



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	24 November 2020	Agenda Item	3.3
Report Title	Patient Experience Report		
Report Author	Hazel Lloyd, Head of Patient Experience, Risk & Legal Services		
Report Sponsor	Pam Wenger, Director of Governance		
Presented by	Hazel Lloyd, Head of Patient Experience, Risk & Legal Services		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to provide the Committee with an update against the work of the Patient Experience, Risk & Legal Services Department.		
Key Issues	<p>Key issues to highlight include:</p> <ul style="list-style-type: none"> • Patient Feedback - October there were 1,047 Friends and Family online survey returns which results in 82% of people stating they would highly recommend the Health Board to Friends and Family which was a 11% decrease from September 2020 – full details on Page 3 of Appendix 1. • Patient Stories: To strengthen the Staffs Social distance and PPE messages across the organisation we developed a patient story called 'Williams Story'. This story was played at Gold and shared across the organisation. There is also a request from Welsh Government to also use the story during their meetings. • During the month of October 2020, the Health Board's PALS Teams recorded 649 records on the Datix system, this compared to a total of 184 contacts for October 2019. • Communication training for staff - A bulletin placed on the staff intranet in September has been very successful and a number of contacts from across the Health Board have been in touch to arrange communication training. • Compliments – 55 recorded for October. 		

	<ul style="list-style-type: none"> • Complaints – 199 received in October. During October there were 48 complaints received which related to cancelled or delayed appointments or admissions. • The Health Board recorded 72% complaint performance against the 30 working day target in August 2020. The Welsh Government Target is 75%. • Feedback from Patients in a Prison Setting – improvement plan attached as Appendix 2. • Details of Primary and Community Care complaints are provided on Page 18 of Appendix 1. • Concerns Redress Assurance Group – A Concerns and Redress meeting was held with the Mental Health and Learning Disabilities Delivery Unit on 10th November. The meeting was extended to cover governance arrangements for reporting and investigating serious incidents and inquests. It was agreed that the Service Group would submit an improvement plan to the Quality & Safety Governance Group in December 2020. • Never Events – Details of the learning from Never Events have been summarised starting on page 22 of Appendix 1. A new Never Event was reported to the NHS Delivery Unit in November 2020 (Wrong component used) and Strategy meeting held on 11th November 2020. Action plan developed following the Executive Gold Command Never Event meeting is attached as Appendix 3. • A position update regarding the Once for Wales System is on Page 24 of Appendix 1. 			
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance	Approval
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recommendations	Members are asked to: <ul style="list-style-type: none"> • NOTE the contents of the report 			

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
The patient experience, incidents and complaints have been reviewed by the Units Quality & Safety Teams to take forward any learning to mitigate recurrence.		
Financial Implications		
Financial implications will be assessed following completion of the investigations.		
Legal Implications (including equality and diversity assessment)		
Investigation are ongoing in relation to the incident and complaints and will be managed in accordance with the Civil Procedure Rules of the NHS Concerns, Complaints and Redress Arrangements Wales Regulations 2011		
Staffing Implications		
Staff in the Patient Feedback Team changed their work pattern to respond to the timeliness required in relation to the Covid-19 complaints working a 7 day rota 9 – 5pm.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
No implications for the Team to be notified of.		
Report History	<ul style="list-style-type: none"> • Bi monthly to the Quality & Safety Committee • Monthly to the Quality & Safety Governance Group 	
Appendices	<ul style="list-style-type: none"> • Appendix 1: Patient Experience, Risk & Legal Services Report • Appendix 2 Prison Setting Feedback improvement plan. • Appendix 3 Overarching Gold Never Event Action Plan 	