 <p>GIG CYMRU NHS WALES   Iechyd Cyhoeddus Cymru Public Health Wales</p>	<p><b>Name of Meeting</b> Quality, Safety and Improvement Committee <b>Date of Meeting</b> 13 December 2023 <b>Agenda item:</b> 4.1</p>
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## Putting Things Right Report Quarter 2 2023/2024 (1 Jul 2023 – 30 Sep 2023)

<b>Executive lead:</b>	Claire Birchall, Interim Executive Director for Quality, Nursing & Allied Health Professionals
<b>Author:</b>	Paisley Hartland, Putting Things Right Manager

<b>Approval/Scrutiny route:</b>	Business Executive Team/ Quality, Safety and Improvement Committee
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<b>Purpose</b> This paper introduces the Putting Things Right report for Quarter Two 2023-2024.
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<b>Recommendation:</b>				
APPROVE <input type="checkbox"/>	CONSIDER <input checked="" type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	ASSURANCE <input checked="" type="checkbox"/>

<p>The Committee is asked to:</p> <ul style="list-style-type: none"> <li>Consider the report and take <b>assurance</b> on the effective management of Putting Things Right.</li> </ul>
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**Link to Public Health Wales [Strategic Plan](#)**

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.

This report contributes to the following:

<b>Strategic Priority/Well-being Objective</b>	5- Supporting a sustainable health and care system
<b>Strategic Priority/Well-being Objective</b>	6 - Tackling public effects of climate change
<b>Strategic Priority/Well-being Objective</b>	4 - Delivering excellent public health services

**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 Social Care (Quality and Engagement) (Wales) Act</b>	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
<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

## 1. Introduction

The Putting Things Right (PTR) report complements the Performance and Assurance Dashboard (PAD) presentation in providing organisational performance assurance with PTR regulations.

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

## 2. Nationally Reportable Incidents/Early Warnings/Never Events

This section contains the number of Nationally Reportable Incidents (NRI), Early Warnings and Never Events submissions for this quarter.

Number in Quarter	Q3	Q4	Q1	Q2
	Oct – Dec 22	Jan – Mar 23	Apr – Jun 23	Jul – Sep 23
Nationally Reportable Incidents reported to Delivery Unit	0	1	1	0
Early Warnings reports submitted to Welsh Government	3	2	0	1
Early Warnings reports submitted and subsequently upgraded by Welsh Government to a Nationally Reportable Incident	0	0	0	0
Never Events	0	0	0	0

### Early Warning Incident

There was one Early Warning Incident reported in September 2023 which related to Cervical Screening Wales (CSW). The incident occurred in November 2022, as a result of a data quality assurance review, whereby it was identified that the Countess of Chester Hospital (COCH) had not been consistently providing all the required clinical information to enable participants to be safely discharged from the colposcopy pathway and that the CSW North Wales Cervical Screening Administration Department (CSAD) had been accepting of this. This meant that potentially there had been inappropriate discharges from colposcopy. As a matter of precaution, the review was expanded to include other health board providers and established that in fact the Betsi Cadwaladr University Health Board (BCUHB) colposcopy service also

had not been providing all the required information. In both cases CSAD staff had not been following the CSW Standard Operating Procedure.

As a result, 2,400 participant records were identified as requiring a further review to ensure that their discharge from colposcopy had been appropriate. By August 2023, of the 2,400 records identified, all but 80 records have been reviewed with no evidence of harm had been identified. The remaining 80 records are currently under review. Of these 40 participants are where CSW is awaiting key information from COCH to complete the review, and a further 40 participants who need a clinical review to check that they are being managed appropriately by the programme. It is anticipated that the review of the remaining records will be completed by the end of 2023.

### 3. Incident Management

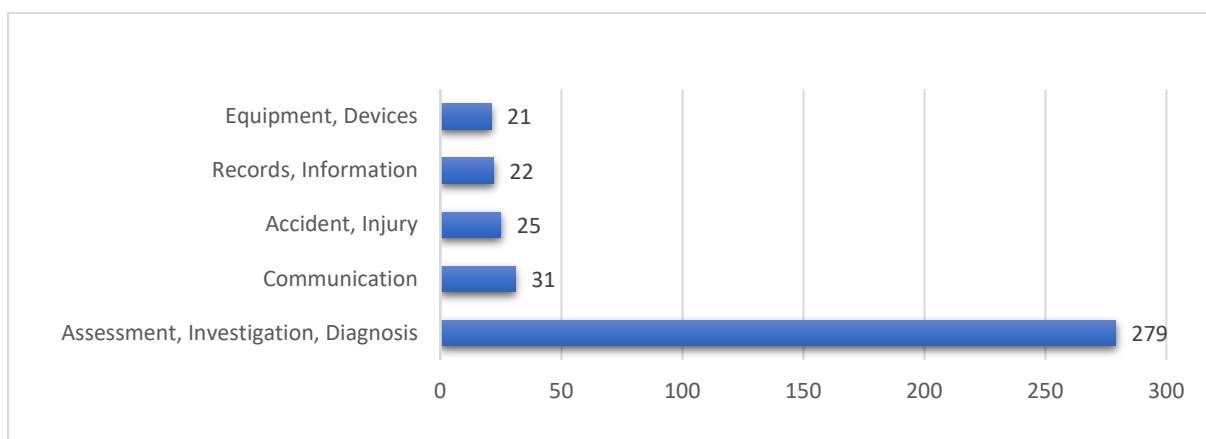
During Quarter Two, (1 July 2023 – 30 September 2023), a total of 463 incidents were reported via the Datix Cloud Incident Management system. This is an increase of 29 incidents, compared to the 434 incidents reported in Quarter One.

During Quarter Two, the Putting Things Right Team trained 148 staff members on Level 1 Incident & Complaint Reporting training, this includes three bespoke sessions with Breast Test Wales and one bespoke session with Health Protection. 46 staff members also received Duty of Candour training during the quarter. The slight increase in reporting of incidents may be due to further staff gaining an understanding of how to report during the training sessions.

96% of incidents reported in Quarter Two occurred within the Health Protection and Screening Services Directorate.

The most frequent incident categories reported are displayed within the chart below:

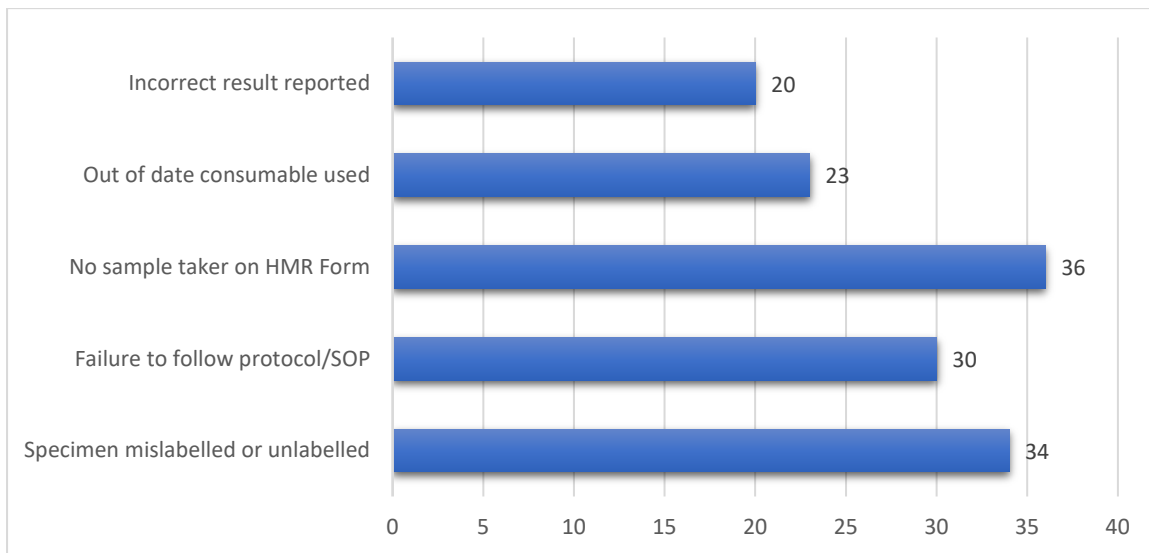
**Chart 1 – Top five incident categories in Quarter Two**





Further analysis of the category 'Assessment, Investigation, Diagnosis' incidents are detailed below

### **Chart 2 – Top five 'Assessment Investigation, Diagnosis' sub-categories**



The above chart highlights that the largest reported sub-category is 'No sample taker code on HMR form', followed by 'Specimen mislabelled or unlabelled'. 98% of incidents reported within these categories relate to Cervical Screening Wales, with 2% relating to Microbiology.

Monthly meetings commenced with CSW and PTR/ Clinical Governance in August 2023. There has been a 17% reduction in incidents between Q1/Q2 of 2022/23 and Q1/Q2 2023/24. Funding has now been approved for the electronic sample taker form which will prevent some of the current form completion errors from occurring. This project is expected to be implemented in Q1/Q2 2024/25.

Improvement work remains ongoing relating to the correct coding within Datix Cloud system. Since this was introduced the use of the 'Other' category has greatly reduced. In Quarter Four 2022/23, there were 13 incidents categorised as 'Other' within the 'Assessment, Investigation and Diagnosis' category. In Quarter Two, there are just two incidents in this category.

The highest number of open incidents are currently within Cervical Screening Wales, followed by Diabetic Eye Screening Wales and Microbiology. The PTR Team continue to undertake targeted work with these service areas, including bespoke training sessions and targeted reminders to leads. Actions include supplying a report of all open overdue incidents weekly to Datix leads for each area. The distribution list for circulating these incidents has also been extended to include senior members of Directorates to support with closure management. Those areas with the oldest



overdue incidents are supported by the PTR team to progress delays and to resolve any challenges with progressing the incident management.

Plans for escalation are now in place should these not improve during October and there is now Executive Director Oversight of improvement of closure rates.

In August 2023, 74% (120) of incidents were closed within the 30-day target period, which is a significant improvement compared to the 52% closed in July 2023. At the time of writing, many of the incidents reported in September 2023 remain within designated closure timeframes.

The Quality and Clinical Governance Manager, alongside the PTR Team has been reviewing all incidents coded as 'Equipment/Devices' incidents and working with the divisions to determine whether these are medical device incidents and if so, ensuring they are coded as such in Datix. As a result of this, Microbiology have seen an increase of 50% of medical device incidents in Q2.

#### **4. 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.

Three Redress cases were received in Quarter Two. Two Redress cases related to Interval Cancer Reviews, received in Breast Test Wales. The third Redress case was received by Bowel Screening Wales for further investigation into a negative Faecal Immunochemical Test (FIT) test result, where the service user is now sadly deceased after having previously received a negative FIT result.

All three investigations have confirmed there was no qualifying liability.

One Health Protection Redress case received in Quarter Four 2022/23 was concluded within Quarter Two. The case related to the outcome of the Llwynhendy external investigation report, specifically around the length of time the Tuberculosis (TB) screening process in Llwynhendy took.

This investigation concluded no qualifying liability.

#### **5. Complaints Management**

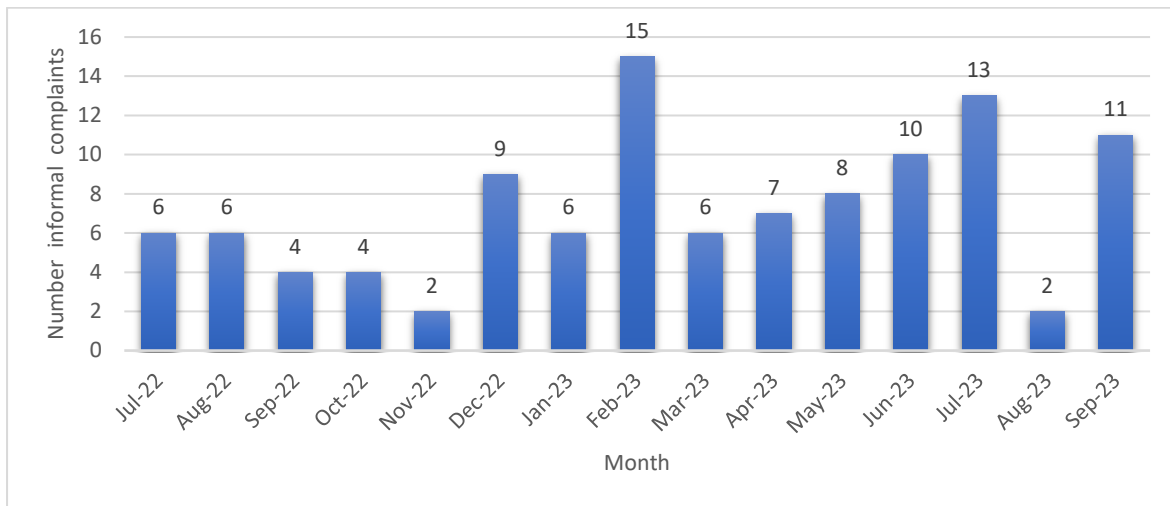
##### **Early Resolution Complaints (Informal)**

Public Health Wales endeavours to deal with any complaints received by way of early resolution wherever possible.



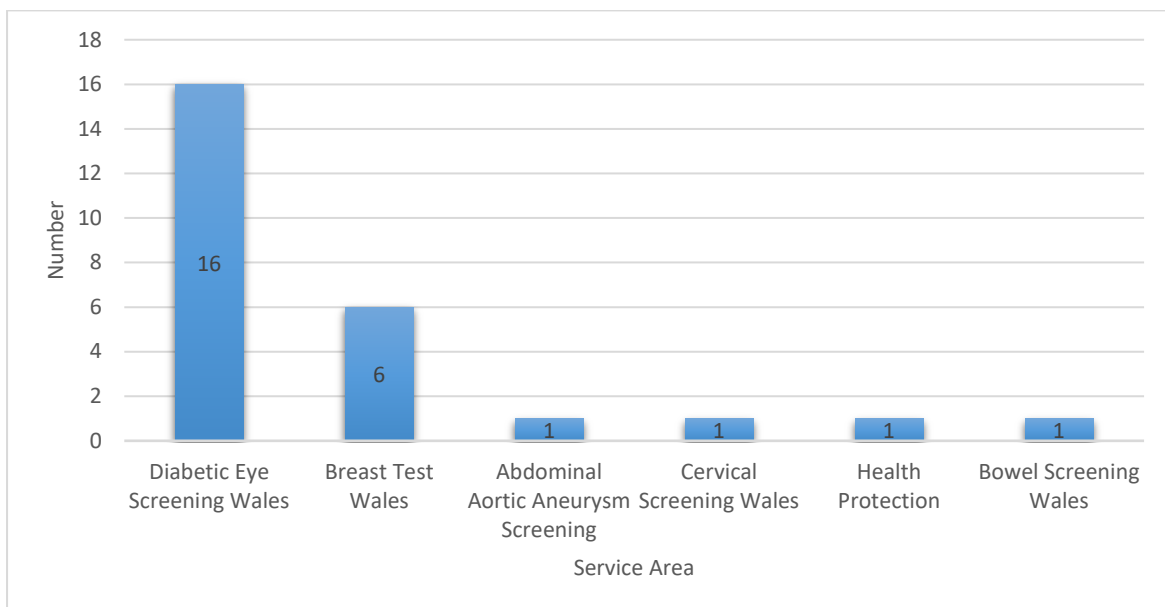
Twenty-six early Resolution complaints were received in Quarter Two. This is a slight increase from twenty-five received in Quarter One.

**Chart 3 – Number of Early Resolutions complaints received**



The below chart highlights the areas where Early Resolution complaints were received during Quarter Two.

**Chart 4 – Areas where early resolution complaints have been received in Quarter Two**





Early Resolution complaint 'types' recorded for Quarter Two are as follows:

- Appointments – (8)
- Access (To Services) – (6)
- Clinical treatment/Assessment – (4)
- Attitude and Behaviour – (3)
- Environment/Facilities – (3)
- Communication Issues – (2)

As a result of the learning identified from the above formal complaints, below are some examples of actions or changes that have been implemented:

- Diabetic Eye Screening continue to receive complaints from individuals expressing dissatisfaction with screening appointment locations. The programme are continuing discussions with health boards to explore additional suitable clinic locations.
- A complaint was received regarding lack of signage at Kimberly House. The lack of signage is already under discussion between PHW Estates and the Landlord at Kimberly House, however, DESW have also added further information to their invitation letters to direct service users to the venue. DESW are also in contact with communications colleagues to add the screening site locations to their website.
- A complaint was received by Breast Test Wales regarding the difficulty a service user experienced when trying to contact the service to cancel their appointment as they stated the email addresses were not present online. The investigation found that the email addresses for the regions are included on the BTW website and the complainant confirmed that they had mistaken these for website addresses. However, the programme acknowledge that it would also be helpful to include these email addresses on their letters and work is underway to do this.

Three Early Resolution complaints were received that related to the alleged attitude and behaviour of staff towards service users. All three were received in Breast Test Wales. All staff members involved were informed of the complaints and given an opportunity to discuss and reflect on events. Following investigation, all of the complaints were upheld. Supportive improvement actions were put in place with the staff involved, including refresher training sessions, reflective discussions and discussions at team meetings to share learning

### **Formal Complaints**

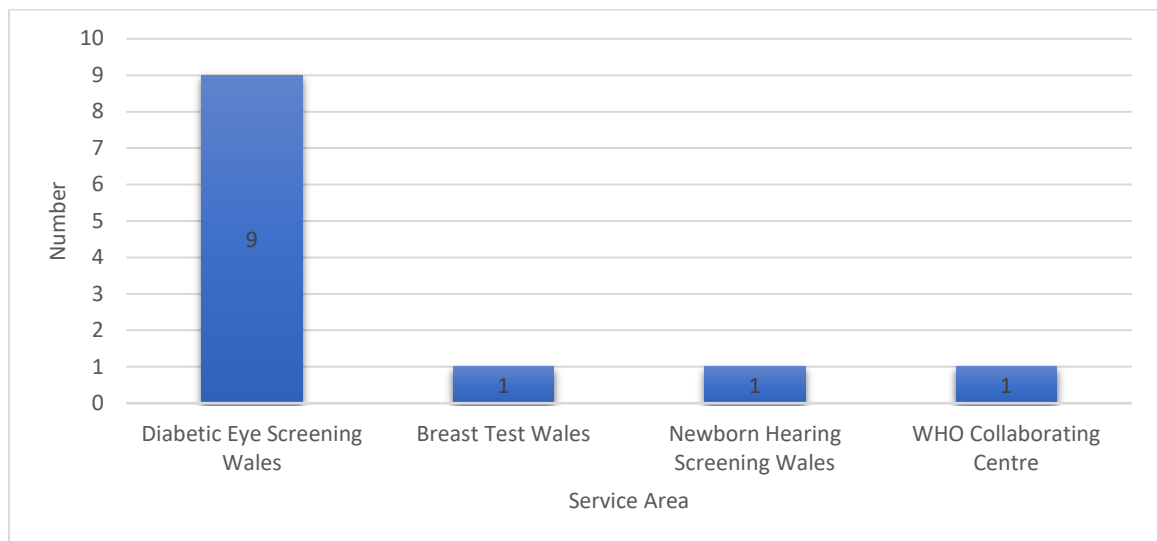
During Quarter Two, twelve formal complaints were received, which is an increase from the nine received the previous Quarter.



Eleven formal complaints were received within the Health Protection and Screening Services Directorate and one within the World Health Organisation (WHO) Collaborating Centre.

The below graph highlights the areas where the complaints have been received.

**Chart 5 – Areas where formal complaints have been received in Quarter Two**



The formal complaint 'types' are recorded as follows:

- Appointments – (4)
- Access (To Services) – (3)
- Clinical Treatment/Assessment – (2)
- Attitude and Behaviour – (1)
- Communication Issues – (1)
- Other – (1)

As a result of the learning identified from the above formal complaints, below are some examples of actions or changes that have been implemented:

- Diabetic Eye Screening plan to add additional wording to their invitation letters to confirm that an official translator will be required for language support. This is as a result of a complaint raised as a family member was unable to translate for their relative at their screening appointment.
- The team within the WHO Collaborating Centre have reviewed the resources provided in their ACEs training materials to ensure that the trainers who use them are clearly informed on the importance of situating the video clips appropriately and emphasising that ACEs affect individuals from all socio-economic classes. This is as a result of a complaint raised expressing dissatisfactions with the ACEs video.



- Diabetic Eye Screening have seen an increase in the number of complaints received regarding the change of recall length for those at low risk of diabetic retinopathy. The programme are writing to all complainants to explain the decision to change the policy was made by the Welsh Government based on clinical evidence and advising complainants to continue to seek support from their GP should they have any concerns regarding their eyesight.

The below table demonstrates the percentage of complaints responded to within target of 30 working days in this quarter.

Month	Complaints due for response	Acknowledged within 2 w/d	Responded within 30 w/d
July 2023	4	4 (100%)	4 (100%)
August 2023	2	1 (50%)	0 (0%)
September 2023	6	5 (83%)	N/A (Not yet due for response)

Two Diabetic Eye Screening Wales complaint responses missed the 30-working day timeframe for a response during August 2023. One complaint response was delayed due to amendments made during the Quality Assurance process. The other complaint timeframe was extended as the DESW Head of Programme wanted to meet with the complainant before completing the investigation. This meeting has now taken place and the response is progressing through the QA process. This response also requires translation into Polish.

## 6. Duty of Candour

Duty of Candour (DoC) regulations came into effect in Wales on 1 April 2023.

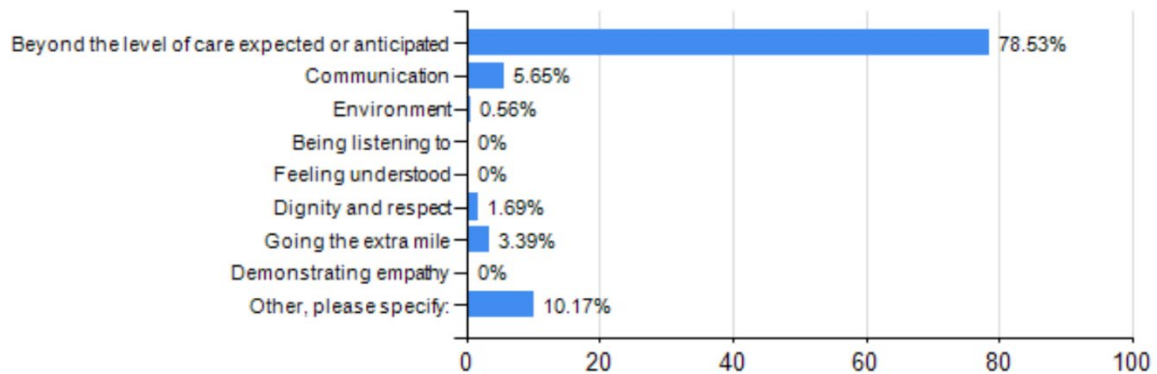
There was one Duty of Candour incident involving Public Health Wales (PHW) in Quarter Two (September 2023). This is a combined DOC case shared with Cardiff and Vale University Health Board (CVUHB) who are the lead reporter and investigator. The case relates to a patient admitted to CVUHB in September 2023 with unusual infection symptoms. Samples from this patient had tested positive since May 2023 for a rare organism and the CVUHB clinical team had not acted upon these, but PHW had also missed opportunities to inform requesting clinicians of the abnormal results and provide specialist guidance for this rarely encountered organism. PHW continues to support CVUHB with the ongoing investigation and learning. The final DOC report and learning will be submitted by CVUHB.

## 7. Compliments

During Quarter two 2023/24, one hundred and seventy-seven compliments were reported by staff using the Civica system across PHW.

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

**Chart 6: Compliment types and themes – Quarter 2 2023/24**

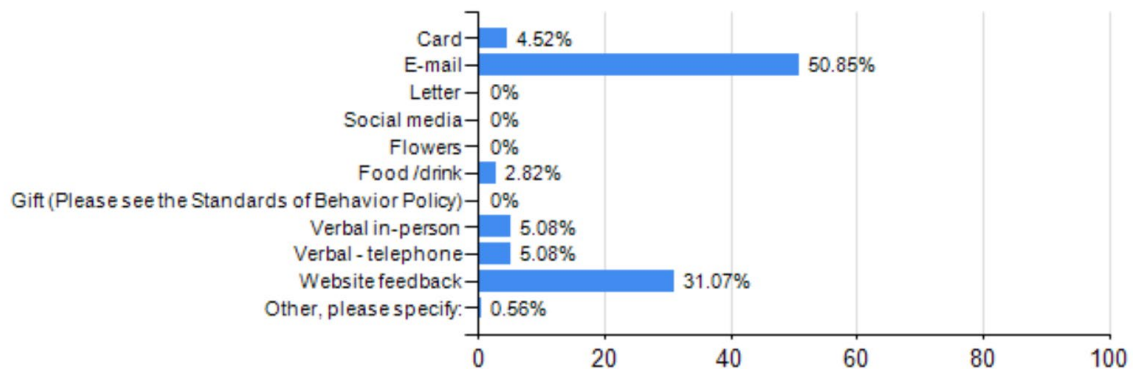


10.17% of compliments were recorded and classified as 'Other'. This is a 16% decrease from the 26.67% recorded in Quarter One of 2023/24. Upon further investigation, most of the compliments recorded as 'Other' align with one or more of the existing themes in Civica. The remaining classified under general compliments.

Analysis of the 'Other' category has been undertaken to enhance the potential available theming options available. Alongside this piece of work, we engaged with Quality Leads and Heads of Programmes across the Screening division to highlight the compliment definition and offer awareness support for staff. The initial engagement resulted in a slight reduction in the loading of "other" and we are planning on making the offer for support on an ongoing basis to ensure the other theme is only used appropriately.

Figure 2 below provides more details about how compliments are received. The leading mechanism submission continues to be email. During this quarter there was however an increase in compliments left via web portals. Further work is underway to enhance web-based feedback routes for feedback.

**Chart 7: Receipt method compliments**





The data received for Quarter two of 2023/24 indicates a slight in the Quality and Service User lead engagement work with these teams.

### **Chart 8: Compliments by Public Health Wales Hierarchy structure**

Directorate	Number of Survey Responses
Board Secretaries Office	1
Microbiology	5
NHS Wales Collaborative	1
Quality, Nursing and Allied Health Professionals	2
Screening Division	168

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

## **8. Recommendation**

The Committee is asked to:

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