 GIG CYMRU NHS WALES	Iechyd Cyhoeddus Cymru Public Health Wales	Name of Meeting Quality, Safety and Improvement Committee Date of Meeting 19 August 2021 Agenda item: 3.6
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<h1>Putting Things Right Report Quarter 1 2021/2022</h1>				
Executive lead:	Rhiannon Beaumont-Wood, Executive Director, Quality, Nursing and Allied Health Professionals			
Author:	John Lawson, Chief Risk Officer.			
Approval/Scrutiny route:	Business Executive Team meeting on			
Purpose				
This paper introduces the Putting Things Right report for Quarter 1, 2021-2022.				
Recommendation:				
APPROVE <input checked="" type="checkbox"/>	CONSIDER <input checked="" type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	Assurance <input type="checkbox"/>
The Committee is asked to: <ul style="list-style-type: none"> • Consider the report and the recommendation 				

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) report

Public Health Wales is now recovering from its response to the Covid-19 emergency. This includes a shift of emphasis towards an integrated governance approach and, as part of this, we are adapting the PTR report and its alignment within an Integrated Assurance Report, the new format of which will be received by the committee at its next meeting. The PTR element of the Integrated Assurance Report will continue to provide narrative analysis to the data contained within the Performance and Assurance Dashboard. In the short term, this remains an iterative development as we continue to refine the process of extracting accurate data from Datix and explaining when and where such data is not yet available.

The PTR report is divided into sections:

Section 1 – Summary of performance against Tier 1 targets

Section 2 – Incident Management

Section 3 – Claims Management

Section 4 – Improvement Actions

Each section provides the data, and (with the exception of Section 1) a narrative to accompany it and explain identified improvement actions.

Section 1 –Performance against tier 1 targets

1.1 Serious Incidents / Never events

This section contains a brief summary of Serious Incidents / No Surprises / Never Event submissions.

There is no longer a Tier 1 target for closure of incidents but performance is reported against the previous 60 day target.

Measure	Number this qtr.	Closure performance	Number prev. qtr.	Closure performance
Serious Incidents reported to NHS Delivery Unit	3	0%	2	100%
No Surprises reports submitted to WG	1	N/A	3	N/A
No Surprises reports submitted and subsequently upgraded by Welsh Government to a Serious Incident	0	N/A	0	N/A
Never Events	0	N/A	0	N/A

Table 1 – Serious incident / No Surprises reporting performance

Narrative

Serious incidents reported

Serious Incident Datix ref - 13616 DU ref NIN-2021/23 – Cervical Screening

This incident is subject to an update report which will be provided to the private session of the Quality, Safety and Improvement Committee.

Serious Incident Datix ref 16899 DU ref 20210510PHW0651 Cervical Screening)

This incident is subject to an update report which will be provided to the private session of the Quality, Safety and Improvement Committee.

Serious Incident Datix ref 18180 WG ref NIN-2021/24 (FIT)

Narrative

On 4 May a bowel screening member of staff, following a phone call from a participant, was concerned that the company that processes and sends out

the invitation letters and kits had sent some kits out with insufficient expiry time to allow at least 15 weeks for the person to complete the test kit.

A review was undertaken with the company and although the company had been informed of the requirements to send out kits with sufficient time before they expired (at least 15 weeks) they didn't have robust communication or processes in place to check this. The issue is if the person completed the test after the kit had expired then the laboratory would reject it and the person would be sent another kit to complete the test and would therefore need to repeat the test.

The batch of kits which had a short expiry were quarantined and process put in place to destroy safely. Several meetings have been held with the company and they have made improvements to procedures and stock control to prevent this happening in the future. This investigation is still ongoing.

No Surprises reports

Datix ref 18136 NHS DU ref 909/2020-21

As part of routine audit work in May 2021 it was identified that 11 babies whose parent had initially declined the offer of newborn bloodspot screening but then had taken up the offer, did not have the results letter sent to them. None of the babies were identified as screen positive and if they had been this would have resulted in different pathway with direct phone contact and referral to clinician. Parents of babies were sent result letter with letter of apology for the delay.

The relevant Health Visitor were contacted to explain the situation so that they would be aware that parent receiving a delayed result letter. A process is now in place to ensure that babies who have 'declined' their screening offer and who then have the screening have their results letter sent.

Serious Incident reporting since the reporting period

On Monday 12/7/21 at around 16:30 Public Health Wales was informed that 5 specimen transport boxes (containing a total of 13 specimens) were stolen from the depot of a courier whilst in transit to a London Hospital.

These boxes contained 13 blood collection tubes for Interferon Gamma Release Assay (IGRA) testing at St Georges Hospital, London.

These boxes contained full patient demographic information on request forms and blood collection tubes.

Local Police were informed by the courier, and Public Health Wales has informed the Information Commissioner in line with our Databreach reporting procedures. An investigation is underway.

Changes to Serious Incident reporting.

Responsibility for managing Serious Incident reporting nationally has now passed to the NHS Delivery Unit. A new Policy and related procedures have been developed which includes several key changes:

- The term Serious Incident will no longer be used and will be replaced by the term 'Nationally Reportable Incident'
- Organisations will have greater flexibility to determine for themselves which incidents should be reported and which do not require it.
- Timescales for investigation and closure will now be set by the organisation, depending on the level of investigation required and may be 60, 90 or 120 days.

Work is ongoing across the organisation to revise our internal reporting arrangements in line with Welsh Government expectations and the proposals for assurance reporting will be brought back to the Committee in the Autumn.

1.2 Complaints and Compliments

Complaints performance over time

Acknowledgement letters

There is a Welsh Government target of acknowledging by letter all complaints that are deemed as requiring formal handling. The chart below shows the performance in this area over the financial year. There were 21 formal complaints reported during the reporting period, with 86% being acknowledged within the required 2 working day target.

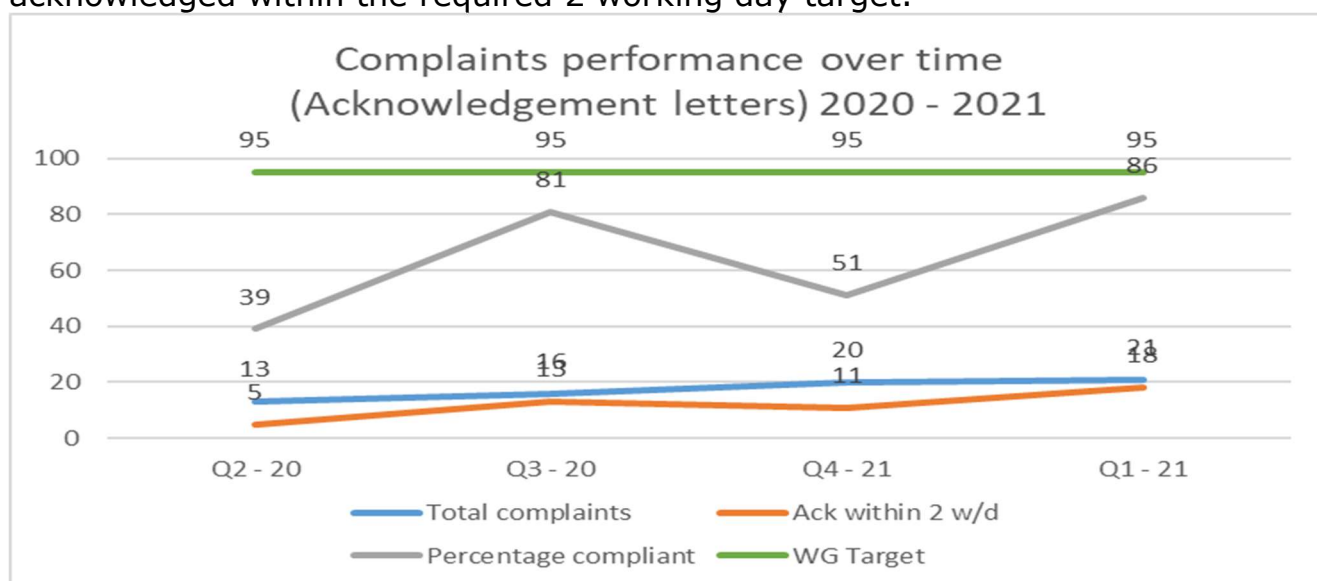


Table 2 – Complaints performance over time – acknowledgement letters

Performance in this area has improved significantly during the reporting period, as a result of the appointment to the new post of Complaints Coordinator in February 2021. Three formal complaints were not acknowledged within the 48 hour timeframe as they were received in Division directly and not logged on Datix or brought to the attention of the Concerns Team within the timeframe required by the Complaints Procedure.

Final response letters

There is a Welsh Government target of 2 working days to respond by letter to all complaints that are deemed as requiring formal handling. The chart below shows the performance in this area over the financial year. Of the 21 formal complaints reported during the reporting period, 52% (11) were responded to within the required 30 working day target. It should also be noted that 7 of the formal complaints still open in Q1 are not yet due for closure.

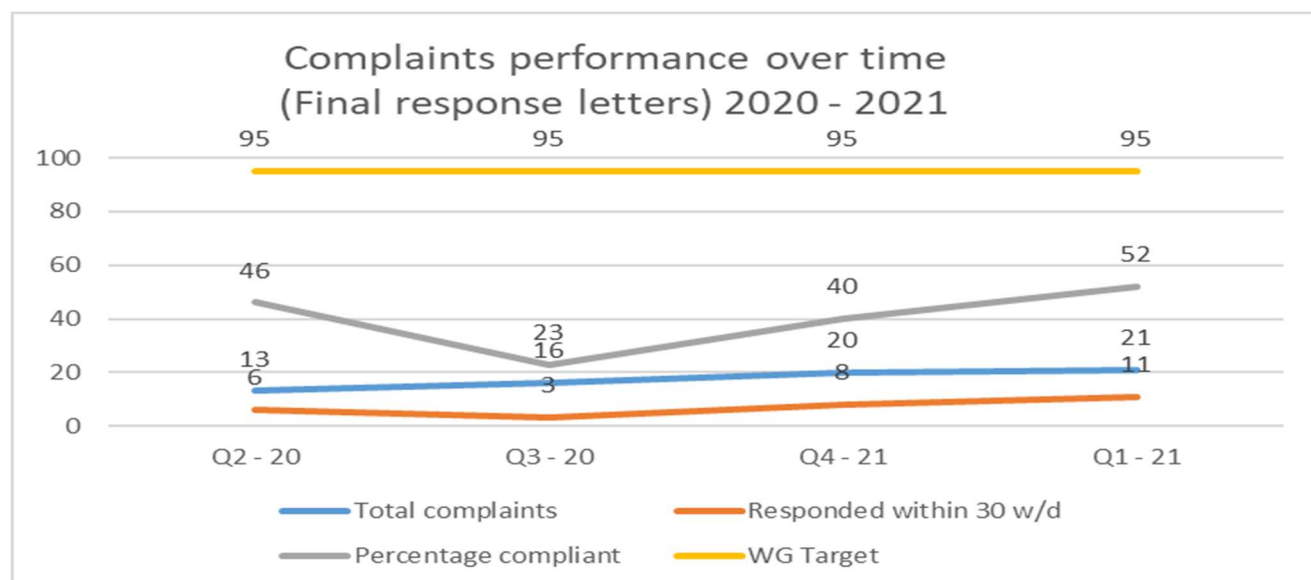


Table 3 – Complaints performance over time – final response letters

Performance in this area has continued to improve over Quarter 1. There are concerns however going forward that the resources are not available to manage the investigations into concerns with Health Protection, as a result of a combination of staff absences, and de-mobilisation. It is quite likely it that case that performance in this area is going to drop again unless a solution is found. The matter is being discussed at Gold in July.

Towards the end of Q4 clarity was achieved on this responsibility and it is anticipated that performance will improve accordingly.

Informal complaints

There are no targets for informal complaint handling and so the data in the chart below are shown for information purposes only. There were 31 informal complaints recorded during the reporting period.

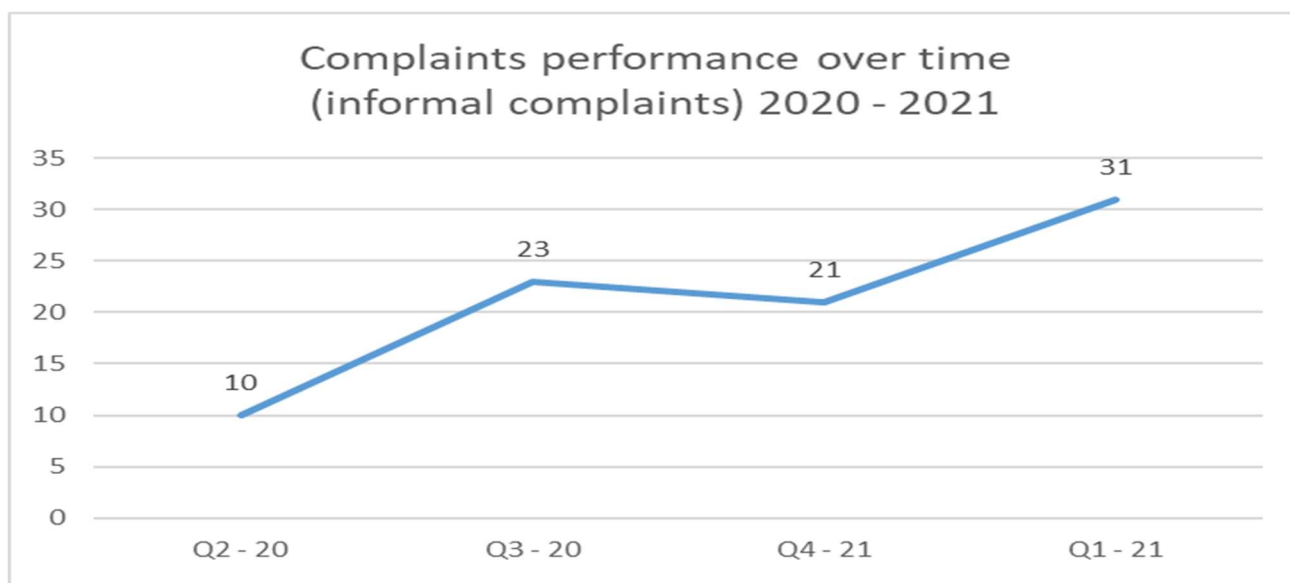


Table 4 – Complaints performance over time – informal complaints

These are broken down further as follows:

Type	No. of Complaints
Access Referrals	1
Appointments	11
Attitude/Behaviour/Assault	1
Communication Issues	4
Documentation	1
Other	1
Privacy & Dignity	1
Results Processes – Delay in results	1
Test Results	2
Treatment, Procedure	7
Waiting Times	1

As over one third of informal complaints are to do with appointments, it is possible that these are related to the pausing of screening programmes during the Covid19 response.

Compliments

During the reporting period, a total of 453 compliments were received in relation to:

- Positive attitude / behaviour of staff

- Positive comments: service related
- Positive comments: waiting times
- Professionalism of staff
- Timeliness of results

The number of compliments has decreased since the last reporting period, with the ratio of compliments to formal complaints now standing at 22:1 from 26:1.


For the reporting period the ratio of compliments to complaints is	Compliments	Complaints
		22 

Table 5 – Ratio of concerns to formal complaints

Section 2 – Incident Management

Incident Reporting activity

During the reporting period there were a total of 729 incidents reported, a slight increase since the previous quarter which was 634. 53% of the reported incidents occurred within Screening which reflects again the increased activity. The first chart shows the incident reporting over the previous 12 months for comparison with the current reporting period highlighted, whereas the second chart shows the incidents reported by Directorate for the current reporting period.

As the organisation moves towards recovery from the Covid-19 emergency, the number of incidents reported continues an upward trend. The data support no conclusions that can be drawn from this, but increased training and awareness across the organisation and the use of quality reviews by the Risk and Incident Manager are likely having an effect. Public Health Services remains the largest reporter with less than 1% of incidents falling in the rest of the organisation.

Of the incidents reported, just under 13% (94) were identified as being related to Covid19. This is a fall on the previous quarter from a total of 20% (116). There was a total of 248 'patient and clients' related incidents reported none of which were reported as having a potentially major impact.



Table 6 – Incidents over time

Improvement actions identified

Although not specifically not an improvement action, a significant proportion of work at this time is focussed on delivery of the Once for Wales Concerns Management System. This was due for implementation by 1st April, but due to the unavailability of a minimum viable product by the deadline, the Public Health Wales Executive has approved the postponement of the go-live date to the 1st October 2021. Monitoring and the management of incidents continues to be managed through the current Datix system.

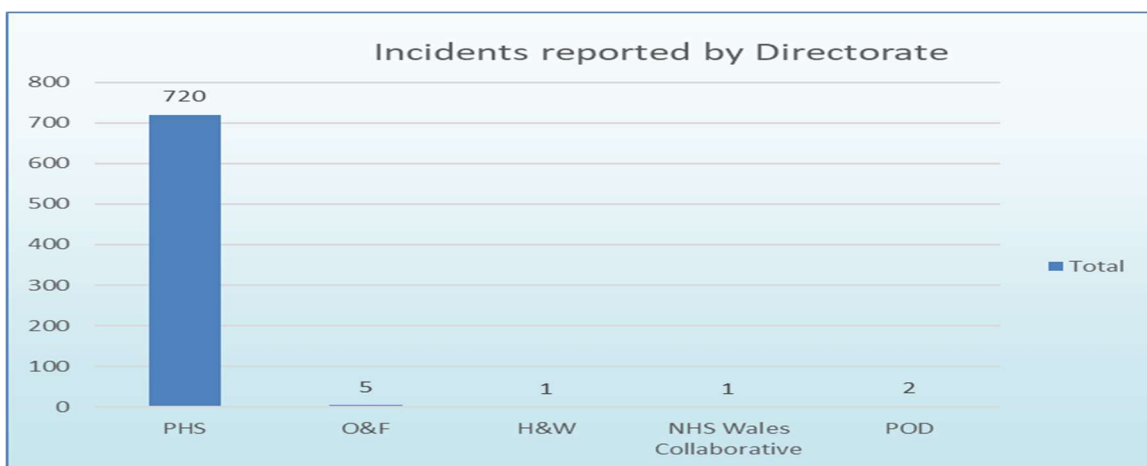


Table 7 – Incident reported by Directorate

Narrative

As shown above, it will be noted that again almost all (99%) of the incidents occurred within Public Health Services, which is to be expected due to the clinical nature of their activities and the re-activation of Screening services.

Incident reports by Impact

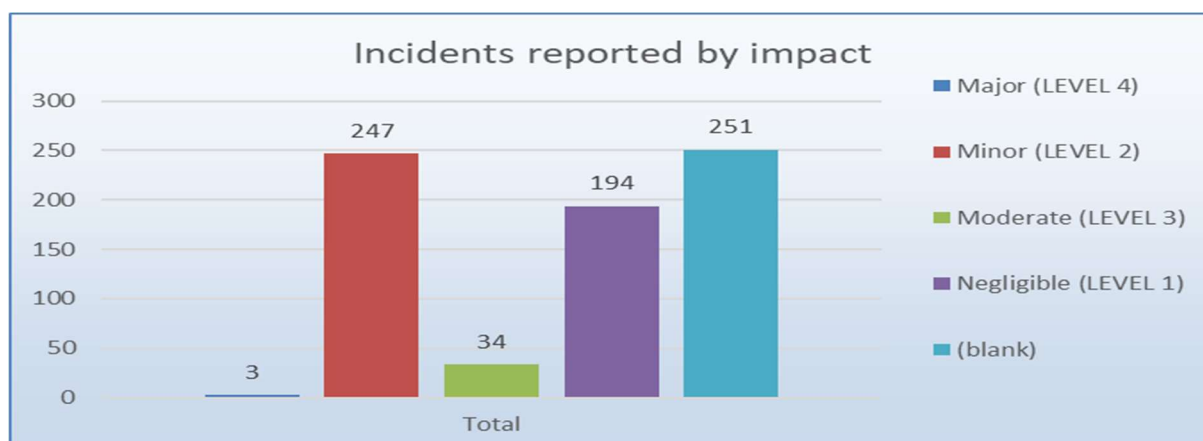


Table 8 – Incident reports by impact

Narrative

Three incidents were reported with an impact rating of Major. These were:

- The Covid19 test results for a patient were inadvertently provided to the patient's daughter in the belief that the person requesting was the patient's clinician. This was identified as a training issue and has been dealt with locally.
- Lack of availability of a facility at the Welsh Centre for Microbacterium, resulting in work being outsourced to maintain services. This is reported as an ongoing risk and has been escalated within the network.
- A member of staff left an unattended Bunsen burner alight for several hours. This was identified as a training issue and has been dealt with locally.

With the relatively new toolkit provided to Incident Handlers there is a requirement to assess all incidents for their impact across the 9 areas from the Public Health Wales Risk Management Policy and Procedure. There has been a continuing rise in compliance with the requirement to complete an impact assessment for all incident reports, which now stands at 66%, up from 60% last quarter.

The Integrated Governance Division continue to provide support to Directorates to comply with this requirement.

Incidents by Type



Table 9 – Incidents reported by type

Narrative

The pattern of incidents across the six types is consistent with previous reports with the highest number relating to the 'patients and clinical' area.

Section 3 – Claims Management

Claims are reported via Datix and managed with advice and support from Legal and Risk Services. All claims are managed and analysed to ensure that lessons are learnt in order to reduce risks of reoccurrence and improve services.

This is a summary of the position, with full details provided in the Quarterly Claims report

Period covered: 1st April – 30th June 2021

	Quarter 1
Current number of confirmed claims	16
Current number of potential claims	9
Current number of redress cases	0
New potential claims received in Quarter	2
New confirmed claims received in Quarter	2
Number of claims closed in Quarter	0
New redress cases received in Quarter	0
Number of redress cases closed in Quarter	0
Number of Settled Claims in this reporting period	1
Aggregate value of confirmed claims in progress <i>(Includes damages, claimant costs and defence costs)</i>	£6,376,666.18
Aggregate value of potential claims <i>(Includes damages, claimant costs and defence costs)</i>	£210,000.00
Aggregate value of confirmed and potential claims <i>(Includes damages, claimant costs and defence costs)</i>	£6,586,666.18
Anticipated Public Health Wales Liability in respect of confirmed claims	£400,000

Table 10 – Financial exposure on current and projected claims

Section 4 – Areas for improvement

Data Quality within Datix

Over the past year, quality reviews have been carried out on incidents created within the Datix system. These reviews have concentrated on areas such as incident descriptions, the assigning of handlers and action planning. Due to a combination of capacity issues within the Integrated Governance Division and the fact that the Once for Wales Concerns Management System will not support the current methodology from October, quality reviews in this format were paused in May 2021. The reviews did however produce rich data that is now going to be used to drive improvement.

A common theme that has emerged is a tendency, particularly amongst laboratory based areas, to describe incidents in detailed technical terms (frequently relying on acronyms), resulting in them being difficult or impossible to understand for a layperson. This creates a risk that serious incidents may be missed or misinterpreted, and makes it difficult to develop improvement measures to avoid recurrence.

As a result, work is now ongoing to develop a pilot process for quality improvement using the incident descriptions as a form of case study. This will be completed in the Autumn and be presented to the committee.

Datix Performance Indicators

The Business Executive Team recently approved the following performance indicators for the use of Datix within Directorates:

Indicator	Target	Performance
Incidents created within 24 hours of coming to notice	80%	71%
Incident handler assigned within 3 days	80%	68%
Incidents closed within 30 days	80%	65%

Table 11 – Datix Performance Indicators

By the time of the next assurance report it is anticipated that the data will be available broken down by Directorate / Division.

The Integrated Governance Division is working with Directorates / Divisions to encourage improved performance in this area by proactively supporting and explaining the importance of efficient and effective incident management and reporting. This is supplemented by additional training when required.