		Name of Meeting Quality, Safety and Improvement Committee **Date of Meeting** 18th May 2022 **Agenda item:** 4.2

Putting Things Right Report Quarter 4 2021/2022

Executive lead:	Rhiannon Beaumont-Wood, Executive Director, Quality, Nursing and Allied Health Professionals
Author:	Frankie Thomas, Head of Putting Things Right

Approval/Scrutiny route:	Business Executive Team meeting(3 May 2022)

Purpose
This paper introduces the Putting Things Right report for Quarter 4 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. 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 four, a total of 657 incidents were reported which is a 0.8% increase from 652 reported in the previous quarter. 98% of incidents reported in quarter four were in Health Protection and Screening Services.
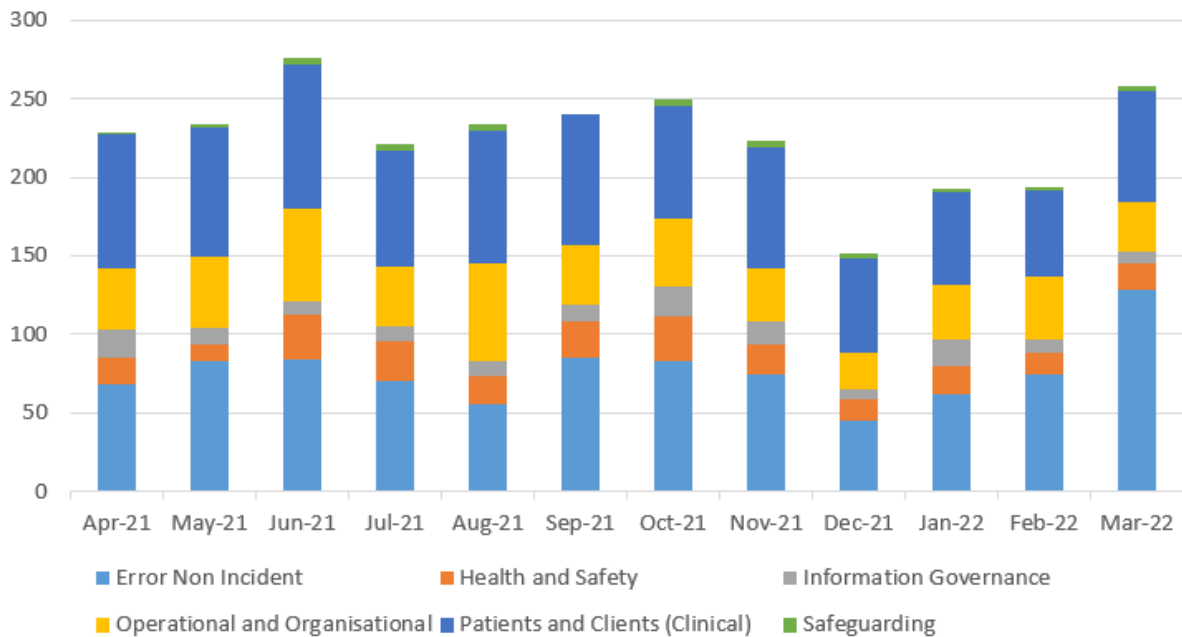
The Performance Assurance dashboard confirms the most frequent types of incident by category are:

- Patients and Clients (Clinical) incidents

- Error (Non-Incidents)

There are on average 88 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 78% from October 2021 to March 2022.

The chart below demonstrates incident types on a monthly basis from April 2021 to March 2022, and confirms that these two incident types feature most prominently across the 12 month period.

Incident type by month April 21-March 22

Legend:
- Error Non Incident
- Health and Safety
- Information Governance
- Operational and Organisational
- Patients and Clients (Clinical)
- Safeguarding

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.

Number in Quarter	Q1	Q2	Q3	Q4
Nationally Reportable Incidents reported to Delivery Unit	2	2	1	2
No Surprises reports submitted to WG	1	1	2	1
No Surprises reports submitted and subsequently upgraded by Welsh Government to a NRI	0	0	0	0
Never Events	0	0	0	0

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.

There were no Redress cases considered in quarter four.

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 four.

Informal complaints are not currently captured on the Performance Assurance Dashboard.
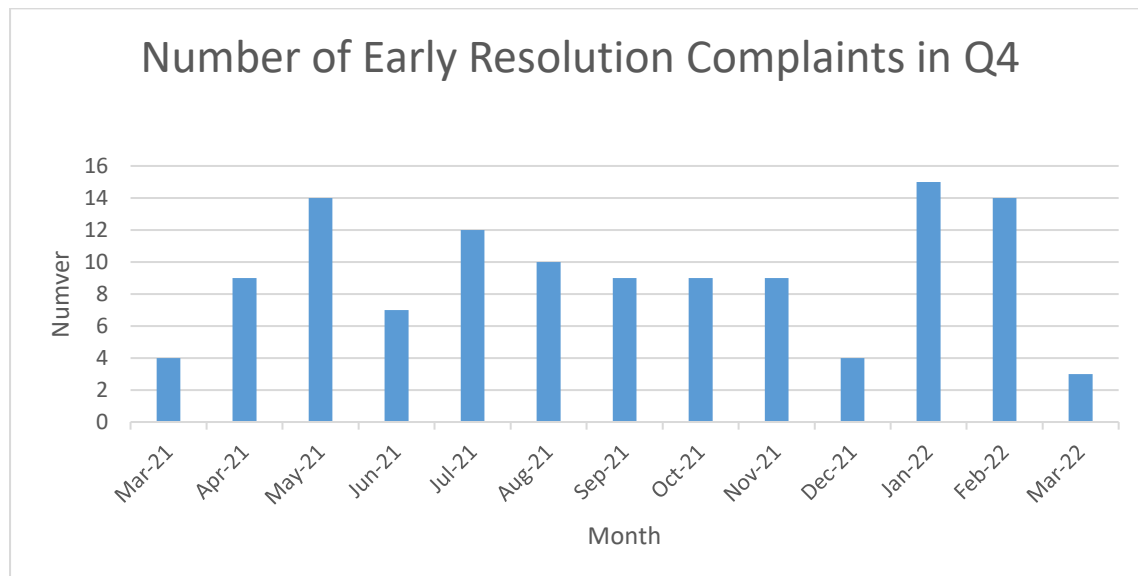
On average nine early resolution complaints are received per month.

During quarter four there was a spike in January and February and the highest number of complaints were in the following areas:

January 2022

- Diabetic Eye Screening Wales – eight complaints regarding appointment and communication issues
- Diabetic Eye Screening Wales – three complaints relating to staff attitude and communication issues
- Cervical Screening Wales - three complaints regarding the change announced to routine interval screening period

- Diabetic Eye Screening Wales – six complaints regarding appointment accessibility and communication issues
- Diabetic Eye Screening Wales - three complaints relating to staff attitude, results process and clinical assessment
- WHO Collaborating Centre – two complaints received regarding surveys

Formal Complaints

During quarter four, 30 formal complaints were received, which is an increase from 14 (114% increase) in the previous quarter.

This significant increase is due to the 17 complaints received relating to public dissatisfaction with the extension to the Cervical Screening Wales routine screening interval period which was announced in January 2022.

There are a number of key learning points from these Cervical Screening Wales complaints, which include:

- The communication strategy should have included more information about why the change was being made, and how to access the evidence and data behind the UK National Screening Committee recommendation
- The use of social media to communicate the change clearly reached a wide audience as intended, but a further review will need to be undertaken to consider whether this is a suitable platform for such messaging.

There were also a number of actions taken, which include:

- Public communications plan has been reviewed and amended. Further review will be undertaken regarding the use of social media for such changes
- A number of mainstream media interviews were given by members of the Screening Division to correct some of the misunderstandings and information gaps.

In addition this is a further complaint themes highlighted within quarter four. Two complaints were received for the WHO Collaborating Centre and relate to challenges of the use of the welsh language in relation to the Housing warmth and Public Engagement survey which contacted 81,000+ and 16,500+ people respectively. It is therefore noted that these complaints are low given the high volume of survey interviews.

There were a number of actions taken in relation to this theme, which include:

- WHO CC liaising with the survey providers to see if more can be done at the front end of the survey to prepare for callers who request to conduct their response in Welsh

- Further training on the process to be followed for all Public Health Wales projects delivered to the survey company, including the legal importance of ensuring both Welsh and English speakers are given equal right to take part in the survey. The briefing was also recorded and made available to all team members for future reference

- Implementation of a formal system for the recording of interview project briefings and the ownership and monitoring by the research project management team

The PAD shows we are achieving 95% compliance in acknowledging complaints within two working days and 100 % were responded to in 30 days for January 2022.

The table below demonstrates the percentage complaints for quarter four.

Month	Complaints due for response	Responded within 30 w/d	Percentage compliant
January 22	19	19	100%
February 22	5	4	80%
March 22	6	30 days not yet due for all	30 days not yet due for all

One Health Protection complaint received in February 2022 is overdue, with the joint investigation with Hywel Dda University Health Board still ongoing. This delay is due to awaiting a consent form from the complainant and in receiving the Hywel Dda University Health Board response due to capacity issues.

5. Compliments

During quarter four, 413 compliments were received which is a 33% decrease on the previous quarter.

Compliment types for the quarter are categorised as:

- The Positive attitude / behaviour of staff
- Positive comments relating to service
- Professionalism of staff
- Timeliness of results

The ratio of compliments to formal complaints has decreased to 13:7 from 41:1 in the previous quarter.

6. Update on the implementation of the new Datix Cloud system

The Datix Cloud system (or Once for Wales Concerns Management System) is the all Wales cloud based replacement for the current Datix web based system. It consists of a number of integrated modules and is designed to provide a more efficient and effective concerns management and reporting platform.

- Datix Cloud went live on the 1st April 2022 for the Complaints, Redress, Claims and Incident modules
- Datix Web will remain in operation for reporting risks, safeguarding events & compliments until these modules are developed within the Datix Cloud system
- Staff have been directed to the correct Datix system, which is dependent on what is being reported
- Data will only be migrated from Datix Web to Datix Cloud where absolutely necessary and staff are encouraged to finalise incident records in Datix Web, closing these down as soon as possible
- Access to Datix Web will remain open for all incident and complaint records reported prior to the 1st April 2022
- The concerns team are due to attend training with Datix to understand the business intelligence function on Datix Cloud which should allow for high level scrutiny of data implemented into Datix cloud
- This will build on the development of the Performance Assurance Dashboard and the work underway to drive quality & improvement forward with learning from concerns data.

The Quality, Safety and Improvement Committee is asked to:

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