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Wales

Name of Meeting
Quality, Safety and
Improvement Committee

Date of Meeting
15th February 2022

Agenda item:
3.1

Putting Things Right Report Quarter 3 2021/2022

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Quality, Nursing and Allied Health Professionals

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Approval/Scrutiny route: Rhiannon Beaumont-Wood, Executive Director,
Quality, Nursing and Allied Health Professionals

Business Executive Team meeting (1 February
2022)

Purpose

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

Recommendation:

APPROVE

CONSIDER

RECOMMEND

ADOPT

ASSURANCE

The Quality, Safety and Improvement 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) narrative report has been adapted to support the presentation and utilisation of the Performance and Assurance Dashboard (PAD) in providing assurance on our organisational performance on PTR.

Committee Members can view the dashboard via the following link:
[Workbook: Quality Dashboard P1 Incidents \(cymru.nhs.uk\)](https://cymru.nhs.uk/Workbooks/QualityDashboard/P1/Incidents)

A PDF of the dashboard has also been provided.

This is in line with the strategic direction the organisation is taking, in presenting information in a more accessible way and in a digital format. However, this is an iterative process and we continue to work on issues with the timing and the format of the data being presented digitally.

This report highlights areas of the organisation where concerns have been identified and summarises performance against targets where applicable.

1. Incident Management

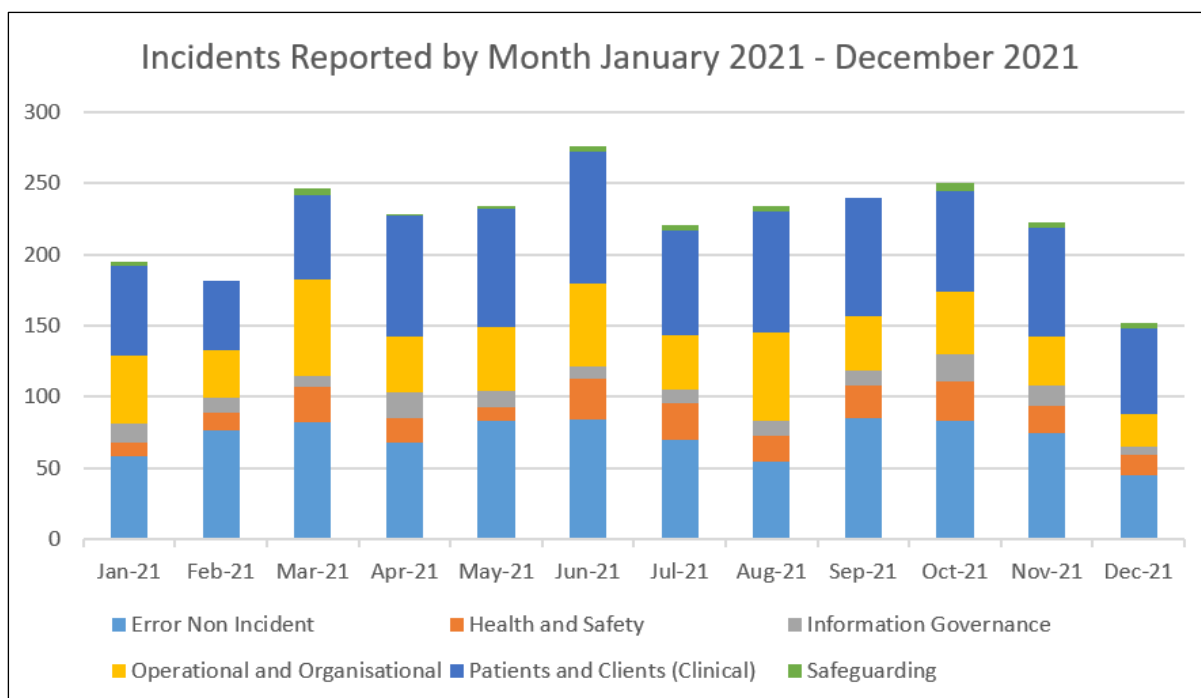
During quarter three, a total of 652 incidents were reported which is a 10% decrease from 718 reported in the previous quarter. 93% of incidents reported in quarter three were in Health Protection and Screening Services.

The Performance Assurance dashboard confirms the most frequent types of incident by category are:

- Error (Non-Incidents)
- Patients and Clients (Clinical) incidents

There are on average 68 Error non incidents reported per month and these are mainly categorised, by sub-type, as Cervical Screening sample taker errors and laboratory errors. The number of Cervical screening error-non incidents has reduced by 73% from October to December 2021. This is explained further in the Improvement section below.

The chart below demonstrates incident types on a monthly basis from January 2021 to December 2021, and confirms that these two incident types feature most prominently across the 12 month period.



2. Nationally Reportable Incidents/No Surprises/Never events

This section contains an outline of the number of Nationally reportable incidents, No Surprises and Never Events submissions for the quarter.

(There is no longer a Tier one target for closure of NRI's as there is now a proposed investigation timescale at the time of reporting. The options are 30, 60, 90 or 120 working days to complete the investigation).

Number in Quarter	Q1	Q2	Q3
Nationally Reportable Incidents reported to Delivery Unit	2	2	1
No Surprises reports submitted to WG	1	1	2
No Surprises reports submitted and subsequently upgraded by Welsh Government to a NRI	0	0	0
Never Events	0	0	0

2.1 Update on Quarter 3 submissions:

Incident Type	Area	Reference
Nationally Reportable Incident	Health Protection and Screening Services (Microbiology)	Datix: 20057
On 26th November 2021, 90 patient samples failed to pass the quality assurance methods in place in the IP5 laboratory. Unfortunately, results		

were released in error to 73 individuals via SMS. 17 SMS messages were held back resulting in those 17 individuals not receiving an SMS with their result. In addition, 58 positive results were released into the CRM system. All results should have been reported as indeterminate.

The 90 individuals affected came from Cwm Taf Morgannwg UHB (42), Cardiff and Vale UHB (24), and Swansea Bay UHB (24).

The individuals were contacted by the respective Health Board TTP teams on Saturday 27th and Sunday 28th November. By the start of 29th November, 87 of the 90 individuals had been contacted and re-tests arranged.

Incident Type	Area	Reference
No Surprises	Health Protection and Screening Services (Diabetic Eye Screening Wales)	Datix: 19511
<p>In October there were eight positive Covid-19 cases associated with staff in Diabetic Eye Screening Wales based in Treforest. All eight cases work in a specific area of the building and as their onset dates are very tightly clustered in time (four with onsets of 15/10) there was a consideration that workplace transmission of infection had occurred. The staff affected did not have contact with screening participants.</p> <p>Investigations at the building were undertaken with no issues identified. As a precaution the number of users in the kitchen was reduced further. Staff were reminded to remain Covid safe i.e. social distancing, wearing masks whilst moving around the building, hand hygiene and cleaning down workstations and touch points.</p> <p>An incident meeting took place and it was concluded that there was a likelihood of workplace transmission within the building, but that the matter had been investigated and controlled. It was noted some of staff affected were contacted as had incorrectly been given a negative PCR result as part of the national incident at private laboratory.</p> <p>The incident has been reported to the HSE via RIDDOR report as there was likelihood of workplace transmission. No further staff were identified to be affected</p>		

Incident Type	Area	Reference
No Surprises	Health Protection and Screening Services (Bowel Screening Wales)	Datix: 19720
<p>A batch of 786 negative result letters were posted on Monday 22 November to participants who had completed their bowel screening kit. A participant contacted bowel screening admin office on the morning of the 24 November</p>		

to report that they received their results letter but there was a different participants details on the back of the letter.

An urgent review of the situation was undertaken that day by Head of Pathways and Head of Programme and team. An incident team established and this progressed a review and resolution of actions and incident closed on the 16 December.

The incident was specific to one batch of results letters (786 letters) that were sent out on the 22 November that had to be split when printed as the usual large volume printer and photocopier were both out of action and a workaround put in place. An error occurred in the workaround which meant that the bilingual letters printed back to back were printed out of sync.

The photocopier has been fixed and negative results letters are being printed on this by usual methods and the maintenance kit has now been received for the printer.

The programme received about 40 calls on the 24 November on this and staff apologised to participants, explained that the correct result had been sent, said would send a correct letter and asked to either confidentially destroy or we could send a self-addressed envelope (SAE). No calls were difficult.

The organisation submitted a notification to information commissioner on 25 November and they confirmed that they would not take any further action and provided some recommendations for us to consider going forward.

A no surprises from was submitted to Welsh Government on 26 November

On 29 November letters were sent out to all participant in the cohort with a letter of explanation, their correct letter and an SAE to return incorrect letter. The programme received a few calls from the participants following sending out the information, either to say that their letter was correct or to explain that they had already destroyed the incorrect letter so couldn't return it. No calls were difficult.

One letter has been received from the participant which was treated as a complaint and have responded in line with our complaint process

Meeting has been held with IT around how we can ensure business continuity of the printers and we will continue to work to strategic direction of outsourcing routine letters for screening.

Learning from the incident has been shared with other screening programmes.

3. Redress Management

When investigating a concern which includes an allegation that harm has or may have been caused, Public Health Wales is required to consider whether there is a qualifying liability in tort. This means consideration must be given as to whether there has been a breach of our duty of care and whether that breach of duty is causative of any harm or loss to that person.

All Redress cases received by Public Health Wales relate to screening services as these are our only patient facing services.

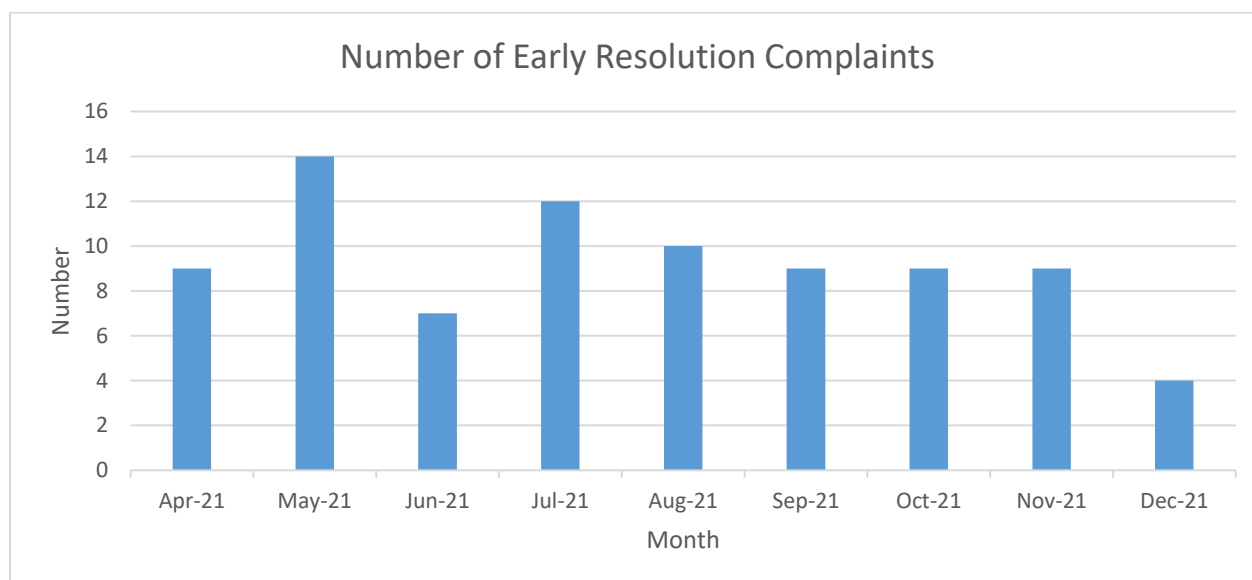
The two Redress cases being considered in the quarter three are within Breast Test Wales and are interval cancer review requests.

4. Complaints Management

Early Resolution Complaints (Informal)

Public Health Wales will endeavour to deal with any complaints received by way of early resolution where possible. The chart below demonstrates the number of early resolution complaints received in quarter three.

Informal complaints are not currently captured on the PAD



On average nine early resolution complaints are received per month.

During quarter the majority were in relation to treatment and procedure and relate to Covid-19 self-isolation guidance and PCR testing.

Formal Complaints

During Quarter three, 15 formal complaints were received as per the dashboard.

There were four complaints received which identified a theme relating to the assurance sign off of communications material and related to a British Sign Language (BSL) video that was published.

These complaints have identified the following learning actions:

- Public Health Wales to work on a robust Quality Assurance process for all accessible information produced.
- Public Health Wales to consider implementing a BSL Supplier framework which makes it clear as to who does this work.
- Public Health Wales to draw up guidance on undertaking co production projects with a specific focus on accessible information and service user engagement. This guidance can be shared with other project partners.

The PAD shows we are achieving 100 % compliance in acknowledging complaints within two working days and 75 % were responded to in 30 days for October 2021.

The table below demonstrates the percentage complaints for the quarter.

Month	Complaints due for response	Responded within 30 w/d	Percentage compliant
October 2021	8	6	75%
November 2021	3	2	67%
December 2021	4	30 days not yet due for all	30 days not yet due for all

October 2021- There were two Breast Test Wales complaints were responded to outside of the target as both required expert medical opinion and medical records were required for this.

November 2021- One complaint is outside of target due to delays in identifying an investigator which have now been resolved and investigation is underway.

5. Compliments

During quarter three, 620 compliments were received which is a 30% increase on the previous quarter.

Compliment types for the quarter are categorised as:

- The Positive attitude / behaviour of staff
- Positive comments: service related
- Professionalism of staff
- Timeliness of results

The ratio of compliments to formal complaints has increased to 41:1 from 25:1 in the previous quarter.

6. Quality and Improvement

Quality

Work is underway to explore how the rich data from concerns can be further used to enable quality and improvement throughout the organisation.

Areas of Improvement

The number of incidents overdue for closure has been highlighted as requiring improvement. As such, work has been concentrated in this area to improve incident closure.

These incidents are predominantly within the Screening Division and continue to be impacted by recovery and winter pressures. The Putting Things Right team have obtained a temporary dedicated resource to support the appropriate closure of open incidents and are working closely with services in this area. The table below demonstrates the impact of this work for Cervical Screening Wales during the quarter:

Overdue incidents	October 2021	November 2021	December 2021
Cervical Screening Wales	248	95	68
Diabetic Eye Screening Wales	64	102	110*

The dedicated resource has supported Cervical Screening since October 2021 and significantly reduced the overdue incidents for the programme

In December 2021, this resource began working with Diabetic Eye Screening Wales (DESW) to reduce their overdue incidents. The impact of this work is expected over the coming months and consideration needs to be given to the Christmas period, which will inevitably cause an increase in numbers due to staff leave

*The increase of DESW incidents is due to staff capacity to complete this work and staff changes at a senior management level. The additional resource should assist this area with a significant reduction of overdue incidents as demonstrated within Cervical Screening previously.

Recommendation

The Quality, Safety and Improvement Committee is asked to:

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