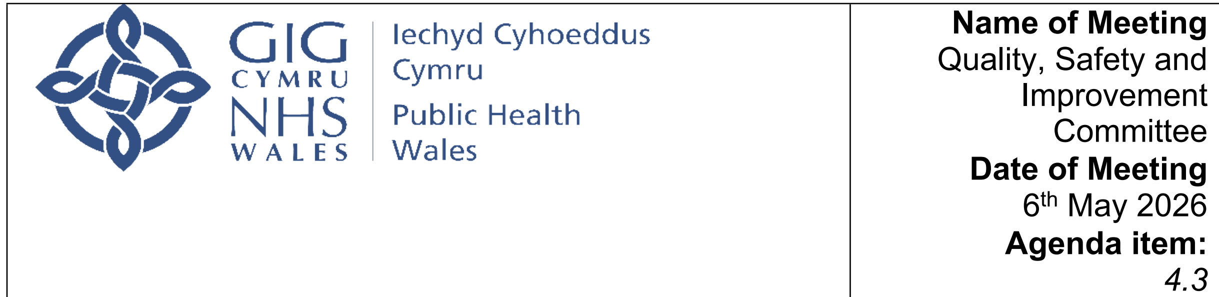	**Name of Meeting** Quality, Safety and Improvement Committee **Date of Meeting** 6th May 2026 **Agenda item:** *4.3*

Putting Things Right Annual Report 2025 - 2026	
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Approval/Scrutiny route:	Business Executive Team – 06/05/26

Purpose
The purpose of report is to provide the Quality, Safety and Improvement Committee with the annual Putting Things Right (PTR) Report for 2025-2026, in accordance with Regulation 51 of the NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 which requires the responsible body to prepare an annual report.

Recommendation:				
APPROVE ☐	CONSIDER ☐	RECOMMEND ☐	ADOPT ☐	ASSURANCE ☒

The Committee is asked to:

- **Consider** the Putting Things Right Annual Report for 2025-26
- **Receive Assurance** on the organisations effective management and the implementation of the Putting Things Right Regulations (2011).

Link to Public Health Wales Strategic Plan

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.

This report contributes to the following:

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

Summary impact analysis	
Equality and Health Impact Assessment	An Equality and Health Impact Assessment is not necessary as no decision is required.
Risk and Assurance	N/A
Health and Social Care (Quality and Engagement) (Wales) Act	This report supports and/or takes into account the Health and Care Quality Standards for NHS Wales Quality Themes.
Financial implications	Much of our quality improvement activity helps support our financial position, through enabling more efficient, productive services or supporting cost avoidance.
People implications	The PTR Annual Report provides information related to experience and outcomes for service users and staff and therefore the information is pertinent to general public, service users, carers and staff across PHW.

1. Introduction

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

The report summarises the types of feedback received from service users and their representatives during the period 1st April 2025 to 31st March 2026 and details complaints, incidents, claims, redress, and compliments as set out in the "Putting Things Right" (PTR) 2011 arrangements. The term 'Concern/s' will collectively refer to incidents, claims, Redress, complaints, and compliments for the purpose of this paper.

Public Health Wales recognises that service user and public involvement and engagement are integral to our governance arrangements and play a key role in improving the services and programmes we deliver. On occasion, the level of service provided may fall below the expected standard. Public Health Wales is therefore grateful to those service users and families who take the time to raise concerns or provide feedback and acknowledges the valuable contribution this makes to service improvement, service user experience, and patient safety.

2. Aim

This aim of this annual report is to detail the number of concerns received during 2025/2026 and to summarise the subject matter of these. It also highlights performance data in response to concerns management and subsequent actions that have been or are being undertaken to improve services in light of these. Finally, it focuses on thematic learning and changes to practice as a result of this work.

3. Overview of Concerns /Feedback Activity 2025 – 2026

Table 1 outlines the levels of activity associated with the different types of feedback received during **2025/26**. It should be noted that there has been an increase in Early Resolution complaints over the course of the year, alongside a reduction in the number of service compliments when compared with 2024/25.
The newly published People's Experience Framework is scheduled for implementation in 2026/27. Its introduction will broaden the opportunities and methods available for people to provide feedback, generating richer insights into experience and helping to better inform service improvement plans.

	2022/23	2023/24	2024/25	2025/26
Incidents Total	2,013	1,842	2,160	2,091
Formal Complaints	30	31	42	41
Early Resolution Complaints	73	121	80	113
Redress Cases	4	12	6	2*
Clinical Negligence Claims	3	8	5*	10*
Personal Injury Claims	2	1	1*	0
Professional Negligence claim	0	0	0	1
Compliments	1,589	629	548	472

Table 1. Overview of activity
*Relates to potential and confirmed cases

4. Incidents

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

During 2025/26, a total of 2,091 incidents were reported, representing a slight reduction of 69 incidents compared with the 2,160 reported in 2024/25. Work continues through the PTR team to strengthen engagement with incident reporting across PHW, reinforcing positive reporting behaviours and supporting a learning, no-blame culture.

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

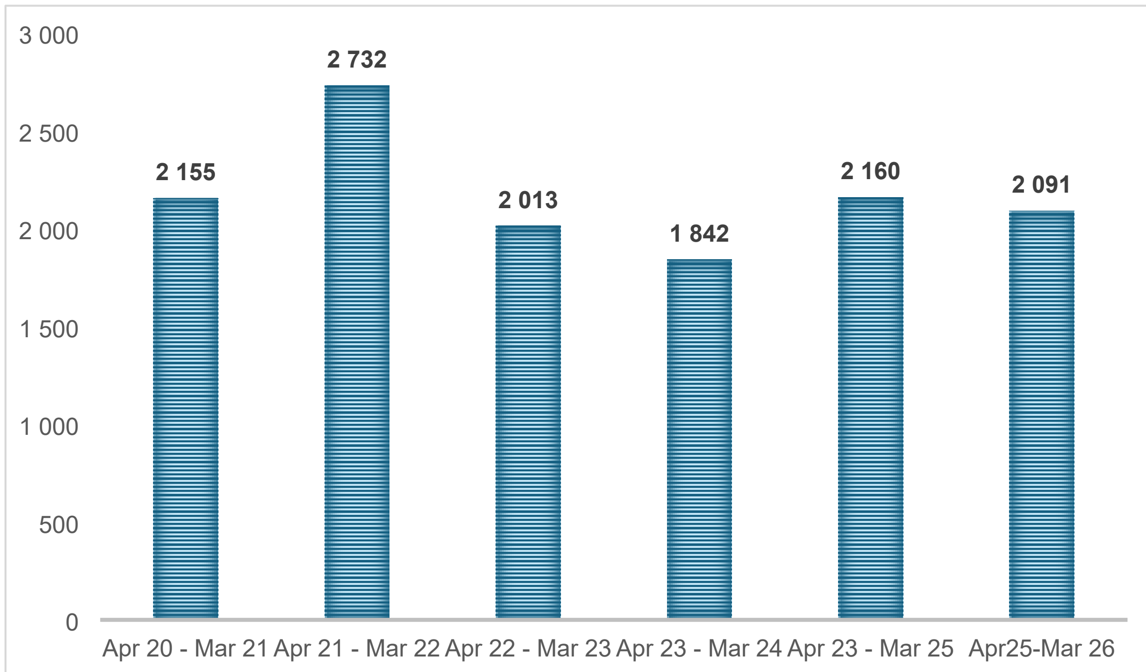


Chart 1. Incident numbers by Year

Of the 2,091 incidents reported 98% (2,043) occurred within the Health Protection and Screening Services Directorate in line with it being the largest Directorate and one which provides frontline clinical services.

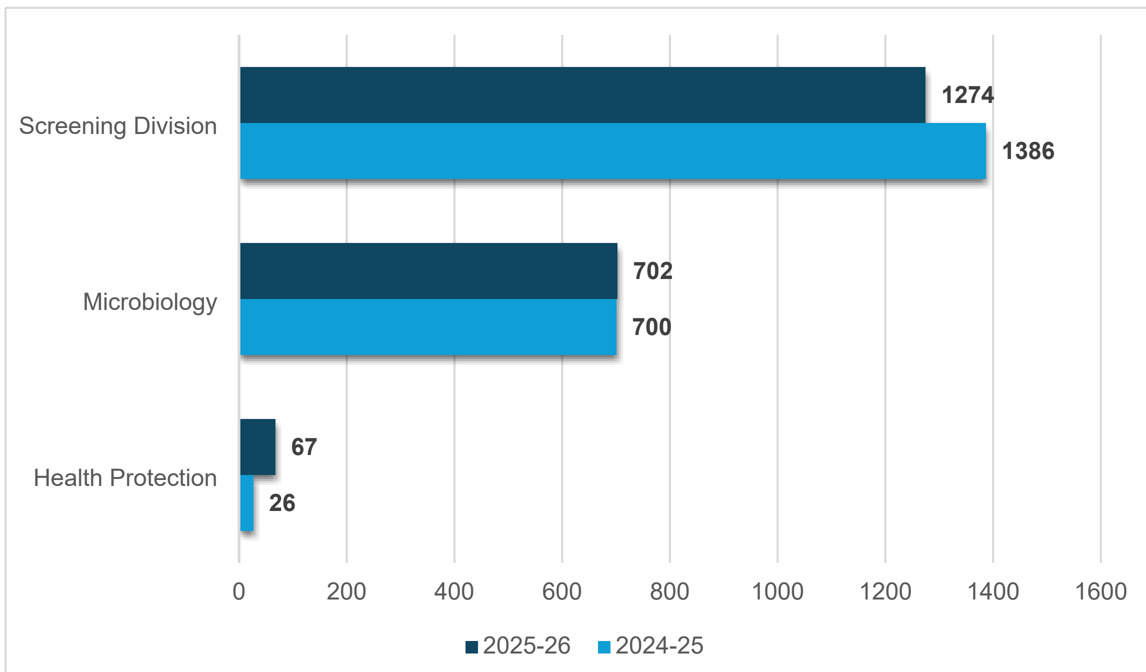
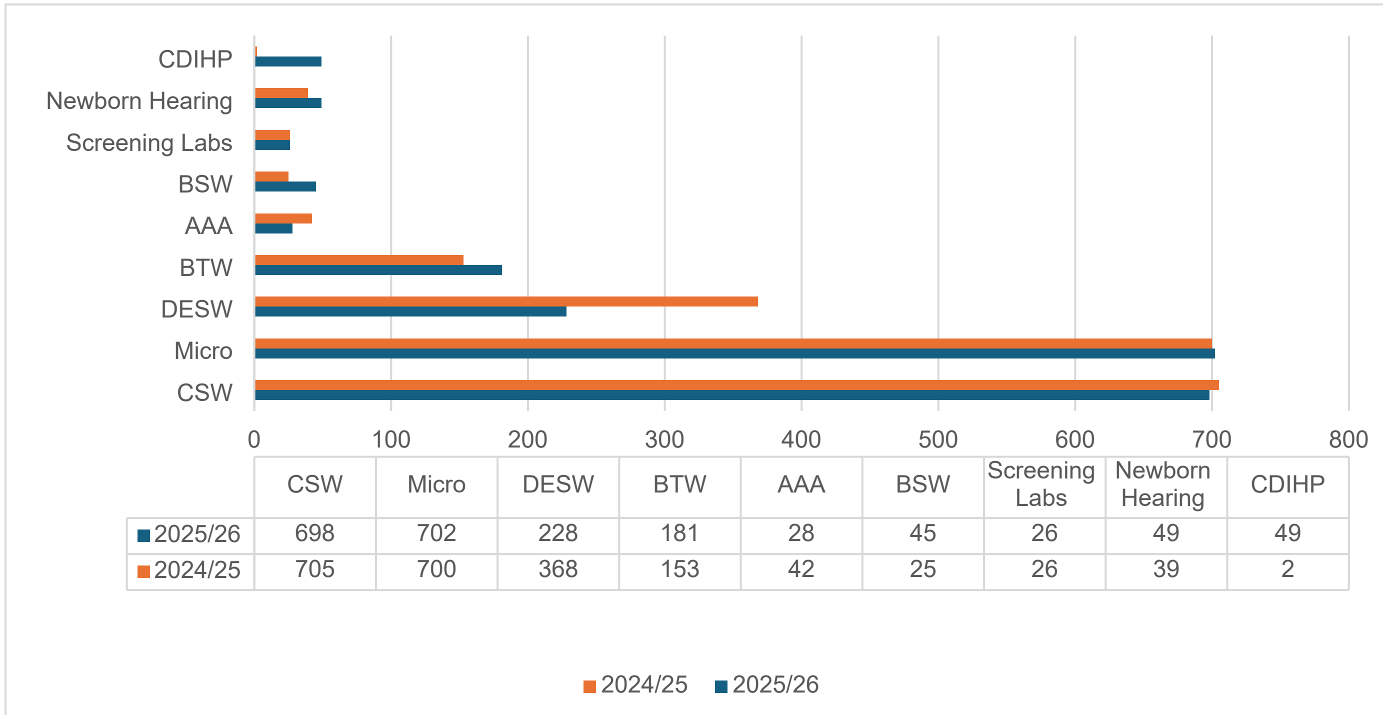


Chart 2. Breakdown of HPSS Incidents



	CSW	Micro	DESW	BTW	AAA	BSW	Screening Labs	Newborn Hearing	CDIHP
2025/26	698	702	228	181	28	45	26	49	49
2024/25	705	700	368	153	42	25	26	39	2

Chart 3. Areas of increased incident reporting

The main category for incident reporting remains ‘Assessment, Investigation, Diagnosis’ with a total of 1338 incidents reported during 2025/26. This is a slight 2% decrease compared to the 1365 reported in 2024/25.

Increased reporting has been seen by the Sexual Health Service within Communicable Disease Inclusion Health Programme (CDIHP). These relate to areas of concern within the delivery of the programme with specific incidents in safeguarding and Hepatitis C testing.

Over the same period, Diabetic Eye Screening Wales (DESW) recorded a 38% reduction in reported incidents. The most significant reductions were seen in incidents associated with non-adherence to standard operating procedures (SOPs) and incorrect documentation.
This improvement is attributed to a range of changes implemented across the Programme. The most impactful intervention has been targeted action to address non-adherence to the image capture process, particularly issues relating to the correct number and type of images obtained by screeners.
The establishment of the training team within DESW has supported this improvement through the delivery of refresher training, complemented by ongoing data review undertaken by Quality Audit Support Workers. In addition, the introduction of an automated camera process, replacing the previous manual system, has reduced reliance on individual input and significantly minimised the risk of human error during image capture. This a great example of quality improvement within our Quality Management System.

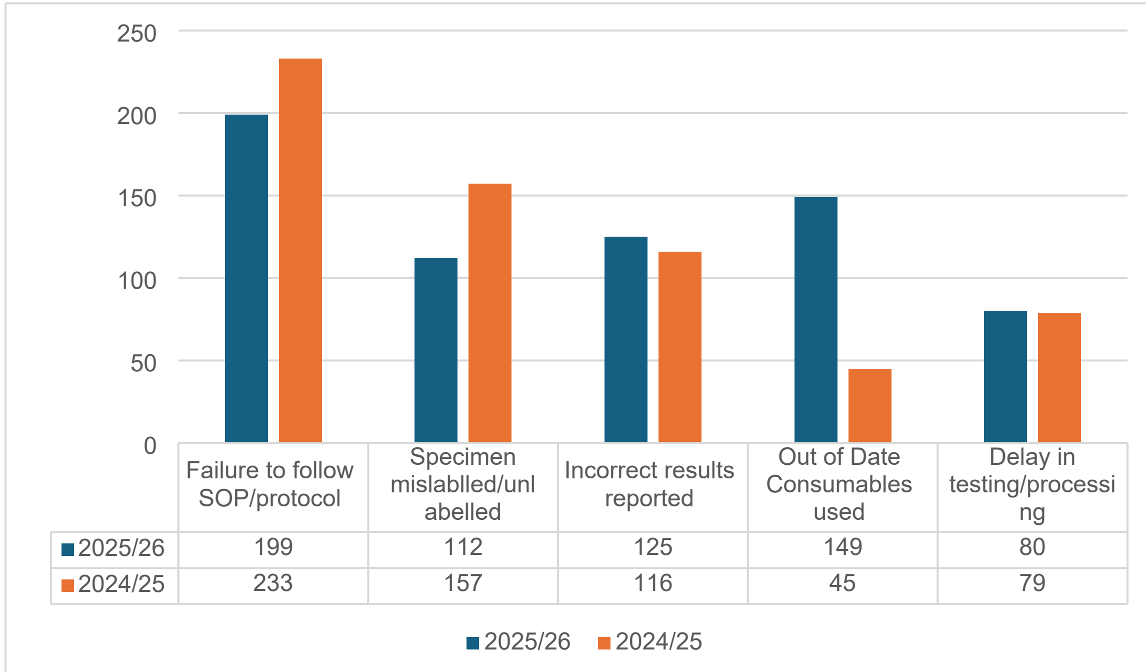


Chart 4. Top 5 subcategories reported.

3.1 Levels of Harm

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

Level of Harm	Number of Incidents
None	800
Low	1222
Moderate	65
Severe	4
Catastrophic / Death	0

Table 2. Levels of Harm

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

Of the 65 incidents initially reported as moderate harm, 53 were reclassified to low or no harm following investigation. 11 incidents remained assessed as moderate harm post-investigation, with 1 incident still under investigation.
Of the 10 incidents closed as moderate harm following investigation, 5 were reported under RIDDOR, 2 were subject to the Duty of Candour, and 4 related to CSW Cervical Screening Wales Audit of Cervical Cancer (CSWACC).

Of the 4 incidents initially reported as severe harm, all were reclassified to low or no harm following investigation.1 incident was initially reported as low harm but, following investigation, was reclassified as severe harm. This incident related to a RIDDOR report within Infection Services and involved an injury sustained during manual handling. Investigation findings confirmed that the employee had undertaken manual handling activities despite their risk assessment stating that they should not carry out manual handling duties.

3.1.2 Duty of Candour Cases

Of the 65 classified as moderate harm and above incidents, 2 required the application of the Duty of Candour procedure.

A Duty of Candour was triggered in August 2025 in relation to a Breast Test Wales case. This case involved the potential incorrect reporting of the screening Mammograms.

The second Duty of Candour case related to Infection Services and involved the false reporting of a positive laboratory result, which resulted in an extended length of hospital stay.

3.2 Nationally Reportable Incidents / Early Warning Incidents / Never Events

Number Reported	2022-23	2023/24	2024/25	2025/26
Nationally Reportable Incidents (NRI) reported to NHS Executive	5	2	3	3
Early Warning reports submitted to Welsh Government	9	1	6	4
No Surprises reports submitted and subsequently upgraded by Welsh Government to a Nationally Reportable Incident	0	0	0	0
Never Events	0	0	0	0

Table 3. Externally Reportable Incidents

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

All of the 3 National Reportable Incidents (NRI) occurred within Health Protection Division. 1 occurred within the AWARE team and related to issues within the Tarian system with the other 2 occurring within the Sexual Health service and related to safeguarding processes and Hepatitis C testing.

4 Early Warning notifications were sent to Welsh Government, and all pertained to Health Protection division with 2 for the AWARE service and 2 for Sexual Health Service

Incident and Complaint Reporter Training

During 2025/26, 225 staff members attended the above training session, meaning that 49% of PHW staff have now received this training. This is a slight decrease from 232 staff trained in 2024/25. This includes a bespoke training session with Breast Test Wales in June 2025 and one with Microbiology in November 2025.

This training is open to all PHW staff, and all staff are encouraged to attend. The PTR team will continue to promote attendance in the coming year, despite the training not being mandatory. Ongoing work continues with the Putting Things Right Superuser Network to identify both new and existing staff who have not yet completed the training and increase uptake.

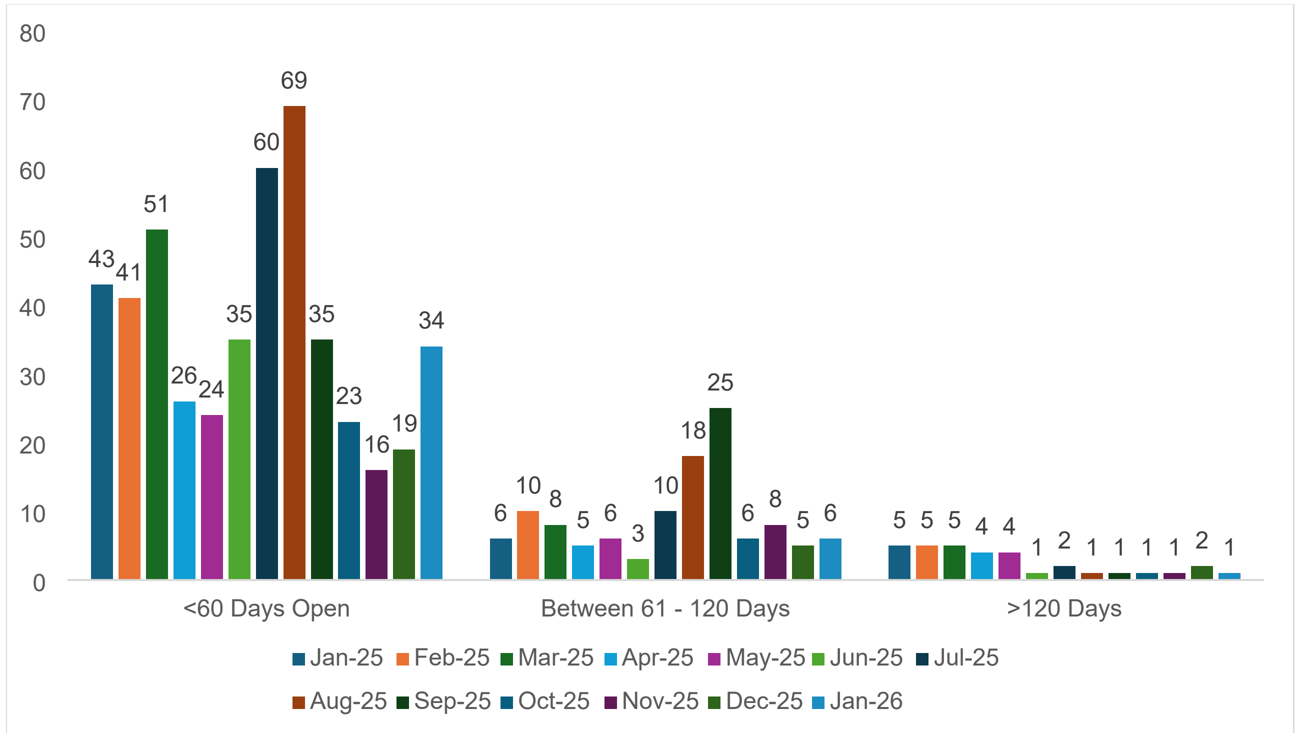
As training uptake continues to improve along with staff awareness of the importance of incident, it is anticipated that reporting rates will continue to increase, reflecting a positive reporting culture focused on learning and improvement.

Overdue Incidents (open greater than 30 working days)

As of 31 March 2026, there were 47 overdue incidents awaiting closure. During the year, targeted work has continued to address suboptimal performance in incident closure rates. This has included the introduction of a weekly overdue incident report, produced by the PTR team which is shared with designated operational and clinical leads to support review and progression of incidents to closure.

In addition, overdue incidents are discussed as a standing item at a weekly safety huddle, attended by colleagues from the Nursing, Quality and Integrated Governance Directorate and the Office of the Medical Director, providing additional oversight and support to timely incident management.

As a result of this targeted work there has been notable improvement in reducing the time incidents remain overdue since 1 April 2025. The number of open incidents now exceeding 120 days has decreased from 4 to 1, with the longest-standing case timeframe reducing from 342 to 86 days. Additionally, as of the 31 March 2026 no incidents have exceeded the 90 working days threshold.



4. Complaints

Formal Complaints
The table below summarises performance in managing formal complaints against the current standard, with comparison details from previous years.

Formal Complaints	2022/23	2023/24	2024/25	2025/26
Total number of Formal Complaints	30	31	42	41
Acknowledged within 5 working days (Target – 75%)	27 (90%)	28 (90%)	37 (88%)	36 (88%)
Managed and responded to within 30 working days (Target – 75%)	29 (97%)	27 (85%)	28 (67%)	30 (73%)
Not yet due for a response (Received in February/March 2026)	N/A	N/A	3 (7%)	2 (5%)**
Responded to within a period exceeding 30 days but within 6 months	1 (3%)	5 (15%)	11 (26%)	11 (27%)

Responded to within a period exceeding 6 months	0	0	0	0

Table 4. Formal Complaint Performance
** if completed in time % will be 78%.

Overall performance for complaint acknowledgements continues to exceed the 75% target. However, performance against the 30-working-day response timeframe remains slightly below target. This is attributable to a range of factors, including the complexity of some complaints requiring detailed clinical investigation, amendments or additional information requests arising during the Quality Assurance process, and delays in receiving draft written responses from service areas within the required timescales.
With all complaints exceeding the 30-working day response timeframe, the affected complainant was informed in writing with an apology for the delay provided along with a revised response date.
Targeted work will take place this coming financial year to improve our response times.

Early Resolution Complaints

Public Health Wales endeavours to deal with complaints by way of Early Resolution wherever possible.
The below table summarises the numbers and performance for Early Resolution complaints this year, compared to previous years.
There are 33 more Early Resolution complaints compared to last year's total with the increase mainly seen in Breast Test Wales.

Early Resolution Complaints	2022/23	2023/24	2024/25	2025/26
Total number of Early Resolution Complaints	73	121	80	113
Resolved within the 2-working day target	59 (81%)	82 (68%)	64 (80%)	92 (81%)
Resolved outside of 2-working day target but within 10 working days	14 (19%)	38 (31%)	15 (19%)	21 (19%)
Resolved outside of 2-working day target but within 20 working days	0	1 (1%)	1 (1%)	0

Table 5. Early resolution complaint performance

Complaints by Directorate

In 2025/26, a total of 154 complaints were received, representing an increase of 32 compared to 2024/25 (122). This rise is largely attributable to an increase in early resolution complaints (33). While formal complaints decreased within DESW, BTW

experienced an increase, rising from 15 in 2024/25 to 20 in 2025/26. Of the formal complaints received by BTW, 40% (8) related to interval cancer reviews, and 20% (4) were associated with delays in receiving test results.
Improvement work has been initiated to address learning identified through interval cancer reviews, alongside targeted actions to reduce reporting and reading delays.

The graphs below illustrate areas where complaint numbers have increased and provide comparative data from the previous year. While Health Protection and Screening Services record the highest overall number of complaints, this directorate is also the most public-facing one within PHW. Additionally, Diabetic Eye Screening Wales (DESW) screens the largest number of participants and therefore has the highest level of service user contacts, which is likely to influence complaint volumes. Notwithstanding this, Breast Test Wales (BTW) has recorded the highest number of complaints this year.

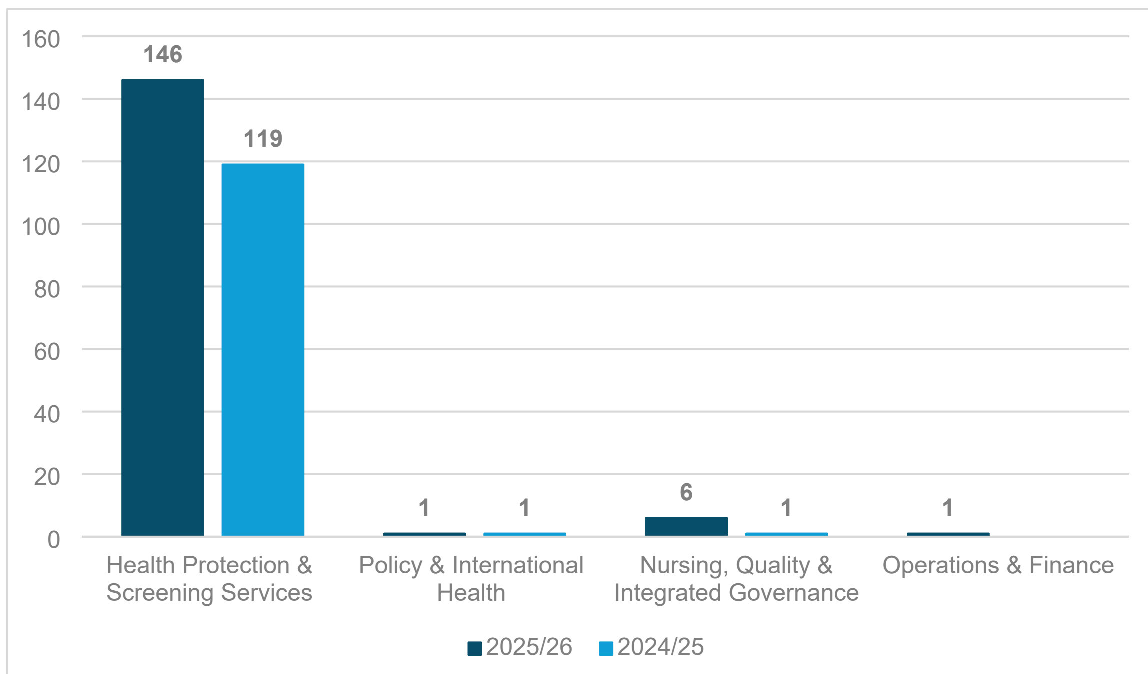


Chart 4. Complaints by Directorates

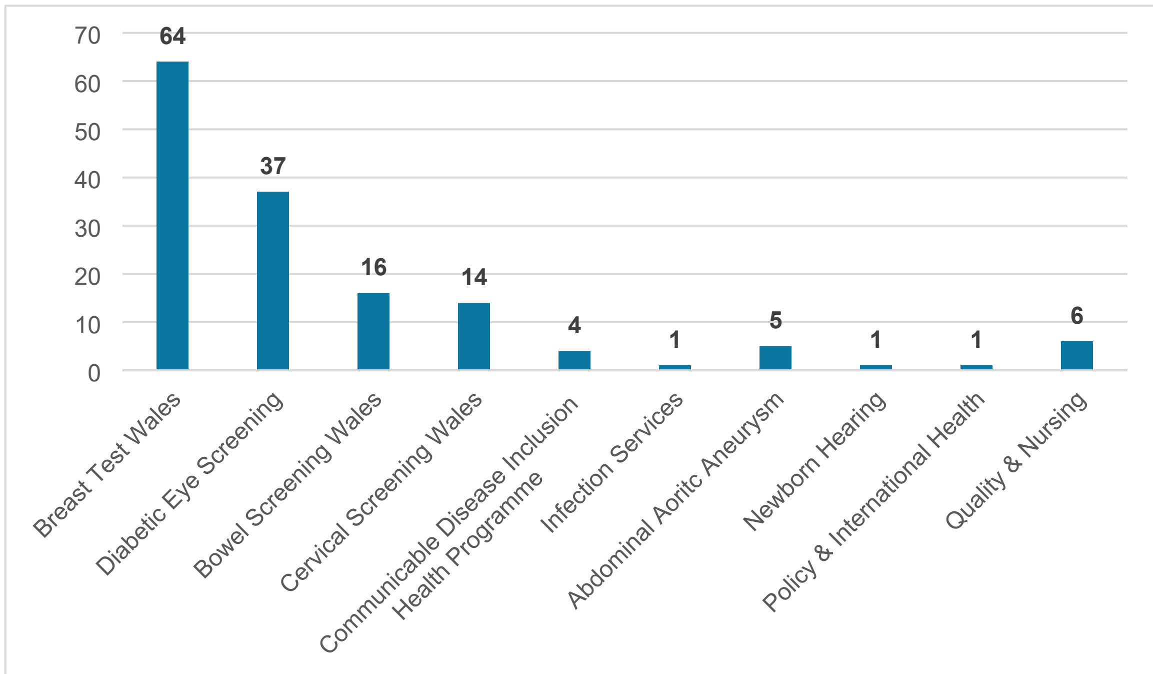


Chart 5. Complaints by service area

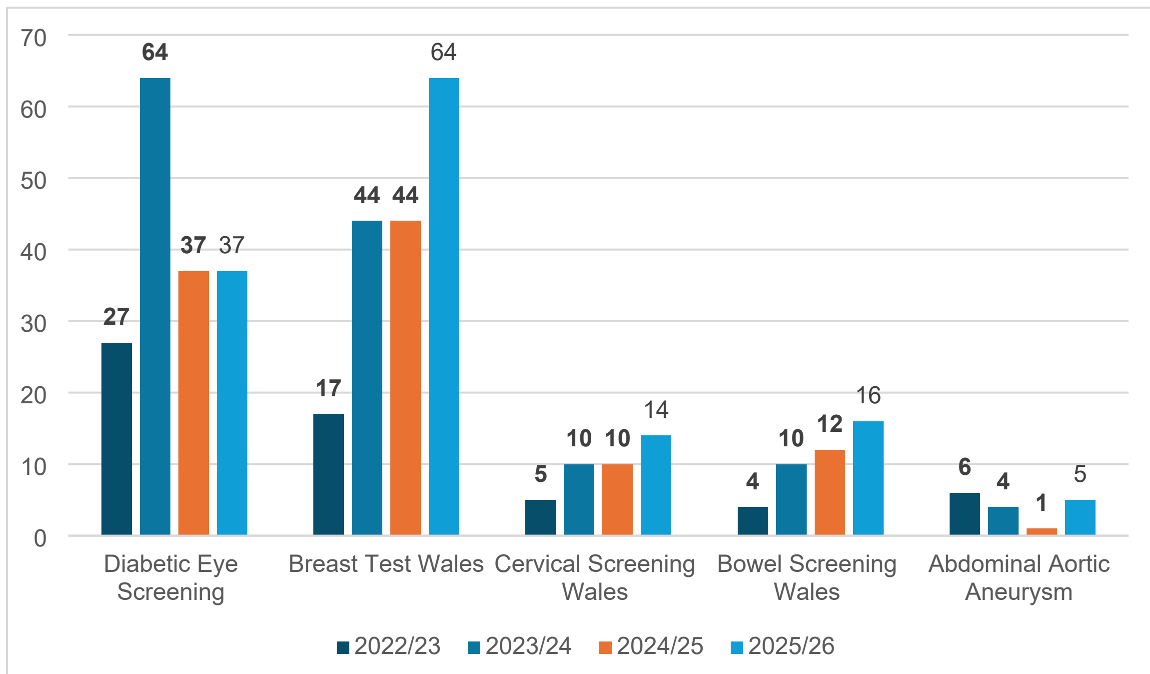


Chart 6. Screening complaint numbers by year

Complaints by Subject/Theme

The below chart details complaint themes for both Formal and Early Resolution complaints this year.

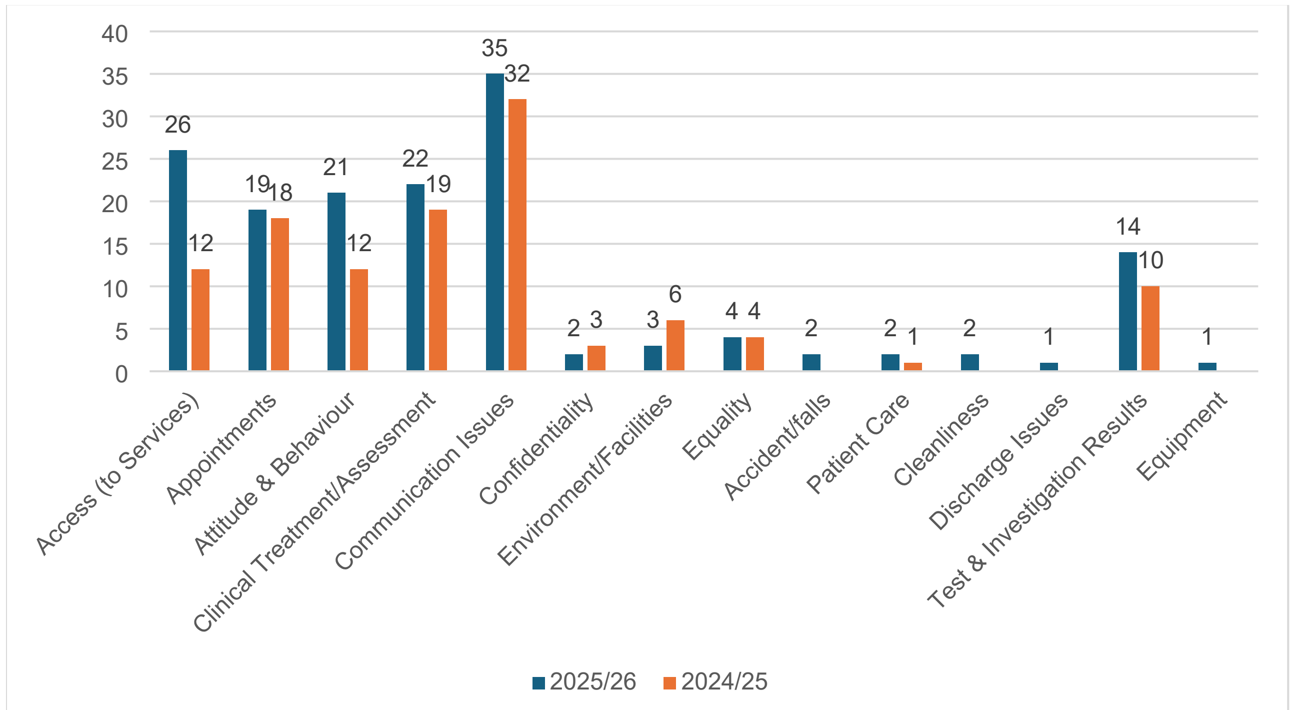


Chart 7. Complaints themes by year

The most common complaint themes are:

Theme	Actions taken
Communication Issues – This includes examples where participants have not received appointment letters or concerns raised with the wording included within letters.	Work is ongoing within some screening programmes to review the content and wording of letters, with service user input incorporated into the process.
Clinical Treatment / Assessment – This includes clinicians or service user requests to review their previous screening results following a diagnosis of cancer	Interval cancer reviews taking place in a timely manner and responses provided to clinicians and/or service users. Attempts to benchmark missed screening cancers is being undertaken from other UK services.

Appointments – This includes clinic cancellations and instances where service users were not informed in advance, as well as appointments being scheduled at unsuitable locations. Current systems do not support the recording of participants' access needs.	Work is underway to ensure participant contact details are kept up to date, enabling timely communication should appointments need to be cancelled. Services are also engaging with local health boards and communities to increase the availability of venues.
Attitude & Behaviour – This includes how staff interact with service users at the time of their visit/appointment.	Customer care and refresher communication training has been delivered to staff in some areas and will remain a priority in the coming year. Targeted reviews will be undertaken to evaluate actions taken and identify further preventative measures.

Table 6. Complaint themes and actions taken

Summary of Complaint Decisions

During the year, a total of 154 complaints were received. Of these, 45% (70) were upheld, while 48% (74) were not upheld. A further 3% (4) of complaints remain open. In addition, 2% (3) were withdrawn due to consent issues, lack of contact from the complainant, or the complainant's decision not to pursue the matter further.

5. Public Services Ombudsman for Wales Activity

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

2 complaints were referred to the Public Services Ombudsman for Wales during 2025-26. In both cases the Public Services Ombudsman for Wales decided not to investigate any further.

One additional complaint had been under investigation by the Ombudsman since November 2024, with a draft outcome report received in October 2025. The report was not finalised, and the complaint was closed following the complainant's decision to pursue a legal claim.

5.1 Learning and Improvements from Complaints and Concerns

Public Health Wales aims to manage complaints effectively and efficiently within the recommended timeframes. Over the last 12 months there has been a continued

focus on using insight gained from the complaints to improve our services and functions. All complaints received provide an opportunity for learning and improvement.

Below are some examples of learning from concerns received and actions taken in response to these during 2025/26:

Complaint – Access to Services

A concern was raised on behalf of an individual regarding access to a health screening service, after they were initially advised that an appointment could not be offered due to physical limitations associated with the standard screening requirements.
Following receipt of the concern, the service reviewed the individual circumstances and engaged in further discussion to better understand the person's needs. This review identified that reasonable adjustments could be made to safely support the individual to undergo screening. An appointment was subsequently arranged, and the screening was completed successfully. These improvements will benefit future users of the service.

Complaint – Communication Issues

A concern was raised by an individual regarding their experience when attending a health screening appointment. The individual reported that the interaction lacked an appropriate greeting, warmth, and clarity of communication. Concerns were also expressed regarding the availability and visibility of bilingual information, including the offer of language services and the display of relevant written materials.

In response, the service reviewed the issues raised and identified actions to support improvement. Training has been arranged to reinforce staff awareness of language service obligations and the importance of using basic greetings. The impact that the interaction had on the service user was shared with the team. In addition, communication skills training, covering both verbal and non-verbal engagement, has been scheduled for relevant staff groups.

5.2 Redress

Under the framework for investigating concerns, including patient safety incidents where harm has occurred, or is alleged to have occurred as a result of healthcare, Public Health Wales is required to consider whether a qualifying liability in tort may exist. This includes assessing whether any failings in care amount to a breach of duty and whether such a breach has caused, or materially contributed to, harm.
The test for establishing a breach of duty of care aligns with the established legal principles set out in *Bolam V Friern Hospital Management Committee [1957] 1 WLR 582*, which require consideration of whether the decisions and actions taken were reasonable and appropriate when judged against the standard of a responsible body of professionals practising in the relevant field.

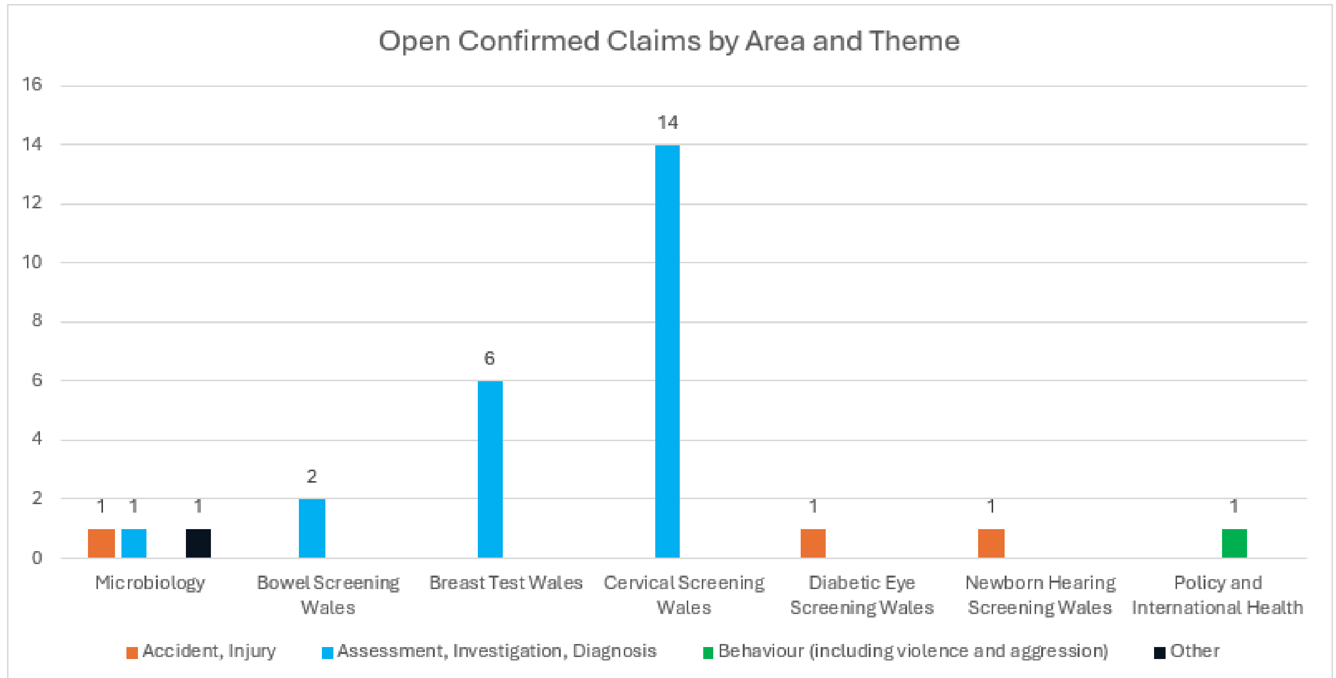
Between 1 April 2025 and 31 March 2026, Public Health Wales received two Redress cases. One case relates to a potential missed opportunity to diagnose breast cancer at an earlier stage, and the second concern Cervical Screening Wales, relating to a missed opportunity to correctly report a cytology slide.

6. Claims

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

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

Between 1 April 2025 and 31 March 2026, Public Health Wales received a total of 11 new claims (both potential and confirmed). Of these, 10 related to clinical negligence and one related to professional negligence. This represents an increase of 5 cases compared to the previous year.
During the financial year, 7 potential claims were received, alongside 3 new claims (2 clinical negligence and 1 professional negligence). In addition, one case was transferred from the Redress process to be managed as a formal claim.



7. Learning from Events Reports

The Welsh Risk Pool requires submission of a Learning from Events Report (LFER) within specified timescales. Where the decision to settle a claim was made before 1 September 2023, the LFER must be submitted within 60 working days. For decisions made on or after 1 September 2023, following amended guidance, a submission timescale of four calendar months applies.

During this reporting period, Public health Wales submitted 8 LFER' outlining the identified learning from the claim/redress presented.

Of the eight Learning from Events Reports (LFERs) submitted, 5 have been classified as *amber deferred* by the Welsh Risk Pool, pending receipt of additional information required to support approval of the learning submitted.

4 Case Management Reports (CMR) have also been submitted to Welsh Risk Pool for reimbursement, and all cases were successfully reimbursed.

8. Compliments

A total of 472 compliments were recorded in the Civica system during 2025/26. The Screening Division received the highest number of compliments (371), followed by Infection Services (80). The remaining compliments were distributed across Health Protection, Knowledge, Operations and Finance, and Nursing, Quality and Integrated Governance.

In contrast to 2024/25, there has been a change in the primary method for receiving compliments. While website feedback functions were previously the main mechanism, 2025/26 data indicate that email is now the leading route, with 176 compliments received. Other common routes included verbal feedback provided in person (81), verbal feedback via telephone (46), and thank-you cards (38).
75.48% (354) of the compliments recorded within the Civica system are received directly from members of the public who have accessed or used Public Health Wales services. The remaining compliments include employee (14.50%), non-PHW professional (4.90%) and stakeholder/partner organisation (2.56%) compliments.
'General thank you to staff' is the most common compliment theme with 48.09% (227), followed by 'Beyond the level of care expected or anticipated' 32.63% (154). Other prominent themes include 'Professional and caring manner', 19.28% (91), and 'General service compliments', with 20.55% (97).
Compliments represent an unsolicited expression of gratitude, often shared in the expectation that the positive behaviours experienced will be repeated and made routinely available to others. As such, categorising compliments as 'Other' do not support organisational learning. It is therefore noteworthy that use of this category has remained low, which is attributed to the engagement and support provided throughout the year by the Nursing, Quality and Integrated Governance team to service areas to support correct coding within the system.

9. Improvements Made during 2025/2026

The PTR team has led a number of significant improvement initiatives throughout the year. Key examples include:

- Revising the complaints management process to support a timelier and person-centred approach.
- Strengthening collaborative working across the Putting Things Right Superuser and Champion networks to facilitate the sharing of issues, updates, and learning.
- Delivering bespoke investigation training based on a systems-focused methodology.
- Enhancing the support and monitoring of overdue incidents, including the introduction of an escalation process.
- Supporting organisational readiness for the implementation of the revised Concerns Regulations.

9.1 Once for Wales Concerns Management system

Ongoing challenges remain with the Datix Once for Wales Concerns Management system. All Putting Things Right (PTR) data reporting is undertaken through data uploads to this system. The Datix Cloud IQ functionality is not yet fully mature, and several system issues continue to be identified that require remedial action.
Examples of outstanding issues include incidents where details relating to the person affected have disappeared from the records, as well as reporting problems where

information within finance and medication fields does not populate correctly. As a mitigation and to support business continuity, Public Health Wales continues to maintain a separate record of individuals affected.

9.2 Contribution to the Implementation of Listening to People Regulations

The Quality, Safety and Putting Things Right team were actively involved in, and made significant contributions to, a range of national working groups supporting the introduction of the new regulations. These included the Head of Patient Experience (HOPE) Network and the Claims, Complaints, Incidents and Datix Working Groups.
In advance of the publication of the regulations, an impact assessment was completed to identify and mitigate potential risks. This informed a programme of actions, including additional awareness-raising training on the new regulations, targeted engagement with service leads, revisions to training materials, and the planned review and update of relevant policies and procedural documents. In addition, a risk was added to the NQIG Directorate Risk register during the year pertaining to the delayed publication of the new regulation and the potential consequences of this delay for Public Health Wales.

This bespoke training offer ahead of the national eLearning programme launch has resulted in 5 Listening to People awareness training sessions delivered to date. Of the 200 staff identified as primary and secondary concerns handlers 81% (163) have received their training. Further sessions are scheduled.

11 drop-in sessions have taken place where the PTR Team make themselves available to answer staff questions and provide advice and support.
Training on listening discussions have been provided and continue to be provided via in person training days for tier 2 training and via a pre-recorded webinar for tier 1 training. The sessions are provided by NHS Wales Performance and Improvement.

A resource library has also been created on the PTR Team SharePoint page that is available for all staff to access and includes templates, guidance, training, etc. The templates and resources include the QR code and link to the national Listening to People survey, inviting complaints to provide their feedback on the complaint process.

In preparation for the implementation an internal communication was sent out to all staff via news events and a message from Claire, Executive Director for Quality, Nursing and Integrated Governance providing an update on the revised regulations. Presentations were also provided to Strategic Business Executive Team and Screening Senior Management Team to provide an update on the key changes in the revised regulations.
New performance metrics have been incorporated into the Quality Dashboard to support assurance monitoring to the board and report submissions to Welsh Government.

Head of Quality, Safety and PTR is the PHW representative on the National Operational Delivery Group for the revised regulations and will continue to represent the organisation and share updates.

10. Identified Priorities for 2026-2027

The focus of work for the coming year includes:

- The introduction and embedding the revised Listening to People regulations. Including supporting training and management of concerns against the new performance metrics.
- Supporting the delivery of shared learning across the organisation in accordance with the Clinical Governance framework.
- The continuation of the work initiated to reduce the number of overdue incidents and ongoing oversight and monitoring of actions associated with the concern.

11. Recommendation

The Committee is asked to:

- **Consider** the Putting Things Right Annual Report for 2025-26
- **Receive Assurance** on the organisations effective management and the implementation of the Putting Things Right Regulations (2011).