GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales	**Name of Meeting** Quality, Safety and Improvement Committee **Date of Meeting** 02 June 2025 **Agenda item:** *5.2*

Putting Things Right Annual Report 2024 - 2025	
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Approval/Scrutiny route:	Business Executive Team – 21.05.25

Purpose
This paper introduces the Putting Things Right Annual Report for 2024-2025.

Recommendation:

APPROVE	CONSIDER	RECOMMEND	ADOPT	ASSURANCE
☐	☐	☐	☐	☒

The Quality, Safety and Improvement Committee is asked to:

- **Consider** the Putting Things Right Annual Report for 2024-25
- **Receive Assurance** on the organisations effective management of the implementation of the Putting Things Right Regulations (2011).

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:

Strategic Priority/Well-being Objective	Choose an item.All Strategic Priorities/Well-being Objectives

Strategic Priority/Well-being Objective	Choose an item.
Strategic Priority/Well-being Objective	Choose an item.

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 Social Care (Quality and Engagement) (Wales) Act	This report supports and/or takes into account the Health and Care Quality Standards for NHS Wales Quality Themes.
Financial implications	Much of our quality improvement activity helps support our financial position, through enabling more efficient, productive services or supporting cost avoidance.
People implications	The PTR Annual Report provides information related to experience and outcomes for service users and staff and therefore the information is pertinent to general public, 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 2024 to 31st March 2025 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 and engagement is an important aspect of our governance arrangements helping improve the services and programmes we provide. On occasions the level of service provided may 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 provide 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 during 2024/2025 and to summarise the subject matter of these. It also highlights performance data in response to concerns management and subsequent actions that have been or are being undertaken to improve services because of these. Finally, it focuses on thematic learning and changes to practice as a result of this work.

3. Overview of Concerns /Feedback Activity 2024 – 2025

Table 1 below details the activity level for each type of feedback received in 2024/25. For noting, there has been an increase in formal complaints and a reduction in the number of compliments we have received in 2024/25 for our services when compared to 2022/23 and 2023/24. The newly published Peoples Experience Framework will be adopted during 2025/26 to increase our feedback methods and insight of service user experience.

	2022/23	2023/24	2024/25
Incidents Total	2,013	1,842	2,160
Formal Complaints	30	31	42
Early Resolution Complaints	73	121	80
Redress Cases	4	12	6
Clinical Negligence Claims	3	8	5*
Personal Injury Claims	2	1	1*
Compliments	1,589	629	548

Table 1. Overview of activity

*Relates to potential and confirmed cases

4. 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 2024-25, 2,160 incidents were reported, an increase of 318 compared to 1,842 reported in 2023-24. Work has been undertaken by the PTR team to increase engagement across PHW with incident reporting which supports a positive reporting culture, and this has undoubtedly contributed to this increase in reporting.

Chart 1 below shows the number of Incidents received by Year.

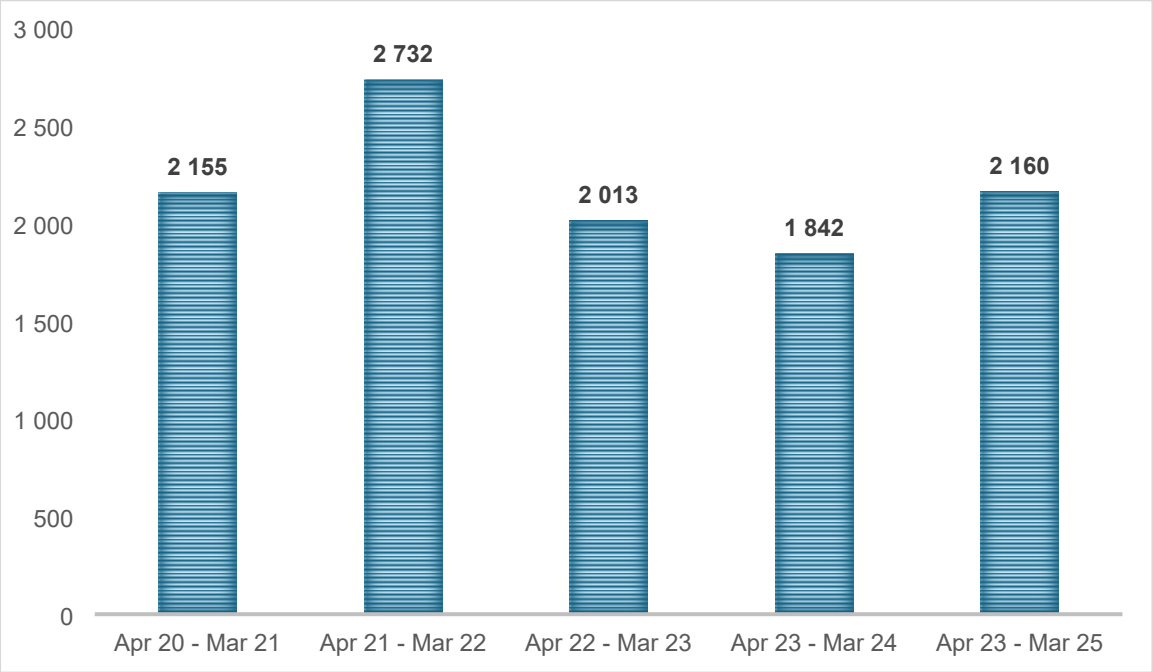


Chart 1. Incident numbers by Year

Of the 2,160 incidents reported 98% (2,114) occurred within the Health Protection and Screening Services Divisions as the largest Directorate and which provides frontline clinical services.

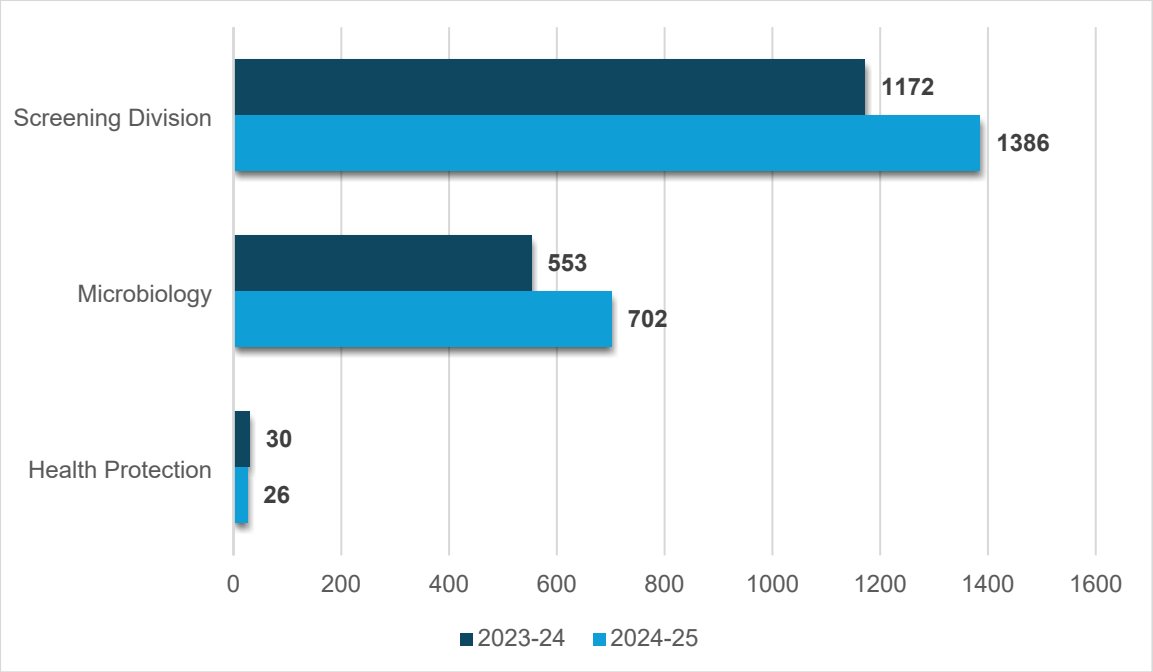
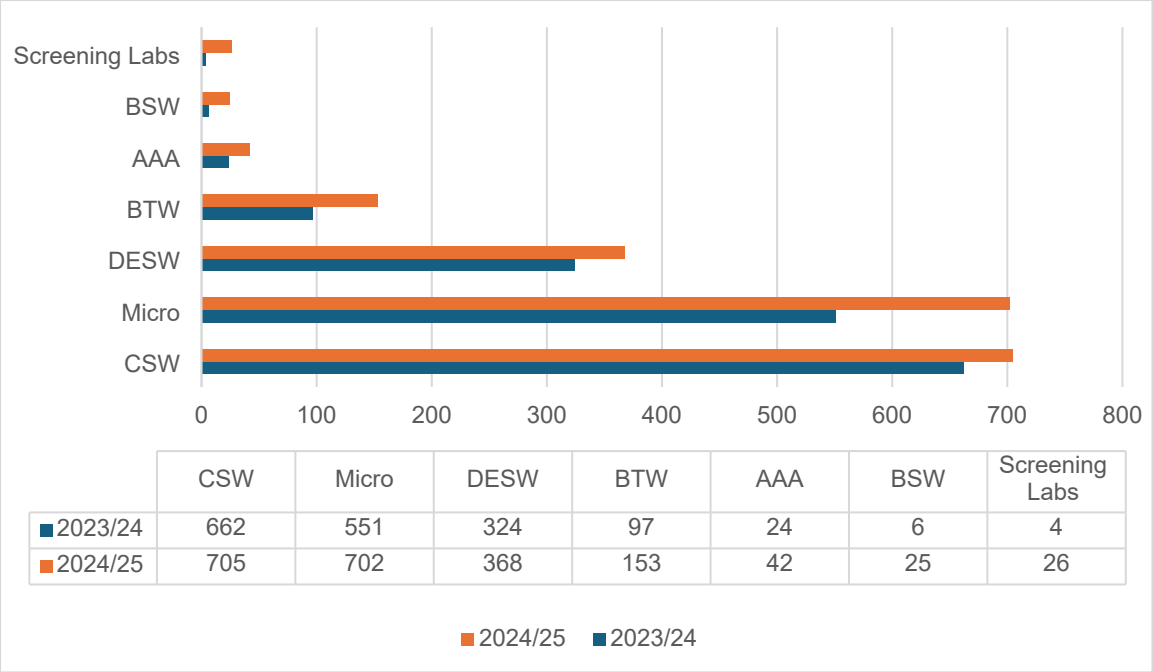


Chart 2. Breakdown of HPSS Incidents



	CSW	Micro	DESW	BTW	AAA	BSW	Screening Labs
2023/24	662	551	324	97	24	6	4
2024/25	705	702	368	153	42	25	26

Chart 3. Areas of increased incident reporting

The main category for incident reporting remains 'Assessment, Investigation, Diagnosis' with 1368 incidents reported in 2024/25. This is a 22% increase on this reported category in 2023/24.

This reporting increase has been notable in Cervical Screening Wales (CSW) and Microbiology. Further review of the data identifies that CSW have seen a 64% (47) increase in the reporting of 'Inadequate/Inaccurate' sample identifiers and a 18% (22) decrease in reporting of 'No sample taker code' provided. These incidents are not directly attributable to Public Health Wales services directly, but against those services 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. Work is being progressed in CSW with Primary Care to review how we review and feedback incidents of this type with the sample takers to promote better learning and improved performance. This has been done using an improved adverse event form.

Microbiology has seen a 27% increase in incident reporting in 2024/25. These are attributed to an increase in the subcategories of 'Incorrect results' reported (38%) and 'Delay in testing/processing (non-critical)' (36%). The quality team in Microbiology hold monthly reviews of all incidents to identify themes and trends. In these meeting reviews of the Standard Operating Procedures relating to these incidents are assessed to ensure effectiveness and prevent further occurrence. Over the past 12 months the Microbiology team have initiated a quality improvement initiative across all teams, and this has led to improved knowledge and an increase in staff training in incident management. This work has led to a more positive reporting culture in Microbiology.

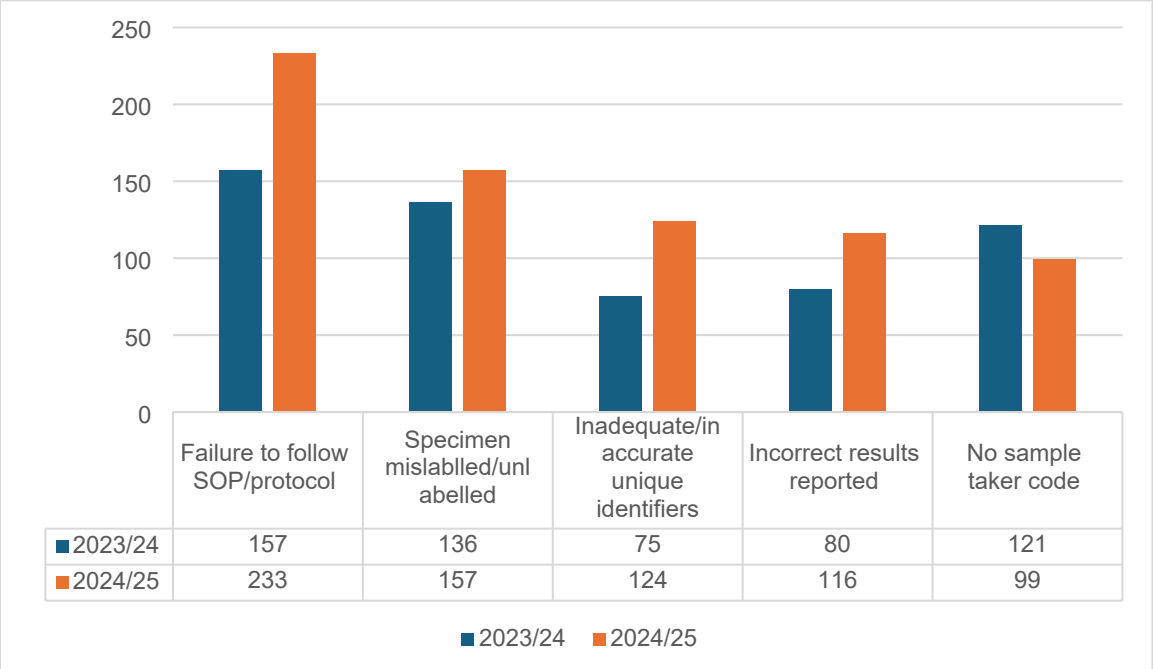


Chart 4. Top 5 subcategories reported.

3.1 Levels of Harm

When reporting an incident on Datix, the reporter is required to provide their assessment of the level of harm incurred because of the incident. The initial harm levels as indicated by reporters are as follows:

Level of Harm	Number of Incidents
None	966
Low	1124
Moderate	66
Severe	4
Catastrophic / Death	0

Table 2. Levels of Harm

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

Of the 66 incidents reported as 'Moderate' harm, 54 have been downgraded to low or no harm incidents post investigation with, 5 remaining as moderate harm. 1

incident has been upgraded to severe harm post investigation and 6 remain under investigation awaiting a final harm outcome status.

A Microbiology incident was reported as 'moderate harm' due to the incorrect prescribing of antibiotics. Following further investigation, the harm level was upgraded to severe as the patient subsequently had an extended hospital stay of more than 15 days requiring further treatment. This case also triggered a Duty of Candour process. (See below)

Of the 4 incidents initially reported as Severe harm, all have been downgraded to low or no harm incidents following investigation.

3.1.2 Duty of Candour Cases

Of the 66 moderate harm and above incidents identified this year, 2 required the application of the Duty of Candour procedure.

A Duty of Candour was triggered in August 2024 in relation to a Breast Test Wales case. This case involved the potential incorrect reporting of the screening Mammograms.

The second Duty of Candour case relates to Microbiology and the incorrect prescribing of antibiotics.

3.2 Nationally Reportable Incidents / Early Warning Incidents / Never Events

Number Reported	2022-23	2023/24	2024/25
Nationally Reportable Incidents (NRI) reported to NHS Executive	5	2	3
Early Warning reports submitted to Welsh Government	9	1	6
No Surprises reports submitted and subsequently upgraded by Welsh Government to a Nationally Reportable Incident	0	0	0
Never Events	0	0	0

Table 3. Externally Reportable Incidents

A National Reportable Incident (NRI) is an incident which has caused or contributed to unexpected harm or severe harm for one or more patients, staff or members of the public. In addition, we are required to provide urgent notifications to Welsh Government for any patient safety matters or potential areas of interest.

Of the 3 National Reportable Incidents (NRI) reported, 2 occurred in Microbiology and 1 with Diabetic Eye Screening Wales. One of the Microbiology incidents involved

the false positive reporting of Chlamydia and the other was due to incorrect prescribing of antibiotics. Diabetic Eye Screening Wales reported multiple participants missed off screening due to a pathway error. 6 Early Warning notifications were sent to Welsh Government: 3 for Breast Test Wales, 1 for Diabetic Eye Screening, 1 Microbiology and 1 for Safeguarding.

3.3 Incident and Complaint Reporter Training

Level 1 Incident and Complaint Reporter training sessions are run monthly by the PTR Team and are open to all staff to attend, as well as a bespoke sessions offer to all areas of the organisation.

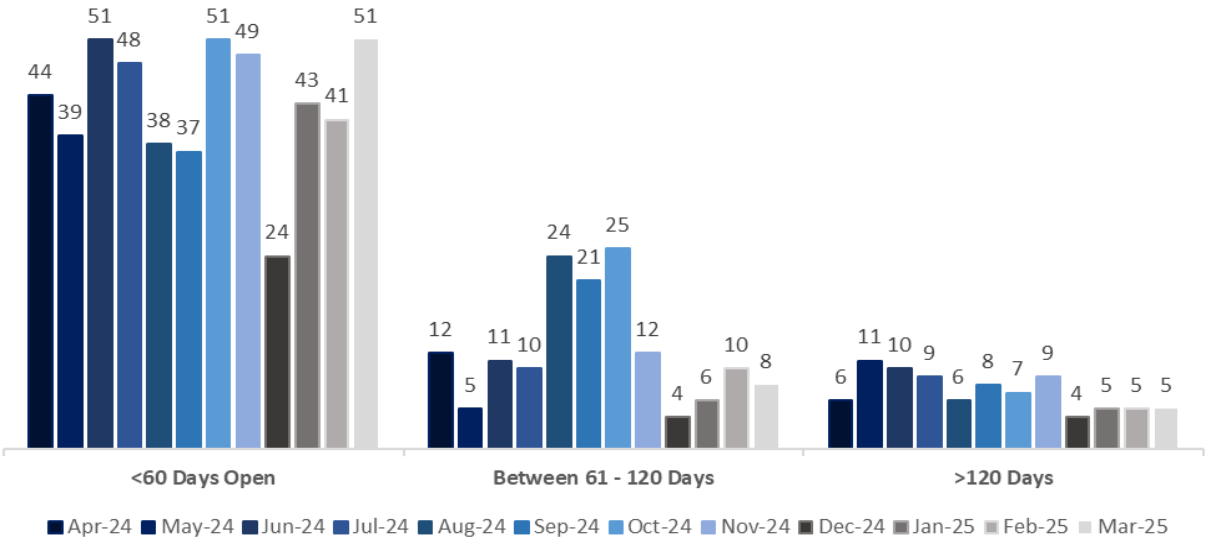
During 2024/25, 232 staff members have attended a training session meaning that 42% of PHW staff have now been trained. The PTR team will continue to promote attendance at this training in the coming year despite it not being mandatory. At present the PTR Team are currently working with the Putting Things Right Superuser Network to identify both new and existing staff who have not yet received this training and invite attendance.

As training numbers increase and more staff become aware of the importance or reporting, it is anticipated that incident reporting rates will continue to rise in line with a good reporting culture.

Overdue Incidents (open greater than 30 working days)

As of 31 March 2025, there were 64 overdue incidents awaiting closure. Work to address the ongoing performance of incident closure rates continues with a weekly overdue incident report generated by the PTR Team and circulated to designated operational and clinical leads to review and support the ongoing incident management to closure.

Since 1 April 2024, there has been notable progress in reducing the time incidents remain open. The number of open incidents exceeding 120 days has decreased from six to five, with the longest-standing case reducing from 316 to 276 days. Additionally, the average duration of incidents open beyond 120 days has improved from 224 to 175 days, reflecting a reduction of 49 days. This progress is attributed to the enhanced focus of the PTR team and the escalation process via the Executive Director of Nursing, Quality, and Integrated Governance within PHW, supporting teams in achieving more timely closures.



Overdue Incident Progression (April 24 – March 25)

4. Complaints

Formal Complaints

The table below summarises this year's performance for managing formal complaints against the current standard compared to previous years.

Formal Complaints	2022/23	2023/24	2024/25
Total number of Formal Complaints	30	31	42
Acknowledged within 5 working days (Target – 75%)	27 (90%)	28 (90%)	37 (88%)
Managed and responded to within 30 working days (Target – 75%)	29 (97%)	27 (85%)	28 (67%)
Not yet due for a response (Received in February/March 2025)	N/A	N/A	3 (7%)**
Responded to within a period exceeding 30 days but within 6 months	1 (3%)	5 (15%)	11 (26%)
Responded to within a period exceeding 6 months	0	0	0

Table 4. Formal Complaint Performance

** if completed in time % will be 74%.

There has been a 35% (9) increase in formal complaints received by PHW in 2024/25. Performance for complaint acknowledgement remains above target of 75%. Performance

against the 30-working day response timeframe has fallen this year due to a variety of reasons which include cases requiring complex clinical investigations, amendments or further information requests made during the Quality Assurance process and delays in receiving the draft written responses from service areas to meet the target date.

For all complaints that exceeded the 30-working day response timeframe, the affected complainants were informed in writing and an apology given for this delay, and all were provided a revised anticipated response date.

A change has been made to the sign off process to simplify it and improve compliance.

Early Resolution Complaints

Public Health Wales endeavours to deal with complaints by way of Early Resolution wherever possible.

The below table summarises the numbers and performance for Early Resolution complaints this year, compared to previous years. There are 41 less Early Resolution complaints compared to last year's total with the decrease being seen in DESW and BTW.

Early Resolution Complaints	2022/23	2023/24	2024/25
Total number of Early Resolution Complaints	73	121	80
Resolved within the 2-working day target	59 (81%)	82 (68%)	64 (80%)
Resolved outside of 2-working day target but within 10 working days	14 (19%)	38 (31%)	15 (19%)
Resolved outside of 2-working day target but within 20 working days	0	1 (1%)	1 (1%)

Table 5. Early resolution complaint performance

Complaints by Directorate

There were a total of 29 less complaints received in 2024/25 (122) compared to 2023/24 (151). There has been a decrease of 22 in early resolution complaints and an increase of 11 for formal complaints. Whilst there has been a decrease in early resolution complaints in DESW and BTW, BTW has seen an increase in the number of formal complaints they have received up from 4 in 23/24 to 15 in 24/25 which relate to communication. Improvement work associated with this has commenced based on identified learning from interval cancers and a review of customer care training for staff in BTW

DESW have been undertaking improvement work involving access to appointments and have now started providing appointments in the evening as well as the weekend. This work has contributed to their reduction in complaints.

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. In addition, Diabetic Eyes Screening Wales (DESW) screen the most participants and therefore have the highest service users contact, which may be driving the numbers, however, BTW have the most complaints.

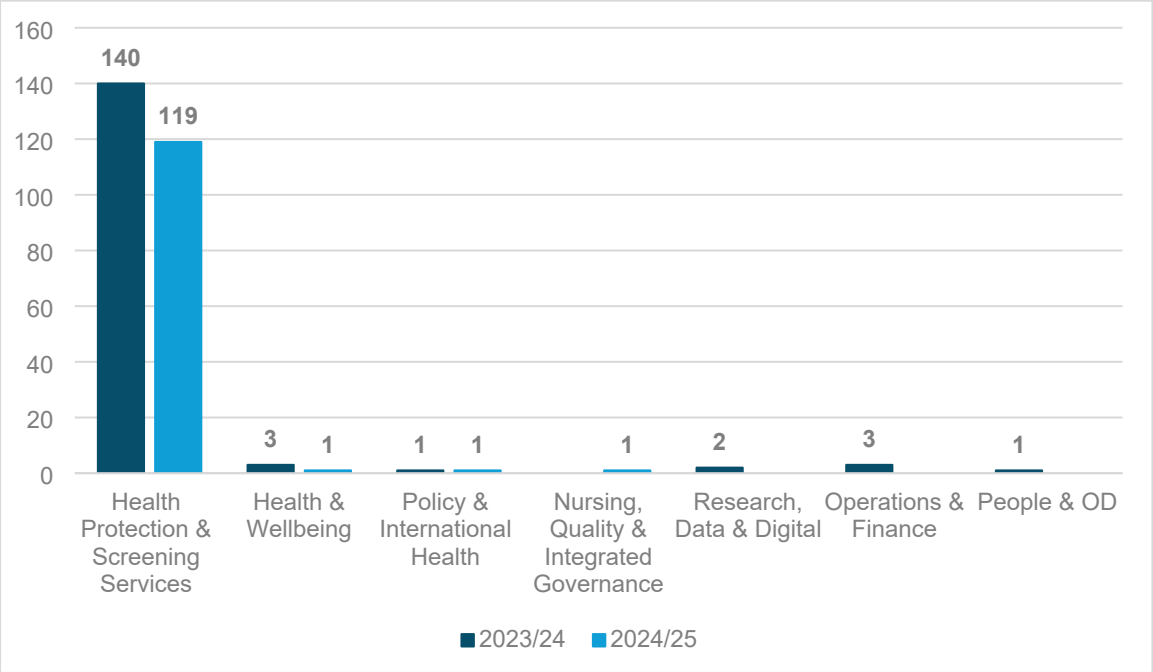


Chart 4. Complaints by Directorates

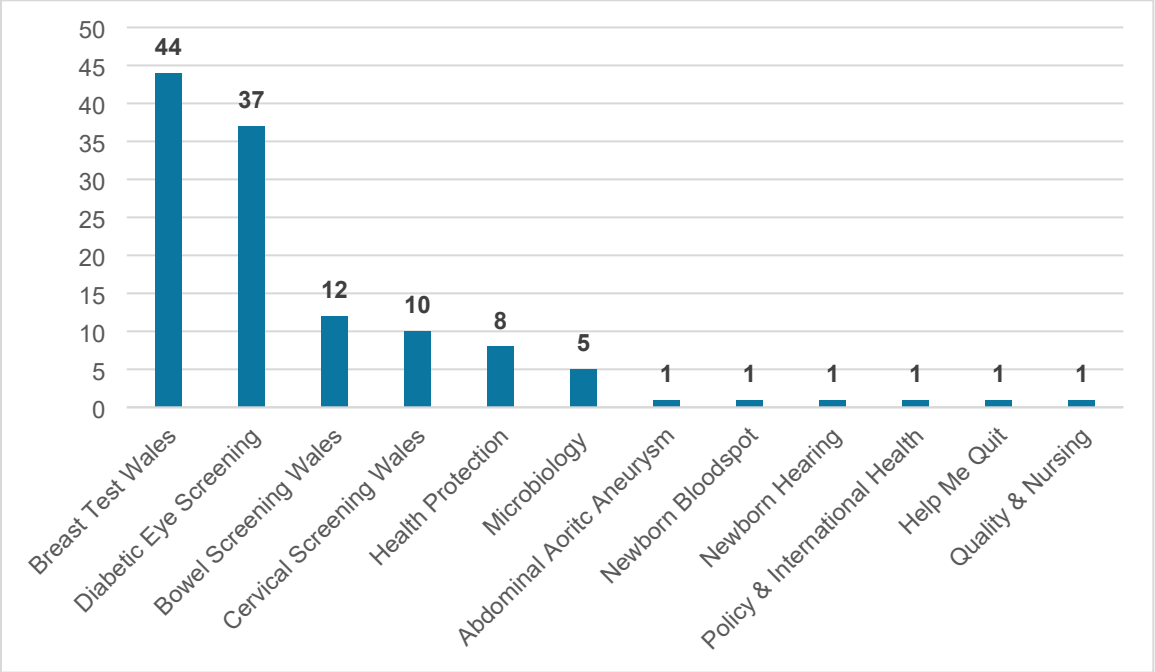


Chart 5. Complaints by service area

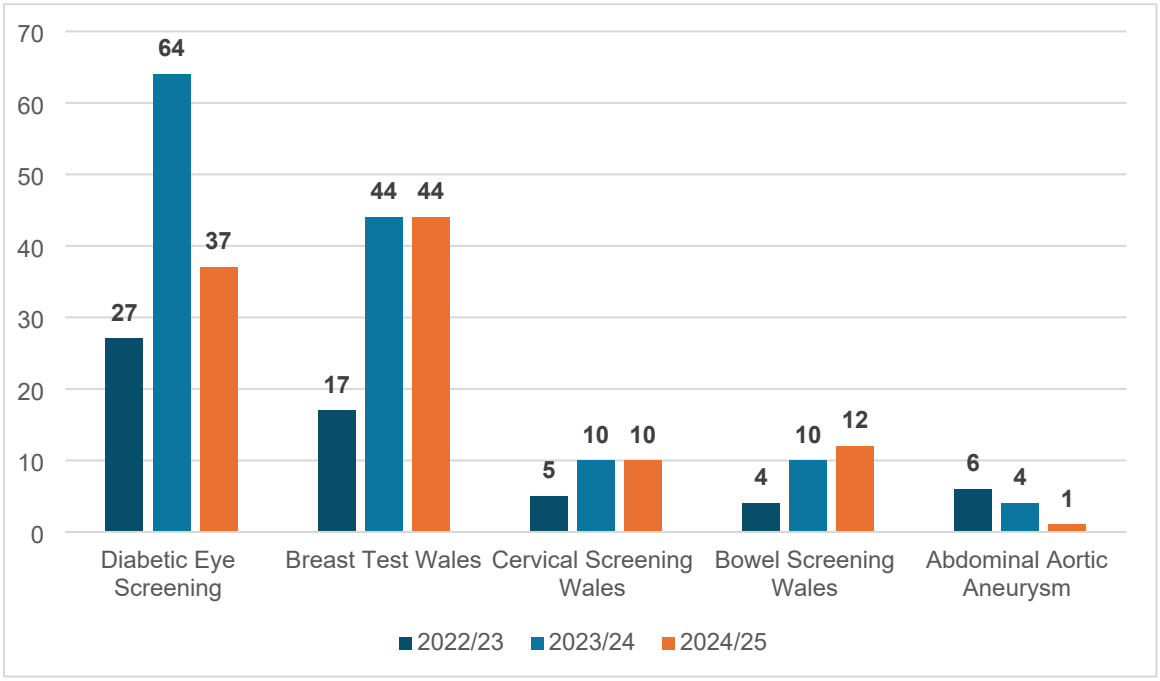


Chart 6. Screening complaint numbers by year

Complaints by Subject/Theme

The table below highlights complaint themes for both Formal and Early Resolution complaints received.

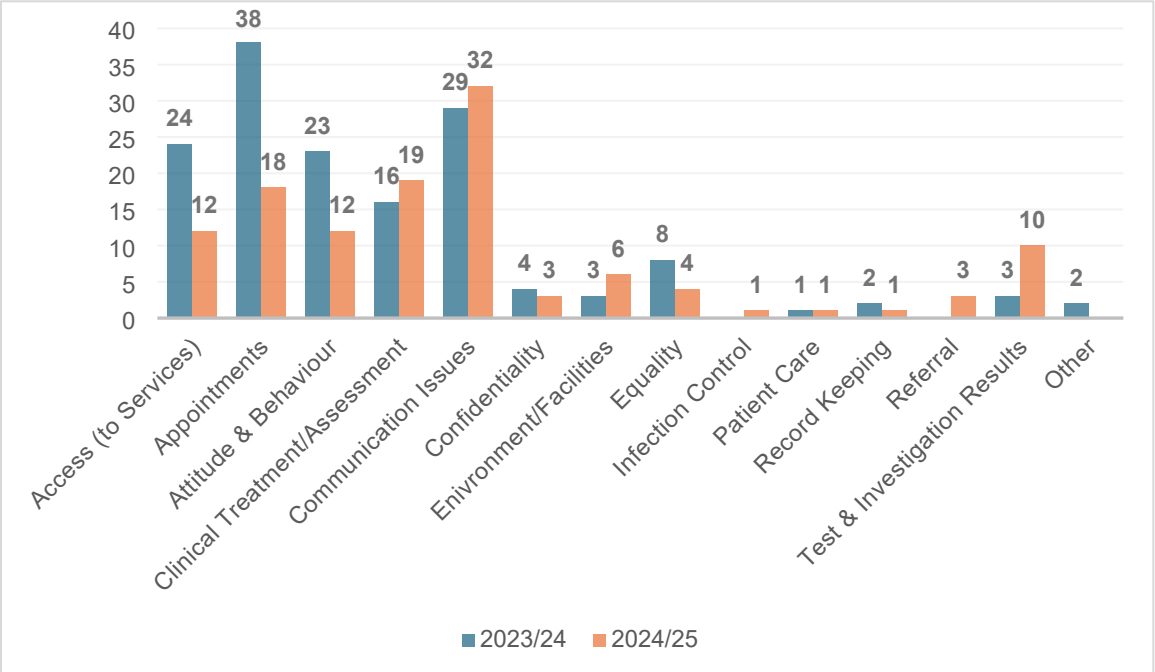


Chart 7. Complaints themes by year

The most common complaint themes are:

Theme	Actions taken
Communication Issues – Some examples include issues with not receiving appointment letters or issues with the wording included within letters.	Work ongoing within some screening programmes to review the current and wording within letters and will include service user input.
Clinical Treatment / Assessment – Examples include requests from clinicians or service users to review their previous screening results following a diagnosis of cancer	Interval cancer reviews taking place in a timely manner and responses provided to clinicians and/or service users. Attempts to benchmark missed screening cancers is being undertaken from other UK services.
Appointments – Some examples include clinic cancellations and service user not being informed in advance or unsuitable appointment locations. Current systems do not allow for adding of access needs of the participants.	Work is ongoing to ensure that participants contact details are up to date ensuring timely communication if appointments require cancellation. Services also engaging with local health

	boards and communities to increase the number of venues
Attitude & Behaviour -	Staff within some areas have received customer care training and refresher communication training. This will be a priority for this coming year.

Table 6. Complaint themes and actions taken

Summary of Complaint Decisions

Of the 122 complaints received during the year, 53% (64) were upheld, 42% (51) were not upheld and 3% (4) remain under investigation. 2% (3) complaints were also withdrawn, due to a lack of contact from the complainant to proceed or consent not being received from the complaint.

5. Public Services Ombudsman for Wales Activity

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

2 complaints were referred to the Public Services Ombudsman for Wales during 2024-25.

1 complaint has been investigated by the Ombudsman and a draft outcome report received in March 2025. The final outcome report is pending.

1 complaint remains under investigation with the Ombudsman.

5.1 Learning and Improvements from Complaints and Concerns

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 insight gained from the complaints to improve our services and functions.

All complaints received provide an opportunity for learning and improvement.

Below are some examples of learning from concerns raised and actions taken in response to complaints received in 2024/25:

Complaint – Access to Services

Following a complaint from a participant who was not informed of their cancelled appointment due to their contact details not being updated, DESW have subsequently updated their staff induction programme and competency checklist to ensure that all new starters receive the correct level of training and follow the correct process for updating contact numbers.

Complaint – Communication Issues

Following 3 complaints relating to BSW private colonoscopy policy, BSW undertook a policy review in November 2024 and subsequently amended this policy and return all private colonoscopy participants to routine, 2 yearly FIT based screening.

Complaint – Confidentiality

A participant received their results letter in the post and some of their personal information was visible in the window of the letter. Following this, refresher training has been provided to all admin staff on correct letter folding and a poster displayed within the post room. A review of the type of envelope being used is also in progress to try to prevent this happening again.

Complaint – Assessment, Investigation, Diagnosis

2 complaints were received linked to an NRI concerning the incorrect reporting of low-level Chlamydia positive results in Microbiology. As a result, Microbiology implemented a change in process so to the requester with the results report so that any low-level positives are interpreted in the context of the individual patient's clinical situation and presentation.

5.2 Redress

Under the framework for investigating concerns, including patient safety incidents where harm has occurred or is alleged to have occurred as a result of health care, 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.

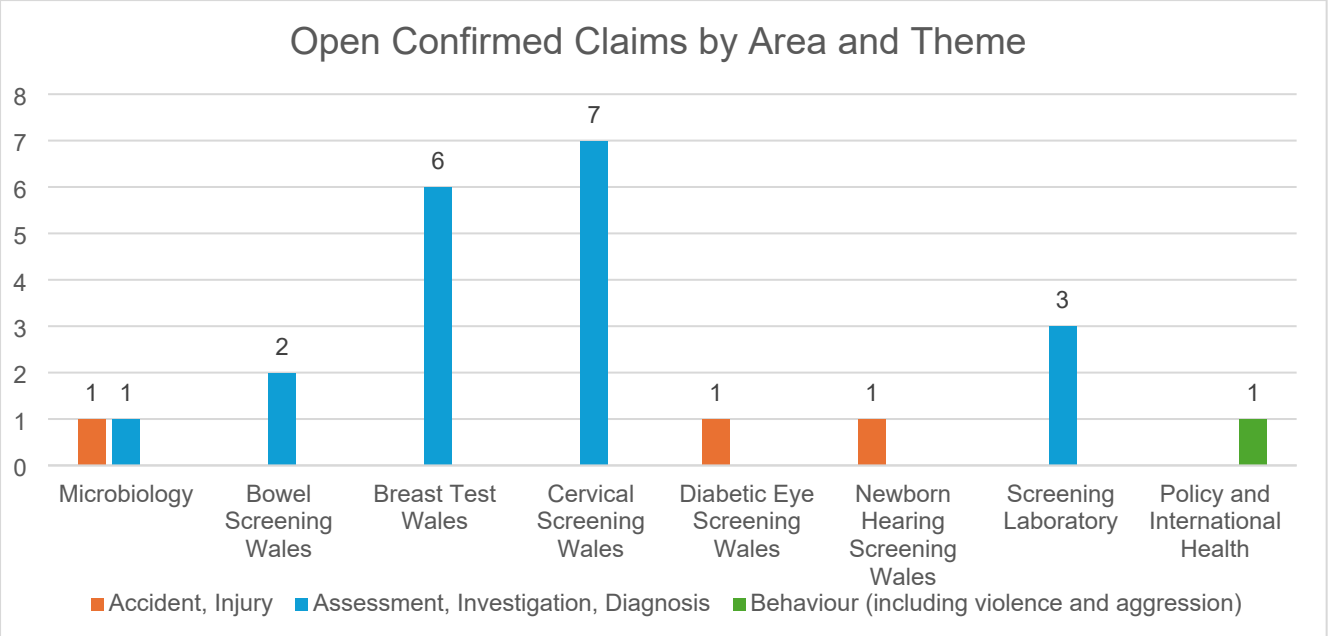
During the period of 1 April 2024 to 31 March 2025, Public Health Wales received 6 Redress cases. 3 cases were in Breast Test Wales and 3 in Cervical Screening Wales. These relate to missed opportunities to correctly report/interpret Cervical slides and Mammograms.

6. Claims

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

At the end of March 2025, there were 23 **confirmed** ongoing claims against Public Health Wales.

During the period of 1 April 2024 – 31 March 2025, Public Health Wales received 6 new claims (potential and confirmed); 5 relating to Clinical Negligence and 1 relating to Personal Injury. This is a slight decrease of 3 cases from the previous year.



7. Learning from Events Reports

Welsh Risk Pool requires a 'Learning from Events' Report (LFER) to be submitted to Welsh Risk Pool within 60 working days, where the decision to settle a claim is before 01/09/2023, and 4 calendar months of the decision to settle a claim after 01/09/2023 (following amended guidance.)

During the reporting period, 1 LFER was submitted by Public Health Wales, outlining the identified learning from the claim presented. Following initial submission this was not approved by the Welsh Risk Pool and further information requested. Unfortunately to do unexpected circumstances there was a delay in information being provided and the case missed the 12-month date for learning approval, after the decision made to settle a claim.

This led to Public Health Wales subsequently receiving a financial penalty imposed by the Welsh Risk pool for this delay. Further information has since been submitted, and Public Health Wales is awaiting the LEFR approval from the Welsh Risk Pool.

8. Compliments

A total of 548 compliments were recorded within the Civica system for the year 2024/25. The main source of compliments remains the Screening Division (479), followed by Microbiology (65). The remaining responses are distributed across Health Protection, Knowledge and Operations and Finance.

The primary mechanism for receiving compliments remains PHW's website though the feedback function (273) and by E-mail (97). However other Media ????for providing compliments are beginning to be used including verbal in-person (43), verbal–telephone compliments (49) and cards (31).

84.19% (458) of the compliments recorded within the Civica system are received directly from members of the public who have accessed Public Health Wales services. The remaining compliments include employee (8.09%), non-PHW professional (3.31%) and stakeholder/partner organisation (3.31%) compliments.

The 'Beyond the level of care expected or anticipated' theme is the most common category of compliment recorded, representing 56.93% (312) of the overall compliments. This is followed by 'General thank you to staff' 21.35% (117) and 'Professional and caring manner' 9.49% (52). Only 2.55% (14) compliments were recorded as 'other', which is a reduction from the 2023/24 figure of 14.5%.

Compliments are an unsolicited expression of gratitude and people 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 organisational learning. It is worth noting that the use of this category has reduced and is attributed to the engagement work undertaken by the Nursing, Quality and Integrated Governance team throughout the year with service areas.

9. Improvements Made during 2024/2025

The PTR team have led significant improvement projects throughout the year, and some examples are detailed below.

- Revised the process for complaints management to support a timelier and person-centred approach to complaint management.
- Collaborative working across the Datix super user and Datix champion networks to support the sharing of issues, updates and learning.
- A targeted approach to investigation training based on a gap analysis within the organisation
- Improvements made in the supporting and monitoring of incidents that have become overdue and an escalation process.
- Reviewed and updated the hierarchy within Datix to support a more tailored approach to Datix management in the service areas.

9.1 Once for Wales Concerns Management system

There remain ongoing challenges 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 this system. The Datix Cloud IQ functionality is not yet fully matured, and some issues are still being identified with it requiring remedial actions. Examples of outstanding issues are with data pertaining to the person affected details disappearing from the record, issues with sections involving finance and medication fields not populating on reports. As a safeguard PHW continues to keep a separate record of the person affected for business continuity.

10. Identified Priorities for 2025-2026

The focus of work for the coming year includes:

- The implementation of the new Putting Things Right Regulations once published. It is anticipated that the new regulations will be released in February 2026.
- The development and implementation of a shared learning framework across the organisation as advocated by Welsh Risk Pool.
- Further work to be undertaken to reduce the number of overdue incidents

11. Recommendation

The Quality, Safety and Improvement Committee is asked to:

- **Consider** the Putting Things Right Annual Report for 2024-25
- **Receive Assurance** on the organisations effective management of the implementation of the Putting Things Right Regulations (2011).