

Board of Directors

Item 5.3

Subject: Integrated incidents complaints and claims (IICC) report – Q1/Q2 2022/23

Date of Meeting: 28th November 2022

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 1 and 2 of 2022/23.

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

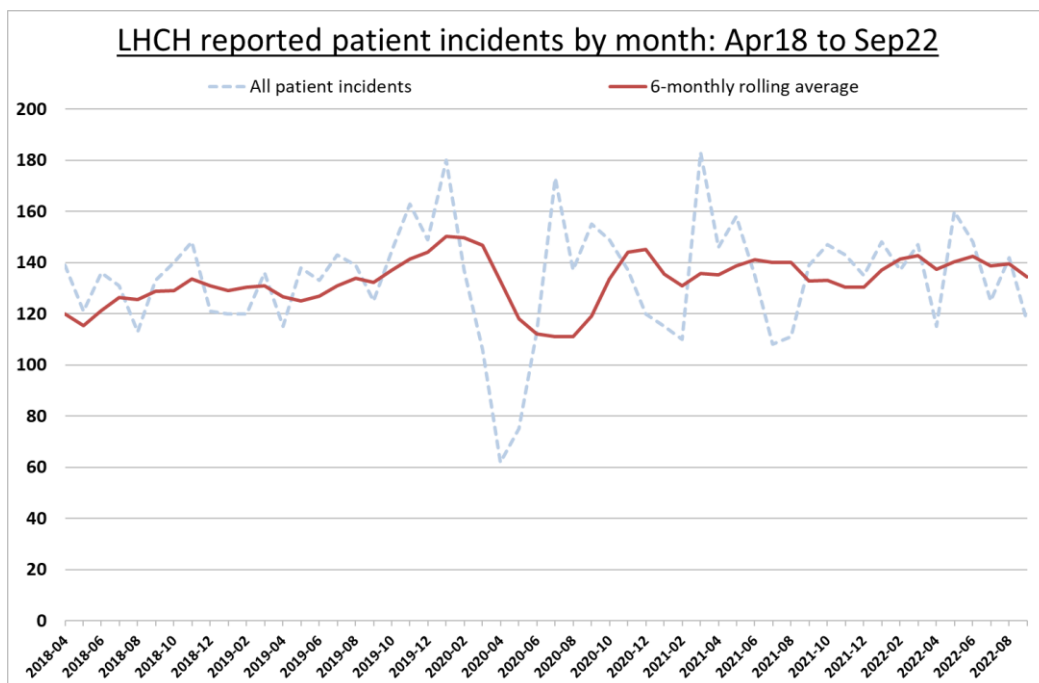
2. Background

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 Governance Systems Analyst continues to deliver training across all disciplines in all areas of the organisation.

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 1001 reported incidents in Q1 – Q2 2021/22 (1067 reported incidents in Q3 – Q4 2020/21). The top five reporting themes for Q1 and Q2 are shown below.

Theme	Q1	Q2	Q3	Q4	Total	Summary
Administration Processes	92	64			156	This category includes administrative, clinical record keeping, documentation and communication incidents throughout the Trust, including clinical teams. The
Medications	70	49			119	These include dose omitted, drug given by wrong route, wrong dose administered, wrong dose dispensed, wrong dose prescribed, wrong drug administered, wrongly prescribed

Theme	Q1	Q2	Q3	Q4	Total	Summary
						and administered, prescribed duplicate, and pharmacy dispensing errors.
Communication	33	36			68	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			68	During this period, Liverpool Clinical Laboratories (LCL) were undergoing staffing and process changes which led to a number of incidents being reported due to lost samples and checking process not being adhered to.
Patient slips, trips and falls	28	38			66	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

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"> • Patient Pathway Assurance Group established to support safer waiting list management • 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 • Review and monitoring of radiology incidents and improvement via the Radiology Operational Group • Completion of an administrative review and a further supporting independent review • Weekly performance operational meetings between admin and divisional leads, supporting closer working and a more aligned approach with clinical divisions • Review and monitoring of PAS data quality, via weekly performance committee
Medications	<p>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.</p> <ul style="list-style-type: none"> • 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.

Theme	Summary of learning and actions
	<ul style="list-style-type: none"> A mini MDT meets weekly that includes the managers of incidents, where a review takes place. The meeting quality assesses each incident, to ensure correct classification and scoring of harm/potential harm. The incidents are usually finally approved at the meeting and these 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. The 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. Key medication safety themes are communicated to the Trust via the monthly safe medication bulletin and ad hoc corporate communications as required
Communications	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.
Diagnostics	LCL have achieved a level of stability with regards to staffing over recent months which has resulted in less incidents reported regarding lost samples. The Senior Team at LHCH have met with LCL managers to discuss more collaborative ways of working.
Patient slips, trips and falls	The Matron for Surgery has taken over the lead for falls prevention. She is undertaking a review of training, medical devices used in falls prevention, patient information, ward environment, documentation review and reviewing research related to falls prevention. She has introduced enhanced observation for patients diagnosed with delirium. Work to further prevent patient falls is ongoing.

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

The detail for the catastrophic incident 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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4. Serious Incidents (SIs)

There were 2 Serious Incidents (SIs) reported in Q1 and 2 SI's reported in Q2

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 with out having a valid consent – under investigation • Potential unnecessary sternotomy for ACHD patient – under investigation

A separate SI report is provided to the Board.

Coroners update

There have been 4 inquests that have required attendance by LHCH staff. The summary of which is as follows.

TH 977078 Inquest – 19/05/2022	<p>Consultant gave evidence regarding the rationale for discharge. HM Coroner specifically stated that it was important to her to note that the surgery performed by the consultant had been successful, as well as stating that she <i>“cannot thank the clinicians enough”</i> for their assistance during the inquest.</p> <p>Consultant was asked if the Trust would consider the process of discharge, specifically, including family members in discussions around medication. Consultant said he would feed back to colleagues.</p> <p>No issues arising or lessons learned. Narrative conclusion</p>
JR 920757 Inquest – 05/07/2022	<p>Consultant gave evidence that procedure was technically sound and discharge was clinically suitable. Coroner commented that a conclusion of Natural Causes would have been preferred but that, as cardiac surgery was specifically mentioned in the PM, this would not be possible.</p> <p>No issues arising or lessons learned. Narrative conclusion</p>
SM 735940 Pre-inquest review & Inquest – 20/09/2022	<p>Failure to notice the occlusion of the right artery which led to death was acknowledged. Consultant gave evidence and provided clarification to the Coroner and family in relation to the procedure and the difficulties that occurred.</p> <p>Coroner acknowledged updated action plan and did not make any recommendations under Regulation 28. Short form conclusion of misadventure</p>
SM 979253 Inquest - 29/09/2022	<p>LHCH consultants asked to give evidence in relation to the discharge summary only.</p> <p>No issues arising or lessons learned. Awaiting conclusion from Coroner at the time of reporting</p>

5. RIDDOR Reportable Incidents

There has been 1 RIDDOR reported incident 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

6. 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

	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	

In the year 2021/22 the trust received 38 formal complaints, in the year 2020/21 we saw a decrease and received 20 formal complaints. We believe this was due to a decrease in activity across the Trust in relation to the Covid-19 pandemic. At the end of Q2 2022/23 we have received 13 complaints which is a decrease for the end of Q2 for the year 2021/22 where we stood at 21 complaints. 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. Two complaints took slightly longer to respond due to requiring further investigation (this was fully communicated with the complainants) and another two complaints are still under review in Q2 and are on target to be completed within the set time frame.

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

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

7. 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:

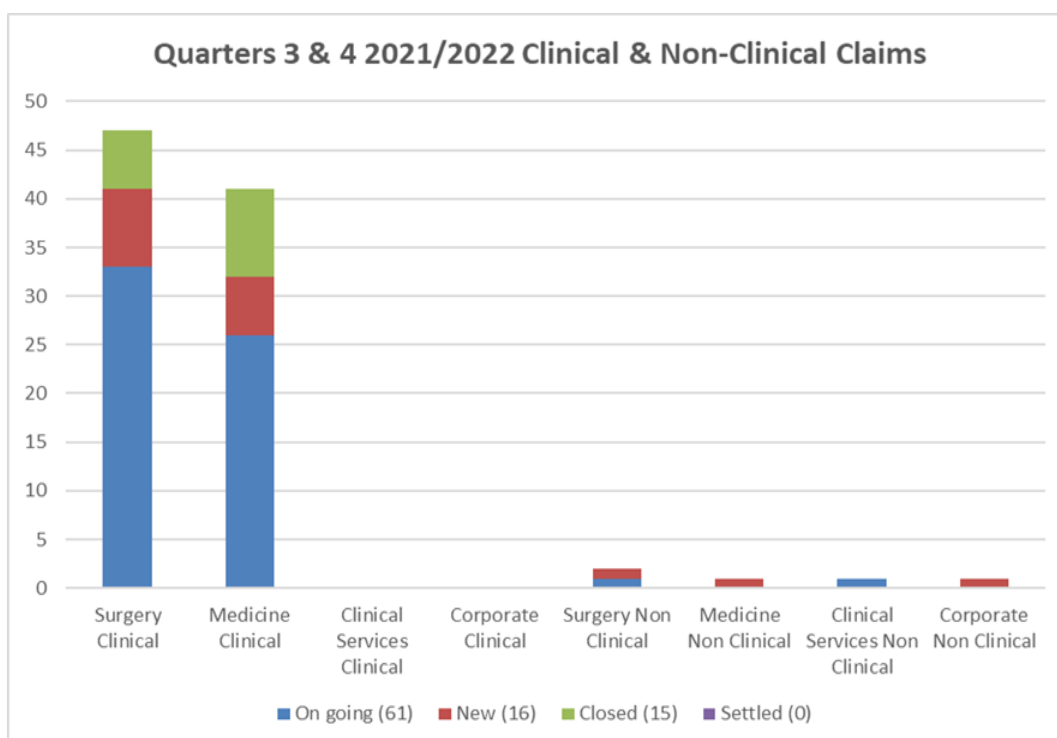
- Waiting times for procedures and surgery- previous cancellations impacting patients- including cardiac surgery and ACHD patients
- Chasing referrals into the trust and waiting times for appointments.
- Falls- leading to complaints
- Chasing results from CT/MRI scans
- Administration issues- unable 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

Summary of Learning:

- Quick escalation of any themes on a weekly basis at senior nurse meetings and to departments.
- Private care team have developed action plans and logs regarding the issues highlighted.
- Administration- issues highlighted to the division leads.
- Policy update regarding the handling of property and valuables

8. Claims Analysis

Data relating to claims Quarters 3 & 4 (October 2021- March 2022) for comparison with Quarters 1 & 2 (March – September 2022) - this reporting period is provided below.

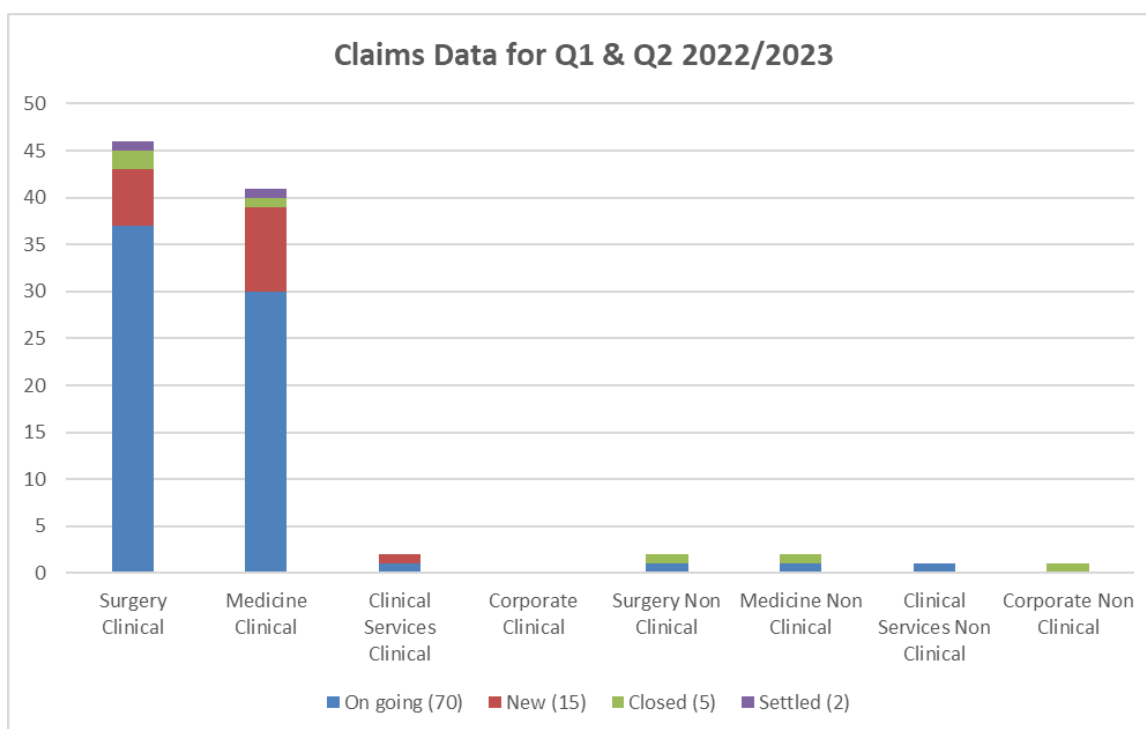


When reviewing the individual claims for this reporting period no recurring themes were identified, as the circumstances within each case are different, with different operators and incident dates ranging from 2013-2022.

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

No of Claims	Management Status	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 (59)		43	6	10
Clinical New (14)		13	0	1
Non-Clinical Existing (2)		0	0	2
Non-Clinical New (2)		0	2	0

Data relating to claims Quarters 1 & 2 (this reporting period)



No of Claims & Management Status	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.

Claims over the 6 month period of Quarters 3 & 4 (October 2021 – March 2022) in comparison with Quarters 1 and 2 (April 2022 – September 2022) is provided below:

	Q3/Q4 21/22	Q1/Q2 22/23
New Clinical Claims	14	15
New Non-Clinical Claims	2	2
On-going Clinical Claims	59	70
On-going Non-Clinical Claims	2	3
Closed Clinical Claims	15	5
Closed Non-Clinical Claims	0	1
Settled Clinical Claims	0	2
Settled Non-Clinical Claims	0	0

To note: In one closed non-clinical claim, the claim was marked as both Surgery and Corporate as it took place on a ward but involved a corporate member of staff. One ongoing clinical claim comes under both Medicine and Clinical Services

9. 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 called the safety seven. The FTSU network comprises of:

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

Trend of themes of concerns raised - Q3/Q4-2021/22, Q1/Q2-2022/23

There were 10 concerns raised concern in Q1-2022/23, and 6 in Q2 -2022/23. All concerns were escalated, addressed and followed-up appropriately as per the FTSU policy.

Themes of concerns raised in Quarters 1 and 2 22/23 in comparison to the previous two quarters are documented in the table below.

Comparative view of concerns raised in Quarters 1, 2, 3 and 4 2021/22

Concern Themes	Q3-21/22	Q4-21/22	Q1-22/23	Q2-22/23
Element of Patient Safety / Quality	2	0	1 Colleague's conduct	0
Worker Safety / System processes /working polices	1	0	5 Mask policy equipment, education/ training, recruitment, remuneration	2 Unfair HR policy
Detriment from speaking-up*	1	1	0	1
Element of Bullying and Harassment (demeaning treatment) Includes discrimination	0	1	2 Demeaning behaviour Discrimination, racial	3 Incivility culture Colleague behaviour Discrimination (Age / health)
Other Category: Guidance and advice	1	1	2	0
No. of Speak-ups per Quarter	5	3	10	6

*A new category of concerns relating to “detriment from speaking-up” was introduced by the National Guardian Office of FTSU; this category was recorded from Q3 2021/22.

Overall, the other issues coming through the FTSU Guardian in both quarters 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.

10. 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).

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.

11. Patient Experience

Liverpool Heart and Chest Hospital is the top hospital in Cheshire and Merseyside and across the North West and one of the top four trusts in the country for 'overall patient experience', (Care Quality Commission, 2021, National Inpatient Survey), which reviewed the experiences of patients from 134 NHS trusts who spent at least one night in hospital during November 2021.

At LHCH since 2020, we have continued to make follow up calls and contact 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. To date we have contacted 12,253 out of a possible 15,573 patients (79%). The calls have enabled us to capture information for areas identified in the National Inpatient Survey and highlighted areas where we could make improvements.

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. Areas for improvement include the quality of nutrition, communication, discharge delays and accommodation and facilities. Any areas for concern are raised with the departmental managers who receive feedback from the calls on a weekly basis. Any action plans and learning from the calls are presented by the relevant lead at the divisional Governance Committees.

LHCH has continued to work with patients and their families. With the lifting of Covid-19 restrictions the trust has reinstated its Care Partner programme and open visiting. In September 2022, LHCH held its first Patient Experience event since Covid-19 restrictions which enabled us to engage with, and involve both patients and their families, in every aspect of our service. Again, the feedback was overwhelmingly positive but areas where

improvements could be made were identified as signage, carparking, improvement to ward environments and facilities and improved communications between LHCH and external agencies.

Patient and Family shadowing has been in place since Patient and Family Centred Care started in 2012 and was made a Quality Priority in 2018/19. 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, professionalism, friendliness and compassion.

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 the friendliness of staff, great teamwork and the reputation that the Trust has as a centre of excellence.

12. 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.

13. Recommendations

The Board of Directors are 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 monitored through the governance structures within the organisation.