	Iechyd Cyhoeddus Cymru Public Health Wales	<b>Name of Meeting</b> Quality, Safety and Improvement Committee <b>Date of Meeting</b> 20 May 2024 <b>Agenda item:</b> 3.4
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## Putting Things Right Annual Report 2023/2024

<b>Executive lead:</b>	Claire Birchall, Interim Executive Director for Quality, Nursing and Allied Health Professionals
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<b>Approval/Scrutiny route:</b>	Claire Birchall, Interim Executive Director for Quality, Nursing and Allied Health Professionals Business Executive Team- 02 May 2024
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### Purpose

This paper introduces the Putting Things Right Annual Report for 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 Annual Report 2023-24 and
- Take **assurance** on the Organisation's 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 and well-being objectives.

This report contributes to the following:

<b>Strategic Priority/Well-being Objective</b>	Choose an item.
<b>Strategic Priority/Well-being Objective</b>	Choose an item.
<b>Strategic Priority/Well-being Objective</b>	Choose an item.

**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 Social Care (Quality and Engagement) (Wales) Act</b>	This report supports and/or takes into account the <u>Health and Care Standards for NHS Wales Quality Themes</u> .
<b>Financial implications</b>	Much of our quality improvement activity helps support our financial position, through enabling more efficient, productive services or supporting cost avoidance.
<b>People implications</b>	The PTR Annual Report provides information related to experience and outcomes for service users and staff and therefore the information is pertinent to service users, carers and staff across PHW.

## 1. Introduction

This annual report has been prepared in accordance with Regulation 51 of the NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 which requires the responsible body to prepare an annual report.

The report summarises the types of feedback received from service users and their representatives during the period 1st April 2023 to 31st March 2024 and covers in detail complaints, incidents, claims, redress, and compliments as set out in the “Putting Things Right” (PTR) 2011 arrangements. The term ‘Concern/s’ will collectively refer to incidents, claims, Redress, complaints, and compliments for the purpose of this paper.

Public Health Wales recognises that, service user and public involvement/engagement is an important aspect of our governance arrangements as a way of improving the services and programmes we provide. On occasions the level of service provided might have been below an expected standard, and Public Health Wales is grateful to those service users and families who have taken the time to raise concerns or give feedback, and acknowledges their contribution to improving services, patient experience, and patient safety.

## 2. Aim

This aim of this annual report is to detail the number of concerns received and summarise the subject matter of these. It also highlights performance data in response to concerns and actions that have been or are to be taken to improve services because of these. Finally, it focuses on thematic learning and changes to practice as a result of this work.

### Overview of Concerns /Feedback Activity 2023 – 2024

Table 1 below shows the activity level for each type of feedback received in 2023-24.

	2022/23	2023/24
Incidents Total	2,013	1,842
Formal Complaints	30	31
Early Resolution Complaints	73	120
Redress Cases	4	12
Clinical Negligence Claims	3	8
Personal Injury Claims	2	1

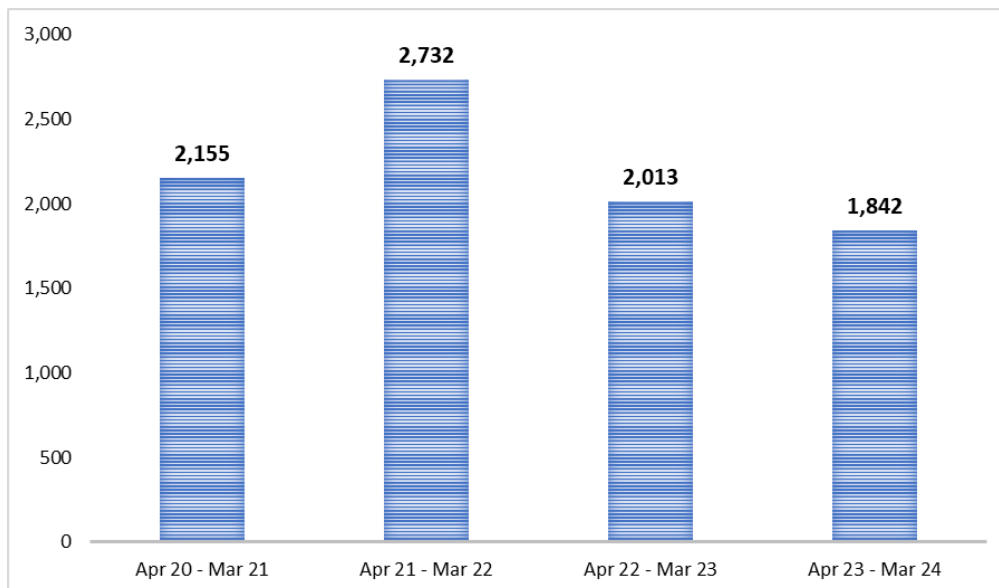
Compliments	1,589	629
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### 3. Incidents

Incidents are reported via the Datix Cloud Concerns Management System and reported to both the Executive Team and the Quality, Safety, and Improvement Committee via the quarterly Quality Governance Report.

In 2023/24, 1,842 incidents were reported, a reduction of 171 compared to 2,013 reported in 2022-23.

Table 2 below shows the number of Incidents received by Year.



It would appear on further analysis of this type of incident data that there has been a 45% (67) decrease in the reporting of Equipment & Devices related incidents, with Microbiology having a 51% decrease in these. On further review however it should be noted that Microbiology migrated from Datix Web to iPassport digital system in September 2022, as such previous Equipment and Device incidents that were previously recorded on Datix Web as Error/non-incident are now logged on iPassport. With review of comparable data from Quarter 3 & Quarter 4 from 2022/23 and 2023/24 the actual reporting rate of these incidents has remained at the same. Over the last 12 months there has been upgrades/replacement of older equipment which was also account for the reduction in this subcategory.

Records & Information related incidents have reduced by 40% (48,) with Screening Services recording a noticeable 40% drop in overall reporting figures.

Diabetic Eye Screening Wales reported a 39% decrease for Records & Information related incidents. On further review however this has been attributed to improvements in incident coding with imaging related incidents now correctly recorded as 'failure to follow SOP' as opposed to 'Records & Information'.

Of the 1842 incidents reported 95% (1756) occur within the Health Protection and Screening Services Divisions as the largest Directorate and which provides frontline clinical services.

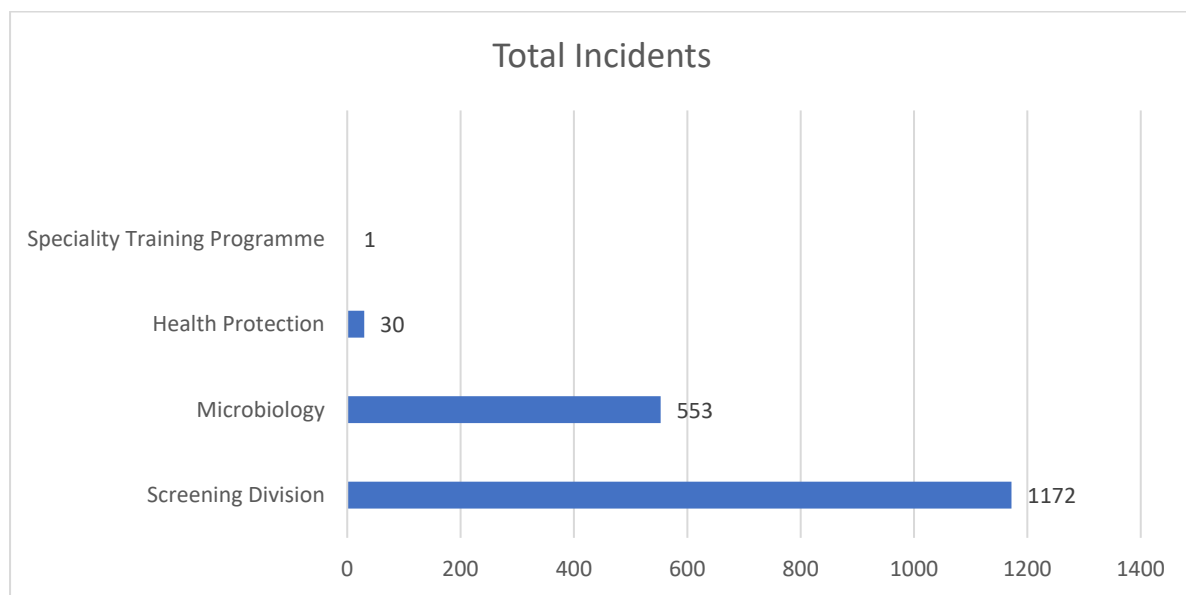
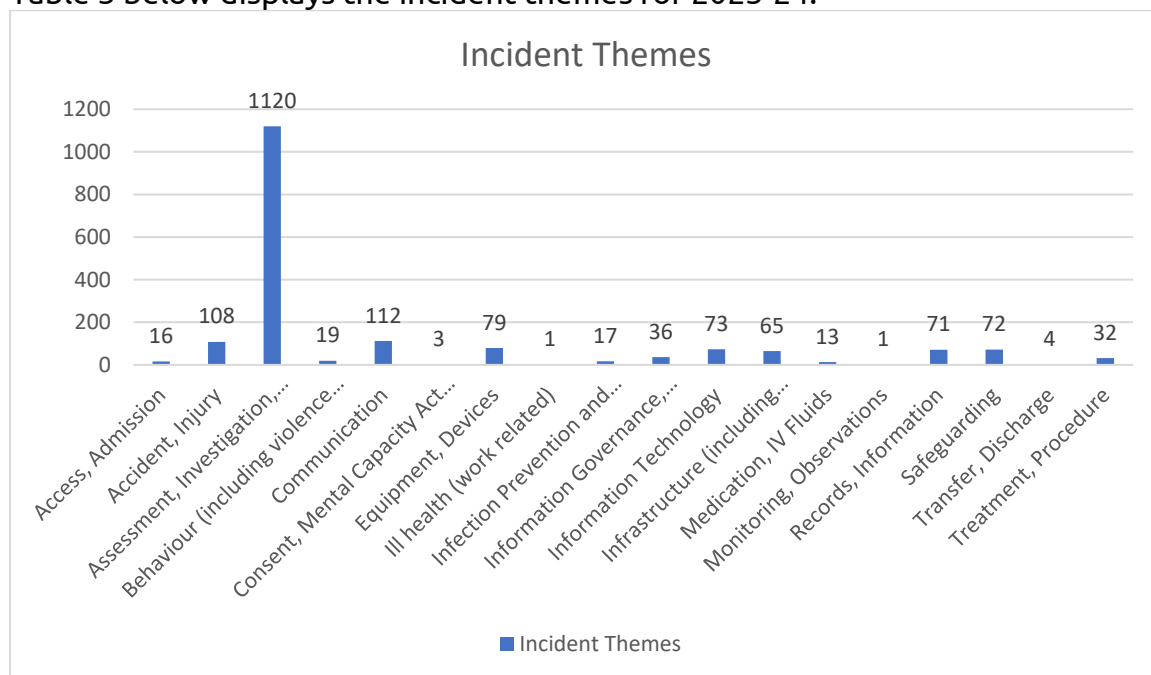


Table 3 below displays the incident themes for 2023-24:



61% (1120) of incidents reported are in the category of 'Assessment, Investigation, Diagnosis', of which 55% (618) relate to Cervical Screening Wales, and mainly include cervical smear sample taker errors. These are not directly attributable to Public Health Wales services directly, but those that are commissioned by us. However, in line with a good reporting culture, these incidents are reported by CSW staff and coded on Datix as error non incidents.

### 3.1 Levels of Harm

When reporting an incident on Datix, the reporter is required to provide their assessment of the level of harm that has occurred as a result of the incident. The harm levels reported by initial reporters are as follows:

Level of Harm	Number of Incidents
None	1090
Low	745
Moderate	6
Severe	1
Catastrophic / Death	0
Total	1842

It is important to note that the initial level of harm assessment is made by the reporter's best judgement often with limited information available at the time of reporting. As further information becomes available during the investigation process, the investigator with support from the PTR team will amend the level of harm if appropriate to do so.

#### 3.1.2 Duty of Candour Cases

Of the 6 moderate harms and above identified this year, 2 required the application of the Duty of Candour procedure.

Duty of Candour was triggered in April 2023 in relation to a Cervical Screening Wales case. This case involved the incorrect grading of cervical slides and the potential delay in diagnosis and treatment. The participant in this case sadly passed away.

The second Duty of Candour case is held jointly with Cardiff and Vale UHB and relates to Microbiology and the potential delay in diagnosis. This case is ongoing.

### 3.2 Nationally Reportable Incidents / Early Warning Incidents / Never Events

Number Reported	2022-23	2023/24
Nationally Reportable Incidents (NRI) reported to Delivery Unit	5	2
Early Warning reports submitted to Welsh Government	9	1
No Surprises reports submitted and subsequently upgraded by Welsh Government to a Nationally Reportable Incident	0	0
Never Events	0	0

Of the two NRIs reported in 2023/24 both pertained to issues with informatics that have now been resolved, and no harm has been identified for the participants involved.

## 4. Complaints

Public Health Wales aims to manage complaints effectively and efficiently within the recommended timeframes. Over the last 12 months there has been a continued focus on using the insight gained from the complaints that we receive to improve our services and functions.

### Formal Complaints

Table 4 below summarises this year's timeliness performance for managing formal complaints compared to the previous year.

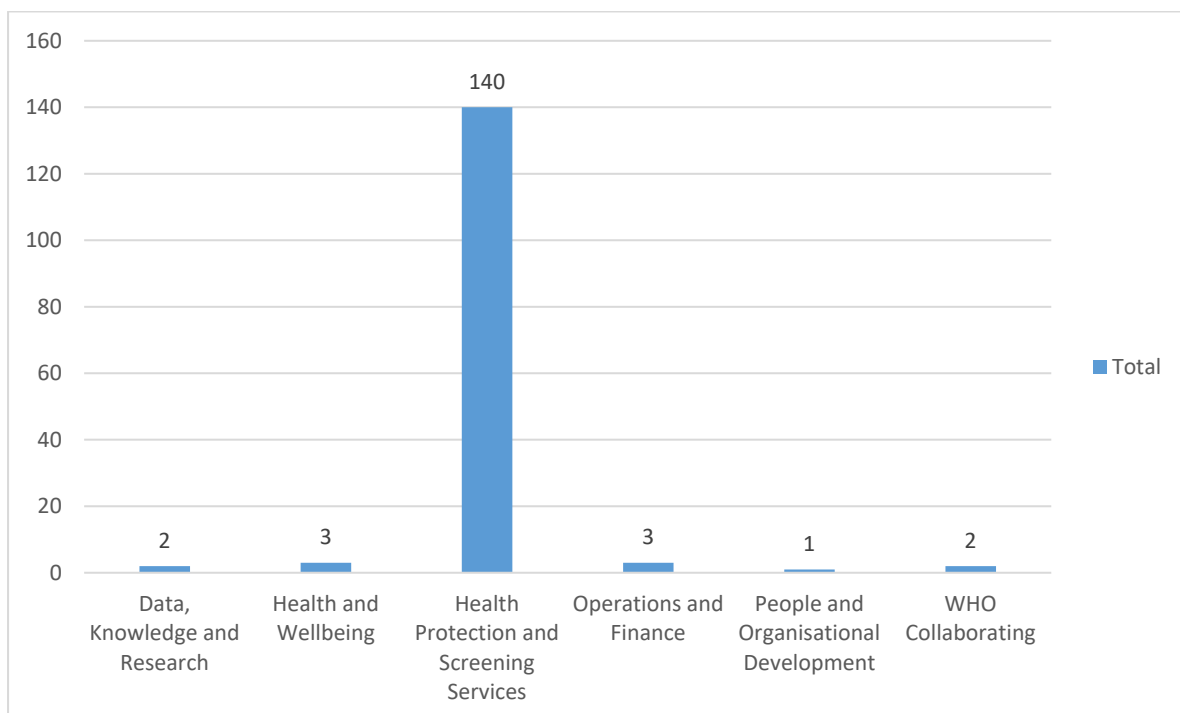
Formal Complaints	2022/23	2023/24
Total number of Formal Complaints	30	31
Acknowledged within 5 working days (Target – 75%)	27 (90%)	28 (90%)
Managed and responded to within 30 working days (Target – 75%)	29 (97%)	27 (85%)
Responded to within a period exceeding 30 days but within 6 months	1 (3%)	5 (15%)
Responded to within a period exceeding 6 months	0	0

Overall performance remains above target for the management of formal complaints. Of the delayed complaints this year, various reasons lead to the delays including one being initially processed as a clinical query rather than a concern.

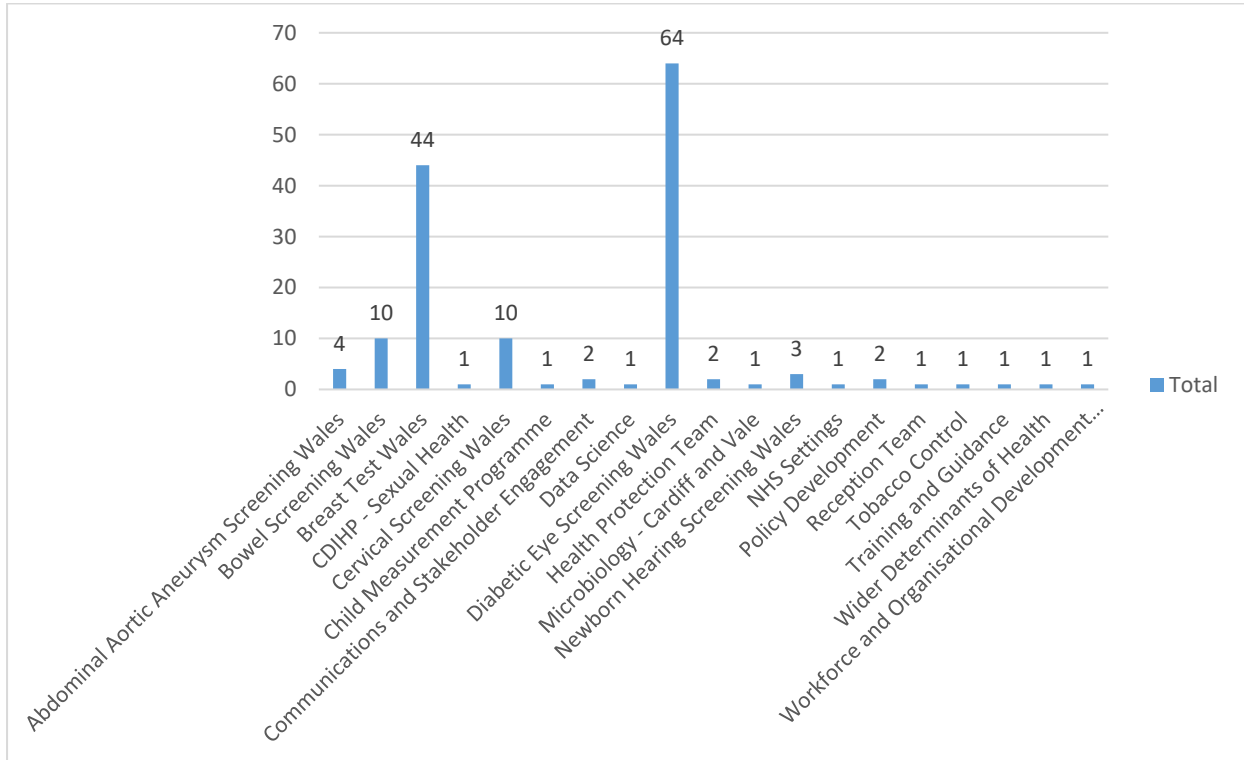
Three responses were delayed due to amendment requests during Quality Assurance process, one response required Polish translation, and finally one was delayed due to ongoing clinical investigation requiring longer than allocated 30 days.

### Complaints by Directorate

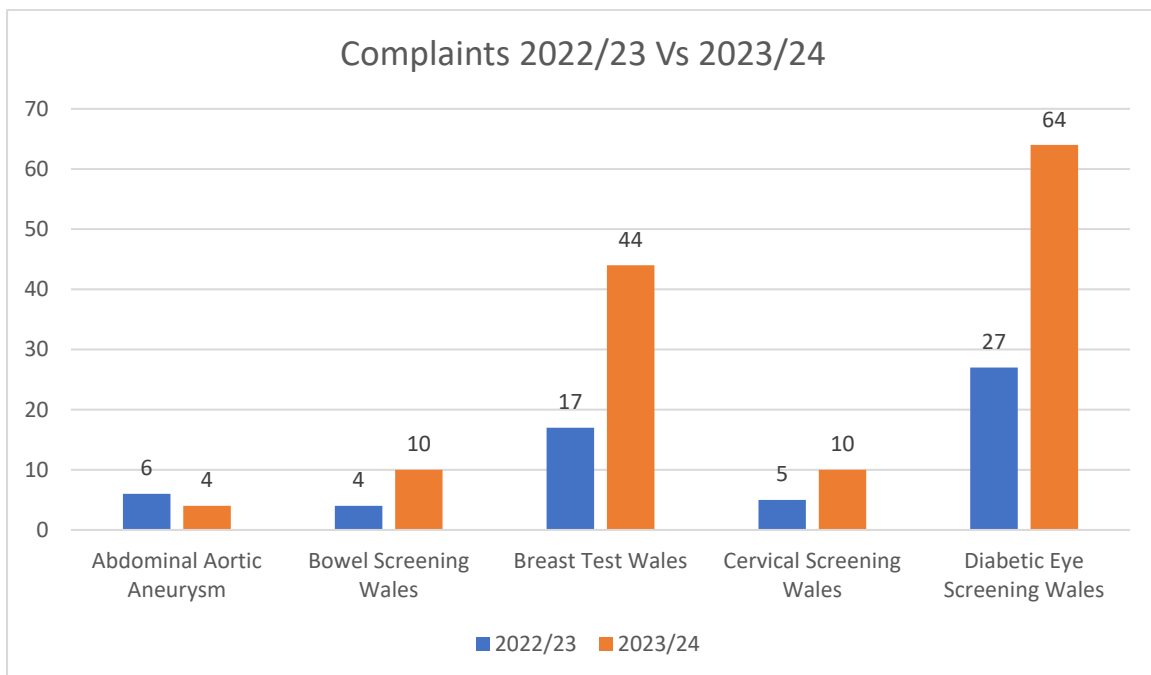
There has been a 47% (48) increase in the number of complaints received in 2023/24 compared to 2022/23 but numbers do remain low overall. The below graphs demonstrate the areas where complaints numbers have increased and provide comparable data from the previous year. It should be noted that whilst Health Protection and Screening Services have the highest number of complaints, they are also the public facing Directorate of PHW and so this should be expected. In addition, DESW screen the most participants and there for have more contact with service users.



Graph 1. Complaints by Directorates



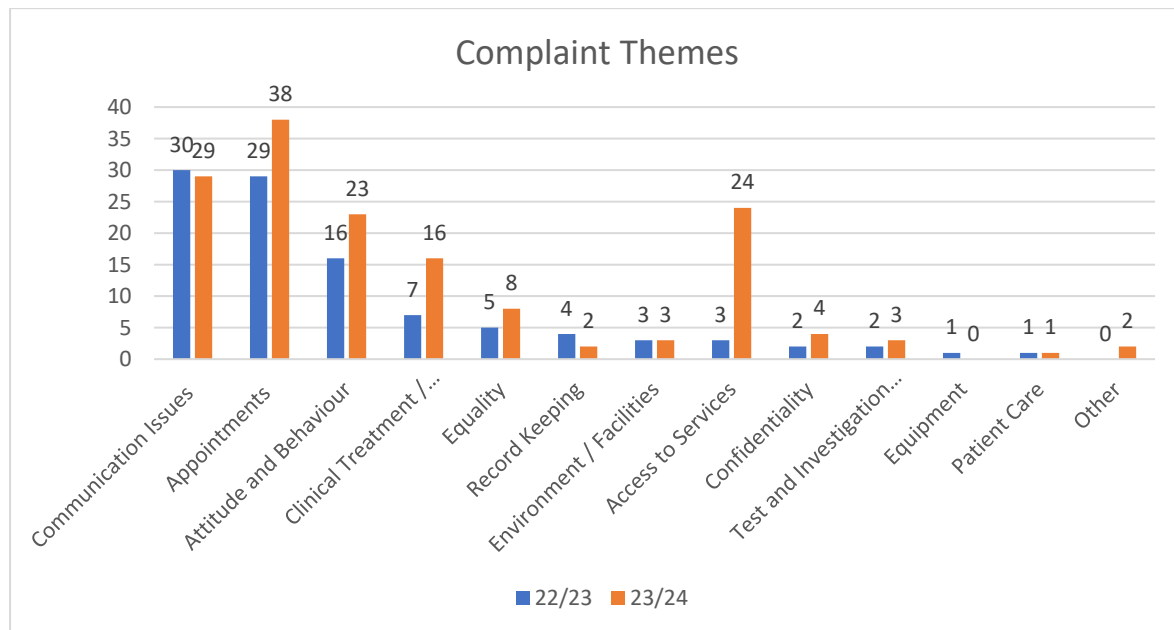
Graph 2. Complaints by area



Graph 3. Complaints 2022/23 Vs 2023/24

## Complaints by Subject/Theme

The table below highlights complaint themes for both Formal and Early Resolution complaints received between 1 April 2023 to 31 March 2024.



The most common complaint categories /subject areas are:

Theme	Action
Communication Issues – Some examples include issues with appointment letters and Welsh Language emails.	Access to improved Welsh language translation service from Shared Services.
Appointments – Including dissatisfaction with appointment delays, locations, and cancellation.	Work under way to ensure that participants contact details are still valid ensuring timely communication if appointments require cancellation.
Staff Attitude and Behaviours- Rude and abrupt staff and staff demonstrating lack of empathy.	Staff undertake customer relations courses to support and improve the services they provide.
Accessibility – Members of the public not being able to drive due to the use of eye drops in screening and poor public transport services to the screening location.	Accessibility audits on screening services sites have been undertaken to identify areas that require improvements.

## Summary of Complaint Decision

Of the 151 complaints received 61% (90) were upheld, 38% (57) not upheld and 1% still under investigation.

### 5. Public Services Ombudsman for Wales Activity

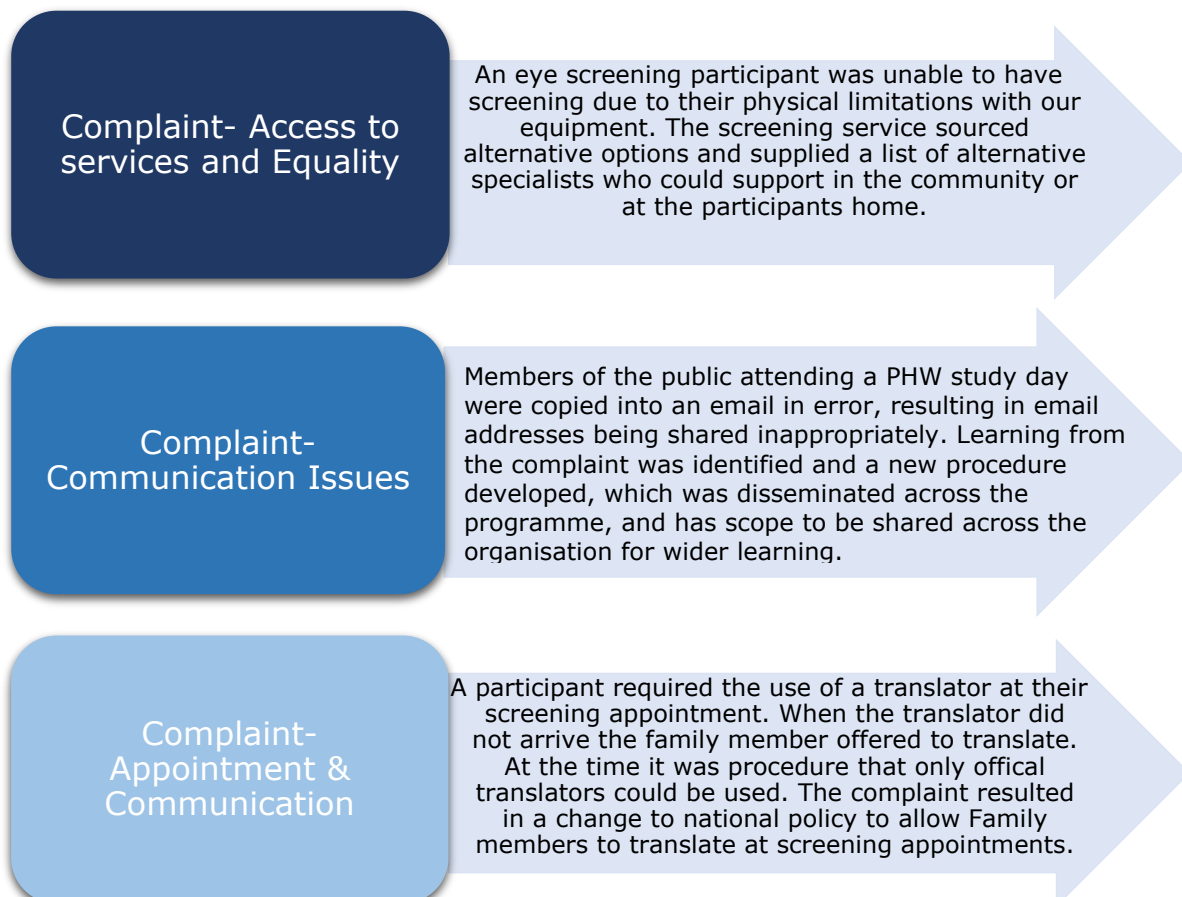
Complainants who remain dissatisfied with the response to their complaint at local resolution level can request an independent review to be undertaken by the Ombudsman.

One complaint received in September 2023 was referred to the Public Services Ombudsman for Wales. However, following a review by the Ombudsman the complaint was not upheld.

#### 5.1 Learning and Improvements from Complaints and Concerns

All the complaints received provide an opportunity for learning and improvement.

Below are some examples of learning and actions taken in response to complaints received in 2023/24:



## 6. Redress

Under the framework for investigating concerns, including patient safety incidents where harm has occurred or is alleged to have occurred, there is an obligation on Public Health Wales to consider whether there is a qualifying liability in tort i.e., are there failings in care which amount to a breach of duty of care and has breach of duty led to the harm suffered or materially contributed to it.

The test of a breach of duty of care is the same as the legal test and is based on the Bolam principles namely were the decisions and actions taken reasonable and appropriate as judged by a body of peers.

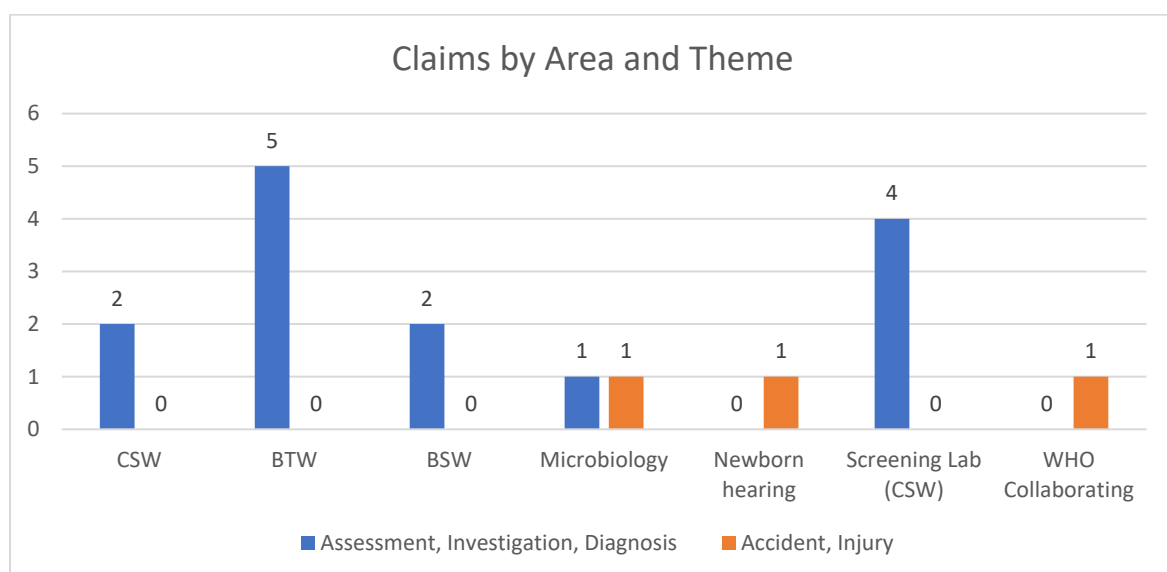
During the period of 1 April 2023 to 31 March 2024, Public Health Wales received 4 Redress cases. This is the same number as the previous year. All 4 redress cases were in Cervical Screening Wales,

## 7. Claims

Public Health Wales has a relatively small claims profile. Claims are reported via Datix Cloud and managed by the Services Support Manager with advice and support from Legal and Risk Services.

At the end of March 2024, there were 17 confirmed ongoing claims against Public Health Wales.

During the period of 1 April 2023 – 31 March 2024, Public Health Wales received 4 new claim; 3 relating to Clinical Negligence and 1 relating to Personal Injury. This is a slight decrease of 1 case from the previous year.



## 7.1 Learning from Events Reports (LFER)

Welsh Risk Pool requires a Learning from Events Report to be submitted to Welsh Risk Pool within 60 working days, where the decision to settle is before 01/09/2023, and four calendar months of the decision to settle a claim after 01/09/2023. In September 2023 the guidance was amended from 60 working days to four calendar months for submission.

During the reporting period, 5 LFERs were submitted by Public Health Wales, outlining the learning from the claims presented. 4 have been approved by Welsh Risk Pool and one is currently awaiting review having been submitted within the last quarter.

## 8. Compliments

The total number of compliments recorded within the Civica system for the year 2023/2024 were 626. The leading source of compliments remains the Screening Division (585), followed by Microbiology (35). The remaining numbers are shared across Health and Wellbeing, Quality, Nursing and Allied Health Professionals, Board Business Unit and the NHS Collaborative (now Networks and Planning in the NHS Executive.).

The two main sources for receiving compliments are via email and directly through the website feedback mechanism and represents no change from previous years.

85.94% (538) of compliments recorded within Civica system are received directly from members of the public who have accessed a service provided by Public Health Wales. The remaining percentages include employee, non PHW professional and stakeholder compliments.

Beyond the level or care expected or anticipated theme is the most common category of compliment recorded representing 68.52% (431) of overall compliments. 14.5% of compliments were classified as 'other', this is a reduction in overall reporting from the 2022/2023 figures but remains an area for further improvement in coding.

Compliments are an unsolicited expression of gratitude. People invest their time to leave a compliment in the hope that the behaviours they experienced are repeated and routinely available to others. Hence classifying a compliment as 'Other' does not support learning. Also, upon a more detailed look into the 'Other' category many of the reasons can be aligned to existing themes.

## 9. Improvements Made during 2023/2024

The PTR team have led significant improvement projects in the is recent year;

- Developed comprehensive training packages and guides for staff members on how to report and investigate incidents and complaints.
- Collaborative working monthly with Datix Superusers across the organisation to discuss Datix updates and ongoing incident and complaint management.
- Introduction of Quality Reviews audits of incident management within the Datix System to ensure that learning has been identified and improvement actions taken following incidents, as well supporting staff with best practice use of Datix.
- Ensuring a consistent recording of compliments using the CIVICA system
- Use of compliments and concerns for learning at local management level.

### Once for Wales Concerns Management system

Ongoing challenges continue with the Datix Once for Wales Concerns Management system. The reporting of all the PTR data is done via the uploading of the data on to Datix on the Once for Wales Concerns Management system. The Datix Cloud IQ functionality as yet is not fully matured, and some issues are still being identified and remedial actions being worked on.

In Quarter 4 identified issues include a problem with the finance section in the Claims module and the disappearance of the 'Person affected' data from some Datix records. The PTR team are working with the Once for Wales Team to support and resolve the issues and local mitigations are in place to ensure this information is available.

## 10. Priorities for 2024-2025

The focus of work for the coming year includes:

- The development of Level 2 investigation training programme for staff that will support a systems-based approach to investigations and support learning and improvement.
- The development and implementation of a shared learning framework across the organisation.



## 11. Recommendation

The Quality, Safety and Improvement Committee is asked to:

- **Consider** the Putting Things Right Annual Report 2023-24 and
- Take **assurance** on the Organisation's effective management of Putting Things Right.