

## Board of Directors (in Public) Item 4.3\*

**Subject:** Integrated Incidents, Complaints and Claims (IICC) Annual Report 2019/20

**Date of Meeting:** Tuesday 28<sup>th</sup> April 2020

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**Purpose of Report:** To Note

BAF Ref	Impact on BAF
1.1	None

### 1. Executive Summary

This paper will provide the Board of Directors with quantitative and qualitative analysis of reported incidents, complaints and claims (IICC) for the whole year 2019/20.

Incident reporting, learning from incidents, complaints and claims and improving the safety culture remain a priority for all Divisions.

During quarter 3 and quarter 4, we have seen a decrease in complaint reporting whilst receipt of new claims has remained static.

Every month the Trust holds learning and sharing meetings with ward and other staff; an 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.

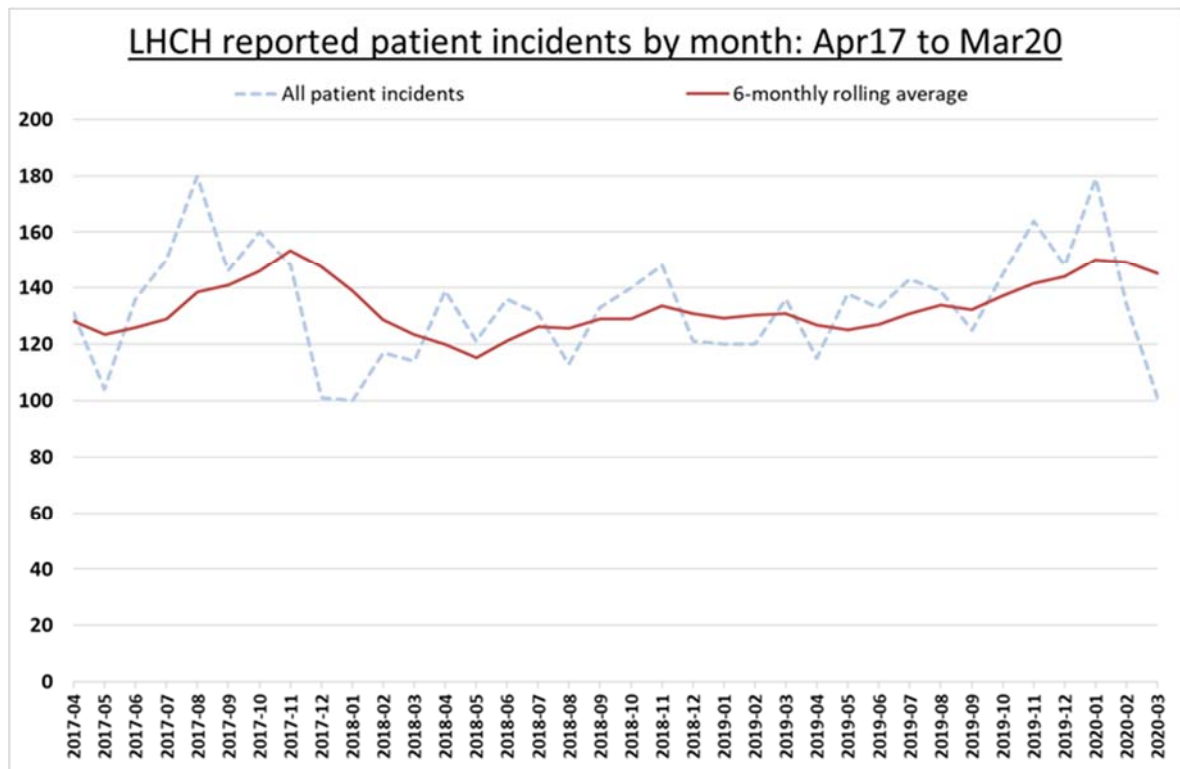
Patient Experience events take place quarterly in a variety of areas across the LHCH catchment.

The unforeseen COVID-19 pandemic has brought the institution of a Command and Control structure in March 2020. This structure remains in place.

## 2. Background

This report is presented to the Board of Directors every six months and reports concurrent information pertaining to incidents, complaints and claims reporting within the organization for the relevant period. In this report we are covering the whole year.

## 3. 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.

### ***Divisional Reporting Culture***

The tables below show the numbers of reported incidents in each of the Divisions. Incident reporting has improved to some extent in all divisions but Clinical Services, where the numbers have decreased only marginally. Incidents and incident reporting are discussed in the Divisional Governance meetings on a monthly basis.

#### **Surgery**

Q1 18-19	Q2 18-19	Q3 18-19	Q4 18-19	12 month total
165	140	143	165	613
Q1 19-20	Q2 19-20	Q3 19-20	Q4 19-20	12 month total
155	135	149	157	596

## Medicine

Q1 18-19	Q2 18-19	Q3 18-19	Q4 18-19	12 month total
189	149	174	171	683
Q1 19-20	Q2 19-20	Q3 19-20	Q4 19-20	12 month total
176	188	218	221	803

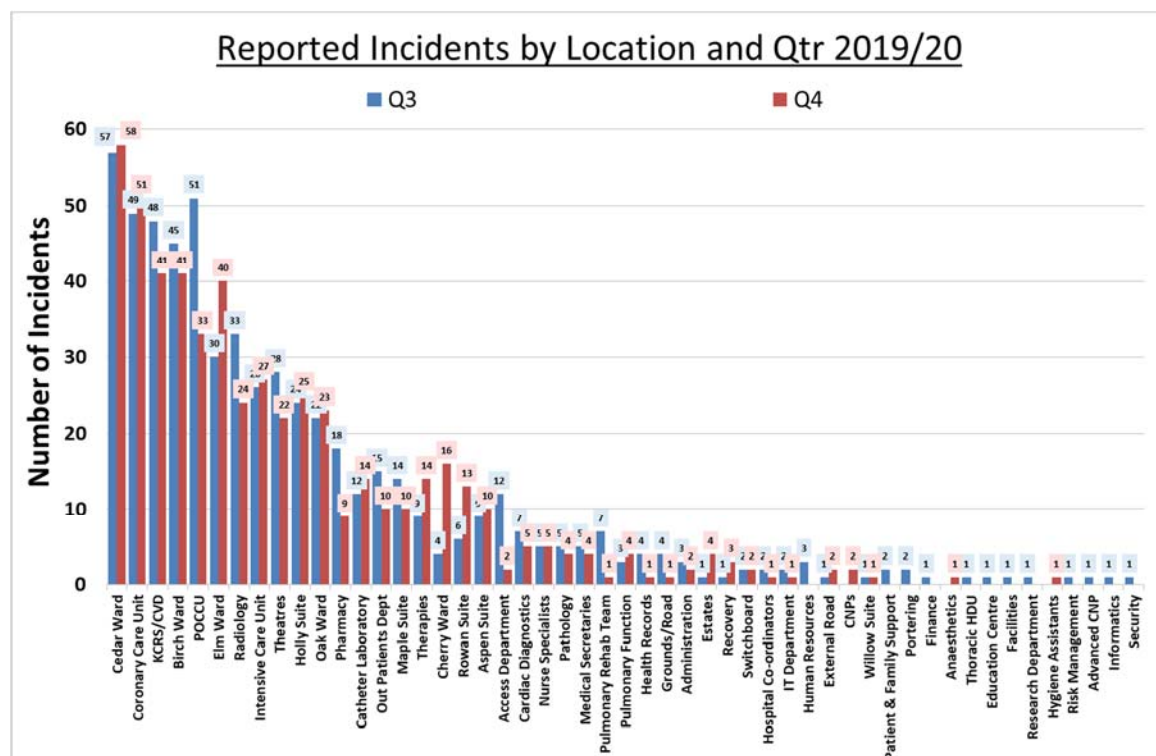
## Clinical Services

Q1 18-19	Q2 18-19	Q3 18-19	Q4 18-19	12 month total
114	139	163	106	522
Q1 19-20	Q2 19-20	Q3 19-20	Q4 19-20	12 month total
136	162	168	133	599

## Corporate

Q1 18-19	Q2 18-19	Q3 18-19	Q4 18-19	12 month total
22	19	33	23	97
Q1 19-20	Q2 19-20	Q3 19-20	Q4 19-20	12 month total
17	27	47	18	109

A breakdown of the number of reported incidents within the areas can be seen by location as detailed below. (Blue Q3 Red Q4.)



The importance of incident reporting continues to be highlighted through a variety of means

across the Trust: monthly team brief, daily safety huddle, senior leads and manager meetings and within the Divisional Governance meetings.

### ***Top five reported Incidents***

In total, there were 1,111 reported incidents in Q3- Q4 (987 reported incidents in Q1-Q2); of these there were:

#### **a) Medications Q3: 81 incidents, Q4: 74 incidents; Total = 155 (Q1: 86 and Q2: 71)**

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
- Pharmacy dispensing errors

On induction, all prescribers receive a presentation on medications management from pharmacy; this highlights 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, iv antibiotics and anticoagulation. Prescribers also work through an EPMA workbook and have a test at the end to teach them how to prescribe safely and effectively. They also get a pharmacy session at doctors' teaching to go through key medicines management issues and trouble shoot any issues they have encountered.

A medications management training suite has been developed in conjunction with learning and development that 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 assessments on administration, videos, drug calculation test.

A service improvement project has been completed focused on improving the numbers of reported incidents (improved reporting culture within the Trust) and also improving reports generated from Datix to enable more meaningful discussions, learning and targeting of incident trends. A fundamental change to the chronological sequence of incident processing has been agreed with the development of a weekly mini MDT that includes the incident managers to review incidents. The meeting quality-assesses each incident to ensure correct classification and scoring of harm/potential harm. The incidents are usually approved at the meeting and these then will auto-populate the medication incidents dashboard that is in the final stage of development.

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 better focus on trends, harm/potential harm, learning and cascade.

The dashboard is now the main focus for the weekly harm report shared with the executive team

(with respect to medicines) and the monthly divisional governance meetings to enable better focus and assurances. A monthly incident summary report is discussed at all three divisional governance committee meetings

**b) Administration processes Q3: 72 incidents, Q4: 63 incidents; Total = 135 (Q1: 46 Q2: 44)**

This category includes not only administrative incidents but also incidents regarding clinical record keeping, documentation, communication, external issues with NWAS and / or transfer documentation from other Trusts.

Actions taken to manage incidents reported as administrative processes are ongoing and include:

- A review of patient correspondence
- Establishment of an admin hub with partial booking and SMS
- PAS training

**c) Communication Q3: 53 incidents, Q4: 43 incidents = 96 (Q1: 46 and Q2: 52)**

This category includes

- communication between teams;
- handover between teams;
- communication with patients;
- communication with other healthcare providers such as ambulance for outpatients bookings;
- referral information not being completed correctly

A nursing documentation audit review is taking place within EPR to determine whether there is duplication in the system. The terms of reference have been agreed and the audit is due to commence. The results of the audit will assist in the implementation of more streamlined documentation.

**d) Medical Devices, Equipment and Supplies Q3: 42 incidents, Q4: 39 incidents; Total = 81 (Q1: 29, Q2: 40)**

As the highest users of medical equipment in the organisation, theatres and the Critical Care Area report the highest number of medical equipment issues. User error/user damage is a consistent theme. All medical device incidents are copied into the Education Practice Facilitator to include within training.

Specific medical device refresher training is being targeted to Critical Care area staff by the Critical Care Education team.

**e) Slips, Trips and Falls Q3:31 incidents, Q4 38 incidents = 69**

A full review of the patients who have had a slip, trip or fall has been undertaken. All patients are assessed as to whether they are a fall risk on admission. Not all the patients who fell, met

the criteria within the falls assessment as being at risk of falls. All patients have comfort checks which helps to assist patients who may not meet the criteria as a falls risk but who may require some assistance. All patients are advised about the falls risk in hospital due to unfamiliar surroundings, routines etc and are encouraged to call for assistance to mobilise. Those patients who did meet the criteria had falls prevention measures applied.

### Severity of Incidents

	No/low harm	Moderate (short term harm)	Severe (permanent or long term harm)	Severe / Death
Q1 2019/20	484	2	0	0
Q2 2019/20	506	5	1	0
Q3 2019/20	576	2	1	0
Q4 2019/20	517	4	0	0

No harm/low harm continues to be the main category reported within the incident reporting systems.

Severe harm in Quarters 2 and 3.

1. A patient arrested 40 minutes following discharge home. This has been reported to StEIS and is under investigation. Following the investigation, it has been requested that the incident is retracted from SI status. Liverpool CCG refused the request to retract the SI status and denied an appeal against this decision as they asserted there was learning for the organisation. The RCA has been reviewed at Medicine Divisional Governance committee and actions concerning human factors training have been initiated.
2. PPCI activation from Aintree. The ECG was recorded at approximately 19:45 and was misdiagnosed by Aintree staff. There was a delay in recognising STEMI and in activating the PPCI pathway. The pathway was eventually activated at 00:42 and the patient arrived LHCH 01:18 to undergo treatment. This incident was reported to Aintree hospital who have since reported it as an SI.

### Serious Incidents (SI's)

During 2019/20, there were seven serious incidents reported. These were;

- Learning from death review identified an incident concerning an early discharge of a patient with learning disability which may have contributed to the patient's death
- A delay in reporting a CT scan which may have contributed to a delay in treating a stroke.
- Major IT downtime resulting in postponed procedures and OPD appointments. No patient harm

- Misfiled cardiac biopsy result causing delay to commencing of treatment – Joint with LCL Laboratories.
- Patient arrested 40 minutes following discharge home. Potential early discharge contributed to incident.
- Never Event – insertion of a pleurocentesis needle into wrong side of chest.
- Misappropriation of dihydrocodeine tablets in critical care area

All SI's have been reviewed by the Liverpool CCG SI panel and all have been closed on StEIS.

### ***RIDDOR Reportable Incidents***

(Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995)

In Q1 and 2 there were two RIDDOR incidents.

- 1 manual handling
- 1 staff fall (over a zimmer frame)

In Q3 and 4 there was one RIDDOR incident

- 1 staff member fell on wet floor that had recently been mopped (not following the agreed process for mopping)

### ***Speak out Safely/Freedom to Speak Up***

Freedom to Speak Up (FTSU) has been successfully integrated at Liverpool Heart and Chest Hospital alongside the Trusts other fora for speaking out, called the safety seven.

The FTSU team comprises of:

- Executive Lead – FTSU Guardian
- FTSU Guardian
- Deputy FTSU Guardian
- 9 multi-disciplinary champions

### **Q1 and Q2**

In Quarters 1 and 2 there were 9 speak ups as below.

	No of Speak ups	Element of Bullying and Harassment	Element of Patient safety	Other
Q1	5	2	0	3
Q2	4	2	1	1

### **Q3 and Q4**

In Quarters 3 and 4 there were 10 speak ups as below.

	No of Speak	Element of Bullying and Harassment	Element of Patient safety	Other

	<b>ups</b>			
Q3	5	1	0	4
Q4	5	2	0	3

Overall the main issues coming through the Guardian relate to staff values and behaviours and working practices.

All of the concerns raised have been escalated within 24 hours of receipt, reviewed and appropriate action taken as necessary.

The Trust has recently been recognised by the National Guardians Office as the top Acute Specialist in the country, as per the staff survey FTSU index score and, the National Guardian recently presented on its success at the regional conference.

A refreshed FTSU strategy has been produced and we are mindful that whilst the COVID-19 situation continues we retain a high profile in the Trust.

In conjunction with Freedom to Speak up is the Speak out Safely campaign which has been supported in the organisation since April 2014. During that time there have been 73 reports made using this mechanism.

Reporting themes are: working practices, values and behaviours, clinical care and care environment, reporting using HALT- verbally reported at daily Safety Huddle.

Staff who report under this mechanism are contacted and offered feedback regarding their concern or in meetings with the Senior Leaders who are investigating their concerns.

#### 4. Complaints Analysis

Complaints and concerns are managed in line with DOH&SC guidance who advise 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 which details the numbers of concerns and complaints received, the key issues and actions taken. Any action plans and learning from complaints are presented by the relevant lead at the relevant Governance Committee.

##### ***Complaint Themes***

	Q1 &2	Q1 & Q2 2019/20 Total= 19	Q3&4 2019/20	Q3&4 2019/20 Total = 17
<b>Surgery</b>	2	<b>Clinical care (14)</b> <b>Communication/Information (1)</b> <b>Waiting time/delays ACHD (3)</b> <b>Diagnostic tests (1)</b>	6	<b>Clinical care: 8</b> <b>Communication: 6</b> <b>Waiting times: 1</b> <b>Appointments: 1</b> <b>Trust Administration: 1</b>
<b>Medicine</b>	15		8	
<b>Clinical Services</b>	1		2	
<b>Corporate</b>	1		1	



There was a small decrease in the numbers of complaints received in the last two quarters of the year compared to the first two quarters. Complainants are contacted at the earliest opportunity in an attempt to resolve their concerns as soon as possible.

### ***Learning from complaints***

All complaints are discussed in the respective governance committee and all closed complaints were responded to within the negotiated timeframe, although a number of response dates were re-negotiated as investigations from the divisions took longer than anticipated. If immediate action was taken, therefore no action plans were required but still they were discussed in detail at the relevant governance committee.

Any complaint that generated an action plan was discussed and action plans were presented at relevant division governance committee to support organisational learning.

### **Summary of learning**

- Improved communication with patients/families
- Improved communication processes between the Consultants
- and their administration teams
- Improved communication and planning with patients in the ACHD service

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

### ***Patient and Family support contacts***

There were 318 contacts, 184 of which were informal concerns, and 134 contacts for advice or information.

### **Top themes include:**

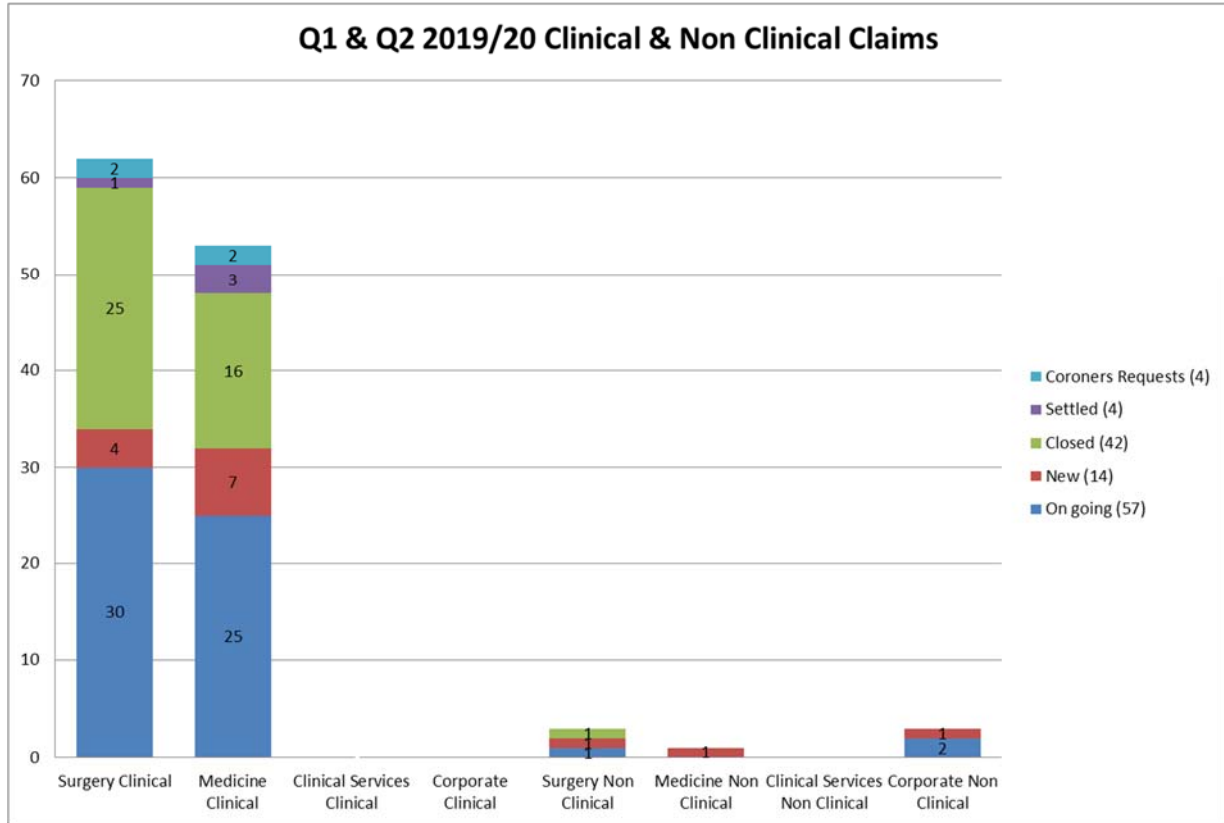
- Waiting times for diagnostic tests in radiology
- Appointment enquiries – including ACHD service
- Waiting times for surgery and / or other procedures
- ACHD service- admin, communication, planning of surgery
- Waiting times for results or diagnostic tests
- Communication issues, including diagnostic tests
- Patient experience in some clinical areas
- End of Q4-had 11 COVID-19 related queries- topics including the visiting restrictions being put in place, patients wanting to know if they were classed as vulnerable, and being worried about cancelled procedures.

### **Learning included:**

- Improved communication processes in Radiology / diagnostic tests
- Improved pathways for ACHD referrals/appointments, managing expectation to be improved. Reviewing how they manage dates for surgery.

## 5. Claims Analysis

Data relating to claims Quarters 1&2 (April 2019 - September 2019) for comparison with Quarters 3&4 19/20 (this reporting period).

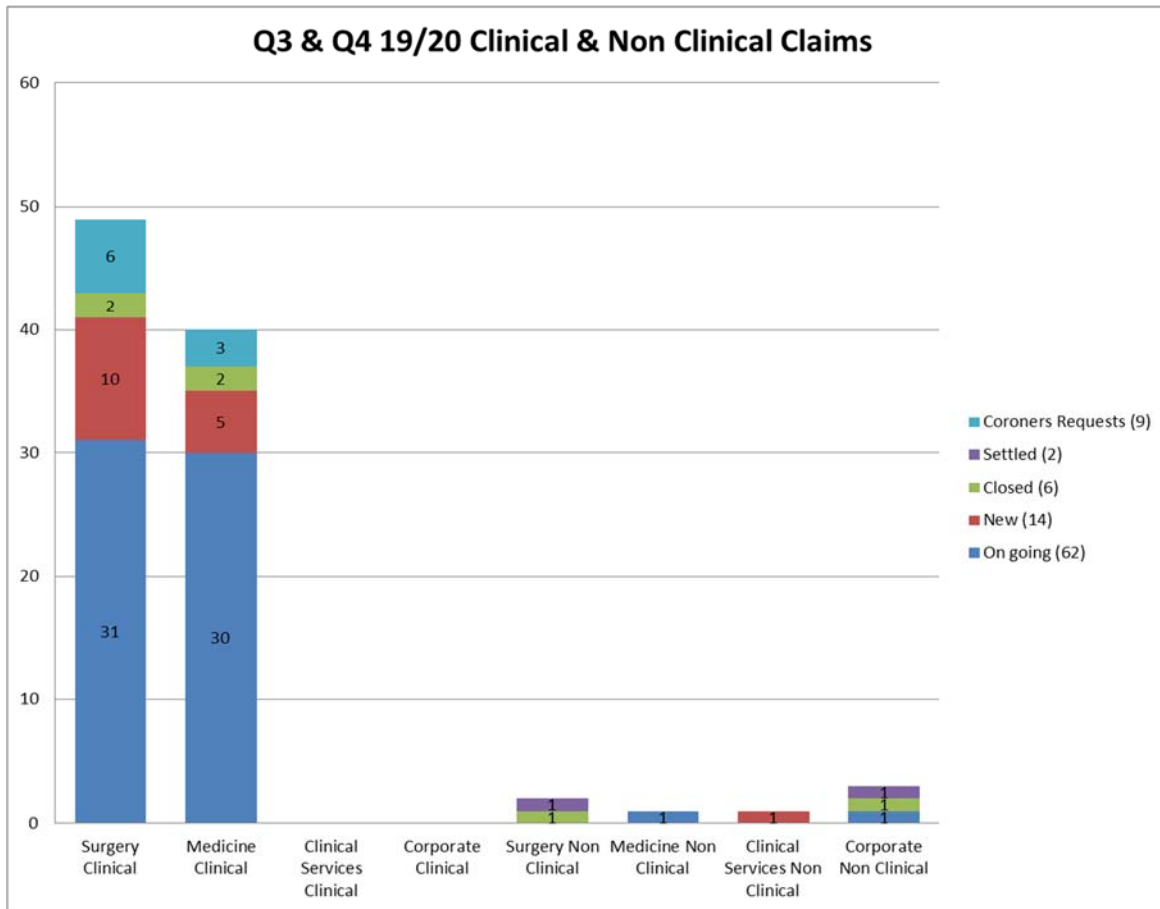


When reviewing the individual claims no recurring themes were identified as the circumstances within each case are different, with different operators and incident dates ranging from 2007-2019.

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

Please note that in one instance for on-going clinical claims, the claimant has received treatment and care under both the Medicine and Surgery Divisions. This is an early stage claim and the solicitors have not yet provided us with enough information to determine which division the claim relates to. The claim has therefore been marked as ongoing for both medicine and surgery until further information is received or the claim progresses to a formal claim.

No of Claims	Management Status	Letter Before Action – Pre Action stage claim currently being managed in house by the Trusts Legal Services	Letter of Claim/Proceedings – Formal claim being managed by the NHSR	Letter of Claim/Proceedings – Formal claim being managed by Panel Solicitors, Hill Dickinson/Clyde & Co
Clinical Existing (54)		42	3	9
Clinical New (11)		11	0	0
Non Clinical Existing (3)		0	3	0
Non Clinical New (3)		0	3	0



When reviewing the individual claims no recurring themes were identified as the circumstances within each case are different, with different operators and incident dates ranging from 2007-2019.

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

Please note that in 3 instances for on-going clinical claims, the claimants have received treatment and care under both the Medicine and Surgery Divisions. These are early stage claims and the solicitors have not yet provided us with enough information to determine which divisions the claims relate to. The claims have therefore been marked as ongoing for both medicine and surgery until further information is received or the claims progress to a formal

claim.

No of Claims	Management Status	Letter Before Action – Pre Action stage claim currently being managed in house by the Trusts Legal Services	Letter of Claim/Proceedings – Formal claim being managed by the NHSR	Letter of Claim/Proceedings – Formal claim being managed by Panel Solicitors, Hill Dickinson/Clyde & Co
Clinical Existing (60)		44	4	12
Clinical New (13)		12	0	1
Non Clinical Existing (2)		0	2	0
Non Clinical New (1)		0	1	0

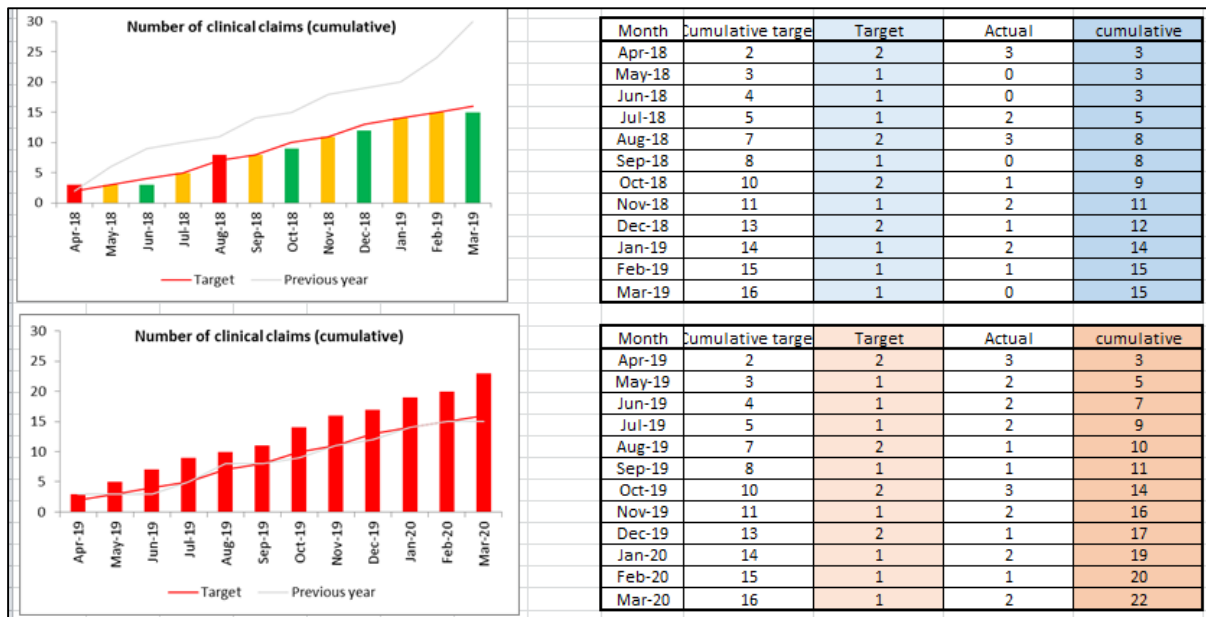
#### Data relating to claims Quarters 3&4 (October 2019 – March 2020)

Over the 6 month period of quarters 3 and 4 (2019/20) in comparison with the previous 6 month period:

	Q1/2 19 20	Q3/4 19 20
New Clinical Claims	11	13
New Non Clinical Claims	3	1
On-going Clinical Claims	54	60
On-going Non Clinical Claims	3	2
Closed Clinical Claims	41	4
Closed Non Clinical Claims	1	2
Settled Clinical Claims	4	0
Settled Non Clinical Claims	0	2
Coroners Requests Received	4	9

During Q3 and Q4 a review of clinical claims was undertaken. In 4 early stage claims (Letters before Action) where the limitation period had expired the claims were recorded as closed. No contact had been received from the claimant's solicitors to indicate the claim would be pursued formally against the Trust.

## Clinical Claims Q3 & Q4



The chart above indicates the number of new clinical claims received each month and is a graphical demonstration of the information portrayed in Quarters 3 & 4.

### Integration of incidents, complaints and claims

The diagram below depicts the integration of incidents, complaints and claims for quarters 1 & 2



The diagram below depicts the integration of incidents, complaints and claims for quarters 3 & 4



## 6. Organisational Learning

The Trust has an approved Organisational Learning Policy, which sets out the structure by which the organisation will identify and apply learning.

In order to increase the spread of learning, there is now an organisational learning section on the monthly team brief which is led by the Executive team. Team brief is open to all members of staff. Recent items for discussion have included learning from the recent Never Event – insertion of a pleurocentesis needle in to the wrong side of the chest; nutrition in ITU; removal of pacing wires and transferring a patient to CT on portable oxygen.

The Learning and Sharing session, chaired by the Director of Nursing, has now moved to be 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 standard. The group's remit has now expanded to include learning from each of the Divisions and discussions on human factors' elements of learning.

## 7. Patient Experience

LHCH continues to be recognized in the National survey as being in the top 5 providers for nursing care and cleanliness. Friends and Family Test (FFT) results are consistently high, achieving an average positive response of 99%. The trust also undertakes a Family FFT where family members are asked the question. These scores are on average 98%. The test has been implemented in the Outpatient Department and also within community services over the last few years and, again scores remain consistently high. We also undertake an annual family experience survey which is used to improve care for the patients and families and this was undertaken in June 2019 on 400 families across all services.

The Trust has continued to develop the vision for a patient and family centred-care approach to truly involve families and carers in the care. It's called the care partner programme and this has been rolled out across all wards and departments, giving an opportunity for patients and families to be involved in care if they wish and, as the trust maintains its stance and has no fixed visiting hours, welcoming families and carers to be with their loved ones at times that suit them. This involves staff asking members/carers of families if they would like to be involved in the care of their relative and which aspects of care they would like to take part in. This is a fundamental part of the Trust's family experience vision and is one of the ways in which LHCH articulates to patients its ambitions for them and their families to be partners in care. The care partner is now identified on the EPR system to facilitate audit across all wards.

The trust also conducts 4 patient and family listening events per year. The aim of engaging with patients and families is to enable us to truly understand their experience and to highlight any improvements required. More than 80 patients and their families have attended this year's events in a wide variety of locations. The Trust always asks if patients and families benefitted from attending the events. This will then provide an opportunity to embed improvements where applicable. This year we are also planning some events for patients from specific protected characteristics, to ensure the voice of those more vulnerable groups is heard and action is taken as this was a key priority from the sessions held earlier this year.

Learning from the events has included improving communications for those patients with complex care needs and, obtaining take home medications on the day of discharge, which continues to be a challenge ; improving access to restaurant facilities at night for families; dietary needs if patient has allergies; toilet facilities for relatives available on ward area.

Patient and family Shadowing has been implemented across the Trust since April 2012. Shadowing involves a committed empathic observer to follow and observe a patient and or a family member throughout a selected care episode, to observe and gain insight on the patient's and family's experience. The gathering of information through observation, discussion and analysis is used by care staff to understand, and thus perfect, the patient and family experience. The Trust continues to undertake patient stories and a focus this year has been equality and diversity, and delirium

The Trust has just developed a new equality and inclusion strategy with a number of key priorities for patients to ensure equality and inclusion is embedded into all of the work that we do across the Trust and in Knowsley community services.

## **8. Coronavirus outbreak**

During December 2019, the World became aware of a breakout of a highly infectious coronavirus in Wuhan China. Over the following weeks, it became apparent that this novel coronavirus was not only highly infectious, it was proving deadly to certain members of the population, namely the elderly and those with preexisting health conditions. The first cases of coronavirus were identified in the UK in early 2020. The UK Government announced a widespread lockdown on 23rd March 2020. LHCH instituted command and control within the organisation and made preparations to receive COVID-19 positive patients. To date, the organisation and the country are dealing with the coronavirus pandemic.

## **9. Summary and Conclusion**

Incident reporting, learning from incidents, complaints and claims remain a focus for all Divisions.

Quarters 3 and 4 have seen a decrease in complaint reporting while receipt of new claims has stayed static

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.

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.

Patient Experience events continue to take place quarterly in a variety of areas across the country and are always positively evaluated.

## **10. 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 by the Divisional Governance Committees.