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Iechyd Cyhoeddus  
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Public Health  
Wales

**Name of Meeting**  
Quality, Safety and  
Improvement Committee

**Date of Meeting**  
14 December 2022

**Agenda item:**  
4.1

## Putting Things Right Report Quarter 2 2022/2023

**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- 15 November 2022

### Purpose

This paper introduces the Putting Things Right report for Quarter 2 2022-2023.

### Recommendation:

APPROVE

CONSIDER

RECOMMEND

ADOPT

Assurance

The Quality, Safety and Improvement 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**

<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.

It is worth noting that this is an iterative process at present as we continue to strive to improve areas including the timing and format of the data being digitally presented

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

Comparative data is not available for all areas within this report following the migration of the incident management system to Datix Cloud on the 1st April 2022.

This new Datix cloud system is configured differently to its predecessor Datix Web and therefore it is not currently possible to analyse and compare data sets in the same format, particularly in relation to incidents. The intention is to provide more comparative data in future within reports if this is feasible.

### 1. Nationally Reportable Incidents/No Surprises/Never events

This section contains the number of Nationally Reportable Incidents, No Surprises and Never Events submissions for the quarter.

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

## No Surprises Incidents Summary

Incident Type	Area	Reference
No Surprises	Health Protection and Screening Services (Cervical Screening Wales)	Datix Reference: 963
<p>This No Surprises incident occurred as part of the development and testing process for the new Cervical Screening Information Management System that was implemented in September 2022; a failsafe list was developed and tested to ensure participants on the extended triage pathway have been invited correctly.</p> <p>The failsafe list that was run identified a number of participants who tested positive for HPV and cytology negative who potentially had not been referred to colposcopy in line with pathway (due to a historic result of mild dyskaryosis/borderline squamous). The cohort were mostly participants who had long gaps between their cervical screening appointments. A meeting was held on 23rd August to review the list and concluded that some participants had been put on pathway for follow up cervical screening in 12 months when they should have been referred to colposcopy, due to their past screening results.</p> <p>The established incident team progressed the actions to resolve the issue. All participants identified were contacted to explain that an error on their pathway had been identified. Those who had a HPV positive result were contacted by letter on 12 September to explain and they would be referred for colposcopy appointment. Those who had a HPV negative result were contacted by phone on 12 September by lead nurse to explain and offering referral to colposcopy if they wanted to and a letter also sent. The letters were copied to the participant's GP. Colposcopy units were made aware so that they could prioritise these appointments. A reactive press statement was prepared but not required.</p> <p>A failsafe has been established as part of the implementation of the new Cervical Screening Information System from 20 September which will identify any issues on a daily basis before results letters are sent out which will prevent this issue reoccurring. This has now been resolved as all actions complete.</p>		

## Nationally Reportable Incidents

Incident Type	Area	Reference
Nationally Reportable Incident	Health Protection and Screening Services (Bowel Screening Wales)	Datix Reference: 258
<p>This Nationally Reportable Incident occurred as the participant's screening pathway was incorrectly applied to routine recall in 2019, which resulted in the issue of a screening test as opposed to being followed up on the positive (colonoscopy) pathway. The participant subsequently underwent a screening colonoscopy in 2022, where bowel cancer was diagnosed.</p> <p>The investigation and report have been completed. Letter was sent to the participant in July 2022 to explain that a review has been completed and to offer to meet to</p>		

explain outcome of review if they wish to and no reply has been received. A follow up letter was sent to the participant in September 2022.

<b>Incident Type</b>	<b>Area</b>	<b>Reference</b>
Nationally Reportable Incident	Health Protection and Screening Services (Bowel Screening Wales)	Datix Reference: 504
<p>This Nationally Reportable Incident occurred as the participant's screening pathway was incorrectly applied, participant was placed on routine recall in 2014, which resulted in a screening test as opposed to being followed up on the positive (colonoscopy) pathway. The participant subsequently underwent a screening colonoscopy in 2021, where bowel cancer was diagnosed.</p> <p>An investigation and report has been completed. Letter was sent to the participant in July 2022 to explain that a review has been completed and to offer to meet to explain outcome of review if they wish to and a follow up letter was sent in September 2022. Participant has since contacted Bowel Screening to meet to discuss further, however they are currently in hospital and have been asked to contact the programme when well enough to proceed.</p>		

<b>Incident Type</b>	<b>Area</b>	<b>Reference</b>
Nationally Reportable Incident	Health Protection and Screening Services (Bowel Screening Wales)	Datix Reference: 891
<p>This Nationally Reportable Incident occurred as a screening participant was originally placed onto the colonoscopy surveillance pathway in 2018. However, following review of this participant's screening pathway and application of the new BSG surveillance guidelines, the pathway was incorrectly changed on the 27<sup>th</sup> February 2020 from requiring a surveillance colonoscopy to being placed onto the routine screening recall pathway.</p> <p>The error was identified and the pathway corrected in November 2021. The participant was offered a screening surveillance colonoscopy, but the participant's colonoscopy had been delayed, as this should have been offered in August 2021. The participant was diagnosed with rectal cancer at a symptomatic colonoscopy procedure undertaken in March 2022.</p> <p>The investigation and report have been completed and lessons learnt shared. Letter has been sent to the participant explain that a review has been completed and to offer to meet to explain outcome of review if they wish to and no reply received. A follow up letter has been sent to participant.</p>		

<b>Incident Type</b>	<b>Area</b>	<b>Reference</b>
Nationally Reportable Incident	Health Protection and Screening Services (Breast Test Wales)	Datix Reference: 731
<p>This Nationally Reportable incident occurred as a participant was invited for screening on in January 2021 and participant attended but was not able to be screened due to</p>		

equipment breakdown and was not rebooked for further appointment as they should have been.

The participant was re-invited for screening on 13.12.2021 at which she attended and was screened and called back to assessment on 08.02.22 and had results clinic on the 22.02.2022 and cancer diagnosed.

An investigation and report have been completed. Letter was sent to the participant in July 2022 to explain that a review has been completed and to offer to meet to explain outcome of review if they wish to and no response has been received. A follow up letter has been sent.

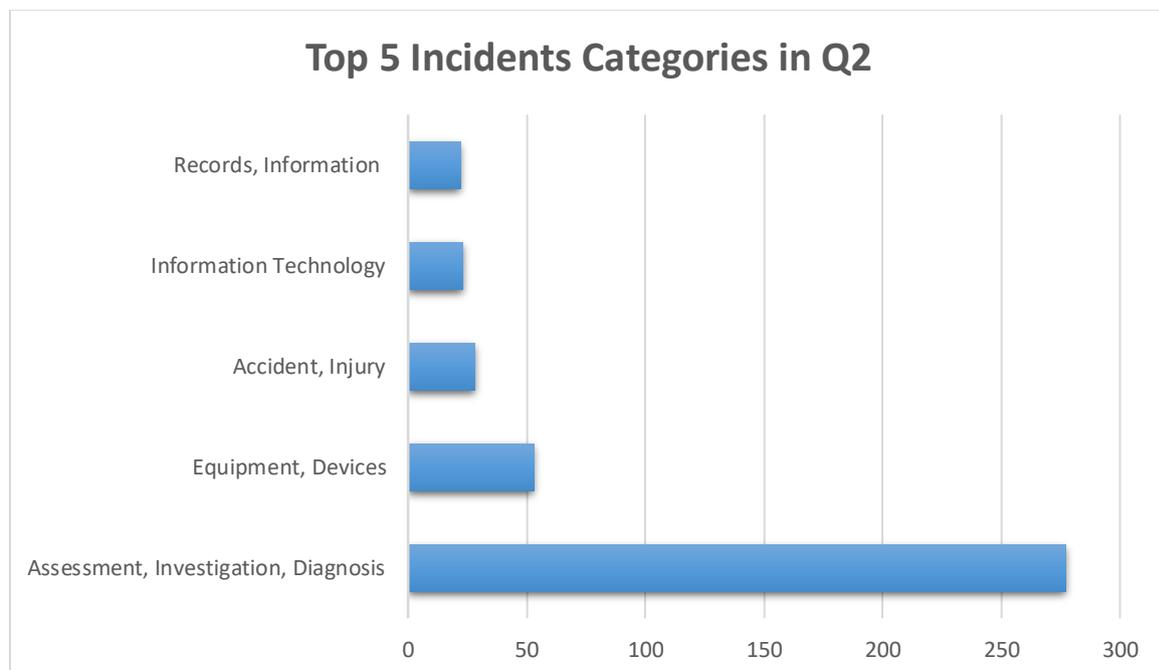
## 1. Incident Management

During quarter two, 1 July – 30 September 2022, a total of 509 incidents were reported during this period, compared to 591 reported in the previous Quarter.

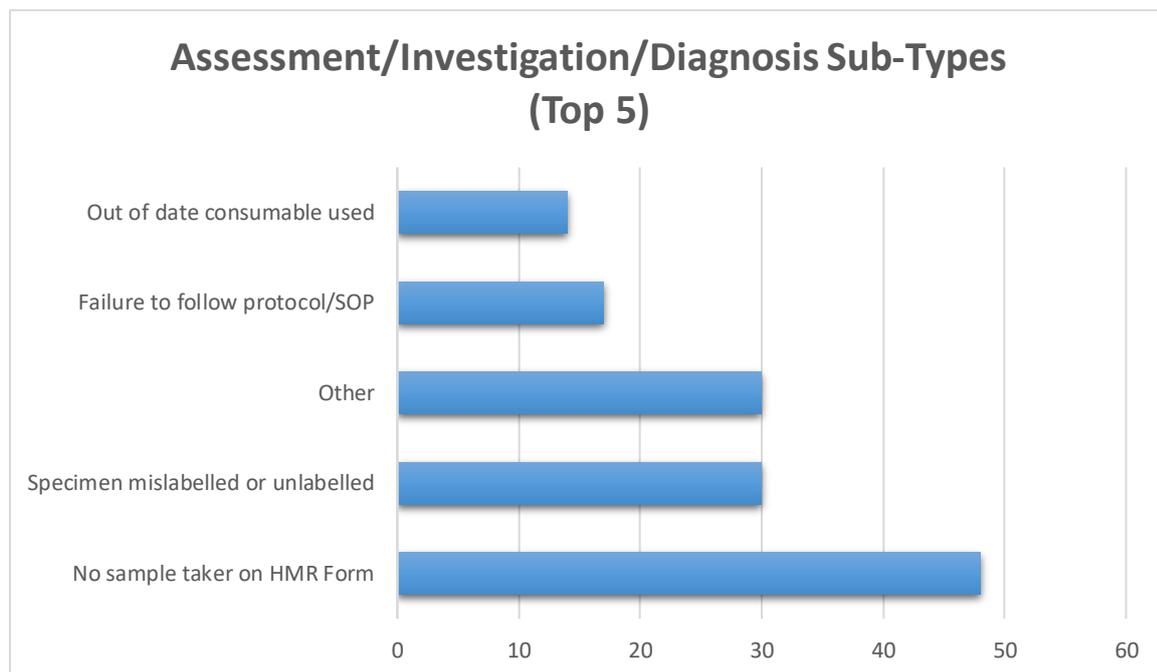
98% of incidents reported in Quarter two occurred within Health Protection and Screening Services.

The most frequent types of incidents by category for this quarter are:

- Assessment/Investigation/Diagnosis incidents
- Equipment/devices



## Breakdown of Assessment/Investigation/Diagnosis incidents



The above chart highlights that the highest sub-categories for these incidents were 'no sample taker code' on the reporting form followed by specimen mislabelled or unlabelled.

The highest number of open incidents are within Cervical Screening Wales (CSW). Targeted work continues with this service to understand why their incidents remain overdue and to support resolution. Progress is being made, with a reduction in the oldest number of open incidents from (April) being seen and it is anticipated further improvements in this area will be seen over the next few months.

## 2. 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.

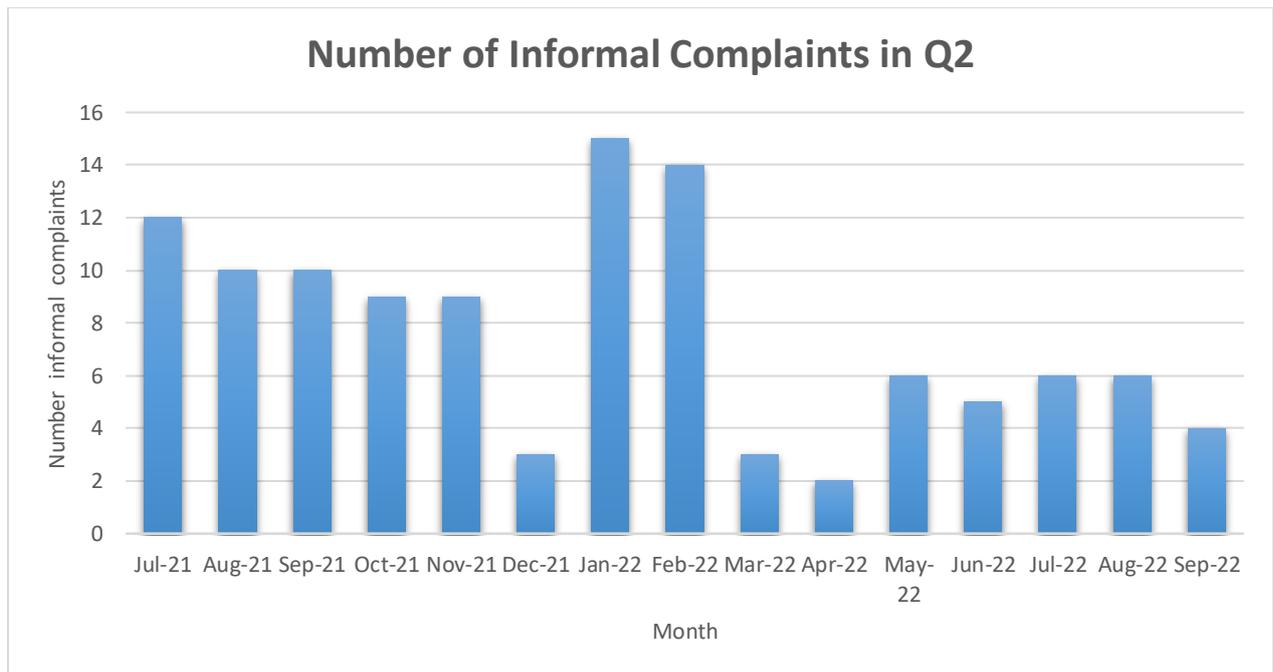
There were no Redress cases received in Quarter 2.

### 3. Complaints Management

#### Early Resolution Complaints (Informal)

Public Health Wales will endeavour 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 two.

Informal complaints are now captured within the dashboard.



On average eight early resolution complaints are received each month.

The Early Resolution complaints received in Quarter two were in the following areas:

#### July 2022

- Breast Test Wales – one complaint in relation to clinical treatment/assessment
- Cervical Screening Wales – Two complaints received. One in relation to communication issues and one in relation to a delay in receiving an appointment.
- Diabetic Eye Screening Wales – Two complaints received both in relation to appointment issues.
- Communications – One complaint received relating to an issue with cookies on PHW website.

## August 2022

- Bowel Screening Wales – One complaint received in relation to communication issues.
- Breast Test Wales – One complaint received in relation to attitude and behaviour of a staff member.
- Diabetic Eye Screening Wales – Four complaints received in relation to appointments and communication issues.

## September 2022

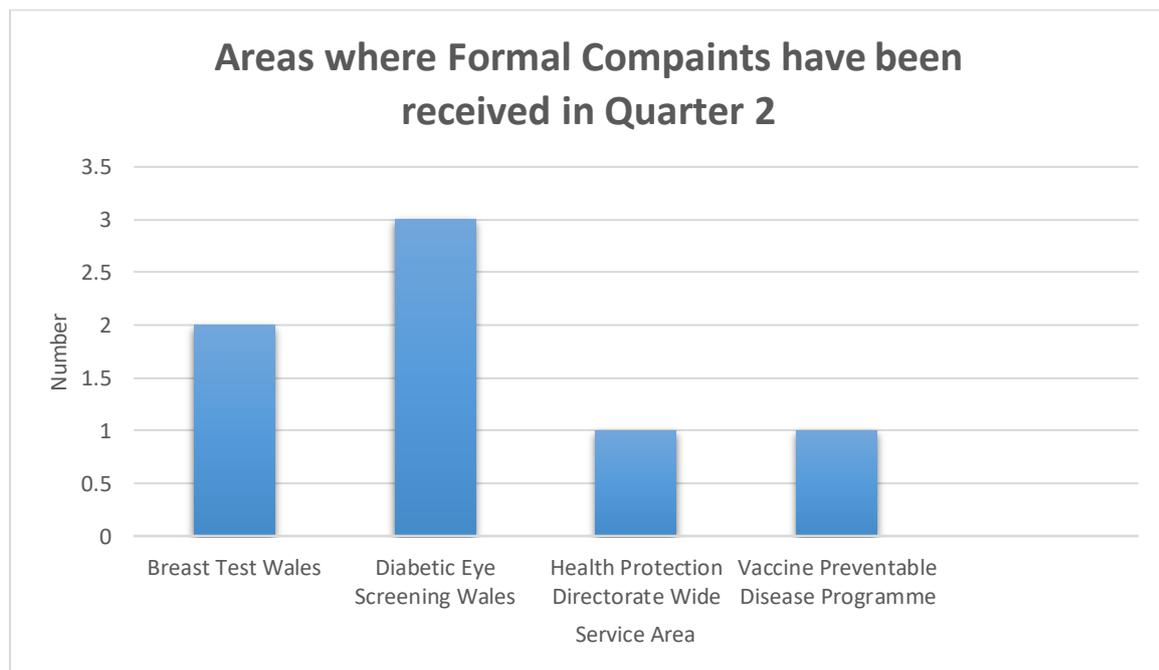
- Health Improvement – one complaint received in relation to communication issues.
- Communications – one complaint received in relation to Equality, specifically around language used on the PHW website.
- Diabetic Eye Screening Wales – one complaint received relating to incorrect information on medical records.
- Breast Test Wales - One complaint received in relation to attitude and behaviour of a staff member.

## **Formal Complaints**

During Quarter two, 7 formal complaints were received, which is a decrease from the 11 received in Quarter One.

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

The below graph highlight the area where the complaints received in Quarter one occurred:



The highest number of complaints in Quarter two were received by Diabetic Eye Screening Wales. These complaints were relating to Appointments, Staff Attitude and Behaviour and Equality.

Two complaints received during Quarter two were received by Breast Test Wales. These complaints related to communication issues and appointments.

One complaint was received by Health Protection in relation to a data breach. A further complaint was also received by Vaccine Preventable Disease Programme (VPDP) relating to the information that PHW communicate to the public around Covid-19 vaccinations.

The Performance Assurance Dashboard shows 100% compliance was achieved during July, August and September for complaints acknowledgement within the target of 2 working days.

The below table demonstrates the percentage of complaints for Quarter two. 100% of complaints received during July and August have been responded to within the 30-working day timescale. Once complaint in September 2022 was responded to on day 31, due to changes made during the quality assurance process

Month	Complaints due for response	Acknowledged within 2 w/d	Responded within 30 w/d
July 2022	2	2 (100%)	2 (100%)
August 2022	3	3 (80%)	3 (100%)
September 2022	2	2 (100%)	1 (50%)

#### 4. Compliments

During Quarter two, 665 compliments were received an increase from 539 reported in the previous Quarter.

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

- The Positive attitude / behaviour of staff
- Positive comments relating to the service

The ratio of compliments to formal complaints has increased to 95:1 from a position of 49:1 in the previous Quarter.

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

## 5. Concerns Management System Update

- Datix Cloud successfully went live on 1 April 2022 for the incident, complaint, claims and redress modules.
- Training is available for all staff on a monthly basis to ensure staff understand how to use the new system for reporting incidents and complaints
- Training is also available on a monthly basis for staff identified as appropriate complaint and incident investigators for their specialist areas
- The Datix web (previous) system currently only remains operational for the reporting of Risks.
- As of 1 September 2022, safeguarding events are now reported on Datix Cloud and microbiology error non-incidents are reported on I Passport.

The Quality, Safety and Improvement Committee is asked to:

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