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Name of Meeting
Quality, Safety and
Improvement Committee
Date of Meeting
16 May 2023
Agenda item:
4.3a

Putting Things Right Report Quarter 4 2022/2023

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Quality, Nursing and Allied Health Professionals

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Approval/Scrutiny route: Business Executive Team

Purpose

This paper introduces the Putting Things Right report for Quarter Four 2022-2023.

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) narrative report is provided to supplement and be used in combination with the Performance and Assurance Dashboard (PAD) to provide assurance against our organisational performance with PTR. This format is in line with the strategic direction of 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.

Number in Quarter	Q1	Q2	Q3	Q4
	Apr- Jun 22	Jul – Sep 22	Oct – Dec 22	Jan – Mar 23
Nationally Reportable Incidents reported to Delivery Unit	0	4	0	1
No Surprises reports submitted to Welsh Government	3	1	3	2
No Surprises reports submitted and subsequently upgraded by Welsh Government to a Nationally Reportable Incident	0	0	0	0
Never Events	0	0	0	0

Summary of Nationally Reportable Incident

Incident Type	Area	Reference
Nationally Reportable Incident	Health Protection and Screening Services (Bowel Screening Wales)	Datix Reference: 1655
<p>As part of bowel pathway review work it was identified that some participants were not on the correct screening pathway. It was identified that since the start of the programme (2008) approximately 202 Bowel Screening Wales participants who had previously a screen positive test result and who had contacted the Programme to decline a screening nurse assessment, or the offer of screening colonoscopy assessment had been allocated with the incorrect management code on the bowel screening information management system. This resulted in them being removed from the 'positive pathway' and subsequently receive a routine recall invitation (postal screening kit) in two years' time instead of an appointment for a screening nurse assessment at two years.</p> <p>An incident management team was convened and met for the first time on 3 January. The records of each of the potentially affected participants were reviewed. From the initial review process about 150 participants were confirmed as having not come to harm or further recall action. 129 participants had already been identified by the pathways team and reassigned to the correct positive within the 2 year and a further 14 participants had been assigned incorrect management code which had not changed their pathway. 50 participants remain under pathway review.</p> <p>The root cause following the investigation was identified as human error and staff refresher training is planned. In addition, a recommendation from the review/investigation identified the need for additional 'failsafes' which are mechanisms within the bowel screening programme to highlight any participants placed on an incorrect pathway.</p> <p>The incident management team has met on 12, 17 and 24 January and reviewed all of the participants potentially affected and where required has sought expert clinical advice from the programme's Quality assurance colonoscopist. On review of the participant pathways there were 7 who needed further action and they were offered colonoscopy and given an explanation as to what had happened on 1 February. No clinical harm has been identified to date.</p>		

Summary of No Surprises Incidents

Incident Type	Area	Reference
No Surprises	Health Protection and Screening Services (Cervical Screening Wales)	Datix Reference: 1681

This related to a printing error in a batch of letters which were sent from the North Wales Cervical Screening Pathway team in January 2023, where for reasons as yet unknown, the letters printed with English on one side and the Welsh translation on the other, but the Welsh version may have been printed with a different person's details included. All of the letters in the batch were for a negative result, so no incorrect results were sent out. There were 108 letters in the batch, therefore up to 108 people may have been impacted.

On 4 January 2023 we were contacted by a programme participant making us aware of the error. An immediate apology was made, and a self-addressed envelope sent so that they could return the letter. As yet, no other participants have contacted us.

An incident team was established and met on Monday 9 January 2023 to discuss the incident and to set out the following actions:

- Information was sent to pathway staff to support and explain what to say if anyone else should telephone to alert us to an issue with their letter.
- All three regions were asked to check every letter produced individually to ensure printing was correct.
- Initial suggestion as to the cause of the error is a change to the Cervical Screening Information Management System (CSIMS) which created an error in regenerating the batch of letters when printed.
- Information Governance leads were contacted and identified that the issue should be reported to the Information Commissioner Office. This was done on 10 January 2023.

The investigation is still ongoing, however due to the nature of the incident it has been categorised as a low harm event as all results in this batch were for a negative result.

Incident Type	Area	Reference
No Surprises	Health Protection and Screening Services (Health Protection)	Datix Reference: 1820
<p>This incident relates to a cluster of active Tuberculosis (TB) in the Llwynhendy area of Carmarthenshire dating back to 2010.</p> <p>In 2019, a rapid internal review was carried out by PHW which advocated the need to commission an external joint review with Hywel Dda University Health Board. The purpose of this external review was to conduct a independent review of the TB outbreak and its management, to identify any learning and inform the ongoing and future management of TB disease in Wales. The external review was published on January 26, 2023.</p> <p>The report made a number of recommendations, which were accepted in full by both Public Health Wales and Hywel Dda University Health Board (HDUHB). Both organisations have subsequently published action plans to address the recommendations, which will be respectively reported through the Quality, Safety, and Improvement Committee in PHW and the Quality, Safety & Experience Committee in HDUHB.</p>		

2. Incident Management

During quarter four, 1 January 2023 – 31 March 2023, a total of 495 incidents were reported via the Datix Cloud incident management system compared to 436 the previous Quarter. This is an increase of 59 incidents compared to the previous quarter.

95% of incidents reported in this period occurred within Health Protection and Screening Services.

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

Chart 1 – Top five incident categories in Quarter four

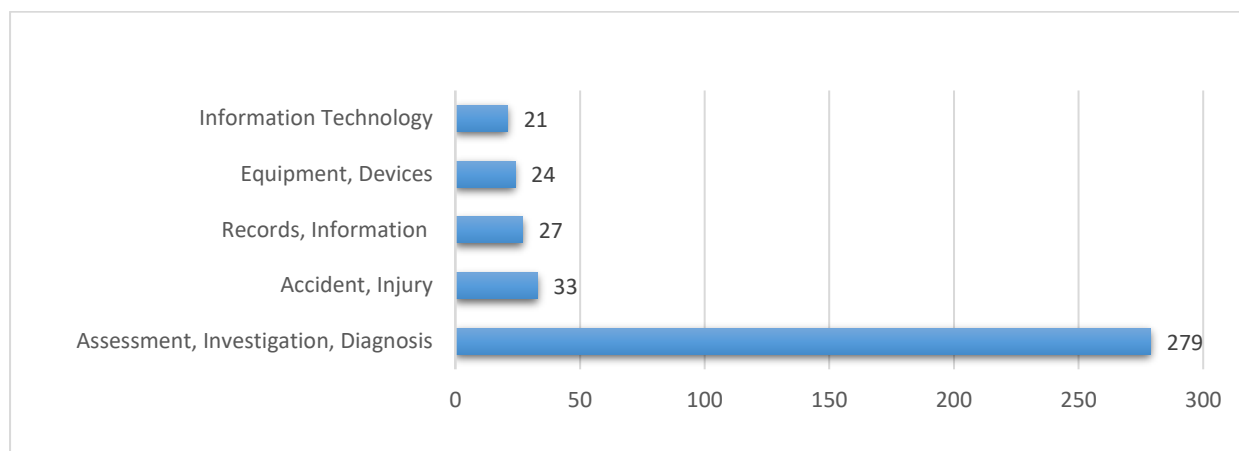
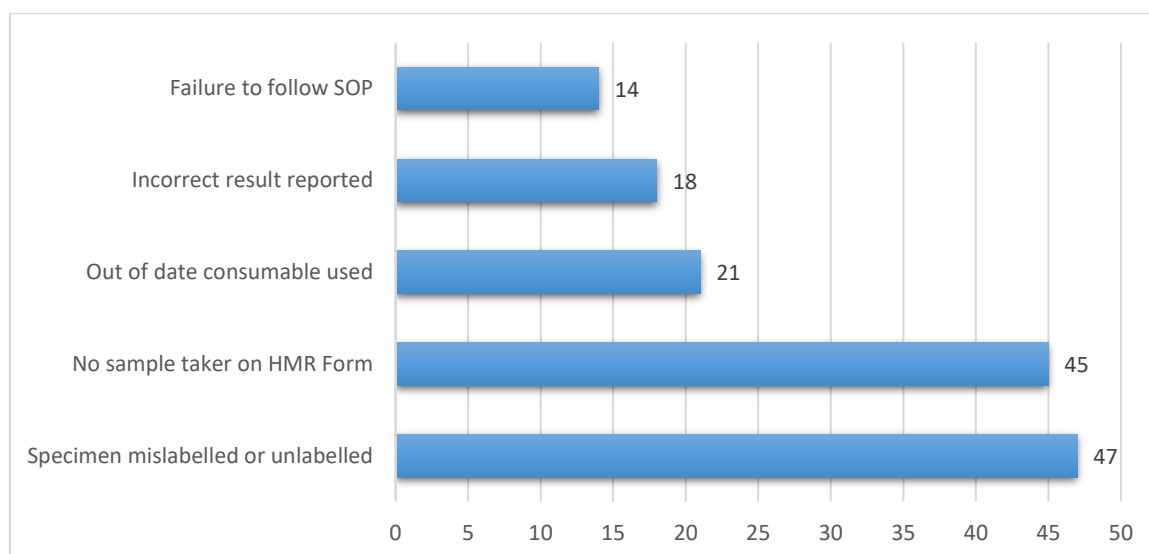


Chart 2 provides further analysis of the category 'Assessment, Investigation, Diagnosis' type incidents

Chart 2 – Top five 'Assessment, Investigation, Diagnosis' sub-types



The above chart highlights that the largest reported sub-category is 'Specimen mislabelled or unlabelled', followed by 'No sample taker code on HMR Form'.

99% of incidents reported in these categories relate to Cervical Screening Wales, with 1% occurring in Microbiology.

During the previous quarter, 'Other' was the highest reported sub-category in the 'Assessment, Investigation, Diagnosis' category. Work is ongoing to improve our understanding of this coding and to improve the overall quality of coding to ensure incidents are correctly reflected in the available categories.

It should be noted that the use of the 'Other' category has greatly improved this quarter with only 13 incidents categorised as 'Other' within the 'Assessment, Investigation, Diagnosis' category

The highest number of open incidents are currently within Cervical Screening Wales (CSW), followed by Diabetic Eye Screening Wales (DESW). Targeted work continues with these service areas including bespoke training sessions.

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 were two Redress cases received during Quarter Four.

One Redress case was received in Health Protection and relates to the 2010 Tuberculosis outbreak in Llwynhendy.

The other Redress case was received in Breast Test Wales and relates to a delay in receiving results following Breast Screening.

Both Redress cases are currently under investigation and the Claims Manager is supporting Breast Test Wales and Health Protection with these investigations.

4. Complaints Management

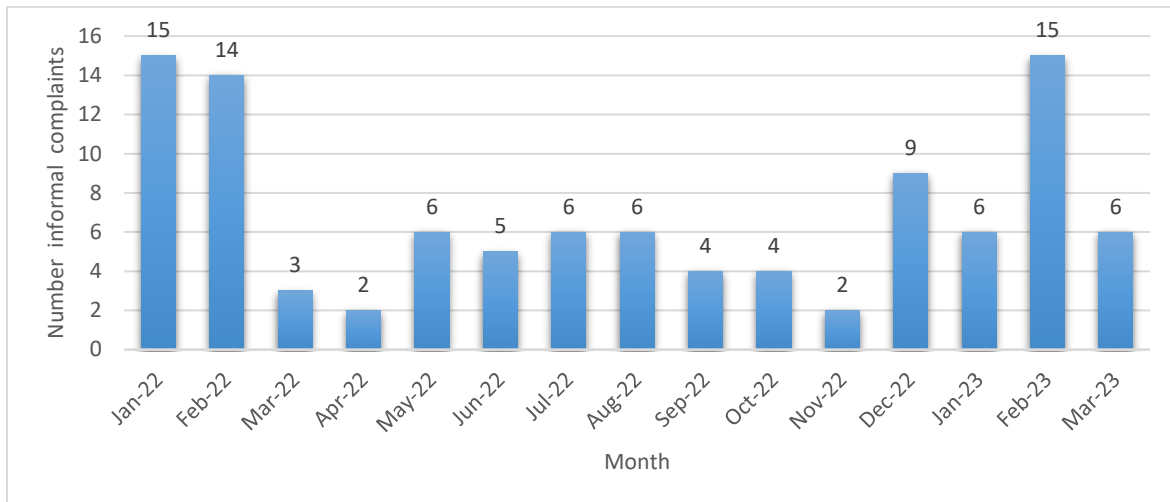
Early Resolution Complaints (Informal)

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

Early Resolution complaints are now captured within the dashboard.

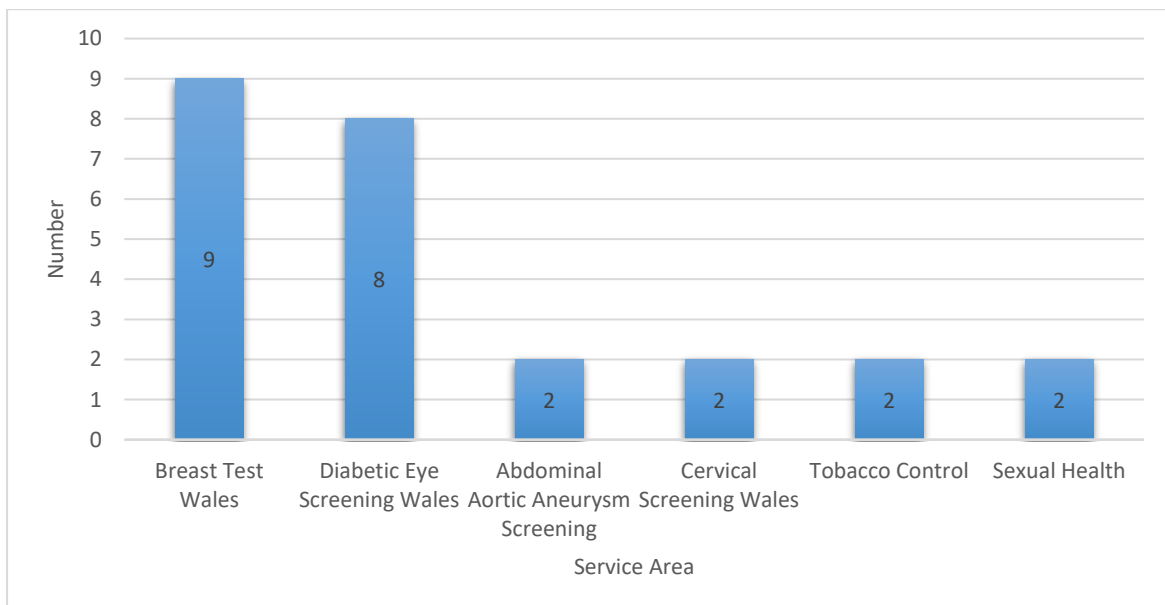
27 Early Resolution complaints were received in quarter four. This is an increase from 15 received in quarter three.

Chart 3 – Number of early resolution complaints in quarter four



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 four



Early Resolution complaint themes for quarter four are as follows:

- Attitude and Behaviour (4)
- Appointments (7)
- Communication Issues (8)
- Clinical Treatment/Assessment (2)
- Equality (1)

- Equipment (1)
- Patient Care (1)
- Record Keeping (3)

Of the four early resolution complaints received relating to the alleged attitude of staff towards service users, 2 occurred in Breast Test Wales, 1 in Cervical Screening Wales and 1 in Tobacco Control. All staff members involved were informed of the complaints and given an opportunity to discuss further and have a reflective discussion and if appropriate supported to make changes in practice.. Following investigation, two of the complaints were upheld and two not upheld.

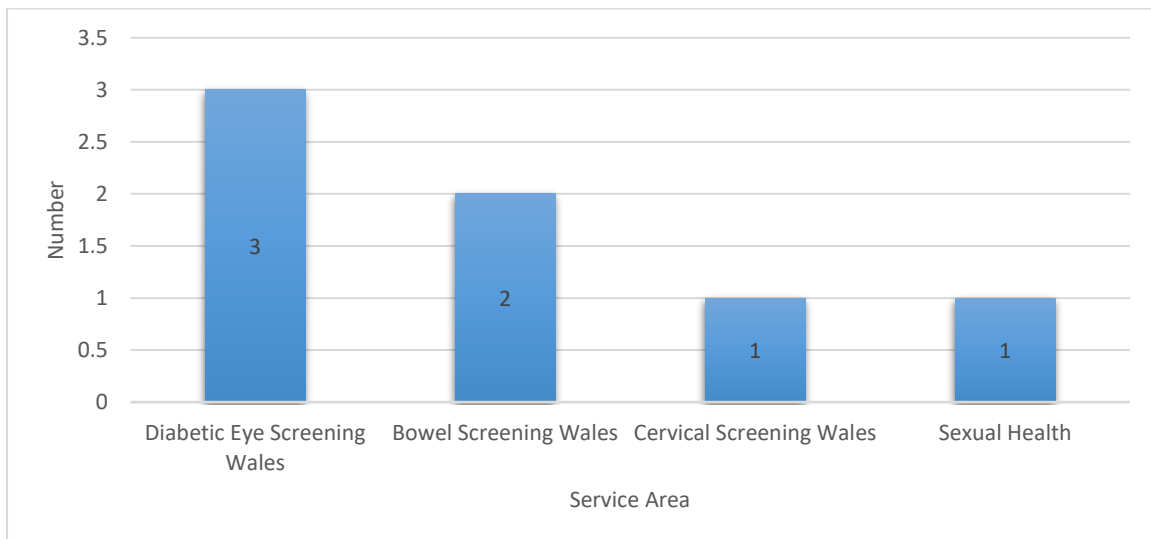
Formal Complaints

During quarter four, seven formal complaints were received, which is an increase from six compared to quarter three.

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

The below graph highlights the areas where these complaints were received:

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



The complaint types are as follows:

- Communication Issues (2)
- Access (to Services) (2)
- Environment/Facilities (2)
- Confidentiality (1)

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

In January 2023, 50% (1) complaint was acknowledged within the two working day target. One Diabetic Eye Screening acknowledgement missed the target response time due to a delay in the complaint being reported on Datix.

Month	Complaints due for response	Acknowledged within 2 w/d	Responded within 30 w/d
January 2023	2	1 (50%)	2 (100%)
February 2023	4	4 (100%)	4 (100%)
March 2023	1	1 (100%)	N/A (Not yet due for response)

4.1 Learning from Complaints

All the complaints that we receive into the organisation provide us with an opportunity to identify learning and areas where we can improve our services. We also recognise the importance of sharing this learning across the organisation.

Some examples of learning and actions taken from complaints received in quarter Four are:

- A complaint was received from a service user regarding the location and accessibility of a screening site that is not managed by PHW.

As a result of this complaint, the communications sent to service users had been improved to better prepare them for accessing this site. The site is managed by the local health board and PHW are working with the health board Estates Team to improve signage and complete a new risk assessment for this venue.

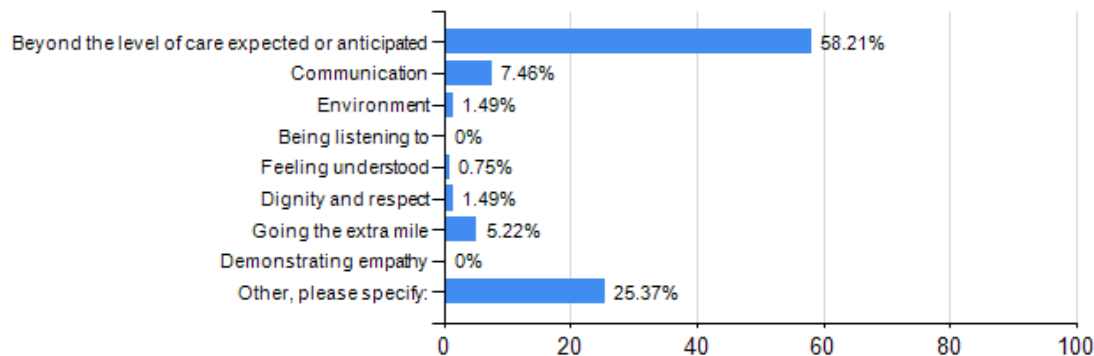
- A complaint was received from a service user dissatisfied with the use of the sentence 'We welcome correspondence in Welsh. We will respond to correspondence in Welsh without delay' as they felt that this sentence discriminates against those who wish to communicate in English.

These concerns were discussed at both the Welsh Language Group and Public Information Group and revised wording has been drafted that is now being considered for organisational roll out.

5. Compliments

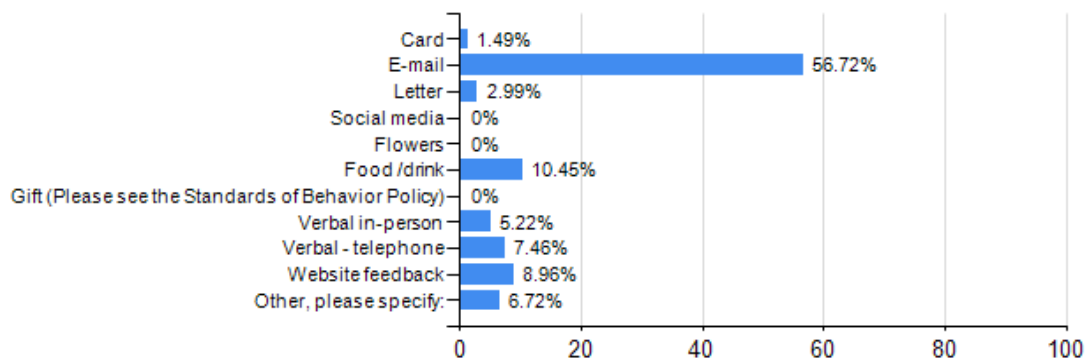
During Quarter four 134 compliments were received across PHW, a decrease from the 195 reported in the previous Quarter.

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



25.37% of compliments recorded are still coded as 'Other'. This is a slight increase from the 22.06% recorded in Quarter three. The continued classification of 'Other' as a theme will be explored with programmes and services to expand upon available themes for selection within the Civica system so that services are able to accurately capture and reflect service user feedback.

The below tables provide further details on how compliments are received. The trend of a compliments being received via email continues. It should also be noted that work has commenced on developing the Complaints section of the Public Health Wales website. This will enable the public to directly submit compliments via this portal. Similar work to offer a web-based complaints, experience/ feedback and compliments option is progressing with all Screening programmes.



Learning from complaints and compliments is an essential component of any learning organisation. Whilst identified learning is shared within

service areas, further work is planned as part of the Duties of Quality and Candour to strengthen the process for organisational wide learning this year.

Recommendation

The Committee is asked to:

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