Patient Experience, Risk & Legal Services
Report
June 2021

This report provides information on Patient Experience, Risk & Legal Services what it means and how we are using it to improve the service. Included within this report is the current performance of the Health Board's Service Groups and learning.

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1. PATIENT EXPERIENCE UPDATE

Due to Covid-19, the collection of the Friends and Family paper forms has been suspended from 23rd March 2020 until the Covid situation improves.

For the month of June there were 3,397 Friends and Family survey returns which resulted in 97% of people stating they would highly recommend the Health Board to Friends and Family. This is a 4% increase from May 2021 where the recommendation score was 93%.

Results by Service Group

Morriston Service Group:

- 934 Number of friends and family surveys completed
- 97% of who rated their overall experience of the service as good or very good

Singleton & NPT Service Group:

- 1,808 Number of friends and family surveys completed
- 97 % of who rated their overall experience of the service as good or very good

Primary Community & Therapies Service Group:

- 532 Number of friends and family surveys completed
- 100 % of who rated their overall experience of the service as good or very good

Quarantine cases (unmapped cases awaiting release):

- 123 Number of friends and family surveys completed
- 91 % of who rated their overall experience of the service as good or very good

Mental Health Service Group

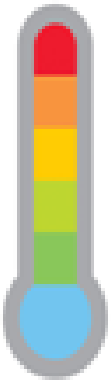
The mental health Service group report is being developed currently, the service use a different set of questions.

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

- Bay Field Hospital MVC – Community (339 responses)
- Outpatients Yellow – Neath Port Talbot Hospital (28 responses)
- Cardio Respiratory – Morriston Hospital (14 responses)
- Burns Outpatient Department - Morriston Hospital (13 responses)
- Dan Danino Ward – Morriston Hospital (15 responses)
- Physiotherapy - Morriston Hospital (30 responses)

- Theatre Admissions Unit – Morriston Hospital (10 responses)
- CHDU – Morriston Hospital (7 responses)
- Early Pregnancy Unit – Singleton Hospital (9 responses)
- Plastic Surgery Treatment Centre – Morriston Hospital (13 responses)

The 9 lowest scoring (Below 90%) areas for the reporting period (1st June to 30th June 2021) were:



- Singleton Assessment Unit – Singleton Hospital (78%) (9 responses)
- Ward B2 – Neath Port Talbot Hospital (78%) (9 responses)
- Morriston TIA Clinic – Morriston Hospital (71%) (7 responses)
- Ward 03 (Elderly Care) – Singleton Hospital (67%) (3 responses)
- Neonatal Intensive Care Unit - Singleton Hospital (50%) (2 responses)

All issues have been raised with the PALS teams and people have been contacted if they have left contact details.

1.1 Patient Experience Team

Civica the new Patient feedback system: The New Patient Feedback System is live and is collecting SMS, Online and Paper surveys.

Staff training sessions with Civica are planned for July recording of the training will be available along with user guides. Drop in sessions from August until the end of the year.

The F&F App is now live and deployed to the iPad kiosk devices.

The next stage is to develop the Interactive Voice Recognition – IVR for patients who do not have a mobile phone and only use a landline.

From the feedback we have developed a Thank you bulletin and short thank you film. This will be on the staff intranet during July.

Meeting with the transformational team on how the new system can capture PROMS alongside PREMS.

Staff side and Workforce are exploring using the Civica system to continually capture staff experience alongside patient feedback.

Patient /Staff stories SB along with NHS England hosted its third Storytelling for Health conference 17th – 19th June 2021. The event was limited to 30 delegates due to Covid. The aim was to debate and raise the questions that will stimulate conversations for the online session in September.

Highlights from our People's stories work 2021

Stories continue to be made by an increasing number of SBHB story facilitators. There are now 40 members of staff on the active story facilitators list although those actually making stories is a smaller number. To support all facilitators actively make stories there is now a monthly forum alternating with a monthly training opportunity to improve the amount and quality of the stories made.

Stories which have been made are then uploaded to the sharepoint site and the patient experience team meets every 6 weeks with Prue Thimbleby who leads the digital storytelling to review the stories and plan how to disseminate them. They are regularly shown at all board meetings, all Q&S meetings and at NMB as well as other events and in training.

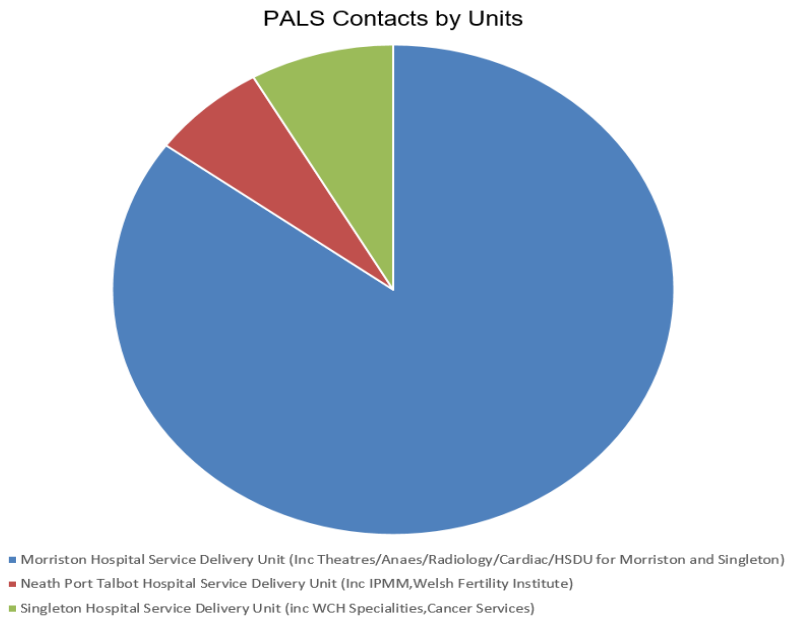
Prue recently convened the 3rd International Storytelling for Health Conference. Due to current restrictions this took a different form this year. Over two days in June 25 presenters and a film crew gathered at the Waterfront Museum and debated the issues. Six films will be made capturing the themes of the event. These films will be the starting point for a series of international online debates in September.

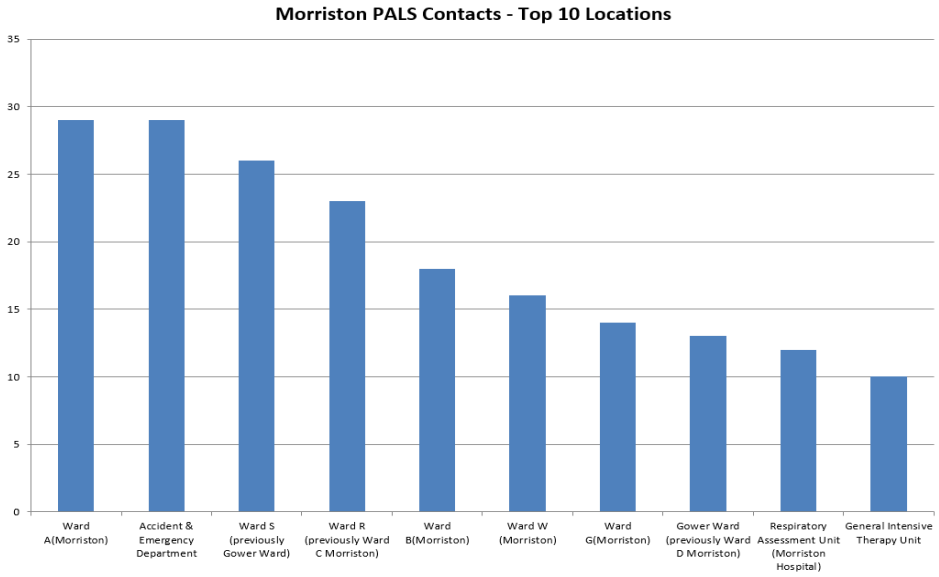
SBHB is leading in training new story facilitators across the UK. This year NHS England have brought six full training courses, Aneurin Bevan HB have brought one and so have Livewell which is a health trust in Plymouth. There have so far been two courses for SBHB staff and will be a third in the Autumn, plus a course for other organisations in Wales such as Public Health Wales, Hywel Dda HB and Mencap. The training is accredited at MA level by the University of South Wales.

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

During the month of June 2021, the Health Board's PALS Teams recorded 374 records on the Datix system, this compared to a total of 1559 contacts for June 2020.

These are broken down by each PALS Team/Delivery Unit below, Morriston having the highest number with 318 contacts.

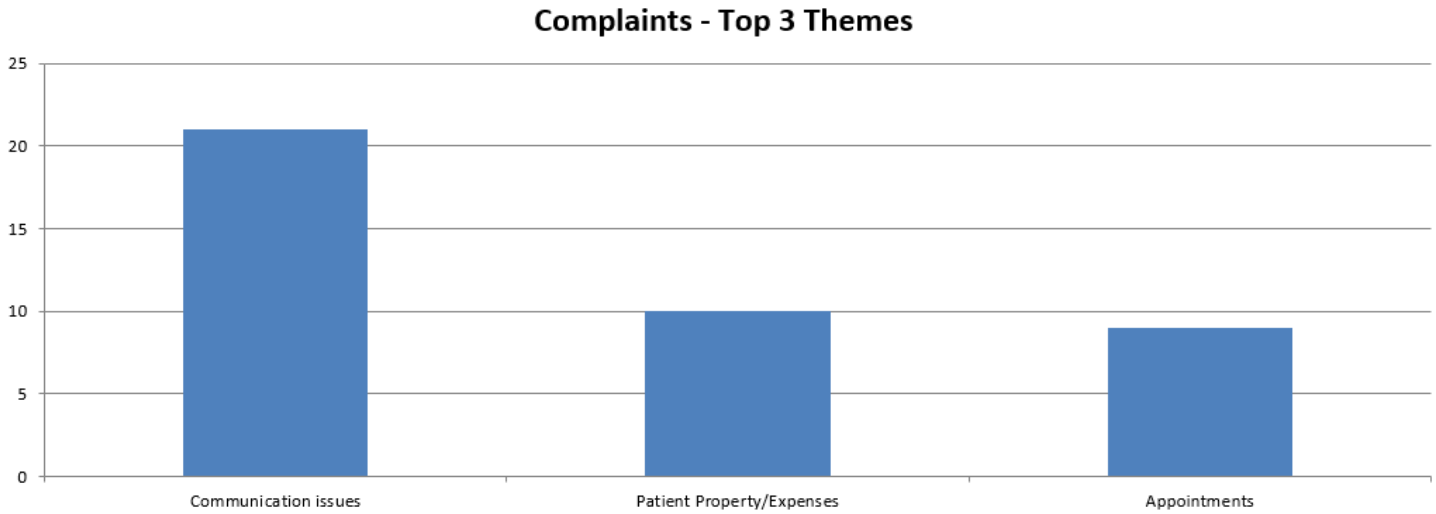




The PALS teams deal with a variety of different situations ranging from complaints to compliments, below shows the contacts by type;

Advice	9
Bereavement	14
Comment	4
Compliment	27
Concern	80
Help	5
Information	90
Support	146

Out of the 80 concerns received via the PALS Team, the top complaint issues are below;



1.4 All Wales Patient Experience Questionnaire

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

Reduced numbers of returns due to Covid

There was no data for June 2021 due to changing systems

Percentage of patients that ticked 'Always' to the following questions: Treated with Dignity?											
Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
100%	100%	92%	92%	93%	88%	96%	96%	65%	90%	96%	97%

You were given help with feeding and drinking											
Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
100%	0%	0%	80%	40%	76%	75%	100%	50%	86%	83%	92%

Were you given the support you needed to help with any communication needs?											
Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
100%	93%	82%	87%	89%	83%	90%	100%	64%	89%	89%	94%

Were things explained to you in a way that you could understand?											
Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
95%	100%	92%	94%	87%	76%	89%	89%	76%	90%	92%	97%

Did you feel we did enough to keep you as free as possible from pain?											
Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
100%	100%	67%	89%	79%	85%	81%	76%	60%	80%	83%	93%

People are kind and compassionate to you?											
Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
100%	100%	78%	92%	96%	81%	91%	81%	67%	86%	87%	96%

People are welcoming, friendly and helpful?											
Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
100%	100%	67%	90%	91%	83%	96%	81%	67%	86%	87%	96%

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?											
Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
100%	80%	67%	86%	83%	84%	71%	86%	70%	80%	84%	81%

2. LEARNING FROM FEEDBACK

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

‘Let’s Talk’ – JUNE 2021

For June there were 100 contacts. 26 were converted to complaints; 2 compliments, 3 sent to PALS. The remaining related to queries which were referred back to GP surgeries, Vaccine correspondence and marketing emails/ accidental pocket calls.

No social media emails

There was one comment from Care Opinion for June 2021.

I Want Great Care

Morriston Hospital received two positive pieces of feedback for the month of June.

The feedback received read:

- I highly recommend the care I received from all the staff at the Morriston hospital
- I was seen on Ward W great team ⋆ ⋆ ⋆ ⋆ ⋆

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2.1 Learning from Events

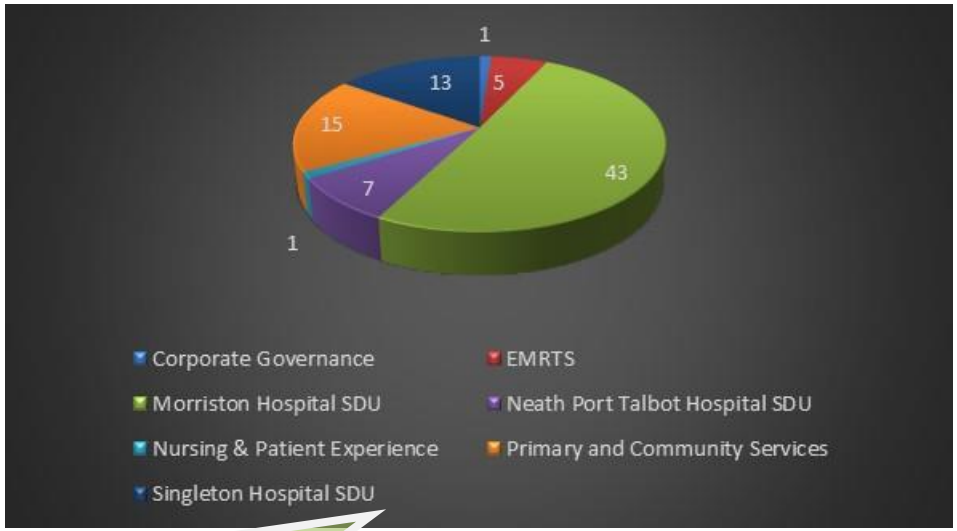
This section of the report will include learning from events for example: SI’s, incidents, complaints, claims, inquests and Redress cases. The Learning from Events will be issued using the RL Datix alerts module to ensure the Service Groups receive them.

The NHS Delivery Unit issues the first leaning brief nationally from NHS organisations reporting learning from Covid-19 cases: **CoRSEL learning update #1** To all HBs/Trusts. The update provided a summary of **early learning** related to in-hospital transmission of Covid-19. The learning brief has been shared with Covid Gold members and distributed to Units through the Datix Alerts module.

3. COMPLIMENTS

A total of 85 compliments were recorded on Datix between 1st June 2021 and 30th June 2021. A breakdown by the Delivery Units is provided on Page 8 and a selection of compliments received.

3.2 Written Compliments – June 2021



"Thank you for all the care and kindness that you gave to us as a family."

Specialist Palliative Care, Singleton Hospital

"Thanks to the fabulous team in Neath. They put me at ease straight away, explained everything in detail and were very supportive and kind."

IVF, Neath Port Talbot Hospital

Thanks to staff at both Liberty Testing Centre and Gorseinon MVC. Staff are kind, patient, friendly and professional at all times. Both sites ell organised. Staff are a credit to the Health Board, to the MHS and to Swansea.

Anti-Body Testing. Nursing & Patient Experience

Thanks to the DTU at the Resource Centre. Also thanks to the NHS for keeping us alive during Covid-19. "You are the best, once again, thank you."

Dental Teaching Unit, P&C Services

Thanks to all staff on Pembroke ward. They are a top team. Also thanks to the surgical team who were superb.
If these people are in any way an example of the standard of personnel at your hospital in Morriston, then you have what could be classed as a Gold Standard A team.

Pembroke Ward, Morriston Hospital SDU

"You are all doing an amazing job, fighting this Covid, very well done, you all deserve a medal honestly."

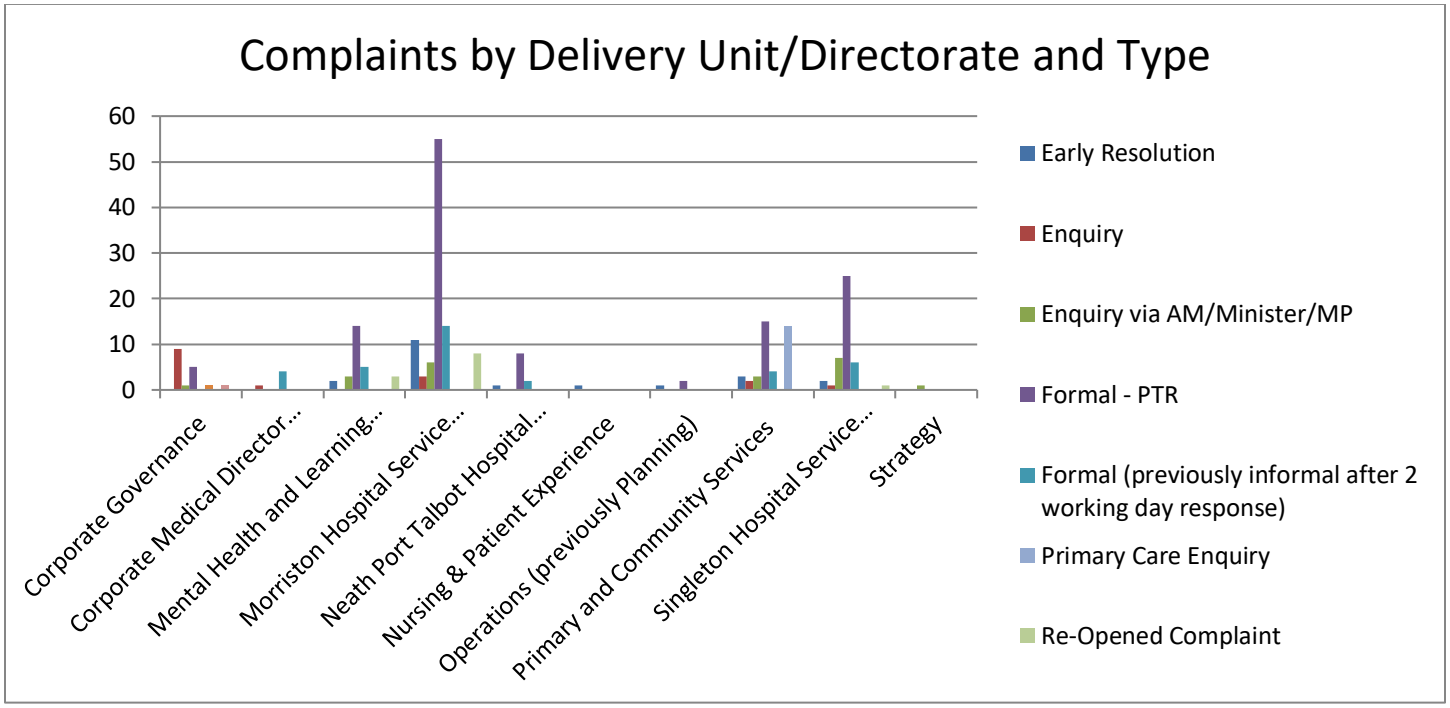
Bay Field Hospital, Corporate Governance

4. CONCERNS MANAGEMENT

4.1 Complaints – June 2021

Complaints 1.6.21 – 30.6.21

The Health Board received 243 complaints during the month June 2021, please see breakdown by unit and type below;



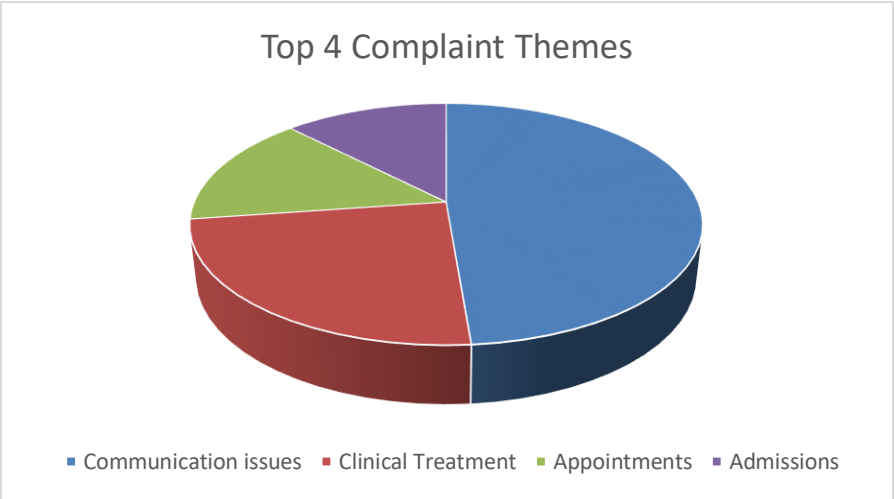
Out of these 243 complaints, 9 related to COVID-19, please see subject breakdown below;

Bay Field Hospital Incident	1
Lack of communication	1
Acquired COVID-19 during admission	1
Access to other treatment	6

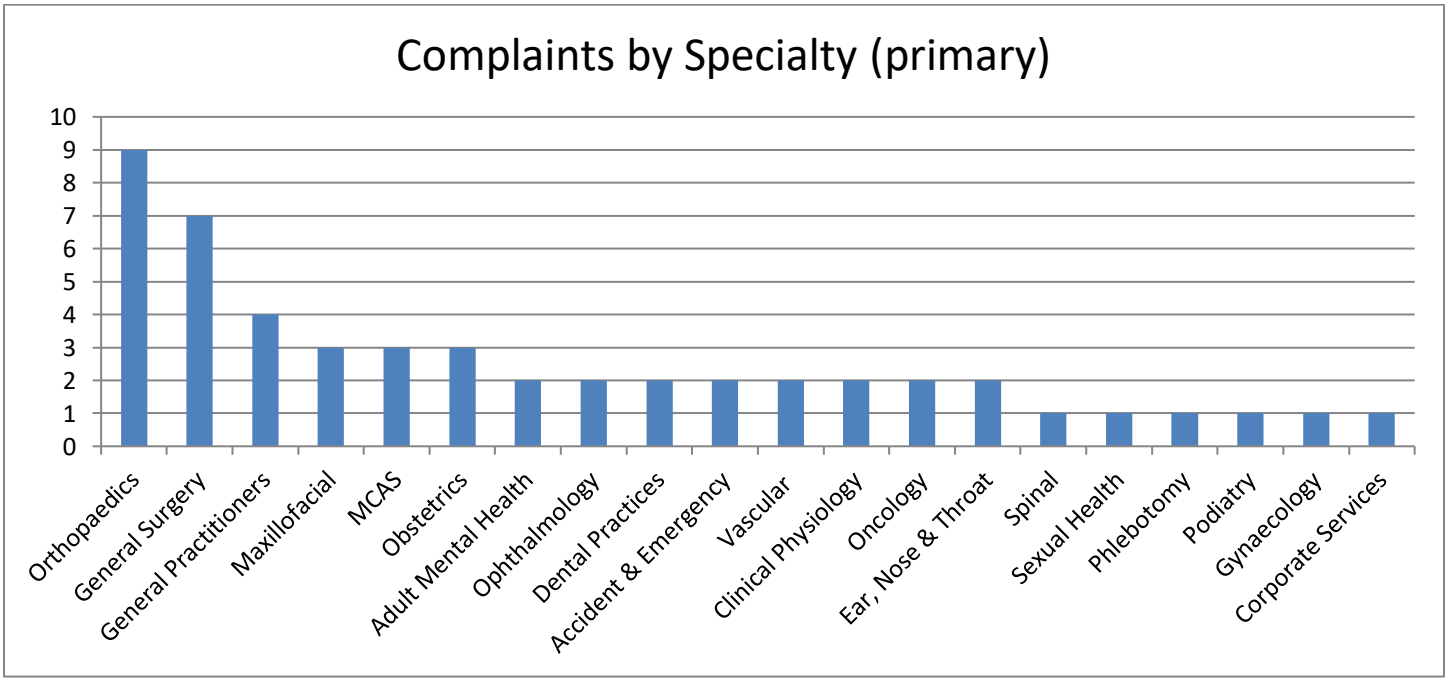
During June 2021, the Health Board received 9 enquiries regarding the COVID-19 Vaccine.

The Complaints Team are currently supporting the Vaccine Enquiry Inbox, they are reviewing all communications into the Health Board and ensuring that they are responded to in a timely manner.

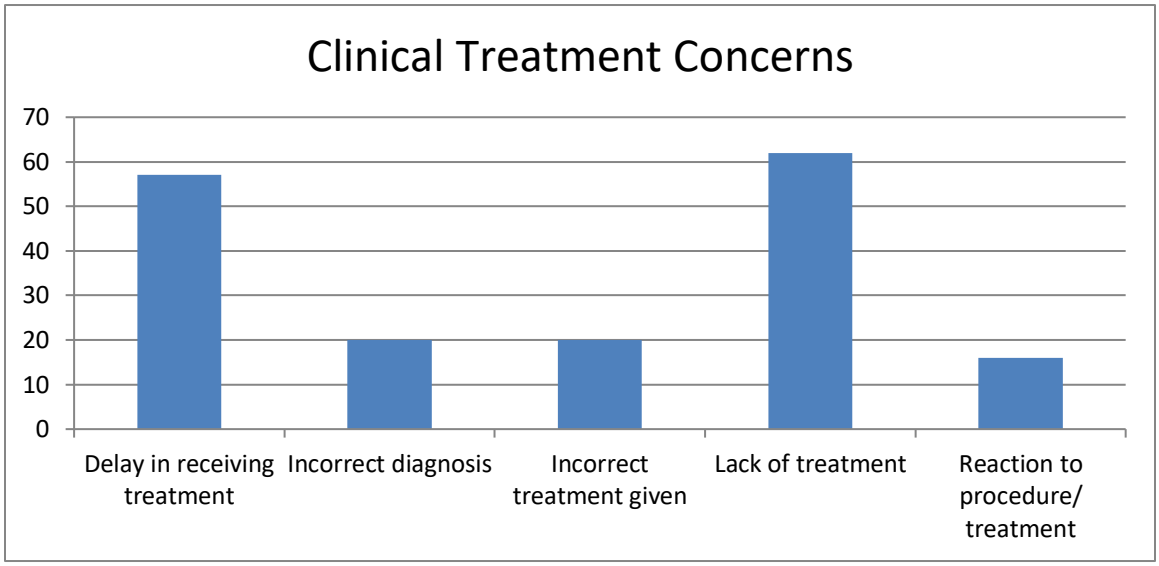
Top 4 Complaint Themes



During June there were 48 complaints received which related to cancelled or delayed appointments or admissions. Please see breakdown by specialty below, as you can see Orthopaedics received the most complaints;



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



4.2 Concerns Assurance

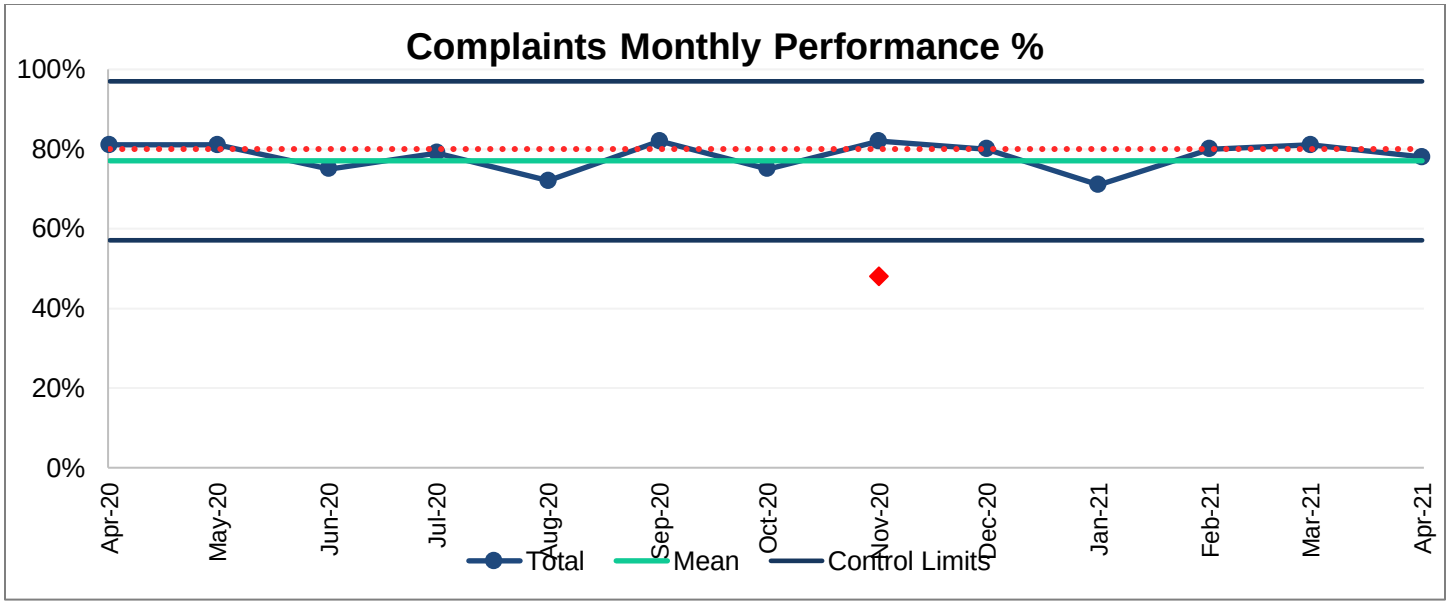
On a monthly basis, the Health Board conducts a Concerns Redress Assurance Group (CRAG) where the Corporate Complaints Team review recently closed complaints. A 'deep dive' review is undertaken on each Service Groups in turn, as well as the review of a selection of closed complaints from the other Service Groups. During this review, any agreed actions by the Service Groups are monitored by the Corporate Complaints Team to confirm actions are completed to ensure compliance. CRAG is continually developing and evolving to ensure that the best possible learning and assurance is attained by the Health Board.

CRAG meetings have been held with Primary Care, Singleton and NPTH service groups during the month of June. The meeting was positive and all complaints had been responded to appropriately and in compliance with the Regulations.

The next CRAG meeting is due to be held on 15th July 2021 with Maternity Services

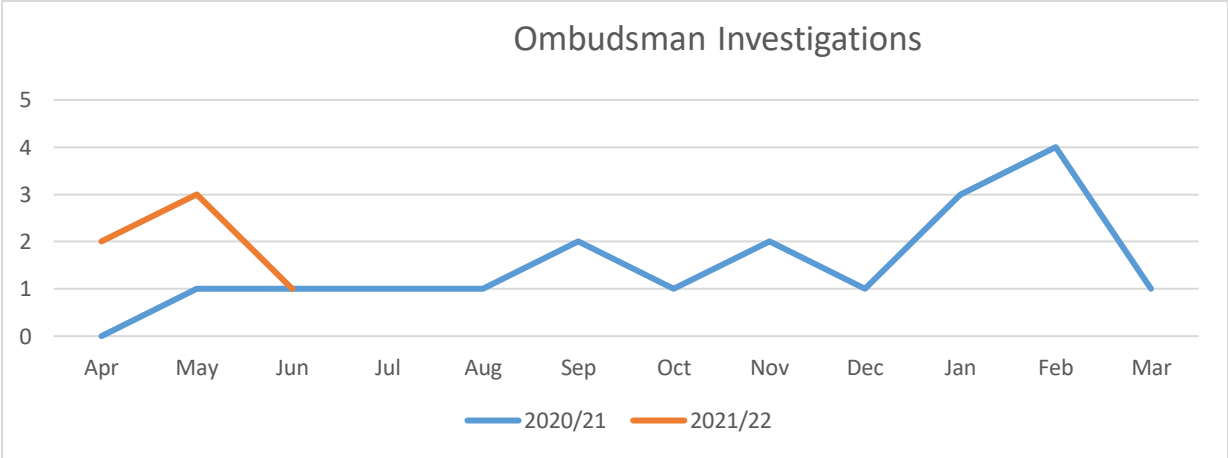
4.3 Complaints Performance

The Health Board recorded 78% performance against the 30 working day target in April 2021. The Welsh Government Target is 75%.



4.4 Ombudsman Cases

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



Concerns Actions taken/being taken include:

- Concerns Redress Assurance Group (CRAG) to continue reviewing and auditing complaint responses to ensure compliance with the “Regulations”.
- Each month a ‘deep dive’ review is undertaken on each Service Delivery Unit in turn, as well as the review of a selection of closed complaints from the other Service Delivery Units. During this review, any agreed actions by the Service Delivery Units are monitored by the Corporate Complaints Team to confirm actions are completed to ensure compliance and reported to the Quality and Safety Governance Group.

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

4.5 Incidents

Incident Reporting & Performance

For the period 1 June 2021 to 30 June 2021, a total of 1,892 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)	1350
Low (2)	427
Moderate (3)	84
Severe (4)	5
Death (5)	26
Total	**1892**

The top five themes relate to:

Incident Type Tier One - Top 5	No	
Injury of unknown origin	296	16%
Pressure Ulcers	215	11%
Patient Accidents/Falls	209	11%
Behaviour – Patient affected	177	9%
Behaviour (including Violence and Aggression) – Staff affected	139	7%

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 296 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	133
SBUHB acquired Moisture lesion	84
Injury of unknown origin	79
Total	**296**

Staff will record the following as an injury of unknown origin:

- Blisters
- Injuries where it is not known how they occurred (eg, skin tears)
- Bang on bed rails
- Injuries caused by trauma not pressure
- Diabetic/leg Ulcer
- Haematoma

Scrutiny of these 79 IUO cases identified 17 incidents which had been incorrectly coded. These cases have now been updated and coded correctly as follows:

Pressure Ulcer	8
Moisture Lesion	3
Behaviour	2
Patient Accident	2
Treatment/Procedure	1
Access & Admission (delay)	1

Consideration is being given to how health organisations in Wales classify these incidents to ensure consistency as part of the Once for Wales Work.

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

There are 2609 incidents and 49 Redress

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 will be asked to analyse this data and undertake incident closure where possible.

4.6 SI's Reported 1st June 2021 to 30th June 2021

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

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

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

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

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

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

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

Specific National Incident Categories

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

- In-patient suicides

- Maternal Deaths

- Never Events

- Incidents where the number of patients affected is significant

- Unusual, unexpected or surprising incidents

Special Reporting Arrangement

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

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

As at 8th June 2021, there were 127 open serious incidents ("SI's") of which:

- 11 relate to 2018/19.
- 39 relate to 2019/20.
- 77 relate to 2020/21

Revised Forms– To be used from 14th June 2021

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

Outcome Process

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

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

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

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

Early Warning Notifications

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

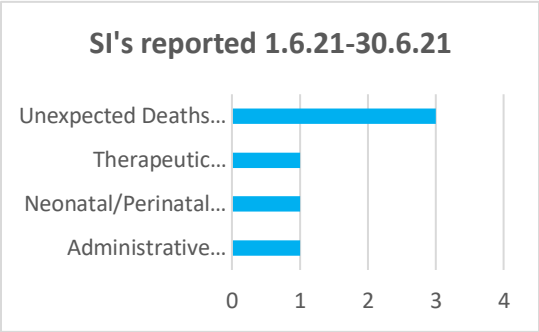
Governance and Assurance Requirements

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

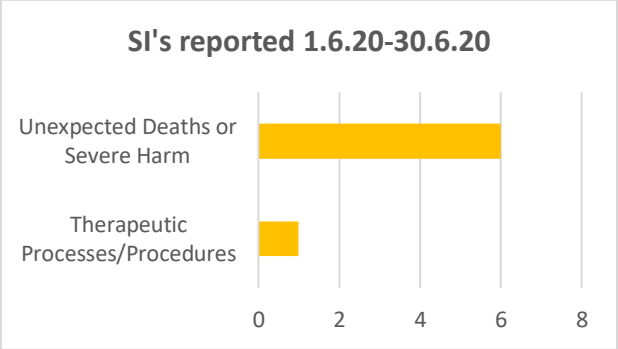
- Internal oversight, scrutiny and quality assurance of all incident reporting and investigation processes, including Executive level sign off of national incident notification and outcome
- Forms (for all three options).
- Clear and demonstrable lines of reporting to relevant Committees and the Board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

- During June 2021 a total of 6 serious incidents were reported to Welsh Government, see breakdown below;

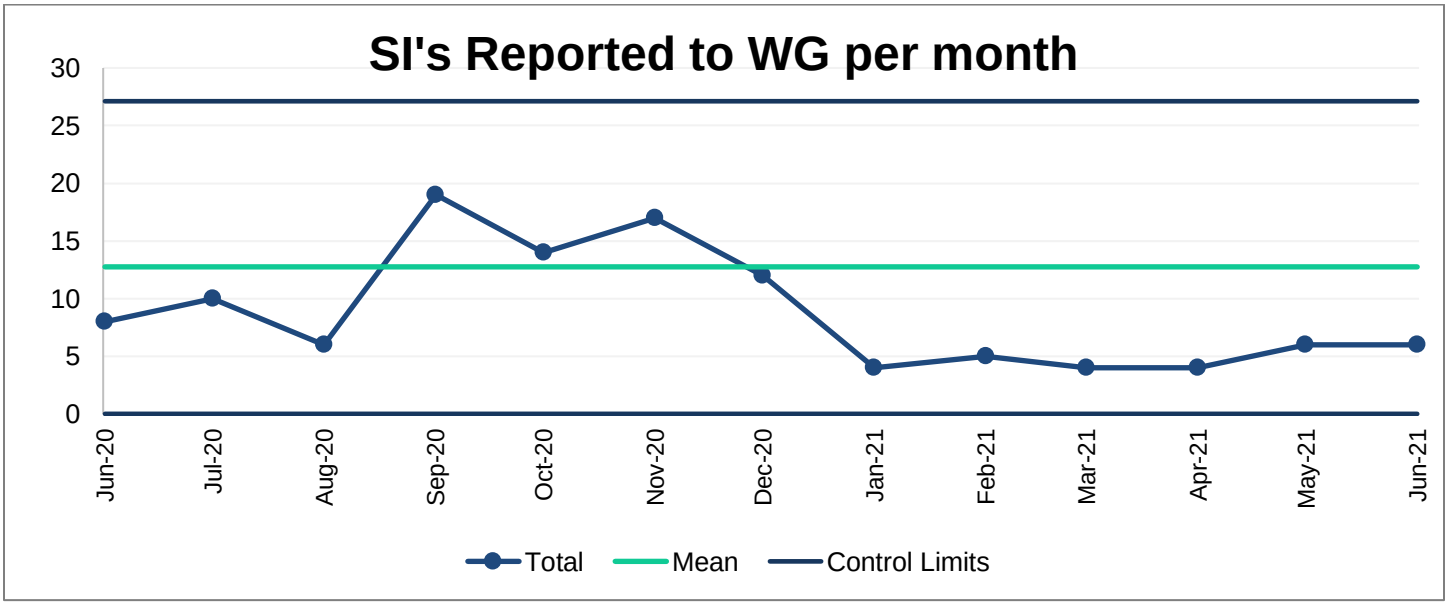
SI's reported 1.6.21-30.6.21	
Administrative Processes	1
Neonatal/Perinatal Care	1
Therapeutic Processes/Procedures	1
Unexpected Deaths or Severe Harm	3



SI's reported 1.6.20-30.6.20	
Therapeutic Processes/Procedures	1
Unexpected Deaths or Severe Harm	6



In comparison, the number of serious incidents reported to Welsh Government was the more in June 2020 with 7 Serious Incidents reported. Serious incidents reported on a monthly basis are set out in the graph below by month. During the month of June 2021 the Health Board reported 6 Serious Incidents.



Learning from SI's

The Serious Incident Team will produce a Learning brief from the Serious Incidents they investigate which will be issued via RL Datix, alerts module. The SI Team will also support the sharing of learning from SI investigations in relation to themes form SI's for example: falls; pressure ulcer; mental health cases and infection control. The Learning briefs will also be shared with the Quality & Safety Committee.

4.5.2 Never Events

The last Never Event was reported to Welsh Government on the 18th June 2021 (Retained Guidewire). During 2020/21 the Health Board reported three never events to Welsh Government relating to:

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

The Health Board has investigated these incidents and the learning from the closed cases has been presented to the Quality & Safety Governance Group and Quality & Safety Committee. A Newsletter setting out the learning and actions taken will be issued in Q3 of 2020/21.

Actions

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

Never Events during 2020/21

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

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

Learning from Closed NE's

Lessons Learnt;

- Official swab counts to be conducted whenever swabs are used, whether for procedures or examinations
- Only Raytec swabs to be used
- Documentation to be fully and accurately completed by staff
- The Midwifery Led Unit is classed as a low risk unit but they must also follow all the guidelines and procedures that adhere to the Labour & post-natal wards
- Policies and procedures are put in place for a good reason and should be followed by all staff in all areas
- Patients to be transferred to the Labour ward if medical input is required.

- MLU to work to the same standards as the Labour ward and post-natal ward. Swab counts fully completed for all swabs used, documented in patient notes and counter signed by two members of staff.
- Both midwifery staff and medical staff to ensure that documentation is fully completed before the end of their shifts
- All staff to count swabs before and after the examination/procedure

Recommendations;

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

- Any non- raytec swabs to be removed from the MLU or placed in a separate area and clearly marked as non-raytec swabs.
- Audit/stock take the type of swabs on the MLU.
- All staff to be made aware that swabs used to procedures/examinations are to be raytec only swabs.

Lessons Learnt;

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

Recommendations;

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

5. Once for Wales Update

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

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

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

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

Background

All NHS bodies are required to report incidents on to the Datix software management system. Currently, all Health Boards/Trusts in Wales have varying versions and modules of the DatixWeb and DatixRichClient systems and the Once for Wales Concerns Management System (OfWCMS) will introduce a new cloud-based system. The key features of the all Wales RLDatix system include incident management, investigation management, risk and compliance management, audit management, contractor management, controlled-document management, action management and reporting and analysis, with the ability to capture investigations, learn and share information across NHS Wales.

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

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

Module	SBUHB Position
Incidents	Go Live date – 1st October 2021
Feedback (Complaints)	Go Live date: 1 July 2021
Feedback (PALS/Compliments)	Go Live date: 1 July 2021
Claims	Go Live date: 1 July 2021
Redress	Go Live date: 1 July 2021
Mortality	Access to the Module has been provided to Mortality team for testing – 7.7.21
Safeguarding	Awaiting formal confirmation from the National O4W team.
Inquests	Go Live date: 1 July 2021

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

Update as follows:

- Datix Cymru has gone live with the Feedback, Claims & Redress Modules.
- The Datix team continue to liaise with the Units to assist with any queries.

- Training in the Cloud – The training videos in the Sandpit system are available. Staff have been made aware of where to locate them and drop-in sessions are also held twice weekly to assist users with any questions they may have. The OFW team will provide training videos in June 2021

8. Healthcare Inspectorate Wales

Update on Action Plans from 2019/20 and 2020/2021 HIW Inspections

Date of Inspection	Inspection	Action Plan Update
June 2017	Health Centre Station Road - Cymmer	All actions completed
	Ravenhill Dental Surgery	Update 25.3.21 - All actions completed
	Cwmbwrla Dental Surgery	Update 25.3.21 - All actions completed
April 2018	Gupta Dental Surgeons	All actions completed. The HB and Dental Practice Advisor (DPA) worked closely with this Practice to develop an Action Plan. HIW confirmed this Practice is no longer a concern following the updates they have received.
	Dunes Dental Care	Update 25.3.21 - All actions completed (AP due for sign off)
	Neath Teeth Orthodontics	Update 25.3.21 - All actions completed
June 2018	Gorseinon Dental Practice	Update 25.3.21 - All actions completed
October 2018	Sketty Road Dental	Update 25.3.21 - All actions completed
January 2019	Alfred Street Primary Care Centre	Update 25.3.21 - All actions completed
June 2019	National Review of Maternity Services	Update 24.3.21 - The action plan was submitted to HIW on 19 March 2021, following approval by the Executive Nurse. Continuing to work towards completing the outstanding actions
July 2019	Cwmafan Health Centre	Update 7.10.2020 - Two actions outstanding, required by estates. This is included on the HB's Risk Register and actions have been taken to mitigate risk, which is now low due to reduced footfall.
August 2019	Cefn Coed Hospital	All actions completed except: 1. The closure of the smoking room on Fendrod Ward. Delayed due to Covid-19 Pandemic. Update: Smoking cessation scheme is underway and the removal of the internal ward smoking room is an integral part of this initiative. External smoking shelter and ciglow (igniters) have been installed. Will continue with planned decommissioning – Delayed due to Covid 19 2. The health board must consider what improvements can be made to improve the clinic rooms on both wards Update: Both wards will have new stable-doors fitted - Fitting by external contractor delayed due to Covid19
October 2019	NPTH Birth Centre	24.3.21 – Updated action plan received

		Outstanding Action: If curtains to be removed, alternative solution to hide medical gases to be sourced. Update: This action is currently outstanding – plan is to source a single pair of curtains in order to replace when main curtains are being cleaned on a rotational basis. Revised date for completion April 2021 - Work was stalled due to covid so this action will be completed once a suitable supplier /product has been sourced.
October 2019	Greenhill Medical Centre	Update 24.3.21 - All actions completed
November 2019	Skewen Medical Centre	Update 24.3.21 – Confirmed - All actions completed
January 2020	Morriston Hospital Paediatric Services	24.3.21 – Updated Action Plan received.
January 2020	Morriston Hospital ED/AMAU	Complex and detailed action plan which was revisited by HIW in Q1 of 2021/22.
September 2020	Gorseinon Hospital	One Action Due by July 2021 Confirm plans to train senior staff as clinical supervisors and restart the programme last done in 2018 Update: The matron has undertaken supervision with all the clinical staff apart from 2 x band 5s who will be scheduled in for supervision in the coming weeks. The acting band 7 is undertaking a Clinical supervision course so will be able to support the matron in a more sustainable way moving forward.
September 2020	Morriston Orthopaedic Surgery (Ward B)	Improvement Plan accepted by HIW
September 2020	Morriston Cardiac Ward	No Improvements required following HIW visit – 2 suggestions made • The health board is advised to consider how it can further support and maintain these staffing arrangements, particularly as the pandemic progresses. Update 24.3.21 - Cyril Evans has had an uplift following the NSA review we now have the 5 qualified on an early and late Monday to Friday which equates to an additional 1.4 WTE being funded. • The health board is advised to consider how it utilises space on the ward with a view to provide single sex toilet facilities, where possible. 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)	With the exception of the falls review being presented to the Cancer Falls panel which will be completed at next panel, this improvement plan is complete. Action - Cancer Services will commence a monthly MDT falls scrutiny panel from March 2021 to identify reasons for falls and ensure early learning is shared and integrated into practice in order to prevent and reduce harm.
November 2020	NPTH Minor Injuries Unit	All actions completed

March 2021	Morriston ED	Immediate improvement notice issued following check in relation to mandatory training. A review was undertaken in terms of the actual position of the training compliance and how incomplete/inaccurate information had been provided to HIW during the Quality Check. The Workforce & Information Systems Manager reviewed the compliance of mandatory training in the Emergency Department and this information was uploaded to HIW on Friday 19 March 2021. (compliant) The final report was received on 15.4.21. The improvement plan was returned to HIW 28 April 2021 An updated action plan was returned to HIW in June 2021
April 2021	Bryn Afon (Ferndale)	HIW conducted a Tier One Quality check of Bryn Afon on 13 April 2021. Findings received 28.4.21 – 2 improvements required by 7 May 2021: • Whilst HIW recognise the challenges posed by the pandemic, the health board must ensure that maintenance issues at the unit at reviewed and remedied in a timely and effective manner (completed end May 21) • Whilst HIW were assured that safe care is being provided, they would ask the health board to review how the therapeutic benefits for this resident, and others within the unit, can be fully realised (update due end June 21) The final, updated improvement plan was submitted on 13 July 2021.
April 2021	WAST	HIW have undertaken a review of WAST services. As part of the local review, WAST will consider the impact of ambulance waits outside of Emergency Departments on patient safety, privacy, dignity and overall experience The assessment will help HIW to understand the degree of insight each Health Board has into its own strengths and areas for improvement with its ambulance handover services. The completed self-assessment documentation for Morriston and Singleton Hospitals was returned on 20 April 2021.
April 2021	Child Protection Arrangements	HIW provided notice of a Joint Inspectorate review of Child Protection Arrangements - Neath Port Talbot County Borough Council within Swansea Bay University Health Board A formal notice will be provided on Monday 17 May 2021, and a meeting for the inspectorates and partners was held on Thursday 20 May 2021 at 11.00-12.30. This meeting will provide the opportunity for HIW to share the methodology in more detail and to address any questions partners may have. The Head of Safeguarding attended.
May 2021	Llwyneryr Unit	HIW completed a Tier 1 Quality Check on 19 May 2021. The final report was received 15.6 21 One improvement identified: • The health board must provide HIW with updates in relation to the discharge progress of patients who have been admitted for lengths of stay beyond the purpose of an assessment and treatment unit. This action has been partially completed and HIW have accepted the improvement plan:

		The Learning Disability Division service group monitors the length of stay of acute units. Weekly Multidisciplinary meetings review the needs and future move on for inpatients of acute units. Bed Management meetings take place weekly to monitor and manage progress and move on. Whilst the formal submission of information on Delayed Transfers Of Care (DTOC) is currently suspended these are still reported on a monthly basis within the Health Board. A summary update will be provided to HIW by 19.8.21
June 2021	Princess Street Surgery Gorseinon	Inspection to be carried out 15 June 2021 No update
June 2021	Morriston Acute Medical Assessment Unit	Inspection carried out on 8 June 2021 The evidence reviewed as part of the quality check provides HIW with a baseline assurance that the service is delivering safe and effective care. Final report received on 1.7.21 and improvement plan submitted. o 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. o The health board must ensure staff are fully compliant with IPC training as a matter of priority. o 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. o 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. o The heath board must provide assurance of its plans to ensure all staff are fully compliant with their mandatory training as soon as possible. o The health board must ensure any outstanding PADRs are completed with staff as a matter of priority. o 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.
June 2021	Victoria Gardens (GP) - Neath	Inspection carried out 24.6.21 During the quality check, HIW found areas of concern which could pose an immediate risk to the safety of patients. Due to the seriousness of these concerns, HIW require an update on the actions we have or are taking, to address this and ensure patient safety is protected. The improvement plan was submitted to HIW.
June/July 2021	National Review of Mental Health Crisis Prevention in the Community	HIW is currently undertaking a national review of Mental Health Crisis Prevention in the Community. As part of this review we will be engaging with professionals within each health board along with other organisations, which support the public with their mental health needs. There are two key areas for the professional engagement that are critical to the national review:

		• A professional survey, for staff providing services to share their experiences with us anonymously • Interviews with senior health board staff and service representatives. Meetings to be carried out in June and July 2021. The Named Contact for Swansea Bay UHB is Malcolm Jones Divisional General Manager for Mental Health.
June 2021	Morriston Childrens' Emergency Unit	HIW inspection carried out on 29.6.21. Immediate improvement notice issued relating to compliance of training for Safeguarding Children level 3 and the Children's Emergency Unit with Paediatric Basic Life Support training. An immediate assurance plan was submitted to HIW, although the submission was later than requested by HIW as a result of operational pressures on the service.

HIW Inspections

Below is the planned programme of Quality Checks/Programmes of Work:

Setting	Type	Confirmation & Information Request	Quality Check Date
Singleton Hospital (Oncology)	Hospital	20 October 2020	3 November 2020
Neath Port Talbot Hospital (MIU)	Hospital	4 November 2020	17 November 2020
Morriston Hospital ED	Hospital	23 February 2021	17 March 2021
Bryn Afon (Ferndale)	LDs Unit	30 March 2021	13 April 2021
WAST	Joint	1 April 2021	April – May 2021
Child Protection Arrangements	Joint	12 April 2021	17 May 2021
Llwyneryr Unit	MHLDs	14 May 2021	19 May 2021
Princess Street Surgery Gorseinon	GP		15 June 2021
Morriston Hospital Acute Medical Assessment	Hospital	4 June 2021	8 June 2021
Victoria Gardens (GP), Neath	GP		24 June 2021
Morriston Childrens' Emergency Unit	Hospital		29 June 2021
Mental Health Crisis Prevention in the Community		23 April 2021	June/July 2021

HIW have provided the Health Board with their programme of work, together with their strategy and operational plan for 2021-22

The HIW four priorities are unchanged:

- to maximize impact;
- to take action where standards are not met;
- to be more visible
- to develop our people and organisation to do the best possible job.

Llwyneryr Unit - Tier 1 Quality Check on 19 May 2021

The final report was received 15.6 21.

Positive evidence was received as follows:

- A number of changes made to the environment in response to Covid-19
- A number of face to face specialist assessments had restarted

One improvement was identified:

- The health board must provide HIW with updates in relation to the discharge progress of patients who have been admitted for lengths of stay beyond the purpose of an assessment and treatment unit.

This action has been partially completed: The Learning Disability Division service group monitors the length of stay of acute units. Weekly Multidisciplinary meetings review the needs and future move on for inpatients of acute units. Bed Management meetings take place weekly to monitor and manage progress and move.

Whilst the formal submission of information on Delayed Transfers of Care (DTOC) is currently suspended these are still reported on a monthly basis within the Health Board.

HIW have accepted the improvement plan and a summary update will be provided to them by 19.8.21

Morriston Hospital (AMAU) – Tier 1 Quality Check on 8 June 2021

The final report was received on 1.7.21, and the following positive evidence:

- Staff have managed well following the relocation of AMAU to Ward (which is smaller), in order to protect themselves and patients from the risk of transmission of Covid
- Patient records removed from end of bed and kept in lockable drawer to minimise footfall
- Social distancing encouraged
- Clinicians at bedside limited to key members only, to minimise amount of people in unit
- Risk assessments carried out regularly
- Patients assessed on admission and monitored regularly to ensure their needs are met
- Privacy curtains around every bed
- Visitation restricted during pandemic
- IPC guidance available and regular audits undertaken
- Covid arrangements in place

- PPE management procedures in place
- Appropriate skill mix & sufficient staff to provide safe and effective care
- Support for staff offered since onset of Covid-19
- Navigator recruited to manage patient flow

Several areas for improvement were identified:

- The health board must provide further information to HIW on the future plans for the AMAU, and how any new location will be suitable in terms of providing space for access throughout the unit, and adequate storage space.
- The health board must ensure staff are fully compliant with IPC training as a matter of priority.
- The health board must remind doctors and consultants of their responsibility to adhere to the bare below the elbow policy and the unit's PPE requirements when seeing patients at the AMAU.
- The health board must provide assurance on the actions being taken to permanently recruit new members of staff to fill existing vacancies, and on how the recruitment of newly qualified nurses will impact on the skill mix and experience of staff working at the AMAU.
- The heath board must provide assurance of its plans to ensure all staff are fully compliant with their mandatory training as soon as possible.
- The health board must ensure any outstanding PADRs are completed with staff as a matter of priority.
- The health board must provide assurance on the actions being taken to help reduce the high number of moisture lesions and pressure ulcers incidents, and review whether such issues are being managed appropriately through patient care plans and treatment that accurately reflect the underlying cause of the problem.

The Improvement Plan is due for return to HIW by 15 July 2021

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

During the quality check, HIW found areas of concern which could pose an immediate risk to the safety of patients. Due to the seriousness of these concerns, HIW require an update on the actions we have or are taking, to address this, and to ensure patient safety is protected. The improvement plan was submitted to HIW.

Improvements required:

- There was a lack of evidence that robust and appropriate infection control measures and checks were in place. This posed a potential risk to patients and staff attending the practice

Morriston Childrens' Emergency Unit – HIW Tier One Quality Check 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.

This documentation was uploaded to HIW on 7 July 2021 and the improvement plan is due by 8 July 2021.

Updates

Review of Mass Vaccination Centres

HIW visited eight MVC's across four health boards in March 2021:

- Cardiff & Vale University Health Board
- Cwm Taff Morgannwg University Health Board
- Hywel Dda University Health Board
- Betsi Cadwaladr University Health Board

The key goal of the reviews undertaken had been for HIW to provide rapid feedback on the findings, to support improvement.

Key findings of the review:

a) Vaccines being left unsupervised and not checked between preparation and administration.
b) No clinical or environmental audit activity
c) Security, fire regulation compliance and emergency evacuation
d) Checks of resuscitation equipment

The improvement plan for Swansea Bay UHB was returned to HIW on 30 March 2021.Our improvement plan provided assurance on all of the points raised above:

a. Good practice used. Weekly spot checks by Clinical Leads. Clinical supervisors monitor/assure compliance.
b. Weekly & monthly audits carried out, reported to Silver Quality Governance meetings. Action Plans created for any issues identified.
c. Fire plans in place, audits carried out, and evacuation procedures visible in all areas
d. Daily checks carried out by Clinical Supervisor as well as weekly spot checks

In addition to the above a Daily Huddle list has been developed for sharing information daily.

A 'keeping in touch' meeting between HIW and SBU has been arranged for 30 July 2021. The agenda for that meeting will cover HIW priorities and work programme as well as providing HIW with an opportunity to hear about the health board's immediate and longer term challenges.

HMIP Inspection HMP Swansea

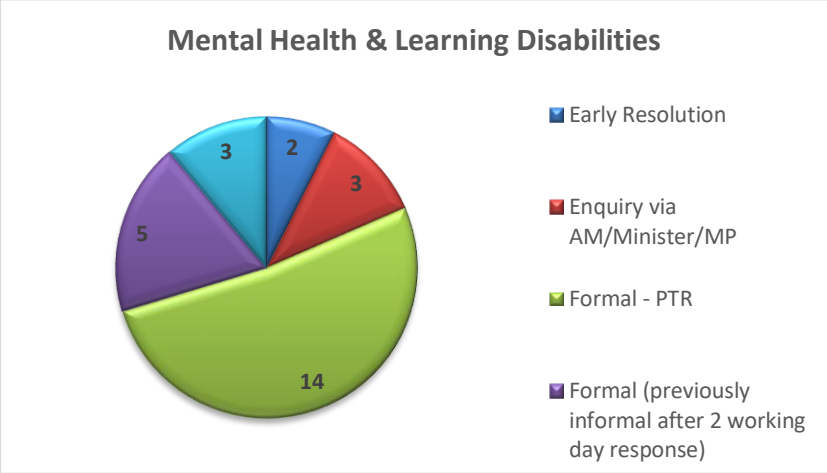
HIW assisted HMIP with an inspection at HMP Swansea in 2020. During this inspection a number of significant concerns were highlighted. Under HIW normal inspection processes these concerns would likely have necessitated Immediate Assurance processes be used for response from the health board. An improvement plan was initially developed and sent to HIW on 13 October 2020. The final Action Plan was sent to HIW on 30.6.21.

9. SERVICE GROUP REPORTS

Mental Health & Learning Disabilities Services Group

1st June – 30th June 2021

Mental Health & Learning Disabilities SG received 27 concerns.



Top Complaint Trends

- Communication (9)
- Clinical Treatment (5)

- No Never Events
- No Clinical Negligence claims

- 1 Personal Injury claim

Incidents:

295 incidents were reported with the 3 top themes being:

- Inappropriate/Aggressive Behaviour towards staff by patient – (57)
- Self-harming behaviour – (42)
- Inappropriate/Aggressive Behaviour by patient towards an object – (29)

Two Serious Incidents were reported during June relating to unexpected deaths

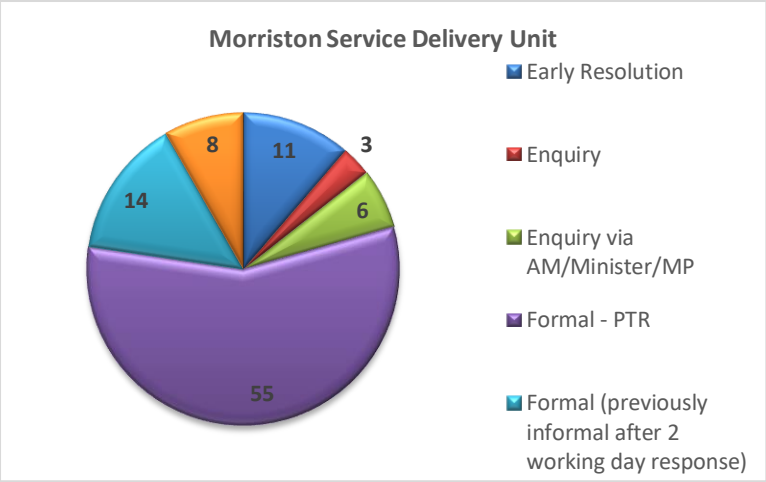
Friends & Family Results – June 2021

There was no All Wales data for June.

Morriston Hospital Service Group

1st June – 30th June 2021

Morriston Hospital SG received 99 concerns.



Top Complaint Trends

- Communication (30)
- Admissions (16)
- Clinical Treatment (15)

- 1 New Never Events

- 4 Clinical Negligence Claims
- 1 Personal Injury Claim

Incidents:

642 incidents were reported with the 3 top themes being:

- Moisture Lesion – (102)
- Access & Admission – (65)
- Suspected Slips/Trips/Falls (unwitnessed) – (37)

1 Serious Incident was reported during June relating to retained guidewire – Never Event

Friends & Family Results – June 2021

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

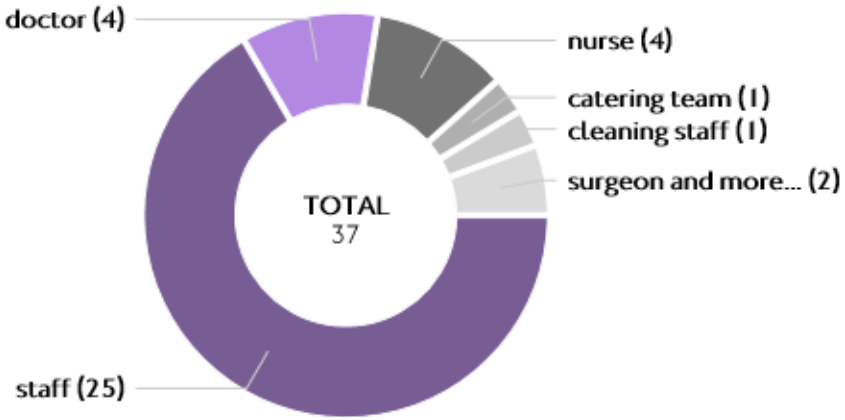
Morristom All Wales Report - June

Site	Responses	1 - Overall, how was your experience of our service?
		Patient / Service User Experience Survey,Patient Experience Survey - Audiology,Patient Experience Survey - Endoscopy,Patient Experience Survey - Maternity,Patient Experience Survey - Ophthalmology,Patient Experience Survey - Paediatric Audiology
Gorseinon Hospital	2	100
Morriston Hospital	732	97
Neath Port Talbot Hospital	30	100
Singleton Hospital	26	100
	Overall	97
	Benchmarks	85

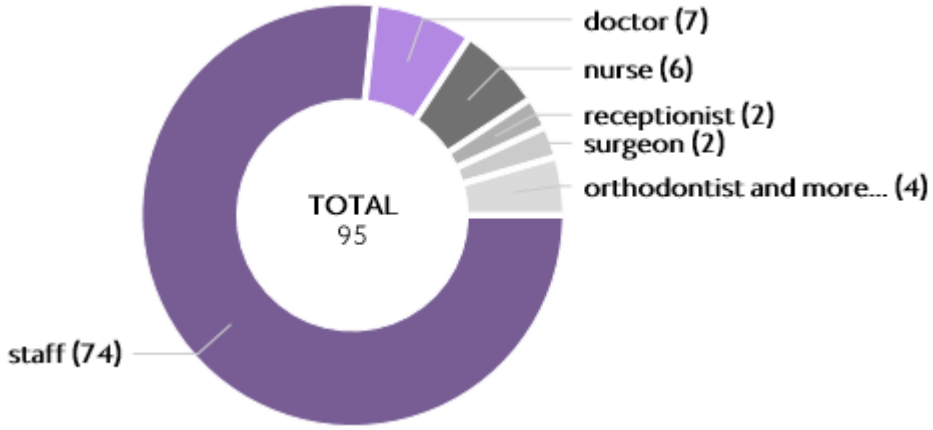
Top themes - Morriston

Top keywords mentioned for ‘professional and competent’

Professions that received feedback



Professions that received feedback



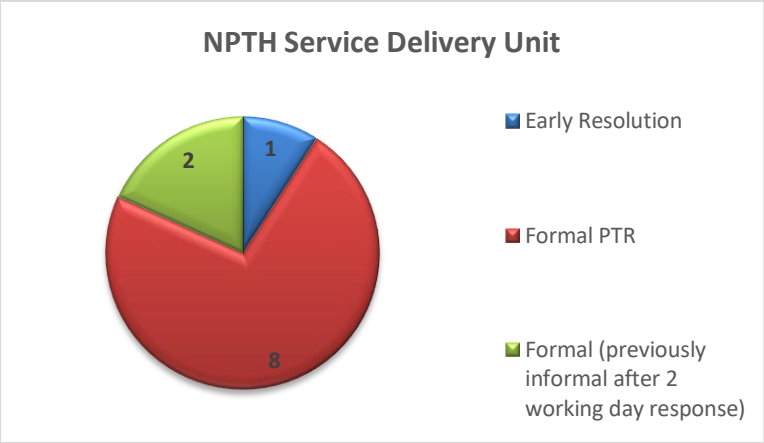
Communication

Top keywords mentioned for 'friendliness'

Neath Port Talbot Hospital Service Group

1st June – 30th June 2021

Neath Port Talbot SG received 11 concerns.



Top Complaint Trends

- Discharge (3)
- Communication Issues (3)

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

Incidents:

90 incidents were reported with the top themes being:

- Suspected Slips/Trips/Falls (un-witnessed) – (27)
- Inappropriate behaviour towards staff by a patient – (6)
- Suspected Slips/Trips/Falls (witnessed) – (5)

No Serious Incidents were reported during June 2021

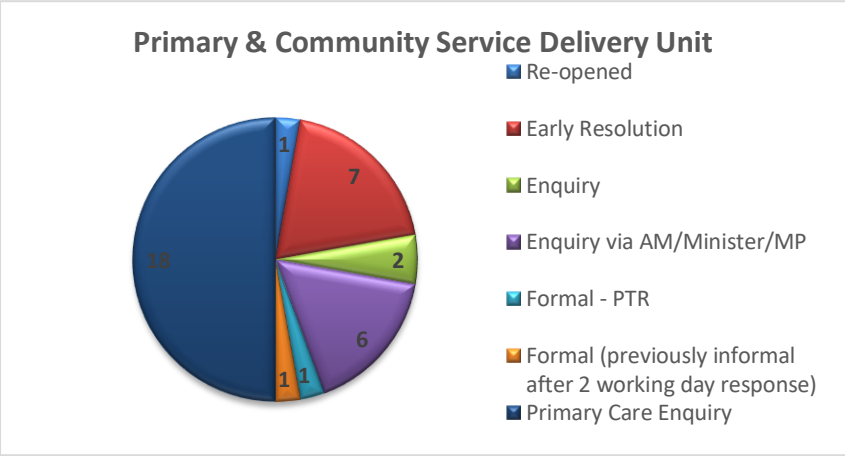
Friends & Family Results – June 2021

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

Primary & Community Service Group

1st June – 30th June 2021

Primary & Community SG received 43 concerns.



Top Complaint Trends

- Communication (15)
- Clinical Treatment (9)
- Appointments (8)

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

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

- Pressure Ulcer – developed prior to admission (123)
- Moisture Lesion- (78)
- Injury of unknown origin (29)

1 Serious Incidents was reported during June2021 relating to an unexpected death

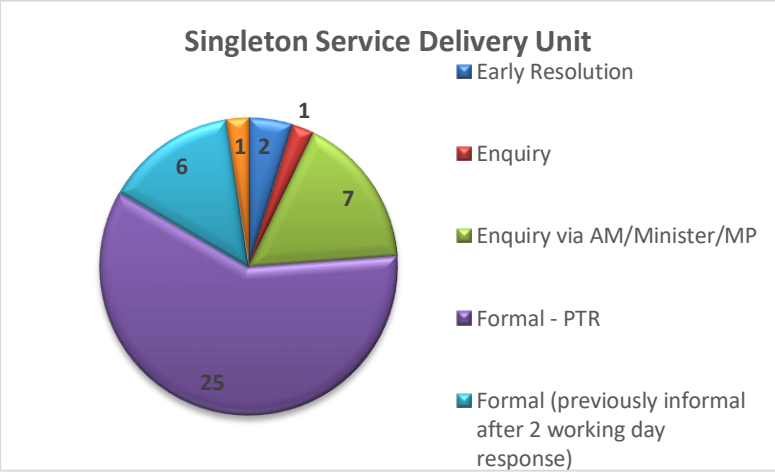
Friends & Family Results – June 2021

There was no All Wales data for June.

Singleton Hospital Service Group

1st June – 30th June 2021

Singleton Hospital SG received 42 concerns.



Top Complaint Trends

- Clinical Treatment (13)

- 0 Never Events

- 2 Clinical Negligence claims
- 1 Personal Injury Claim

Incidents

432 incidents were reported with the 3 top themes being:

- Maternity Triggers – (55)
- Moisture Lesion – (35)
- Pressure Ulcer developed in current clinical area – (26)

Two Serious Incidents was reported during June one relating to Neonatal care and one Admin Processes

Friends & Family Results – June 2021

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

NPT & Singleton All Wales Report - June

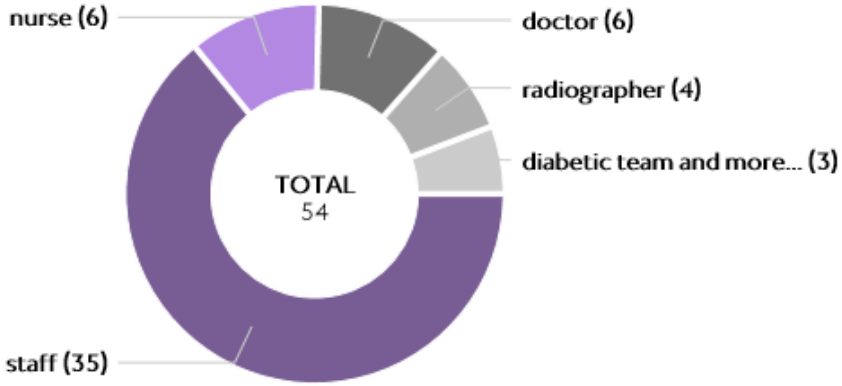
Site	Responses	3 - Overall, how was your experience of our service?
		Patient / Service User Experience Survey,Patient Experience Survey - Audiology,Patient Experience Survey - Endoscopy,Patient Experience Survey - Maternity,Patient Experience Survey - Ophthalmology,Patient Experience Survey - Paediatric Audiology
Community	0	-
Gorseinon Hospital	0	-
Morriston Hospital	15	100
Neath Port Talbot Hospital	334	97
Singleton Hospital	695	96
	Overall	97
	Benchmarks	85

Top themes - Singleton & NPT

Professional and competent

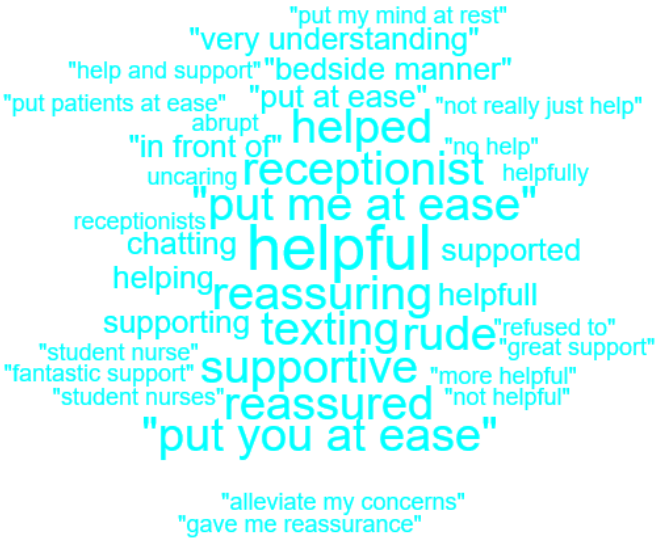
Top keywords mentioned for 'professional and competent'

Professions that received feedback



Communication

Top keywords mentioned for 'friendliness'



Professions that received feedback