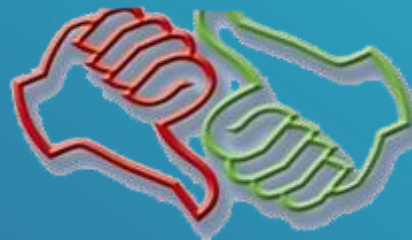


Putting Things Right Annual Report 2019-2020

**Concerns (Complaints,
Claims and Patient Safety
Incidents)
and Compliments**



GIG
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Public Health
Wales

Chapter	Contents	Page
1	Introduction	3
2	Putting Things Right: An overview of 2019-20	4
3	Overview of arrangements for handling concerns	5
4	Complaints Process, Governance and Reporting Arrangements	6
5	Complaints activity	7
6	Complaints Activity by division	8
7	Complaints activity by screening programme	9
8	Complaints performance	10
9	On the spot complaints	11
7	Claims and Redress	12
9	Patient Safety Incidents	13
10	Compliments	14
11	Our Learning	15
11	Our Learning Continued	16
11	Our Learning Continued	17
1222	Improvements	17

Introduction

Public Health Wales has a culture which welcomes concerns (incidents, complaints and claims) as a way of improving the services and programmes we provide. It is accepted that we do not always get things right and sometimes fail to meet service users expectations. When this happens we are committed to doing what we can to put things right and learn, so the same thing does not happen again. Systems are therefore in place for recognising when things go wrong, investigating why problems occur and initiating changes where appropriate.

Feedback and learning is therefore important to us as it give us the opportunity to improve and enhance the quality of the services and programmes we provide. Furthermore, it is important that individuals feel that they have been heard, treated with respect and receive an open, honest and timely response to their concern.

Public Health Wales continues to be proactive in its management of concerns, implementing the requirements of the NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulation 2011.



Putting Things Right: An Overview of 2019-2020

Formal
complaints: 52

Response times

Acknowledged in 2 working
days: 92%

Final response within 30
working days: 79%

Informal
complaints: 82

Compliments:
2066



Potential
Redress: 8

New Claims:
5 confirmed
3 potential

Serious
Incidents 6

Never events: 0

Overview Of Arrangements For Handling Concerns

Chief Executive Overall responsibility for dealing with concerns

**Non Officer Lead
Non Executive Director**
Strategic
Oversight for Concerns

**Responsible Officer for Concerns
Executive Director of Quality,
Nursing and Allied Health
Professionals**
Oversees the day to day management
of arrangements

Divisional Directors
Responsible for establishing structures
to ensure that concerns are
appropriately investigated and
monitored within their Division

Claims Manager
Delivers against responsibilities
in relation to claims

Senior Investigation Manager (SIM)
Implementing a system across the
organisation to ensure compliance with the regulations

**Head of Programme, Service or Function
Investigation Lead**

Implement and monitor concerns activity at a local level
Provide assurance to Divisional Directors
Provide assurance to Senior Investigation Manager

Key:

Reporting line: —————

Communication line: - - - - -

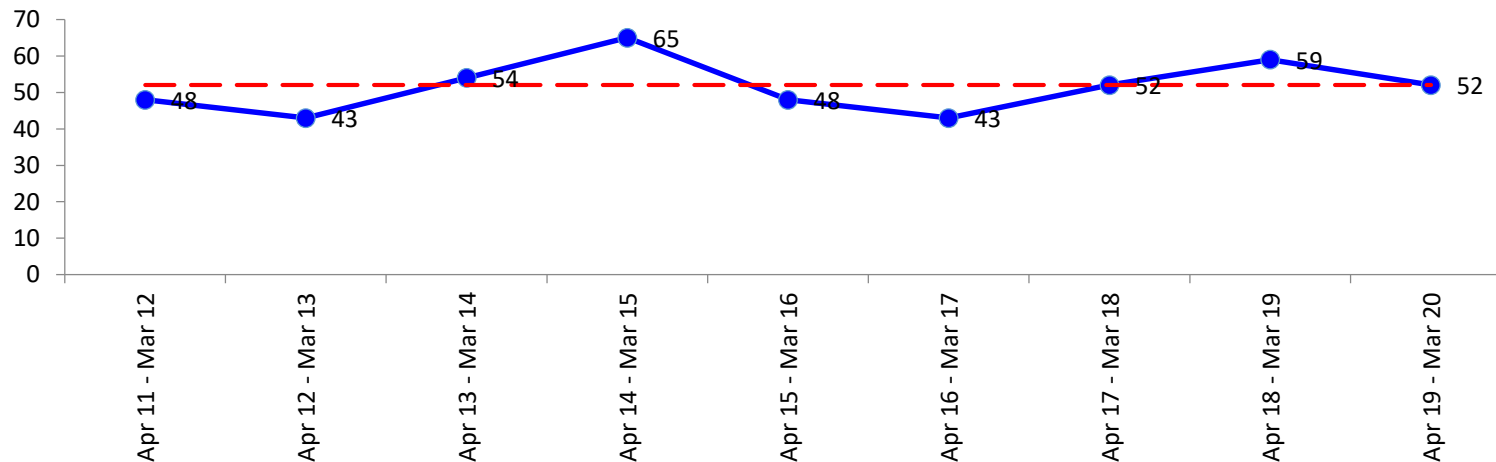
Complaints Process, Governance and Reporting Arrangements

- ❖ All concerns received by Public Health Wales are handled in accordance with the regulation for concerns and redress arrangements.
- ❖ As part of the development of Integrated Governance the lead SIM role passed to the Chief Risk Officer in January 2020
- ❖ A single point of contact has been established which details the Responsible Officer's contact information. However, the majority of concerns are sent directly to Divisional Directors due to the strong branding of some of the services within Public Health Wales.
- ❖ Divisional Directors are responsible for appointing a lead investigator and for ensuring that investigations are carried out in accordance with the Putting Things Right Regulation, Guidance and Public Health Wales Operational Policy.
- ❖ All final responses are reviewed by the Chief Executive prior to them being sent to the individual concerned. The aim is to provide a full response within 30 working days of receipt of the concern. However, in exceptional circumstances, where further investigation is required or there is involvement with other Health Boards or external organisations, this may not be possible.
- ❖ The individual raising the concern is always invited to discuss their concern with an appropriate member of staff and / or the Responsible Officer.
- ❖ In order to ensure scrutiny of the management of concerns and where a potential for redress is identified, the Executive Team acts as the Redress Panel for determining qualifying liability and level of compensation to be awarded. The panel is chaired by the Executive Director for Quality, Nursing and Allied Health Professionals (Responsible Officer).
- ❖ The Putting Things Right (PTR) quarterly report is presented to the Business Executive Team and Quality, Safety and Improvement Committee. The reports detail the complaints, incidents and claims received and enables patterns and possible 'hot spots' to be identified via the triangulation and analysis of this data. This assists with providing assurance to the Board, Executive Team, Quality, Safety and Improvement Committee and the public on the organisations commitment to continually improve services

Complaints Activity

In 2019-2020, 52 formal complaints were investigated under the Putting Things Right – Handling Concerns regulation which is a decrease of 7 when compared to 2018-19. In addition a total of 82 'on the spot' complaints were received for the period, which an increase on previous years. Staff are encouraged to deal with complaints on the spot if appropriate. This may indicate that staff are more comfortable with dealing with issues as they arise.

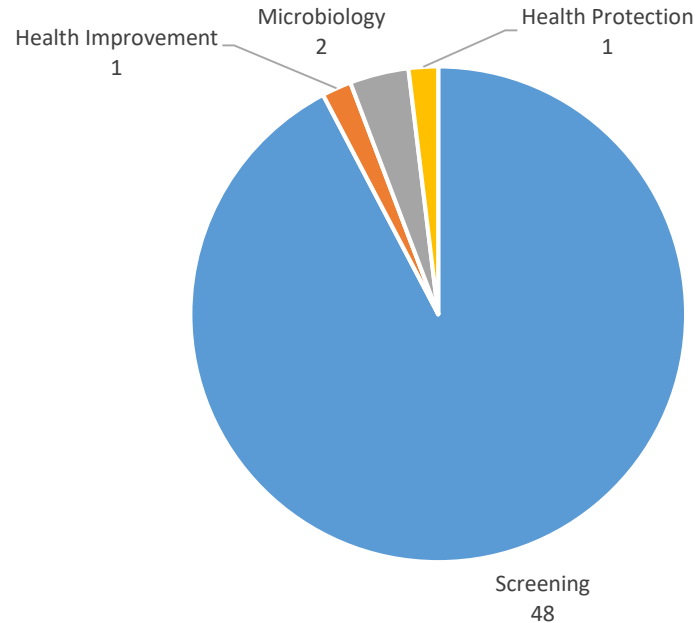
The run chart below depicts the number of formal complaints received from 01 April 2011 to 31 March 2020 and shows that over this period the number of complaints received has remained relatively low and stable.



Complaints Activity by Division

Complaints by Division

The chart below details the complaints activity investigated under PTR by Division for the period 1 April 2019 – 31 March 2020.



- ❖ As Screening has contact with large numbers of the public it attracts the highest number of complaints. During 2019-20 the national population based screening programmes screened a total of 642,000 participants.
- ❖ The percentage of formal concerns received by the Screening Division in comparison to the number of individuals screened is approximately 1 per 13,375 screened and represents 0.007% of screening activity.
- ❖ The table below details the screening activity by programme for Breast Test Wales (BTW), Cervical Screening Wales (CSW), Bowel Screening Wales (BSW) New Born Hearing Screening Wales (NBHSW), Wales Abdominal Aortic Aneurysm Screening Programme (AAA), and Diabetic Eye Screening Wales (DESW)

Complaints Activity by Screening Programme

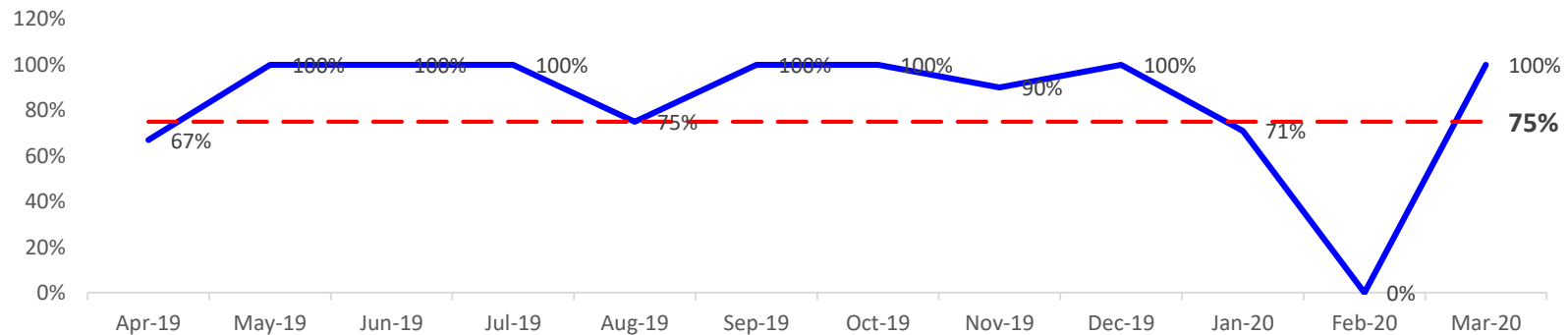
	2017-18			2018-19			2019-20		
Screen Prog	No of people screened	No of concerns received	% / ratio of concerns received	No of people screened	No of concerns received	% / ratio of concerns received	No of people screened	No of concerns received	% / ratio of concerns received
BTW	115,000	16	0.01% 1:7,187	117,000	16	0.01% 1:7,312	122,000	17	0.01% 1:7,177
CSW	138,000	1	0.0007% 1:138,000	170,000	6	0.003% 1:28,333	185,000	6	0.003% 1:30,834
BSW	157,000	6	0.003% 1:26,166	165,000	3	0.001% 1:55,000	182,000	11	0.006% 1:16,546
NBHSW	32,000	2	0.006% 1:16,000	31,000	0	0% N/A	29,000	0	0% N/A
AAA	15,000	2	0.01% 1:7,500	16,000	3	0.01% 1:5,333	15,000	0	0% N/A
DESW	121,000	11	0.009% 1:11,000	130,000	24	0.01% 1:5,416	109,000	14	0.01% 1:7,786
Total	578,000	38	0.006% 1:15,220	629,000	52	0.008% 1:12,096	642,000	48	0.007% 1:13,375

Complaints Performance

The table below sets out the organisations performance for 2019-20 compared to the previous 2 years:

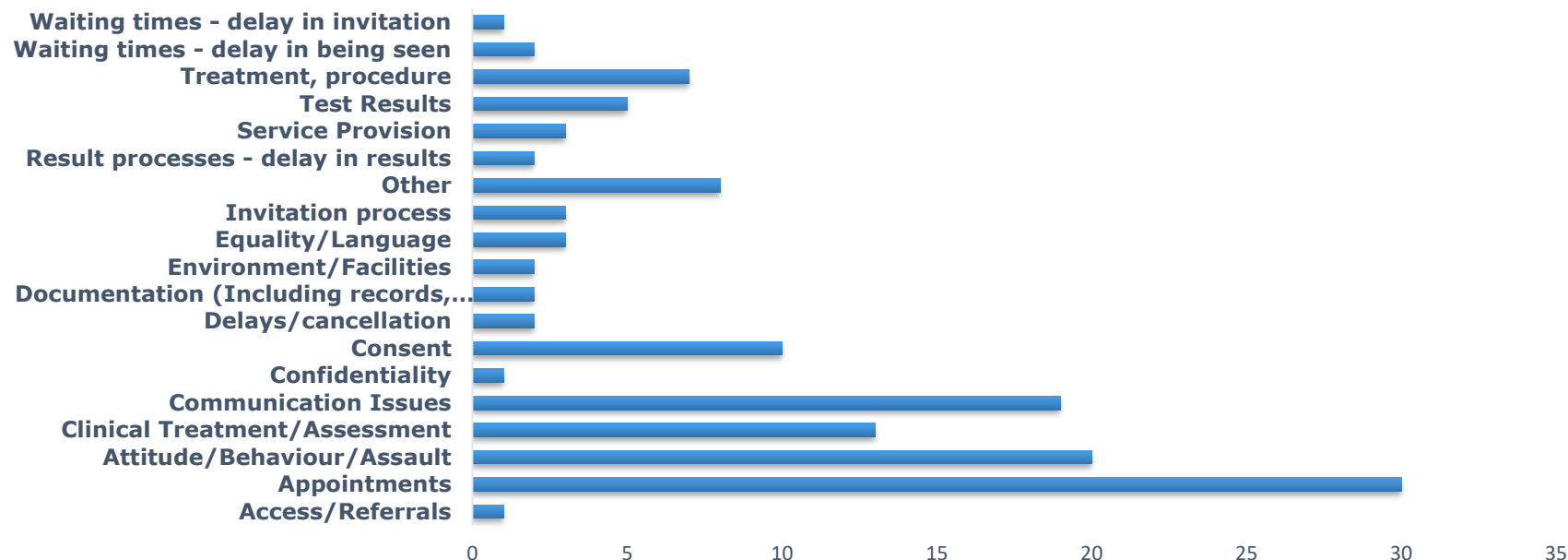
	2017/18	2018/19	2019/20
Total Number of Formal Concerns	52	59	52
No of concerns acknowledged within 2 working days	45 (87%)	52 (88%)	48 (92%)
No of concerns responded to within 30 working days of receipt	38 (73%)	36 (61%)	41 (79%)
No of concerns responded to within a period exceeding 30 working days but within 6 months	14 (27%)	23 (39%)	11 (21%)

The chart below represents the organisations performance for the reporting period against the 75% target set by the Welsh Government. The importance of ensuring responses to complaints are provided without undue delay is recognised, although this needs to be balanced with ensuring that the quality of investigations and responses are not compromised in order to meet prescribed timescales. However, it was not possible to respond to all complaints within the 30 day timescale as it is acknowledged that for those complaints that require clinical interval reviews or need to be investigated on a joint basis with another NHS organisation it can take longer than 30 working days.



On the Spot Complaints

The categories for both the formal and 'on the spot' complaints received are as follows :

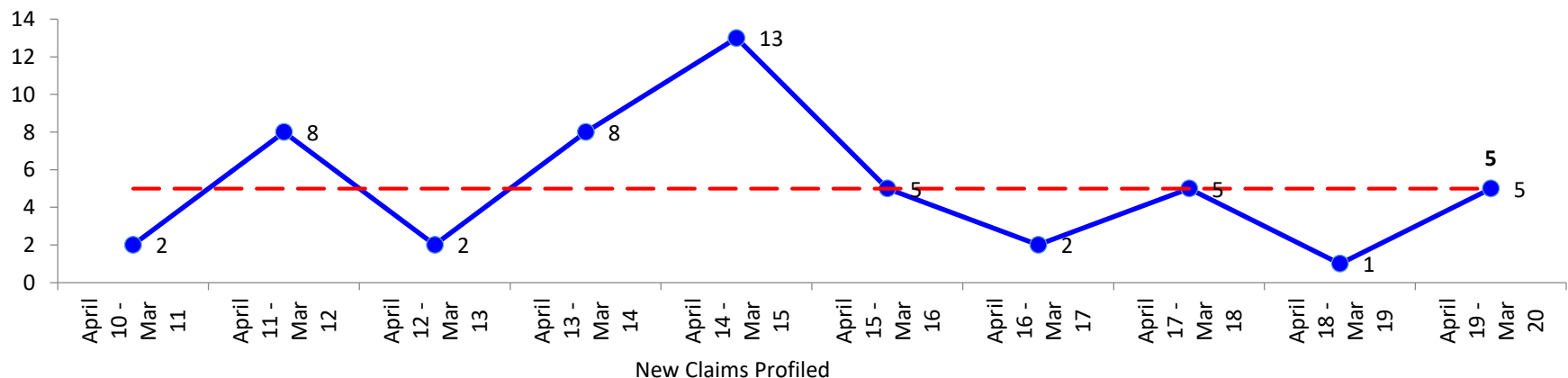


The table indicates complaints received for the period 1 April 2019 – 31 March 2020 by theme. The main themes for complaints was appointments, attitude / behaviour and communication issues. This information enables the organisation to analyse the causes, trends and themes of complaints for our service users and members of the public. The analysis is also used to learn from complaints and inform improvements in our services. In response to the main reasons for complaints i.e. appointments, attitude and behaviour and communication issues the learning that has resulted includes:

- ❖ The importance of clear communication with users of our services
- ❖ Staff reflections about perceived attitude and behaviour
- ❖ Update to 'Cancelling Clinics' SOP to ensure that the cancellation of clinics within five working days is undertaken via phone contact.

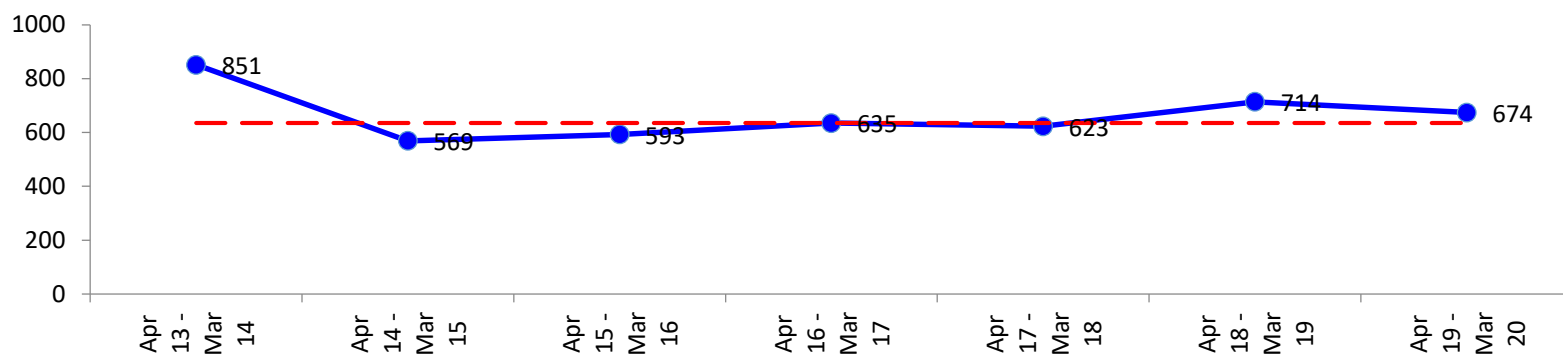
Claims and Redress

- ❖ Public Health Wales has a relatively small claims profile. Claims are reported via Datix and managed with advice and support from Legal and Risk Services.
- ❖ The Claims Manager attends all Case Conferences, Round Table Meetings either in person or by phone to ensure representation on behalf of Public Health Wales. The Claims Manager also provide quarterly claims reports to the Quality, Safety and Improvement Committee.
- ❖ At the end of March 2020, there were 16 open confirmed and potential claims, of which all relate to clinical negligence. During the reporting year 5 new confirmed claims and 3 potential claims were received. Public Health Wales also closed 3 claims and 3 claims were settled. In addition Public Health Wales conducted further investigations into 8 concerns to establish whether there was a qualifying liability in tort and Regulation 24 responses were provided.
- ❖ An internal audit of the claims reimbursement process was undertaken by the NHS Wales Shared Services Partnership Audit and Assurance Service and Public Health Wales achieved **substantial assurance**.
- ❖ The run chart below shows a comparison of new claims received during each financial year up to the end of March 2020.



Patient and Client Incidents

- ❖ Public Health Wales Health Board actively encourages all staff to report all incidents including those categorised as near misses. Incident reporting is one of the mechanisms that the organisation utilises to gain learning and drive improvements. Incidents are reviewed at service, function and programme level via their respective groups.
- ❖ An analysis of patient and client incidents captured on Datix are reported to both the Executive Team and the Quality, Safety and Improvement Committee via the quarterly Putting Things Right Report.
- ❖ The below chart suggests that there has been little variation in the number of patient and client incidents reported from April 2013 – 31 March 2020 which indicates that the number of incidents remains relatively stable.



- ❖ Any incidents that have caused significant harm are reported to the Welsh Government and managed via the Serious Incident process.
- ❖ Six serious incidents were reported to Welsh Government in 2019/20 with 83% of investigations completed within target timescales.

Compliments

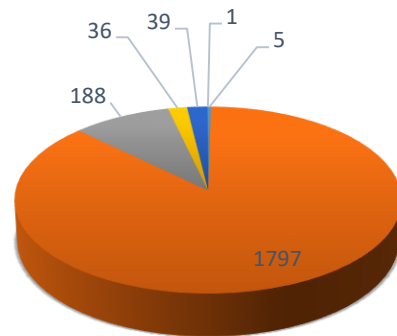
We value feedback and actively encourage people to contact us to share their experience. During 2019-2020 we received a total of 2066

Wales Abdominal Aortic Aneurysm Screening Programme.

I have just been for my scan this afternoon and would like to say how extremely well organised the whole process was undertaken from receipt of my appointment letter to receiving my results . The gentleman who carried out the scan was most professional and explained all the details and possible outcomes.
Thank you for such a fantastic NHS service .

Microbiology

I'd just like to say thank you very much for the opportunity to meet you and visit the lab last Thursday. We all found it extremely useful particularly to view the new PCR technology and to walk through the lab processes.



- Flexibility of appointment
- Positive attitude/behaviour of staff
- Positive comments about service
- Positive comments re waiting times
- Professionalism of staff
- Timeliness of results

Bowel Screening Wales

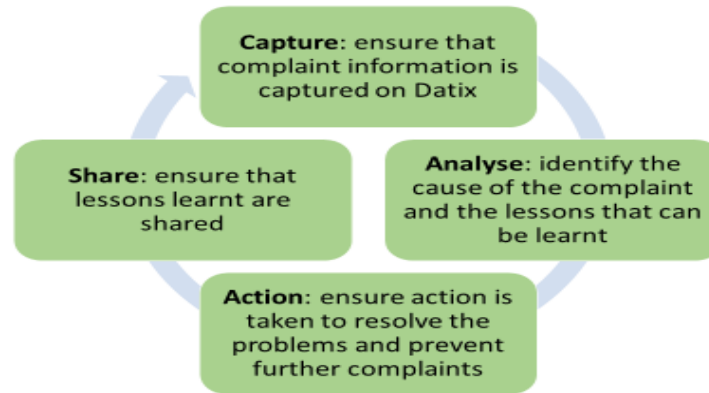
I was very impressed by the staff. All were very pleasant and very helpful, from start to finish. I am pleased we have this service in Wales. Well done all. In all forms, was excellent from my first visit to my last, I was looked after at the very highest (spoilt) and I would like to thank everyone that cared for me. Thank you very much.
Very good experience.

Ratio of Compliments to complaints:

15:1

Our Learning

- ❖ Concerns provide valuable feedback which Public Health Wales is keen to learn from and they are seen as a positive agent for change. Any concerns that identify an improvement in services and programmes are taken forward by the relevant Division and / or service area.



- ❖ During 2019-20 an audit was undertaken of lessons learnt and concluded that service areas and programmes were actively identifying lessons from claims, concerns and serious incidents as part of the investigation process, which is an area of good practice. On the whole, the lessons identified to try and address the root cause of the complaint were found to be appropriate.
- ❖ Overall, the review highlighted that learning from lessons is taking place across the organisation. The evidence submitted demonstrated that actions were being undertaken to implement learning. Furthermore the review did not identify any service areas that had not taken any action.
- ❖ Using the ratings of the NHS Wales Shared Services Partnership Audit and Assurance Services, the outcome of the audit for the arrangements for identifying, sharing and implementing lessons learned was agreed by the review panel as **Reasonable Assurance**.

Our Learning Cont.

You Said

Concerns raised over the policy of rejecting samples not labelled adequately



Raised with clinical colleagues the concerns around labelling to ensure that samples are submitted appropriately to continuously improve the quality of service which ultimately will improve patient care.

There have been a number of concerns surrounding the issue of obtaining consent at DESW screening appointments.



All closed invitation letters include the phrase "Please contact us on 01443 844 244 if you cannot keep this appointment. If you use a wheelchair or may need help during your appointment, or if you think you may struggle to understand the screening instructions and questions, please ring us."

Member of staff's abrupt manner which did to put the participant at ease when attending for breast screening.



The need to communicate well with women before, during and after screening reinforced

We Did

Our Learning Cont.....

You Said

Unhappy that the BTW website doesn't include all information about breast screening whether good or bad as referenced in the leaflets sent out



We Did

Changes to the website were undertaken which included adding new images and a carousel link for the Risks and Benefits pages on both the English and in Welsh sites

We received a complaint regarding the AAA appointment and administration system



Deferred appointment SOP has been updated and circulated to all pathway administration staff.
Weekly updates are circulated to pathway staff relating to any changes in SOPs or new pathways
Intense training was provided to pathway staff

A concern was received in relation to the instillation of Tropicamide



The Tropicamide instillation protocol has been updated and approved. All staff received refresher training in advance of service restart covering Tropicamide instillation as a key skill, with completion of assessment detailed as part of the protocol re-launch.

Improvements

Summary of improvements during 2019-20

- ❖ We continued to work towards improving the number of responses sent within the 30 working day timescale and the 75% target for the 30 day turnaround timescales for responses to formal complaints, as set by the Welsh Government, was met.
- ❖ Staff were encouraged to make early contact for each complaint raised which has led to a further increase in 'on the spot' concerns for the year in comparison to last year.
- ❖ An audit of lessons learnt captured on the Datix Complaints module was undertaken and the report was presented to the Business Executive Team and at the Quality, Safety & Improvement Committee.
- ❖ Following the implementation of the new Welsh Risk Pool process for Learning from claims the Claims Manager is now working with programmes to ensure learning is captured and implemented as soon as a decision to settle a claim is made.

Summary of priorities for 2020-21

- ❖ As part of the implementation of the new Datix Cloud IQ complaints module, which is part of the Once for Wales Concerns Management System, the Concerns Team will work closely with Divisions to ensure that it can be utilised to its full potential
- ❖ Implementation of the anticipated Duty of Candour and a new national Serious Incident Framework, which is currently under review.
- ❖ Continue to work with Divisions to manage complaints and improving the number of responses sent within the 30 working day timescale to ensure compliance with 75% response target set by the Welsh Government and the 95% organisational response target is achieved
- ❖ Continue to improve the quality and learning from concerns by undertaking audits to help the organisation to continually improve the services provided
- ❖ Ensure a more systematic and integrated approach to learning lessons from incidents and complaints via the triangulation of data
- ❖ To build on the work that has been done in previous years a review of all Policies and Procedures connected with PTR is to be undertaken to capitalise on the opportunities presented to by the Once for Wales Concerns Management System and the Quality Act 2020.
- ❖ Implement any changes in legislation relating to the Health and Social Care (Quality and Engagement) (Wales) Act 2020.