

## WELSH INFORMATION STANDARDS BOARD

<b>DSC Notice:</b>	DSCN 2017 / 05
<b>Date of Issue:</b>	18 <sup>th</sup> September 2017

<b>Ministerial / Official Letter:</b> N/A	<b>Subject:</b> NHS Wales Concerns Data
<b>Sponsor:</b> Teresa Bridge, Welsh Government	
<b>Implementation Date:</b> April 2018	
<div><b>DATA STANDARDS CHANGE NOTICE</b></div> <p>A Data Standards Change Notice (DSCN) is an information mandate for a new or revised information standard.</p> <p>This DSCN was approved by the Welsh Information Standards Board (WISB) out of committee on 18<sup>th</sup> September 2017</p> <p><b>WISB Reference:</b> ISRN 2015 / 002</p>	
<b>Summary:</b> <p>To introduce a new standard to collect information pertaining to concerns raised by patients and/or their families about their care and treatment.</p>	
<b>Data sets / returns affected:</b> <ul style="list-style-type: none"><li>None – this is a new standard.</li></ul>	
<p>Please address enquiries about this Data Standards Change Notice to the Data Standards Team in NHS Wales Informatics Service</p> <p>E-mail: <a href="mailto:data.standards@wales.nhs.uk">data.standards@wales.nhs.uk</a> / Tel: 029 2050 2539</p>	
<p>The Welsh Information Standards Board is responsible for appraising information standards. Submission documents and WISB Outcomes relating to the approval of this standard can be found at:</p> <p><a href="http://howis.wales.nhs.uk/sites3/page.cfm?orgid=742&amp;pid=24632">http://howis.wales.nhs.uk/sites3/page.cfm?orgid=742&amp;pid=24632</a></p>	

## **DATA STANDARDS CHANGE NOTICE**

### Introduction

Since 1 April 2011, with the introduction of the Putting Things Right (PTR) arrangements (to handle NHS Wales concerns/complaints), the Welsh Government no longer publishes statistical information on complaints. Health boards are now responsible for publishing the information in their Putting Things Right annual reports and as part of their Board Quality and Safety Committee papers. They have a duty to produce and publish the PTR annual report. PTR information should also be included in their Annual Quality Statements.

However, following an independent review, 'Using the Gift of Complaints' (Evans) into the way NHS Wales handles concerns published in 2014, a number of the recommendations cited the lack of all Wales data which hindered the identification of key patient safety themes and trend analysis.

A working group was set up between Welsh Government officials and NHS staff to determine what would be required as part of a dataset. The work identified the need to be more outcome focussed and to triangulate patient experience data with that of concerns to present an all-round picture of where problems/trends lie. The purpose is to use the data to identify improvements and lessons that can be learnt across all NHS organisations. It is also intended to identify what actions are being taken to drive forward the improvements. The Framework for Assuring Service User Experience was updated in December 2015 to include feedback from concerns, compliments and clinical incidents as well as other forms of patient feedback. NHS organisations are required to evidence that this feedback is gathered and acted upon as part of the NHS Delivery Framework. The first reports were submitted in September 2016

The purpose of the new standard is to refine a set of data that can be tested in readiness for an All Wales risk management solution. The data will be quality assured and analysed by the NHS concerns teams and submitted to Welsh Government on an aggregate pro-forma.

All Health Boards and Trusts will be expected to report on patient feedback (which includes concerns/compliments) that their organisation has received within the reporting period.

The intention is that the new data standard will include measures which identify:

- formal versus informal concerns which will help highlight if there is a move away from the formal to more informal resolution
- actions that have been taken to learn from concerns and how this has led to improvements
- improvements to the timeliness and responsiveness to concerns
- trends on an all Wales basis

The data will be captured at source when patients and/or their families raise concerns about their care and treatment.

### Description of Change

To introduce a new standard to collect information pertaining to concerns raised by patients and/or their families about their care and treatment to ensure consistency in approach across NHS Wales.

### Data Dictionary Version

Where applicable, this DSCN reflects changes introduced by DSCN and/or DDCN since the release of version 4.8 of the NHS Wales Data Dictionary.

The changes introduced by such DSCNs will be published in version 4.9 of the NHS Wales Data Dictionary.

## Actions Required

### Local Health Boards / Trust:

- Ensure arrangements are in place to enable the collection of the information required for NHS Concerns Data in accordance with the definitions set out in this DSCN.
- All Health Boards and Trusts to provide one completed return on a quarterly basis and submit to the Welsh Government Delivery & Performance Division ([hss.performance@gov.wales](mailto:hss.performance@gov.wales)).

### Actions for the Welsh Government Delivery & Performance Division:

- On an annual basis, make the form available for all Health Boards and Trusts to complete and notify them of the deadline for the submission of data.

## **Appendix A: Table reflecting areas that are impacted as a result of this DSCN**

The following table shows where there are changes to the scope and/or definitions of applicable data sets, data items, terms and other associated areas that are linked with the changes documented within this DSCN.

Each data definition type is listed in alphabetical order and is shown in the sequence in which it appears in this DSCN.

<b>Data Definition Type</b>	<b>Name</b>	<b>New/Retired/Changed</b>	<b>Page Number</b>
Aggregate Pro forma	NHS Wales Concerns Data	New	6

## **Appendix B: Highlighted changes to be made to the NHS Wales Data Dictionary**

Changes to the NHS Wales Data Dictionary are detailed below, with new text being highlighted in **blue** and deletions are shown with a ~~strikethrough~~. The text shaded in **grey** shows existing text copied from the NHS Wales Data Dictionary.

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### **NHS Wales Concerns Data**

#### **Return Submission Details**

Health Boards and NHS Trusts to provide one completed return on a quarterly basis.

All submissions should be e-mailed to the Welsh Government Delivery & Performance Division inbox at [hss.performance@gov.wales](mailto:hss.performance@gov.wales)

Forms are to be submitted at the end of the following month. Exact dates of submission, guidance notes and definitions for the completion of the form are included in the *Submission Guidance* and *Data Definitions* section of the pro forma.

**Only concerns reported by patients or their representatives should be included. Do not include patient safety incidents reported by staff.**

For concerns transferred to other organisations, only the investigating organisation should report on these forms.

For joint investigations, only the lead organisation should report on this form.

Where a concern received identifies multiple issues, this should be counted as one i.e. the concern is counted, not the number of issues raised within the concern.

Please ensure that all indicators on the Data Pro Forma have been completed prior to submission.

The latest version of each form is available on the Welsh Government's Performance Management Website:

<http://howis.wales.nhs.uk/sitesplus/407/home>

Any further queries regarding the data collection forms should be directed to the Delivery & Performance Division, Welsh Government, on 03000 258871, or e-mail: [hss.performance@gov.wales](mailto:hss.performance@gov.wales)

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### **Information Requirements**

#### **1) New concern**

This is the total number of new concerns received by the organisation during the quarter, split by formal and informal.

A concern is any expression of dissatisfaction raised by a member of the public and can be verbal or written. Where a concern received has identified multiple issues, this

should be counted as one concern i.e. it is the concern received that is counted and not the number of issues within the concern.

The concern is given an overall category as follows:

Formal - an expression of dissatisfaction that is graded as 3, 4 or 5 and a relevant and proportionate investigation must be undertaken. However, at the request of the complainant a grade 3 concern may be managed informally

Informal - an expression of dissatisfaction that could potentially be resolved immediately or within 2 working days through discussion explanation or the provision of information to the satisfaction of the person raising the concern/s. The informal process would usually be applied to correspondence graded 1 or 2 (see below – indicator 8 - for details regarding each grading classification).

Received during the quarter - this is the date of receipt when the organisation received the concern. In the case of a concern involving primary care providers, the date of receipt is still the date on which the concern was first received by that provider.

## **2) Welsh language**

Of the new concerns received by the organisation during the quarter, this is the number which were made by, or on behalf of someone, who wished to communicate through the Welsh language.

## **3) Concerns by setting**

This is the number of new concerns received by the organisation during the quarter, in relation to the following settings:

- acute / general hospital setting
- ambulance service (emergency and general transport)
- community setting
- general practice - out of hours
- general practice - in hours
- NHS dentist
- NHS optician
- NHS pharmacy
- other

Where a concern received identifies multiple issues, all settings relating to these issues should be included in the counts. Where information is not collected for each issue, the primary setting should be included. Therefore, the number of concerns by setting may not be the same as the number of concerns as identified in indicator 1.

Received during the quarter - this is the date of receipt when the organisation received the concern. In the case of a concern involving primary care providers, the date of receipt is still the date on which the concern was first received by that provider.

## **4) Concerns by profession**

This is the number of new concerns received by the organisation during the quarter, in relation to the following professions:

- medical and dental staff
- nursing, midwifery and health visiting staff
- administration and estates staff
- scientific, therapeutic and technical staff
- healthcare assistants and support staff
- ambulance staff
- GP
- concern not related to a profession e.g. where a patient has a concern relating to a process
- other
- unknown

Where a concern received identifies multiple issues, all professions relating to these issues should be included in the counts. Where information is not collected for each issue, the primary profession should be included. Therefore, the number of concerns by profession may not be the same as the number of concerns as identified in indicator 1.

Received during the quarter - this is the date of receipt when the organisation received the concern. In the case of a concern involving primary care providers, the date of receipt is still the date on which the concern was first received by that provider.

Examples of staff categorised within each profession are provided below:

Profession	Includes the following grades of staff:
	Consultants
	Specialty doctors
	Staff grades
	Associate specialists
	Specialist registrars
	Senior house officers
	Foundation house officers
	House officers
	Others including clinical assistants and other medical/dental grades
	Nurse manager
	Nurse consultant
	Children's nurse
	Registered midwife
	Health visitor
	District nurse/Community psychiatric nurse/community learning disability nurse – 1 <sup>st</sup> and 2 <sup>nd</sup> level
	Qualified school nurse
	Other 1 <sup>st</sup> and 2 <sup>nd</sup> level nurses
	Modern matron
	Post-registration learners
	Nursing assistant practitioners (unqualified)
	Nursery nurse (unqualified)
	Nursing assistants/auxiliaries (unqualified)
	Pre-registration learners (unqualified)
	Senior managers
	Managers
	Clerical and administration staff
	Maintenance and works staff



<b>Scientific, therapeutic and technical staff</b>	Qualified allied health professionals
	Qualified healthcare scientists
	Other qualified Scientific, Therapeutic and Technical staff
	Support to Scientific, Therapeutic and Technical staff
	Healthcare assistants
	Support workers (do not have a formal NVQ or healthcare assistant training)
<b>Ambulance staff</b>	Manager
	Ambulance personnel
	Emergency care practitioner
	Ambulance paramedic
	Ambulance technician
	Trainee ambulance technician

## 5) Concerns by subject

This is the number of new concerns received by the organisation during the quarter, in relation to the following subjects:

Access (bed availability)/referrals	Equality/language
Accident/falls	Equipment
Admissions	Environment/facilities
Appointments	Infection control
Attitude/behaviour/assault	Medication
Bereavement	Monitoring/observation issues
Catering	Nutrition/hydration issues
Cleanliness	Patient care
Clinical treatment/assessment	Personal property/finance
Communication issues	Privacy/dignity
Concerns handling	Record keeping
Confidentiality	Resources
Consent	Test results
Discharge issues	Other

Where a concern received identifies multiple issues, all subjects relating to these issues should be included in the counts if this information is collected. Where information is not collected for each issue, the primary subject should be included. Therefore, the number of concerns by subject may not be the same as the number of concerns as identified in indicator 1.

Received during the quarter - this is the date of receipt when the organisation received the concern. In the case of a concern involving primary care providers, the date of receipt is still the date on which the concern was first received by that provider.

## 6) Regulation 24

This is the total number of concerns settled during the quarter which had a final reply (under Regulation 24):

- up to and including 30 working days of the date the concern was first received by the organisation
- after 30 working days and up to and including 127 working days (6 months) of the date the concern was first received by the organisation

- after 127 working days (6 months) of the date the concern was first received by the organisation.

A final response under Regulation 24 should be issued within 30 working days of first receipt of the concern. If this is not possible the person raising the concern must be informed of the reason for the delay. The response must then be sent as soon as possible and within 6 months of the date the concern was received. If, in very exceptional circumstances, the response cannot be issued within 6 months, then the person raising the concern must be informed and given an expected date for a response.

A Regulation 24 will be issued if it is determined that there is no qualifying liability in tort to which Redress arrangement could apply. If there is or there may be a qualifying liability in tort worth less than £25,000 an interim response in accordance with Regulation 26 must be issued within 30 working days of first receipt of the concern. If this is not possible the person raising the concern must be informed of the reason for the delay. The response must then be sent as soon as possible and within 6 months of the date the concern was received. If, in very exceptional circumstances, the response cannot be issued within 6 months, then the person raising the concern must be informed and given an expected date for a response.

Qualifying liability - this is where there is proven personal injury or loss arising out of, or in connection with the care or treatment of a patient due to the service provided by the responsible body.

Tort - is a "wrong" that involves a breach of a civil duty owed to someone else, which is dealt with through civil proceedings.

The calculation of working days is as follows:

365 days in a typical calendar year

104 days are weekends in a typical calendar year (Saturday and Sunday) i.e. non-working days

8 days are bank holidays in a typical calendar year i.e. non-working days

Therefore, a typical year is 253 working days and a typical 6 month period is 127 working days (126.5 days rounded up).

## **7) Regulation 26**

This is the total number of concerns investigated during the quarter which had an interim response (under Regulation 26):

- up to and including 30 working days of the date the concern was first received by the organisation
- after 30 working days and up to and including 127 working days (6 months) of the date the concern was first received by the organisation
- after 127 working days (6 months) and up to and including 253 working days (12 months) of the date the concern was first received by the organisation
- after 253 working days (12 months) of the date the concern was first received by the organisation.

A Regulation 24 will be issued if it is determined that there is no qualifying liability in tort to which Redress arrangement could apply. If there is or there may be a qualifying liability in tort worth less than £25,000 an interim response in accordance with Regulation 26 must be issued within 30 working days of first receipt of the concern. If this is not possible the person raising the concern must be informed of the reason for the delay. The response must then be sent as soon as possible and within 6 months of the date the concern was received. If, in very exceptional circumstances, the response cannot be issued within 6 months, then the person raising the concern must be informed and given an expected date for a response.

**Qualifying liability** - this is where there is proven personal injury or loss arising out of, or in connection with the care or treatment of a patient due to the service provided by the responsible body.

**Tort** - is a "wrong" that involves a breach of a civil duty owed to someone else, which is dealt with through civil proceedings.

The calculation of working days is as follows:

365 days in a typical calendar year

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8 days are bank holidays in a typical calendar year i.e. non-working days

Therefore, a typical year is 253 working days and a typical 6 month period is 127 working days (126.5 days rounded up).

## 8) Level of harm

This is the total number of formal concerns closed during the quarter, graded as follows:

- grade 5
- grade 4
- grade 3
- grade 2
- grade 1

at the end of the concerns procedure.

Grades are categorised as follows:

Grade	Criteria	Examples of seriousness
Grade 5 - Catastrophic	Death, multiple or permanent harm	<ul style="list-style-type: none"> <li>• Concern leading to avoidable death, multiple harm or irreversible health effects</li> <li>• Concern outlining gross failure to meet national standards</li> <li>• Normally clinical/process issues that have resulted in avoidable, irrecoverable injury or impairment of health, having a lifelong adverse effect on lifestyle, quality of life, physical and mental well-being</li> <li>• Clinical or process issues that have resulted in avoidable loss of life</li> <li>• RIDDOR Reportable Incident resulting in an avoidable death</li> </ul>
Grade 4 - Major	Major harm	<ul style="list-style-type: none"> <li>• Clinical process issues that have resulted in avoidable, semi-permanent harm or impairment of health or damage leading to incapacity or disability</li> <li>• Increase in length of stay by &gt;15 days</li> <li>• A concern, outlining non-compliance with national standards with significant risk to patient safety</li> <li>• Alleged misconduct issue of a serious nature resulting in disciplinary action</li> <li>• RIDDOR Reportable Incident resulting in permanent or irreversible health effect</li> </ul>

Grade 3 - Moderate	Moderate or minor harm	<ul style="list-style-type: none"> <li>• Clinical/process issues that have resulted in avoidable, semi-permanent harm or impairment of health or damage that require intervention</li> <li>• Additional interventions required or treatment</li> <li>• Failure to provide follow up services</li> <li>• Readmission or return to surgery</li> <li>• Increase of length of stay by 3 – 15 days</li> <li>• RIDDOR Reportable Incident which has resulted in harm</li> <li>• Concerns that outline failure to meet internal standards</li> <li>• Alleged misconduct issues</li> <li>• Avoidable patient fall requiring treatment</li> </ul>
Grade 2 - Minor	No harm or minor harm	<ul style="list-style-type: none"> <li>• Occasions where an apology would be appropriate when a patient's experience of services has not been optimum</li> <li>• Alleged misconduct issues (not formal disciplinary issues)</li> <li>• Patient/staff fall requiring treatment</li> <li>• Increase of length of stay by 1- 2 days</li> <li>• Patient requiring treatment</li> <li>• Requiring time off work</li> <li>• Concern involve a single failure to meet internal standards but with minor implications for patient safety</li> <li>• Return for minor treatment e.g. local anaesthetic</li> </ul>
Grade 1 - Negligible	No harm	<ul style="list-style-type: none"> <li>• Concerns which normally involve issues that can be easily/speedily addressed with no harm having arisen (e.g. outpatient appointment delayed but no consequences in terms of health, difficulty in parking etc)</li> <li>• Waiting list enquiries</li> <li>• Staff attitude</li> </ul>

## 9) Reopened concerns

This is the total number of concerns that were reopened during the quarter.

## 10) Claims received

This is the total number of claims received by the organisation during the quarter. This includes all compensation claims as governed by Section 8 of the Putting Things Right (PTR) Guidance i.e. all clinical negligence and personal injury claims.

Claim - this is the basis for demanding or getting something e.g. a patient who has been harmed makes a claim for compensation.

Received during the quarter - this is the date of receipt when the organisation received the claim.

## **11) Closed claims**

This is the number of claims closed during the quarter and were investigated:

- as a concern and concluded as not having liability in tort - this relates to defended claims only and should not include those that were discontinued
- where a breach of duty and causation were agreed - closed as a claim (qualifying liability in tort damages)

Qualifying liability - this is where there is proven personal injury or loss arising out of, or in connection with the care or treatment of a patient due to the service provided by the responsible body.

Tort - is a "wrong" that involves a breach of a civil duty owed to someone else, which is dealt with through civil proceedings.

## **12) Claims initially considered under redress**

This is the number of claims that were closed during the quarter that were initially considered under redress but the matter was closed as a claim.

As this indicator is a subset of the total number of claims closed during the quarter (indicator 11) then the value for this indicator can never be more than the total for indicator 11. The cell will turn red if an error is input.

## **13) Redress cases received**

This is the number of redress cases that were received by the organisation during the quarter. This includes all cases where the Redress provisions under Part 6 of the Regulations have been engaged.

Redress - this relates to situations where a patient may have been harmed and that harm was caused by NHS Wales. It can only be considered if there is a proven qualifying liability in tort. It cannot be offered if the concern is or has been subject to civil proceedings (i.e. where court proceedings have been issued) or where it is considered at the investigation stage that the amount of financial compensation that would be awarded would exceed £25,000.

Redress can comprise of:

- a written apology;
- a report on the action which has or will be taken to prevent similar concerns arising;
- the giving of an explanation, and
- the offer of financial compensation and/or remedial treatment, on the proviso that the person will not seek to pursue the same through further civil proceedings.

Redress does not apply to primary care practitioners or to independent providers.

Received during the quarter - this is the date of receipt when the organisation received the redress case.

## **14) Closed redress cases**

This is the number of redress cases that were closed during the quarter and were investigated:

- where there was a breach of duty, but no causation found (therefore a payment of compensation was not considered)
- where there was a breach of duty and causation agreed - compensation offered but not yet accepted
- where there was a breach of duty and causation agreed - compensation offered and accepted
- where there was a breach of duty and causation agreed - non financial compensation offered as redress (for example where cases have closed with an apology or alternative treatment etc.)

## **15) Written compliments**

This is the total number of written compliments received by the organisations during the quarter.

Written compliments - this includes letters, e-mails, thank you cards and compliments made via social media such as Facebook and Twitter. It excludes any feedback which has been sought from surveys.

Received during the quarter - this is the date of receipt when the organisation received the compliment. In the case of compliments involving primary care providers, the date of receipt is still the date on which the compliment was first received by that provider.