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Deep Dive: Putting Thing Right

Complaints & Incidents

02/06/2025



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Background Slides



Background Information

Putting Things Right Team

The Health and Social Care (Quality and Engagement) Act became law in 2020 and came into force on 1 April 2023. The act encompasses the Duty of Quality and the Duty of Candour which align to the Putting Things Right regulations when investigating and learning from Concerns.

Concerns are issues identified from patient safety incidents, complaints and, in respect of Welsh NHS bodies, claims about services provided by a Responsible Body in Wales (Putting Things Right regulations 2011).

The Putting Things Right (PTR) team are responsible for the management of Concerns and the Duty of Candour within Public Health Wales



Duty of Quality

The Duty of Quality came into effect in April 2023 as part of the Health and Social Care (Quality and Engagement) (Wales) Act 2020. It applies to everything we do in the NHS in Wales, to help us improve and protect the health, care and well-being of the current and future population of Wales.

'Quality is considered to be defined as continuously, reliably, and sustainably meeting the needs of the population that we serve.'

Duty of Candour

The Duty of Candour is a legal requirement for NHS Organisations in Wales to be open and honest with service users receiving care and treatment. This is outlined in the Health and Social Care (Quality and Engagement) (Wales) Act 2020.

The Duty of Candour applies if the care we provide has or may have contributed to unexpected or unintended moderate or severe harm, or death.



Regulation Compliance

Clinical Governance 2024-25			
Area of concern	Target	Latest Period	Committee
Number of externally reported incidents (NRI's & EW)	N/A	9	Quality, Safety and Improvement
Incident Closure Compliance (Mean)	85% PHW	63%	
Formal Complaints - Acknowledged within 5 working days**	75% WG 95% PHW	88%	
Formal Complaints – Responded to within 30 working days**	75% WG	67%	
Informal Complaints – 2024-25	Resolved in 2 working days	80%	



Governance and Accountability Arrangements

Overview

Putting Things Right sits within the Nursing, Quality and Integrated Governance Directorate and accountable to the Executive Director for Quality, Nursing and Integrated Governance.

PTR governance reporting:

- Insights and Performance Report,
- Quarterly reports to Quality, Safety and Improvement Committee
- Annual PTR report
- Duty of Candour reports

The PTR team works to and support Public Health Wales in delivering the strategic objectives





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Committee Slides

Presenters – Jacqui Westmoreland

Key Achievements

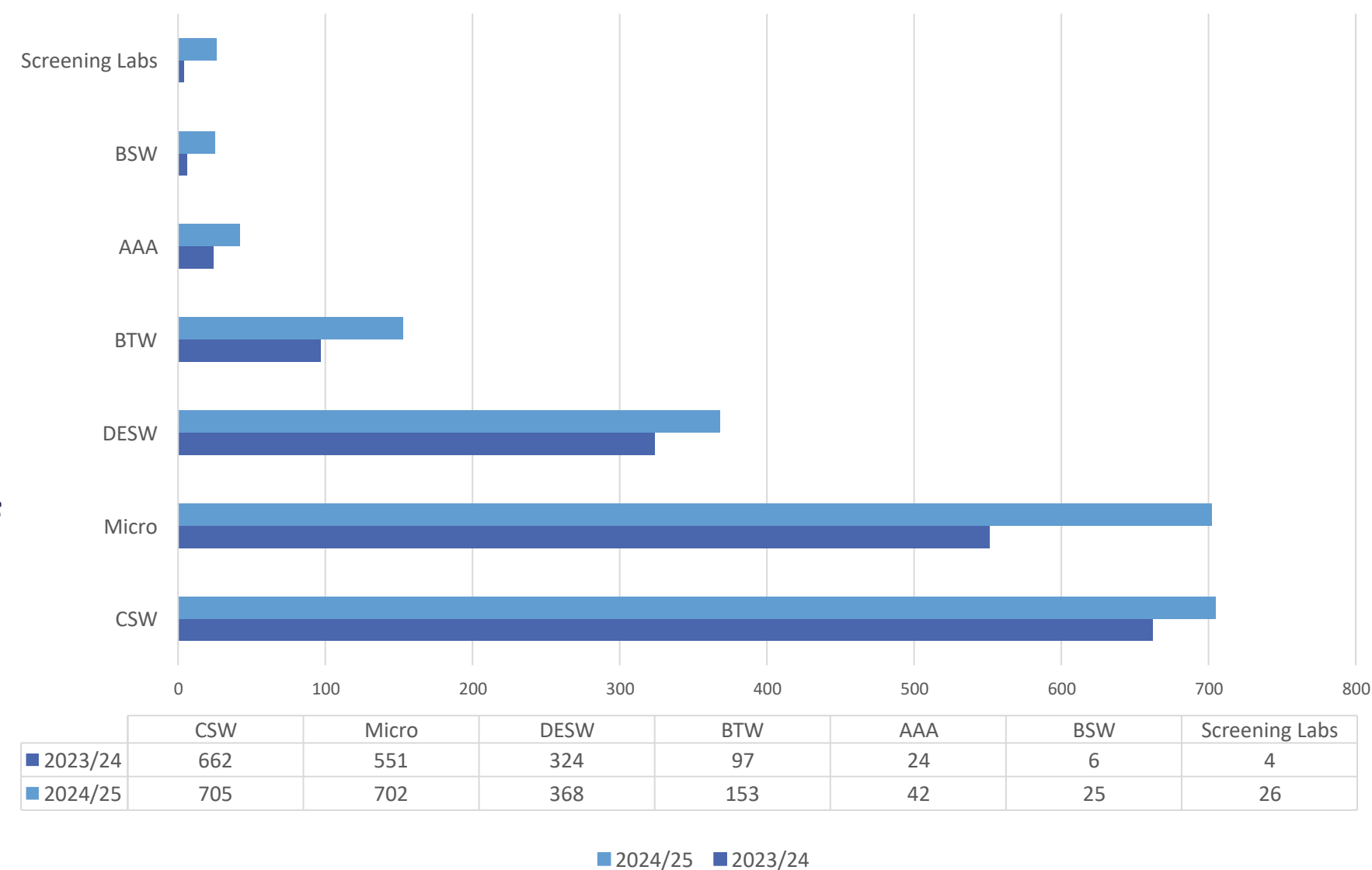
Overview Incidents

Key Achievements (2024–25):

- ✓ **Incident Reporting:** 17% increase compared to 2023–24, strengthening a positive reporting culture and ensuring safer care.
- ✓ **Incident Closure Rate:** Improved to 63% from 61% in 2023–24, driving efficiency and timely resolution.
- ✓ **Longest Open Incidents:** Reduced from 276 days to 175 days—an improvement of 49 days in resolution time.

Impact:

- ◆ **Fostering an open and safety-focused reporting environment**
- ◆ **Improving incident closure efficiency, reducing backlog and improving safe care**
- ◆ **Enhancing patient and staff confidence in the incident management process**



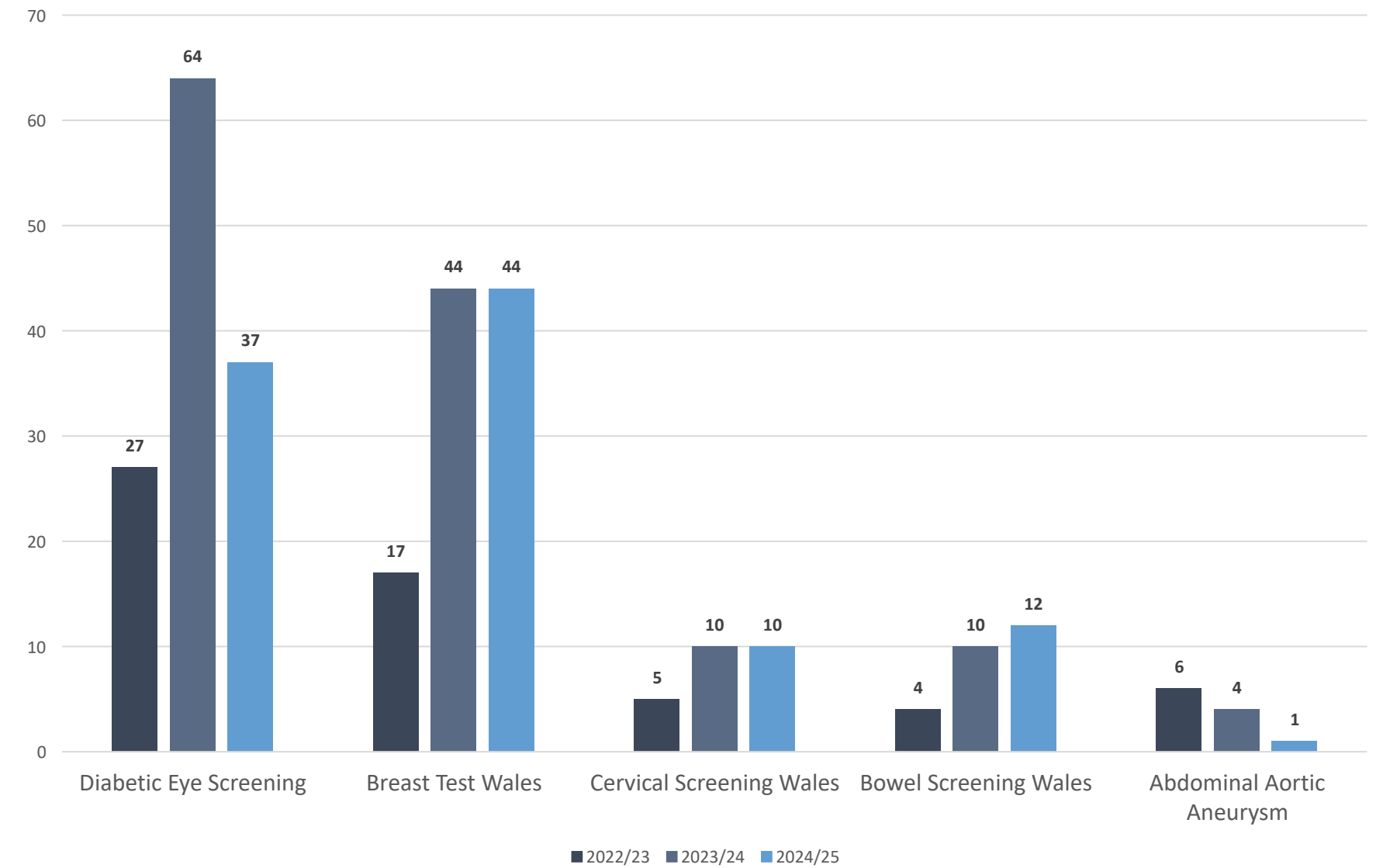
Complaints

Key Achievements (2024–25):

- ✓ **Total Complaints: 122 received—19% decrease from 151 in 2023–24, reflecting improvements.**
- ✓ **Diabetic Eye Screening Wales: Experienced the largest reduction in complaints, showcasing positive service changes.**
- ✓ **Complaint Type Shift: Fewer Early Resolution complaints, but an increase in Formal complaints, indicating increasing case complexity.**

Process Improvements:

- ◆ **Timely Responses: Streamlining processes for faster resolutions.**
- ◆ **Person-Centred Focus: Enhanced engagement for a more tailored approach.**
- ◆ **Efficient Handling: Optimising workflows to strengthen service outcomes**



Service Performance

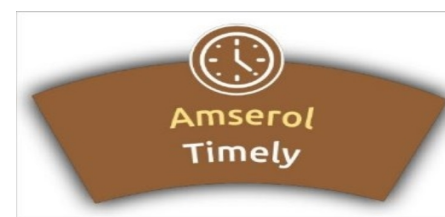
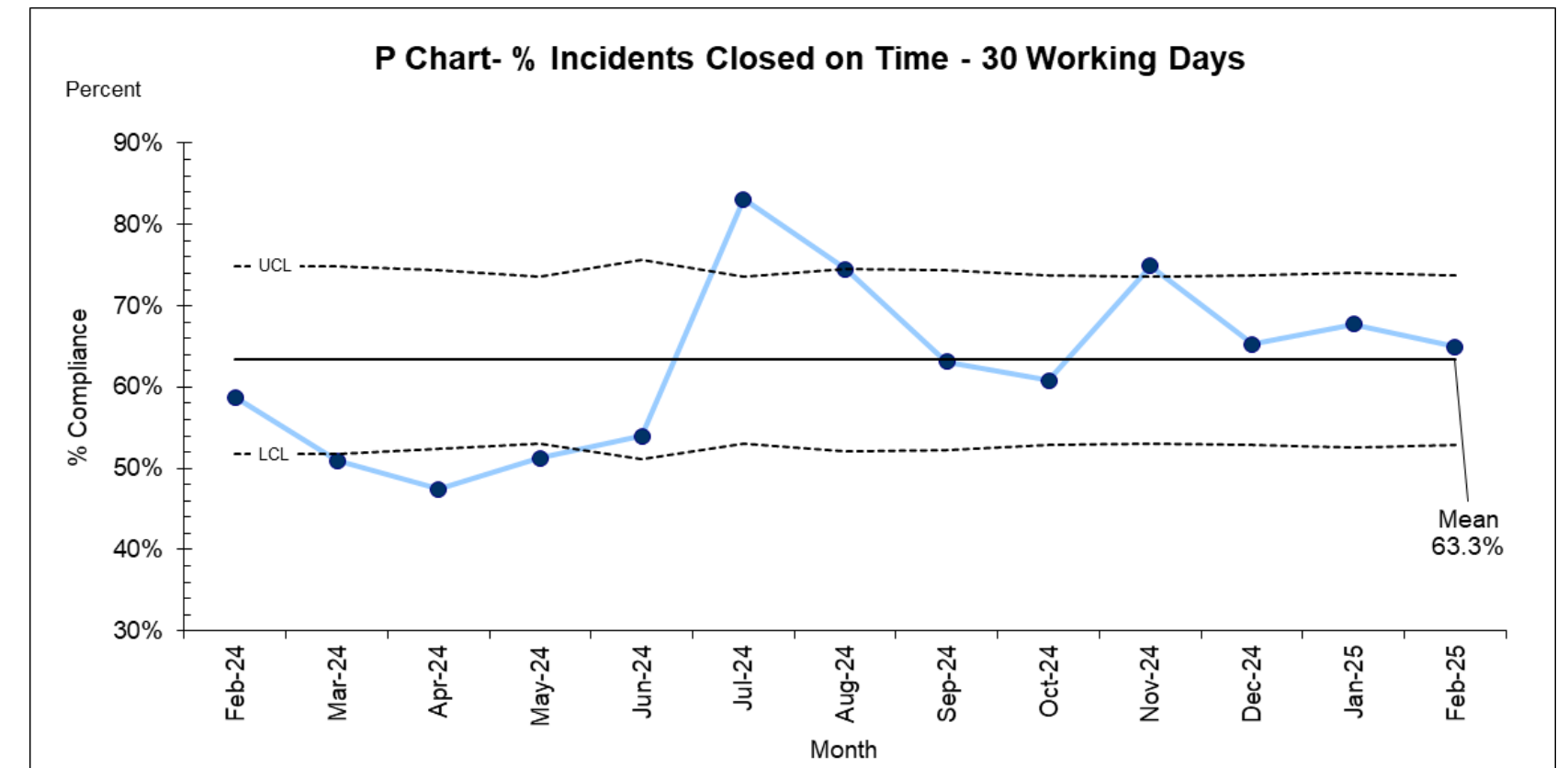
Overview

Current Performance & Challenges:

- ✓ **Closure Target:** All incidents should be closed within 30 working days.
- ✓ **Closure Rate:** PHW currently at a mean of 63%, highlighting an area for continued improvement.
- ✓ **Organisational Challenge:** Ensuring incidents are closed in a safe and timely manner remains a priority.

Actions for Improvement:

- ◆ **Ongoing Performance Monitoring:** Weekly overdue incident report generated by the PTR Team.
- ◆ **Targeted Support:** Reports circulated to designated operational and clinical leads to aid resolution.
- ◆ **Commitment to Progress:** Continuous efforts to strengthen incident management and closure rates.



Service Performance

Overview

Key Figures:

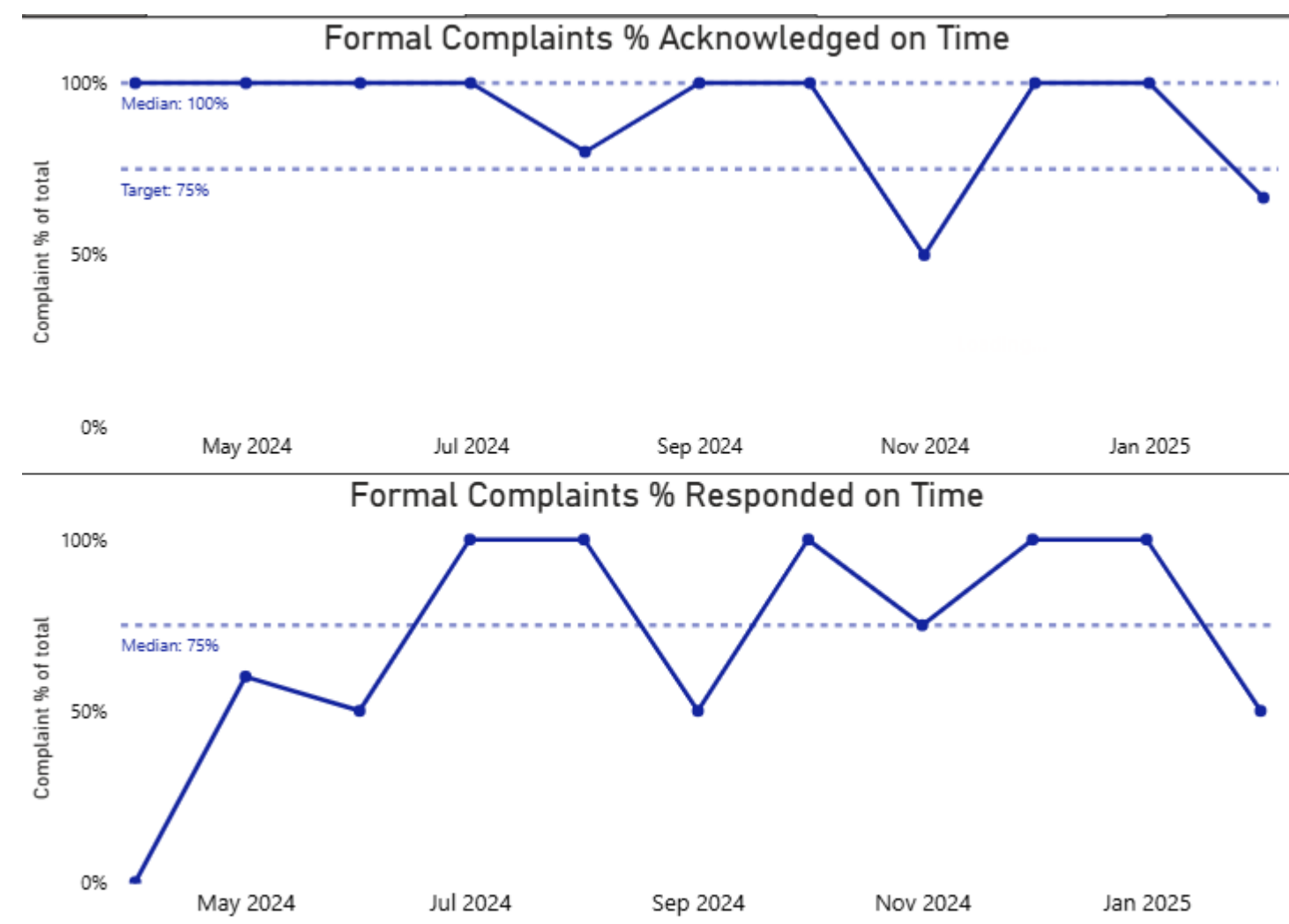
- ✓ **Formal Complaints:** 42 received, with 67% responded to within the 30-working day target.
- ✓ **Early Resolution Complaints:** 80 received, with 80% managed within the required 2-working-day timeframe.

Challenges & Improvement Areas:

- ◆ **Formal Complaints:** Delays due to receiving complaints from service areas and quality assurance processes, impacting response times.
- ◆ **Early Resolution Efficiency:** Strong performance in quick resolution, meeting expectations.

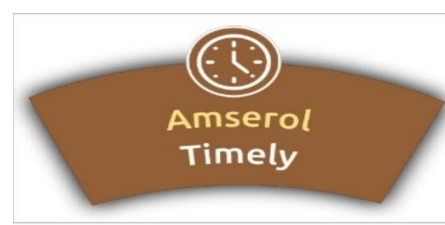
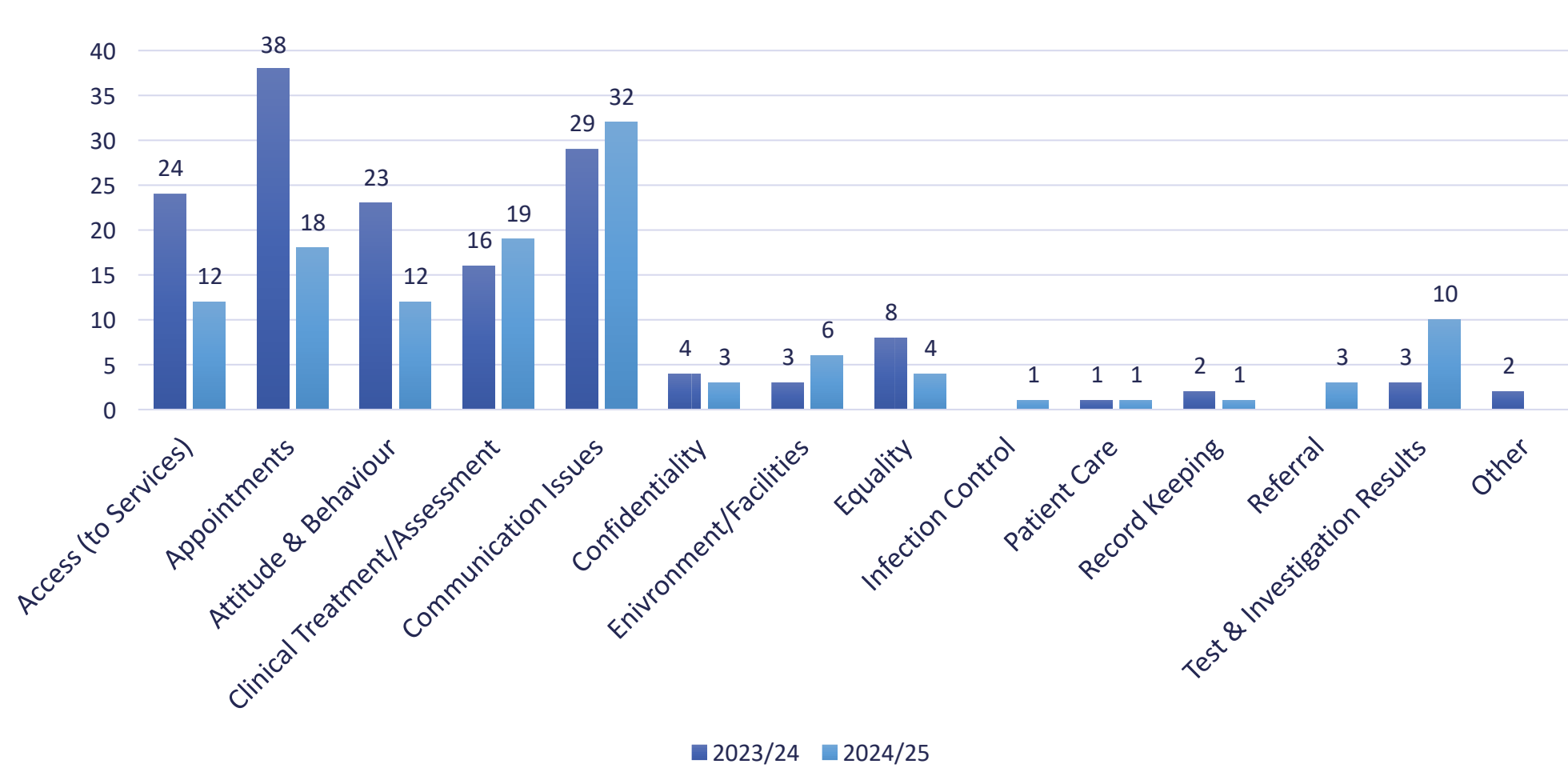
Ongoing Focus:

- ◆ Streamlining Complaint Intake Processes to minimize delays from service areas.
- ◆ Enhancing Quality Assurance Efficiency for improved turnaround times.
- ◆ Maintaining High Standards in Early Resolution to ensure swift responses



Service Performance Overview

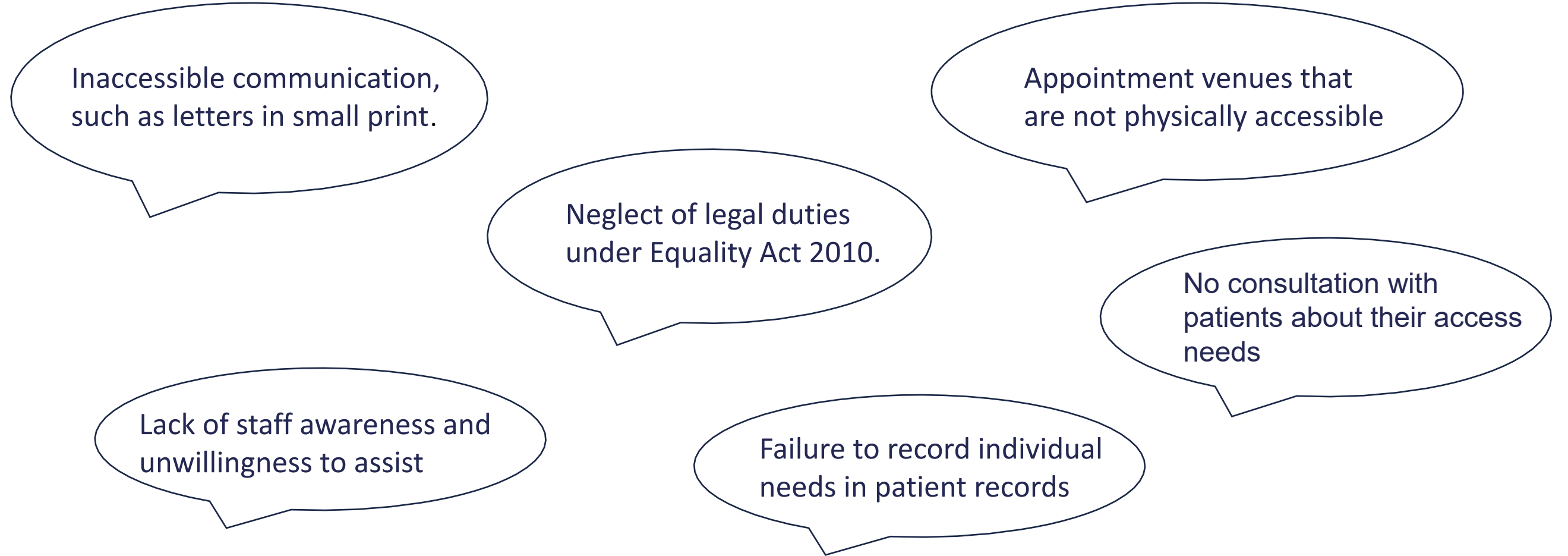
Complaint Themes



Service user centred health provision story

Overview

Programme called participant from backfilling list to offer a short notice appointment and agreed to an appointment in Kimberley House. Participant was happy with appointment but then asked how she was going to get to the appointment as she is visually impaired. Offer to change appointment to a hospital venue so the participant could use non-emergency ambulance transport. Participant thought that this option was discriminating against her as she would have to go to an alternative venue due to being visually impaired and unable to get to the appointment.



Service user centred health provision story

Overview

You Said	We Did
Appointments are hard to attend during working hours.	We're extending clinic hours to evenings and weekends to offer more flexible appointment times.
Some areas have long waiting times and limited clinic locations.	We partnered with Tenovus to deliver mobile screening units in underserved areas. This service is extended until March 2025.
Some people can't attend clinics due to health or mobility issues.	We're working with Optometry Wales to explore home-based (domiciliary) services.
Booking appointments should be easier.	We're developing an online booking platform with Kainos and NEC.
It's difficult to contact the service.	We've added an email address to all invitation letters for easier communication.
Transport is a barrier for some people.	We're contacting voluntary transport organisations and will publish a list of providers to support participants.
Language barriers make it hard to access services.	Family members can now translate during appointments if the participant prefers.
Written communication isn't always accessible.	We're working with RNIB to provide materials in accessible formats (Easy Read, audio) and offer bespoke letters on request.
Will these changes last?	Yes. These are part of our long-term transformation plan and will be reviewed regularly.
Can my needs be recorded in the system?	Our system records transport, communication preferences, and accessibility needs. We've secured funding to expand this functionality.
How can we get involved and share our views?	We're engaging with communities, attending events, piloting feedback surveys, and working with organisations like RNIB, Sight Cymru, and Diabetes UK Cymru.
How are you improving engagement overall?	A full review of our engagement strategy is underway (Sept 2024–end of 2025).



Service user centred health provision story

Overview



Service Programme risks

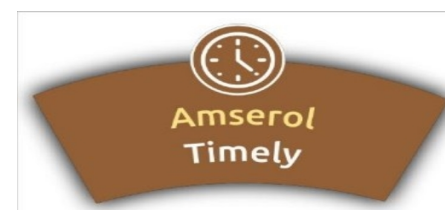
Overview

Key Risks Identified:

- ⚠ **Resource Demand:** The implementation of new regulations may require increased resources to meet operational demands.
- ⚠ **Organisational Impact:** Proposed regulations will affect the entire organisation, particularly in delivering listening meetings and Claims & Redress management within new timeframes.
- ⚠ **Incident Management Concern:** Risk of overdue incidents affecting the delivery of safe, timely, and effective care to service users.

Mitigation Actions:

- ✓ **Directorate Risk Register:** This risk is formally recorded and monitored.
- ✓ **Implementation Group Formed:** Dedicated team established to plan and support the transition to new regulations.
- ✓ **Proactive Performance Management:** Ensuring timely incident resolution while adapting to regulatory changes.

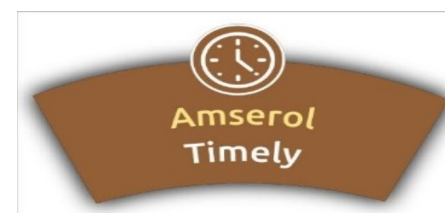


Next Steps / Future Proofing

Overview

Over the coming year, our focus will be on ensuring the **planned and structured implementation** of the new regulation. This will involve:

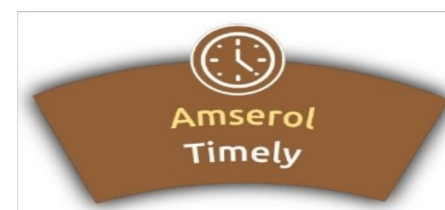
- **Strategic Planning:** Establishing a clear roadmap to guide the rollout of regulatory changes across the organisation.
- **Data-Driven Improvement:** Leveraging data to:
 - Identify areas for improvement,
 - Monitor progress,
 - Highlight best practices.
- **Organisational Learning:** Sharing insights and lessons learned across teams to foster continuous improvement and consistency in service delivery.



Asks of the Committee

Overview

- The Committee is asked to take assurance from the presentation on the arrangements in place for Putting Things Right Regulations.





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for a healthier Wales