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Iechyd Cyhoeddus  
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Public Health  
Wales

**Name of Meeting**  
Quality, Safety and  
Improvement Committee  
**Date of Meeting**  
18 July 2023  
**Agenda item:**  
5.2

# Putting Things Right Report Quarter 1 2023/2024

**Executive lead:** Rhiannon Beaumont-Wood, Executive Director, 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 (circulated via email on 11 July 2023)

## Purpose

This paper introduces the Putting Things Right report for Quarter One 2023-2024.

## Recommendation:

APPROVE <input type="checkbox"/>	CONSIDER <input checked="" type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	Assurance <input checked="" type="checkbox"/>
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The Quality, Safety and Improvement Committee is asked to:

- **Consider** the Putting Things Right report for Quarter One 2023-2024.
- **Consider** the detail contained within the Putting Things Right Performance Dashboard
- Consider the case study provided relating to Improving Datix Reporting in Microbiology.
- 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**

<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.

Number in Quarter	Q2	Q3	Q4	Q1
	Jul – Sep 22	Oct – Dec 22	Jan – Mar 23	Apr – Jun 23
Nationally Reportable Incidents reported to Delivery Unit	4	0	1	1
No Surprises reports submitted to Welsh Government	1	3	2	0
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: 2253
<p>This NRI comes from the activity of two routine 'Failsafe' processes, firstly undertaken in 2018 which identified that people whose 75<sup>th</sup> birthday fell during the week the Bowel Screening Wales invitation was processed may not have been sent their screening test kit as the IT system parameters were configured to not invite those aged 75 years. A subsequent failsafe process was put in place from Jan 2019. This failsafe generated list identifies those people who are currently aged 75 or over whose last screening episode was opened before their 73<sup>rd</sup> birthday and were in receipt of a screening kit before their 73<sup>rd</sup> birthday and who have then not received their final offer of screening before being outside the eligible age range.</p> <p>In March 2023 a review of the Informatics failsafe lists identified the Bowel Screening Exit failsafe lists generated had not identified any participants since September 2022.</p> <p>Investigation of this failsafe check highlighted an issue with the failsafe digital script used to extract the information which had not been configured correctly and included those who had a previous Faecal occult test (FOB) test (previous test) but had not included those who had a Faecal Immunochemical Test (FIT) test (new test).</p> <p>An incident management team was convened and met regularly throughout April and May 2023 to review the overall cohort of participants to identify if any had missed their final screening offer and risk assess and categorise the cohort for appropriate actions to resolve.</p> <p>Currently 7 participants have been identified who should have had a kit, but have since moved to England and they have been notified in writing of the problem and next steps.</p>		

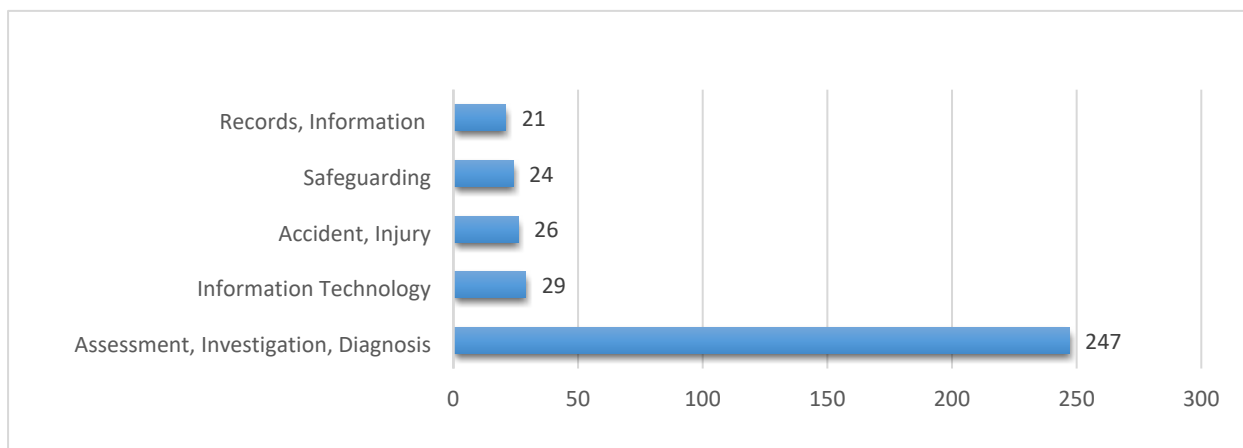
## 2. Incident Management

During quarter one, 1 April 2023 – 30 June 2023, a total of 434 incidents were reported via the Datix Cloud incident management system compared to 495 incidents the previous Quarter. This is an overall reduction of 61 incidents compared to the previous quarter.

94% of incidents reported in quarter one occurred within Health Protection and Screening Services.

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

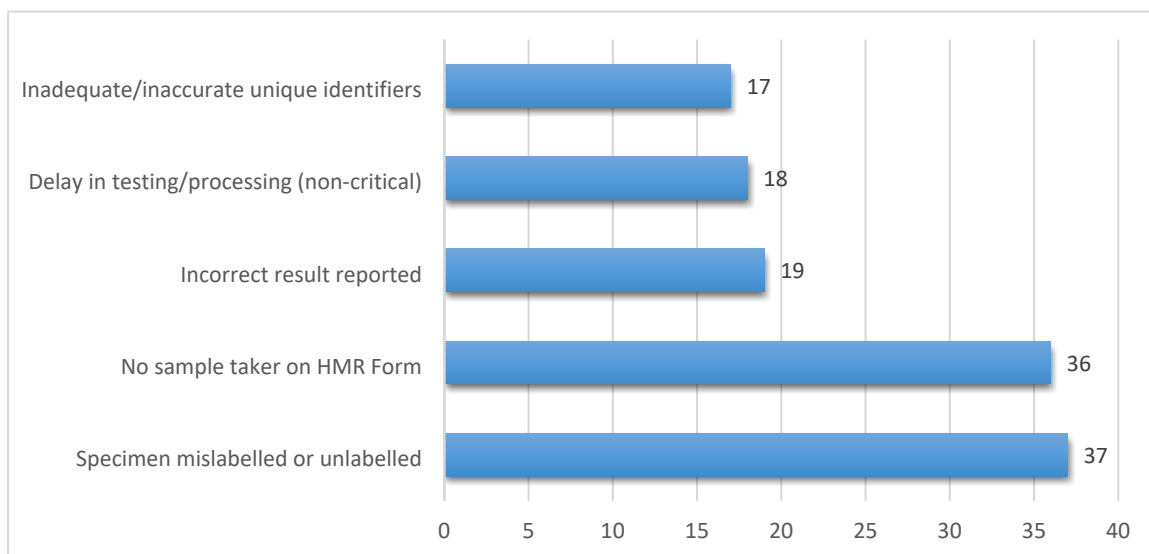
### **Chart 1 – Top five incident categories in quarter one**



It should be noted that of the 24 Safeguarding incidents reported, 18 were reported by the Quality, Nursing & Allied Health Professionals Directorate. These incidents relate to safeguarding type incidents that occurred outside of Public Health Wales but were raised with PHW by a member of the public via the complaint's mailbox. These type of incidents are referred to the Named Lead for Safeguarding and advice provided, which can include referring to an NHS Wales organisation's concerns department, signposting the individual to the GP and/or Samaritans or information sharing with the GP.

Further analysis and breakdown 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 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% in Microbiology.

Work remains ongoing within service areas of the organisation to improve understanding and ensure the correct coding within Datix Cloud. As a result of this the use of the 'Other' category has greatly reduced enabling us to better understand the type of incidents occurring. In Quarter Four of 2022, there were 13 incidents categorised as 'Other' within the 'Assessment, Investigation and Diagnosis' category. In Quarter One, this year only 3 were coded against this category.

The highest number of open incidents are currently within Cervical Screening Wales (CSW), followed by Microbiology and Diabetic Eye Screening Wales (DESW). Targeted work continues with these service areas to improve closure times which includes 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 is currently one ongoing Redress case in Health Protection and this relates to the outcome of the Llwynhendy external Investigation Report. The Redress case relates to a complaint about the length of time it took the Tuberculosis (TB) screening process in Llwynhendy. A clinical review is in progress to review the claimants management as part of the outbreak incident.

One Breast Test Wales Redress case was closed within the Quarter and responded to. The investigation concluded there was no qualifying liability.

### **4. Complaints Management**

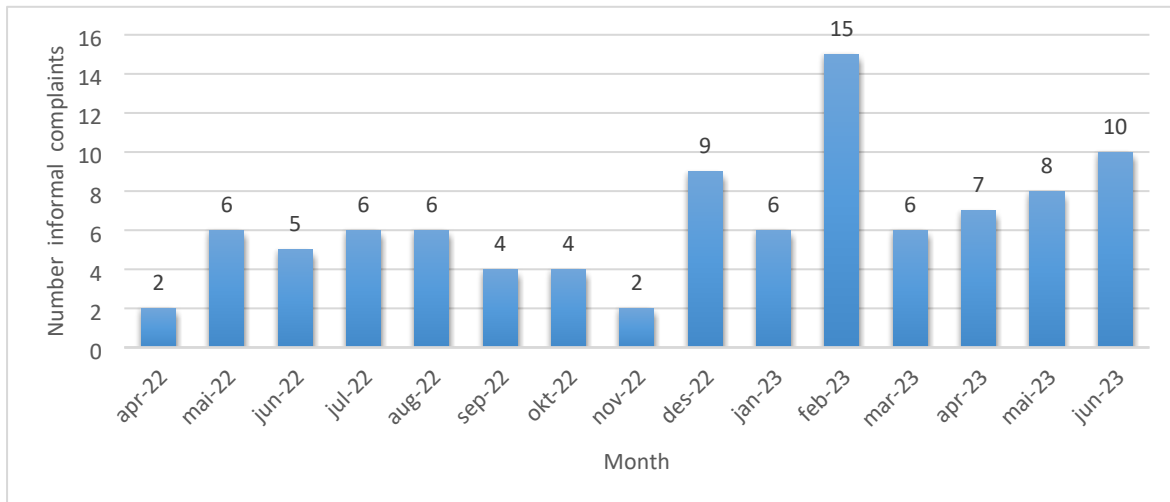
#### **Early Resolution Complaints (Informal)**

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 one.

Early Resolution complaints are now captured within the dashboard.

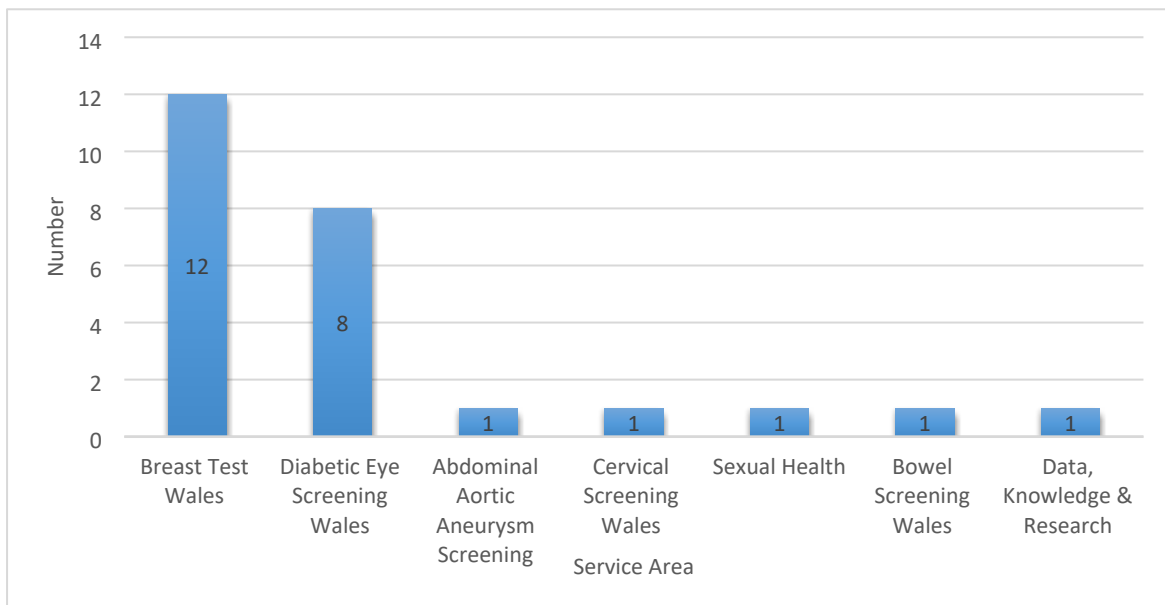
25 Early Resolution complaints were received in quarter one. This is a reduction on the 27 received in quarter four.

**Chart 3 – Number of early resolution complaints in quarter one**



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 one**



Early Resolution complaint themes/types for quarter one are as follows:

- Access to Services (2)
- Appointments (8)
- Attitude and Behaviour (4)
- Clinical Treatment/Assessment (5)
- Communication Issues (5)

- Patient Care (1)

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

Since these complaints, further training has been arranged which includes making best interest decisions and a clinical update training day with a focus on communication skills and adaptation of positioning techniques for screening services..

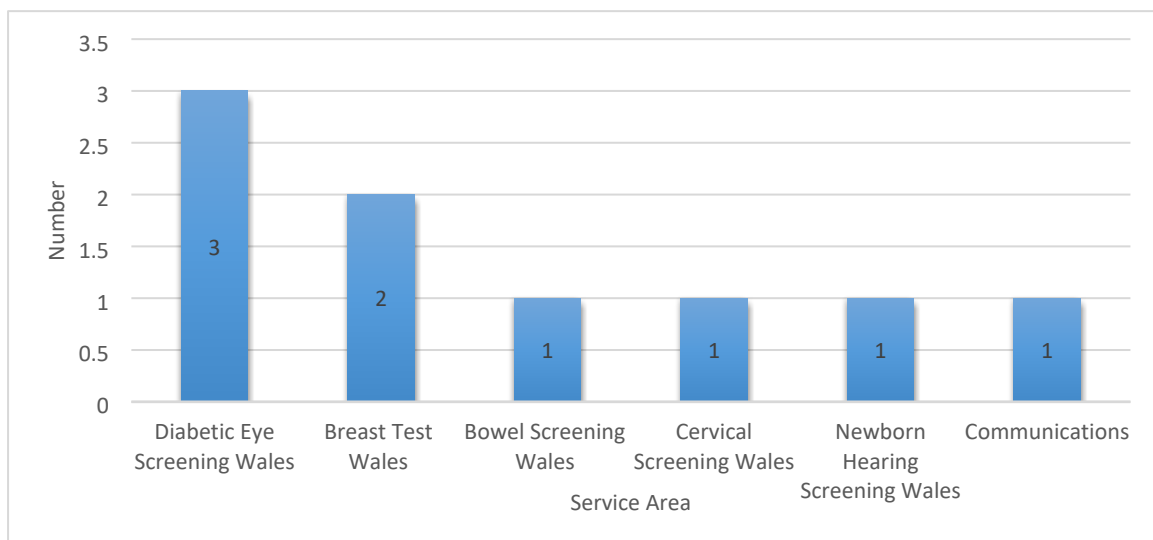
### Formal Complaints

During quarter one, nine formal complaints were received, which is an increase on the 7 received in quarter four.

8 formal complaints were received within the Health Protection & Screening Division and one within Operations & Finance, relating to Communications Division.

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

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



The complaint types are as follows:

- Access (to Services) (1)

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

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

<b>Month</b>	<b>Complaints due for response</b>	<b>Acknowledged within 2 w/d</b>	<b>Responded within 30 w/d</b>
April 2023	6	6 (100%)	5 (83%)
May 2023	2	2 (100%)	2 (100%)
June 2023	1	1 (100%)	N/A (Not yet due for response)

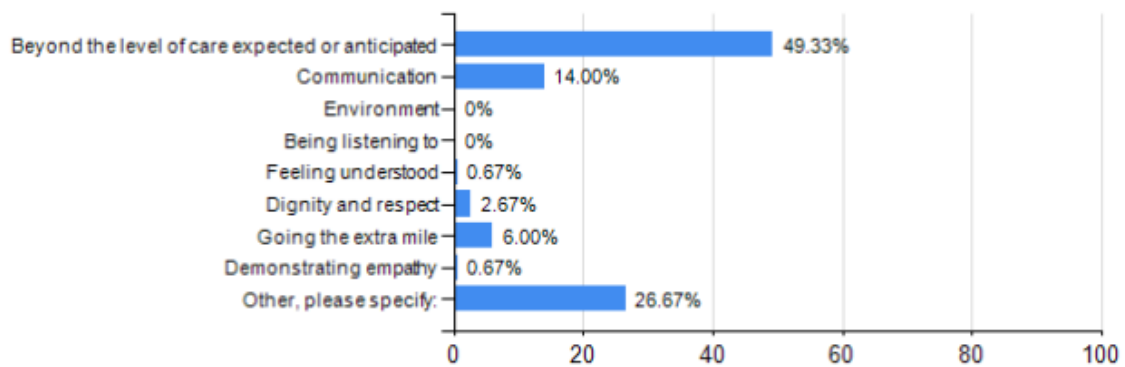
One formal complaint was received by Breast Test Wales in April 2023, however, there was a delay in this concern being logged onto Datix and raised with the Putting Things Right Team as it was initially managed as a clinical query by the programme. The PTR team have since worked with Breast Test Wales to confirm the process for recording complaints and what is required to be captured under PTR. The complaint was logged in June 2023 and the response is now progressing through the Executive sign off process.

## **5. Compliments**

During Quarter One 2023/24, 150 compliments were reported by staff within the Civica system across PHW.

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

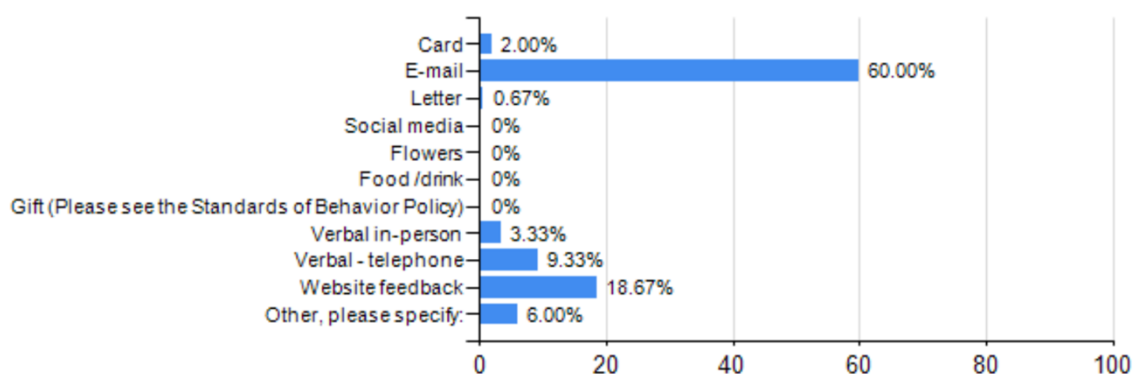
### **Chart 6: Compliment types and themes – Quarter 1 2023/24**



26.67% of compliments were recorded and classified as 'Other'. This is a slight increase from the 25.37% recorded in Quarter four of 2022/23. Upon further investigation, 50% of compliments recorded as 'Other' will align with one or more of the existing themes. The remaining 50% is made up of compliments leading from an event or training delivery and the classification of general compliments. Certain programmes within the Screening Division are responsible for the bulk of 'other'. Over the next quarter, we will be working with the division to understand the reasons behind the selection and making changes to expand on options if required.

Figure 2 below provides more details about how compliments are received. The pattern in Q1 remains consistent with the most common used means of receiving compliments being email. Improvement work is underway in collaboration with the Service User Lead, PTR team and Communications team to further develop the complaints section of the Public Health Wales website to enable direct public recording of compliments via this route. It is anticipated that the 'wireframe' draft web pages will be available for consultation and comment in July 2023. Once finalised awareness sessions will be held to support staff on how to guide members of the public to the new web pages and leave feedback.

### **Chart 7: Receipt method compliments**



Compliments describe high-quality services from the perspective of the end user. They are one way the organisation can measure its service quality and support the ongoing development of a positive work culture. A new reporting feature has been recently developed, in partnership with Civica, to enable alignment to internally reported compliments to the Public Health Wales Hierarchy structure. The data for Quarter 1 of 2023/24 shows only two areas of the organisation recording any compliments. This pattern is also consistent with data from 2022/23. The Civica breakdown of internal teams reporting compliments is still being developed and will form part of future IPR reporting of compliments.

It is worth noting at the present time Public Health Wales does not have the function available to the public to leave feedback/compliments outside of the original service area. The PTR and Lead for Service User experience are currently working on a new online compliment route which will be available over the summer of 2023. Awareness raising for colleagues within the organisation will accompany this to highlight this new feedback route.

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

Directorate	Number of Survey Responses
Microbiology	6
Screening Division	144

Learning from complaints and compliments is an essential component of any learning organisation and clinical governance. Further improvement work is underway, aligned to the Duties of Quality and Candour in order to improve how we share learning across Public Health Wales as a whole and support wider quality improvement work.

The PTR Dashboard is available here: [Workbook: Quality Dashboard P1 Incidents \(cymru.nhs.uk\)](https://workbook.qualitydashboard.p1incidents.cymru.nhs.uk)

**Recommendation**

The Quality, Safety and Improvement Committee is asked to:

- **Consider** the Putting Things Right report for Quarter One 2023-2024.
- **Consider** the detail contained within the Putting Things Right Performance Dashboard

- **Consider** the case study provided relating to Improving Datix Reporting in Microbiology.
- Take **assurance** on the effective management of Putting Things Right