Annual Quality Statement 2012/13

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In line with expectations set out in Together for Health for absolute transparency on performance, action 10 of the Quality Delivery Plan for NHS Wales requires all NHS organisations to publish an Annual Quality Statement, beginning with 2012/13. From 2013/14, this Statement will form part of the organisation’s annual report.

The Annual Quality Statement aims to provide an open and honest assessment of what Public Health Wales is doing to ensure all its services are meeting the needs of the population of Wales and reaching high standards. It will provide a summary highlighting how the organisation is striving to continuously improve the quality of the services it provides and commissions in order to drive both improvements in population health and the quality and safety of healthcare services.

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1  Statement from the Chair

In line with expectations set out in Together for Health for absolute transparency on performance, action 10 of the Quality Delivery Plan for NHS Wales requires all NHS organisations to publish an Annual Quality Statement, beginning with 2012/13. This Statement forms part of the organisation’s annual report.

Public Health Wales aims for a healthier, happier and fairer Wales with a purpose of protecting and improving health and wellbeing and reducing health inequalities. The organisation is committed to improving health and wellbeing and reducing health inequalities; improving the quality, equity and effectiveness of healthcare services; and protecting the public from infection and environmental hazards. The Public Health Wales contributions in these areas encompass both services directly provided to the public and advice provided to both the NHS and Welsh Government.

The inquiry into failings at the Mid Staffordshire NHS Foundation Trust (2012) by Sir Robert Francis draws out themes and issues of cardinal importance to medical and allied healthcare professions and NHS managers across the United Kingdom. These relate to the care, dignity, respect and experience of patients, and the underpinning governance and assurance frameworks. Why were serious problems affecting the standards of patient care not identified earlier and acted on sooner? Public Health Wales has a leading role to play in engaging healthcare professionals and their managers to focus their role in regulation and oversight, accountability, governance and scrutiny. The primary aim is to ensure that patients receive dignity, respect and care that ‘go beyond words’.

However, in order to discharge that role effectively Public Health Wales must undertake an open and honest assessment of its own activities and services to ensure these are meeting the highest standards and achieving the needs of the population of Wales. I very much hope that the ensuing Statement will well demonstrate how we are striving to achieve these looked-for ends. Moreover, we must not forget that our prime purpose is to drive improvements in both population health and the quality and safety of healthcare services. With a background, particularly in quality improvement and patient safety, Public Health Wales needs to harness the resources and exploit further its emphasis on public engagement. Public Health Wales must be able to address these issues with its partner organisations ensuring that its distinctive features and culture are used to best advantage for the benefit of patients, citizens and the healthcare systems and population in Wales.
We still have much to do and this Statement is evidence of that. We recognise the challenges we must overcome. We think we have well used the opportunity to formulate our Annual Quality Statement to identify areas both of success and for further improvement for the coming years.

It is our duty to play our part in ensuring that the appalling record revealed in the Inquiry into Mid Staffordshire NHS Foundation Trust shall not be repeated in Wales.

2 Statement from Chief Executive

As Chief Executive and Accountable Officer, it is my responsibility to ensure that quality, improvement and patient and user safety is at the top of the Executives’ agenda. I am responsible for providing assurance to the Board that Public Health Wales consistently delivers high quality and safe services.

Public Health Wales has a dual role in ensuring quality and safety for patient and service users in Wales. We must firstly ensure that our own services are of a high quality and that we continuously strive to improve these services. Secondly by providing support and advice, and sometimes challenge, to health boards and other partners, we play an important role in ensuring wider patient safety and service quality in Wales.

We do this in a number of ways e.g. through the publications of the Public Health Wales Observatory and evidence services and through key programmes including healthcare associated infections, vaccine preventable disease and antimicrobial resistance. Public Health Wales supports the wider NHS and local communities through our work in managing outbreaks and incidents. During 2013/14 Public Health Wales will develop a stronger NHS service improvement function by bringing together the 1000 Lives Plus improvement programme and the service improvement team that transferred to Public Health Wales from the former National Leadership and Innovation Agency for Healthcare (NLIAH) on 1 April 2013.

Public Health Wales has strong quality systems in place for much of our clinical work. As designed programmes our screening services have quality systems at their core. Our microbiology services are subject to a four yearly accreditation cycle which has just been successfully completed. This is a stringent review which ensures that our microbiology services and supporting systems meet and maintain the very high expected standards. I am keen to ensure that our screening laboratories also attain the appropriate accreditation and the process for doing so is currently underway. We recognise that over the next few years these
standards will become tougher so work is underway to ensure we can meet increased expectations in future.

All our work programmes are covered by agreements which specify the standards and outcomes we are expected to achieve. These agreements are monitored directly by the Welsh Government who hold us to account through a variety of mechanisms. Public Health Wales is also subject to scrutiny by Healthcare Inspectorate Wales and the Wales Audit Office.

The support that Public Health Wales provides Health Boards via the Directors of Public Health is crucial in the delivery of key public health services and advice throughout Wales. Public Health Wales deploys the majority of staff that make up the local public health teams and teams are managed by the Directors of Public Health through an honorary contract with Public Health Wales. We have an ongoing agenda to develop local teams to ensure the needs of health boards, local authorities and other key stakeholders are met.

Directors of Public Health as health board employees are held to account via their health board and through health board accountability arrangements. Directors of Public Health produce annual reports which provide details of the issues in their locality and what work has been done to address this.

In this short introduction I cannot adequately address all the steps we take day in and day out to measure, monitor and improve the quality of our products and services, suffice to say that we are totally committed to improving and learning from user experience. The quality of NHS services has never been more in the spotlight as resources tighten and we learn the lessons of failures elsewhere. The Board and Executive of Public Health Wales recognises that complacency is the enemy and so we will continue to work for improvement in our own services and across the wider system.

I hope this Annual Quality Statement, the first to be produced by Public Health Wales, goes some way to providing a flavour of what we do and confirming our commitment to continuous improvement.

3 Introduction

The Annual Quality Statement aims to provide an open and honest assessment of what Public Health Wales is doing to ensure all its services are meeting the needs of the population of Wales and reaching high standards. It will provide a summary highlighting how the organisation is striving to continuously improve the quality of the services it provides and
commissions in order to drive both improvements in population health and the quality and safety of healthcare services.

It is important that Public Health Wales has robust arrangements in place to reduce waste, variation and harm, which in turn will impact positively on the quality and safety of the services provided.

Ensuring the quality and safety of Public Health Wales services, by utilising clinical governance and corporate governance processes, helps us to monitor and develop the quality of services provided by Public Health Wales.

The Board retains overall responsibility and accountability for ensuring safe, high quality services provided for patients, service users, staff and the wider public but has delegated authority to the Quality and Safety, Audit and Information Governance Committees to undertake certain functions, which are set out within the terms of reference for each Committee.

The Quality and Safety Committee which reports regularly to the Board oversees quality improvement and safety and monitors the work of its sub groups as they work to ensure that safe systems are in place and that the quality and safety of services are improved and maintained.

4 Looking back

Public Health Wales is committed to working in an open and transparent manner and publishes all Board papers on its website. Committee papers are published after each Committee meeting. Any reports containing personal identifiable information or sensitive information are redacted prior to publication or withheld from publication.

The Public Health Wales Board has an established standing Committee structure, which ensures its work remains focused on the quality, safety and performance of the services provided by Public Health Wales. The Committees established include:

- Audit
- Quality and Safety
- Information Governance
- Remuneration and Terms of Service Committee

The chairs of the Committees provide verbal reports to the Board meeting following each Committee meeting. Minutes of Committee meetings are also presented to the Board once approved by the relevant Committee.
Each Committee also produces an annual report of business, copies of which are available on the Public Health Wales Website.

4.1 Meeting standards

4.1.1 Standards for Health Services

The Standards for Health Services are the principal framework used to inform and determine how the organisation may be assured that it is operating to required standards, which are relevant to Public Health Wales, across all of the services it provides.

The revised 26 Standards for Health Services in Wales came into effect in April 2010. The Standards are key to underpinning the vision, values, governance and accountability framework for the reformed NHS in Wales. They are an important tool to help drive up clinical and health service quality and patient experience. The standards also continue to be a key element of the performance improvement framework.

The self assessment against the Standards for Health Services for 2012/13 was undertaken on both a Corporate and Divisional basis. The assessment focused on the extent to which the Standards are embedded across the organisation. To ensure self assessments were completed, meetings were held with Divisional Directors to discuss findings from an internal audit review which was completed for 2011/12. To support Divisions and staff involved in the self assessment process a protocol and timetable for 2012/13 was developed.

An internal audit review was undertaken for the 2012/13 self assessment. The review found that good progress had been made in the completion of the Divisional self assessments and improvement in the content and quality of the information was noted. The audit concluded that the level of assurance was substantial assurance. This is an improvement on the audit was undertaken in 2011/12 which returned a result of adequate assurance.

4.1.2 Clinical Pathology Accreditation (CPA)

The Public Health Wales Microbiology Division underwent a Clinical Pathology Accreditation (CPA) process during 2012/13. CPA assesses and declares the competence of medical laboratories in the UK and overseas. The CPA standards for medical laboratories ensure a thorough assessment of all aspects of an organisation’s operations. The standards have been developed over a number of years, taking into account the requirements of international standards, the professions, healthcare regulators, and
other relevant stakeholders. They cover organisation and quality management, the resources, and the evaluation and quality assurance activities required to ensure that pre-examination, examination and post-examination activities of the laboratory are conducted in such a manner that they meet the needs and requirement of the users and thus provide a quality driven service.

CPA is also a robust assessment methodology to establish whether: (i) a laboratory is technically competent to do the work in question; (ii) that the resources and facilities are appropriate and sufficient for the work; (iii) that performance is to the required standard; and (iv) that a laboratory is capable of sustaining the required level of performance and quality.

CPA is a tool that is used to support the commissioning of medical laboratory services that are safe, reliable and continually improve the services for, and experience for patients and other users of the service. Accreditation is an on-going business process rather than a one-off process. The network of microbiology laboratories is assessed every two years and each laboratory has to renew registration every year, confirming that it continues to operate according to strict guidelines. CPA provides proof that a laboratory complies with best practice and authoritative assurance of the technical competence of a laboratory to undertake specified analyses and measurements according to validated methods.

During the assessment each laboratory was visited at least twice: once by the Regional Assessor who assessed security, health and safety, personnel, quality review and improvements, and again by the Regional Assessor accompanied by a team of Peer Assessors. The Peer Assessors assessed the competency of technical staff and reviewed procedures as well as reviewing consultant staff’s reporting procedures. They interviewed local host health board management and users of the service. The duration of each laboratory visit was between two and three days per laboratory depending on the services of the laboratory. The network quality system was also scrutinised during the assessment.

The microbiology division of six laboratories, on eight sites, with five specialist and reference laboratories, acquired 70 non conformities and four observations. A status of Conditional Accreditation was awarded and a year was given to clear non conformities (three months for critical non conformities). Six of the non conformities were critical and these were addressed within the specified time. Three of these were for the andrology service for which alternative arrangements have now been put in place. In total, 51 nonconformities were cleared within three months and all bar two within six months. One was cleared in January 2013. A further non compliance was cleared in June 2013. A critical non-
conformity is defined as failure to fulfil the requirements of a CPA Standard to such a degree that there is evidence of a system failure. A non-critical non-conformity is defined as failure to fulfil the requirements of a CPA Standard at a level that would not lead to a system failure.

The Bowel Screening Wales and Cervical Screening Wales laboratories in Llantrisant underwent a CPA accreditation visit in July 2013. This is the first time these laboratories have applied to CPA. Twenty-nine non-critical non-conformities were identified and are being addressed. Public Health Wales is working with the CPA in understanding and strengthening arrangements. It is anticipated that accreditation will be awarded during 2013/14.

4.1.3 United Kingdom Accreditation Service (UKAS)

The Food, Water and Environment laboratories in Bangor, Cardiff and Carmarthen all maintained their UKAS Accreditation after inspections in 2012/2013.

4.1.4 Standards for Service Level Agreements

During the year Public Health Wales has recognised the need to strengthen managerial oversight of its quality assurance processes in its laboratories (both screening and microbiology). This strengthening is of considerable importance as some of the services and equipment used are owned and managed by health boards (for example, autoclaves), but the responsibility for safe use lies with Public Health Wales. In this and other instances Public Health Wales has to rely on the health board to provide assurances of compliance with specific legal requirements. In these circumstances it is essential that Public Health Wales institutes effective management and robust processes to assure itself that these assurances of compliance are reliable and not to rely solely on assurance by the health boards.

4.1.5 Health Improvement Review

Public Health Wales completed a review of health improvement programmes in Wales during 2012/13. The review sought to understand and reconsider current national health improvement initiatives and made a number of recommendations and actions for change. The review provided Public Health Wales with the opportunity to take stock and refresh its approach to improve effectiveness, efficiency and future health outcomes and review the quality of the services provided by Public Health Wales. The Minister has asked Public Health Wales to work with the Chief Medical Officer and other key partners to begin to implement the recommendations. Great importance will be placed on the successful
adoption and implementation of the review recommendations and the rapid and wholesale delivery of a fundamental new life-course approach to health and well being in the future. Public Health Wales will report on progress made against the recommendations made in the review in the 2013/14 Annual Quality Statement.

### 4.1.6 Public health training

Throughout 2012/13 Public Health Wales continued to provide public health training through both the public health and dental public health training programmes. These programmes are externally accredited through the post-graduate deanery and specialty advisory committees. We also continue to contribute to the training and development of Public Health Practitioners. We are helping lead on the development of practitioner portfolios and standards not just in Wales but across the UK.

### 4.1.7 Workforce profile and challenges

Public Health Wales considers workforce development and culture as the key to good quality and safety outcomes for all staff. The past year has witnessed a major change in the approach to delivery within Public Health Wales. The HR team has been restructured to align and face with the business units within the organisation. The HR team have begun skills development to enable them to provide more strategic advice and support to Directors and their senior teams, especially around workforce planning, managing change and developing a healthy work environment. A clear separation has been established between this work and the operational support provided to managers in managing individual cases and more routine HR work.

The Professional and Organisational Development team has expanded its brief to include providing a more robust internal facing learning and development offering.

A key challenge for the organisation during 2012/13 has been compliance rates for Statutory and Mandatory training. During the year the organisation has reported compliance rates which are well below target. The Board and its Committees have been monitoring these rates closely and concluded that there are a number of factors contributing to the low levels of compliance. It has been established that the quality of the data is poor as some groups of staff do not need specific training and the figures do not accurately reflect this. It has also been discovered during the year that not all line managers are reporting statutory and mandatory training compliance for their team members. The Board and Executive Team have made a commitment to rectify the situation during 2013/14 to ensure compliance rates are improved and targets are reached. A data
cleansing exercise and audit of training needs is the essential starting point in this initiative.

During 2012/13 Public Health Wales has also made a commitment to train 25 percent of the workforce in quality improvement methodology as part of the Improving Quality Together initiative.

During 2012/13 Public Health Wales invested in a number of new key posts to assist the organisation with meeting its goals, key challenges and priorities in relation to quality and safety.

In August 2012 an appointment was made to the Professional Lead for Health and Safety. The key responsibilities of the post holder is to provide specialist advice, training and support to staff on health and safety related issues and promote a positive health and safety culture throughout the organisation.

Recruitment to the post of Facilities Manager was undertaken in November 2012. The purpose of the role is to facilitate a quality estates service that is responsive to Public Health Wales’ operational needs. The post holder is also responsible for ensuring that Public Health Wales complies with its statutory and other responsibilities in relation to estates and contribute to the wider health and safety and risk management agenda in conjunction with risk management/health & safety colleagues.

During 2012/13 the Public Health Development Directorate began a restructure with the aim of clarifying core priorities and redefining the directorate’s identity and purpose. In doing so, two new posts were identified within the structure: a Director for Policy, Research and Development and a Director of Health and Healthcare Improvement. Both posts have been recruited to.

Furthermore, a new organisational role has now been established for a Director of Nursing. Recruitment to this post began in March 2013. At the time of writing this post has been recruited to. This new post will provide an improved position for the organisation in ensuring that appropriate arrangements are in place to ensure the necessary protection for the public, professional leadership and accountability for registered nurses and midwives employed within the organisation. Professional lines of accountability will be made clear and will be reflected in job descriptions for all registered nurses and midwives where registration with the Nursing and Midwifery Council (NMC) is a prerequisite for employment within Public Health Wales. This allows for a mechanism to enable any professional concerns to be escalated to the Director of Nursing for consideration of any actions which may be required.
The Director of Nursing will also have a broader role in helping the wider nursing workforce in Wales to develop their public health knowledge and skills. This will help the facilitation of public health messages and advice and is a major step forward in ensuring we make every contact count.

No significant difficulties have been experienced recruiting to posts within the organisation, which has impacted on quality and safety within the organisation and there are no long standing vacancies. However, there have been some difficulties in recruiting to posts in remote parts of Wales and to Consultant Radiologist posts. There was also some difficulty in recruiting to a Safeguarding Doctor post and alternative arrangements were made to cover the role. Some difficulties were also experienced recruiting to a Consultant in Public Health Intelligence (Director of the Welsh Cancer and Surveillance Unit (WCISU)). This post will be filled using an alternative method.

Appraisal and continued professional development for staff working in Public Health Wales have been identified as areas which require improvement. There will be a renewed focus on this in 2013/14 to ensure all staff undergo regular appraisal and performance reviews.

During the year Public Health Wales established the role of the Responsible Officer to oversee medical revalidation. All doctors with a prescribed connection to Public Health Wales will use the online Medical Appraisal and Revalidation System (MARS) hosted by the Deanery. Medical revalidation became a legal requirement from December 2012, with the first doctors revalidated in May 2013.

### 4.1.8 Local public health teams

Public Health Wales, health boards and local authorities work closely together to promote public health in their area and will jointly identify and set the local strategic agenda.

Directors of Public Health are the senior advocates for public health matters across the health boards. The Directors of Public Health are appointed by the health boards, with support from Public Health Wales, Chief Medical Officer and local authorities. Directors of Public Health will be appraised by the health board Chief Executive with involvement from Public Health Wales to ensure a consistent approach to national priorities across Wales.

Directors of Public Health manage Public Health Wales staff (local public health teams) under an honorary contract. Local public health staff are employed within Public Health Wales.
Directors of Public Health work closely with Public Health Wales’ Director of Public Health Development and meet regularly with the Chief Executive, Chief Medical Officer and, from time to time, with the Public Health Wales Board.

4.1.9 Quality assurance

The Divisions within the Public Health Services and Public Health Development Directorates of Public Health Wales comply with quality standards relevant to their areas of work. Some examples are provided here.

4.1.9.1 Screening

The seven screening programmes within Public Health Wales operate against internal quality standards and UK level quality standards. Each screening programme has a quality manual, which provides quality standards for human resources, physical resources and operational procedures. These standards are supported by quality control which includes, amongst others, comments and suggestions from participants, complaints, checks of computer generated letters, physical testing of screening equipment and facilities, calibration of equipment, and review of techniques for reviewing results. Each programme also undergoes quality audits and reports to the management group for the respective screening programme.

4.1.9.2 Microbiology

The Microbiology laboratories are quality assured via Clinical Pathology Accreditation (CPA) which is described in section 4.1.2 of this Statement.

4.1.9.3 Public Health Intelligence

Within the Health Intelligence Division quality assurance standards are very relevant. These range from formal Data Access Agreements from data providers such as the Office of National Statistics, an internal quality management framework, to the development of Guidance on the Disclosure of Small Numbers. Terms and conditions of supply determine the information governance arrangements covering the release of data from these data sources. The Public Health Wales Observatory has access to a number of datasets which are owned and managed by others. The main NHS Wales Informatics Services (NWIS) dataset is the Patient Episode Database for Wales (PEDW). NWIS have issued a Statistical Disclosure Control Protocol. For access to the Welsh Government Welsh Health Survey Public Health Wales has to abide by formal Access Agreements. There is also a Code of Practice for Official Statistics.
In October 2012 the Public Health Wales Board agreed that Public Health Wales should become a producer of official statistics. The National Assembly for Wales approved the Official Statistics (Wales) Order 2013 in Plenary on 12 March 2013. The Order will be effective from 1 April 2013. The Order designates statistics produced by Public Health Wales as “official statistics” for the purposes of the Statistics and Registration Service Act 2007.

4.1.9.4 Welsh Cancer and Surveillance Unit (WCISU)

The Welsh Cancer and Surveillance Unit is a member of the United Kingdom and Ireland Association of Cancer Registries. It annually produces performance indicators which can be used to benchmark its processing and data against other UK countries. The Association has several sub–groups, including Coding and Classification and Analysis groups, which ensure that cancer registration in Wales adheres to agreed standards in the rest of the UK. In addition, it is a member of the International Cancer Benchmarking Partnership which supplies data and information for international benchmarking and includes separate coverage for UK nations, several European countries and certain administrative areas of Canada and Australia.

4.1.9.5 Congenital Anomaly Register and Information Service (CARIS)

The Congenital Anomaly Register and Information Service (CARIS) is bound by the British Isles Network of Congenital Anomalies Register (BINOCAR) and the European Registration of Congenital Anomalies and Twins (EUROCAT) protocol for handling data relating to the outcome of pregnancies. CARIS is a key member of both BINOCAR and EUROCAT with involvement in many developments and research.

4.1.9.6 Maternal and child health

The National Breastfeeding Programme works to improve the quality of breastfeeding support delivered across Wales. The UNICEF UK Baby Friendly Initiative standards and achievement of ‘Baby Friendly’ accreditation are the main mechanism for improving quality across maternity and health visiting services. Currently 43 per cent of births in Wales take place in maternity services with ‘Baby Friendly’ accreditation and 12 per cent of new parents are supported by health visiting services with ‘Baby Friendly accreditation’. Health Boards are expected to achieve this standard by 2015. Evaluation of breastfeeding groups and peer support network across Wales was undertaken in 2013. Publication of the findings are expected in Autumn 2013 and it is anticipated that this will report will contain a number of recommendations to strengthen the
quality of the services offered and feed into the key performance indicators.

The Welsh Network of Healthy School Scheme (WNHSS) consists of twenty two local healthy school schemes within a national framework. The phased programme includes seven health topics and works toward achievement of the WNHSS National Quality Award. The Healthy and Sustainable Pre-School Scheme (HSPSS) encourages the development of healthy local preschool schemes within a national framework HSPSS National Quality Award criterion.

4.1.9.7 Workplace health

Healthy Working Wales includes a number of programmes that support the development of healthy workplaces and promotes the health benefits of work. Public Health Wales is responsible for encouraging and supporting organisations to participate in the Corporate Health Standard Award and Small Workplace Health Award, which are the Welsh Government’s national marks of quality for health and wellbeing in the workplace. An evaluation of Public Health Wales’ delivery of the Corporate Health Standard Award and Small Workplace Health Award was concluded in May 2012. The findings from that evaluation are expected to be published in autumn 2013.

4.1.9.8 Primary dental care advisory team

The primary dental care advisory team organises the data collection for the quality assurance of dental practices. This data collection assists dental practices in keeping up to date with a diverse range of safety and quality issues including statutory compliance. It also informs investigations of areas of concern by health boards. In addition the primary care dental advisors provide support to health boards and to local dental practitioners to address areas of concern. The quality assurance return rate for 2012/13 was the highest to date.

4.1.9.9 Primary Care Quality

The Primary Care Quality team supports the 1000 Lives Plus programme in general medical practice. The quality improvement areas adhere to evidence based quality standards. Additionally, quality improvement techniques such as training programmes for clinical audit and primary care risk are offered to general medical practices across Wales. Audit training is also provided to prison healthcare staff.

4.1.9.10 Dental Public Health

The Dental Public Health Team provides support to clinical staff across health boards to develop a number of managed clinical networks including
orthodontic networks and special care dentistry networks. These assist in improving access to care and reducing waiting lists and providing quality assurance arrangements for isolated services.

4.1.9.11 Optometric Public Health

The Optometric Public Health Team provides guidance into best practice and interpretation of the various ophthalmic regulations that govern the claims that optometric practitioners can make. The Team provides high quality advice on ophthalmic matters to the Welsh Government, NHS Shared Services Partnership, health boards, Regional Optometric Councils, Optometry Wales, Counter-Fraud Teams and ophthalmic practitioners.

4.1.9.12 National and international benchmarking

National and international benchmarking is carried out regularly, in some areas of Public Health Wales, to ensure quality is comparable with the best elsewhere. However, there are other parts of the organisation where regular benchmarking does not take place and further work is needed in those areas.

The 1000 Lives Plus programme regularly draws on international work and comparisons when introducing new service improvement initiatives and securing tangible outcomes. The programme draws on international comparisons to assist with its role of driving up the quality in health care delivery.

The recent Health Improvement Review conducted a rigorous review of international evidence when formulating the recommendations. The target for smoking cessation is based on an international benchmark and allows for performance to be measured with other countries.

Breast Test Wales operates within UK quality assurance standards which allows for benchmarking with other UK countries. This is not possible for other screening programmes because definitions differ between England, Wales, Scotland and Northern Ireland. However, these programmes are monitored against internal quality standards which tend to be process standards, such as time for results to be produced.

During 2012/13 Public Health Wales launched the International Health Coordinating Centre which provides a focal point for health related international work across the NHS in Wales where previously there was no overall coordination of international health engagement within the Welsh health community. Public Health Wales is also a member of the International Association of National Public Health Institutes and
4.2 Providing high quality safe services and improving outcomes

4.2.1 Achievements and challenges

During 2012/13 Public Health Wales has been involved in a number of achievements and challenges in relation to individual service delivery plans and national population health priorities.

4.2.1.1 Quality and Safety Committee

A review of the way the Quality and Safety Committee receives information was undertaken during the year and, going forward, more emphasis will be placed on identifying, reviewing and assessing Quality Performance Measures. In order to assure itself that quality standards and safe services were in place throughout the organisation, the Quality and Safety Committee commenced each meeting during 2012/13 with a presentation. Each presentation provided the Committee with the opportunity to review the systems in place to provide assurance in relation to the quality of services and the quality outcome data. Presentations included the Microbiology quality management framework; patient stories; the Screening Division quality framework; an external review of Stop Smoking Wales; and the quality management framework for the Public Health Wales Observatory. By this means, amongst others, the Committee scrutinises and is well informed to be able to satisfy itself and ensure that safe services are provided and are of high quality, relevant, effective, efficient and standardised.

4.2.1.2 Risk Management

During 2012/13 Public Health Wales invested in its own web based centralised Risk Management system to fulfil its obligations for effective risk management and to discharge its corporate governance responsibilities. The Datix Risk Management system went live on 1 April 2013.

4.2.1.3 Screening programmes

The all Wales Abdominal Aortic Aneurism Screening Programme (WAAASP) was developed during 2012/13 and launched on 1 May 2013. The successful development of the programme was, in no small part, a result of lessons learned from setting up previous screening programmes. The lessons learned from the development of the WAAASP will be applied
to any new screening programmes which will be developed in future. For example, Public Health Wales have been asked to consider where the Diabetic Retinopathy Screening Programme is best placed to be managed and will make recommendation for Ministerial consideration. The process for implementing the recommendation, whatever that may be, will take account of the lessons learned from the development of the WAAASP.

During 2012/13 Public Health Wales completed the digital upgrade of the mammography screening equipment, thereby achieving a major step forward in improving the quality and safety of the service. The work involved undertaking digitisation has had an impact on round length and Breast Test Wales is working hard to remedy this. Progress has been made during the year to improve the delay in round length and this improvement will continue during 2013/14.

4.2.1.4 Health protection and emergency response

Public Health Wales Health Protection and Microbiology Divisions provided significant support during the 2012 Olympic Games and Queen’s Diamond Jubilee, particularly in relation to surveillance reporting.

During 2012/13 staff from Abertawe Bro Morgannwg University Health Board, the Local Public Health Team from that area, Local Public Health Teams across Wales, Public Health Wales health protection teams and other healthcare professionals led a coordinated response to the measles outbreak in the Swansea area. This included campaign and drop-in clinics to encourage those at risk of contracting measles to take up the MMR vaccine. A report assessing the management of the outbreak will be produced during 2013/14. The report will identify any lessons which can be learnt from the outbreak and these will be taken forward to future outbreaks.

Health Protection teams also play an important role in ensuring wider patient safety and service quality in Wales. Healthcare associated infections, vaccine preventable diseases and antimicrobial resistance are just some examples of this.

4.2.1.5 Safeguarding Children Service

A quality outcome framework for safeguarding children in NHS Wales has been developed by the Safeguarding Children Service. This will provide a helpful evaluation of the efficiency and efficacy of child protection and safeguarding arrangements and interventions in health boards and trusts. The Safeguarding Children Service has a wide-ranging, national, role to ensure quality standards are maintained across NHS Wales and other stakeholders in Wales.
The Safeguarding Children Service plans to launch a public health campaign in September 2013. ‘Shaking your baby is just not the Deal’ will aim to reduce abusive head trauma to infants.

4.2.1.6 Optometric Public Health

The Optometric Public Health Team has supported the Welsh Government in designing and implementing the new Welsh Eye Care Services Initiative which ensures funding is targeted at those patients for whom eye health is deemed to be at risk. For example this would cover patients from an ethnic background, or those with a family history of eye disease.

The team has experienced difficulties in obtaining accurate data about the uptake of sight tests by those ‘at risk’ groups identified by the Welsh Eye Care Services. The current method of capturing data for statistical purposes is inconsistent and it is hoped that future planned developments to provide scanning of sight test forms will be used to provide a 100% data capture. This will enable the Team to plan ahead and identify where services are not being taken up in Wales.

4.2.1.7 Alcohol Intervention Programme

The Alcohol Brief Intervention training programme gives guidance to staff working in oral and maxillofacial units, trauma clinics, social workers, midwives and other professionals or volunteers who are in regular contact with people who drink harmful amounts. The work has been recognised internationally when the team won first prize for its ‘outstanding poster’ at the 2012 International Network on Brief Interventions for Alcohol and Other Drugs conference in Barcelona.

At the launch of the ‘Have a Word’ campaign the Minister for Health and Social Services mentioned the initiative as the first in Wales to demonstrate highly effective integrated working between Welsh Government, academia and the public health system.

4.2.2 Quality audits and reports

Quality audits and reports are carried out throughout the year and are scrutinised by Committees and the Board. These can be reports by external bodies or internal reports. Examples of quality audit reports are detailed below.

4.2.2.1 Audit of cervical cancer

During 2012/13 Cervical Screening Wales worked on an Audit of Cervical Cancer. This will be the first report of its kind which is planned to be published every three years and provides a comparison with a control
group. The report, looking at the screening history of all cases of cervical cancer in Wales between 1999 and 2009 is was published in July 2013. The report compared 1,843 women with invasive cervical cancer who were diagnosed in the period covered by the report, with 3,686 women without cancer. The report showed that around 60 per cent of women with invasive cancer had not been screened in the previous seven years, compared with 16 per cent in the general population, indicating that rates of cancer could be 3.6 times higher without a screening programme. Future reports will monitor the effectiveness of the screening programme, identify areas of good practice and indicate where improvements can be made. Every cervical cancer case that is diagnosed is identified and it is ascertained how many of these were detected by screening and whether treatment had been given before cancer developed. The report will be a valuable tool to monitor the effectiveness of the cervical screening programme.

4.2.2.2 Cancer incidence and mortality

The Screening Division also provide regular data which compares cancer incidence and mortality across the UK over time, for the cancers for which there are screening programmes.

4.2.2.3 Primary care quality

Primary Care Quality and Information Service (now known as Primary Care Quality Public Health Wales) assists health boards, GP practice teams and individual primary care practitioners to improve the quality of the care that they deliver by providing access to evidence-based quality improvement guidance and tools; providing data sets to encourage review, reflection and revision; and providing training in quality assurance and improvement methodology. The service has developed a series of quality improvement toolkits to assist GP practices in collating and auditing information. All the toolkits are designed to aid general medical practices improve the data quality within their practices, many of which support 1000 Lives Plus, GMS enhanced service and public health priorities.

4.2.2.4 Optometric public health

The Optometric Public Health Team carried out an audit of the Welsh Eye Care Scheme for Black and Ethnic Minority (BEM) sectors in Wales and identified a low uptake in services for these groups. An analysis for the higher ethnic areas in Wales revealed that the low uptake was partly attributable to a lack of publicity of the availability of the service to the BEM groups but also determined that there was an element of reluctance by some optometric practices to offer the service. The results of this audit have prompted the Welsh Government to implement a redesign of
service provision. A further audit of the Scheme found that paperwork relating to the Scheme was not always being completed correctly by optometric practitioners and communication with General Practitioners was not always taking place. Improvements in the Scheme have now been made to ensure paperwork is complete and communication between optometric practitioners and General Practitioners occurs regularly.

4.2.2.5 External review of Stop Smoking Wales

In July 2012, an external review by the National Centre for Smoking Cessation and Training was received by Public Health Wales. The assessment concluded that the Stop Smoking Wales service provides highly effective support that is held in high regard by smokers who use the service, whether they manage to quit or not. However, the review found that there was room for improvement in terms of the total percentage of smokers in Wales accessing the service and Carbon Monoxide (CO)-validation rates. More work is planned during 2013/14 to improve the total percentage of smokers in Wales accessing the service and CO validation rates.

4.2.2.6 Survey and evaluation of ASSIST (A Stop Smoking In Schools Trial)

In July 2012-March 2013 a two part survey of teachers was undertaken as part of an evaluation of the Assist (A Stop Smoking In Schools Trial) programme and tobacco curriculum resources. Public Health Wales is currently considering the findings and recommendations of the evaluation to build on what is already in place, ensure value for money and identify opportunities to strengthen and maximise use of all resources.

4.2.2.7 Impact of smoking

The Public Health Wales Observatory and Welsh Government published a major report in June 2012 which examined the impact of smoking on the health of the population of Wales. The report reconfirmed and emphasised how smoking continues to be the greatest single cause of mortality in Wales and the pressing need to address this more robustly.

4.2.3 Mortality and harm reviews

4.2.3.1 1000 Lives Plus

The 1000 Lives Plus team, based within Public Health Wales, supports NHS organisations in their commitment to reducing mortality and harm, along with support for 1000 Lives Plus work streams. Quarterly Learning Sessions are organised which focus on particular issues and share learning and best practice from Wales and internationally.
The dental public health team has worked with the 1,000 Lives Plus team and staff in health boards to develop and deliver a programme of oral care for hospital in-patients. This has potential to assist with patients’ dignity, with management of dental disease risk and risk of aspiration pneumonia.

4.2.3.2 Screening programmes

The Screening Division reviews all cases of ‘interval’ cancers, i.e. cancers which are diagnosed in the screening age group but not as a result of screening. The Division uses the results of these reviews as an audit and learning tool. Breast Test Wales uses aggregated results of ‘interval’ cancer reviews to feed into a UK level evaluation. A number of publications have been produced from this.

4.2.3.3 Child Death Review

The Child Death Review programme in Wales, based within Public Health Wales, aims to identify and describe patterns and causes of child death including any trends, and to recommend actions to reduce the risk of avoidable factors contributing to child deaths in Wales. The programme’s first annual report was published in July 2013.

4.3 Improving patient / user experience

Public Health Wales has undertaken significant public engagement as part of various strategic and service developments. This includes:

- Adopting a comprehensive stakeholder and public engagement strategy;
- Completing a two year public engagement involving the public at every stage of the investigation into the health impact of the Wrexham Hanson Cement plant;
- Engaging the public and stakeholders at every stage of the development of the AAA screening programme;
- Engaging the public and stakeholders across Wales in the Health Improvement Review; and
- Involving the public in the response to the measles epidemic.

All Public Health Wales Board business is conducted in meetings where members of the public are able to attend and observe. There is also an Annual General Meeting where the annual accounts and annual report are presented and discussed by the Board. However, Public Health Wales
recognises that public engagement through this medium is poor and is looking at ways of how it can better engage with the public.

Parts of the organisation have strong links and regular engagement with users / patients. There are other parts of the organisation where further work is needed to ensure patient and user experience is collected and acted upon. The following provide examples of programmes and teams within Public Health Wales where work is undertaken to improve patient / user experience.

Public Health Wales also recognises there is a strong link between service user experience and Putting Things Right / complaints.

4.3.1 Community Health Councils

Public Health Wales engages with Community Health Councils wherever possible. However there is a disconnect between the local focus and local role for Community Health Councils and the national role of Public Health Wales, which can present a difficulty. Public Health Wales supported the Welsh Government’s review of Community Health Councils and proposals to establish a stronger, more strategic national Board of Community Health Councils. Public Health Wales will work with the newly established Board to build on both local and national engagement.

4.3.2 Screening programmes engagement

The Public Health Wales Screening Division has a screening engagement team which works closely with patients and stakeholders to raise awareness of screening programmes. It adopts various methods of engagement including digital stories; volunteers; social media; campaigns; public information; community work and public consultation.

4.3.3 Microbiology engagement

The microbiology laboratories actively engage users and part of this engagement is linked to the local pathology initiative. This includes: user surveys; GP open evenings; attendance at GP meetings; attendance at health board executive meetings; attendance at Grand Rounds; Reference Unit Workshops; feedback from information sent in newsletters; and Service Level Agreement (SLA) monitoring meetings. Summaries and feedback are provided via the local pathology group. Evidence that this has taken place is required for an annual horizontal audit (compliance with CPA Standard H) undertaken by the network quality manager.
4.3.4 Stop Smoking Wales engagement

The Stop Smoking Wales service routinely sends satisfaction questionnaires to every client who attends its sessions so the routine performance of the service can be monitored. An analysis of the data collected from the questionnaires has been undertaken in consequence of which the service is developing a plan of action for clients who report they are dissatisfied or very dissatisfied with the service. This is to be introduced during 2013/14.

4.3.5 Welsh Language Scheme

Public Health Wales has a Welsh Language Scheme which was approved by the Board in April 2010. It sets out how the organisation will deliver bilingual services to the public in accordance with the Welsh Language Act 1993. It includes a commitment to monitor the Scheme’s implementation on an ongoing basis and to present an annual report to the Welsh Language Commissioner, detailing the organisation’s progress and future provision priorities. From April 2013, Public Health Wales will also be required to monitor progress against ‘More than Just Words’, a strategic framework for Welsh Language Services in Health, Social Services and Social Care.

The Board receives an annual monitoring report which demonstrates progress made against the scheme and an action plan which details the practical steps needed to strengthen our Welsh language services. Progress was made by Public Health Wales in 2012/13 in developing bilingual services and promoting use of the Welsh language. However, progress was not as substantial as planned due in particular to the failure to recruit a Welsh Language Officer until February 2013 and the long-term absence of the Welsh Language Champion. There is further work to complete in terms of embedding the Welsh language within service planning, delivery and monitoring culture of the organisation and, in particular securing ownership of the Welsh language throughout the organisation.

4.4 Being a learning organisation

4.4.1 Putting Things Right

The Quality and Safety Committee receives on a quarterly basis the Putting Things Right, handling concerns report. The report provides an overview of the principal results of risk identification, evaluation and management and links the main risk management processes across Public Health Wales. The information is reviewed by the Public Health Wales
Risk Management Group before being submitted to the Committee. Sections of the report are also reviewed by the Health and Safety Group and Information Governance Committee and Working Group.

An annual claims management report is also presented to the Quality and Safety Committee and sets out key aspects of claims management activity during the year. This is, in turn, brought to the attention of the Public Health Wales Board by the Chair of the Quality and Safety Committee.

4.4.1.1 Complaints / concerns (incidents)

Public Health Wales is committed to the provision of an effective and timely process for responding to complaints/concerns (incidents), which enables the Trust to maintain and improve services based on the lessons learnt. All complaints/concerns are personally signed off by the Chief Executive.

In 2012/13 45 complaints were received by Public Health Wales of which 43 were formal and two informal. The number of formal complaints investigated under the Putting Things Right regulation was 33. The remaining 12 complaints related to operational issues which were outside of the regulation. In addition to the complaints received seven concerns (incidents) were also investigated under the Putting Things Right Regulation. The overall total of 43 complaints and concerns investigated under the Putting Things Right regulation is a decrease on 2011/12 where a total of 48 were investigated.

In the same period a total of seven concerns were reported to the Welsh Government as Serious Incidents and investigated with support from the health board responsible for delivering identified Public Health Wales services via Long Term Agreements.

The chart below provides the breakdown of the total complaints and concerns by Division.
The table below breaks down the complaints and concerns further by service group.

<table>
<thead>
<tr>
<th>Service Group</th>
<th>Complaints 2011/12</th>
<th>Complaints 2012/13</th>
<th>Complaints outside of the regulation 2011/12</th>
<th>Complaints outside of the regulation 2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bowel Screening Wales</td>
<td>7</td>
<td>7</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Cervical Screening Wales</td>
<td>12</td>
<td>9</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Breast Test Wales</td>
<td>18</td>
<td>17</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Stop Smoking Wales</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Microbiology Cardiff</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Microbiology Swansea</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

The main subjects identified within the complaints and concerns received during the period are shown within the table below.

<table>
<thead>
<tr>
<th>Subject</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>8</td>
</tr>
<tr>
<td>Appointments</td>
<td>3</td>
</tr>
<tr>
<td>Communications</td>
<td>4</td>
</tr>
<tr>
<td>Clinical Practice / Diagnosis</td>
<td>18</td>
</tr>
<tr>
<td>Delay in Results</td>
<td>7</td>
</tr>
</tbody>
</table>
The Screening Division received the highest number of complaints and concerns in 2012-13. However, it is the only Division within Public Health Wales where all work involves contact with the public.

During 2012-13 the national population based screening programmes screened a total of 484,000 participants. This number is broken down further by programme in the table below, along with the number of complaints and concerns received by each programme:

<table>
<thead>
<tr>
<th>Screening Programme</th>
<th>Numbers of people screened in 2012-13</th>
<th>Complaints/Concerns Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Test Wales</td>
<td>94,900</td>
<td>19</td>
</tr>
<tr>
<td>Cervical Screening Wales</td>
<td>220,500</td>
<td>11</td>
</tr>
<tr>
<td>Bowel Screening Wales</td>
<td>133,600</td>
<td>18</td>
</tr>
<tr>
<td>Newborn Hearing Screening Wales</td>
<td>35,000</td>
<td>0</td>
</tr>
</tbody>
</table>

The percentage of complaints and concerns received by the Screening Division in comparison to the number of individuals screened is less than 1 per 10,000 screened.

The complaints performance in relation to the formal complaints received is detailed below:

<table>
<thead>
<tr>
<th></th>
<th>2011/12</th>
<th>2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of complaints</td>
<td>48</td>
<td>45</td>
</tr>
<tr>
<td>Acknowledged within 2 working days</td>
<td>87%</td>
<td>93%</td>
</tr>
<tr>
<td>Responded within 30 working days</td>
<td>92%</td>
<td>82%</td>
</tr>
<tr>
<td>Concluded after 30 working days</td>
<td>8%</td>
<td>18%</td>
</tr>
<tr>
<td>Complaints/concerns still on going</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Average time to respond</td>
<td>21 days</td>
<td>25 days</td>
</tr>
</tbody>
</table>

Three complaints were received via Community Health Councils.
A complaint was received from the Information Commissioner Officer (ICO) but no action was taken against the organisation.

A complaint was also received in relation to Public Health Wales adherence to the Welsh Language Scheme which was resolved locally.

One complaint was withdrawn and all remaining complaints were resolved via local resolution and involved:

- Apology and explanation being provided within the response letter following complaints investigations;
- Complainant’s experiences discussed with relevant staff;
- Complainants invited to discuss concerns and queries with appropriate senior staff;
- Provision of appropriate information; and
- Quarterly complaints reports are submitted to the Public Health Quality and Safety Committee.

The following service improvements arose from the complaints received and subsequent investigation:

- Code usage between laboratories reviewed to ensure consistency;
- a Requests for Information Procedure, including Subject Access Request, has been developed and approved;
- Information Governance training has been updated to cover Subject Access Requests;
- Client handover documentation has been reviewed;
- Monitoring procedures established for extended General Anaesthetic times; and
- Procedure introduced that includes the checking of images prior to sending.

In addition to handling complaints received by Public Health Wales about services provided the primary care advisory team and the dental public health team provide professional support to health boards when handling formal and informal complaints about medical and dental services.

Public Health Wales continues to explore new ways of ensuring that actions are implemented and lessons are identified, learnt and shared across the organisation to minimise the risk of reoccurrence.
4.4.1.2 Incident reporting

Between April 2012 and March 2013 a total of 982\(^1\) incidents were reported. Throughout the period the Quality and Safety Committee monitored incidents, paying particular attention to new and ongoing Serious Incidents (SIs). As part of the monitoring of SIs the Quality and Safety Committee received update reports in order to gain assurance that learning points arising from them were considered and taken forward.

During 2012/13 a total of seven Serious Incidents were reported to the Welsh Government. These were fully investigated using root cause analysis techniques and organisational learning has been monitored by the Quality and Safety Committee.

The themes of the complaints and concerns received vary due to the diverse nature of Public Health Wales, although some common causes have been identified as follows:

- **Clinical Practice / Diagnosis**
  The clinical practice / diagnosis concerns mainly relate to diagnosis of cancer following attendance at a screening programme and receiving a negative result. Not all cancers are picked up by screening. However, when an individual who is part of the screening programmes is diagnosed with cancer a review is undertaken. The screening leaflet for all programmes informs participants of the review process and that the audit information will be made available to them on request.

- **Perforations during colonoscopy procedures**
  Perforations are a recognised complication of colonoscopy (currently 1:1000) and the root cause analysis investigations undertaken did not identify any trends or emerging concerns that may have contributed to these incidents.

- **Delays in receiving test results**
  Post digital recall volumes have resulted in delays in sending out results. There were also laboratory delays encountered over the Christmas period.

- **The sending of Bowel Screening Wales kits / invitations for screening to individuals already being monitored.**
  Screening does not routinely stop inviting individuals that are on the monitoring lists as sometimes the monitoring arrangements can fail (for example if individuals move from one area to another). Therefore, the view is to have a ‘safety net’ for such possibilities. However, names are

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\(^1\) This figure includes 105 incidents of unlabelled or insufficiently labelled vials received by our laboratories. Public Health Wales no longer report these as incidents.
removed from the database on the receipt of a signed opt out form from the participant.

- Administration
  Administration concerns relate in the main to invitations being sent out when an ‘opt out’ from screening has been requested.

  **4.4.1.3 Claims profile (as at 31 March 2013)**

During 2012/13, the delegation for the approval of losses and special payments for claims were reviewed and updated. This included the appointment of the Executive Director of Planning and Performance as the Executive Lead for clinical negligence and personal injury claims.

The caseload of claims, as reported at 31 March 2013, was 12 and consisted of eight clinical negligence claims and four personal injury claims.

The actual payments made and reimbursements received for Personal Injury and Medical Negligence Claims in 2012/13 are detailed below:

<table>
<thead>
<tr>
<th>Year</th>
<th>Actual Payments by the Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personal Injury Cases</strong></td>
<td></td>
</tr>
<tr>
<td>2012/13</td>
<td>£15,334.70</td>
</tr>
<tr>
<td><strong>Medical Negligence Cases</strong></td>
<td></td>
</tr>
<tr>
<td>2012/13</td>
<td>£733,114</td>
</tr>
</tbody>
</table>

Following analysis of the personal injury and clinical negligence claims no specific trends were identified and no claims were selected for Welsh Risk Pool Services claims review.

  **4.4.1.4 Coroner Rule 43**

Rule 43 of the Coroners Rules 1984 (as amended) provides coroners with the power to make reports to a person or organisation where the coroner believes that action should be taken to prevent future deaths. During 2012/13 Public Health Wales did not receive any Coroner Rule 43 notifications.

  **4.4.1.5 Compliance with patient safety alerts**

Public Health Wales receives regular patient safety alerts and provides quarterly reports to the Welsh Government on the organisation’s compliance with patient safety alerts. The majority of patient safety
alerts are not relevant to Public Health Wales due to the diverse range of services provided. A policy and procedure for the receipt and dissemination of alerts / safety notices within Public Health Wales was developed during 2012/13 and approved in April 2013.

4.4.1.6 Never events

‘Never Events’ are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. During 2012/13 Public Health Wales did not have any ‘Never Events’.

4.4.2 Research innovation and evaluation to drive improvement

A Policy, Research and Development Division, headed up by a new Director, has been formed as part of the restructure of the Public Health Development Directorate. A recruitment process was begun during 2012/13 to fill the Director position. The new Director is expected to take up post in September 2013. The new Division aims to establish effective partnerships to generate new knowledge, evidence and findings from research to support public health.

Public Health Wales has a research and development strategy which should ensure that the development, introduction, and delivery of new and innovative approaches are underpinned by a strong evidence base. The Research and Development Committee is chaired by the Executive Director with responsibility for Research and Development. The Library and Knowledge Management Service provides comprehensive support to researchers, along with the Research and Development internet pages and regular email updates provided to those staff with an involvement and/or interest in Research and Development. The Library and Knowledge Management Service also keeps a central log of any publications produced during the year by members of staff from Public Health Wales.

In addition to collecting data which informs the child poverty targets and Designed to Smile, the dental public health team works with the Welsh Oral Health Information Unit at Cardiff University to evaluate the impact of and improve the Designed to Smile programme which seeks to reduce inequalities in decay among children.

4.5 Staff feedback and staff survey

Feedback from staff is received via a variety of channels. The Board and Executive Team visit staff around the organisation to discuss their work
and listen to comments and feedback. In autumn 2012 the Chair and Chief Executive began a series of visits to staff and teams around Wales. Staff are invited to attend and present at Board meetings and alternate Board meetings are held in health board premises and members of the local public health teams are invited to attend. Workshops were held in autumn 2012 with a series of conversations with staff - “Have your say” – to have an open discussion about, amongst other issues, how to make Public Health Wales a great place to work. The messages that were received from these workshops can be summarised under three headings: “support us;” “trust us;” and “respect us.”

An NHS staff survey was launched in January 2013. The results of the staff survey were released in May 2013. The Director of Workforce and Organisational Development is working with trades unions, managers and staff to focus on the top actions identified in the workshops that will help Public Health Wales move closer to being a great place to work. The outcomes of this will be reported in the 2013/14 Annual Quality Statement.

Public Health Wales plans to respond fully to the results of the staff survey and address the issues raised.

5 Looking forward

5.1 Strengthening quality assurance

WHO Europe has developed a list of 10 Essential Public Health Operations (EPHOs) that act as a definition of what public health is and does. Work is underway to map the current activity of the public health system in Wales against these 10 functions. This will identify strengths and weaknesses in the public health system, and areas where there are overlaps or gaps. The exercise will make it clear who has responsibility in each area, and will help to facilitate partnership working. Using the EPHOs will enable benchmarking against other European countries. However, the primary function and purpose of this work is to identify areas for development where public health functions in Wales need to be strengthened.

5.2 Quality and Safety Committee future work plan

The Quality and Safety Committee will continue to focus on areas of work to strengthen and improve quality and safety of the services provided by Public Health Wales:
• Ensure the Public Health Wales response regarding ‘Learning from Francis’ and the matters that relate to patient quality, safety and experience are considered and scrutinised within the work of the Committee;

• Look at improving and developing performance data presented to the Committee;

• Measure improvement and manage performance in relation to the quality agenda as Public Health Wales continues to develop;

• Oversee the development of the Annual Quality Statement;

• Support further integration of the Standards for Healthcare Services into the core business of Public Health Wales, ensuring that all papers presented to the Board and Committees of the Board are aligned and referenced to the relevant Standards;

• Ensure that Public Health Wales puts things right when care delivery goes wrong and/or when concerns are raised, and ensure that redress is considered as part of the investigation process;

• Strengthen arrangements to ensure Public Health Wales learns from its mistakes and encourages an effective ‘learning the lessons’ and ‘service improvement’ culture;

• Monitor the experience of service users and responses to feedback;

5.3 Standards for Health Services

The improvement plans for standards for health services standard 6 (participation in quality improvement activities) and 7 (safe and clinically effective care) have recognised the need to improve the reporting of audits and other quality improvement measures to the Quality and Safety Committee.

5.4 Planning to support quality

An interim public health outcomes framework will be implemented during 2013/14. The framework aims to support a collaborative integrated approach to public health in Wales. It will provide a focus for action to the public health system and wider public sector to ensure that performance is monitored in a consistent and coherent manner; the system is held to account in an open and transparent manner; and partners and stakeholders have an understanding of how the system is
operating and where it could be improved. It will be further developed in subsequent years. This has been identified as a key priority for 2013/14.

5.5 Learning from the Inquiry into Mid Staffordshire NHS Foundation Trust (Francis report)

As well as contributing to the Welsh Government response to the Francis report, Public Health Wales will be looking at the learning from this report for its own organisation. During 2012/13 the Board participated in a workshop facilitated by the Wales Audit Office to consider lessons which could be learnt from the failings at Mid Staffordshire NHS Foundation Trust. The Chair and Chief Executive attended presentations given by Sir Robert Francis to aid their understanding of the issues experienced in Mid Staffordshire NHS Trust. The Director of Nursing and Board Secretary will be holding engagement events with staff to consider the implications of the report and how any of the recommendations will apply. The feedback will be reviewed, themes identified and will be considered alongside the response to the staff survey and strategy. This will be reported on directly to the Quality and Safety Committee and through to the Board as appropriate.

5.6 Professional leadership

During 2012/13 the Chief Executive was asked to chair the AcademiWales Board. The Board offers advice to AcademiWales on the high level leadership development agenda for public servants across Wales and the Board membership draws senior representation from across the public sector.

The new Director of Nursing post will become embedded within the organisation during 2013/14. The post will provide strategic leadership and direction for the implementation of systems to ensure all nurses and midwives receive appropriate learning and development to enable compliance with NMC prep standards. A nursing and midwifery strategy will be developed aligned to the organisational strategy and Welsh Government nursing and midwifery strategies. The opportunity to build public health nursing and midwifery capability by collaboration between Public Health Wales, health boards and academia will be an overarching aim. The Director of Nursing, as part of the Executive Team, will support the delivery of organisational objectives and provide clinical and nursing advice to the Board. We recognise however that we have further work to do around leadership for other professions within the organisation.
5.7 Health protection and emergency response

Public Health Wales worked closely in response to a measles outbreak which centred in the Abertawe Bro Morgannwg Health Board area. As a result the outbreak was declared over on 3 July 2013. The achievements of the public health system in Wales are evident in the vastly improved MMR vaccination rates. The number of people who have received MMR 1 vaccination is 95.9 per cent for two year olds. 92.2 per cent (five year olds) have received the second dose of the vaccine. Both these figures are the highest levels achieved in Wales. Public Health Wales is not complacent about the challenges which will continue in this area, noting that over 30,000 children aged between 10 and 18 are still inadequately protected against measles. There is a need to focus on older children and adults who have not yet received the MMR vaccine and work on a catch up programme continues.

5.8 Service user experience

A scoping exercise will be undertaken to establish the current position in relation to service user experience processes and how these inform ongoing service development and delivery. The Your NHS Wales Experience Questionnaire (July 2013) will be incorporated within Public Health Wales service user feedback mechanisms. A quarterly panel will be established, to review and monitor how direct service user experience is captured across different services and programmes provided by the organisation. This panel will report to the Quality and Safety Committee and will ensure that there are mechanisms in place for learning from service user stories at all levels of the organisation.

In response to Welsh Government issuing the framework for assuring Service user experience during 2013 and the Your NHS Wales Experience Questionnaire (July 2013), the organisation has undertaken a scoping exercise to establish the current position in relation to service user experience processes.

It is recognised that capturing and analysing patient user experience is important in improving the quality and effectiveness of services provided. This is part of a suite of measures which also includes learning from complaints and concerns.

Although Service User experience was already being captured and analysed, the required core questions will be added and further analysis will be undertaken. This will be included in the report requested by WG to be received before the 1 of November. Public Health Wales will be establishing a cross organisational panel to monitor and review service user experience, this will help to ensure that service user experience is
central to organisational governance. This panel will report to the Quality and Safety Committee and will ensure that there are mechanisms in place for continual review of quality and experience. Learning from service user stories will also be considered at all levels of the organisation including the Board.

5.9 Chief Medical Officer challenge

Public Health Wales will work with Directors of Public Health to develop an action plan aimed at rapidly improving the footfall through all smoking cessation services, with the aim of improving smoking cessation rates in Wales so as to meet the Tier 1 performance measure on which health boards will need to report.

The CMO challenged the system to address service provision within 30 days, with a view to improving service quality and footfall through services within 120 days.

Lessons learned from the approach used by the Health Protection Division when responding to a public health emergency are being applied to this work. In applying this approach a response team has been established to take it forward.

5.10 Staff feedback

In response to the feedback received from staff during the year, a number of areas have been indentified for improvement. Some action has already been taken to address these areas and work will continue during 2013/14. Staff have requested clearer links between the organisational strategy, priorities and how they contribute to these. Work has begun to revise the strategy and priorities in order to provide clear links for staff. More clarity around flexible working was requested and the Public Health Wales home working policy has been rewritten to address this request. Better communication of the need to change, including involving more staff in the change process was also identified as an area for improvement. Staff also requested better connectivity between the diverse geographical parts of the organisation and structures within Directorates and Divisions. Work to improve these areas will be taken forward alongside the findings of the staff survey.

5.11 New programmes and services

From 1 April 2013 some staff from the National Leadership and Innovation Agency for Healthcare (NLIAH) will transfer to Public Health Wales. Functions that will transfer to Public Health Wales include: service
improvement; NLIAH part of 1000 Lives Plus; Centre for Equality and Human Rights; mental health service improvement; and some specialist support functions. Public Health Wales will work with these staff to ensure a smooth transition into Public Health Wales.

The National Specialist Advisory Group for Cancer will transfer to Public Health Wales during 2013/14. Work will be undertaken to align it with existing relevant Health Intelligence functions and as part of wider developments being undertaken in relation to healthcare services.

6 Seeking views and comments

The views of our service users, stakeholders and partners are important to Public Health Wales and are key to improving the way in which we deliver our services.

If you wish to provide feedback on the Annual Quality Statement or require any further information please contact Eleanor Higgins Eleanor.Higgins@wales.nhs.uk or 02920 227744.

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