Patient Experience, Risk & Legal Services
Report
August 2021

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 2020 until the Covid situation improves. Surveys via SMS started at the end of May 2021. Numbers have increased.

For the month of August there were 2,025 Friends and Family survey returns which resulted in 92% of people stating they would highly recommend the Health Board to Friends and Family. This is the same percentage as July 2021 where the recommendation score was 92% and returns were 1,912.

Results by Service Group

Morriston Service Group:

- 642 Number of friends and family surveys completed (699 in July)
- 92% of who rated their overall experience of the service as good or very good (93% in July)

Singleton & NPT Service Group:

- 1,106 Number of friends and family surveys completed (1,029 in July)
- 92% of who rated their overall experience of the service as good or very good (91% in July)

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

Singleton

- 665 Number of friends and family surveys completed (631 in July)
- 91% of who rated their overall experience of the service as good or very good (90% in July)

Neath Port Talbot

- 305 Number of friends and family surveys completed (321 in July)
- 93% of who rated their overall experience of the service as good or very good (93% in July)

Community

- 55 Number of friends and family surveys completed (41 in July)
- 100% of who rated their overall experience of the service as good or very good (100% in July)

Morriston

- 81 Number of friends and family surveys completed (36 in July)
- 94% of who rated their overall experience of the service as good or very good (94% in July)

Primary Community & Therapies Service Group:

- 245 Number of friends and family surveys completed (79 in July)
- 94% of who rated their overall experience of the service as good or very good (89% in July)

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.

- 23 Number of friends and family surveys completed (96 in July)
- 87% of who rated their overall experience of the service as good or very good (85% in July)

Mental Health and Learning Disabilities Service Group

This data is from April 2021 to August 2021.

The Mental Health and Learning Disabilities Service Group are using a different set of survey questions. The role out of the semi structured interview surveys have been managed in stages. Role out, awareness posters and meetings with managers and teams continues. 3 pilot sites in LD have been identified and work is ongoing to ensure the service is accessible to patients within the forensic and LD Divisions

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

- 59 number of surveys completed
- 93% percentage who rated overall experience as excellent and good.

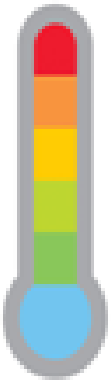
From the responses received the high response areas across the August reporting period (all with 100% positive feedback) included:

- Plastic Surgery Outpatients Dept – Morriston Hospital (65 responses)
- Plastic Surgery Treatment Centre – Morriston Hospital (12 responses)
- Outpatient – Red – Neath Port Talbot Hospital (14 responses)
- Outpatient – Yellow – Neath Port Talbot Hospital (16 responses)
- Neurology Ambulatory Care – Morriston Hospital (13 responses)
- Rheumatology – Neath Port Talbot Hospital (12 responses)
- Ty Olwen Inpatient Unit – Morriston Hospital (14 responses)
- Surgical Day Unit – Morriston Hospital (19 responses)
- Acute Clinical Team – Neath Port Talbot Hospital (9 responses)
- Physiotherapy – Singleton Hospital (16 responses)
- Adult CMHT 3 & 4 – Swansea – MH & LD (2 responses)
- Veterans services – MH & LD (2 responses)

Some positive feedback we received was:

- The video consultation worked well diagnosis and exercise protocol started to achieve results and continues to do so. The therapist was confident and instilled confidence in me. From where I was on day one to being signed off today was an exceptional improvement. Thanks to all involved.
- Nurse was so warm and welcoming. Very lovely to speak to. Extremely reassuring, amazing care.
- All staff were great.
- Punctual appointment. Video link straight forward and easy to follow. Sound advice and procedure given.
- All the staff were extremely helpful and kept us the family informed.

The 5 lowest scoring (Below 90%) areas for the reporting period (1st August to 31st August 2021) were:



- Phlebotomy – Neath Port Talbot Hospital (100%) (1 response)
- Ward 18 (Postnatal) – Singleton Hospital (100%) (1 response)
- Ward 08 (Respiratory) - Singleton Hospital (100%) (1 response)
- Midwife Led Unit – Singleton Hospital (50%) (2 responses)
- Cardigan Ward – Morriston Hospital (50%) (2 responses)

Phlebotomy Negative Feedback:

Make more appointments available on the site and cater for people who are already in the hospital so we don't need to come back and fore 2 weeks too long to wait.

Ward 18 (Postnatal) Negative Feedback:

When asking for pain relief, it took 7 hours which resulted in me having a fever of 38.4 needing antibiotic drip and staying an extra night. We did ask for pain relief on a number of occasions but staff told us they would be around now but did not turn up for several hours dispute us repeatedly asking and begging for something due to the extent of pain I was in.

Ward 08 (Respiratory) Negative Feedback:

The quality of care provided by nursing staff.

Cardigan Ward Negative Feedback:

Some staff wouldn't listen and thought they knew better.

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.

1.1 Patient Experience Team

To date we have trained 90 staff members to use the new Civica feedback system. With additional training dates planned up until end December 2021.

We have also produced recorded training sessions and user guide by visiting our intranet page, under training heading. http://howis.wales.nhs.uk/sites3/page.cfm?orgid=743&pid=43986

This information was also placed on a staff bulletin
http://abm.cymru.nhs.uk/intranet/bulletin.php?bulletin_id=14209

1.2 Patient Advisory Liaison Service (PALS) Activity – August 2021

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

1.4 All Wales Patient Experience Questionnaire

Reduced numbers of returns due to Covid

The results below are captured through the Patient Experience Framework questionnaire.

Percentage of patients that ticked 'Always' to the following questions: Treated with Dignity?											
Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
88%	96%	96%	65%	90%	96%	97%	N/A	N/A	96%	95%	95%

You were given help with feeding and drinking											
Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
76%	75%	100%	50%	86%	83%	92%	N/A	N/A	83%	89%	91%

Were you given the support you needed to help with any communication needs?											
Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
83%	90%	100%	64%	89%	89%	94%	N/A	N/A	93%	93%	93%

Were things explained to you in a way that you could understand?											
Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
76%	89%	89%	76%	90%	92%	97%	N/A	N/A	93%	93%	93%

Did you feel we did enough to keep you as free as possible from pain?											
Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
85%	81%	76%	60%	80%	83%	93%	N/A	N/A	92%	92%	91%

People are kind and compassionate to you?											
Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
81%	91%	81%	67%	86%	87%	96%	N/A	N/A	94%	94%	94%

People are welcoming, friendly and helpful?											
Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
83%	96%	81%	67%	86%	87%	96%	N/A	N/A	94%	93%	93%

Percentage of patients that ticked 'Never' to the following question: At any point in your stay did any of our actions make you feel unsafe?											
Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
84%	71%	86%	70%	80%	84%	81%	N/A	N/A	95%	95%	94%

2. LEARNING FROM FEEDBACK

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

‘Let’s Talk’ – August 2021

For August there were 52 contacts. 10 were converted to complaints; 2 compliments, 4 sent to PALS.

There was one comment from Care Opinion for August 2021.

I Want Great Care

There was no I want great care feedback for August 2021.

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

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.

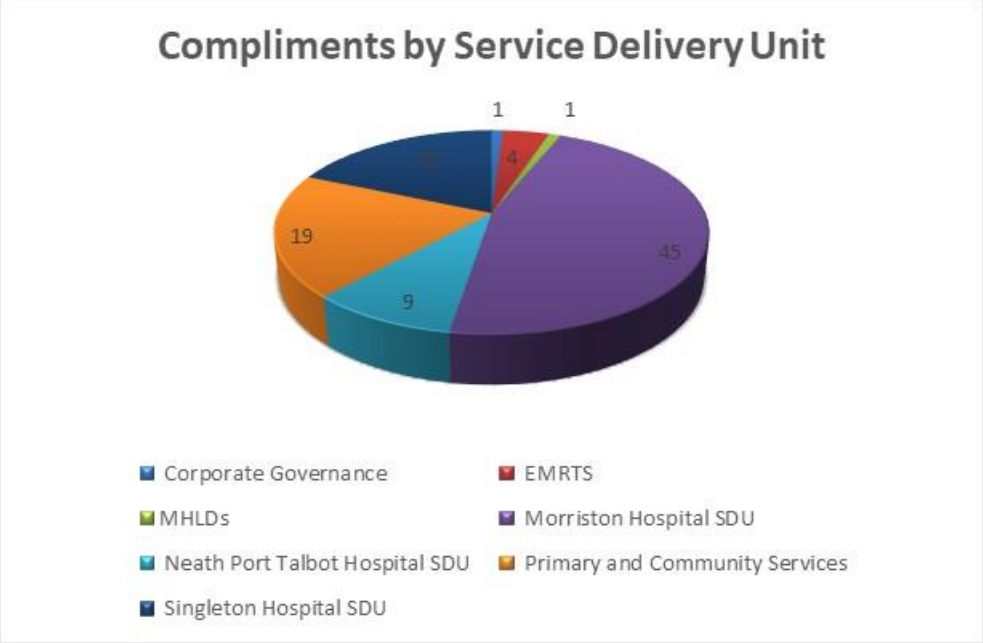
Date	Number of Compliments Received
June 2021	83
July 2021	49
Aug 2021	97

A comparison with 2020, shows a slight dip for July 21, but a significant increase in August this year (compared with last year)

June 2020	77
July 2020	91
August 2020	52

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

3.2 Written Compliments – August 2021



Thanks to staff on Ward F from bereaved family for showing "real human empathy...bless them"
Ward F, Morriston Hospital, Stroke

Sincere thanks and gratitude from a patient, to all staff on Anglesey Ward
Anglesey Ward, Morriston Service Delivery Unit (General Medicine)

A donation of £200 to thank the team for going beyond duty of care
District Nursing Team, NPT Locality, Primary & Community

"I would just like to let you know of the wonderful care I received in your post-menopausal bleeding clinic yesterday morning. From the nurse in charge to the student nurse, everyone was caring, kind and patient despite my visit being a bit longer than anticipated due to feeling faint afterwards. I'd be grateful if you'd pass on my thanks."
Gynaecology/Singleton Hospital Service Delivery Unit

Posted on Twitter – "Big thank you to the nurses at NPTH Minor Injuries Unit after a DIY job went wrong. In and out in less than 2 hours and did a great job. Remember to #choose well and get the right treatment from the most appropriate place. Good advice given not to try any more DIY"
Minor Injuries Unit, Neath Port Talbot Hospital

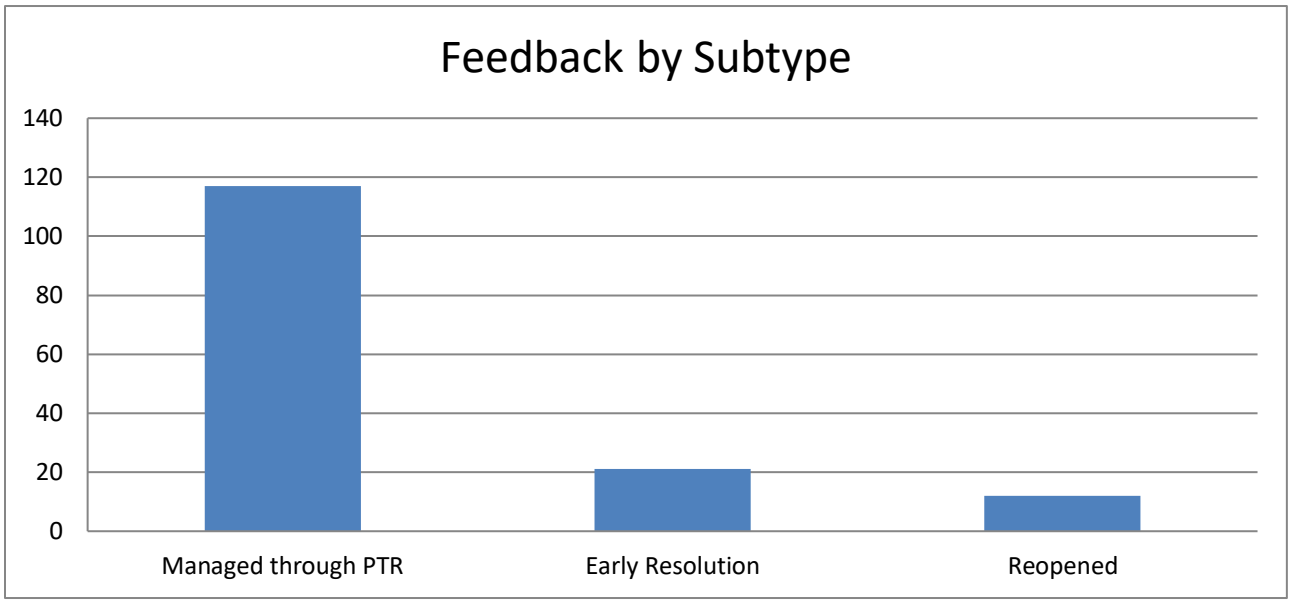
"Thank you for the rehab programme. You are all amazing and gave me a life raft to hang onto in this long Covid storm. Your kindness and caring is second to none and I couldn't wait to attend your group every week. I learnt so much. Thank you from the bottom of my heart. You are all wonderful and make a huge difference to people's lives"
Pulmonary Rehabilitation, Primary & Community Services

4. CONCERNS MANAGEMENT

4.1 Complaints – August 2021

Complaints 1.8.21 – 31.8.21

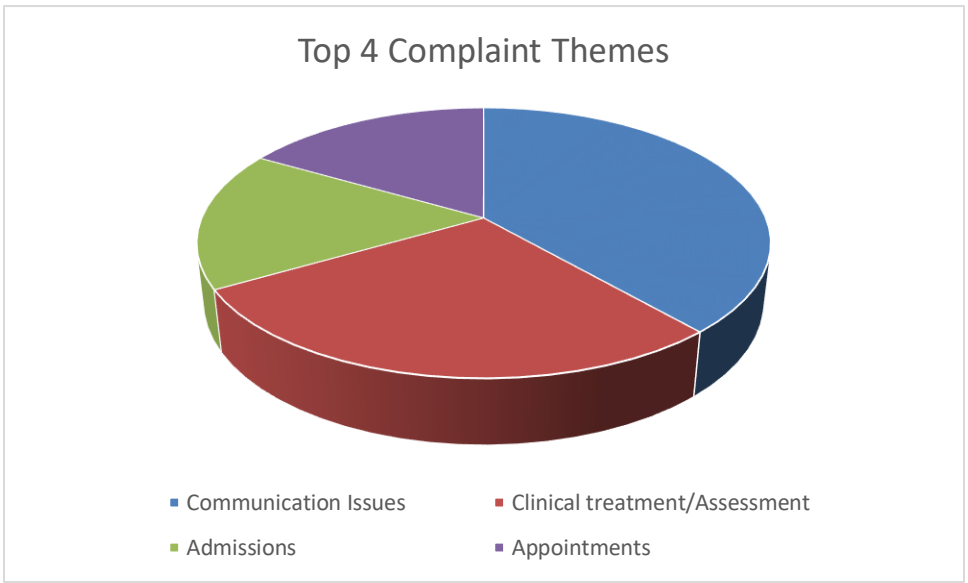
The Health Board received 150 complaints during the month August 2021, please see breakdown type below;



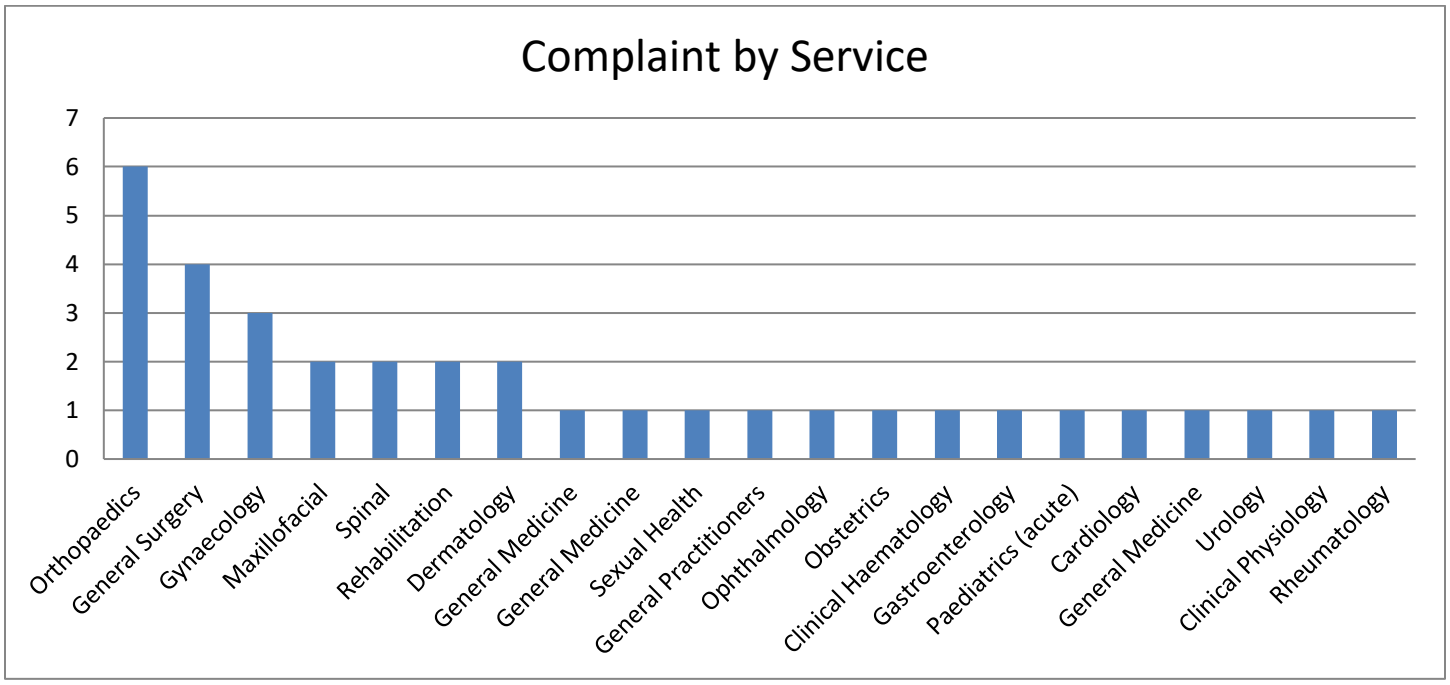
Previously we included a breakdown by Service Delivery Group but unfortunately, the new Datix system is unable to do this at present however, you will find a report for each Service Group at the end of this report.

Out of these 150 complaints, 6 related to COVID-19.

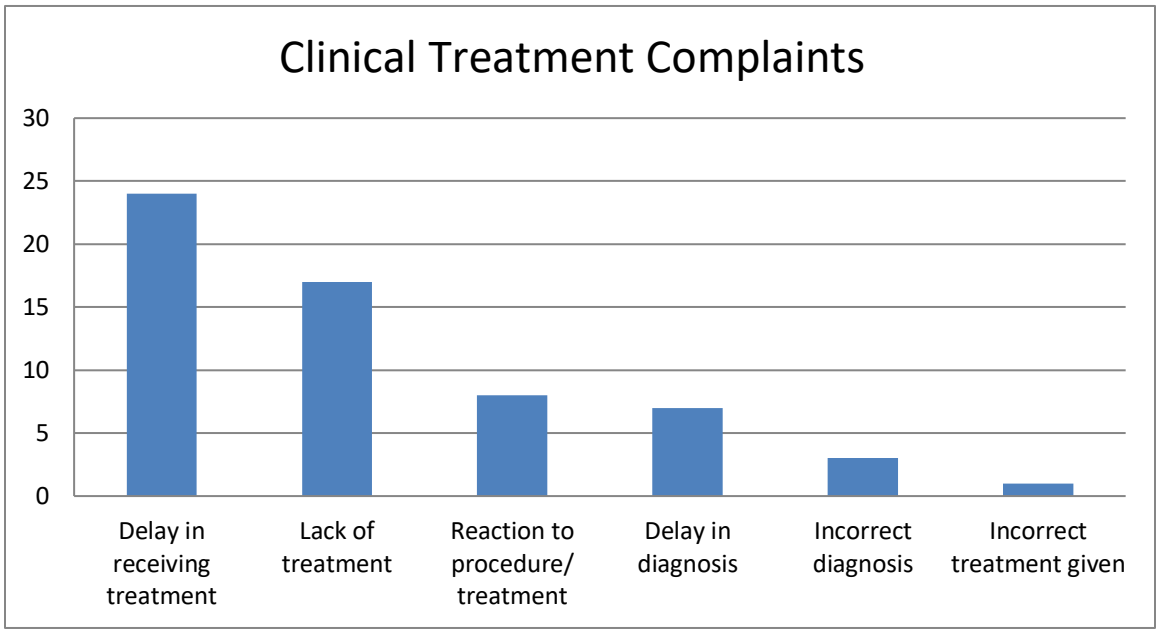
Top 4 Complaint Themes



During August there were 35 complaints received which related to cancelled or delayed appointments or admissions. Please see breakdown by specialty below, as you can see Orthopaedics received the most complaints;



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.

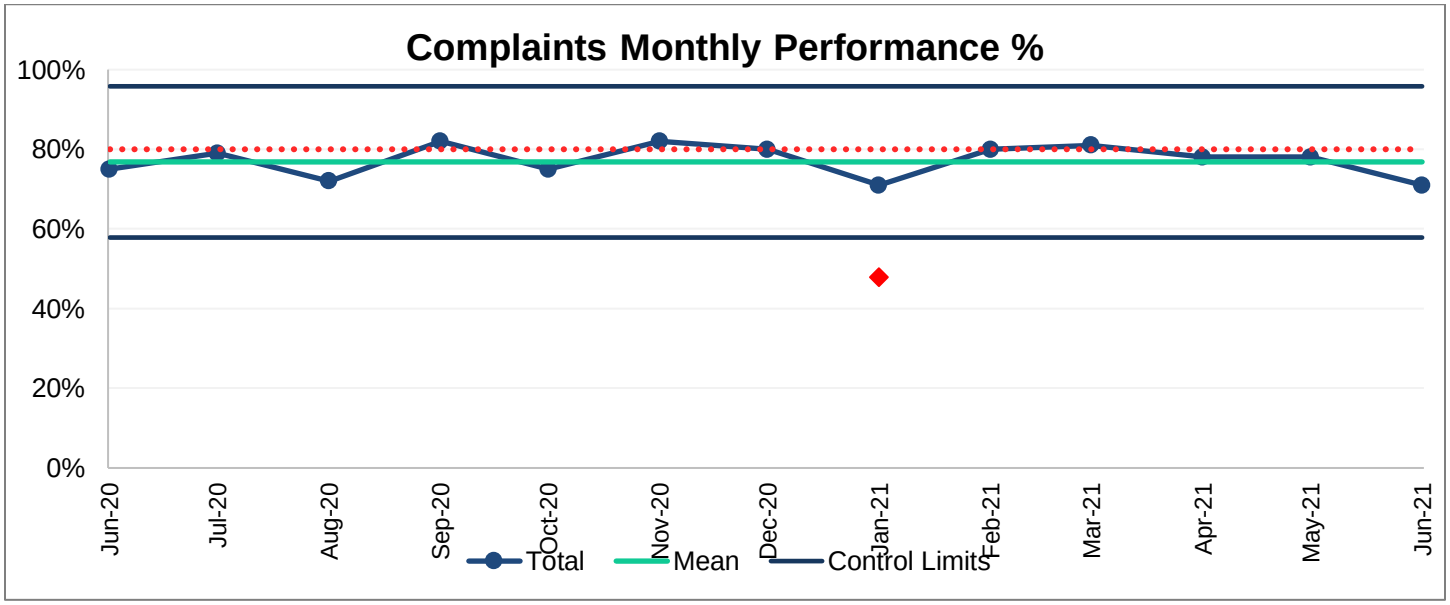
CRAG meetings have been held with all Service Delivery Groups on a rotational basis. The meeting are positive and all complaints had been responded to appropriately and in compliance with the Regulations.

CRAG meetings have been held on 8th September 2021 with Primary Care and on 15th September with the Mental Health Service Group. Further CRAG meetings have been arranged for 8th October, Morriston Unit, 12th October Singleton and NPTH Unit .

The Complaints Department delivered training via TEAMS Learning Event 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. Newsletter has been issued August 2021.

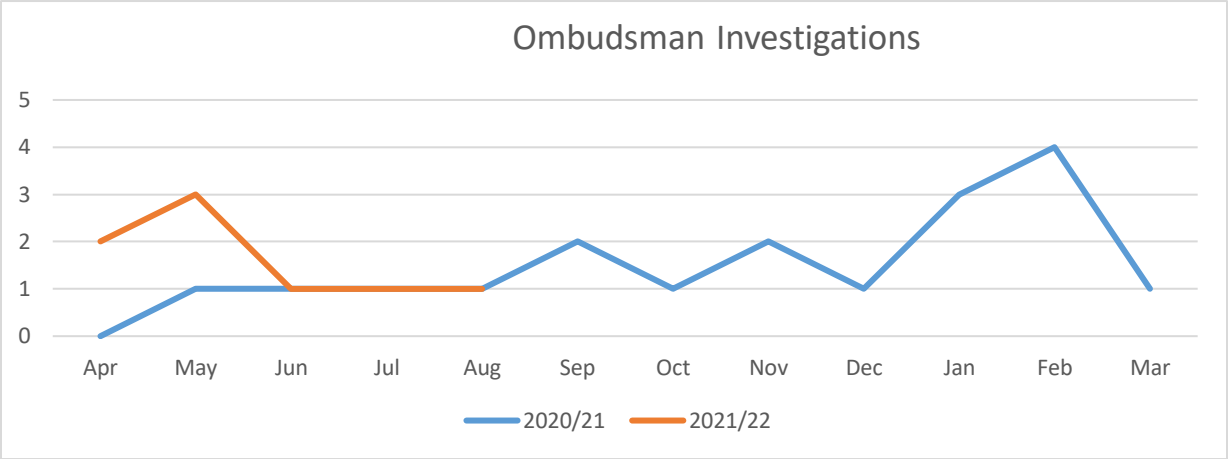
4.3 Complaints Performance

The Health Board recorded 71% performance against the 30 working day target in June 2021. The Welsh Government Target is 75%. The Health Board saw an increase in formal complaints received during June compared to previous months therefore, this could possibly explain the slight decrease in performance.



4.4 Ombudsman Cases

There was a slight decrease in complaints which the Ombudsman investigated in relation to the Health Board in 2020/21, 18 compared to 30 in 2019/20. There was one new investigation received during August 2021.



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 2021. These meetings are currently being undertaken and attended remotely.
- Two Complaints Newsletters have been issued, previously and the next Newsletter is due in August which include learning from Ombudsman cases, PALS work and management of complaints.
- Further work with the Ombudsman Office has taken place in relation to introducing Complaints Standards Training.
- Human Rights training for Mental Health & Learning Disabilities took place over 4 sessions. This was a recommendation from the Ombudsman and was provided remotely via Teams by the British Institute for Human Rights.
- We are currently reviewing champion training offered by the British Institute of Human Rights

4.6 Incidents

Incident Reporting & Performance

For the period 1 August 2021 to 31 August 2021, a total of 2089 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)	1545
Low (2)	447
Moderate (3)	71
Severe (4)	6
Death (5)	20
Total	**2089**

The top five themes relate to:

Incident Type Tier One - Top 5	No	
Injury of unknown origin	319	15%
Patient Accident/Falls	236	11%
Pressure Ulcers	208	10%
Behaviour	174	8%
Administration Processes	173	8%

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 319 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	149
SBUHB acquired Moisture lesion	78
Injury of unknown origin	92
Total	**319**

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 92 Injury of Unknown Origin cases identified the following, which had been incorrectly coded. These cases have now been updated and coded correctly as follows:

Pressure Ulcer	11
Moisture Lesion	5
Patient Accident	2
Unexpected Death	1
Medication	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.

Incidents overdue for closure (the 30 working days for completion of the investigation has passed), at 8 September 2021.

There are 3121 incidents and 49 Redress (@ 1.9.21 there were 3018)

	Incident	Redress
Corporate Governance	15	19
Corporate Medical Director	4	0
EMRTS	17	0
Finance	1	0
Mental Health and Learning Disabilities Delivery Unit	449	0
Morriston Hospital Service Delivery Unit	1616	12
Neath Port Talbot Hospital Service Delivery Unit	157	2
Nursing & Patient Experience	3	0
Operations (previously Planning)	58	0
Primary and Community Services	247	0
Princess of Wales Hospital Service Delivery Unit	1	1
Singleton Hospital Service Delivery Unit	517	15
Workforce & Organisational Development	36	0
Total	3121	49

Following roll out of the Incidents Module in Datix Cymru, there will be a window of 3 months to close cases down, before the system is made read-only. All live cases that remain on the current system after this time will need to be transferred manually to the new Cloud system. Units have been asked to analyse this data and undertake incident closure where possible.

4.7 SI's Reported 1st August 2021 to 31st August 2021

During the pandemic, Welsh Government changed the SI reporting criteria, reported to the Q&SGG in March 2020, however, this then reverted back to the criteria that was in place prior to COVID. Due to the second surge in COVID cases, the Health Board received a further letter from Welsh Government dated 4th January 2021 to advise that due to current pressures reporting would be limited.

From 14th June 2021, the following definition of a nationally reportable patient safety incident applies:

A patient safety incident which caused or contributed to the unexpected or avoidable death, or severe harm, of one of more patients, staff or members of the public, during NHS funded healthcare

*N.B. It is important to note that acts or inactions can also result from technical failure or delays in systems and processes, as well as human interactions.

When considering whether to report an incident the following should be applied:

- a patient safety incident will be nationally reported within seven working days from the occurrence, or point of knowledge, if it is assessed or suspected an action or inaction in the course of a service user's treatment or care, in any healthcare setting, has, or is likely to have caused or contributed to their unexpected or avoidable death, or caused or contributed to severe harm.

- as it will not always be possible to determine the extent to which a patient safety incident caused or contributed to the harm or death of a patient within seven working days, responsible bodies should report in line with the criteria where it is known, and/or suspected, that a patient safety incident has caused or contributed to harm or death. In this scenario, for clarity, the responsible body should specify on the form that the position is unclear and/or investigations are ongoing. Incidents can be downgraded at a later date as set out later in this guidance.

Specific National Incident Categories

- Suspected homicides where the alleged perpetrator has been under the care mental health services in the past 12 months.

- In-patient suicides

- Maternal Deaths

- Never Events

- Incidents where the number of patients affected is significant

- Unusual, unexpected or surprising incidents

Special Reporting Arrangement

- Pressure Damage (New Reporting Form)
- Unexpected deaths in the community of patients known to MH&LD Services
- Safeguarding
- Procedural Responses to Unexpected Death in Childhood (PRUDiC)
- Abuse/Suspected Abuse
- Healthcare Acquired Infections (HCAIs)
- Commissioned Services
- Externally Reportable Incidents

➢ Covid-19 nosocomial transmission; these do not require reporting individually as SI's but will continue to be CORSEL reported

Revised Forms– To be used from 14th June 2021

- Notification Form
- Learning From Events (In development)
- Outcomes form
- Combined pressure ulcer notification and outcomes form
- Downgrading form

Outcome Process

For incidents reported on or after 14 June 2021, the previous closure process will change. From the 14 June 2021, responsible bodies will **have three options** following the reporting and proportionate investigation of an incident, as set out below. The key overarching change is that full accountability and responsibility for closure of investigations will sit entirely with the responsible bodies. The information submitted to the Delivery Unit will not be used as a method of agreeing closure. Organisations will still be expected to submit good quality information in a timely manner which evidences the suitability of investigation undertaken.

Option 1 Causative or Contributory - will apply where investigations have determined an act or inaction, unintended or otherwise, has caused or contributed to the reportable incident. In this instance, at the conclusion of the investigation, responsible bodies will be required to complete and submit a **Learning from Events Report**.

Option 2 Non-causative / Non-contributory - will apply where investigations have determined an act or inaction, unintended or otherwise, did not cause or contribute to the reportable incident. In this instance, at the conclusion of the investigation, responsible bodies will be required to submit an **Outcome Report**.

Option 3 Downgrade - At any point where further information changes the initial assessment, responsible bodies can submit a **downgrade request form**.

Early Warning Notifications

Early Warning notifications are independent of incident reports and will replace 'No Surprise' reports from the 14 June 2021. Historically the No Surprise Reporting and Serious Incident reporting processes became interlinked, primarily because they were both communication channels into Welsh Government. With the NHS Wales Delivery Unit taking on responsibility for national incident reporting, as the shadow form of the NHS Executive, these communication channels are now much more clearly separated as they serve two distinct purposes. As set out in the policy, Early Warning notifications are replacing No Surprise Reports and should only be used as a rapid communication channel to give an urgent notification to Welsh Government of a potential area of interest. Early Warning notifications should be sent as soon as practicable to SBU.SeriousIncidentsTeam@wales.nhs.uk.

Governance and Assurance Requirements

Responsible bodies should ensure they continue to have robust systems and processes that ensure the following requirements are met:

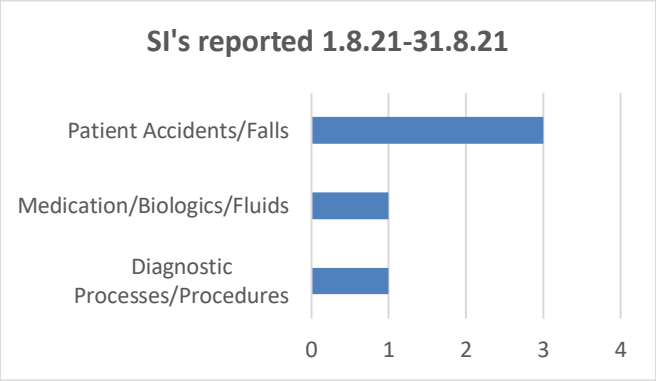
- Internal oversight, scrutiny and quality assurance of all incident reporting and investigation processes, including Executive level sign off of national incident notification and outcome
- Forms (for all three options).
- Clear and demonstrable lines of reporting to relevant Committees and the Board
- Ensure processes which enact the policy in all areas of the organisation (including e.g. Primary and Community Services, Prison services etc.)
- Mechanisms for ensuring joint investigations with other responsible bodies and external agencies where applicable and appropriate
- All incidents should be reviewed to determine those which should be nationally reported.
- These systems and processes should focus on a multi-disciplinary approach to decision making within an appropriate governance framework. Whilst advice and support can be sought from the NHS Wales Delivery Unit, it will be expected that organisations are responsible and accountable for their judgements and decisions in line with the policy
- Ensure robust mechanisms for recording the outcomes of decisions around national reporting and investigation, including decisions on appropriate investigation methodology. In particular, organisations must ensure they keep robust records around the decisions not to report/investigate incidents as this will be needed for quality assurance purposes
- Ensure robust mechanism for demonstrating shared learning
- Ensure robust mechanisms for ensuring patient and family engagement where appropriate, in line with Being Open arrangements and in active preparation for the incoming Duty of Candour.

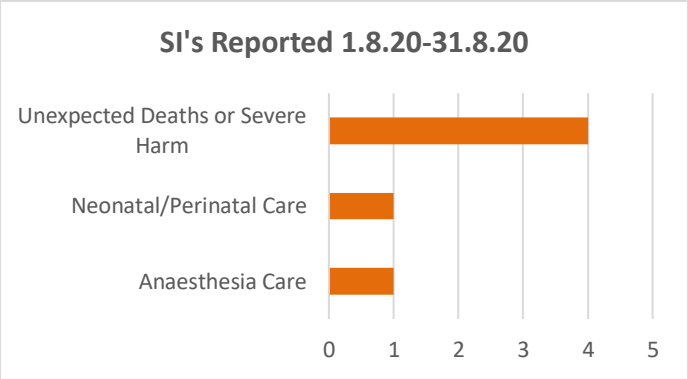
As at 9th September 2021, there were 121 open serious incidents ("SI's") of which:

- **10 relate to 2018/19.**
- **26 relate to 2019/20.**

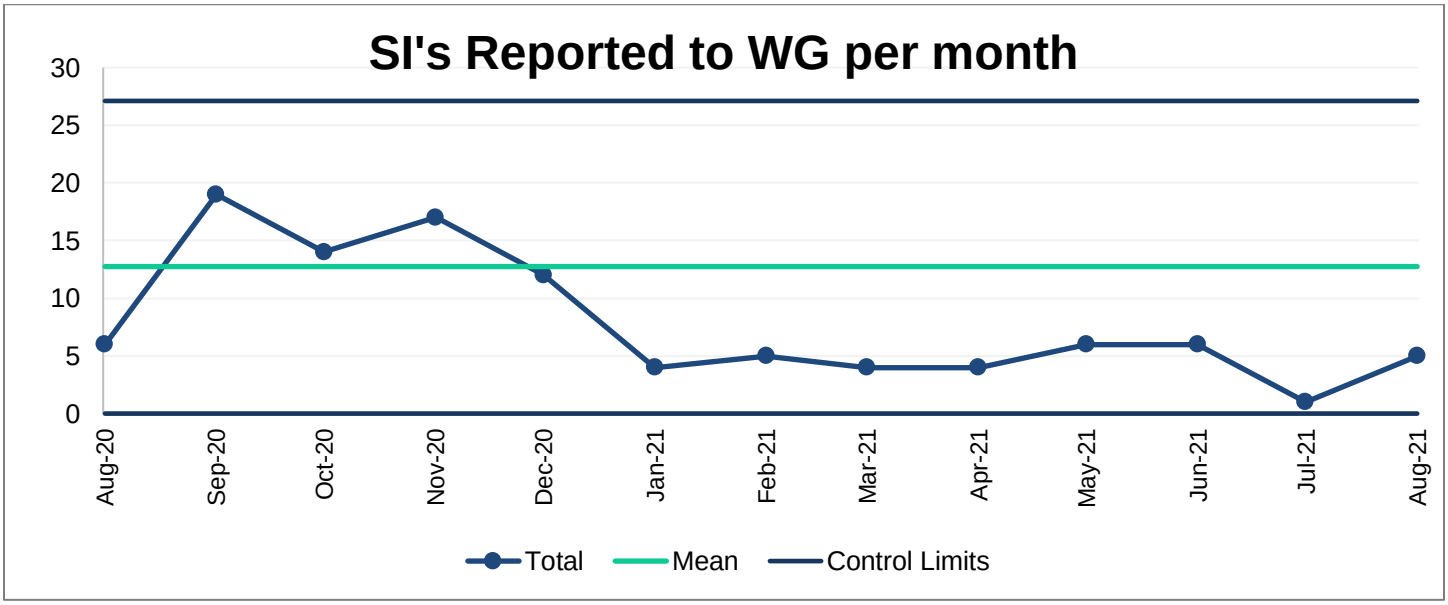
- **74 relate to 2020/21**

During August 2021, 5 serious incidents were reported to Welsh Government, this compares to 6 reported during August 2020, see breakdown of type of incidents below;





Serious incidents reported on a monthly basis are set out in the graph below by month. During the month of August 2021 the Health Board reported 5 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 form 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.

4.8 Never Events

The last Never Event was reported to Welsh Government on the 18th June 2021 (Retained Guidewire). 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. A Newsletter setting out the learning and actions taken will be issued in Q3 of 2020/21.

Actions

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

Never Events during 2020/21

During the year three incidents occurred which were a 'Never Event.' They are incidents that all NHS organisations should have robust systems and processes in place to prevent them occurring.

The last Never Event was reported to Welsh Government on the 18th June 2021 (Retained Guidewire).

Learning from Closed NE's

Lessons Learnt;

- Official swab counts to be conducted whenever swabs are used, whether for procedures or examinations
- Only Raytec swabs to be used
- Documentation to be fully and accurately completed by staff
- The Midwifery Led Unit is classed as a low risk unit but they must also follow all the guidelines and procedures that adhere to the Labour & post-natal wards
- Policies and procedures are put in place for a good reason and should be followed by all staff in all areas
- Patients to be transferred to the Labour ward if medical input is required.
- MLU to work to the same standards as the Labour ward and post-natal ward. Swab counts fully completed for all swabs used, documented in patient notes and counter signed by two members of staff.
- Both midwifery staff and medical staff to ensure that documentation is fully completed before the end of their shifts
- All staff to count swabs before and after the examination/procedure

Recommendations;

- All non raytec swabs to be removed from the Midwifery Led Unit or placed in a clearly marked area so that they are not used for examinations/procedures
- All staff to be reminded about the importance or official swab/instrument counts whenever swabs/packs are used
- Senior staff to complete six monthly audits on patient records where swabs/packs are used to check for compliance with official swab/instrument counts and record keeping
- Learning of incident is disseminated to all midwives to raise awareness about the risk of retained foreign objects
- Safety brief to be issued to the relevant areas – (Appendix 3)
- All staff to be reminded about the protocol of transferring patients that require medical review.
- The Guidelines for management & repair of perineal trauma to clearly include that swabs used for examination purposes also apply to the official swab count protocol and to be noted in patient records with a clear swab count noted and countersigned.
- All staff to be made aware of the importance of recording keeping and noting of any swabs/packs used on patients for any reason.
- Audits to be completed to ensure staff compliance with record keeping for swab use
- All maternity staff to be reminded that all areas must adhere to the same policy and procedures with official swab counts
- A dedicated container to be used so that the swabs can be separated during counting, and the swabs are not to be removed until all counts are reconciled.
- The guidelines for perineal repair & trauma to include the need for swab counts for examinations as well as procedures.
- Only raytec swabs that are detectable on radiography and have safety features, such as tails or tags to be used for any examinations/procedures
- Any non- raytec swabs to be removed from the MLU or placed in a separate area and clearly marked as non-raytec swabs.
- Audit/stock take the type of swabs on the MLU.
- All staff to be made aware that swabs used to procedures/examinations are to be raytec only swabs.

Lessons Learnt;

- The importance of ensuring correct Anaesthetic staffing levels within the Burns Unit.

- The importance of maintaining communication with the main Anaesthetic and critical care service when experiencing staffing deficits.
- The importance of ensuring correct Anaesthetic staffing levels within the Burns Unit.
  The importance of maintaining communication with the main Anaesthetic and critical care service when experiencing staffing deficits.
- The importance of using of arterial line sets with longer guidewire lines. The use of a longer line would protrude from the cannula therefore it would be impossible to connect to the arterial line set until the guidewire was removed
- All lines should be reported on radiology films

Recommendations;

- Closer working relationship needs to be developed between Anaesthetic and Critical Care Services to create appropriate increased Health Board capacity options to provide adequate cover for Burns Unit.
- Closer working relationship needs to be developed between Anaesthetic and Critical Care Services to create appropriate increased Health Board capacity options to provide adequate cover for Burns Unit.
- Procurement team to identify a companies who can supply arterial line sets with longer guidewires. This would constitute a forcing function which would be regarded as the most effective way of preventing retention of guidewires.
- The reporting of all lines on radiology films has been reiterated to the reporting Radiologist.
- The Never Event incident to be discussed at future Radiology Education meetings and staff to be requested to report all lines on radiology films.

5. Risk Management

Risk Management Governance Arrangements

- The Management Board last considered the Health Board Risk Register (HBRR) on 21st July 2021, after which, following further adjustment, it was received by the Board on 29th July.
- The Risk Management Group (RMG) received it in August 2021 and reviewed the entries for the top five health board risks scored 25. A summary of comments was reported as part of the RMG Highlight Report to the following Management Board meeting on 1st September.
- The RMG also received the operational risk registers of the Morriston and Mental Health & Learning Disabilities Groups. Overviews of processes in place to manage risks within the service groups were delivered by leads. Leads were asked to ensure that staff within their service groups responsible for managing risk were aware of the escalation processes within service groups.

- The RMG and Management Board have received a status update on risks escalated by service groups and corporate directorates, recording the actions taken following Risk Scrutiny Panel review.

Meetings with Executive Directors and Service Directors

- The Director of Nursing & Patient Experience, supported by the Director of Corporate Governance, has met individually with each of the Executive Directors and most Service Group Directors (the last to be covered will be Morriston).

Health Board Risk Register

- A summary of risks recorded within the HBRR last received by the Management Board in July reported to QSGG at its last meeting in August. It contains 38 risks, of which 20 have risk scores at, or above, the health board's current appetite of 20. Actions are in hand to revise and update the register for next receipt by Management Board. In the meantime, the risks scored at 20 or above (ie at or above the health board's current risk appetite) are presented below:

Risk Reference	Description of risk identified	Current Score	Scrutiny Committee
Strategic Objective: Best Value Outcomes from High Quality Care			
4 (739)	**Infection Control** Failure to achieve infection control targets set by Welsh Government could impact on patient and family experience of care.	20	Quality and Safety Committee
16 (840)	**Access to Planned Care** Failure to achieve compliance with waiting times, there is a risk that patients may come to harm. Also, financial risk not achieving targets.	25	Performance and Finance Committee
50 (1761)	**Access to Cancer Services** Failure to sustain services as currently configured to meet cancer targets could impact on patient and family experience of care.	25	Performance and Finance Committee
63 (1605)	**Screening for Fetal Growth Assessment in line with Gap-Grow** Due to the scanning capacity there are significant challenges in achieving this standard.	20	Quality and Safety Committee
64 (2159)	**Health and Safety Infrastructure** Insufficient resource and capacity of the health, safety and fire function to maintain legislative and regulatory compliance.	25	Health and Safety Committee
66 (1834)	**Access to Cancer Services** Delays in access to SACT treatment in Chemotherapy Day Unit	25	Quality and Safety Committee
67 (89)	**Risk target breaches – Radiotherapy** Clinical risk – Target breeches of radical radiotherapy treatment	25	Quality and Safety Committee
69 (1418)	**Safeguarding** Adolescents being admitted to adult MH wards	20	Quality and Safety Committee
73 (2450)	**Finance** There is a potential for a residual cost base increase post COVID-19 as a result of changes to service delivery models and ways of working.	20	Performance and Finance Committee

Risk Reference	Description of risk identified	Current Score	Scrutiny Committee
74 (2595)	**Induction of Labour (IOL)** Delay in IOL or augmentation of Labour	20	Quality and Safety Committee
75 (2522)	**Whole Service Closure** Risk that services or facilities may not be able to function if there is a major incident or a rising tide that renders current service models unable to operate.	20	Performance and Finance Committee
80 (1832)	**Inability to Transfer Patients** Avoidable harm as a result of inability to transfer patients out of Morriston Hospital including medically fit patients.	20	Quality and Safety Committee
Strategic Objective: Excellent Staff			
3 (843)	**Workforce Recruitment** Failure to recruit medical & dental staff	20	Workforce and OD Committee
51 (1759)	**Nurse Staffing (Wales) Act** Risk of Non Compliance with the Nurse Staffing (Wales) Act	20	Workforce and OD Committee
77 (2569)	**Workforce Resilience** Culmination of the pressure and impact on staff wellbeing - both physical and mental relating to Covid Pandemic. (From Covid-19 Register)	20	Workforce and OD Committee
Strategic Objective: Digitally Enabled Care			
60 (2003)	**Cyber Security – High level risk** The level of cyber security incidents is at an unprecedented level and health is a known target.	20	Audit Committee
65 (329)	**CTG Monitoring on Labour Wards** Risk associated with misinterpreting abnormal CTG readings in delivery rooms.	20	Quality and Safety Committee
70 (2245)	**National Data Centre Outages** The failure of national systems causes severe disruption across NHS Wales, affecting Primary and secondary care services.	20	Audit Committee
Strategic Objective: Partnerships for Improving Health and Wellbeing			
58 (146)	**Ophthalmology - Excellent Patient Outcomes** There is a failure to provide adequate clinic capacity to support follow-up patients within the Ophthalmology specialty.	20	Quality and Safety Committee
68 (2299)	**Pandemic Framework** Risk of declared pandemic due to Coronavirus Infectious Disease outbreak 2020.	20	Quality and Safety Committee

Covid-19 Risk Register

- The Covid-19 Gold Command risk register continues to be updated. Risks associated with the longer term risk of Covid-19 recovery have been reviewed, and where appropriate transferred for inclusion in the overall Health Board Risk Register. The Covid-19 risk register is not reported to Board currently as operational risks remaining are below the Board's appetite of 20.
- While this is the case a new risk assessed with score of 16 and relating to the ongoing provision of *Track, Trace & Protect* has been added for management and monitoring at Gold Command.

Risk Training

- Additional training provision has commenced for senior teams within service groups and almost completed for Singleton / NPT. Arrangements will be made for rollout of training within other service groups shortly. Similar training was provided to RMG members in August.

A further update, including changes to the overall risk profile and a summary of key risks and actions will be presented to QSGG following the next register review by the Management Board.

6. Once for Wales Update

Following a period of extensive testing and alignment, the OFW Team handed over the current iteration of the OfWCMS Datix Cymru system for our organisation to the Local System Leads on 7 May 2021.

OFW have identified a member of the Datix Cymru Team to act as a primary contact point for the handover process.

Handovers meetings have been held and the Datix Cymru team have produced a QA report which outlines the information needed by the organisation.

An ActionPoint system has been established for queries to be escalated to the Central Team

Background

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 and the Once for Wales Concerns Management System (OfWCMS) will introduce a new cloud-based system. The key features of the all Wales RLDatix system 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.

Implementation of the new Once for Wales Datix system, Datix Cymru, is overseen by the SBUHB O4W Implementation Group/Datix User Group which meets monthly and comprises of representatives from across SBUHB.

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

Module	SBUHB Position
Incidents	Go Live date to be confirmed following a gap analysis between the 2 systems
Feedback (Complaints)	Go Live date: 1 July 2021
Feedback (PALS/Compliments)	Go Live date: 1 July 2021
Claims	Go Live date: 1 July 2021
Redress	Go Live date: 1 July 2021
Mortality	Access to the Module has been provided to Mortality team for testing – 7.7.21
Safeguarding	Awaiting formal confirmation from the National O4W team.
Inquests	Go Live date: 1 July 2021

The Datix team continue to work to complete tasks to support Phase 1/roll out of the implementation of the new RLD Datix cloud system

Update as follows:

- Datix Cymru has gone live with the Feedback, Claims & Redress Modules.
- The Datix team continue to liaise with the Units to assist with any queries.
- Training in the Cloud – The training videos in the Sandpit system are available. Staff have been made aware of where to locate them and drop-in sessions are also held twice weekly to assist users with any questions they may have.

7.Healthcare Inspectorate Wales

Status of Action Plans from 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
April 2018	Dunes Dental Care	25.3.21 - All actions completed (AP due for sign off)
August 2018	Staffing Issues at Cefn Coed Hospital	28.8.2018 – investigated & response sent
June 2019	National Review of Maternity Services	The action plan was submitted to HIW on 19 March 2021, following approval by the Executive Nurse. Continuing to work towards completing the outstanding actions.
July 2019	Cwmafan Health Centre	7.10.2020 - Two actions outstanding, required by estates. This is included on the HB's Risk Register and actions have been taken to mitigate risk, was reduced due to reduced footfall.
August 2019	Cefn Coed Hospital	All actions completed except: 1. The closure of the smoking room on Fendrod Ward. Delayed due to Covid-19 Pandemic. Update: Smoking cessation scheme is underway and the removal of the internal ward smoking room is an integral part

Date of Inspection	Inspection	Action Plan Update
		of this initiative. External smoking shelter and ciglow (igniters) have been installed. Will continue with planned decommissioning – Delayed due to Covid 19 2. The health board must consider what improvements can be made to improve the clinic rooms on both wards Update: Both wards will have new stable-doors fitted - Fitting by external contractor delayed due to Covid19
October 2019	NPTH Birth Centre	24.3.21 – Updated action plan received Outstanding Action: If curtains to be removed, alternative solution to hide medical gases to be sourced. 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 completion April 2021 - Work was stalled due to covid so this action will be completed once a suitable supplier /product has been sourced.
January 2020	Morriston Hospital Paediatric Services	24.3.21 – Updated Action Plan received.
January 2020	Morriston Hospital ED/AMAU	No Update –Complex and detailed action plan which the DoN is sighted on.
September 2020	Gorseinon Hospital	24.3.21 – One Action Due by July 2021 Confirm plans to train senior staff as clinical supervisors and restart the programme last done in 2018 Update: The matron has undertaken supervision with all the clinical staff apart from 2 x band 5s who will be scheduled in for supervision in the coming weeks. The acting band 7 is undertaking a Clinical supervision course so will be able to support the matron in a more sustainable way moving forward
September 2020	Morriston Orthopaedic Surgery (Ward B)	Improvement Plan accepted by HIW
September 2020	Morriston Cardiac Ward	Update 24.3.21 No Improvements required following HIW visit – 2 suggestions made • The health board is advised to consider how it can further support and maintain these staffing arrangements, particularly as the pandemic progresses. 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. • 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.

Date of Inspection	Inspection	Action Plan Update
		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
November 2020	Singleton Hospital (Oncology)	Update 24.3.21 – With the exception of the falls review being presented to the Cancer Falls panel which will be completed at next panel, this improvement plan is complete. Action - Cancer Services will commence a monthly MDT falls scrutiny panel from March 2021 to identify reasons for falls and ensure early learning is shared and integrated into practice in order to prevent and reduce harm.
March 2021	Morriston ED	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 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) 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.
April 2021	Bryn Afon (Ferndale)	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

Date of Inspection	Inspection	Action Plan Update
		others within the unit, can be fully realised (update due end June 21) The final, updated improvement plan was returned to HIW on 12.7.21 12.7.21 - Updated IP.docx
April 2021	WAST	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 Morriston 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 is due for return to HIW by **25 September 2021**.
April 2021	Joint Inspectorate review of Child Protection Arrangements (JICPA)	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, South Wales Police. It was undertaken in May & June 2021. 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. We are informed that a final letter, reflecting any changes following the receipt of comments from organisations inspected, will be issued by the end of week ending 17.9.2021. In the meantime, the letter indicates 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 has been amended and will be 4 weeks following the date of the final letter when received. NPT Local Authority

Date of Inspection	Inspection	Action Plan Update
		are liaising within the Head of Nursing (Safeguarding) in respect of action planning. The health board element of the response is currently being drafted.
May 2021	Llwyneryr Unit	HIW completed a Tier 1 Quality Check on 19 May 2021. The report was received 15.6.2021. One improvement was identified: • The health board must provide HIW with updates in relation to the discharge progress of patients who have been admitted for lengths of stay beyond the purpose of an assessment and treatment unit. An action plan was drafted setting out a number of actions to address the above. This was submitted on 17.06.2021 and accepted by HIW . A summary update of progress against actions and the position in respect of delayed transfers of care was provided to HIW on 19.8.21. (One patient indicated awaiting decision; two others discharged.)
June 2021	Princess Street Surgery Gorseinon	Inspection was carried out on 16 June 2021. The report & action plan were published on 08 August 2021. There were 6 improvements identified: 1. The Practice Manager should ensure that a procedure for home visits is developed along with formal risk assessment. 2. The Practice Manager should ensure that all staff receive a detailed COVID-19 risk assessment, which should be retained on staff files to evidence that these have been completed and reviewed as necessary. 3. The Practice Manager should ensure that formal team meetings are reinstated. 4. The Practice Manager should ensure that all policies and procedures contain a review date and are version controlled. The Practice Manager should also ensure they have a system in place to demonstrate that all staff have read and understood the policies and procedures. 5. The Practice Manager should ensure that formal SEA meetings are now reinstated with immediate effect. 6. The Practice Manager must provide HIW with a copy of the updated mandatory training plan and, within three months of this quality check, provide HIW with a further update in relation to mandatory training completion rates.

Date of Inspection	Inspection	Action Plan Update
June 2021	Morriston Acute Medical Assessment Unit	Inspection carried out on 8 June 2021 The report was received on 1.7.21 - identified for improvement: ○ 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 heath 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. 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.  Approved IMP Plan AMAU. 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.
June 2021	Victoria Gardens (GP) - Neath	Inspection carried out 24.6.21 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

Date of Inspection	Inspection	Action Plan Update
		the actions we have or are taking, to address this and ensure patient safety is protected. Improvements required: • 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 The Improvement Plan was returned to HIW on 2 July 2021.  Imp Plan.docx
June/July 2021	National Review of Mental Health Crisis Prevention in the Community	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: • A professional survey, for staff providing services to share their experiences with us anonymously • Interviews with senior health board staff and service representatives. The Named Contact for Swansea Bay UHB is the Divisional General Manager for Mental Health. **Feedback from HIW is awaited.**
June 2021	Morriston Childrens' Emergency Unit	HIW inspection carried out on 29.6.21 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. 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. 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. 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

Date of Inspection	Inspection	Action Plan Update
		actin on the Immediate Improvement Plan and the routine Improvement Plan.  CEU ImmedImpPlan 20210721  CEU Imp Plan 20210820

HIW Inspections

Upcoming HIW (and joint) inspections/reviews are noted below:

Setting	Type	Confirmation & Information Request	Review Period
HMP Swansea	Prison	11 August 2021	August – October 2021
Radiotherapy Centre – Singleton Hospital	Hospital Onsite IR(ME)R inspection	2 August 2021	28 & 29 September 2021

HIW Inspection – Victoria Gardens GP Surgery, Neath, on 24 June 2021

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 required an update on the actions we have or are taking, to address this, and to ensure patient safety is protected. The improvement plan was returned to HIW on 2 July 2021.

Improvements required:

- 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

The Improvement Plan was returned to HIW on 2 July 2021. Assurance was provided as follows:

- The surgery has implemented a cleaning schedule/log which the cleaner completes every evening

- Hand washing audit completed. Infection control nurse asked to carry out an impromptu audit monthly and visual checks on the staff. Six monthly official audits will also be undertaken. Hand washing signage is also being displayed in all WC's.

- Online e-learning in Infection Control Level 1 has commenced. Four members of staff have completed it, and it is envisaged to be completed by all staff within 8 weeks,

- Training has been completed on all staff on PPE.

The final report has now been published.

WAST Review of patient experience whilst waiting in ambulances during delayed handover – Between 1 April 2020 and 31 March 2021

The focus of the review was to consider the impact of ambulance waits outside Emergency Departments (ED) on patient safety, privacy, dignity and their overall experience

The following positive evidence was received:

- Patients were generally positive about their experiences and provided good feedback about ambulance crews, particularly in relation to their kindness, overall communication and management of distressing situations.

- Patients reported that they were treated with dignity and respect by ambulance crews, and felt safe and cared for. Patients also indicated that they were satisfied with the care and treatment from ED staff.

- Overall, our findings indicate that the severe impact of the pandemic did not negatively affect the experience of patients who used emergency ambulances services across Wales, and that on the whole patients were satisfied with the care provided.

Recommendations were identified as follows:

- Health boards, and Welsh Government should consider what further actions are required to make improvements regarding the patient flow issues impacting on delayed patient handover. This may include consideration of whether a different approach is required by WAST, health boards, and social care services within Wales, to that taken to date in tackling this system-wide problem

- WAST should engage with health board representatives to ensure there is improvement in practice between ambulance crew and emergency department staff to ensure the dual pin process is consistently followed, and ensure Welsh Government reporting data is accurate.

- Health boards should consider the benefits of the introduction of specific roles within their EDs that have the aim of improving process of the handover of patients from ambulances.

- Health boards must ensure that appropriate representation is present at WAST Serious Clinical Incident Forum meetings, to aid with the timely management of concerns and service improvement.

- If and where local standard operating procedures are absolutely necessary, WAST and health boards must together ensure that ambulance crew are familiar with the handover policy for that ED.

- WAST and health boards need to ensure that when delays occur, patients and their relatives or carers should be kept fully informed of the reasons and the progress being made in resolving them.

- WAST and health boards across Wales should ensure patient feedback is obtained regularly to understand their experiences of long waits on board an ambulance, in order to inform improvement.

- WAST and all health boards across Wales must work together to identify a consistent approach in providing timely investigations and treatment for patients on board ambulances, to enable ambulance crews to be released quickly.

- Both WAST and health boards must ensure that ambulance crew and ED staff work collaboratively to ensure patient privacy and dignity is maintained, and patients are always provided with the opportunity to use private toilet facilities where appropriate, in a dignified manner whilst waiting on board an ambulance during delayed handovers.

- During prolonged handover delays, WAST and health boards must work collaboratively and consistently, to minimise the risk of skin tissue damage for patients.

- WAST should work with health boards to ensure that patients nutritional and hydration needs are consistently met whilst waiting in the back of an ambulance due to delayed handovers.

- WAST should consider how ambulance crew and patients can be supported to achieve and maintain high standards of hygiene and IPC, in particular during periods of delayed handovers for patients on board an ambulance.

- WAST and health boards must ensure there is absolute clarity, consistency and understanding between both ambulance crew and ED staff, as to where the responsibility and accountability lies for patient care on board an ambulance following triage, until transferred into the ED.

- WAST and health boards must review and continuously monitor their staff establishments, in order to ensure appropriate levels of staff are maintained at all times.

- WAST should consider how initiatives already introduced can be made consistently available to all ambulance crew across Wales. In addition, consideration should be given to how the welfare and support available to ambulance crews can be further improved.

- WAST must ensure that the support for staff mental well-being is consistent across Wales, and that staff are routinely referred when appropriate and aware of how to access support if required.

- WAST should ensure that appropriate training is provided to ambulance crew in providing care to patients on board an ambulance, during prolonged periods of handover delays.

- WAST must ensure all relevant staff are fully aware of the escalation process in place should a patient’s health deteriorate, in order to minimise risks to patient safety.

- WAST must provide HIW with evidence of its assessment of the effectiveness of the escalation process.

- WAST must do more to ensure that its staff feel able to, and are confident in raising concerns. It must also ensure that robust processes are in place to share the learning with staff following incident investigations, in order to improve quality and safety of patient care.

A joint management response action plan is due for return to HIW by 25 September 2021.

Local review of governance arrangements at Swansea Bay UHB for the provision of healthcare services to HMP Swansea

In August 2017 HIW assisted Her Majesty's Inspectorate of Prisons (HMIP) during its inspection of HMP Swansea. Significant concerns were identified during this inspection in relation to some clinical practices and the health board's overall governance arrangements. A further HMIP inspection took place on 25 August and 2/3 September 2020, with HIW present again. The findings of this inspection again identified a series of concerns, some of which were reflective of those identified in August 2017.

Both inspection reports highlighted concerns around the effectiveness of SBUHB's quality governance arrangements in relation to the provision of healthcare services to HMP Swansea. As a consequence of these concerns, in line with its escalation process, HIW formally met with SBUHB in December 2020 to seek assurances over actions taken in response to the issues found during the HMIP inspection. In response, the health board developed its own improvement plan to address the concerns which was shared with HIW. HIW has decided to undertake a review of the effectiveness of SBUHB's quality governance arrangements for the provision and oversight of health care services in HMP Swansea. The review is to assess the actions taken by the health board to address the issues highlighted by previous HMIP inspections, and how effective the health board's quality governance arrangements are regarding prison healthcare.

The table below includes estimated project timescales for the review:

Activity	Timescales
Fieldwork planning and document review	July/August 2021
Fieldwork	August/October 2021
Report Publication	January 2022

The initial evidence request was returned to HIW on 26 August 2021.

Onsite IR(ME)R – Radiotherapy Centre – Singleton Hospital

HIW will be conducting the above Onsite IR(ME) R Compliance Inspection on 28 & 29 September 2021.

The inspection will focus on the following areas:

- Quality of patient experience
- Delivery of safe and effective care, with an emphasis on compliance with IR(ME)R legislation
- Quality of management and leadership.

The self-assessment information has been returned to HIW by its target date of 3 September. The Health Board contact is the Radiotherapy Services Manager.

Two surveys are available:

The first is for patients who have received treatment/procedures within the department. This patient survey will be accessible via a QR code displayed on a poster (provided). HIW request this is displayed in a prominent area of the department and that patients visiting the department are informed of the available survey. The survey will also be publicised via HIW social media outlets. The survey will remain open until 9am on 1 October 2021.

The second survey will be available for staff who work within the department to complete.

Joint Inspection of Child Protection Arrangements (JICPA): Neath Port Talbot County Borough Council, Swansea Bay University Health Board, Wales National Probation Service, South Wales Police - June 2021

An update on this joint inspection has been provided in the table above.

Maternity Services National Review

On 25 August 2021, HIW advised that, following careful consideration, HIW 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 of maternity care that were outside the original scope of the national review, HIW will seek assurances through their follow up work.

The most recent action plan was sent to HIW on 19 March 2021.

8. SERVICE GROUP REPORTS

Mental Health & Learning Disabilities Services Group

1st August - 31st August 2021

Mental Health & Learning Disabilities SG received 13 concerns, all of which were Formal PTR

Top Complaint Trends

- Clinical Treatment (3)

There were no other obvious themes

- No Never Events
- No Clinical Negligence claims

- 1 Personal Injury claim

Incidents:

340 incidents were reported with the 3 top themes being:

- Inappropriate/Aggressive Behaviour towards staff by patient – (63)
- Inappropriate/Aggressive Behaviour by patient towards an object – (48)
- Inappropriate/Aggressive Behaviour by patient by patient – (31)

No Serious Incidents were reported during August

Service User Bespoke Survey – August 2021

There are no All Wales surveys completed for Mental Health and Learning Disabilities

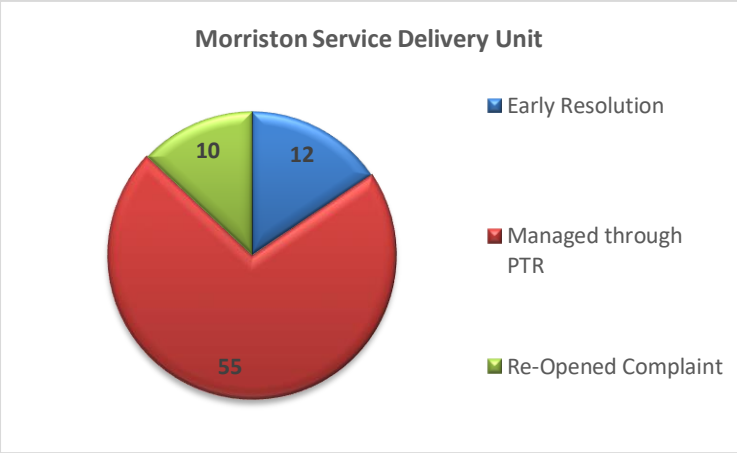
Here is some positive feedback we received from the Service User/Carer -Semi Structured Interview Survey (MH & LD survey) in August.

- Staff were brilliant and so understanding. Dignity at its best. They took time out to talk to me.
- All who arrived were great to my Grandfather, I wish I could remember their names but they were all great.
- They didn't listen to me, and didn't believe me when I told them I had a nightmare. They said I was asleep all night, but I wasn't asleep, I was hiding under the blankets.
- They listened when we asked them to call my mother by her surname, because she finds anything else over familiar.

Morriston Hospital Service Group

1st August - 31st August 2021

Morriston Hospital SG received 77 concerns.



Top Complaint Trends

- Communication (19)
- Clinical Treatment (17)
- Admissions (13)

- 0 New Never Events

- 5 Clinical Negligence Claims
- 1 Personal Injury Claim

Incidents:

851 incidents were reported with the 3 top themes being:

- Access & Admission – (140)
- Moisture Lesion – (132)
- Suspected Slips/Trips/Falls (unwitnessed) – (60)

No Serious Incidents were reported during August

Friends & Family Results – August 2021

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

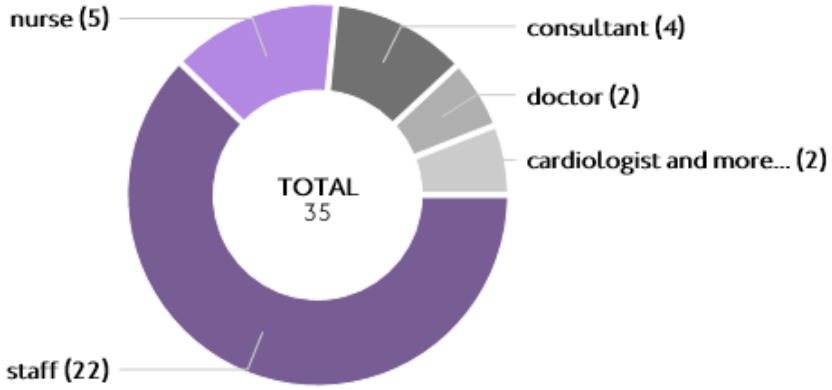
Morriston All Wales Report - August21.x

Service Group	Responses	1 - Overall experience
		Patient / Service User Experience Survey,Patient Experience Survey - Audiology,Patient Experience Survey - Endoscopy,Patient Experience Survey - Maternity,Patient Experience Survey - Ophthalmology,Patient Experience Survey - Paediatric Audiology
Morriston Group	631	96
	Overall	96
	Benchmarks	85

Top themes - Morriston

Top keywords mentioned for ‘professional and competent’

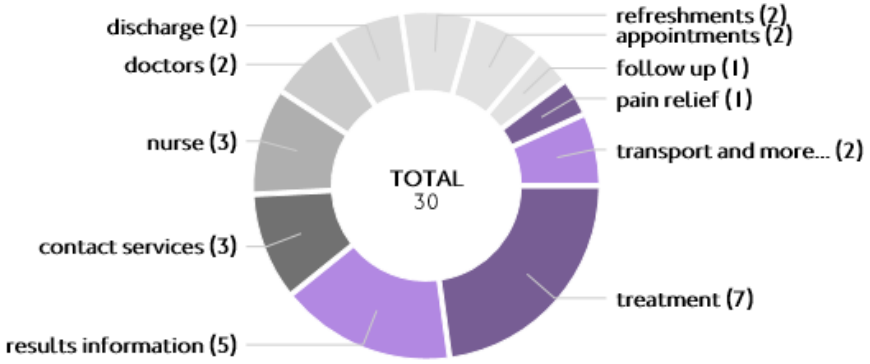
Professions that received feedback



Waiting

Top keywords mentioned for ‘waiting’

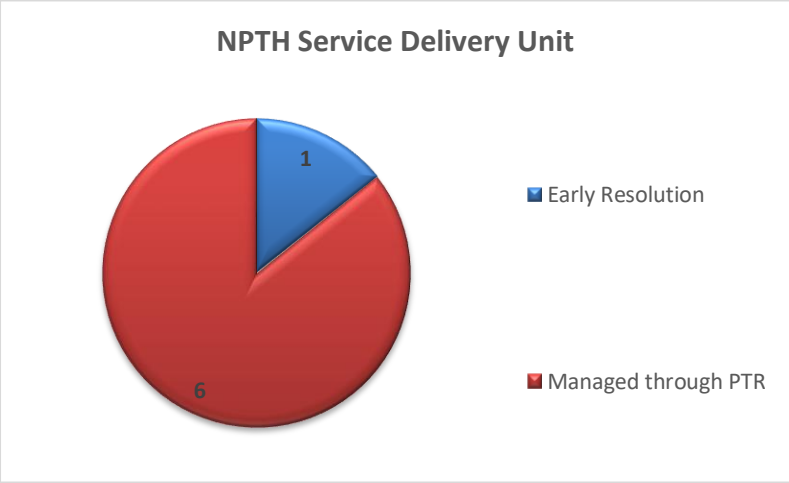
Professions that received feedback



Neath Port Talbot Hospital Service Group

1st August - 31st August 2021

Neath Port Talbot SG received 7 concerns.



Top Complaint Trends

- Appointments (3)

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

Incidents:

80 incidents were reported with the top themes being:

- Suspected Slips/Trips/Falls (un-witnessed) – (27)
- Inappropriate behaviour towards staff by a patient – (7)
- Suspected Slips/Trips/Falls (witnessed) – (5)

No Serious Incidents were reported during August

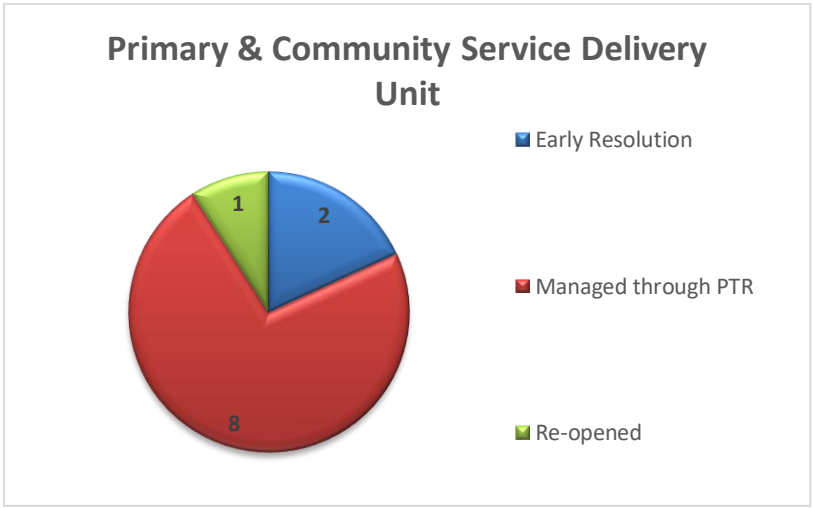
Friends & Family Results – August 2021

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

Primary & Community Service Group

1st August - 31st August 2021

Primary & Community SG received 11 concerns.



Top Complaint Trends

- Communication (4)

- No Personal Injury claims
- No Never Events

- 4 Clinical Negligence Claims

Incidents:
304 incidents were reported with the 3 top themes being:

- Pressure Ulcer – developed prior to admission (103)
- Moisture Lesion- (65)
- Injury of unknown origin – (31)

One Serious Incident was reported during August relating to Diagnostic processes

Friends & Family Results – August 2021

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

Primary, Community and Therapies All W

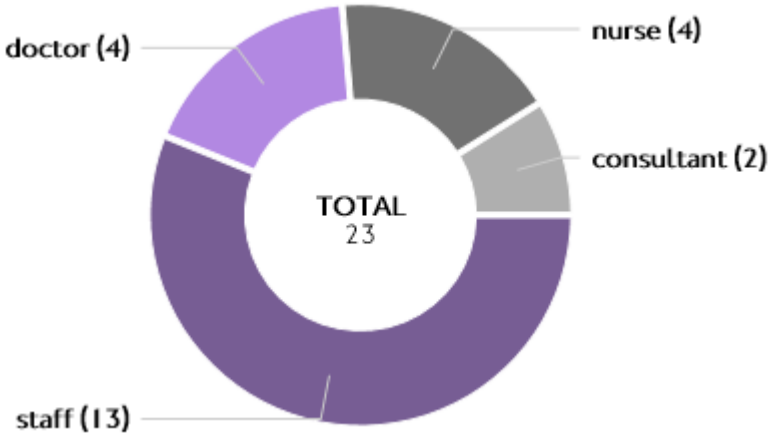
Service Group	Responses	1 - Overall experience
		Patient / Service User Experience Survey,Patient Experience Survey - Audiology,Patient Experience Survey - Endoscopy,Patient Experience Survey - Maternity,Patient Experience Survey - Ophthalmology,Patient Experience Survey - Paediatric Audiology
Primary Community Therapies Group	68	95
	Overall	95
	Benchmarks	85

Top themes – Primary, Community & Therapies

Friendliness

Top keywords mentioned for ‘friendliness’

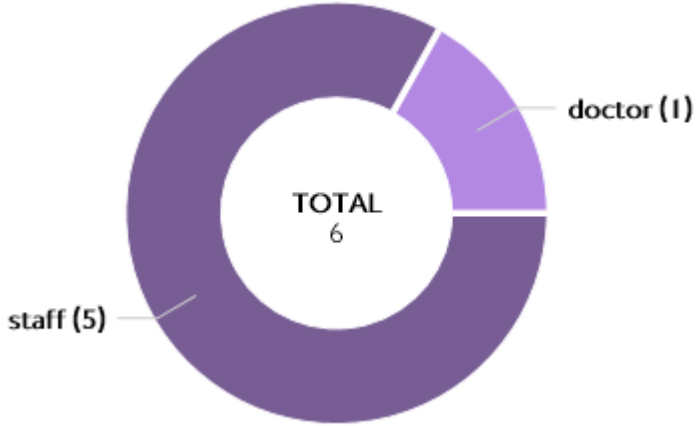
Professions that received feedback



Professional and competent

Top keywords mentioned for ‘professional and competent’

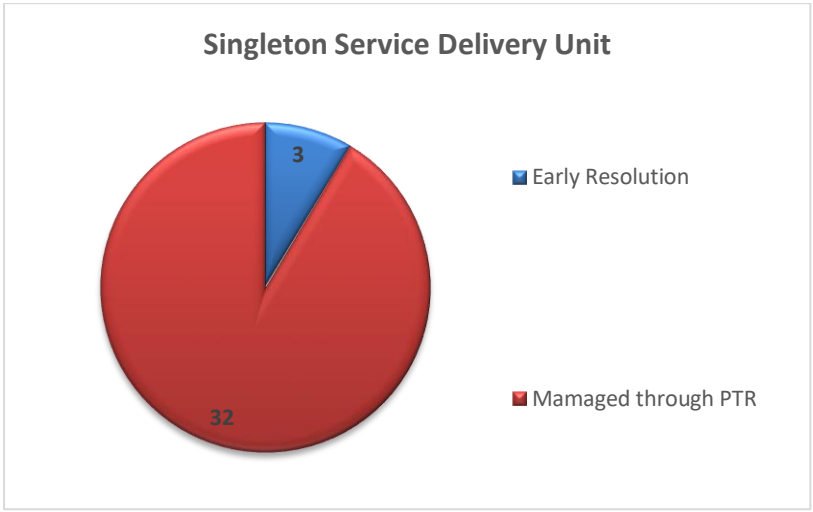
Professions that received feedback



Singleton Hospital Service Group

1st August - 31st August 2021

Singleton Hospital SG received 35 concerns.



Top Complaint Trends

- Communication (8)
- Appointments (7)
- Clinical Treatment (6)

- 0 Never Events

- 7 Clinical Negligence claims
- 1 Personal Injury Claim

Incidents

496 incidents were reported with the 3 top themes being:

- Maternity Triggers – (52)
- Human Resource Availability (39)
- Suspected Slips, Trips, Falls (unwitnessed) – 31

Four Serious Incidents were reported during August, 3 patient falls and 1 Medication incident

Friends & Family Results – August 2021

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

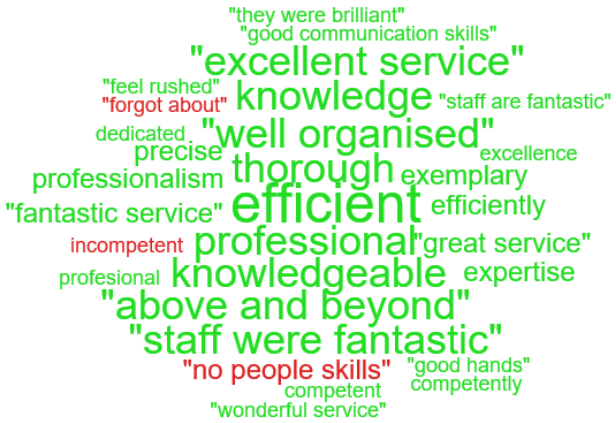
NPT & Singleton All Wales Report - Augı

Service Group	Responses	3 - Overall experience
		Patient / Service User Experience Survey,Patient Experience Survey - Audiology,Patient Experience Survey - Endoscopy,Patient Experience Survey - Maternity,Patient Experience Survey - Ophthalmology,Patient Experience Survey - Paediatric Audiology
NPT & Singleton Group	960	95
	Overall	95
	Benchmarks	85

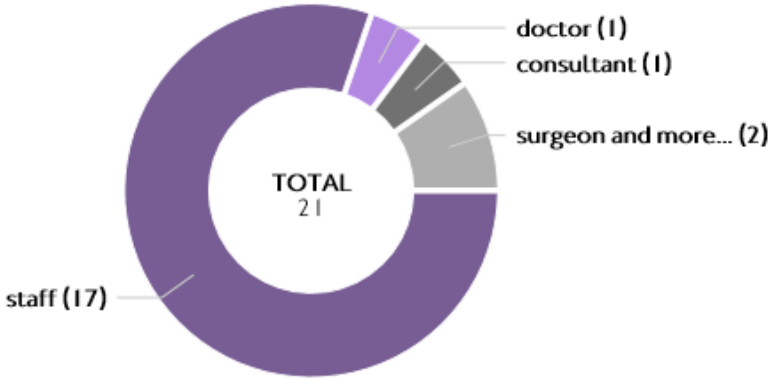
Top themes - Singleton & NPT

Professional and competent

Top keywords mentioned for ‘professional and competent’



Professions that received feedback



Friendliness

Top keywords mentioned for ‘friendliness’

Professions that received feedback