

5.1

Putting Things Right (PTR) Policy

Presenter: Mandy Rayani

Item 5.1 PTR Policy for approval June 2020

Appendix 1 Policy for the Management of Concerns v0.4

Appendix 2 Summary EqIA PTR Policy v1.0 May2020 (post consultation)



**PWYLLGOR ANSAWDD, DIOGELWCH A SICRHAU PROFIOD
QUALITY, SAFETY AND EXPERIENCE ASSURANCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	09 June 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Putting Things Right: management and resolution of concerns policy
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mandy Rayani, Executive Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Cathie Steele, Head of Quality and Governance

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The purpose of this report is to present the Putting Things Right: management and resolution of concerns policy to the Quality, Safety and Experience Assurance Committee (QSEAC) for approval.

This report provides the required assurance that Policy 190 – Written Control Documentation (WCD) has been adhered to in the development of the written control document, and that therefore the WCD is in line with legislation/regulations, available evidence base and can be implemented within the Health Board.

Cefndir / Background

In summary, the WCD will set the overarching principles for concerns management, under Putting Things Right, by which Hywel Dda University Health Board (the Health Board) will manage, respond and resolve concerns in order to meet the requirements of the NHS Welsh Government legislation: Concerns, Complaints and Redress Arrangements (Wales) Regulations 2011.

This policy applies to all staff who have a responsibility to report, manage and / or formally review concerns or be engage in the formal review of a concern.

The Policy covers concerns about:

- Health Board services;
- Services provided by Health Board employed staff; and
- Services provided by the independent or voluntary sector which are funded by the Health Board.

The Health Board recognises that independent contractors are under no obligation to adhere to this policy. However, the Health Board expects its independent contractors to have processes in place that meet the requirements of the Putting Things Right Regulations.

Asesiad / Assessment

For assurance to QSEAC, Putting Things Right: management and resolution of concerns policy (Appendix 1) will set the overarching principles for concerns management, under Putting Things Right, by which Hywel Dda University Health Board (the Health Board) will manage, respond and resolve concerns in order to meet the requirements of the NHS Welsh Government legislation: Concerns, Complaints and Redress Arrangements (Wales) Regulations 2011.

A screening Equality Impact Assessment (EqIA) has been undertaken (Appendix 2). The Putting Things Right: management and resolution of concerns policy has been assessed as having a low relevance to the General Equality Duties. It has been assessed as having a high positive impact in relation to protected characteristics.

The Policy has been shared with:

- Key stakeholders including, the Patient Experience Team, Assurance, Safety and Improvement Team, Assistant Director of Patient Experience and Assistant Director of Nursing, Quality, Assurance, Safeguarding and Professional Regulation. In a few cases, the wording could not be changed as recommended as the wording has been taken from the legislation.
- Interested parties including the Assistant Director of Therapies and Health Science (as Chair of the Clinical Written Control Documentation Group (at the time of sharing)). In a few cases, the wording could not be changed as recommended as the wording has been taken from the legislation.
- All UHB staff via the global email and policy consultation page. No comments were received following global consultation.

The Putting Things Right: management and resolution of concerns policy has also been shared with the current Chair of the Clinical Written Control Documentation Group, who is supportive of the policy being presented to QSEAC for approval in recognition that the Clinical Written Control Documentation Group is not meeting due to the COVID-19 pandemic.

The final policy will be sent to the Patient Experience Team members and the Assurance, Safety and Improvement Team members. A 7 minute briefing will be developed to support the publication of the policy.

The principles of the policy are not new and reiterate the process already in place. Implementation will be immediate following ratification.

Compliance will be monitored by the senior members of the Patient Experience Team and the Assurance, Safety and Improvement Team. Issues identified will be addressed as they arise. Where there is ongoing non-compliance escalation will be to the Assistant Director of Patient Experience or the Assistant Director of Nursing, Quality, Assurance, Safeguarding and Professional Regulation dependent on the issue arising.

The recommended review date is 1st May 2023. However, there is a potential that an earlier review will be required if changes are needed to bring PTR in line with elements of the awaited Quality Bill.

Argymhelliad / Recommendation

QSEAC are asked to prior to approval:

- receive assurance that the Written Control Documentation Policy (policy number 190) has been adhered to in the development of the Putting Things Right: management and resolution of concerns policy and that therefore the document is in line with legislation/regulations, available evidence base and can be implemented within the Health Board.
- ratify the policy for publication and implementation.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	5.21 Approve policies and plans within the scope of the Committee, having taken an assurance that the quality and safety of patient care has been considered within these policies and plans.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Nodau Gwella Ansawdd: Quality Improvement Goal(s):	Focus On What Matters To Patients, Service users, Their Families and Carers, and Our Staff
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	8. Transform our communities through collaboration with people, communities and partners

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	Legislation and national policy
Rhestr Termiau: Glossary of Terms:	Contained within each written control document
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Sicrhau Profiod:	As detailed in the assessment

Parties / Committees consulted prior to Quality, Safety and Experience Assurance Committee:	
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	e.g. adverse existing or future staffing impacts: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906 N/A
Ansawdd / Gofal Claf: Quality / Patient Care:	The presence of written control documentation on the intranet, outside of the Policies, Procedures and other Written Control Documentation intranet webpage, may result in staff accessing documents which are out of date, no longer relevant, or contradicting current guidance
Gweithlu: Workforce:	It is essential that the UHB has up to date policies and procedures in place
Risg: Risk:	Not applicable
Cyfreithiol: Legal:	Not applicable
Enw Da: Reputational:	A summary equality impact assessment has been undertaken for the policy.
Gyfrinachedd: Privacy:	e.g. adverse existing or future staffing impacts: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906 N/A

**Cydraddoldeb:
Equality:**

The presence of written control documentation on the intranet, outside of the Policies, Procedures and other Written Control Documentation intranet webpage, may result in staff accessing documents which are out of date, no longer relevant, or contradicting current guidance



‘Putting Things Right’ Management and Resolution of Concerns Policy (Incidents, Complaints and Claims)

THIS IS A DRAFT DOCUMENT FOR APPROVAL PURPOSES ONLY

The Policy is for approval by QSEAC on 9th June 2020

Approved Hywel Dda University Health Board policies can be found on the [Policies and Procedures Approved section of the intranet](#)

Policy Number:	New policy	Supersedes:		Classification	Corporate
LOCSSIP reference:		NATSSIPS Standards	List standard (NATSSIPS Standards)		
Version No	Date of EqIA:	Approved by:	Date of Approval:	Date made Active:	Review Date:

Brief Summary of Document:	This Policy sets out the arrangements, under Putting Things Right, by which Hywel Dda University Health Board (the Health Board) will manage, respond and resolve concerns in order to meet the requirements of the NHS Welsh Government legislation: Concerns, Complaints and Redress Arrangements (Wales) Regulations 2011.
Scope:	<p>This policy applies to all staff who have a responsibility to report, manage and / or formally review concerns or be engage in the formal review of a concern.</p> <p>The Policy covers concerns about:</p> <ul style="list-style-type: none"> • Health Board services; • Services provided by Health Board employed staff; and • Services provided by the independent or voluntary sector which are funded by the Health Board.

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	The Health Board recognises that independent contractors are under no obligation to adhere to this policy. However, the Health Board expects its independent contractors to have processes in place that meet the requirements of the Putting Things Right Regulations.
To be read in conjunction with:	Supporting written control documents Being Open/Duty of Candour Guidance (244) Incident Reporting Procedure (tba) Management of Patient Safety Incidents and Serious Concerns Procedure (tba) Policy for Claims Management (004) Staff Attending Inquests/Court and Assisting with Police Investigations Guideline (018) Management of Nursing and Midwifery Medication Errors/Near Miss Policy (558)
Patient information:	Putting Things Right: Raising a Concern about the NHS in Wales HDUHB Procedure for Raising a Concern (website page)

Owning Committee/ Group	Nursing Directorate
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Executive Director:	Mandy Rayani	Job Title	Director of Nursing, Quality and Experience
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Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
0.4	New Policy for approval	

Keywords	Putting Things Right, Incident, Complaint, Claim, Concern, Duty of Candour, Being Open
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1. Introduction

Whilst modern health care is undoubtedly beneficial, it also has the potential of having harmful effects on patients. Estimates show that in high-income countries, as many as one in 10 patients is harmed while receiving hospital care. The harm can be caused by a range of adverse events, with nearly 50% of them considered preventable. (WHO, September 2019).

However, the provision of safe services is extremely important across all levels of health care, including in primary and out-patient care, where the bulk of services are offered. Globally, as many as four out of 10 patients are harmed while receiving health care in these settings, with up to 80% of harm considered to have been preventable. The most detrimental errors are related to diagnosis, prescription and the use of medicines (WHO, September 2019).

Therefore the organisation has a responsibility to ensure systematic measures are in place to safeguard people, property, NHS resources and its reputation. This also extends to ensuring that when a concern is raised (incident, complaint or claim) it is appropriately reviewed and an understanding of why the event occurred is established and ultimately, to ensure steps are taken to reduce the chance of either a similar concern happening again in a single organisation or, if appropriate, across the NHS as a whole.

This policy incorporates the arrangements required for the management of concerns in line with NHS Concerns, Complaints and Redress (Wales) Regulations 2011 (the regulations). These regulations place a statutory responsibility upon NHS organisations in Wales to manage all concerns consistently and as set out in the Regulations. This includes where potential safeguarding concerns are identified, they are referred to child or adult protection procedures as appropriate in accordance with the duty to report an adult or child at risk in the Social Services and Wellbeing (Wales) Act 2014.

2. Policy Statement

It is the Health Boards aspiration that no patient should come to avoidable harm whilst under its care. Therefore, the Health Board shall ensure a systematic approach to the management, review and resolution of concerns to reduce the likelihood of recurrence and to improve future patient outcomes and experience as well as services and the environment.

In doing so, the Health Board will promote a learning culture which focusses on identifying causal factors rather than blaming individuals, by sharing and implementing the lessons learned.

This policy, and associated written control documents, do not take precedence where there is a child or adult identified as being at risk, or who is experiencing or is at risk of abuse or neglect. In such instances these cases must be reported to the relevant Local Authority Safeguarding Team or Police in line with the Social Services and Well-Being (Wales) Act 2014, All Wales Child Protection Procedures and the Health Board Safeguarding Adults at Risk Policy. The reporting and escalation of safeguarding concerns should run in parallel to this policy, however incidents must not be investigated via this process unless authorised by Police or the Local Authority Safeguarding Team. Advice in relation to safeguarding incidents can be sought from the Health Board Corporate Safeguarding team.

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3. Scope

This policy applies to all staff who have a responsibility to report, manage and / or formally review concerns or be engaged in the formal review of a concern.

The Policy covers concerns about:

- Health Board services;
- Services provided by Health Board employed staff; and
- Services provided by the independent or voluntary sector which are funded by the Health Board.

The Health Board recognises that independent contractors are under no obligation to adhere to this policy. However, the Health Board expects its independent contractors to have processes in place that meet the requirements of the Putting Things Right Regulations.

4. Aim

The aim of this policy is to ensure that there is a systematic person centred approach to the management, review and resolution of concerns which reduces the likelihood of recurrence and to improve future outcomes and patient experience as well as services and the environment

5. Objectives

The aim of the policy will be achieved by:

- Developing an organisational culture, which allows concerns to be reported in an open and fair environment
- Analysing and learning from when things go wrong
- Development of a learning culture throughout the organisation; and
- Resolving system failures and improving service delivery.

6. Principles

In terms of the effective management, formal review and resolution of concerns, with an approach that is person centred, the Health Board is committed to the principles of openness, accessibility, transparency, responsiveness, fairness and confidentiality. In line with national equality and diversity legislation, the Board takes all reasonable steps to enable patients, their representatives and our staff to raise a concern in the most appropriate format to them. It also offers the support of advocacy services where necessary, working collaboratively with Hywel Dda Community Health Council.

The general principles are:

- Concerns are dealt with efficiently, openly, sympathetically, in a timely manner and with a person centred approach;
- The person raising the concern will be treated with respect and courtesy, with confidentiality maintained if requested;

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- The formal review (investigation) will be proportionate to the severity of the concern raised (see appendix 1 for levels of harm which is equally applicable to complaints and incidents);
- The person raising the concern will be guided to independent support or advocacy, if required, for example Community Health Council and Public Services Ombudsman for Wales.
- A named Health Board contact will be allocated, usually the Reviewing Officer, who will make early and regular personal contact with the person raising the concern;
- Action will be taken to address any areas for improvement and learning;
- The concern will be managed in line with Welsh Government regulations; and
- Consideration will be given to of an offer of Redress, in accordance with the Regulations, where investigation or formal review into the matters raised reveal that there is a qualifying liability in tort.

7. Definitions

7.1 Concern

A “concern means any complaint; notification of an incident or, save in respect of concerns notified in respect of primary care providers or independent providers, a claim for compensation” (Welsh Government 2011).

7.2 Complaint

A “complaint means any expression of dissatisfaction”. (Welsh Government 2011)

7.3 Serious Incident

In broad terms, serious incidents are events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive response. Serious incidents can extend beyond incidents which affect patients directly and include incidents which may indirectly impact patient safety or an organisation’s ability to deliver ongoing healthcare (NHS England, 2015).

Examples of serious incidents, which may trigger the Management of Patient Safety Incidents and Serious Concerns Procedure, are given in appendix 2. If there is any doubt, as to whether an incident is serious or not, advice can be obtained from the Assurance, Safety and Improvement (ASI) Team.

7.4 Never Events

“Never Events are patient safety incidents that are wholly preventable where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and have been implemented by healthcare providers.” (NHS Improvement, 2018).

The current [Never Event List](https://improvement.nhs.uk/resources/never-events-policy-and-framework/) can be found at <https://improvement.nhs.uk/resources/never-events-policy-and-framework/>

Occurrence of a never event, triggers the Management of Patient Safety Incidents and Serious Concerns Procedure. Advice can be sought from the Assurance, Safety and Improvement (ASI) Team, if there is any doubt as to whether an incident is a never event.

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7.5 Patient Safety Incident

A patient safety incident “means any unexpected or unintended incident which did lead to or could have led to harm for a patient” (Welsh Government 2011)

7.6 Adverse Event

Any event that has given or may give rise to actual or possible personal injury, patient dissatisfaction, or to property loss or damage.

7.7 Near Miss

Any event or omission that could have potentially caused harm, but due to prompt action by a member of staff, or simply because of good fortune was prevented.

7.8 Redress

Under the [The NHS Concerns, Complaints and Redress Arrangements Wales Regulations 2011](#), the Health Board is required to consider when investigating a concern whether there is a qualifying liability in tort i.e. whether there has been a breach of our duty of care and whether that breach of duty is causative or any harm or loss to that person. Where this is indicated there is a qualifying liability in tort and a consideration of an offer of redress is necessary.

Redress can take the form:

- An Apology
- Remedial Action
- Investigation or formal review and explanation
- Financial compensation up to £25,000

Where redress is being considered or a claim for compensation made the Health Board’s Policy for Claims Management will be followed.

8. Primary considerations of practice

8.1 Who can raise a concern

Almost anyone can raise a concern. However, it might not always be possible to share the full details of the formal review with the person raising the concern, for instance, if they are not the patient or person that the patient has consented as acting on their behalf.

Concerns can be raised by:

- People who are receiving or who have received services from the Health Board;
- People affected or likely to be affected by the actions, errors or decisions of the Health Board;
- Staff members of the Health Board;
- Independent members (non-executive director or non-officer) of a NHS body;
- Partners, e.g. a partner in a GP practice;
- A third party acting on behalf of a person who is unable to raise a concern e.g. a young child or someone who lacks capacity to act on their own behalf; or because that person wants someone else to represent them;
- A third party on behalf of a person who has died.

8.2 Single Point of Entry

People can raise concerns in a variety of ways:

Phone: 0300 0200 159

Email: hdhb.patientsupportservices@wales.nhs.uk

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Letter: FREEPOST FEEDBACK@HYWEL DDA
Text: 07891 142240

The Health Board considers each of the above to be a single point of entry e.g. if a concern is raised by phone, the person will not be expected to formally write to the Health Board.

Staff can also raise concerns through the Health Board's Incident Reporting Procedure or through the All Wales Procedure for NHS Staff to Raise Concerns which should be considered before using the details provided above.

8.3 Acknowledgement

All concerns (incidents, complaints and claims) will be logged on a central system and an acknowledgement of receipt sent to the person raising the concern (where contact details have been provided). In line with the Putting Things Right Regulations, the acknowledgement must be sent within two working days of first receipt. Any person raising a concerns will be treated with compassion and understanding.

8.4 Being Open/Duty of Candour

When a concern has occurred, it is essential that all staff comply with Hywel Dda UHB Being Open/Duty of Candour Guidance and ensure that the person is offered an apology and given an explanation (wherever possible) of any actions taken. It is important to note that saying sorry is not an admission of liability.

An appropriately nominated person will provide, in a truthful and open manner, information about the formal review to the person raising the concern. The offer of a face to face meeting should be considered and where appropriate made.

The principles of the regulations are that when a concern has been raised the patient affected will be informed. When a formal review is being undertaken the patient affected should be notified. However, for incidents only, where it is felt that it would not be in the best interests of the patient to inform or involve them in the formal review:

- The rationale for that decision must be recorded; and
- As circumstances may change, the decision not to involve the patient must be kept under review throughout the investigation or formal review.

8.5 Multidisciplinary Responsibility

Most healthcare provision is through multidisciplinary teams. This should be reflected in the way that patients, their families and carers are communicated with when things go wrong. This will ensure that the Putting Things Right process is consistent with the philosophy that concerns usually result from system failures and rarely from the actions of an individual.

8.6 Continuity of care

Patients are entitled to expect that they will continue to receive all usual treatment and continue to be treated with dignity, respect and compassion. If a patient expresses a preference for their healthcare needs to be taken over by another team, where possible, alternative arrangements should be made.

8.7 Proportionate and Appropriate Formal Review

Identifying the root cause of the concern will focus the formal review and help to improve the systems of care. The principle of conducting a thorough and proportionate formal review into a

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concern and reassuring the person that lessons have been learned will help to prevent the event recurring.

Information about the formal review must be given to the staff involved in a truthful and open manner although if imparting this information may jeopardise the formal review, then it is advised not to inform the member of staff.

Information given to patients and staff is based solely on the facts known at the time. Healthcare professionals should explain that new information may emerge as the investigation or formal review is undertaken and that patients, their families and carers will be kept up to date with the progress of the investigation or formal review.

8.8 Support for Staff Involved in Concerns

Being the subject of a concern or even reporting a concern as a member of staff can be very stressful. In terms of being the subject of a concern, when an issue is raised, whether by a patient or through a report from a member of staff, the details should be shared with the staff member involved wherever appropriate. This should be done supportively and staff may want to have a member of their professional association or Trade Union representative present in any meetings.

The Directorate Senior Management Team, Redress Team, Patient Support Team and/or Assurance, Safety and Improvement Team will provide support for those involved with the formal review of a concern.

Consideration should also be given under the workforce and organisational development policies as to whether a staff member may need more proactive support such as counselling. In terms of staff who report concerns, consideration should also be given as to whether they may require specific support. For any member of staff involved in a concern, their line manager should be involved in any decisions that are taken.

9. Governance Framework

All serious concerns raised will be reported to the Listening and Learning from Events Sub-Committee and/or the Operational Quality, Safety and Experience Sub Committee. The serious concerns raised will form part of the regular assurance reports to the Quality, Safety, and Experience Assurance Committee. Details of the subject and nature of the concern together with the outcome of the investigation must be recorded.

Compliance with the stated time periods for response are monitored and reported. The Board are made aware of concerns which may adversely affect the reputation of Board by the Chair of the Quality, Safety and Experience Assurance Committee.

The time periods set in the Putting Things Right Regulations are:

Complaints (concerns considered under Regulation 24)

- Final responses should be issued within working 30 days of first receipt of the concern, but if this is not possible the person raising the concern must be informed of the reason for delay.
- When a response cannot be issued within 30 days, the response must then be sent as soon as possible and within 6 months of the date the concern was received.

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- If, in very exceptional circumstances, the response cannot be issued within 6 months, then the person raising the concern must be informed of the reason for delay and given an expected date for response.

Serious Incidents

- The principle of timely and proportionate investigation is paramount.
- For the majority of serious incidents, the investigation should be completed within 60 days.

10. Roles and Responsibilities

10.1 Chief Executive

The Chief Executive Officer has overall responsibility for dealing with concerns. This responsibility has been delegated to the Director of Nursing, Quality and Experience with day-to-day responsibility delegated to the Assistant Director of Nursing (Assurance, Safeguarding, Quality and Professional Regulation) and the Assistant Director (Patient Experience/ Legal Services).

10.2 Non-Officer Lead

The delegated non officer for the Health Board is the Chair of the Quality, Safety, Experience and Assurance Committee who is responsible for maintaining a strategic overview of the Policy (Regulation 2.6). This person is responsible, in particular for:

- Ensuring that the organisation complies with the arrangements it has in place for ensuring that the details of concerns received and investigated are considered so that lessons may be learned in order to seek to avoid such deficiencies recurring;
- Ensuring that an annual report is prepared which summarises the organisation's activities under the regulations (NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2010. (Regulation 10.2); and
- Ensuring that arrangements for dealing with concerns are published in a variety of media, formats and languages and that a copy of the arrangements is given free of charge to any person who requests it, in the format requested.

10.3 Director of Nursing, Quality and Patient Experience (Responsible Officer)

The Director of Nursing, Quality and Patient Experience is the Responsible Officer for overseeing the day to day management of these arrangements and ensuring that the Health Board operates in an integrated manner to:

- Deal with concerns in line with the Regulations;
- Allow for the consideration of qualifying liability; and
- Provide for concerns to be dealt with under a single governance arrangement.

The responsibilities of the Director of Nursing, Quality and Experience are delegated to the Assistant Director of Nursing (Assurance, Safeguarding, Quality and Professional Regulation) and the Assistant Director (Patient Experience/ Legal Services), but remain under the direct control and supervision of the executive lead.

10.4 Other Directors

All Executive Directors and Directors are responsible for supporting the Chief Executive in their responsibility and supporting the directorate managers, clinical directors and medical staff in implementing this policy across the organisation.

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10.5 Senior Investigations Manager

The handling and consideration of concerns in accordance with the Regulations will be the responsibility of the Senior Investigations Manager. As well as the handling and consideration of concerns under the Regulations, part of the Senior Investigations Manager's role will require them to undertake other functions in relation to dealing with concerns and to co-operate with other persons or responsible bodies, e.g. primary care providers, to facilitate the handling and investigation or formal review of concerns. The Senior Investigations Managers provide leadership and advice to the Board, clinicians and managers on patient safety and on the handling and management of concerns. This includes implementing a system across the Health Board which ensures remedial actions are taken to avoid recurrence of concerns and the sharing of lessons learnt across the organisation and beyond. This role is supported by additional suitably trained staff as part of the integrated arrangements.

The Senior Investigations Managers are the Assistant Director of Nursing (Assurance, Safeguarding, Quality and Professional Regulation) and the Assistant Director (Patient Experience/ Legal Services).

10.6 Directorate Managers/Triumvirate Teams

The directorate managers/triumvirate teams have responsibility to make sure that the principles outlined within this policy are implemented within their directorate/hospital including fostering a culture for learning from experience and sharing lessons learned.

They are responsible for disseminating lessons learned to colleagues within their directorate, providing opportunities for learning through team meetings and with colleagues in other directorates where appropriate.

It is the responsibility of the Heads of Nursing to escalate any fitness to practice concerns to the Director of Nursing, Quality and Patient Experience.

It is the responsibility of the Hospital Clinical Director to escalate any fitness to practice concerns to the Executive Medical Director or Executive Director of Therapies and Health Science.

10.7 Heads of Service/Departmental Managers

Heads of service/departmental managers have a responsibility to foster a culture or learning from concerns.

They are responsible for disseminating lessons learned to colleagues within their directorate/hospital, providing opportunities for learning through team meetings and with colleagues in other divisions where appropriate.

10.8 Responsibility of All Staff

All staff are responsible for ensuring that they:

- Work to the principles outlined in this policy, and associated written control documents;
- Learn from concerns; and
- Co-operate fully and openly in the investigation or formal review of a concern.

11. Culture

The Health Board is committed to ensuring that the action and learning from all concerns will be incorporated within the whole organisation to ensure the safety of patients and staff.

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In order to promote this philosophy and ensure staff feel confident **whether they are the subject of a concern or are** the reporter or witness of an incident, we will ensure managers take a fair, equitable and consistent approach when they review concerns. Most concerns including serious incidents will not lead to individuals being managed under a workforce policy. Within the spirit of being, "Open and Fair" a workforce process will only be considered when information highlights potential issues of alleged personal/professional misconduct. To support this process the Health Board will follow the principles laid out in "[a just culture guide](#)" published by NHS Improvement.

12. References

Welsh Government (2013) Putting Things Right Guidance (version 3)
Welsh Government (2011) The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011
Welsh Government (1998) Reporting Untoward Incidents (DGM (98) 30)
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Supporting written control documents

Being Open/Duty of Candour Guidance (244)
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All Wales Capability Policy (203)
All Wales NHS Staff to Raise Concerns Procedure (435)

13. Appendices

Appendix 1: Grading framework for dealing with all concerns
Appendix 2: Serious Incidents
Appendix 3: List of Never Events 2018/19

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Appendix 1: Grading framework for dealing with all concerns

Level of Harm	Examples of concerns
Level 1 No harm	<ul style="list-style-type: none"> a) Concerns which normally involve issues that can be easily / speedily addressed; b) Potential to cause harm but impact resulted in no harm having arisen; c) Outpatient appointment delayed, but no consequences in terms of health;, d) Difficulty in car parking; e) Patient fall – no harm or time of work; f) Concerns which have impacted on a positive patient experience.
Level 2 Minor Harm	<ul style="list-style-type: none"> a) Concerns regarding care and treatment which span a number of different aspects/specialties b) Increase in length of stay by 1 – 3 days c) Patient fall – requiring minor treatment d) Requiring time off work – 3 days e) Concern involves a single failure to meet internal standards but with minor implications for patient safety f) Return for minor treatment, e.g. requiring local anaesthetic further treatment/monitoring by GP g) Samples taken from the wrong patient – not acted upon but require repeat venepuncture. h) Pathology labelling error detected post analytically before further intervention
Level 3 Moderate harm	<ul style="list-style-type: none"> a) Clinical / process issues that have resulted in avoidable, semi-permanent injury or impairment of health or damage that requires intervention b) Additional interventions required or treatment / appointments needed to be cancelled c) Readmission or return to surgery, e.g. requiring general anaesthetic d) Necessity for transfer to another centre for treatment / care (e.g. for an incident in a GP Practice, admission to hospital) e) Increase in length of stay by 4 – 15 days f) RIDDOR reportable incident (moderate harm) g) Requiring time off work 4 – 14 days h) Concerns that outline more than one failure to meet internal standards i) Moderate patient safety implication j) Concerns that involve more than one organisation (e.g. cross border incidents that may involve English providers or other Health Boards, incidents involving interface with Local Authority, or Ambulance Trusts)
Level 4 Major Harm	<ul style="list-style-type: none"> a) Clinical process issues that have resulted in avoidable, semi-permanent harm or impairment of health or damage leading to incapacity or disability b) Additional interventions required or treatment needed to be cancelled c) Unexpected readmission or unplanned return to surgery d) Increase in length of stay by >15 days e) Necessity for transfer to another centre for treatment / care

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	<ul style="list-style-type: none"> f) Requiring time off work >14 days g) A concern outlining non-compliance with national standards with significant risk to patient safety h) RIDDOR reportable incident (significant harm)
<p>Level 5 Catastrophic Harm</p>	<ul style="list-style-type: none"> a) Concern leading to unexpected death, multiple harm or irreversible health effects b) Concern outlining gross failure to meet national standards c) Normally clinical/process issues that have resulted in avoidable, irrecoverable injury or impairment of health, having a lifelong adverse effect on lifestyle, quality of life, physical and mental well being d) Clinical or process issues that have resulted in avoidable loss of life e) RIDDOR reportable incident (catastrophic harm) f) Significant / consistent reporting errors i.e. malignant as benign.

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Appendix 2: Serious Incidents

Extract from Welsh Government (2013) Putting Things Right Guidance (version 3)

A serious incident is defined¹ as an incident that occurred during NHS funded healthcare (including in the community), which resulted in one or more of the following:

- unexpected or avoidable death or severe harm of one or more patients, staff or members of the public;
- a never event - all never events are defined as serious incidents although not all never events necessarily result in severe harm or death (see *Never Events Framework*);
- a scenario that prevents, or threatens to prevent, an organisation's ability to continue to deliver healthcare services, including data loss, property damage or incidents in population programmes like screening and immunisation where harm potentially may extend to a large population;
- allegations, or incidents, of physical abuse and sexual assault or abuse; and/or
- loss of confidence in the service, adverse media coverage or public concern about healthcare or an organisation.

Examples of serious incidents that must be reported to Welsh Government include but are not limited to:

- Deaths where a healthcare associated infection (including *Clostridium difficile* and methicillin resistant *Staphylococcus aureus*) is mentioned on the death certificate as either the underlying cause of death or contributory factor;
- Outbreak of a healthcare associated infection in a hospital that results in significant disruption;
- Healthcare associated pressure ulcers graded as 3 or 4 under the *European Pressure Ulcer Advisory Panel Classification System*. This includes incidents where a patient develops a pressure ulcer(s) within a NHS funded healthcare setting; admitted with a pressure ulcer(s) from another NHS funded healthcare setting or from the community and in receipt of NHS funded healthcare;
- Suspected suicide/unexpected death of mental health patient (including community and in-patient services);
- Self-Harm incidents categorised as 'severe' under the *Grading Framework for dealing with Concerns*;
- Admission of a child under the age of 18 years to an adult mental health ward;
- Absence without leave of a patient subject to the Mental Health Act;
- Intrauterine Fetal deaths if there is early indication that the death it is linked to midwifery/obstetric practice;
- Maternal deaths;
- Patient falls that result in death or severe harm;
- Radiation incidents resulting in patients receiving a radiation dose that is much greater than intended"

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Appendix 3: List of Never Events 2018/19

Extract from NHS Improvement (2018) Never Events list 2018 (revised 31 January 2018)

1. Wrong site surgery
2. Wrong implant/prosthesis
3. Retained foreign object post procedure
4. Mis-selection of a strong potassium containing solution
5. Administration of medication by the wrong route.
6. Overdose of insulin due to abbreviations or incorrect device
7. Overdose of methotrexate for non-cancer treatment
8. Mis-selection of high strength midazolam during conscious sedation
9. Failure to install functional collapsible shower or curtain rails
10. Falls from poorly restricted windows
11. Chest or neck entrapment in bedrails
12. Transfusion or transplantation of ABO-incompatible blood components or organs
13. Misplaced naso- or oro-gastric tubes
14. Scalding of patients
15. Unintentional connection of a patient requiring oxygen to an air flowmeter
16. Undetected oesophageal intubation

SUMMARY EQUALITY IMPACT ASSESSMENT –

Organisation:	Hywel Dda University Health Board
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Proposal Sponsored by:	Name:	Cathie Steele
	Title:	Head of Quality and Governance
	Department:	Nursing Directorate

Policy Title:	Putting Things Right – Management and Resolution of Concerns Policy
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Brief Aims and Objectives of Policy:	<p>This Policy sets out the arrangements, under Putting Things Right, by which Hywel Dda University Health Board (the Health Board) will manage, respond and resolve concerns in order to meet the requirements of the NHS Welsh Government legislation: Concerns, Complaints and Redress Arrangements (Wales) Regulations 2011. The aim of this policy is to ensure that there is a systematic person centred approach to the management, review and resolution of concerns which reduces the likelihood of recurrence and to improve future outcomes and patient experience as well as services and the environment. The aims will be achieved through the following objectives:</p> <p>Developing an organisational culture, which allows concerns to be reported in an open and fair environment</p> <ul style="list-style-type: none"> <input type="checkbox"/> Analysing and learning from when things go wrong <input type="checkbox"/> Development of a learning culture throughout the organisation; and <input type="checkbox"/> Resolving system failures and improving service delivery.
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Was the decision	Yes	No
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reached to proceed to full Equality Impact Assessment?:

In terms of the effective management, formal review and resolution of concerns, with an approach that is person centred, the Health Board is committed to the principles of openness, accessibility, transparency, responsiveness, fairness and confidentiality. In line with national equality and diversity legislation, the Board takes all reasonable steps to enable patients, their representatives and our staff to raise a concern in the most appropriate format to them. It also offers the support of advocacy services where necessary, working collaboratively with Hywel Dda Community Health Council. This policy provides an objectives framework to govern the procedures for addressing complaints and concerns. It will be the responsibility of staff involved in addressing concerns to ensure that the principles and guidance within this policy is duly followed and that consideration is given to the protected characteristics, where relevant, when following due process.

The policy is intended to make the concerns management process as quick and as fair as possible, with concerns being assessed on the basis of facts and in accordance with the Regulations. It is therefore considered that the impact is largely positive. The positive effect is enhanced with the PTR leaflets aimed at service users, available in a variety of formats.

No potential adverse impacts in relation to any protected characteristics have been identified at this stage. A search of similar policies elsewhere indicated similar results.

<https://www.bing.com/search?q=Putting+things+right+policy+nhs+equality+impact+assessment+&q&qs=n&form=QBRE&sp=-1&pq=putting+things+right+policy+nhs+equality+impact+assessment+&sc=0-59&sk=&cvid=280A413E0FC147CB870CBBC252992561>

If no, are there any

Yes

No ✓

issues to be addressed?

Whilst no potential adverse impacts in relation to any protected characteristics have been identified at this stage, staff involved in addressing concerns will need to be sensitive to issues in relation to sharing sensitive personal information where required e.g. Transgender status, sexual orientation etc. Each concern is assessed on the basis of facts and in accordance with the law. The Health Board has a legal obligation to provide all information it holds relating to the concern in accordance with the Putting Things Right Regulations. Sharing of personal identifiable information risks have been mitigated by following the Health Board's Information Governance policies and procedures and national guidance/legislation regarding confidentiality and data protection

Whilst this policy is intended to be an in-house policy for staff, on occasions where members of the public may request copies of this policy, copies will need to be provided in formats accessible to individuals concerned. e.g. audio/ Braille/requested languages/Easy Read and assistance given to understand the policy where required.

Welsh speakers who pursue a concern through the medium of Welsh will be supported in doing so.

The policy is currently out for formal consultation, relevant feedback will be added to update this EqIA when available and any issues of concern raised will be addressed at that point.

JCH/jch 26/03/2020

Feedback from consultation –

No comments were received during the formal consultation period.

Is the Policy Lawful?

Yes ✓

The policy has been drawn up with reference to the following:-

References

- Welsh Government (2013) Putting Things Right Guidance (version 3)
- Welsh Government (2011) The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011
- Welsh Government (1998) Reporting Untoward Incidents (DGM (98) 30)
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Will the Policy be adopted?	Yes ✓	
Will the Policy be adopted?	If no, please record the reason and any further action required:	

Are monitoring arrangements in	Yes ✓	
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place?	Any complaints received in relation to equality, diversity or human rights following implementation of the policy will be addressed on an individual basis and appropriate action taken.
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Who is the Lead Officer?	Name:	Mandy Rayani
	Title:	Director of Nursing, Quality and Patient Experience
	Department:	
Review Date of Policy:	Three yearly or sooner if required.	

Signature of all parties	Name	Title	Signature
	Cathie Steele	Head of Quality and Governance	V1.0 01/05/2020
	Jackie Hooper	Senior Diversity and Inclusion Officer	Draft v0.1 partial 26/03/2020

**Please Note: An Action Plan should be attached to this Outcome Report prior to signature
n/a at this stage – 26/03/2020**