GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales	**Name of Meeting** Quality, Safety and Improvement Committee **Date of Meeting** 10 November 2021 **Agenda item:** 4.1

Putting Things Right Report Quarter 2 2021/2022

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Approval/Scrutiny route:	Rhiannon Beaumont-Wood, Executive Director, Quality, Nursing and Allied Health Professionals Business Executive Team (2 November 2021)

Purpose

This paper introduces the Putting Things Right report for Quarter 2, 2021-2022.

Recommendation:

APPROVE	CONSIDER	RECOMMEND	ADOPT	Assurance
☐	☒	☐	☐	☒

The Committee is asked to:

- **Consider** the report and take **assurance** on the effective management of Putting Things Right.

Link to Public Health Wales Strategic Plan Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities. **This report contributes to all strategic priorities**.

Summary impact analysis	
Equality and Health Impact Assessment	An Equality and Health Impact Assessment is not necessary as no decision is required.
Risk and Assurance	N/A
Health and Care Standards	This report supports and/or takes into account the Health and Care Standards for NHS Wales Quality Themes Governance, Leadership and Accountability Person Centred Care Theme 1 - Staying Healthy
Financial implications	There are significant risks in failing to manage the 'Putting Things Right' process effectively, including the risk to service users and staff because of failing to learn lessons from events, and the financial and legal sanctions possible from causing avoidable harm.
People implications	N/A

Introduction

The Putting Things Right (PTR) report

Public Health Wales is now recovering from its response to the COVID-19 emergency. This includes a shift of emphasis towards an integrated governance approach and, as part of this, the concerns team whom deal with Putting Things Right has recently undergone a restructure. As such, a new Head of Putting Things Right has been appointed who will lead the team under the direction of the Assistant Director of Integrated Governance.

Going forwards, the team are iteratively looking to improve the PTR report and further develop the themes and trends analysis in conjunction with quality improvement colleagues as part of the triangulation of our key areas to ensure delivery of the Quality Improvement Strategy.

The PTR report is divided into sections:

Section 1 – Summary of performance against Tier 1 targets

Section 2 – Incident Management

Section 3 – Improvement Actions

Each section provides the data, and (with the exception of Section 1) narrative to accompany it with an explanation of identified improvement actions.

Section 1 –Performance against tier 1 targets

1.1 National Reportable Incidents / Never events

This section contains a brief summary of National Reportable Incidents / No Surprises / Never Event submissions.

There is no longer a Tier 1 target for closure of incidents but performance is reported against the previous 60 day target.

Table 1 – Nationally Reportable Incidents / No Surprises reporting performance

Measure	Number in Q2	Number in Q1
Nationally Reportable incidents to NHS Delivery Unit	3	3
No Surprises reports submitted to WG	1	1
No Surprises reports submitted and subsequently upgraded by Welsh Government to a Serious Incident	0	0
Never Events	0	0

Narrative

Nationally Reportable Incidents

Three Nationally Reportable Incidents (NRI) were reported to the Delivery Unit during Q2.

All NRI's were in relation to screening services.

Datix ID 19004

DHCW have been undertaking an exercise to move individuals registered with named GPs to a 'pooled list' with GP Practices. As this work is completed for individual practices, work is required on the cervical screening database NHAIS to update the details of 'new' GP and one of the data fields is whether individuals require an cervical screening invitation from Cervical Screening Wales (CSW). In March 2021 the above change was made for a GP practice in North Wales but in error the records were set to not require screening invitation. This issue was identified in August 2021. 171 individuals registered with the practice did not get invited for cervical screening as required between 1st April 2021 and 31st August 2021. All individuals were sent invitations in September and programme worked with the practice to support clinic availability.

Datix ID 19262

In preparation for the planned go-live of CSIMS, the new Cervical Screening Information Management System, PHW informatics carried out Quality Assurance on the demographic feed from Welsh Demographic Service (WDS), by running a large reconciliation exercise with NHAIS. There were discrepancies for 160 records which were live on NHAIS registration but deducted on WDS which appeared to be from specific cohorts. Work has been undertaken with DHCW, Shared Services to review these and there are potentially seven individuals who are of screening age and may not have been invited however checks are underway to make sure these are valid live records.

Datix ID 18740

Identified 252 individuals who had been newly registered on the DESW clinical system since 1st April 2018 who did not appear to have been offered a screening appointment within 90 days (in line with standards), or whose offered appointment had been cancelled by the programme and not re-booked. A full review of all cases was undertaken to identify the cause of each delay. All participants who are eligible for DESW screening have now been offered an appointment.

No Surprises Incidents

Datix ID 18651

PHW Cardiff Microbiology were informed that 5 specimen transport boxes (containing a total of 52 blood specimens) were stolen from Slough DX depot. These boxes contained spun down blood collection tubes for the detection of latent TB infection by IGRA testing at St Georges Hospital, London.

For this test, each tube contains 1ml blood from each patient. Specimens were held in Slough depot overnight prior to delivery at St. Georges. These boxes contained full patient demographic information on request forms and blood collection tubes. This information would include full name, full address, DOB, gender and full address including postcode.

A response was formulated to ensure patients were recalled for their tests and an investigative report assigned and individual letters were sent to the patients informing them of the issue and requirement to repeat their tests.

The investigation determined that a review of the DX contract for inclusion of PHW formally should be carried out as contract currently with NHS England. In addition, feedback concerns and recommendations to DX and seek assurances of whole system review in terms of vulnerability at all its depot, undertake a risk assessment of possibility of repeat occurrence and undertake a review of reporting procedure should be carried out as result of the incident.

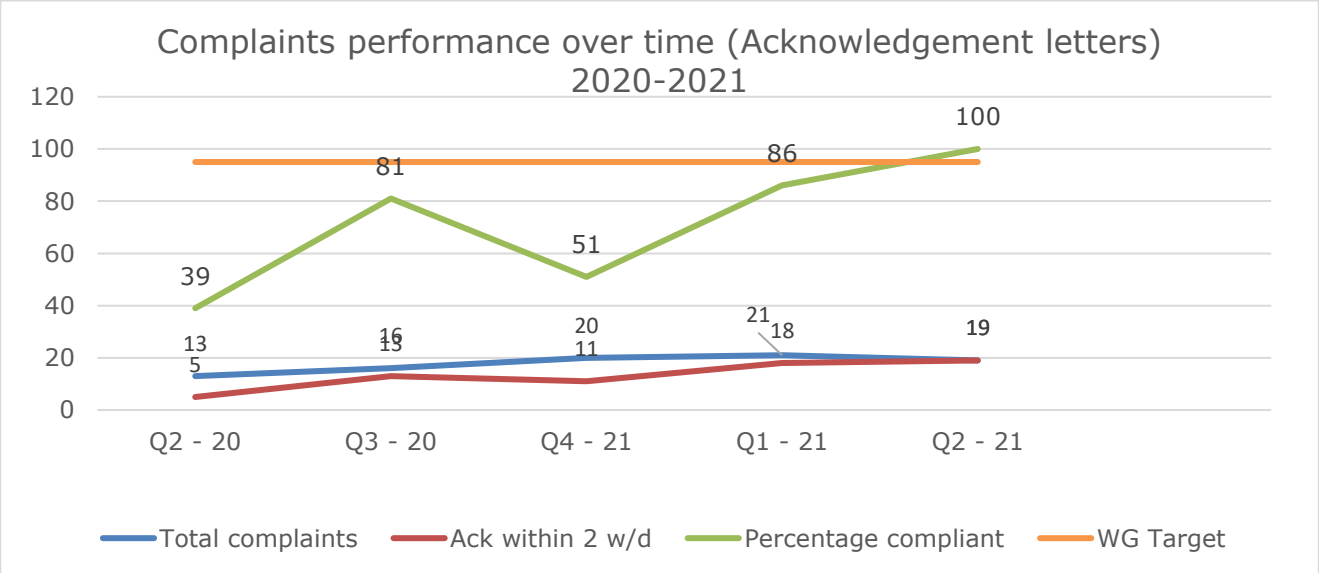
1.2 Complaints and Compliments

Complaints performance over time

Acknowledgement letters

There is a Welsh Government target of acknowledging all complaints that are deemed as requiring formal handling. The chart below shows the performance in this area over the financial year. There were 19 formal complaints reported during the reporting period, with 100% being acknowledged within the required 2 working day target as demonstrated in the chart below.

Graph 1 – Complaints performance over time – acknowledgement letters



Performance in this area has improved significantly during the reporting period, as a result of the appointment to the new post of Complaints Coordinator in February 2021.

Final response letters

There is a Welsh Government target of 2 working days to respond by letter to all complaints that are deemed as requiring formal handling. The chart below shows the performance in this area over the financial year.

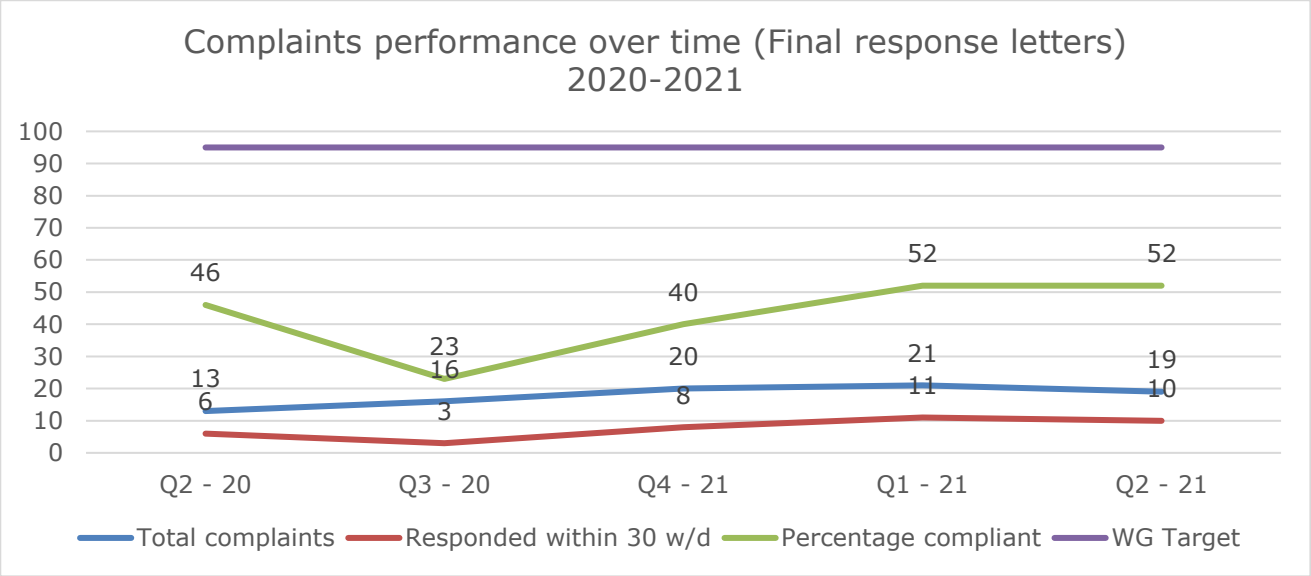
Of the 19 formal complaints reported during the reporting period, 52% (10) were responded to within the required 30 working day target.

It should also be noted that 6 (31%) of the formal complaints still open in Q2 are not yet due for closure.

3 (15%) were not responded to in 30 working day timeframe. They are broken down as follows:

- Two of the complaint responses were sent on day 31 – the responses were delayed due to amendments/improvements requested during the quality assurance process.
- One was for CSW and due to further investigations being undertaken to consider if harm may have been caused. The complaint relates to an error following Cervical screening of a lady in 2017, where CSW incorrectly requested that the lady attend for a further test in 12 months when she should have been referred her for a colposcopy appointment due to the presence of HPV. Investigations are underway to determine if harm may have been caused although its felt this is unlikely at this stage.

Graph 2 – Complaints performance over time – final response letters



Performance in this area has remained stable over Quarter 2. There are concerns however going forward that resources may not be available to manage specific investigations into Health Protection and COVID-19 concerns because of a combination of staff absences and de-mobilisation

from the pandemic response. Performance in this area may deteriorate again as staff are de-mobilised and complaints continue to be received in this area. The ideal solution would be for the Concerns Team to have key contacts in Health Protection to liaise with on future complaints. Work is ongoing to address this.

The type of formal complaints are set out in the table below:

Table 2 – Quarter 2 formal complaint breakdown

Type	No. of Complaints
Access Referrals	1
Appointments	2
Attitude/Behaviour/Assault	2
Communication Issues	2
Equality/Language	3
Test Results	3
Treatment, Procedure	6

The most common type of formal complaints were around restrictions placed on care homes during the COVID-19 pandemic.

Informal complaints

There are no targets for informal complaint handling and so the data in the chart below are shown for information purposes only. There were 31 informal complaints recorded during the reporting period which is the same as the previous quarter. Informal complaints are increasing as we now have a dedicated complaints co-ordinator in post who is capturing all informal complaints as and when required.

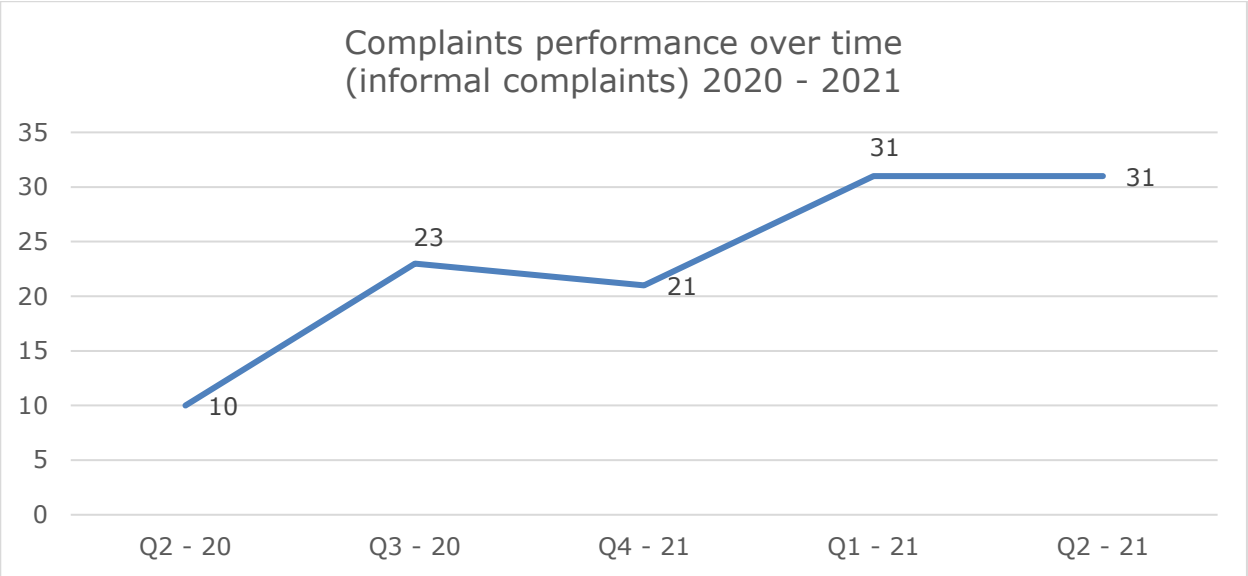
The types of informal complaints are set out below:

Table 3 – Quarter 2 informal complaint breakdown

Type	No. of Complaints
Access /Referrals	2
Appointments	6
Attitude/Behaviour/Assault	4
Communication Issues	7
Test Results	3
Treatment, Procedure	9

The most common type of informal complaints was Treatment/Procedure and all 9 of these complaints related to Public Health Wales guidance in enclosed settings during the COVID-19 pandemic. The majority of these complaints were from family members of loved ones in care home settings who were frustrated with the COVID-19 guidance.

Graph 3 – Complaints performance over time – informal complaints



Compliments

During the reporting period, a total of 478 compliments were received in relation to:

- Positive attitude/behaviour of staff
- Positive comments about service
- Professionalism of staff
- Timeliness of results

The number of compliments has increased since the last reporting period, with the ratio of compliments to formal complaints now standing at 25:1 from 22:1.

Table 4 – Ratio of concerns to formal complaints

For the reporting period the ratio of compliments to complaints is	Compliments	Complaints
	25 	1 

Section 2 – Incident Management

Incident Reporting activity

During the reporting period there were a total of 718 incidents reported, a slight decrease since the previous quarter which was 729. 53% of the reported incidents occurred within Screening which reflects again the increased activity. The first chart shows the incident reporting over the previous 12 months for comparison with the current reporting period highlighted, whereas the second chart shows the incidents reported by Directorate for the current reporting period.

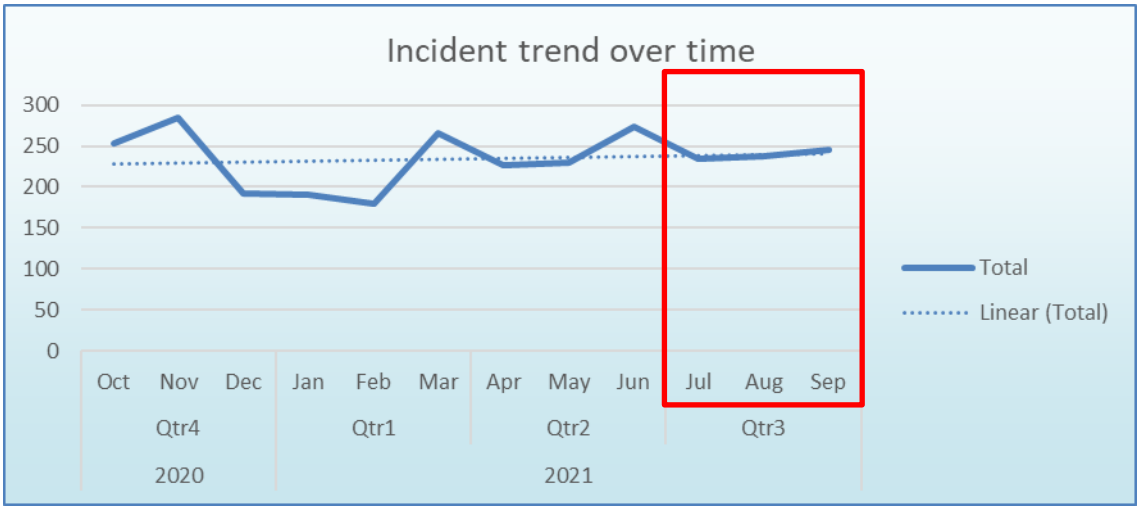
Table 5 – 12-month incident reporting activity

Screening Division Incident Type	Total
Error (non incidents)	172
Health & Safety	14
Information Governance	29
Operations & Organisational	51
Patients & Clients (Clinical)	122
Safeguarding	3
	391

As the organisation moves towards recovery from the COVID-19 emergency, the number of incidents reported remains relatively consistent with 11 less incidents reported this quarter. This could be due to staff leave over the summer months. Public Health Services remains the largest reporter with 2% of incidents falling in the rest of the organisation.

Of the incidents reported, just over 15% (110) were identified as being related to COVID-19. This is an increase on the previous quarter from a total of 13% (94).

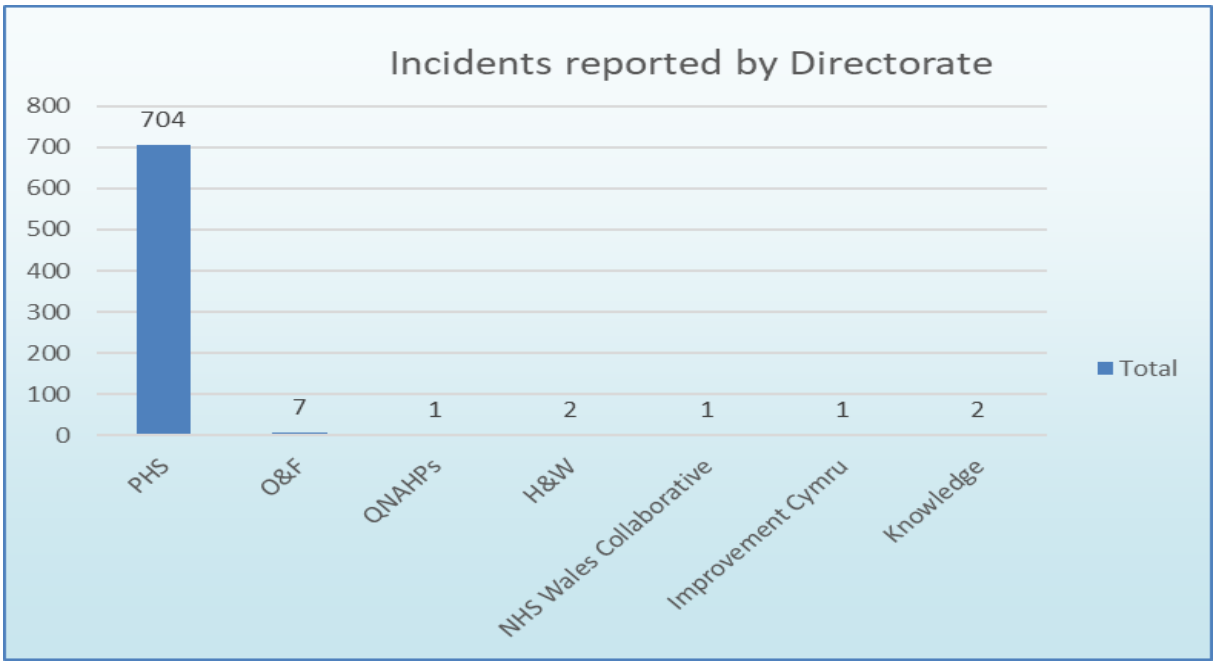
Graph 4 – Incidents over time



Improvement actions identified

Although not specifically an improvement action, a significant proportion of work at this time is focussed on delivery of the Once for Wales Concerns Management System. This was due for implementation by 1st April, but due to the unavailability of a minimum viable product by the deadline, the Public Health Wales Executive has approved the postponement of the go-live date to the 31st October 2021. Monitoring and the management of incidents continues to be managed through the current Datix system.

Graph 5 – Incident reported by Directorate

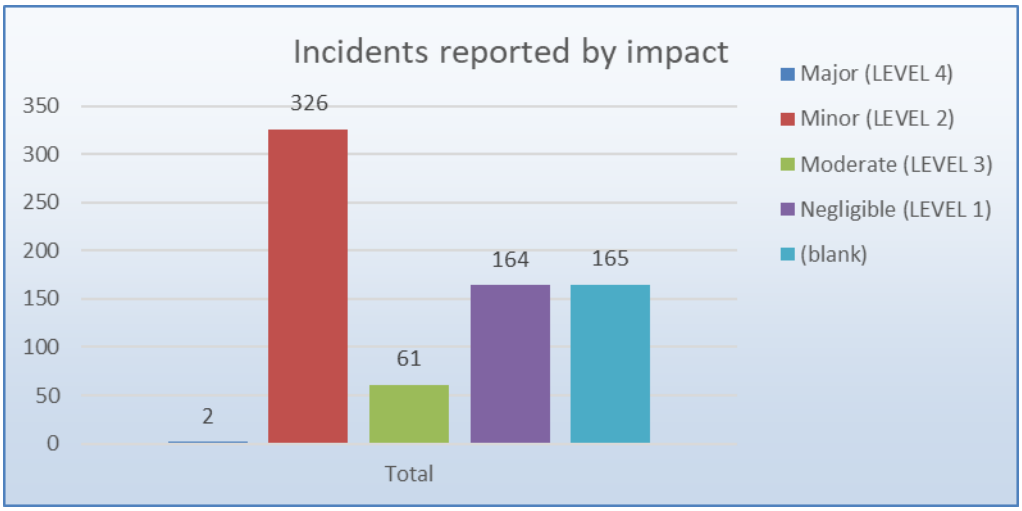


Narrative

As shown above, it will be noted that again almost all (98%) of the incidents occurred within Public Health Services, which is to be expected due to the clinical nature of their activities and the re-activation of Screening services.

Incident reports by Impact

Graph 6 – Incident reports by impact



Narrative

Two incidents were reported with an impact rating of Major. These were:

- One of these incidents (18697) was considered to be high risk and related to two rooms overheating causing equipment failure to the BACTEC and also to rapid COVID-19 testing platforms Cepheid and Eplex. This was due to a delay from estates installing air conditioning in Swansea Bay Health Board and was escalated as appropriate.

- A member of staff tripped over flooring in need of repair in the staff room in Singleton Hospital in Swansea. This was escalated as appropriate.

The Integrated Governance Division continue to provide support to Directorates to comply with this requirement.

Incidents by Type

Graph 7 – Incidents reported by type

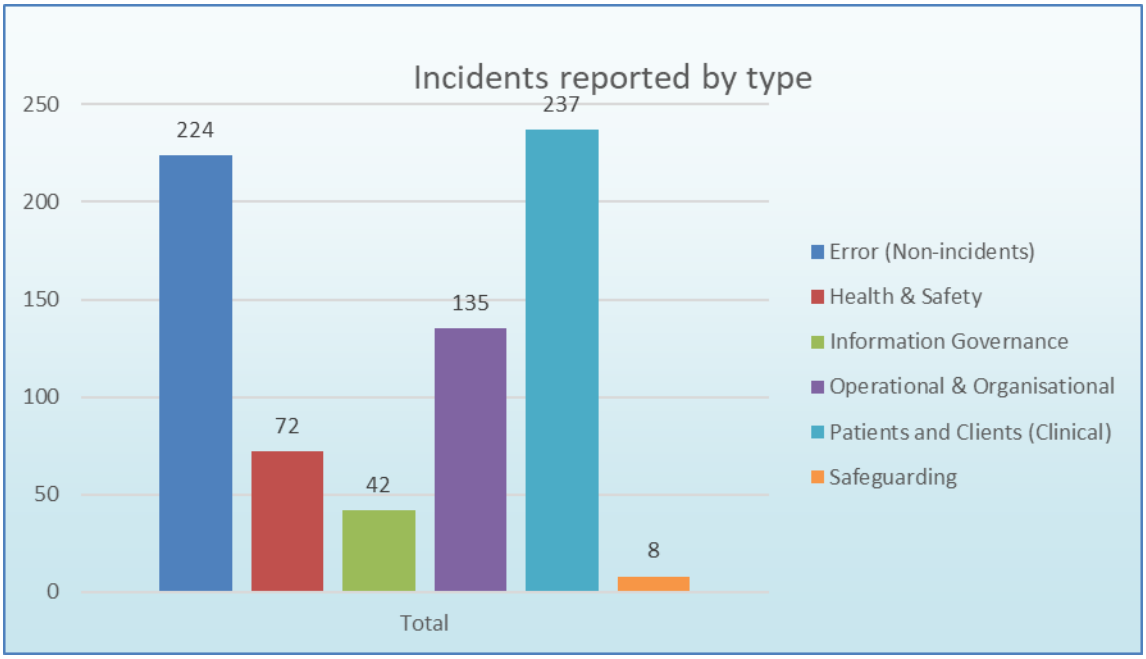


Table 6. Error breakdown by area

Error (Non- Incidents) by area	Total
Cause Unknown	11
CSW sample taker error	159
Lab errors	49
Sender Errors	5

The majority of the errors (non incidents) sit with Cervical Screening Wales and relate to matters linked to health boards.

Narrative

The pattern of incidents across the six types is consistent with previous reports with the highest number relating to the 'patients and clinical' area.

Section 3 – Areas for improvement

Data Quality within Datix

Over the past year, quality reviews have been carried out on incidents created within the Datix system. These reviews have concentrated on areas such as incident descriptions, the assigning of handlers and action planning. Due to a combination of capacity issues within the Integrated Governance Division and the fact that the Once for Wales Concerns Management System will not support the current methodology from October, quality reviews in

this format were paused in May 2021. The reviews did however produce rich data that can now be used to drive improvement.

This rich data is currently being considered to determine where improvements need to be made. It is noted that this work in conjunction with the receipt of the new Datix concerns management system as part of the all Wales changes to the Datix system, will need to be managed effectively.

Datix Performance Indicators

The Business Executive Team recently approved the following performance indicators for the use of Datix within Directorates:

Table 8 – Datix Performance Indicators

Indicator	Target	Performance
Incidents created within 24 hours of coming to notice	80%	44%
Incidents closed within 30 days	80%	52%

The Integrated Governance Division is working with Directorates and Divisions to encourage improved performance in this area by proactively supporting and explaining the importance of efficient and effective incident management and reporting. This is supplemented by additional training when required.

The tables below provide a breakdown of performance across each division against the indicators. It is noted the majority of incidents are in screening services which may require further investigations with health boards resulting in the 30 day closure target not being met.

Table 9 – Percentage closed within 30 days

Directorate	**Percentage closed within 30 days**	**Total number of incidents**
Screening	30% (111)	370
Microbiology	82% (236)	288
Health Protection	33% (3)	9
Health & Wellbeing	50% (1)	2
Improvement Cymru	0% (0)	1
Knowledge	0% (0)	1

NHS Collaborative	100% (1)	1
Operations and Finance	29% (2)	7
QNAHPS	0 % (0)	2

It is noted that those incidents at 0% were all Information Governance Incidents, so they take time to investigate, it is therefore reasonable that the investigations have exceeded the 30 day timescale due to the complexity. These incidents were all compliant in terms of external reporting requirements.