 12 concerns



Top Complaint Trends

- Communication (6)



- No Never Events



- No Personal Injury claims
- 1 Clinical Negligence Claim

:

Incidents:

315 incidents were reported with the 3 top themes being:

- Pressure Ulcer – developed prior to admission (122)
- Moisture Lesion- (47)

No Serious Incidents were reported during December

All Wales Results – January 2022

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



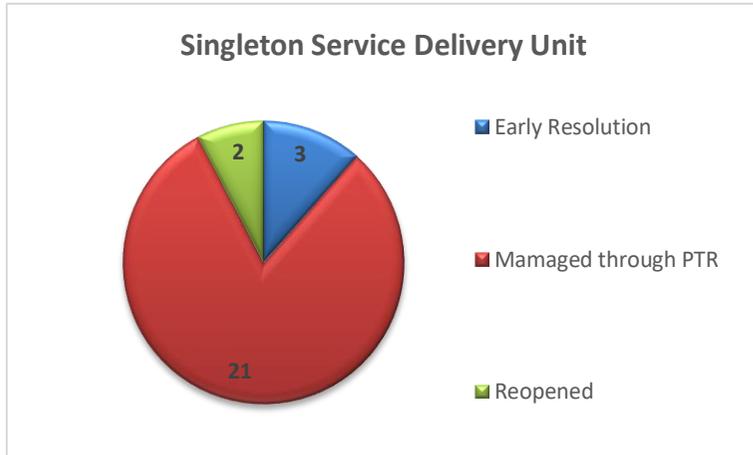
P&C AW Heat Map - Feb22.xlsx

Service Group	Responses	1 - Overall experience
		Friends & Family Test, Patient / Service User Experience Survey
Primary Community Therapies Group	251	99
	Overall	99
	Benchmarks	85

Singleton Hospital Service Group

1st February – 28th February 2022

Singleton Hospital SG received 26 concerns.



Top Complaint Trends

- Appointments (6)
- Communication (6)



- 0 Never Events



- 2 Clinical Negligence claims
- 1 Personal Injury Claim

Incidents

424 incidents were reported with the 3 top themes being:

- Maternity Triggers – (44)
- Moisture Lesion - (28)
- Suspected Slips/Trips/Falls (unwitnessed) – (25)

Two Serious Incidents were reported during December, one relating to a patient fall and one unexpected death

All Wales Results – February 2022

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



NPT & Singleton
AW Heat Map - Feb:

Service Group	Responses	1 - Overall experience
		Friends & Family Test, Patient / Service User Experience Survey
NPT & Singleton Group	1172	97
	Overall	97
	Benchmarks	85

