 <p><b>GIG CYMRU NHS WALES</b></p> <p>Iechyd Cyhoeddus Cymru Public Health Wales</p>	<p><b>Name of Meeting</b> Quality, Safety and Improvement Committee Meeting</p> <p><b>Date of Meeting</b> 15 February 2023</p> <p><b>Agenda item:</b> 4.4</p>
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<h2>Putting Things Right Report Quarter 3 2022/2023</h2>				
<p><b>Executive lead:</b></p>	<p>Rhiannon Beaumont-Wood, Executive Director, Quality, Nursing and Allied Health Professionals</p>			
<p><b>Author:</b></p>	<p>Frankie Thomas, Head of Putting Things Right</p>			
<p><b>Approval/Scrutiny route:</b></p>	<p>Rhiannon Beaumont-Wood, Executive Director, Quality, Nursing and Allied Health Professionals</p>			
<p><b>Purpose</b> This paper introduces the Putting Things Right report for Quarter three 2022-2023.</p>				
<p><b>Recommendation:</b></p>				
<p>APPROVE <input type="checkbox"/></p>	<p>CONSIDER <input type="checkbox"/></p>	<p>RECOMMEND <input type="checkbox"/></p>	<p>ADOPT <input type="checkbox"/></p>	<p>Assurance <input checked="" type="checkbox"/></p>
<p>The Quality, Safety and Improvement Committee is asked to:</p> <ul style="list-style-type: none"> <li>• <b>Consider</b> the report and take <b>assurance</b> on the effective management of Putting Things Right.</li> </ul>				

**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**

<b>Equality and Health Impact Assessment</b>	An Equality and Health Impact Assessment is not necessary as no decision is required.
<b>Risk and Assurance</b>	N/A
<b>Health and Care Standards</b>	This report supports and/or takes into account the <a href="#">Health and Care Standards for NHS Wales</a> Quality Themes  Governance, Leadership and Accountability Person Centred Care Theme 1 - Staying Healthy
<b>Financial implications</b>	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.
<b>People implications</b>	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 against our organisational performance with PTR. This format is in line with the strategic direction the organisation is taking, in presenting information in a digital format making the information more accessible.

The Committee is asked to note that this is an iterative process at present as we continue to strive to improve areas including the timing and format of the digitally presented data.

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

### 1. Nationally Reportable Incidents/No Surprises/Never events

This section contains the number of Nationally Reportable Incidents (NRI), No Surprises and Never Events submissions for this quarter.

<b>Number in Quarter</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>
	<b>Apr- Jun 22</b>	<b>Jul – Sep 22</b>	<b>Oct – Dec 22</b>
Nationally Reportable Incidents reported to Delivery Unit	0	4	0
No Surprises reports submitted to Welsh Government	3	1	3
No Surprises reports submitted and subsequently upgraded by Welsh Government to a Nationally Reportable Incident	0	0	0
Never Events	0	0	0

## Summary of No Surprises Incidents

Incident Type	Area	Reference
No Surprises	Health Protection and Screening Services (Cervical Screening Wales)	Datix Reference: 1516
<p>This related to a 'failsafe' service user list that was instigated as part of the quality assurance failsafe work in Cervical Screening Wales. This procedure identified a number of participants who tested positive for Human Papilloma Virus (HPV) where a cytology negative result was reported and who had potentially not been referred to colposcopy in line with HPV test of cure pathway (due to a historic result of mild dyskaryosis/borderline squamous). A routine failsafe meeting was held on the seven November and this cohort of women was initially discussed. A follow up meeting was held on 24 November and confirmed that some of the screening programme participants had been incorrectly placed on the pathway for follow up cervical screening in 12 months when they should have in fact been referred to colposcopy, because of their past cervical screening results.</p> <p>An incident team has been established and met on 24 and 28 November and agreed actions. These included reviewing the pathways and categorising participants into different groups with defined actions. The review concluded with the following actions subsequently completed:</p> <ul style="list-style-type: none"> <li>• 21 programme participants were sent a letter explaining that they would be referred to colposcopy if they hadn't already had their follow up cervical screening test or if they had a HPV positive test with a cytology negative result or inadequate result</li> <li>• Four participants who had had their follow up cervical screening test with a HPV negative result were sent an explanation letter of and offered a referral to colposcopy if they wished</li> </ul> <p>As there was a postal strike planned the week of the 28 November to prevent a further delay, the women were contacted by telephone by one of the cervical screening Nurses on 29 and 30 November to explain the issue and confirm that a letter was in the post. A recording log was kept of all the women who were contacted by phone. Only a few women were not directly contactable by phone despite several attempts that week.</p> <p>In addition a copy of the letter was sent to the women's GP and the colposcopy units were informed as to the situation agreed to try to accommodate an appointment offer before Christmas.</p> <p>A reactive press statement was prepared but not required.</p>		

<b>Incident Type</b>	<b>Area</b>	<b>Reference</b>
No Surprises	Health Protection and Screening Services (Cervical Screening Wales)	Datix Reference: 1483
<p>The Cervical Screening Information Management System (CSIMS) for the Cervical Screening programme in Wales went live successfully on the 20 September 2022. The development of a new system has been required due to the decommissioning of as the current legacy system (NHAIS/Exeter system) used by the programme since 1986.</p> <p>CSIMS is the pathway management system that is now used by the cervical screening programme to manage the call/recall of participants, the issuing of result letters and a failsafe mechanism for women eligible for cervical screening in Wales.</p> <p>Work has been underway with England for several years to ensure that the cervical screening history of participants who move between Wales and England is shared to safeguard that these participants are on the correct pathway. Approximately 1000 programme participants move between the two countries each month. NHS Digital (England) has developed an electronic method support this data transfer and reduce the manual inputting of data and the impact on staffing resources within the English programme.</p> <p>The digital solution despite being tested and approved has since identified some issues is currently not able to be used meaning the intersystem data transfer cannot occur. Currently all screening information is having to be uploaded manually to the English records following a manual data transfer from CSW.</p> <p>Regular meetings are taking place to try to resolve this led by NHS England and NHS Digital who are working to develop the digital automated solution</p>		

<b>Incident Type</b>	<b>Area</b>	<b>Reference</b>
No Surprises	Quality, Nursing and Allied Health Professionals	Datix Reference: 1386
<p>On Thursday 10th November a vaccine fridge containing Influenza vaccines to be used for the staff flu campaign at PHW site in Llandudno (Breast Test Wales) was identified as running above the recommended vaccines storage temperature at 2-8 degrees Celsius. The external display on the day showed a maximum temperature of 9 degree had been recorded. The controls in place for fridge monitoring both internal and external temperatures appear not to have been adhered to consistently and therefore we are unable to determine whether the correct internal fridge temperature has been achieved and maintained since delivery of the vaccines in October.</p> <p>This meant that 20 staff had been vaccinated using these vaccines where the efficacy and vaccine potency could not be guaranteed.</p> <p>All remaining vaccines were quarantined, and disposal arranged. The incident was reported internally via Datix, advice and guidance sought from The Welsh Medicines Incidents and Advice Service (WMIC) and from PHW Vaccine</p>		

Preventable Disease programme (VPDP) on the management of the incident and the revaccination potentially of the 20 affected staff.

The WMIC advised that the affected staff did not need to be revaccinated. Staff were notified of the incident the week commencing 21st November and given the opportunity to discuss further if they have concerns.

An incident investigation was completed, and learning identified with remedial actions progressed to prevent reoccurrence.

In addition, the immediate learning was shared with the 2 other sites containing vaccines fridges and revision of controls to provide assurance on storage conditions and processes undertaken.

The Fridge in Llandudno was condemned, and disposal arranged.

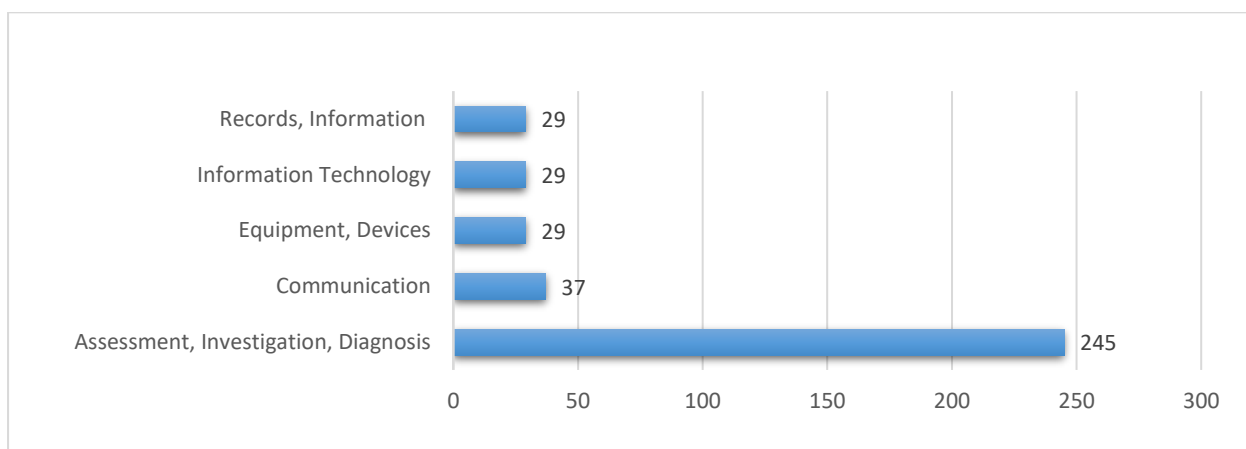
## 2. Incident Management

During quarter three, 1 October – 31 December 2022, a total of 440 incidents were reported via the Datix incident management system compared to 509 the previous Quarter. This is a reduction of 69 incidents compared to the previous quarter and is likely to be due to the Christmas bank holiday period and a reduction in operational services at this time.

97% of incidents reported in quarter three occurred within Health Protection and Screening Services.

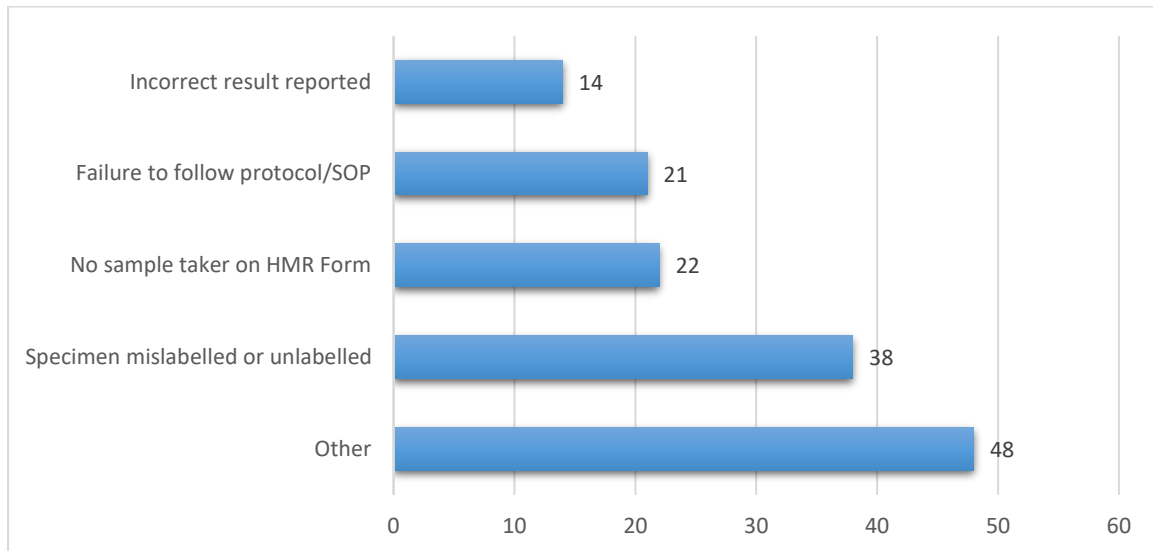
The most frequent types of incidents reported by category are detailed in the chart below are:

Chart 1 – Top five incidents categories in quarter three



Further analysis of the category Assessment, Investigation, Diagnosis incidents are detailed in the chart below:

Chart 2 – Top five assessment/investigation/diagnosis sub-types



The above chart highlights the largest reporting sub-categories as 'Other' followed by Specimen mislabelled or unlabelled. 60% of the incidents reported in this subcategory relate to Cervical Screening Wales and 29% are in Microbiology. Work is underway to further categorise the 'Other' coding to enable greater understanding of incident by type

The highest number of open incidents are currently within Cervical Screening Wales (CSW). Targeted work continues with this service area and following a meeting on 13<sup>th</sup> January further areas have been identified for additional work including the development of an electronic smear taken submission form, which should reduce the number of incidents reported relating to smear taker errors (incomplete documentation).

It should be noted that although progress has been made with overdue incidents, it is slower than the service wishes due to additional operational pressures that have had to be prioritised. An example of which is referenced in the 'No Surprises' section of this report.

It should also be noted that progress has been made with a reduction in the number of oldest open incidents from April onwards.

### **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.

There was one Redress case received during quarter three for Breast Test Wales which related to an interval cancer review.

This case has been investigated by Breast Test Wales (BTW) and following investigation it has been determined that there was no qualifying liability. The investigation has now concluded and the response to this individual is currently progressing through the Quality Assurance process.

#### 4. Complaints Management

##### Early Resolution Complaints (Informal)

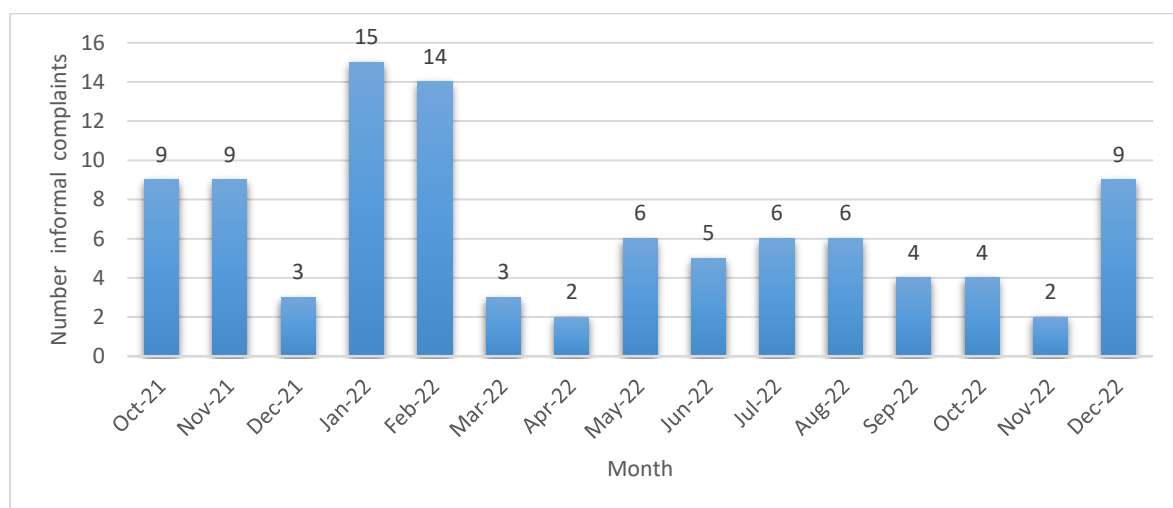
Public Health Wales endeavours to deal with any complaints received by way of early resolution wherever possible. The chart below demonstrates the number of early resolution complaints received in Quarter three.

Informal complaints are now captured within the dashboard.

15 Early Resolution complaints were received in quarter three.

On average six early resolution complaints are received each month.

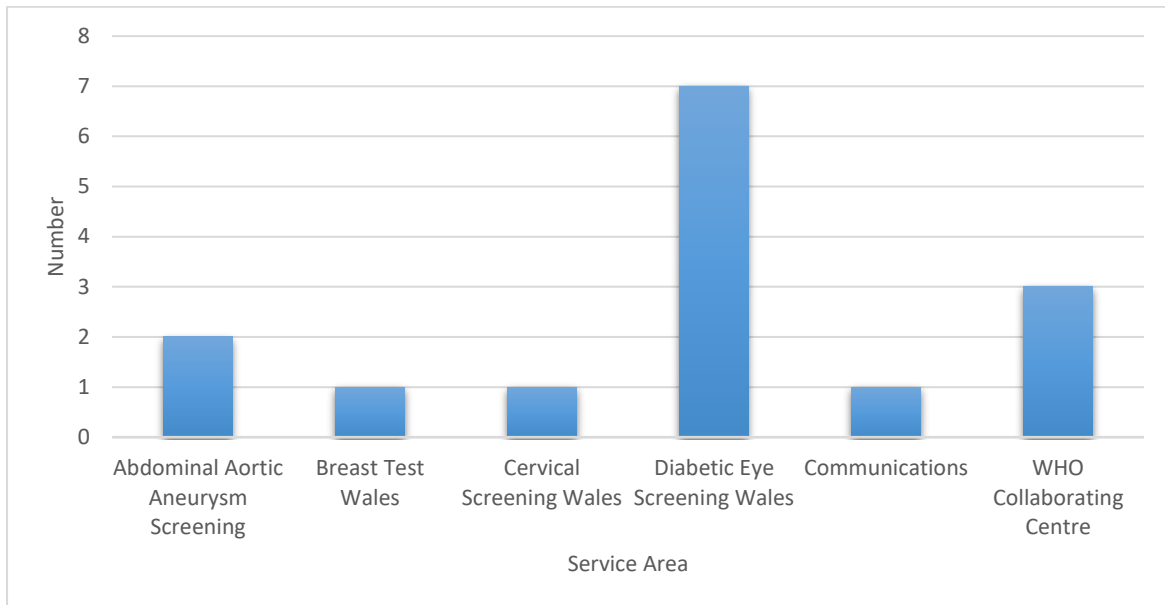
Chart 3 – Number of early resolution complaints in quarter three



The below chart highlights the service areas where early resolution complaints have been received



Chart 4 – Areas where early resolution complaints have been received in quarter three



Early Resolution complaint types for quarter three are as follows:

- Attitude and Behaviour (4)
- Appointments (2)
- Communication Issues (7)
- Clinical Treatment/Assessment (1)
- Environment/Facilities (1)

Four early resolution complaints were received that related to the alleged attitude of staff towards service users. One in Breast Test Wales and three in Diabetic Eye Screening Wales. All staff members involved were informed of the complaint and given an opportunity to discuss and reflect and supported to make changes where applicable. Following investigation, all 4 complaints were upheld.

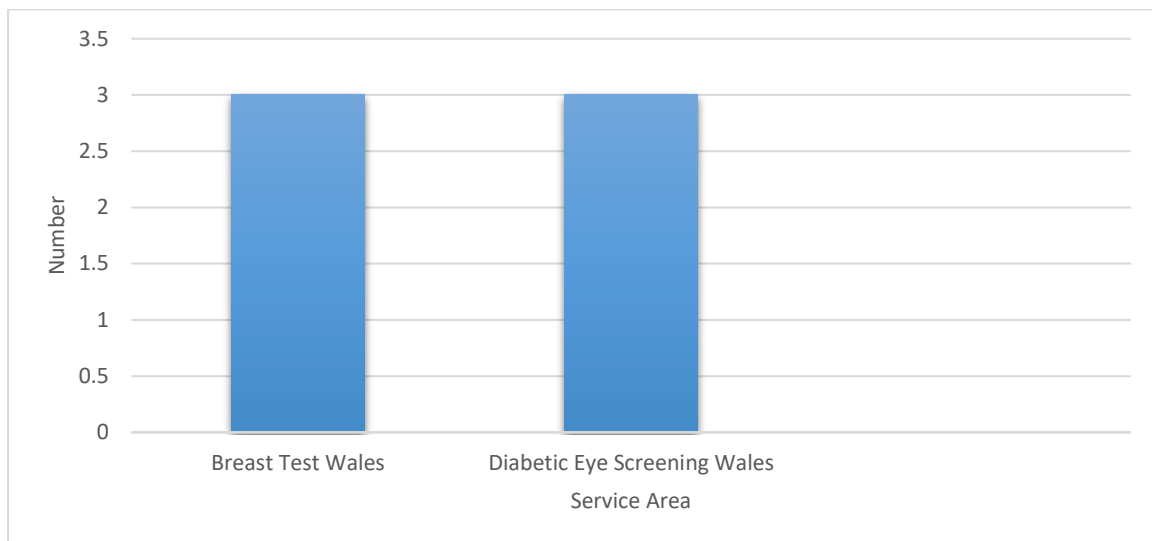
### **Formal Complaints**

During Quarter three, six formal complaints were received, which is a reduction from the seven received in Quarter two.

All formal complaints received within Quarter three occurred within the Health Protection and Screening Services Division.

The below graph highlights the areas where the complaints were received

Chart 5 – Areas where formal complaints have been received in quarter three



Three complaints were received in Breast Test Wales and three received in Diabetic Eye Screening Wales. The complaint types are as follows:

- Communication Issues (2)
- Appointments (1)
- Attitude and Behaviour (2)
- Test and Investigation Results (1)

Two formal complaints were received in Diabetic Eye Screening Wales in relation to alleged attitude of staff to service users.

All staff members involved were informed of the complaint and a reflective discussion was held and the importance of being person centred in the provision of the service reinforced. In addition the learning was shared to the wider team reinforcing core operating times and additional measures were put in place for checking reception areas and improving signage for visitors. One complaint was upheld and one was not upheld.

The below table demonstrates the percentage of complaints responded to within 30 working days in this quarter. There were no formal complaints received in December.

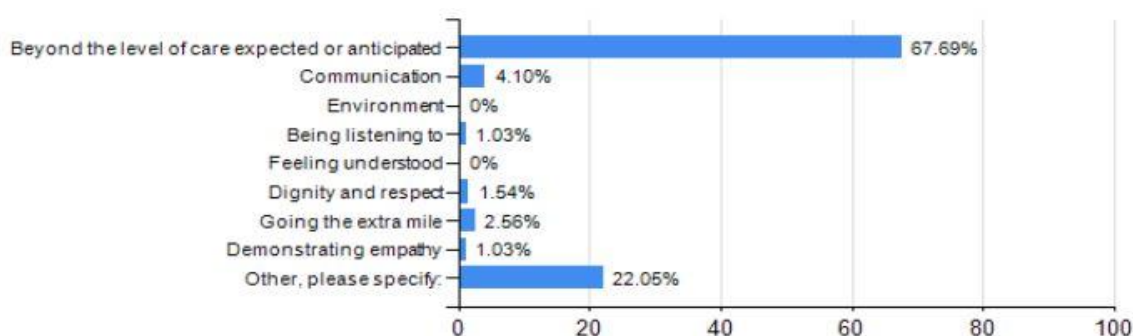
In October 2022, 50% (1) complaint was acknowledged within the two working day target. One Breast Test Wales acknowledgement missed the target response time due to a delay in the complaint being reported on Datix. In November 100% (4) of complaints were acknowledged within two working days. During December no formal complaints were received.

Month	Complaints due for response	Acknowledged within 2 w/d	Responded within 30 w/d
October 2022	2	1 (50%)	2 (100%)
November 2022	4	4 (100%)	4 (100%)
December 2022	0	N/A	N/A

## 5. Compliments

During Quarter three, 195 compliments were received across PHW which is a decrease from the 665 reported in the previous Quarter. The drop in the internal reporting numbers can be attributed to the recent revision to the definition of a compliment as part of the transition to a new capturing system making it clearer for staff as to what constitutes a compliment.

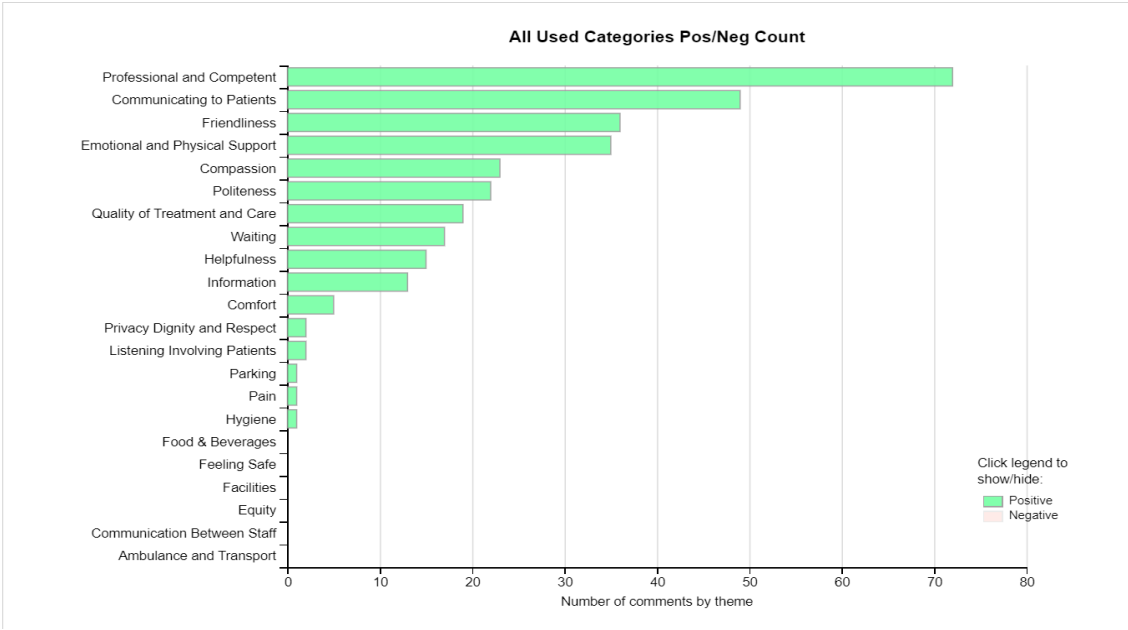
Compliment types and themes received for this Quarter are categorised as follows:



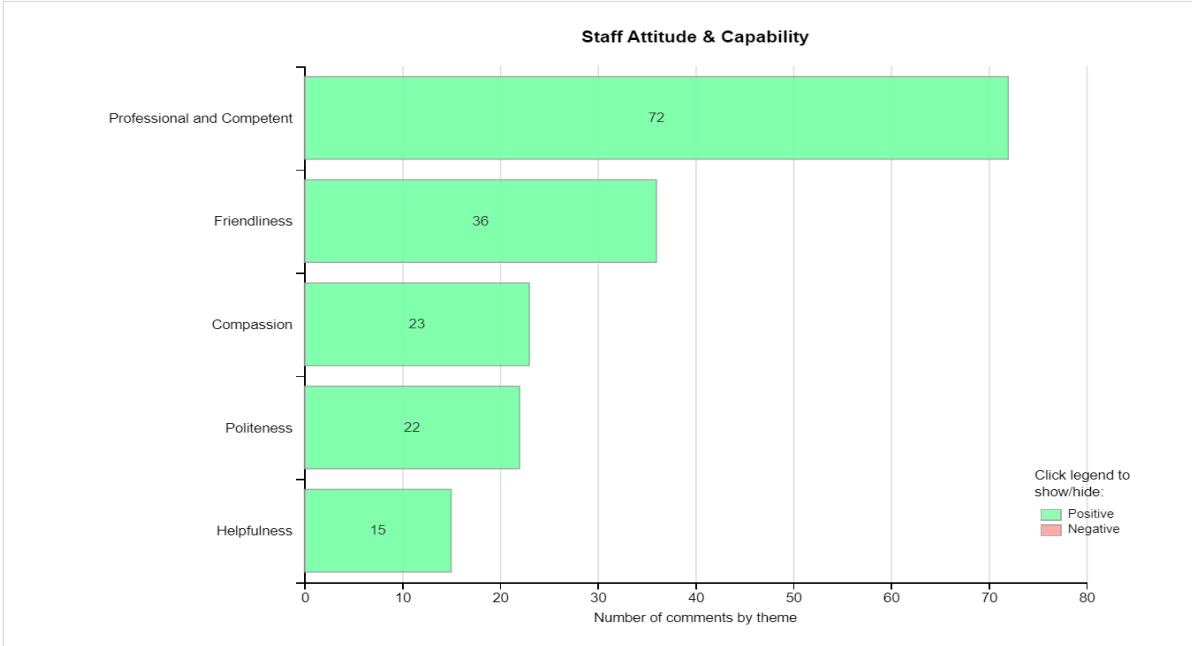
22.06% has been classified as general compliments. This requires further work with directorates and divisions to understand and refine to support the capture all compliment types.

The ratio of compliments to formal complaints during this quarter is 33:1.

The tables below provide more detailed information on the types of compliments attributed to staff using the sentiment analysis function within the Civica System. This is a new facility and work remains in progress to utilise this further and it is expected to enable greater insight to support further improvement work within Public Health Wales.



\*It should be noted that the negative colour in the first box is a system error in Civica. Work is ongoing with Civica to resolve this with an anticipated resolution within the next month.



Learning from complaints and compliments is an essential component of any learning organisation and as such further work is underway as part of the Duties of Quality and Candour to improve how we share learning across Public Health Wales and support wider quality improvement work.

## **Recommendation**

The Quality, Safety and Improvement Committee is asked to:

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