

Board of Directors

Item 5.5

Subject: Integrated incidents complaints and claims (IICC) report Q3/Q4 2022/23 (including comparison with Q1/Q2)

Date of Meeting: 26th April 2023

Presented by: Karan Wheatcroft, Director of Risk and Improvement

Purpose: To note

BAF Reference	Impact on BAF
BAF 1	Assurance regarding the process, management and learning from incidents, complaints and claims.

Level of assurance (please tick one)					
To be used when the content of the report provides evidence of assurance					
<input checked="" type="checkbox"/>	Acceptable assurance Controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/>	Partial assurance Controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/>	Low assurance Evidence indicates poor effectiveness of controls

1. Executive Summary

This paper provides the Board of Directors with quantitative and qualitative analysis of reported incidents, complaints and claims (IICC). The report focusses on Quarters 3 and 4 of 2022/23 with comparison with Quarters 1 and 2.

Incident reporting, learning from incidents, complaints and claims and improving the safety culture, remains a priority for the Trust. Bi-monthly learning and sharing meetings take place and the organisational learning session has been incorporated into the monthly team brief. All staff are invited to present learning from incidents, complaints, claims and patient experience events. In addition, a learning database has been created which brings together all the learnings from complaints, incidents and learning from deaths to allow themes to be understood and learning to be identified. All divisions also hold regular audit meetings, where sharing of learning takes place.

The Board of Directors is asked to note the report and receive assurance of the arrangements in place for the management and learning from incidents, complaints and claims.

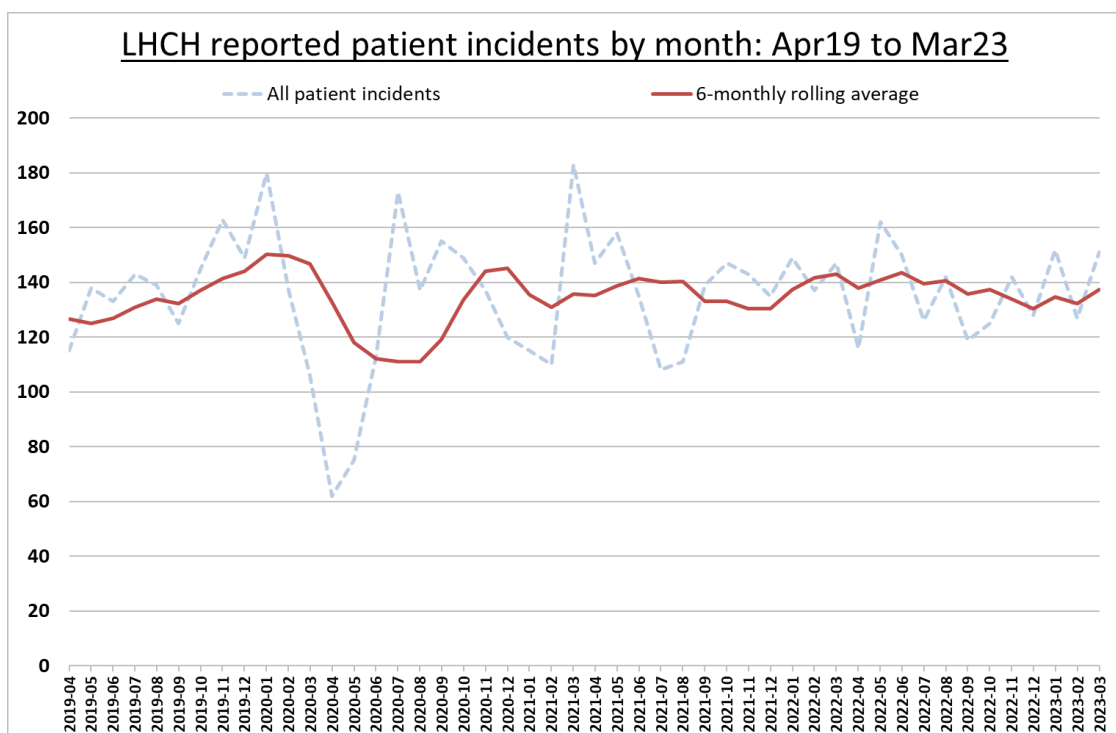
2. Background

This report is presented to the Board of Directors six monthly providing concurrent information pertaining to incidents, complaints, and claims, reported within the organisation.

3. Incident Reporting Culture

Since the introduction of Datix in May 2016, incident reporting has remained steady and there is a continued emphasis on the importance of incident reporting in safety huddle and at team brief.

The importance of incident reporting continues to be highlighted through team brief, the daily safety huddle, senior leads and manager meetings, and within the Divisional Governance meetings.



Top five reported incidents

In total, there were 1039 reported incidents in Q3-Q4 2022/23 (1022 reported in Q1 – Q2 2022/23). The top five reporting themes for the four quarters are shown below.

Theme	Q1	Q2	Q3	Q4	Total	Summary
Administration Processes	92	64	92	86	334	This category includes administrative, clinical record keeping, documentation and communication incidents throughout the Trust, including clinical teams.
Medications	70	49	62	72	253	These include dose omitted, drug given by wrong route, wrong dose administered, wrong dose dispensed, wrong dose prescribed, wrong drug administered, wrongly prescribed and administered, prescribed duplicate, and pharmacy dispensing errors.

Theme	Q1	Q2	Q3	Q4	Total	Summary
Communication	33	36	34	35	138	This category includes communication between teams, handover between teams, communication with patients, communication with other healthcare providers (such as the ambulance service for outpatients' bookings, and referral information not being completed correctly.
Diagnostics	36	32	29	35	132	During this period, Liverpool Clinical Laboratories (LCL) were undergoing process changes which led to a number of incidents being reported due to lost samples and checking process not being adhered to. The target healthy lung service had a change in provider for scanning which resulted in incidents being reported while processes became embedded.
Patient slips, trips and falls	28	38	27	*	93	This category includes all records of patient slips trips and falls. Slips, trips and falls happen predominately in the ward areas and can happen at any time of day or night. Delirium and sedation are contributory factors to patients falling
Medical Devices	*	*	*	31	31	The category includes incidents where a medical device has been involved in the incident. User error is often a factor in medical device incidents. No harm occurred as a result of any of the incidents that were reported in this category

*Not in top 5 themes for this quarter.

Learning and actions from Incidents

The learning and actions from incidents are provided below.

Theme	Summary of learning and actions
Administration	<p>The following actions are being undertaken to support process improvement and incident reduction:</p> <ul style="list-style-type: none"> • Clinician Engagement <ul style="list-style-type: none"> • Support & ownership for the safer waiting list work • Minimum Referral Data Set to be agreed for all service lines • Service Line leads need to agree escalations and triggers for pathway management • Referral Management <ul style="list-style-type: none"> • System interface leads to be confirmed from other Providers • Agree correspondence to empower patients when outstanding information is required from other providers • Sustainability <ul style="list-style-type: none"> • Support a priority investment decision to Admin through annual planning- • Commitment to a Single PTL and a move to standardising processes within the Trust • Agree to the proposed Governance Structure • Digital Excellence Strategy – supporting process automation (robotic process automation, Patient Portal, Digital Communications, innovation, and technology for administrative processes to reduce human error • Validation of data quality reports, outpatient waiting list and follow up outpatient waiting list processes

Theme	Summary of learning and actions
	<ul style="list-style-type: none"> Weekly performance operational meetings between admin and divisional leads, supporting closer working and a more aligned approach with clinical divisions
Medications	<ul style="list-style-type: none"> On induction, prescribers receive a presentation on medications management from pharmacy, which includes highlighting key prescribing areas to ensure patient safety. Prescribers are also given direction to key prescribing policies that also include high risk drugs e.g., insulin, intravenous antibiotics, and anticoagulation. Prescribers also work through an electronic prescribing and medicine administration workbook and are assessed on completion. They also access a pharmacy session at medical teaching to go through key medicines management issues, and sharing from incidents including trends are shared with prescribers during these sessions, and feedback obtained to make improvements in process and the EPR system. A medications management training suite has been developed, in conjunction with learning and development, which is available on ESR for nurses. This now forms part of mandatory training for all nurses. This includes a range of training such as policy reading, 1:1 assessment on administration, videos, and a drug calculation test. Newly qualified and overseas nurses also attend preceptorship medicines management training lead by the pharmacy education lead, with medicines safety aspects such as never events and incident trends forming part of the workshop. A mini MDT meets weekly that includes the managers of incidents, where a review takes place of all medication incidents. The meeting quality assesses each incident, to ensure correct classification and scoring of harm/potential harm. Any actions required or lessons learned are discussed and escalated as required. The incidents are often finally approved, which then auto populate the medication incidents dashboard. The Safe Medication Practice Committee meet monthly to review and discuss any significant medication incidents raised at the mini MDT. The medication incidents dashboard enables the committee to focus on trends, harm/potential harm, learning and cascade. Any medicines related patient safety alerts, e.g. from the MHRA are also discussed and actions agreed during these meetings. The medication dashboard is now the focus for the executive weekly harm report (with respect to medicines) and the monthly divisional governance meetings. A monthly incident summary report is discussed at all three divisional governance committee meetings. A new QSEC dashboard is now available which summarises incidents year to date, focusing on incident trends, pharmacy near miss data, and KBMA closed loop compliance. Actions and lessons learned are also summarised. This is presented to QSEC each quarter. Key medication safety themes are communicated to the Trust via the monthly safe medication bulletin and ad hoc corporate communications as required. These themes and noteworthy incidents are also cascaded through prescriber teaching sessions, ward safety huddles, pharmacy meetings and are emailed directly to the relevant teams as needed. The medicines safety strategy also forms part of the Trusts Quality and Safety strategy.
Communications	<p>Many of these incidents appear to be made during handover between teams. Improvement is expected as bedside handover has now been fully implemented other incidents reported are relating to communication between teams. it is encouraging to see these incidents are reported, even though corrective action is taken at the time.</p>
Diagnostics	<p>The Senior Team at LHCH continue to meet with LCL managers, THL managers and the senior team within radiology to review incidents and collaborate on solutions</p>

Theme	Summary of learning and actions
Patient slips, trips and falls	<p>There has been a YTD reduction in falls from 21/22 to 22/23.</p> <p>The Falls Steering group meets monthly, a 72 hr review of all falls are completed and any learnings are discussed and shared at this group. The group has been strengthened by the addition of a Pharmacist and members of the Quality Improvement team. The falls lead is part of a Cheshire and Merseyside Falls Awareness Steering group with the ultimate aim of developing a regional Falls strategy.</p> <p>New falls prevention products are in place Trust wide with future plans to introduce further products such as the Ramblegard Bond system, this will enable all inpatient wards to have access to falls prevention equipment.</p> <p>Patients and families are encouraged to get involved in falls prevention, by including them in any post falls debriefs, avoiding medications for insomnia and changing the hot drink options in the evenings. Decluttering of the patients bedspace is encouraged to reduce trip hazards and keeping items in reach.</p> <p>There has been targeted Falls training for the staff on the surgical wards and the Falls Lead teaches on Preceptorship, Care Certificate, Safe From Harm module and also Volunteer induction.</p> <p>There has been an increase in falls where new delirium has been a causative or contributory factor. The Falls lead is part of the Delirium Steering group, the enhanced observational care policy has been updated and Activity/distraction and reminiscence work is being encouraged on the wards.</p> <p>Further plans for 23/24 include benchmarking falls at LHCH with National Falls Prevention KPIs, focusing on insomnia and the use of medications, and introducing vision assessments for all inpatients.</p>

Severity of Incidents

No harm/low harm continues to be the main category reported within the incident reporting systems. A breakdown of incidents by severity are presented below.

	No/low harm	Moderate (short term harm)	Severe (permanent or long-term harm)	Catastrophic
Q1 2022/23	491	20	0	1
Q2 2022/23	463	23	0	0
Q3 2022/23	471	10	1	1
Q4 2022/23	511	18	5	2

The detail for the catastrophic incident in Q1 is set out below.

Catastrophic	<p>Q1</p> <p>Patient underwent atrial fibrillation ablation using new technique. Procedure uncomplicated however patient developed atrio oesophageal fistula (complication of procedure) and died following admission to another hospital. RCA completed and found no lapses in care. Technique no longer used at LHCH.</p>
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The detail for the severe incident in Q3 is set out below.

Severe	<p>Q3</p> <p>This is a complex case where an individual with known antibodies needed multiple transfusions and developed further antibodies on this admission. Considerable effort was made by all teams involved in trying to make blood available throughout the day and night with further advice sought from NHSBT and Haematologist from the RLUH.</p>
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The detail for the catastrophic incident in Q3 is set out below.

Catastrophic	<p>Q3</p> <p>The patient underwent a lead extraction which resulted in a haemothorax (a known complication) which subsequently became infected. Despite active treatment to manage the infection the patient succumbed and died.</p>
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The detail for the severe incidents in Q4 is set out below.

Severe	<p>Q4</p> <ul style="list-style-type: none"> • Unreported renal mass (reported as SI) • CT not reported for 8 months following administration error (reported as SI) • Patient had a stroke following angiogram (complication of procedure) • x2 incidents • Delay in managing patient referral
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The detail for the catastrophic incidents in Q4 is set out below.

Catastrophic	<p>Q4</p> <ul style="list-style-type: none"> • Patient on waiting list had poorly controlled diabetes. Despite multiple efforts his diabetes worsened and he died on the waiting list. • Potential delay in managing patient referral
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4. Serious Incidents (SIs)

There have been 6 SI's reported in 2022/23. Learning from these incidents is summarised below.

Q1	<ul style="list-style-type: none"> • Conduct of Consultant Anaesthetist in theatre – HR involvement in the investigation • Misinterpreted cardiac cancer image – multi organisational investigation involving Whiston Hospital and GP practice. Concluded that human error was the cause of the misinterpretation of the cardiac image. Incomplete referrals and poor communication with the patient contributed to the error.
Q2	<ul style="list-style-type: none"> • Patient arrived in theatre and was anaesthetised without having a valid consent – concluded Consent not complete and pre op checking process not completed on ward. Checking process not followed in theatre which allowed patient to be anaesthetised before it was realised a valid consent was not present. Pre op checking process strengthened in the ward and theatre forward wait. • Potential unnecessary sternotomy for ACHD patient – Patient's anatomy worse than imaging suggested. Imaging was completed prior to sternotomy. It was reasonable to stop the operation and hold MDT which determined more investigations were required.
Q3	<ul style="list-style-type: none"> • Nil reported
Q4	<ul style="list-style-type: none"> • Unreported renal mass - concluded - Reporting radiologists to check every slice of the CT scan of the chest, looking outside the lung parenchyma before finalising a report. Reporting radiologists to follow RCR guidelines and standards when reporting on images. A local Standard Operating Procedure is to be developed to ensure the reporting radiologist reviews previous scans and attached reports. This will be audited. A review of the capacity for the Aortic clinic is to be undertaken. • CT not reported for 8 months – under investigation

A separate SI report is provided to the Board.

5. Coroners update

There have been 6 inquests that have required attendance by LHCH staff, which are summarized below.

Inquest Date and Ref	Division	Cause of Death	Conclusion	Notes
20/09/2022 735940 (SM)	Surgery	1a) Multi organ failure following Myocardial Infarction 1b) Occlusion of abnormally located right Coronary artery Ostium during Aortic valve replacement procedure 1c) Aortic Stenosis	Misadventure	Also a claim
29/09/2022 979253 (SM)	Medicine	1a) Acute Heart Failure 1b) Severe Ischaemic Heart Disease 1c) II) Acute on chronic kidney disease; Left Ventricular Failure; Aortic Valve Stenosis	Natural causes	No issues raised
08/11/2022 950990 (AO)	Medicine	1a) Acute myocardial infarction 1b) Aspiration Pneumonia 1c) 1d) II Prolonged Hospital Admission	Natural causes	No issues raised
14/11/2022 839282 (KM)	Surgery	1a) Multi-organ failure 1b) Thrombosis of abdominal aortic aneurysm; 1c) Lobectomy for lung adenocarcinoma	Narrative	Coroner required evidence of lessons learned to be provided within 14 days which was submitted within the timeframe
27/01/2023 836156 (SK)	Medicine	1a) Shock and haemorrhage 1b) Cardiac arrest under anaesthesia 1c) takotsubo's cardiomyopathy.	Known complication of a necessary surgery	No issues raised
06/02/2023 942013 (BE)	Medicine	1a) Multi-organ failure 1b) Cardiac Surgery for Treatment of Aortic Valve and Mitral Valve Disease (Operation 10/02/2021) 1c) II) Mucopolysaccharidosis	Complications of a necessary surgical procedure	No issues raised

6. RIDDOR Reportable Incidents

There have been 4 RIDDOR reported incidents in 2022/23 (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995).

Q1 – No RIDDORS reported

Q2 – 1 RIDDOR reported – Manual Handling – staff member pulled back moving UV machine

Q3 – 1 RIDDOR reported involving lifting and handling

1 RIDDOR reported following a delirious patient grabbing staff member's arm

Q4 - 1 RIDDOR involving a Slip, trip or fall

7. Complaints

Complaints and concerns are managed in line with Department of Health guidance, which advises that all complaints are dealt with using the same process. The Patient & Family Support Manager produces a monthly complaints report that is presented to each Divisional Governance Meeting, detailing the numbers of concerns and complaints received, and the key issues and action taken. Any action plans and learning from complaints are presented by the relevant lead at the relevant Governance Committees.

Formal Complaint Themes for Q1 and Q2

Division	Q1	Q1 22/23 Total= 9	Q2	Q2 22/23 Total = 4
Surgery	3*	Clinical care and treatment: 2 Discharge process: 1 Communication: 2 Medication: 1 Private issues: Admin/communications Expectations/costs: 2 Patient experience: 1 *Cross divisional complaints	2*	Medication: 1 Communication: 1 Clinical care: 1 Property: 1 *Cross divisional complaints
Medicine	6*		2	
Clinical Services	2*		1*	
Corporate	0		0	

Formal Complaint Themes for Q3 and Q4

Division	Q3	Q3 22/23 Total= 10	Q4	Q4 22/23 Total = 3
Surgery	3*	Clinical care and treatment: 3 Discharge process: 1 Private issues: 1 Admin/communications: 1 Patient experience: 3 Medication: 1 *Cross divisional complaints	2*	Clinical care: 1 Property: 1 PP Issues: 1 *Cross divisional complaints
Medicine	7*		1*	
Clinical Services	1*		0	
Corporate	1		0	

In the year 2021/22 there were 38 formal complaints and at the end of this year (22/23) we have seen a decrease to 26. The early intervention from all the Divisions is key to acting

quickly and resolving concerns before they progress to a formal complaint.

Complainants are contacted at the earliest opportunity to resolve their concerns as soon as possible.

Learning from complaints

All complaints are discussed in the respective governance committees. Five complaints took slightly longer to respond due in Q3/4 as they required further investigation and during December and Q4 the trust had delays with many industrial action strikes (this was fully communicated with the complainants) and there are another 3 complaints that are still under review but on target to be completed shortly.

During Q1 and Q2 there were 4 complaints that were not upheld, 4 partly upheld and 3 upheld- actions were brought forward within the divisions.

Summary of learning:

- Review of medication for patients who are transferred from another hospital
- Private patient actions around expectations, administration, communication, and invoices.
- Lost property- transfer between areas and communication updates to patient/families
- Patient experiences shared with the clinical areas- especially those patients with heightened anxiety coming into hospital

During Q3 and Q4 there were 4 complaints that were not upheld, 6 partly upheld and 1 upheld- an action plan was devised and went through the relevant governance committee.

Summary of learning:

- Private patient actions around expectations, administration, communication, and invoices.
- Patient experiences- within ACHD team
- Discharge- family being included in the discharge plans.

All complaint responses either verbal or written were honest and open in line with the statutory Duty of Candour

8. Patient and Family support contacts

There were 147 contacts in Q1 and Q2 of 2022/23, 99 of which were informal concerns, 48 contacts for advice/information.

Top themes include:

- Waiting times for procedures and surgery- previous cancellations impacting patients- including cardiac surgery and ACHD patients
- Chasing referrals into the trust and waiting times for appointments.
- Falls- leading to complaints
- Chasing results from CT/MRI scans
- Administration issues- unable to get through to the access/bookings teams and secretarial teams, not receiving calls back, messages not actioned
- Private patient- administration issues and expectations of cost

There were 153 contacts in Q3 and Q4 of 2022/23, 103 of which were informal concerns, 50 contacts for advice/information.

Top themes include:

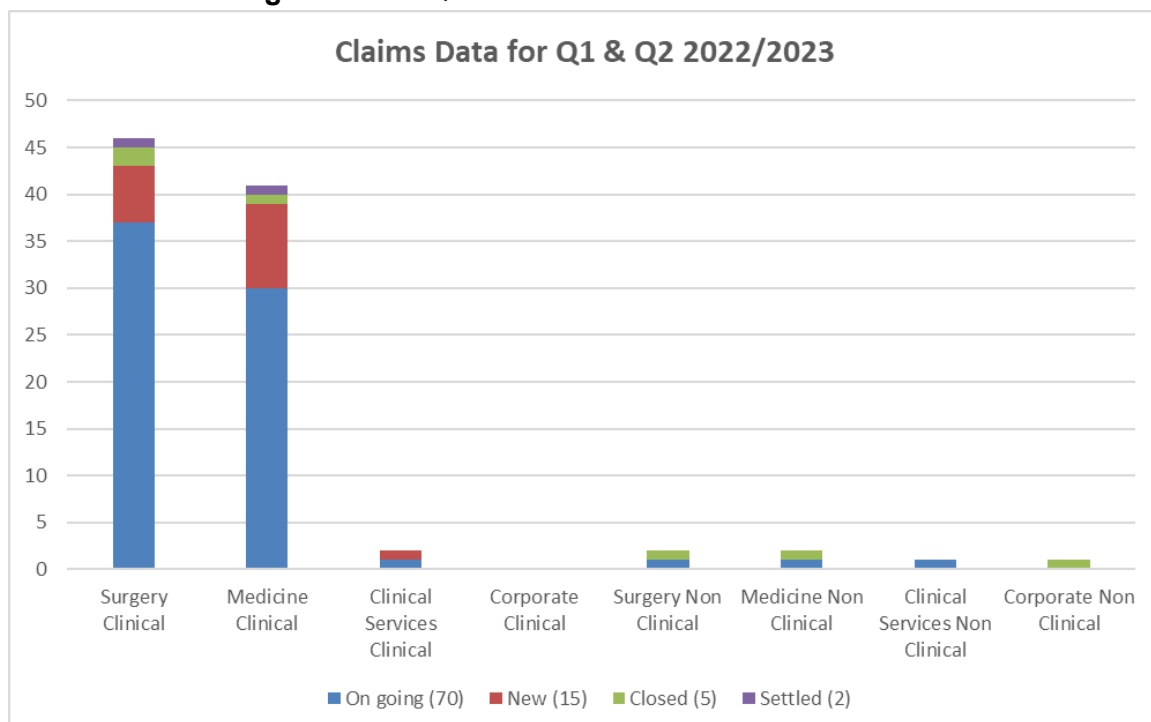
- Waiting times for procedures and surgery- previous cancellations/rescheduling impacting patients- including cardiac surgery and ACHD patients.
- Chasing referrals into the trust and waiting times for appointments.
- Cancelled appointments numerous times for patients.
- Administration issues- unable to get through to the access/booking's teams and secretarial teams, not receiving calls back, messages not actioned.
- Lack of cardiac rehab in an area impacting on patients' recovery.

Summary of Learning:

- Quick escalation of any themes on a weekly basis at senior nurse meetings and to departments.
- Administration- issues highlighted to the division leads.
- Divisions are aware of the pathways for patients and trying to plan surgery around strike actions and reduce rescheduling of patients.

9. Claims Analysis

Data relating to claims Quarters 1 & 2

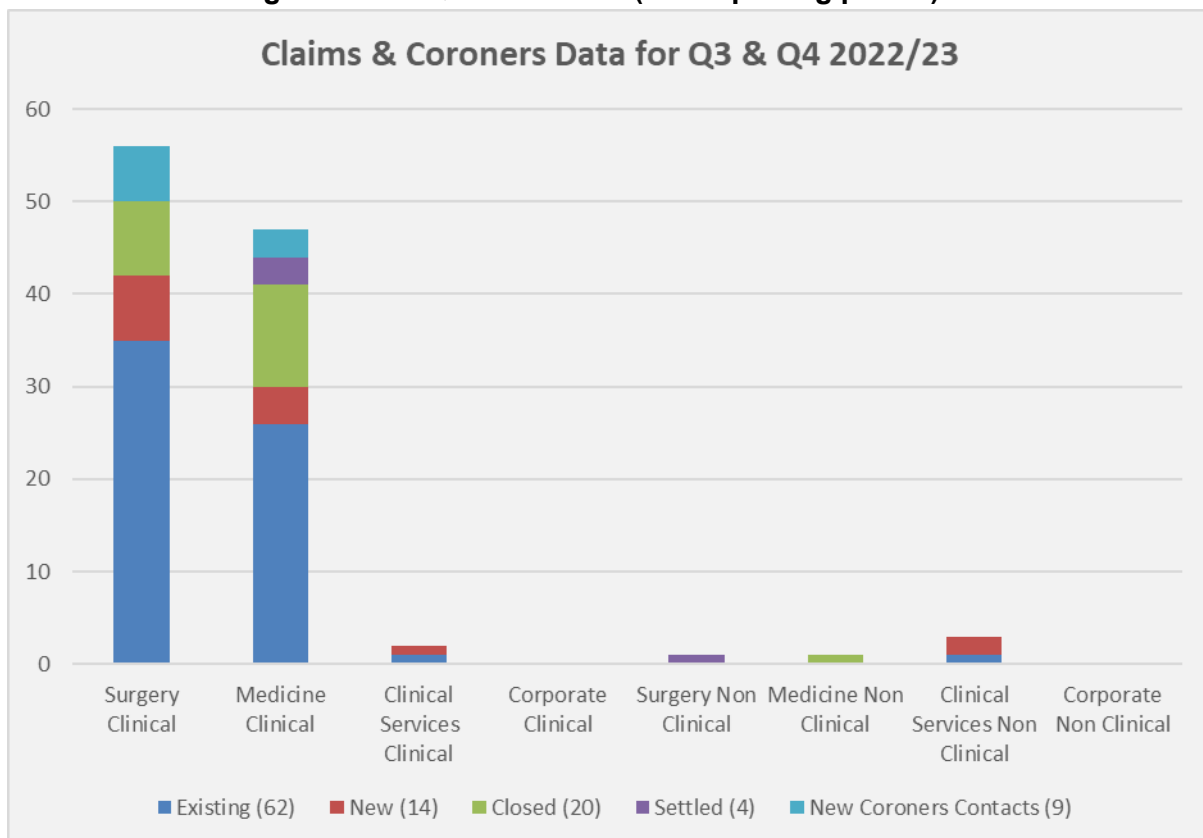


No of Claims & Management Status Q1 and Q2	Letter Before Action – Pre Action stage claim currently being managed in house by the Trust's Legal Services	Letter of Claim/Proceedings – Formal claim being managed by NHSR	Letter of Claim/Proceedings – Formal claim being managed by Panel Solicitors, Hill Dickinson/Clyde & Co
Clinical Existing (67)	47	8	12
Clinical New (15)	13	0	2
Non-Clinical Existing (3)	0	0	3
Non-Clinical New (0)	0	0	0

When reviewing the individual claims for this reporting period no recurring themes were identified as the circumstances within each case are different, with different operators and incident dates ranging from 2014-2022

No themes have been highlighted within the letters before action or the claims received.

Data relating to claims Quarters 3 & 4 (this reporting period)



* One new clinical claim is marked across both Surgery and Clinical Services

** One existing claim is marked across both Medicine & Clinical Services

No of Claims & Management Status Q3 and Q4	Letter Before Action – Pre Action stage claim currently being managed in house by the Trust's Legal Services	Letter of Claim/Proceedings – Formal claim being managed by NHSR	Letter of Claim/Proceedings – Formal claim being managed by Panel Solicitors
Clinical Existing (62)	45	7	10

Clinical New (12)	9	1	2
Non-Clinical Existing (1)	0	0	1
Non-Clinical New (2)	0	1	1

When reviewing the individual claims for this reporting period it was noted that there are currently 3 clinical claims that sit wholly or partially under Clinical Services, 2 of these are related to the Radiology department. This represents a 300% increase on the previous 3 financial years

No other recurring themes were identified, as the circumstances within each case are different, with different operators and incident dates ranging from 2016-2022.

This reporting period in comparison with the previous 6 month period:

	Q1/Q2 22/23	Q3/Q4 22/23
New Clinical Claims	15	12
New Non-Clinical Claims	2	2
On-going Clinical Claims	70	62
On-going Non-Clinical Claims	3	1
Closed Clinical Claims	5	19
Closed Non-Clinical Claims	1	1
Settled Clinical Claims	2	3
Settled Non-Clinical Claims	0	1

10. Freedom to Speak Up

Freedom to Speak Up (FTSU) continues to be integrated at Liverpool Heart and Chest Hospital, alongside the Trusts other forms of Speak out Safely channels. The FTSU network comprises of:

- FTSU Executive Lead
- FTSU Non-Executive Director Lead
- Two FTSU Guardians
- Deputy FTSU Guardian
- 19 multi-disciplinary champions

Themes of concerns raised – in 2022/23

Across the year there were 26 concerns raised. All concerns were escalated, addressed and followed-up appropriately as per the FTSU policy. Themes of concerns raised in 22/23 are documented in the table below.

Comparative view of concerns raised in Quarters 1, 2, 3 and 4 2022/23

Themes of concerns as categorised by the NGO	Q1	Q2	Q3	Q4	Annual Totals
Element of Patient Safety / Quality	1	0	1	0	2
Staff Safety: (System processes /staffing levels, policy /organisational change).	1	1	0	4	6

Working policies	4	1	1	1	7
Element of Bullying and Harassment	2	3	3	0	8
Detriment from speaking-up	0	1	0	0	1
Other Category: poor communication, health and wellbeing	2	0	0	0	2
No. of Speak-ups per Quarter	10	6	5	4	26
Concerns raised anonymously	0	0	0	0	0

Overall, the issues coming through the FTSU Guardians relate to system processes, health-and-wellbeing, working practices and staff values and behaviours.

All concerns were escalated, addressed and followed-up appropriately as per the FTSU policy.

11. Organisational Learning

The Trust has an approved Organisational Learning Policy, which sets out the structure by which the organisation identifies and applies learning. The Trust has also developed an organisational learning database which has been rolled out to Divisions and continues to be developed for wider roll out.

To increase the spread of learning, there is now an organisational learning section on the monthly team brief. Team brief is open to all members of staff. Topics covered include incident reporting and coroners application of regulation 28 (preventing future deaths), management of stroke, learning from serious incident (root cause analysis concerning retained secretions), what a mental health section means and communication between teams regarding a patient who underwent an amputation following thoracic surgery.

The Learning and Sharing session, which is chaired by the Director of Nursing, takes place bi-monthly. This meeting enables teams to come together to discuss the key lines of enquiry set by the CQC and how each team prepares their own area to comply with the standards. The group's remit has now expanded to include learning from each of the Divisions and discussions on human factors elements of learning.

12. Patient Experience

LHCH is once again the top hospital in the North of England and one of the best hospitals in the country for 'overall patient experience', (CQC 2021, National Inpatient Survey). The survey also showed LHCH to be the top trust in Cheshire and Merseyside and across the North West.

LHCH recognises that a positive experience during care leads to positive clinical outcomes. Engaging with patients, families and carers, enables an understanding of their experiences and learning from them in order to improve service delivery.

The Patient and Family Centred Model of Care sets out expectations for patients and families at each step of their journey, commencing prior to admission and until after discharge, every decision made is based on what is best for patients and their families.

The Trust uses many ways of capturing patient experience, since 2020, follow up calls have been made to patients following their discharge home. Each patient who has had an overnight stay receives a follow up call between 7–10 days post discharge home, to check on their well-being, levels of support at home and to answer any concerns or worries. The calls have identified areas for improvement, such as:

- Nutrition and hydration
- Discharge process
- Signage, facilities and accommodation

Themes from the calls have provided action plans for improvement, led by each Division. The action plans and learning from the calls are presented by the relevant lead at the divisional governance meetings. Any areas for concern are raised with the departmental managers who receive feedback from the calls on a weekly basis. Complaints have been reduced as issues are dealt with immediately by the ward manager/matron. Information gathered has indicated that the vast majority patients are extremely happy with the care they received. The response to the calls has been overwhelmingly positive and patients have expressed their gratitude for the call. Key themes for compliments have been that patients have received a high standard of safe care, delivered by a kind, caring and responsive team.

Additional patient engagement has taken place, Healthwatch have undertaken a Listening Event in December 2022 and the trust held a patient engagement event (September 2022) and engaged with patients, staff and governors, (February 2023) to agree their quality priorities for the year ahead.

Key themes from these events are-

- 95% of patient said they would rate the hospital 5 or 4 stars out of 5
- 80% of patients made positive comments about the hospital overall and mentioned the quality of care and efficiency.
- 88% of patients said that they thought staff had enough time to spend with patients.
- 84% of patients said they had been given enough information regarding their treatment and stay.
- 73% of patients said they were able to understand signage.
- 60% of patients were happy with the standards of food and drink.

Patient and Family shadowing has been in place since 2012, since then, the 3 clinical divisions have set a target to achieve 24 shadows each (total 72 per year). Key themes from the shadows are teamwork, compassion, and professionalism. In addition to the patient shadows, each clinical division has set a target to achieve 24 patient stories each (total 72 per year). The key themes from the stories are excellent teamwork and recognition of the Trust has as a centre of excellence.

13. Conclusion

Incident reporting, learning from incidents, complaints and claims remain a focus for the Trust. Incident reporting remains relatively consistent and continues to be emphasised in team brief, at safety huddle and in the Divisional Governance Committees. Training for incident reporting is continuing across all areas.

Receipt of formal complaints and claims has remained consistent, when compared to the previous quarters.

The Trust has a strong learning culture. Monthly learning and sharing meetings take place and the organisational learning session has been incorporated into the monthly team brief. All staff are invited to present learning from incidents complaints, claims and patient experience events.

14. Recommendations

The Board of Directors is asked to receive assurance that mitigation to prevent harm to patients and staff, by the reporting of and learning from reported incidents, complaints, claims and patient experience events continue to be reviewed, lessons learned and monitoring through the governance structures within the organisation.