



## **Patient Experience and Concerns Management Report June 2020**

This report provides information on Patient Experience and Concerns Management which cover complaints and incidents. Also included within this report is the current performance of the Health Board's Service Delivery Units.

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## 1. PATIENT EXPERIENCE UPDATE

### 1.1 Inpatient Discharge Feedback

Due to Covid-19, the collection of the Friends and Family forms has been suspended from 23<sup>rd</sup> March until the 31<sup>st</sup> July 2020. The Patient Experience Team took the following actions to gain patient experience during the pandemic:

- **Developed an electronic survey** is available online and is also being sent out weekly via SMS messages to discharged patients across the Health Board. The survey focusses on communication, virtual visiting/appointments and the availability of clothing and toiletries.

The Covid-19 survey results are being shared with the Health Boards Intelligent Network to help inform the recovery work and the IT team. The results are also shared with Person Centred Care Cancer Steering Group, Eye Care Collaborative Group and the Health Boards Charity Manager to take any action as required in relation to the Wish List.

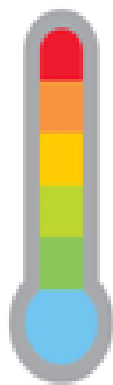
The feedback for the surveys in June is being analysed, and mainly positive comments relating to the changes made.

For the month of June there were 393 returns of the survey which results in 87% of people stating they would highly recommend the Health Board to Friends and Family which was a 5% decrease from May 2020.

From the 393 responses received the high response areas across the reporting period (all with 100% positive feedback) included:

- Coronary Care Unit, Morriston Hospital (10 responses)
- Audiology Unit, Morriston Hospital (16 responses)
- Childrens Outpatients, Morriston Hospital (8 responses)
- Dan Danino Ward, Morriston Hospital (10 responses)
- Renal Dialysis Annexe, Morriston Hospital (9 responses)
- Corridor 4 & 5 OPD – Singleton Hospital (3 responses)

The 7 lowest scoring (Below 90%) areas for the reporting period (1<sup>st</sup> June to 30<sup>th</sup> June 2020) were:



- Breast Care, Singleton Hospital (13%)
- Outpatients Department, Gorseinon Hospital (17%)
- Cardigan Ward, Morriston Hospital (67%)
- Clinic B1, Neath Port Talbot Hospital (75%)
- Neurodevelopmental Disorders Service, Neath Port Talbot Hospital (81%)
- Emergency Department, Morriston Hospital (83%)
- Anglesey Ward, Morriston Hospital (88%)

Each of the Service Delivery Units (SDU) receives a monthly detailed report identifying the themes and they develop an action plan for improvement at SDU level.

During the Covid-19, we will continue to monitor all online feedback and report any issues directly to the Units.

## 1.2 Patient Experience Team Work

- **Cancer feedback Prehab2rehab.** Work continues with the joint collaborative T&F Group with Cardiff and Vale Patient Experience leads, and Macmillan. We have developed the Patient Reported Experience Measures (PREMs) and a link is now on the booklet and sits on the Health Board's website. The Health Boards Cancer service managers and Clinical Nurse Specialist's are reviewing the distribution list and discussing best ways of contacting patients. Cardiff and Vale have sent 2000 SMS messages to people already on the waiting lists and have received traffic and comments back. Another SMS message is set later next week for Cardiff. SB has not undertaken any SMS messages at this current time.
- **Thank you bulletin No 2 :** Our Covid survey comments have been used to help celebrate the NHS birthday and to let staff know what patients are saying about them. Currently placed as a bulletin on the staff intranet site.
- **Staff survey PREM.** Patient Experience Team built and manage the staff survey for the Directorate of Workforce & OD. To date there have been 1,050 completed surveys from staff. The survey closes 31<sup>st</sup> July and a summary report will be shared with Workforce & OD colleagues for review. The report will help shape the future work plan for the team.
- **Covid-19 Staff and Patient Story wall:** The development of Staff and Patient Covid-19 stories continues to go from strength to strength. Communications team are working to build an external page where all the stories can be viewed and shared. A Covid patient story is due to be played at the July Board meeting.
- **Shining star:** The GUM Clinic, Singleton Hospital, has received 96 Friends & Family online responses with a recommended rate of 97% for June. We were impressed how this was

achieved during this time. Learning from how the patient experience was captured has been shared throughout the organisation to help them capture online F&F.

- **Attend Anywhere:** Explored how we can add the F&F online link to the end of the call. Senior programme lead raised this question at the national programme meeting 01/07/20. We are not allowed to remove the national evaluation surveys currently in place (as we do not own the platform) so at this time there is nowhere on the platform that we can host (F&F) additional surveys, we are keeping this under review. We are working with individual teams on an alternative way of capturing F&F. This action will remain on the teams work programme for follow up.
- **Mental Health PREM:** The team are working with the lead for Quality Improvement in Mental Health to develop PREM for Mental Health Patients.
- **NPT PE Group meeting** – The Patient Experience Manager attended the NPT Team to support and the options for capturing patient feedback. Highlighted QR Codes poster, F&F on iPads across organisation. MIU poster developed. Emails sent across to all Heads of services to promote the F&F.
- **Betsi Cadwaladar UHB**– Supporting the team with Patient Story training, guidance and SharePoint site development. Early discussions also around Swansea Bay UHB hosting patient feedback for a short term period. This maybe an income generation opportunity.

### 1.3 All Wales Survey

During June 2020, 14 All Wales Surveys were completed. The results for:

- “you were given help with feeding and drinking” scored 0% - as no one answered this question or provided any comment on the question.
- “at any point in your stay did any of our actions make you feel unsafe scored 67%”.

There were eleven replies to this question of which 8 stated they never felt unsafe, 2 stated usually and 1 stated always.

Unfortunately, no comments were left and no contact details to allow us to follow this up with the individual. However, we were able to identify the areas and have reported these comments to the Ward managers and the Unit Nurse Director.

### 1.3 All Wales Patient Experience Questionnaire - 20 returns

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

#### Key Determinants of a Good Service User Experience

The key determinants of a good service user experience, based on national and local published evidence, include:

##### First and Lasting Impressions

For example:

- Being welcomed in an appropriate manner;
- Being able to access services in a timely way;
- Being treated with dignity and respect.



##### Receiving care in a Safe, Supportive, Healing Environment

For example:

- Receiving care in a clean, clutter free environment;
- Receiving good, nutritious, appropriate food;
- Having access to drinks;
- Having rigorous infection control practices in place.



##### Understanding of and Involvement in Care

For example:

- Receiving appropriate, timely information;
- Being communicated with in an appropriate, timely manner;
- Involvement of patients, carers and families in decisions about choice of treatment options and care plans, including discharge and transfer.



These three domains can be used to support the use and design of feedback methods and be used to classify feedback from all sources.

### Reduced numbers of returns due to Covid

Percentage of patients that ticked 'Always' to the following questions:											
Treated with Dignity?											
Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
94%	99%	97%	95%	97%	95%	95%	92%	97%	100%	100%	92%
You were given help with feeding and drinking											
Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
64%	79%	79%	83%	70%	50%	93%	87%	0%	100%	0%	0%
Were you given the support you needed to help with any communication needs?											
Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
89%	94%	93%	90%	93%	95%	92%	92%	98%	100%	93%	82%
Were things explained to you in a way that you could understand?											
Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
83%	88%	92%	88%	90%	90%	90%	86%	93%	95%	100%	92%
Did you feel we did enough to keep you as free as possible from pain?											
Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
83%	83%	91%	81%	87%	81%	91%	86%	75%	100%	100%	67%
People are kind and compassionate to you?											
Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
89%	96%	95%	94%	91%	88%	90%	91%	92%	100%	100%	78%
People are welcoming, friendly and helpful?											
Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
85%	97%	95%	93%	89%	88%	92%	95%	88%	100%	100%	67%
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?											
Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
90%	95%	91%	90%	86%	83%	85%	86%	88%	100%	80%	67%

## 2. LEARNING FROM FEEDBACK

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



The Datix Risk Management system is used to log, store, and track the Swansea Bay Lets Talk data/information. This enables the Health Board to use this data when looking at themed reports. For the month of June, there were 35 contacts. 4 were converted to complaints; 3 compliments and 0 transferred to Cwm Taf University Health Board. 2 text asking for test results. The remaining related to queries re GP practices which PALS referred and marketing emails/ accidental pocket calls.



**‘Social Media’**

1 contact received via social media in June, a compliment, for Doctor at Morriston



1 Compliment received via Care opinion during June.



4 compliments received for Doctor Banger Raju Sureddi, Tonna Hospital via the I Want Great Care during June.

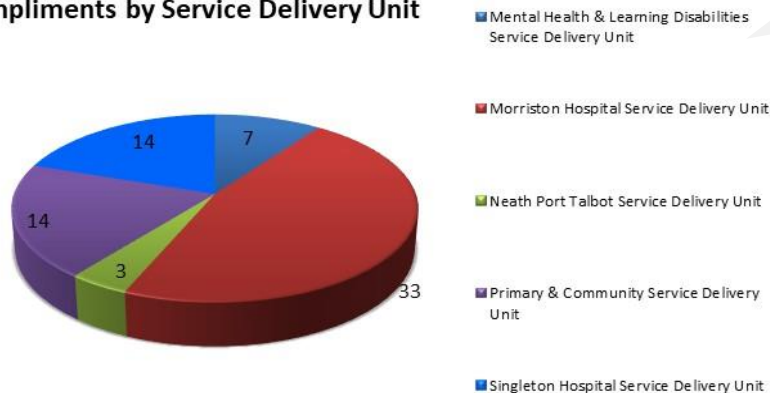
## 3. COMPLIMENTS

A total of 71 compliments were recorded on Datix between 1<sup>st</sup> June 2020 and 30<sup>th</sup> June 2020, a breakdown by the Delivery Units is provided on Page 7 and a selection of compliments received.



### 3.2 Written Compliments – June 2020

Compliments by Service Delivery Unit



*"To all the wonderful staff at Ty Olwen, we cannot thank you enough for all of the incredible care and compassion shown to (patient) during his time with you, especially in his final days. Your commitment and extraordinary approach to (patient) and all his family and all his family and many visitors during the long weeks of his illness will always be remembered. Thank you! You are all "heroes" and we will never forget your kindness".* **Singleton Delivery Unit – Oncology Ty Olwen**

*"I would like you to know how much my family appreciated the care your team showed my mother. Sadly she has passed away, but the care she received from the re-enablement team was absolutely amazing. They showed professionalism, respect, tenderness, patience and the care they showed my mother was second to none. My mother was very anxious as she was always very active and not used to anyone tending to her needs. Your team put her at ease, and when they would speak to her she was spoken to as a human being who needed care, not an invalid who is forgotten about. Thank you again, you really do have a magnificent team. Keep up the good work and anyone who has these women caring for them, should be extremely grateful".* **Primary Care and Community Services Delivery Unit – Community Resource Team**

*"To all the staff at Llwyneryr, just a letter to let you all know that I'm doing really well. My flat is lovely and I'm doing really well keeping it clean and tidy, I'm doing a lot more for myself now, like cooking, cleaning, and washing my clothes. I go out shopping with staff to do my food shop, which I enjoy. I'm looking forward to when lockdown is over so I can do some activities outside of the house. Thank you so much for your help you give me while I was there. I feel much better in myself now and it's the best I felt in a long time".* **Mental Health and Learning Disabilities Delivery Unit - Llwyneryr Assessment & Treatment Centre**

*"I visited Morrison Hospital on Monday with my son who broke his wrist falling off a skateboard. I just want to say a massive thank you to the staff in the emergency children's unit - I was amazed how caring and helpful they were especially in the current climate".* **Morrison Delivery Unit – Emergency Department**

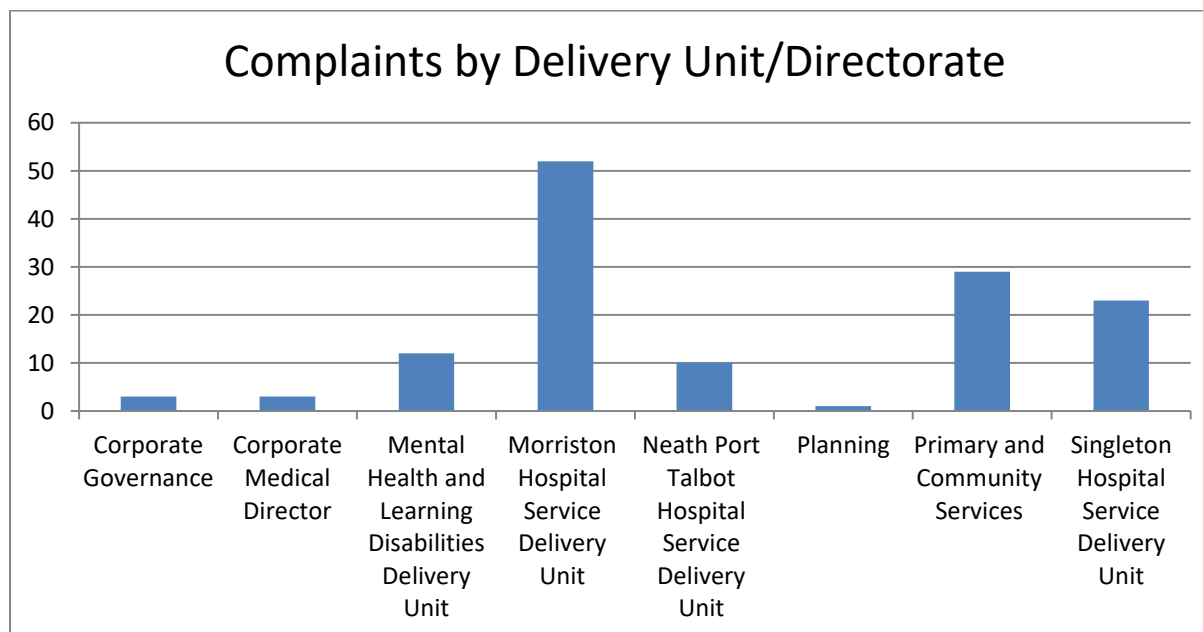
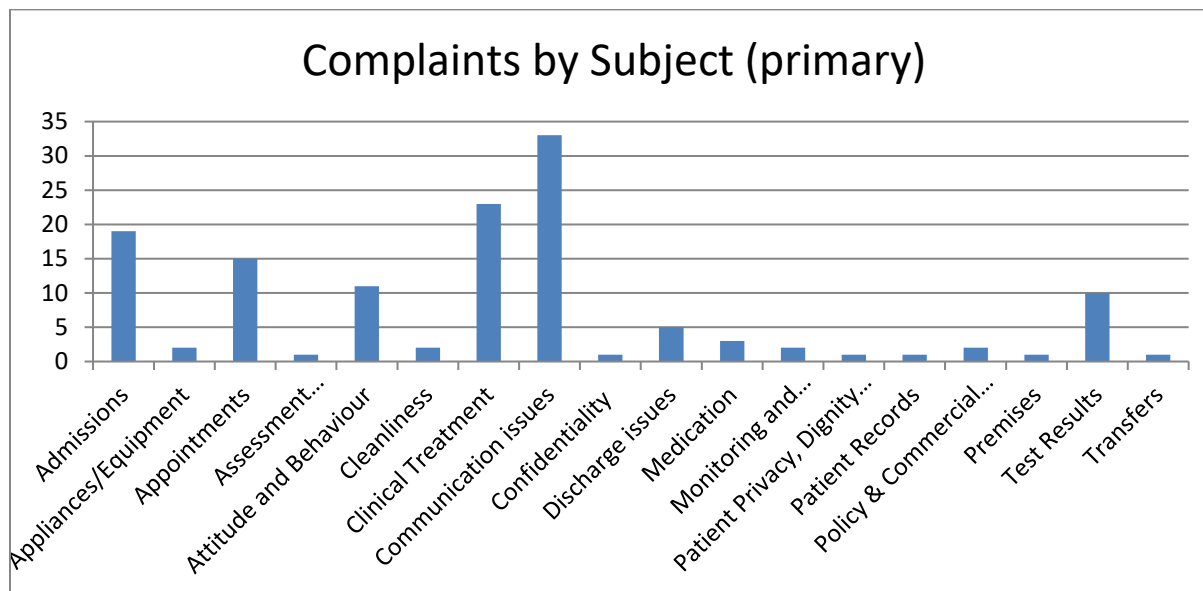
*"In all the years of hospital appointments for Rheumatology, I have never received such prompt service, such great follow up, or such an in depth examination of my signs and symptoms. Dr was excellent in signposting potential future treatment. She is a very approachable and knowledgeable professional. I also want to highly commend the Radiographer who took my X rays. She was so friendly and instantly put me at my ease. In fact I enjoyed my appointment with her, I was laughing as I left! At this time especially, when the NHS is not only stretched as always but also operating under such difficult conditions, I really wanted to express my thanks and to let you know (not that you don't already!), that you have an amazing team, delivering amazing service".* **Neath Port Talbot Delivery Unit – Rheumatology**

## 4. CONCERNS MANAGEMENT

### 4.1 Complaints – June 2020

#### Complaints 1.6.20 – 30.6.20

The Health Board received 133 complaints during the month June 2020, please see breakdown by subject and unit below;

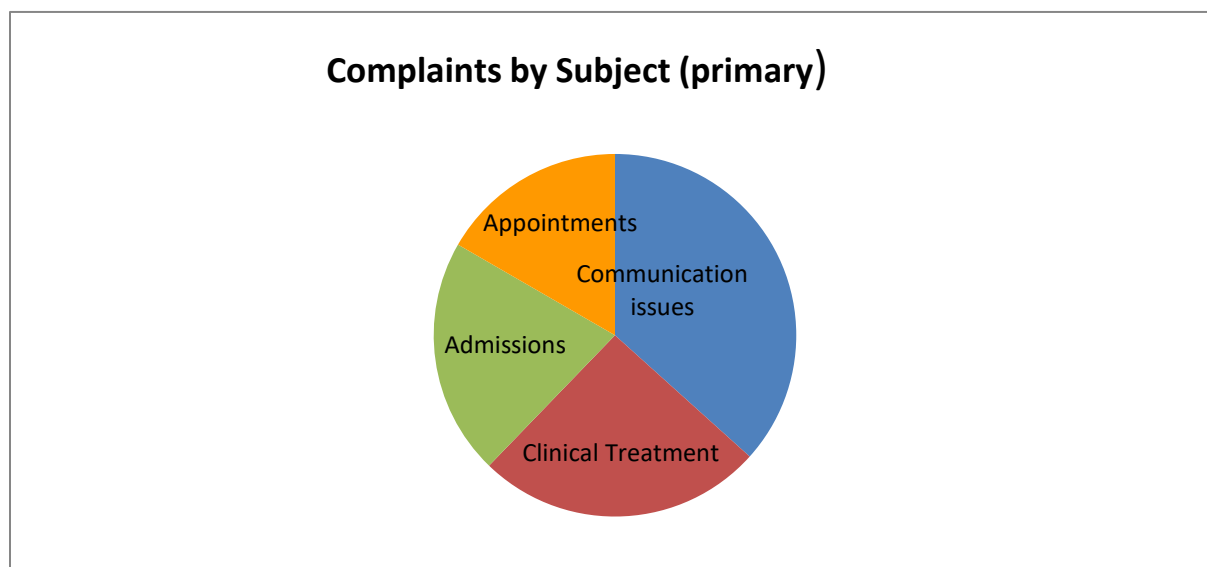




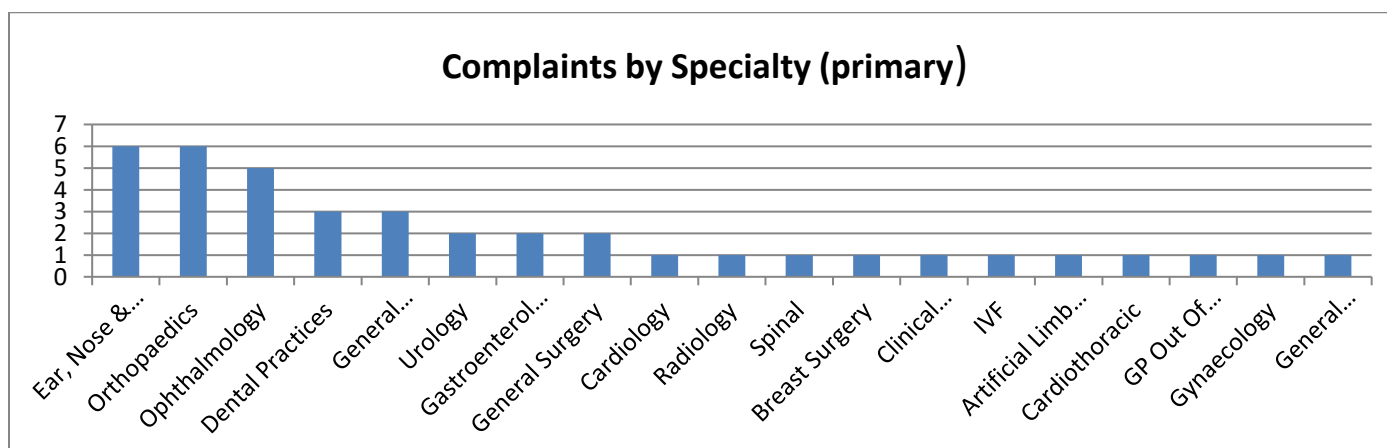
Out of these 133 complaints, 23 related to COVID-19, please see subject breakdown below;

Aggressive/Inappropriate behaviour due to restrictions	1
Lack of communication (e.g received potential COVID-19 patient/staff not informed COVID-19 patient on Ward)	1
Contact with Patient/Staff with suspected COVID-19	1
Cancellation of treatment/appointment/Clinic due to COVID-19	1
Infection Control (contamination)	1
Lack of Testing	3
Delay in Diagnosis/Testing for COVID-19	2
Room/location unable to be used/unavailable	1
Access to other treatment	9
Missing Property	1

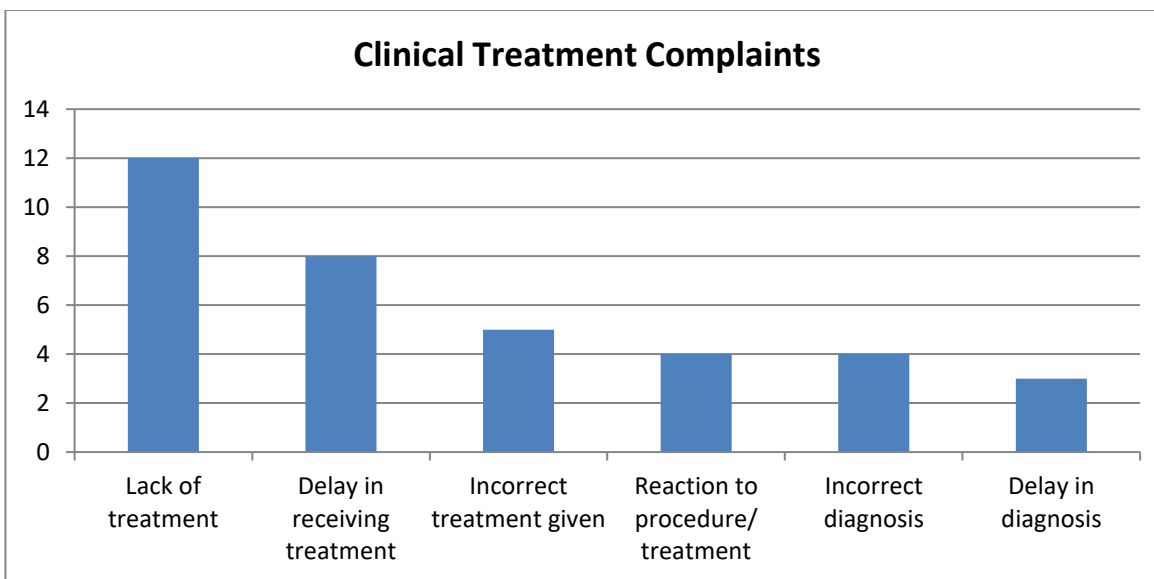
#### **Top 4 Complaint Themes**



During June there were 38 complaints received which related to cancelled or delayed appointments or admissions. Please see breakdown by specialty below;



**Clinical treatment is one of the top subjects therefore, please see further breakdown below;**



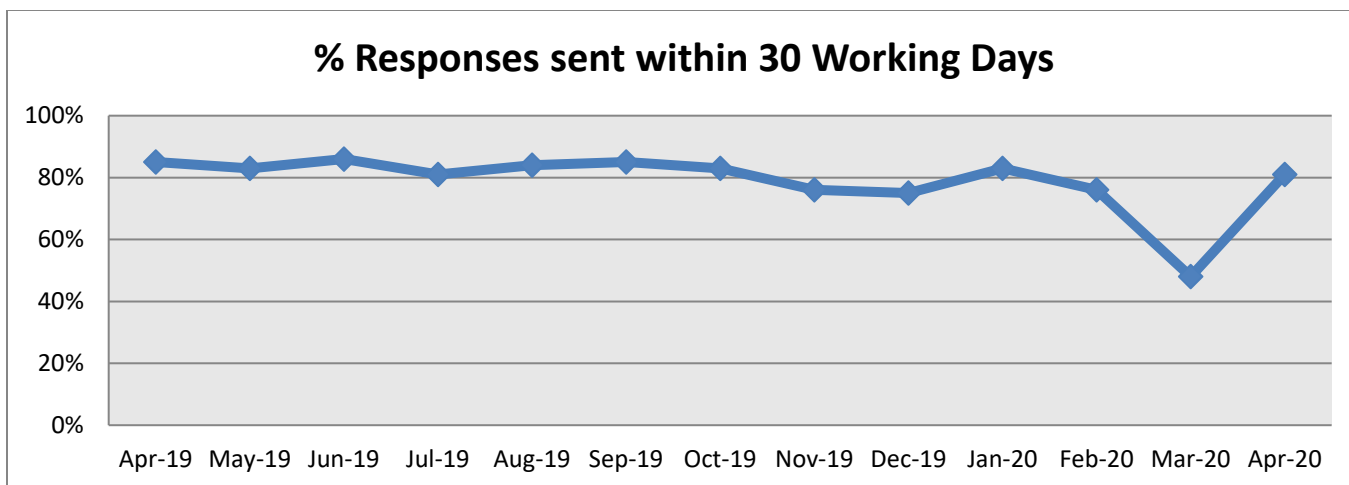
#### **4.2 Concerns Assurance**

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 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. CRAG is continually developing and evolving to ensure that the best possible learning and assurance is attained by the Health Board. The Health Board has also introduced CRAG workshops where learning is shared with senior members of the Service Delivery Units.

A Learning Event based on sharing learning and providing assurance, based on complaints themes and trends, with examples of good responses, was scheduled to take place on the 28<sup>th</sup> April 2020 during Patient Experience Week. However, due to the current COVID situation, this was postponed. The Complaints Department are pursuing options to deliver training via TEAMS at this time and re scheduling the Learning Event in Q3/Q4 of 2020/21 and in the meantime a newsletter to identify themes from complaints/learning and good practice in terms of complaints management will be issued in Q2 of 2020/21.

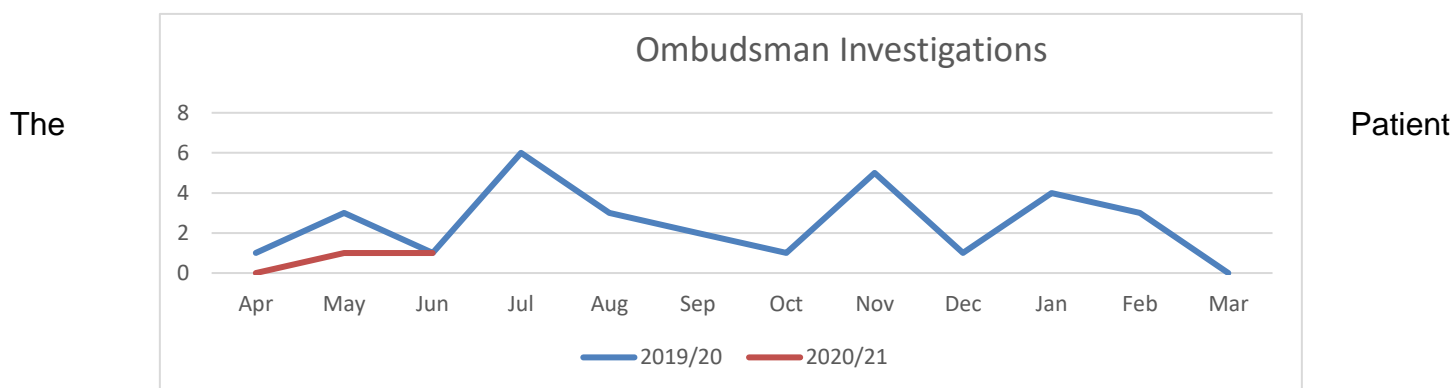
#### **4.3 Complaints Performance**

The Health Board recorded 81% performance against the 30 working day target in April 2020. The Welsh Government Target is 75%. The significant decrease in performance in March was due to the current COVID-19 situation with staff in the units being unable to undertake their usual governance roles. The overall performance against this target in 2019/20 was 82%.



### 4.3 Ombudsman Cases

There has been a slight decrease in complaints which the Ombudsman has investigated in relation to the Health Board in 2019/20, 30 compared to 44 in 2018/19. There was one new investigation received during June 2020.



Feedback Team has ensured that all Ombudsman timescales are met to ensure continued timeliness when communicating with the Ombudsman. The Health Board has Key Performance Indicators in place, which are monitored on the Datix system, assist with achieving the timescales set by the Ombudsman.

An Ombudsman Project Plan has been implemented, and a tailored training programme providing Ombudsman Learning and Assurance training has been delivered to each Unit Governance Team, based on identified themes and trends. The training incorporated the importance of complying with actions agreed at meetings with complainants and in complaint responses. This will ensure a robust system is in place in the Service Delivery Units.

The Public Service Ombudsman (PSO) has issued his annual fact sheet for 2019/20 in relation to complaints received from Health Boards. The Table below compares the number of complaints against the Health Board which were received by the PSOW during 2019/20, and the number of complaints per 1,000 residents (population) and the second table details the reason the complaints were referred with the highest, 50 relating to clinical care and the second highest relating to complaints management – 10. An analysis of the 50 complaints is being undertaken and will be used in the learning event to be held Q3/Q4 of 2020/21 and will also inform the complaints learning newsletter.

Health Board	Complaints Received	Complaints received per 1000 people (population)
Aneurin Bevan University Health Board	140	0.24
Betsi Cadwaladr University Health Board	227	0.33
Cardiff and Vale University Health Board	100	0.20
Cwm Taf Morgannwg University Health Board	80	0.18
Hywel Dda University Health Board	92	0.24
Powys Teaching Health Board	23	0.17
Swansea Bay University Health Board	91	0.23
	753	0.24

#### Complaints Received by Subject with percentage share

Swansea Bay University Health Board	Complaints Received	
Adult Social Service - Services for vulnerable adults (eg with learning difficulties. or with mental health issues)	1	1.10%
Complaint Handling- Health	10	10.99%
Health - Appointments/admissions/discharge and transfer procedures	3	3.30%
Health - Clinical treatment in hospital	50	54.95%
Health - Clinical treatment outside hospital	6	6.59%
Health - Continuing care	5	5.49%
Health - Funding	3	3.30%
Health - Other	4	4.40%
Health - Patient list issues	7	7.69%
Various Other - Poor/No communication or failure to provide information	2	2.20%

#### 4.4 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 the both Ombudsman & Complaints Network Meetings will continue throughout 2020. These meetings are currently being undertaken and attended remotely.
- Appropriate early resolution is considered on receipt of each Ombudsman enquiry and investigation.
- A meeting with the Health Board's Ombudsman Improvement Officer confirmed that the Health Board are increasingly resolving Complaints via early resolution, negating the requirement for a full Ombudsman investigation.
- Tailored Mental Health & Learning Disabilities training is currently being arranged to reinforce the "Regulations" and Redress process.
- A Learning Event based on sharing learning and providing assurance, based on complaints themes and trends, was scheduled for the 28<sup>th</sup> April 2020 during Patient Experience Week but this was postponed due to the current COVID situation. Alternative means of delivering such events and training are currently under consideration with the aim being to hold this event in Q3/Q4.
- Complaints Newsletter to be issued in Q3 which will include learning from Ombudsman cases and management of complaints.
- A meeting with the Ombudsman Improvement Officer took place on the 10<sup>th</sup> March 2020 who confirmed he was happy with the progress the Health Board is making but will continue his role as the Improvement Officer and support with complaints training for the Consultants Training day and Unit training.

## 5 Incidents

### 5.1 Incident Reporting & Performance

For the period 1<sup>st</sup> May 2020 to 31<sup>st</sup> May 2020 a total of 1300 incidents were reported. The severity of the level of harm of incidents reported is set out as follows:

Severity of Harm	Incidents Reported
No Harm (1)	842
Low (2)	369
Moderate (3)	79
Severe (4)	2
Death (5)	8
<b>Total</b>	<b>1300</b>

From all the incidents reported, the top five themes relate to:

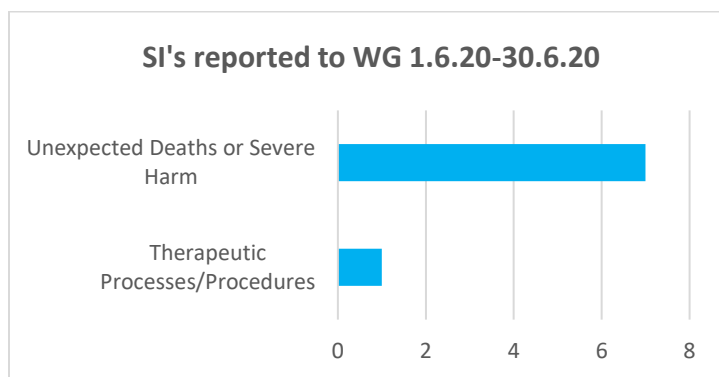
- Patient Accidents/Falls– 236 (18.1%) incidents
- Injury of unknown origin – 205 (15.7%) incidents
- Pressure Ulcers - 176 (13.5%) incidents
- Behaviour – 105 (8.1%) incidents
- Behaviour - Violence & Aggression - 78 (6%) incidents

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. Further analysis will be undertaken in relation to the Injury of Unknown Origin and reported to the next meeting.

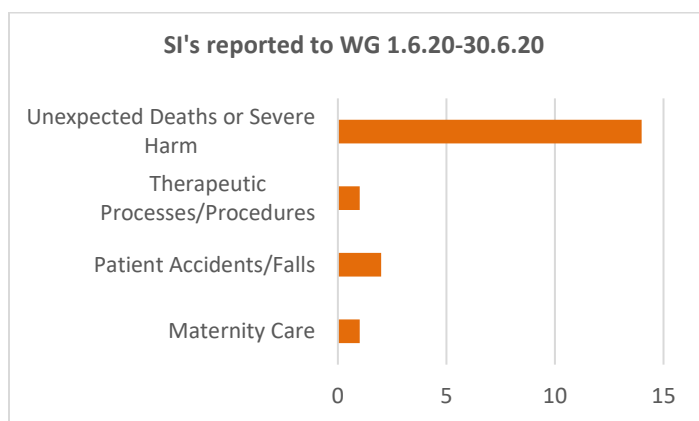
Behavioural incidents are reported and monitored through the Health and Safety Operational Group and reported to the Health and Safety Committee.

## 5.2 SI's Reported 1<sup>st</sup> June 2020 to 30<sup>th</sup> June 2020

During June 2020 a total of 8 serious incidents were reported to Welsh Government of which 7 related to unexpected deaths and 1 therapeutic processes/procedures.



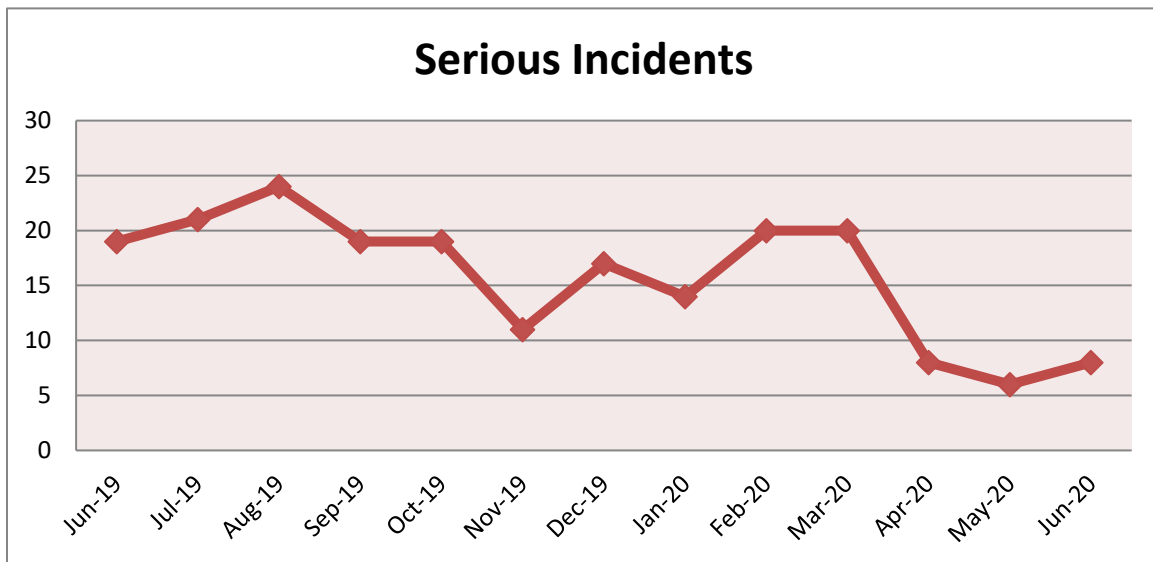
SI's reported to WG 1.6.20-30.6.20	
Therapeutic Processes/Procedures	1
Unexpected Deaths or Severe Harm	7



SI's reported to WG 1.6.20-30.6.20	
Maternity Care	1
Patient Accidents/Falls	2
Therapeutic Processes/Procedures	1
Unexpected Deaths or Severe Harm	14

In comparison to the same period in 2019 the number of serious incidents reported to Welsh Government was higher, 18 (8 in 2020). This is linked to the Welsh Government changed criteria for reporting of Serious Incidents during the Covid-19 outbreak. Welsh Government are presently working with stakeholders to review the Serious Incident Framework.

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



### 5.3 Never Events

The last Never Event was reported to Welsh Government on the 23<sup>rd</sup> June 2020 (Retained foreign object post procedure – Burns & Plastics). During 2020/21 the Health Board reported seven never events to Welsh Government relating to:

- Wrong Implant/Prosthesis
- Retained Foreign Object
- Wrong tooth extraction – two cases
- Wrong site surgery – three cases

The Health Board has investigated these incidents and the learning from the closed cases has been presented to the Quality & Safety Governance Group and Quality & Safety Committee. A Newsletter setting out the learning and actions taken will be issued in Q2 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 Q2.

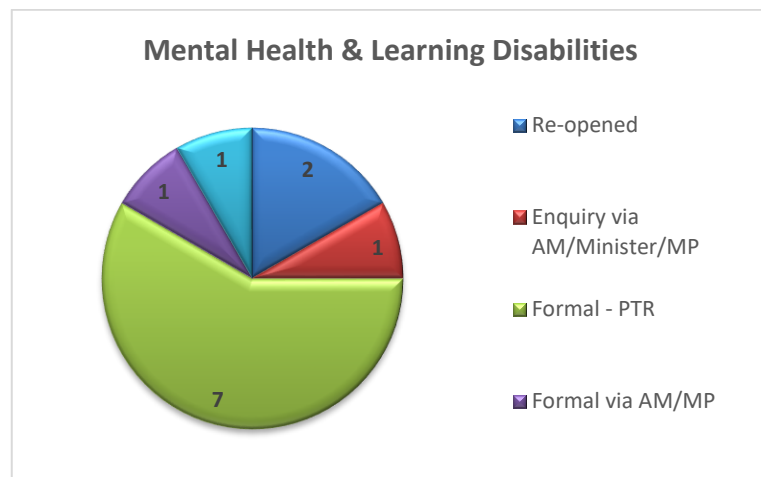


## 6. DELIVERY UNIT REPORTS

### Mental Health & Learning Disabilities Services Delivery Unit

1<sup>st</sup> June – 30<sup>th</sup> June 2020

Mental Health & Learning Disabilities SDU received 12 concerns.



#### Top Complaint Trends

- Communication (7)



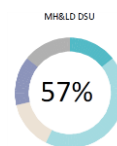
- No Never Events
- 0 Clinical Negligence claim
- 0 Personal Injury claim

#### Incidents:

298 incidents were reported with the 3 top themes being:

- Inappropriate/Aggressive Behaviour towards staff by patient – (59)
- Self-harming behaviour – (42)
- Inappropriate/Aggressive Behaviour towards patient by patient – (35)

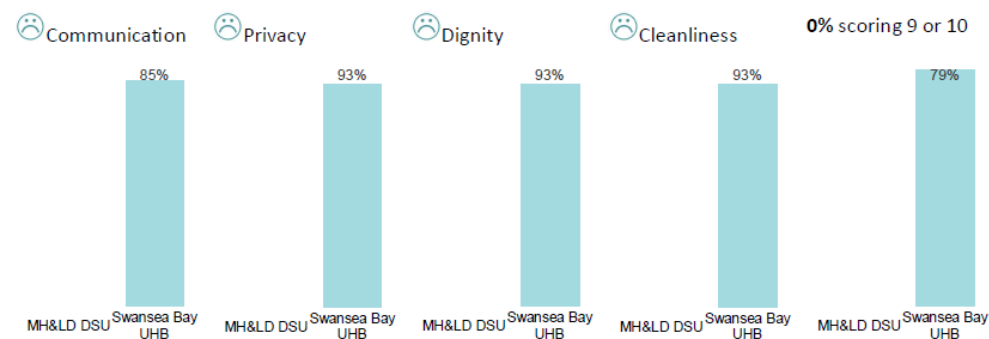
#### 7 Serious Incident's: all relating to unexpected deaths



#### Friends & Family Results – June 2020

of the 4 respondents said they would be extremely likely or likely to recommend the clinical service

#### All Wales Survey

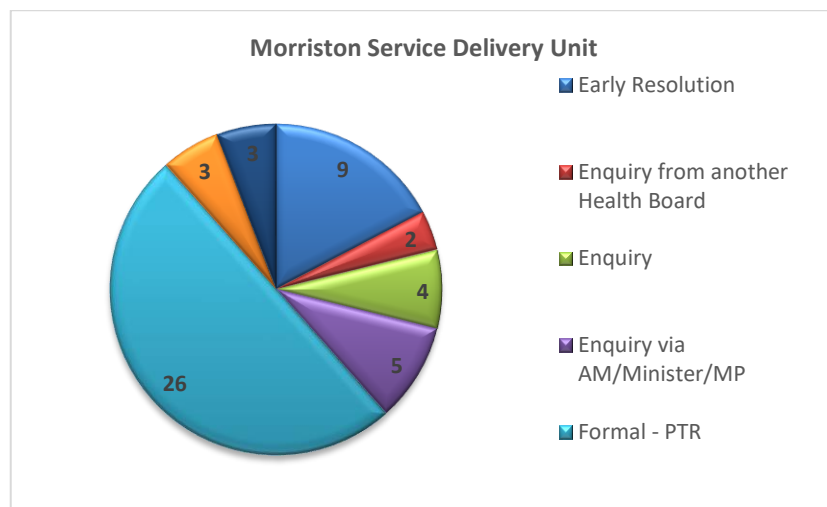


There was no All Wales Surveys completed for the Service Delivery Unit during June 2020.

# Morrison Hospital Service Delivery Unit

1<sup>st</sup> June– 30<sup>th</sup> June 2020

Morrison Hospital SDU received 52 concerns.



## Top Complaint Trends

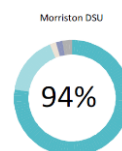
- Admissions (14)
- Communication (13)
- Clinical Treatment (8)
- 3 Clinical Negligence Claims
- 1 Never Event
- No Personal Injury Claims

## Incidents:

454 incidents were reported with the 3 top themes being:

- Moisture Lesion– (72)
- Injury of unknown origin – (33)
- Diarrhoea/Vomiting – (28)

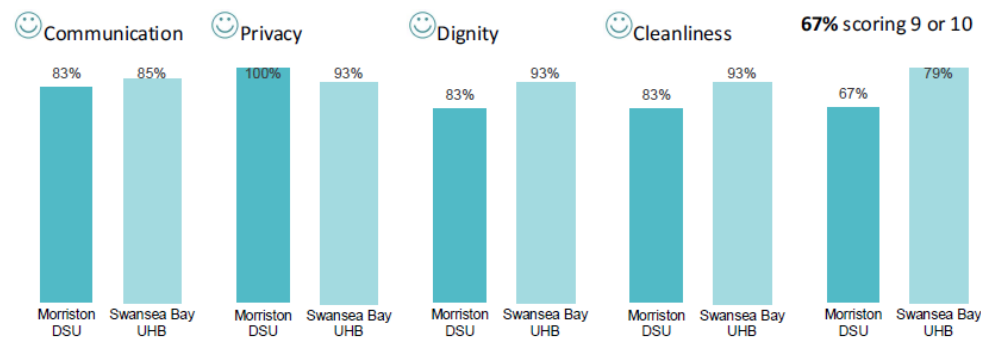
One Serious Incident were reported during May 2020 which was the Never Event – retained foreign object post procedure



## Friends & Family Results – June 2020

of the 103 respondents said they would be extremely likely or likely to recommend the clinical service.

## All Wales Survey

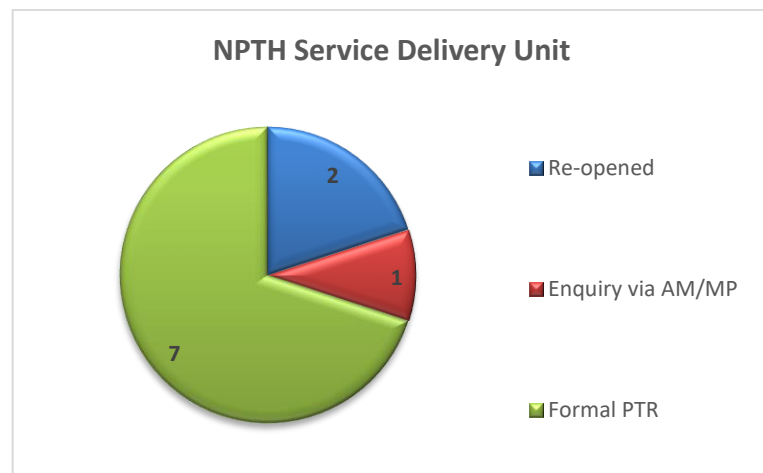


6 All Wales Surveys were received for the Service Delivery Unit during June 2020 with the overall score of 67%.

# Neath Port Talbot Hospital Service Delivery Unit

1<sup>st</sup> June – 30<sup>th</sup> June 2020

Neath Port Talbot SDU received 103 concerns



## Top Complaint Trends

- Communication (4)
- Clinical Treatment (3)



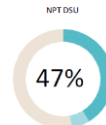
- No Personal Injury claims
- No Never Events
- No Clinical Negligence claims

## Incidents:

106 incidents were reported with the 3 top themes being:

- Suspected Slips/Trips/Falls (un-witnessed) – (46)
- Suspected Slips/Trips/Falls (witnessed) – (9)
- Inappropriate/Aggressive behaviour towards staff by a patient – (9)

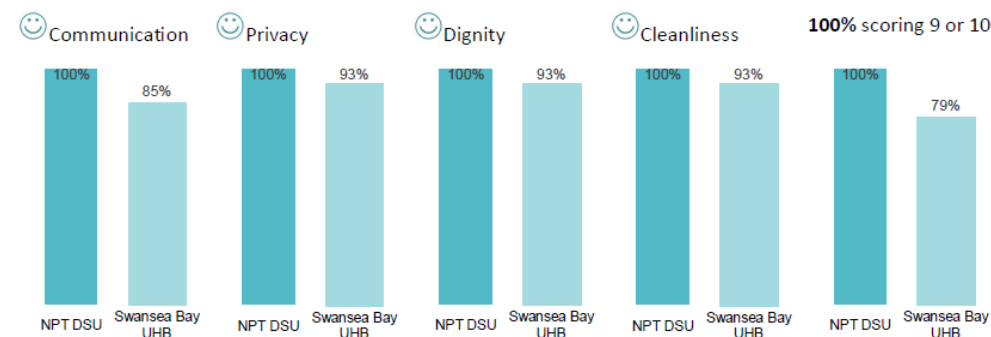
## No Serious Incident were reported



## Friends & Family Results – June 2020

of 8 respondents said they would be extremely likely or likely to recommend the clinical service.

## All Wales Survey

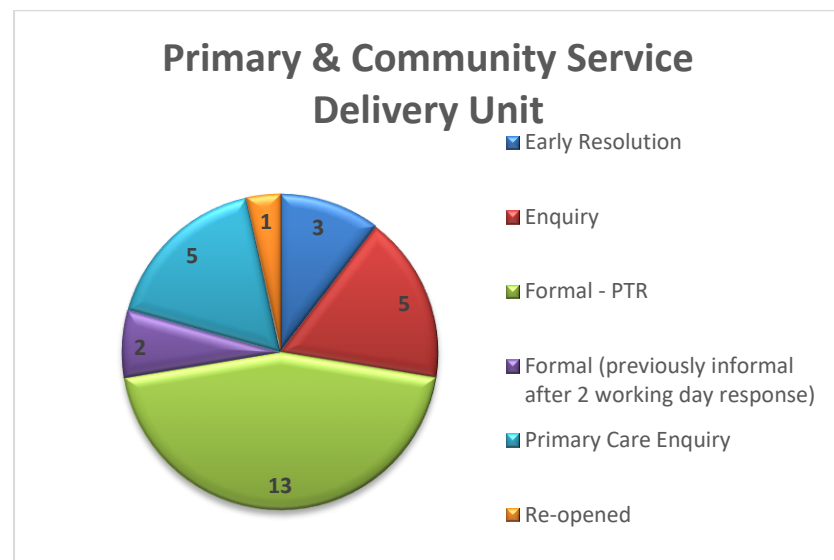


1 All Wales Survey was received for the Service Delivery Unit during June 2020 with the overall score of 100%.

# Primary & Community Service Delivery Unit

1<sup>st</sup> June – 30<sup>th</sup> June 2020

Primary & Community SDU received 29 concerns.



## Top Complaint Trends

- Clinical Treatment (10)
- Appointments (6)



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

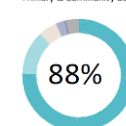
## Incidents:

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

- Pressure Ulcer – developed prior to admission (103)
- Moisture Lesion– (57)
- Pressure Ulcer – developed in current clinical area – (29)

## No Serious Incidents were reported

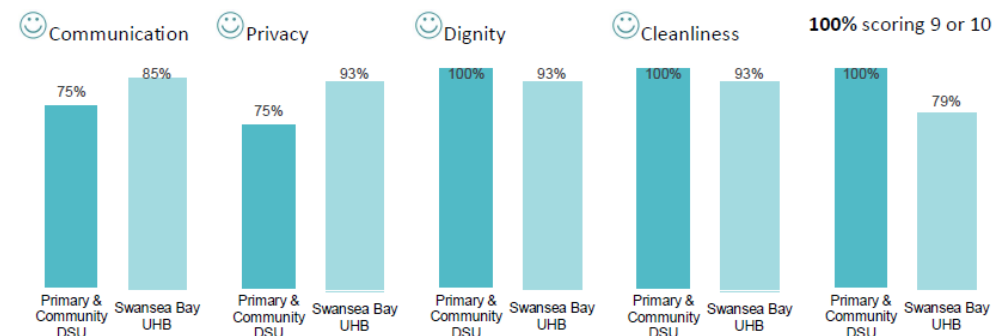
Primary & Community DSU



## Friends & Family Results – June 2020

of the 147 respondents said they would be extremely likely or likely to recommend the clinical service.

## All Wales Survey

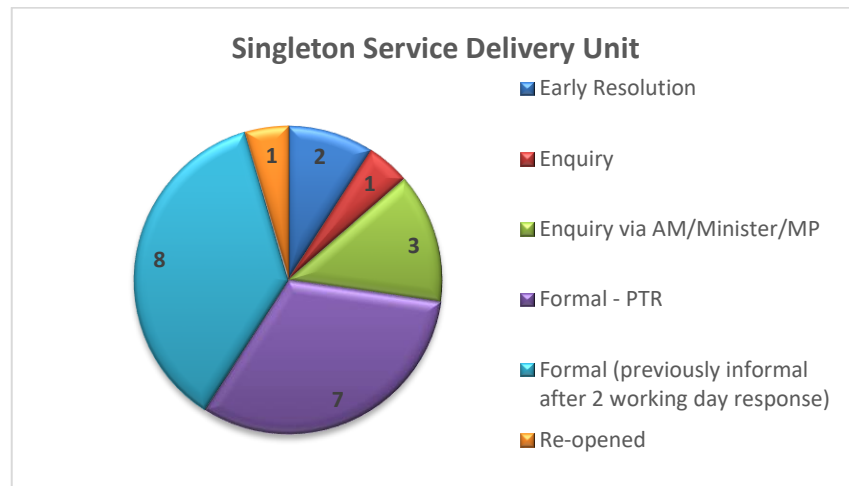


4 All Wales Surveys were received for the Service Delivery Unit during June 2020 with the overall score of 100%.

## Singleton Hospital Service Delivery Unit

1<sup>st</sup> June – 30<sup>th</sup> June 2020

Singleton Hospital SDU received 22 concerns.



### Top Complaint Trends

- Admissions (5)
- Appointment (4)
- Attitude & Behaviour (4)



- 0 Never Events
- 0 Personal Injury Claims



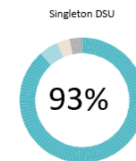
- 3 Clinical Negligence claims

### Incidents

325 incidents were reported with the 3 top themes being:

- Maternity Triggers – (58)
- Suspected Slips/Trips/Falls (unwitnessed)– (25)
- Neonatal Triggers (21)

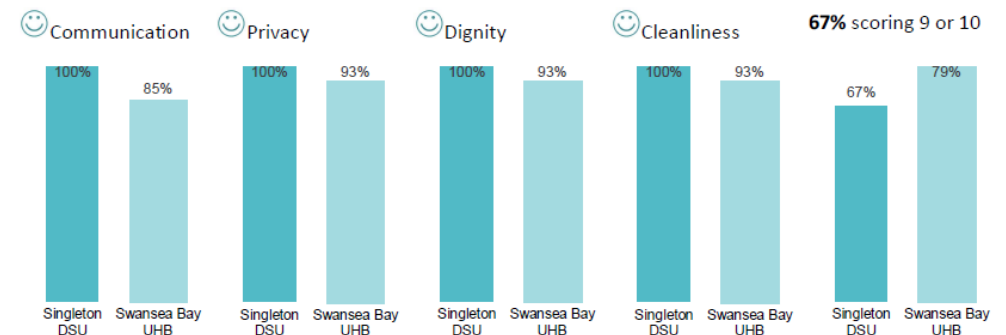
### 0 Serious Incidents:



### Friends & Family Results – June 2020

82 respondents said they would be extremely likely or likely to recommend the clinical service.

### All Wales Survey



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