



Patient Experience Report

December 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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Patient Experience Summary and Overview

	Nov	Dec	
No. of Friends & Family surveys received	3,194	2,776	↓
Recommendation score	94%	93%	↓
New Bespoke Surveys	6	1	-

Successes	Priorities
<p>Breast reconstruction survey results have been shared with the wider team. Senior managers reviewing the next action steps.</p> <p>Meeting with prison service and agreement to collate and report the feedback from the prisons monthly.</p>	<p>Working with therapies to automate collection of patient feedback.</p> <p>Cleaning website ready for new SharePoint development.</p>
Opportunities	Risks & Threats
<p>Extending Civica training dates for 2022.</p> <p>Working on an All Wales digital story platform.</p> <p>Developing IG Digital story consent for All Wales.</p> <p>Building Patient Experience Training prospectus</p>	<p>Lack of feedback and care homes.</p> <p>Launching Interactive Voice recognition (IVR) to patients who do not have a mobile. The IVR will collect patient feedback but this has been delayed due to a system fault with Civica. We aim to progress this by the end of January.</p>

1. PATIENT EXPERIENCE UPDATE

Surveys via SMS started at the end of May 2021. Numbers have increased.

For the month of December there were 2,776 Friends and Family survey returns which resulted in 93% of people stating they would highly recommend the Health Board to Friends and Family. This is a 1% decrease from November 2021 where the recommendation score was 94% and returns were 3,194.

Morrison Service Group:

- 878 Number of friends and family surveys completed (1,131 in November)
- 94% of who rated their overall experience of the service as good or very good (93% in November)

Singleton & NPT Service Group:

- 1,580 Number of friends and family surveys completed (1,602 in November)

- 94% of who rated their overall experience of the service as good or very good (94% in November)

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

Singleton

- 1037 Number of friends and family surveys completed (969 in November)
- 93% of who rated their overall experience of the service as good or very good (93% in November)

Neath Port Talbot

- 411 Number of friends and family surveys completed (487 in November)
- 94% of who rated their overall experience of the service as good or very good (95% in November)

Morrison

- 132 Number of friends and family surveys completed (145 in November)
- 96% of who rated their overall experience of the service as good or very good (95% in November)

Primary Community & Therapies Service Group:

- 291 Number of friends and family surveys completed (360 in November)
- 90% of who rated their overall experience of the service as good or very good (94% in November)

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.

- 27 Number of friends and family surveys completed (94 in November)
- 85% of who rated their overall experience of the service as good or very good (95% in November)

Mental Health and Learning Disabilities Service Group

This data is from December 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.

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

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

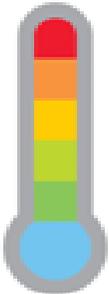
From the all the responses received the high response areas across the December reporting period (all with 100% positive feedback) included:

- Ambulatory Assessment Area – Morriston Hospital (10 responses)
- Haematology Day Unit – Singleton Hospital (8 responses)
- Breast Care Unit – Singleton Hospital (143 responses)
- Dan Danino Ward – Morriston Hospital (24 responses)
- Neurophysiology – Morriston Hospital (28 responses)
- Rheumatology – Singleton Hospital (25 responses)
- Outpatient - Red – Neath Port Talbot Hospital (18 responses)
- Pembroke Ward – Morriston Hospital (12 responses)
- Ty Olwen Inpatient – Morriston Hospital (32 responses)
- Cardiac Short Stay Unit (CSSU) – Morriston Hospital (6 responses)

Some positive feedback we received was:

- ❖ Very friendly helpful and understanding staff.
- ❖ Staff professionalism, care and good communication.
- ❖ Everyone was very helpful and efficient all staff were very polite and caring. Mr Bailey who I saw was so understanding of my condition and so easy to talk to.
- ❖ My telephone consultation was on time & went very well. The doctor was very understanding, listening & explained everything to me.

The 2 lowest scoring (Above 30%) areas for the reporting period (1st December to 31st December 2021) were:



- Antenatal Clinic – Singleton Hospital (30%) (33 responses)
- Phlebotomy – Neath Port Talbot Hospital (30%) (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.

1.1 Patient Experience Team

Christmas Thank you messages - staff bulletin was produced with a shot thank you film. The messages were from comments made by members of the public written in the F&F survey. Link: http://abm.cymru.nhs.uk/intranet/bulletin.php?bulletin_id=14495

1.2 Patient Advisory Liaison Service (PALS) Activity – December 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

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?											
Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
65%	90%	96%	97%	N/A	N/A	96%	95%	95%	95%	96%	96%
You were given help with feeding and drinking											
Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
50%	86%	83%	92%	N/A	N/A	83%	89%	91%	84%	90%	90%
Were you given the support you needed to help with any communication needs?											
Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
64%	89%	89%	94%	N/A	N/A	93%	93%	93%	92%	93%	94%
Were things explained to you in a way that you could understand?											
Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
76%	90%	92%	97%	N/A	N/A	93%	93%	93%	92%	94%	94%
Did you feel we did enough to keep you as free as possible from pain?											
Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
60%	80%	83%	93%	N/A	N/A	92%	92%	91%	91%	92%	92%
People are kind and compassionate to you?											
Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
67%	86%	87%	96%	N/A	N/A	94%	94%	94%	94%	95%	95%
People are welcoming, friendly and helpful?											
Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
67%	86%	87%	96%	N/A	N/A	94%	93%	93%	94%	95%	95%
Percentage of patients that ticked 'Never' to the following question:											
At any point in your stay did any of our actions make you feel unsafe?											
Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
70%	80%	84%	81%	N/A	N/A	95%	95%	94%	94%	95%	96%

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’ – December 2021 - Let’s Talk data delayed for December.



There was no comments captured on the Care Opinion for December 2021.

I Want Great Care - There was no I want great care feedback for December 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.

2. COMPLIMENTS

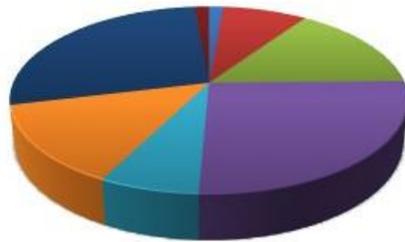
From 1 July 2021, all new compliments are recorded in the Datix Cymru system. Initially staff were required to log into the system to add compliments. This was changed by the OFW central team on 26 July 2021, and any staff could log a compliment (without having to log in). Subsequently, however, on 3 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	A comparison with 2020 is shown below	
July 2021	49	July 2020	91
Aug 2021	97	August 2020	52
Sept 2021	54	Sept 2020	70
October 2021	55	October 2020	77
November 2021	60	November 2020	51
December 2021	73	December 2020	74

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

2.2 Written Compliments – December 2021

Compliments by Service



Thanks for voice tuition, which has made noticeable improvements to the clarity and strength to the patient's everyday speech & given self-confidence
WOD (Nurse Bank)

"I just wanted to say a big thank you for the injection in the knee. After 3 years of being in pain I have no pain in my knee. It's the best injection I've had."
P&C Services (MCAS)

Thanks to the excellent staff in MIU who dealt with the patient so professionally and kindly, including the Nurse Practitioner, two HCSWs and the Radiographer. They all exemplified the requirements of the NMC Code to the letter. **Neath Port Talbot Hospital, Minor Injuries Unit**

Thanks to all the Covid Booking Team, and specifically to the gentleman who so patiently dealt with the service user's concern, and for his excellent advice and care.
Corporate Governance Team

*"Just wanted to take the opportunity to say how absolutely amazing all of the staff at Morriston hospital have been during my recent stay. All too often we hear people complaining about waiting times and poor service but I cannot fault the care I have received after falling and damaging my knee. Despite the huge stresses they are all under, the staff have, without exception, been professional, efficient and incredibly caring....before being handed over to ***** and his colleagues who operated that evening. I can only apologise that I cannot remember the names of all the other doctors, nurses, radiographers, radiologists, physiotherapists and auxiliary members of staff that looked after me. We are so lucky to have the NHS but it is so often taken for granted as well as being abused....Thank you!!"*
Morriston Hospital, General Surgery

Complaints Summary and Overview

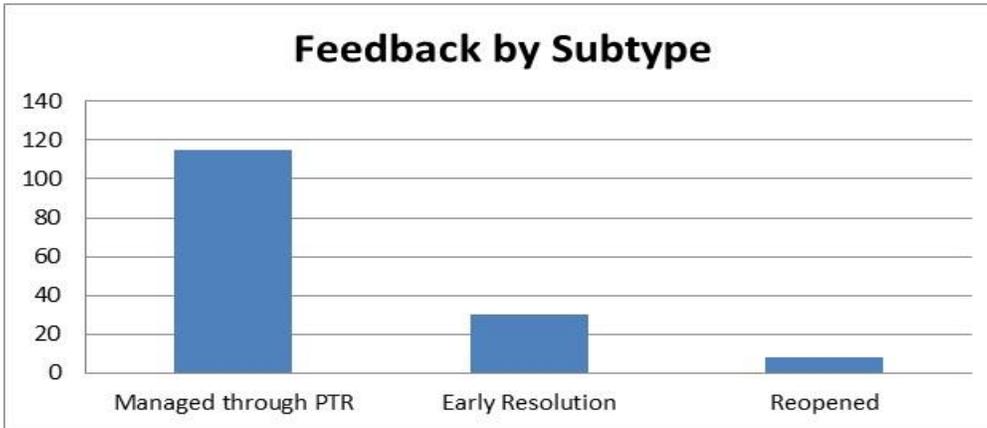
	Nov	Dec	
Total number of complaints received	198	153	↓
Complaints acknowledged within set timescale	100%	100%	=
Number of re-opened complaints	9	8	↓
	Sep	Oct	
Complaints responded to within agreed timescale - formal	76%	67%	↓

Successes	Priorities
<ul style="list-style-type: none"> • 100% formal complaints acknowledged within target. • Reduction in the total number of complaints received as well as re-opened complaints 	<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 commencing January 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. • 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.

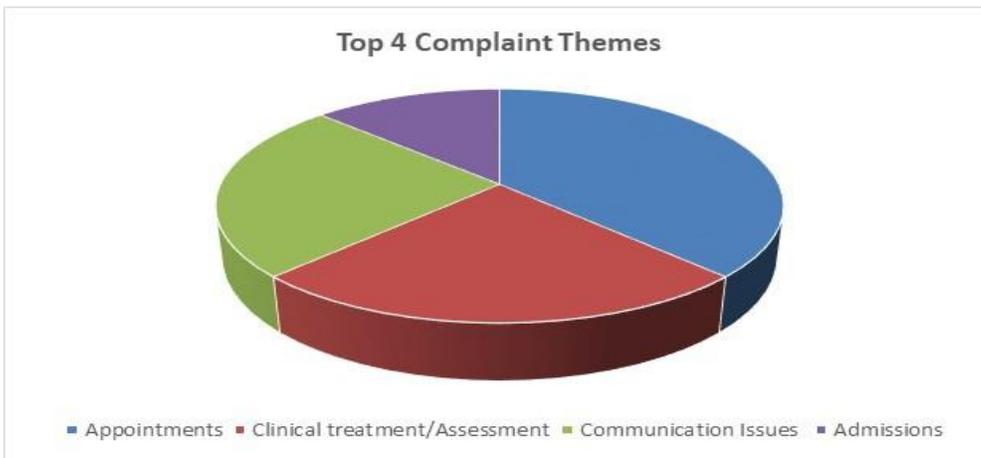
3. CONCERNS MANAGEMENT

3.1 Complaints – December 2021

The Health Board received 153 complaints during the month December 2021, please see breakdown type below;



Top 4 Complaint Themes – December 2021

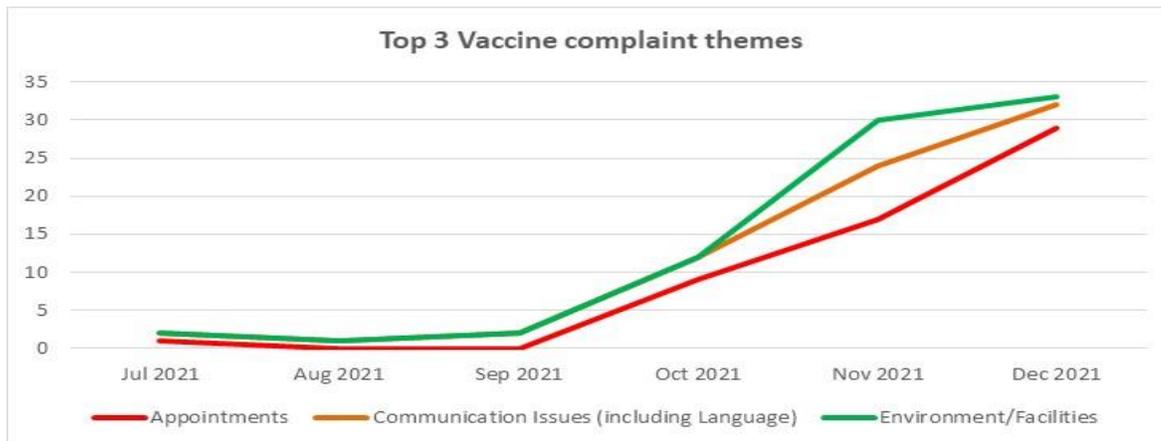


Communication continues to be one of the highest themes in complaints. During December, 44 complaints were received which received an element of communication. A breakdown of the communication sub-subjects are below – please note, some complaints include more than one of these issues.

Communication Issues	
Insufficient information	27
Unable to contact	10
Family involvement in care decisions	8
Incorrect information	8
Lack of feedback/referral/discharge summary	2
Delivery of bad news	1
Failure to answer buzzer	1
Patient involvement in care decisions	1

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. There appears to have been a rise in the number of vaccine complaints received during November and December, (which was also the start of the booster programme) as seen in the graph below, which also shows the top three themes from these complaints;



The vaccine team have confirmed the following actions are being taken in order to reduce the number of complaints received and we will continue to monitor these until the number of complaints decrease.;

Appointments

- GP's no longer supporting housebound vaccinations as they were previously
- Due to staffing levels – vaccination team have only been able to allocate a small number of nurses to work in the community resulting in delays
- Housebound team are currently cleansing the waiting list offering anyone who is not completely housebound an appointment at their local pharmacy or one of the Local vaccination centres if they are unable to attend the MVC's.
- Transport is being arranged for patients if this is an issue in getting to a vaccination centre.

Communication

- Issues with people getting hold of the booking team by phone
- Due to staffing issues and a high turnover of staff
- New automated booking system in process of being set up to make it easier to book and amend appointments

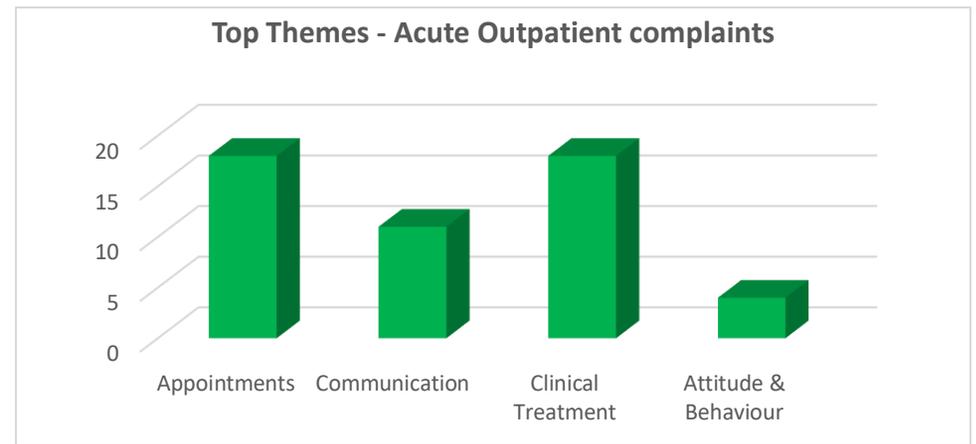
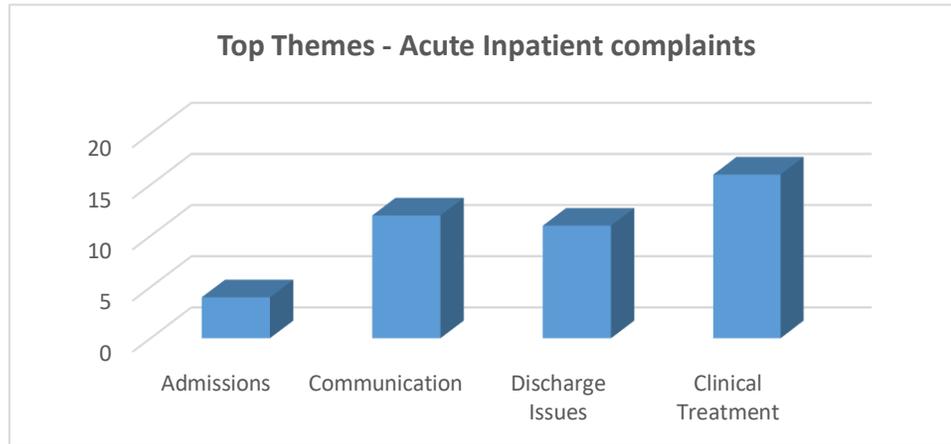
Environment/Facilities

- Appointments are generated automatically so the majority are arranged for the nearest centre by postcode
- Concerns have been raised regarding the walk from the car park to the centre at the Bayfield
- Car parking attendance and security available to direct people on where to go
- Wheelchairs available for assistance with mobility problems
- Local pharmacies now supporting to make it easier for people to access local appointments
- Plan to set up more small local vaccination units in the New Year.

WG Data Submission Breakdown – Q2 2021/22

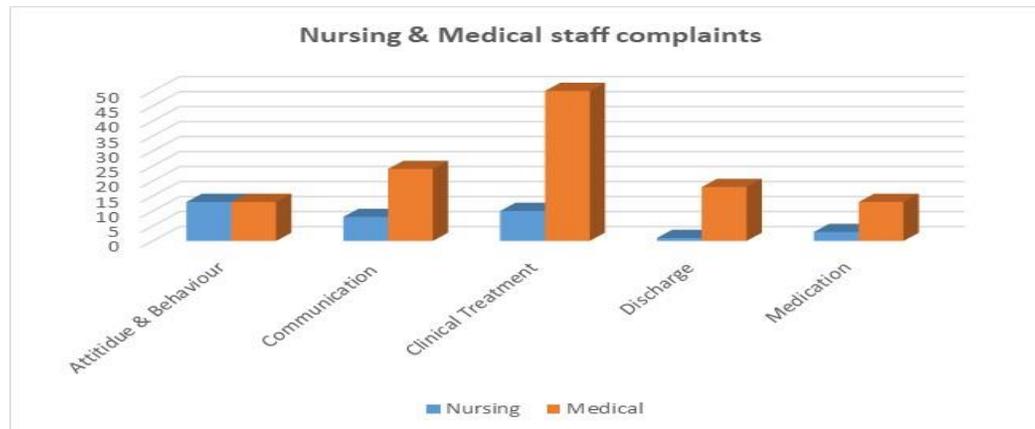
The Health Board received 74 acute inpatient and 62 acute outpatient complaints during Q1.

See top themes for both below;



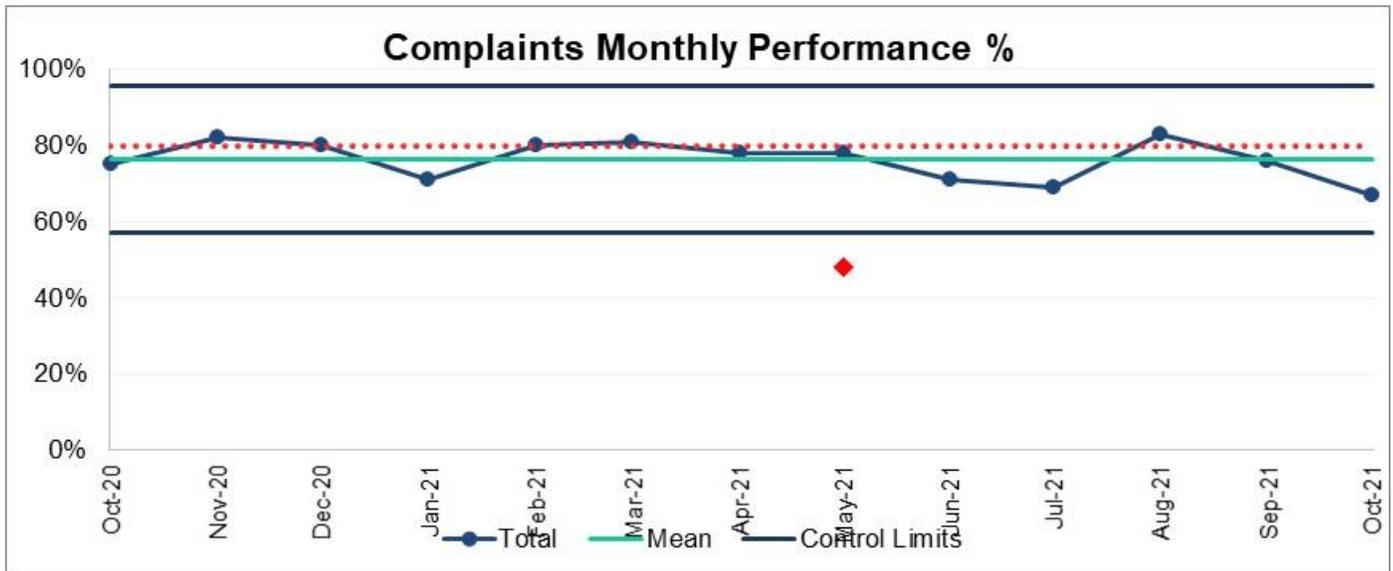
As well as the above, the Health Board also received 43 complaints relating to the Emergency Department. 15 of these related to Clinical Treatment/Assessment, being the highest theme.

The complaints received in Q2 are also broken down by staff group. There was 152 complaints relating to Medical staff and 45 relating to Nursing staff. The graph below shows some of the top themes and a comparison between Nursing & Medical staff types;



3.2 Complaints Performance

The Health Board recorded 67% performance against the 30 working day target in October 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, MH & LD and Morryston were below target in their formal responses in October. Corporate Medical Director and Operations were also however, they only received few complaints, all of which have been followed up.

	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	Number of Responses sent in over 30 working days
Corporate Governance	9	9	100%	8	89%	1
Corporate Medical Director	1	1	100%	0	0%	0
Mental Health and Learning Disabilities Delivery Unit	13	13	100%	9	69%	2
Morryston Hospital Service Delivery Unit	57	57	100%	40	70%	6
Neath Port Talbot Hospital Service Delivery Unit	6	6	100%	5	83%	0
Nursing & Patient Experience	1	1	100%	1	100%	0
Operations	2	2	100%	1	50%	0
Primary and Community Services	12	12	100%	10	83%	0
Singleton Hospital Service Delivery Unit	33	33	100%	16	48%	3

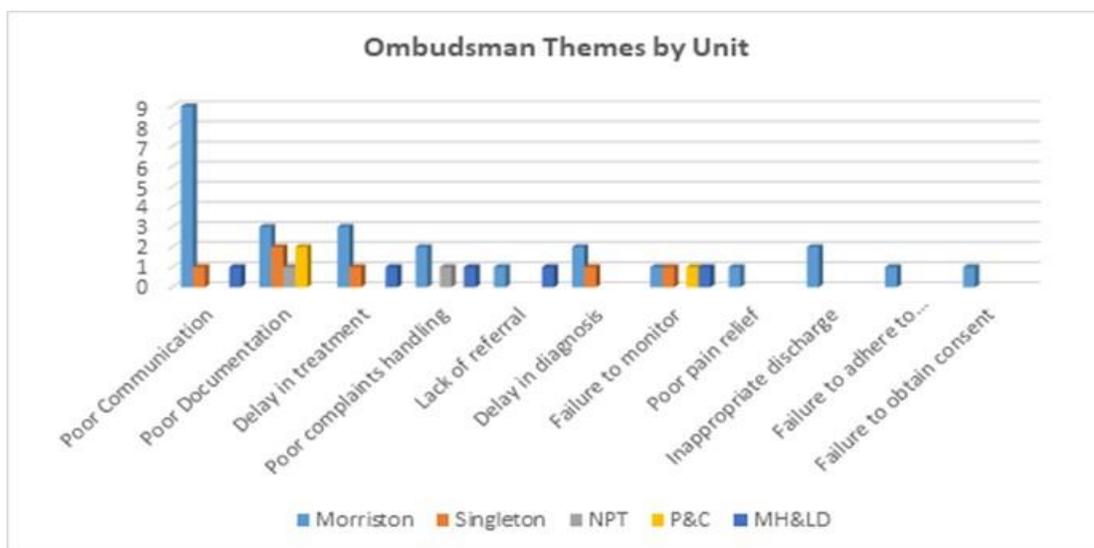
3.3 Ombudsman Summary and Overview

	Nov	Dec	
Number of Ombudsman Investigations received	2	0	↓
Number of actions outstanding (within timescale)	8	10	↑
Number of actions overdue	2	1	↓

Successes	Priorities
<ul style="list-style-type: none"> • Training dates for communication training secured with Ombudsman from January – October 2022 • Annual letter advises good communication with Ombudsman • The number of Ombudsman complaints relating to poor complaint handling reduced for year 2020/21 • No new investigations received during December 	<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. • New OFW Datix system and Ombudsman fields enabling us to record and report more informed Ombudsman data. 	<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.

Ombudsman Cases

No new Ombudsman investigations were received during December 2021. The graph below shows the number of investigations received per month;



3.3 Incidents Reporting & Performance

	Nov	Dec	
Total number of Incidents received	2147	2035	↓
Total number of incidents open over 30 days	3544	3731	↑

For the period 1 December 2021 to 31 December 2021, a total of 2035 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)	1556
Low (2)	379

Moderate (3)	83
Severe (4)	6
Death (5)	11
Total	2035

The top five themes relate to:

Incident Type Tier One - Top 5	Data	
Injury of unknown origin	275	13%
Pressure Ulcers	255	12%
Patient Accidents/Falls	234	11%
Administrative Processes	183	9%
Behaviour	179	9%

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 275 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	120
SBUHB acquired Moisture lesion	76
Injury of unknown origin	79
Total	267

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:

70 are Injury of unknown origin

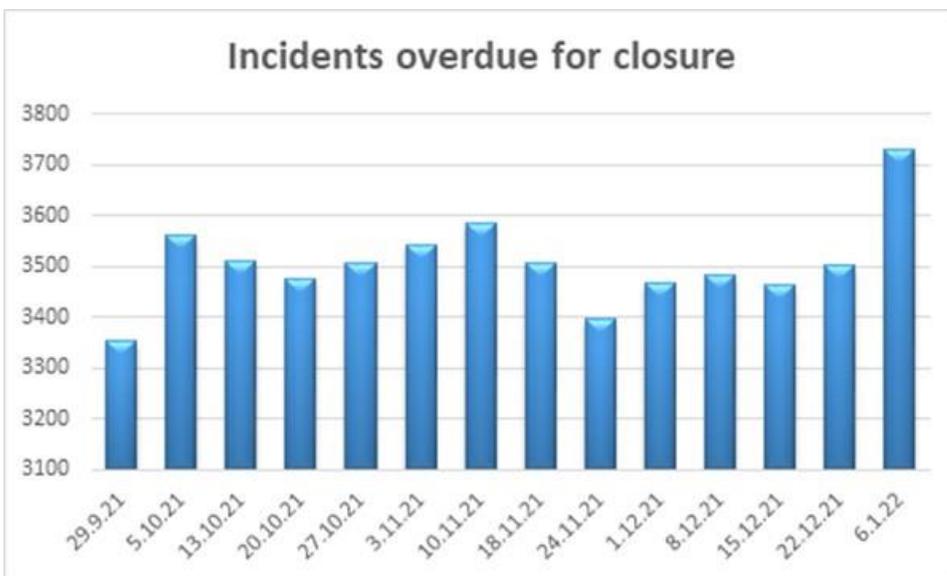
- 3 are moisture damage
- 2 are unavailability of staff/staffing issues
- 1 is unexpected death
- 1 is a patient accident (sharps contact)
- 1 is pressure damage
- 1 is an unwitnessed fall

These incidents have been amended.

Incidents overdue for closure (the 30 working days for completion of the investigation has passed), at 6 January 2021

- There are 3731 incidents and 44 Redress (@ 22.12.21 there were 3501)

	Incident	Redress
Corporate Governance	32	20
EMRTS	3	0
Finance	2	0
Mental Health and Learning Disabilities Delivery Unit	298	0
Morrison Hospital Service Delivery Unit	1974	12
Neath Port Talbot Hospital Service Delivery Unit	173	0
Nursing & Patient Experience	8	0
Operations (previously Planning)	67	0
Primary and Community Services	492	0
Princess of Wales Hospital Service Delivery Unit	0	1
Singleton Hospital Service Delivery Unit	655	11
Workforce & Organisational Development	27	0
Total	3731	44



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.

3.5 National Reportable Incident Summary and Overview

	Nov	Dec	
Number of National Reportable Incidents reported	8	2	↓
Number of Never Events	1	0	↓

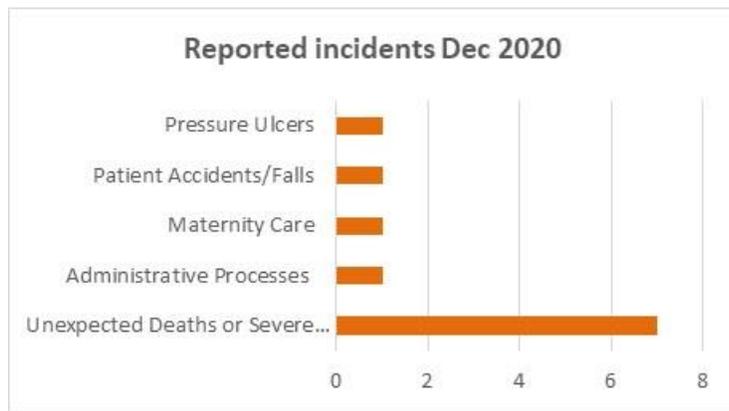
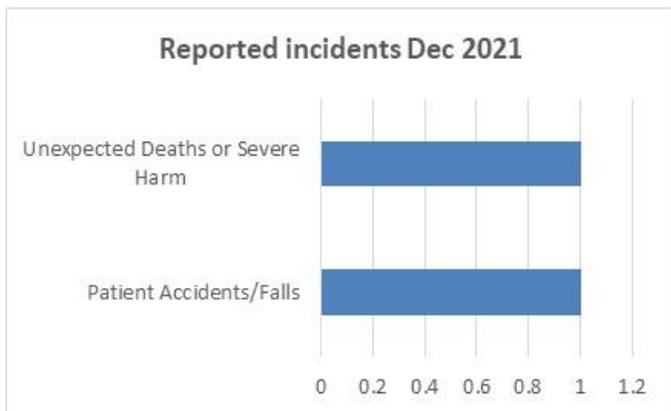
Successes	Priorities
<ul style="list-style-type: none"> Reduction in number of reportable incidents during December No new Never Events during December Patient Safety Incident Team working with the Delivery Unit regarding implementation of the new National Incident Policy 	<ul style="list-style-type: none"> Meet KPI's for all reportable incident investigations
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 	<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.

3.6 SI's Reported 1st December 2021 to 31st December 2021

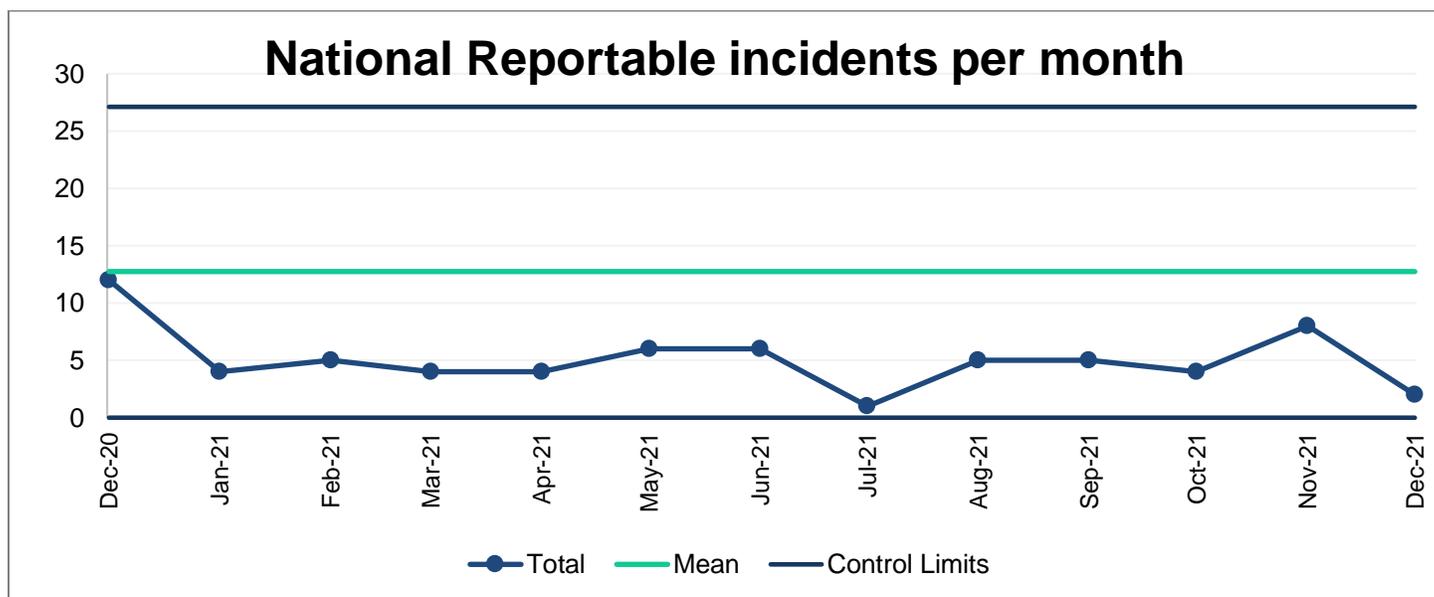
As at 5th January 2022, there were 79 open serious incidents ("SI's") of which:

- 5 relate to 2018/19.
- 6 relate to 2019/20.
- 63 relate to 2020/21

During December 2021, 2 national reportable incidents were reported to the Delivery Unit, this compares to 11 reported during December 2020, see breakdown of type of incidents below



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



Details of each reported incident in December can be found in the table below together with the immediate actions taken. These investigation are still ongoing.

ID	Unit	Specialty	Description	Severity
169721	Singleton Hospital	Gastroenterology	Fall	Severe (4)
168195	Singleton Hospital	General Medicine	Unexpected death	Death (5)

3.7 Never Events

The last Never Event was reported to Welsh Government on the 5th November 2021 (Wrong Implant/Prosthesis). 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.

Learning from Closed NE's

No further Never Event investigations have been concluded since the last report. Any learning will be added to future reports.

4. 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 has postponed go live with the incidents module. A new date is subject to consideration and agreement.

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.
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.

5. Healthcare Inspectorate Wales Summary and Overview

Successes	Priorities
Four previous/inspections identified for closure. Progress updates received in four further areas, including actions taken following inspections to two primary care contractors.	Patient Flow Review (Stroke Pathway): Submit self-assessment (by 17/01/2022) and progress update against 2018 recommendations (by 04/02/2022). Supporting HIW's current HMP Swansea Inspection

Risks	Threats
<p>All open action plans present an opportunity to improve arrangements within inspected services; and all new reports provide a potential opportunity to share external perspectives with wider services.</p> <p>There is potential to enhance the reporting of assurance to the Board and external stakeholders on the action to address inspections findings. The health board was provided with opportunity comment on the joint inspection approach taken at the JICPA review to improve future external joint inspection process.</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> <p>A non-compliance notice was received in relation to a dental service contractor – the contractor provided an action plan in response which was accepted by HIW.</p> <p>Response to national WAST Handover report requires engagement with partners</p>

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	9.11.21 - P&C have indicated that all actions are complete. ACTION PLAN TO BE CLOSED.
August 2018	Staffing Issues at Cefn Coed Hospital	28.8.2018 – investigated & response sent.
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 of maternity care that were outside the original scope of the national review, HIW will seek assurances through their follow up work.</p>
July 2019	Cwmafan Health Centre	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.
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>

Date of Inspection	Inspection	Action Plan Update
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 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</p>
January 2020	Morrison Hospital Paediatric Services	<p>6.1.22 – The latest updated action plan is below</p>  <p>Updated AP 6.1.22.docx</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.
January 2020	Morrison Hospital ED/AMAU	<p>Complex and detailed action plan which the DoN is sighted on.</p> <p>Further HIW inspections were carried out as follows:</p> <p>Morrison ED in March 2021</p> <p>Morrison Acute Medical Assessment Unit in June 2021.</p>
September 2020	Gorseinon Hospital	<p>24.3.21 – One Action Due by July 2021</p> <p>Confirm plans to train senior staff as clinical supervisors and restart the programme last done in 2018</p> <p>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</p> <p>Update 9.11.21 – Confirmed by HON, P&C, that all actions are now complete and there is an ongoing programme of clinical supervision. Update to be provided at Nursing QSG to complete governance.</p> <p>ACTION PLAN TO BE CLOSED.</p>
September 2020	Morrison Orthopaedic Surgery (Ward B)	<p>Improvement Plan accepted by HIW.</p> <p>HIW workspace now closed.</p>
September 2020	Morrison Cardiac Ward	<p>Update 24.3.21</p> <p>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.

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)	<p>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.</p> <p>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.</p> <p>Update 15.11.21: The panel is now well established and the review was indeed discussed. Learning identified was that falls were occurring out of hours and mainly related to toilet needs. We have continued to present multiple falls to the scrutiny panel we have not identified any common themes in relation to further learning.</p> <p>Further improvements have been made as follows: The reintroduction of the safe rounds Allocation of available staff to the necessary areas during the night shift in particular Actively raising staff awareness into ongoing findings from scrutiny Actively engaging staff into reducing patient harm through unwitnessed falls ACTION PLAN TO BE CLOSED.</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 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. HIW have closed the workspace.</p> <p>6.1.22 – Request made for an update on the outstanding actions</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>

Date of Inspection	Inspection	Action Plan Update
		<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 17.11.21 – Updates on the Action Plan are below</p>  <p>17.11.21 - Updated AP.docx</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 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 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. The next meeting of the EASC management group was scheduled for October. An update will be provided on the outcome of the meeting and status of the action plan to the next meeting. The Final report was received on 11.10.2021 Further enquiries are being made in respect of next steps.</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. 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>Final Report JICPA.pdf</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>

Date of Inspection	Inspection	Action Plan Update
		 <p>NPT JICPA Final Action Plan 14.10.21.</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. 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>
May 2021	Llwyneryr Unit	<p>HIW completed a Tier 1 Quality Check on 19 May 2021. The report was received 15.6.2021. One improvement was identified:</p> <ul style="list-style-type: none"> • 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. <p>An action plan was drafted setting out a number of actions to address the above. This was submitted on 17.6.2021 and accepted by HIW.</p> <p>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). Update 9.11.21 – The one patient awaiting decision has now been discharged. All actions complete The HIW workspace is now closed. ACTION PLAN TO BE CLOSED.</p>
June 2021	Princess Street Surgery Gorseinon	<p>Inspection was carried out on 16 June 2021. The report & action plan were published on 08 August 2021. There were 6 improvements identified:</p> <ol style="list-style-type: none"> 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. <p>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. An update on the Action Plan was received in Jan 2022.</p>  <p>Princess Street AP.docx</p>

Date of Inspection	Inspection	Action Plan Update
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> <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 PADR's 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. 12.12.21 – HIW have closed the workspace</p> <p>One action due for completion in December 2021 – The Unit have been asked to provide an update</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 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>

Date of Inspection	Inspection	Action Plan Update
		 6.1.22 - Updated IP.docx
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. Feedback from HIW is awaited.</p>
June 2021	Morrison Childrens' Emergency Unit	<p>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.</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> <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 actin on the Immediate Improvement Plan and the routine Improvement Plan.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  CEU ImmedImpPlan 20210721 </div> <div style="text-align: center;">  CEU Imp Plan 20210820 </div> </div> <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> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  HIW_ImmediateImp rovement_CEU_Oct2 </div> <div style="text-align: center;">  HIWImprovementPI an_CEU_Oct2021FIN </div> </div> <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>The Morrison Service Group Nursing Director is meeting within the service leads in January 2022, in order to review progress against this action plan.</p>
August 2021	HMP Swansea	<p>The initial evidence request was returned to HIW on 26 August 2021. However, due to the operational challenges the Health Board is facing at present and the specific pressures in relation to the Primary Care and Community Services Group, HIW interviews were postponed to November 2021.</p>

Date of Inspection	Inspection	Action Plan Update
		<p>The HIW review of documentation continued through September/October and inspectors' attendance at health board groups and committees is ongoing. Most interviews have taken place now (mid-November). Interviews have included Independent Members of the Board, Executive Directors, PCT Service Group Directors, Senior Management and Staff within PCT, and staff within supporting services such as pharmacy. The last remaining interviews are scheduled for the 2nd week of December.</p> <p>Final queries are being cleared.</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 competed 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 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> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>Improvement Plan final 19.11.21v2.doc</p> </div> <div style="text-align: center;">  <p>21053 - (IRMER) - Inspection Report -</p> </div> </div> <p>The Unit will be asked for an update on the outstanding actions in January 2022.</p>
November 2021	My Dentist (Port Talbot) – Forge Road	<p>HIW conducted a remote Quality Check of My Dentist, Forge Road, on 8 November 2021. During their inspection, HIW found areas of concern which could pose an immediate risk to the safety of patients. Due to the seriousness of these concerns, this has resulted in the issuing of a non-compliance notice and HIW required assurance on actions being taken to address this and ensure patient safety is protected. Response was due by 17 November 2021.</p> <p>24.11.21 – Confirmation received from Dental Director that the practice has complied with the request and have confirmed a DPA visit. This information has been shared with HIW.</p> <p>The Final Report was received on 6.12.21 and has been shared with the Unit. HIW acknowledge the improvement plan dated 1.12.21 and have concluded that it provides them with sufficient assurance.</p>

HIW Inspections In Progress

The following review is ongoing:

Setting	Type	Confirmation & Information Request	Review Period
HMP Swansea	Prison	11 August 2021	August – November 2021

The timescales for this review have been extended. Detail has been reported above and previously.

New Inspections/Reviews

HIW National Review – Patient Flow (Stroke Pathway)

HIW will carry out a national review of patient flow relating to the stroke pathway between February 2022 and June 2022.

The have forwarded the following documents:

- HIW letter
- Patient Discharge Action Plan 2021 for completion
- Patient Flow – Self Assessment and Intel Request 17.12.21



HIW letter.pdf



Patient Discharge
action plan 2021.do



Patient Flow -
Self-assessment and

They have asked for the self-assessment form **to be completed by 17 January 2022**. The intention of this self-assessment is to aid understanding of the degree of insight each health board has into its own strengths and areas for improvement within its processes for managing patient flow and for the patients' journey through the stroke pathway. This also provides the health board with an opportunity to be open and transparent about its services. The information provided within self-assessments will be considered alongside the findings from the fieldwork. The information within the self-assessments will be published as part of the fieldwork reports and overall national report.

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. The due date for this is **no later than 4 February 2022**.

For information, embedded below are the final report following the HIW review of 'Patient Discharge from Hospital to General Practice: Thematic Report 2017-2018, and the response sent by our health board on 18 June 2018, which included the action taken on the recommendations:



Review from
2017-2018.pdf



Reply to HIW
GPdischarge 180620'

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 (embargoed until 29.11.21). 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.



211129-national-ov
review-report-disabl



29.11.21 - CIW HIW
Joint letter.pdf

6. SERVICE GROUP REPORTS

Mental Health & Learning Disabilities Services Group

1st December – 31st December 2021

Mental Health & Learning Disabilities SG received 11 concerns



Top Complaint Trends

- Clinical Treatment/Assessment (3)



- No Never Events
- No Personal Injury Claims
- No Clinical Negligence 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 – December 2021

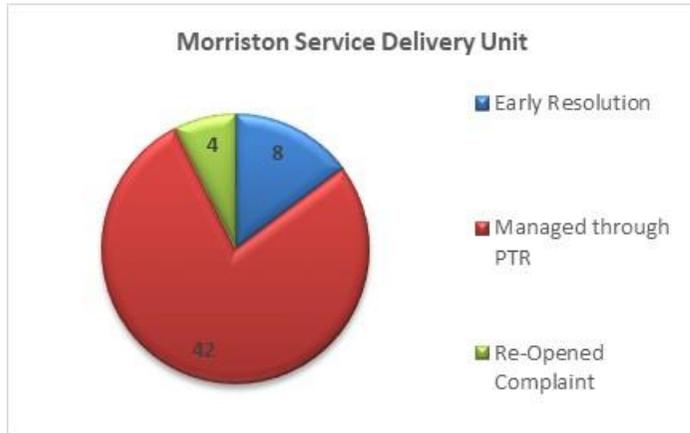
Here is some positive feedback we received from the Service User/Carer -Semi Structured Interview Survey (MH & LD survey) in December.

- Always available and very friendly.
- I always felt like I was being listened to and being given time.
- Dr Manoj always listens and we work well together and I am feeling better.

Morrison Hospital Service Group

1st December – 31st December 2021

Morrison Hospital SG received 54 concerns



Top Complaint Trends

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

-  No New Never Events
 - 0 Personal Injury Claims
-  4 Clinical Negligence Claims

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 – December 2021

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

 Morrison All Wales - Dec21.xlsx

Service Group	Responses	1 - Overall experience	
		Patient / Service User Experience Survey	
Morrison Group	841	96	
	Overall	96	
	Benchmarks	85	

Professional and competent

Top keywords mentioned for 'professional and competent'

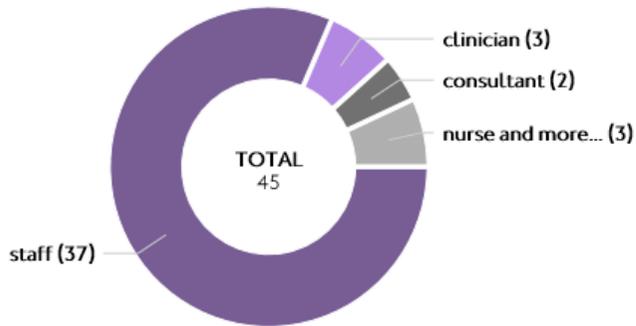


Friendliness

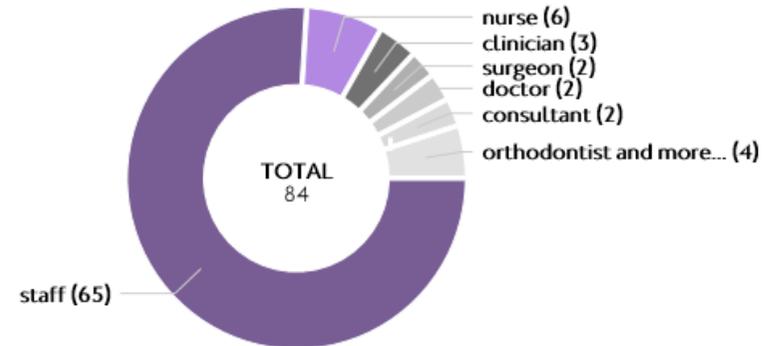
Top keywords mentioned for 'friendliness'



Professions that received feedback



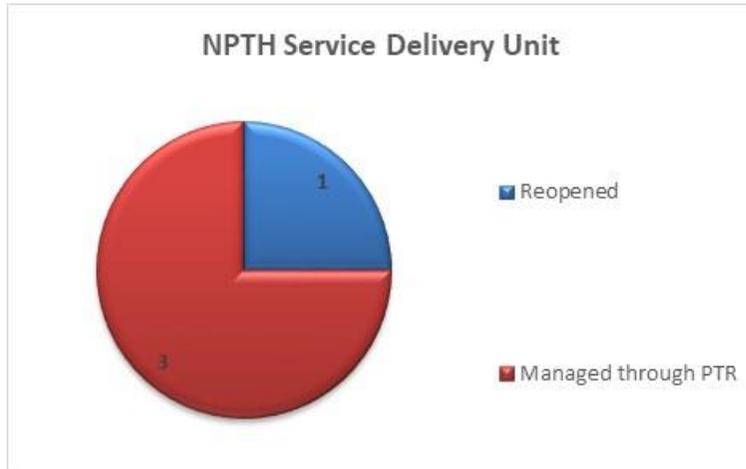
Professions that received feedback



Neath Port Talbot Hospital Service Group

1st December – 31st December 2021

Neath Port Talbot SG received 4 concerns



Top Complaint Trends

- Clinical Treatment/Assessment (2)



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

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 – November 2021

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

Primary & Community Service Group

1st December – 31st December 2021

Primary & Community SG received 12 concerns



Top Complaint Trends

- Communication (6)



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

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 – December 2021

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



P&C All Wales - Dec21.xlsx

Service Group	Responses	1 - Overall experience
		Patient / Service User Experience Survey
Primary Community Therapies Group	105	97
	Overall	97
	Benchmarks	85

Singleton Hospital Service Group

1st December – 31st December 2021

Singleton Hospital SG received 26 concerns.



Top Complaint Trends

- Appointments (6)
- Communication (6)



- 0 Never Events
- 0 Personal Injury Claims



- 1 Clinical Negligence claims

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 – December 2021

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



P&C All Wales - Dec21.xlsx

Service Group	Responses	1 - Overall experience
		Patient / Service User Experience Survey
NPT & Singleton Group	1048	97
	Overall	97
	Benchmarks	85

