

Board of Directors (in Public)

Item 5.4*

Subject: Integrated Incidents Complaints and Claims (IICC) Report – Q1 and Q2 2020/21
Date of Meeting: Tuesday 24th November 2020
Prepared by: Helen Martin, Risk and Safety Lead
Presented by: Dr Margarita Perez-Casal, Director of Research & Innovation
Purpose of Report: For Assurance

BAF Ref	Impact on BAF
WC1,AQ1, DP5	This report provides assurance of the learning from incidents, complaints and claims at organisational level.

1. Executive Summary:

This paper will provide the Board of Directors with quantitative and qualitative analysis of reported incidents, complaints and claims (IICC). These results relate to Quarters 1 and 2 of 2020/21 and a comparison with Q3 and 4 2019/2020.

Incident reporting, learning from incidents, complaints and claims and improving the safety culture remains a focus for the Divisions.

Quarters 1 and 2 have seen a decrease in complaint reporting and the receipt of new clinical claims.

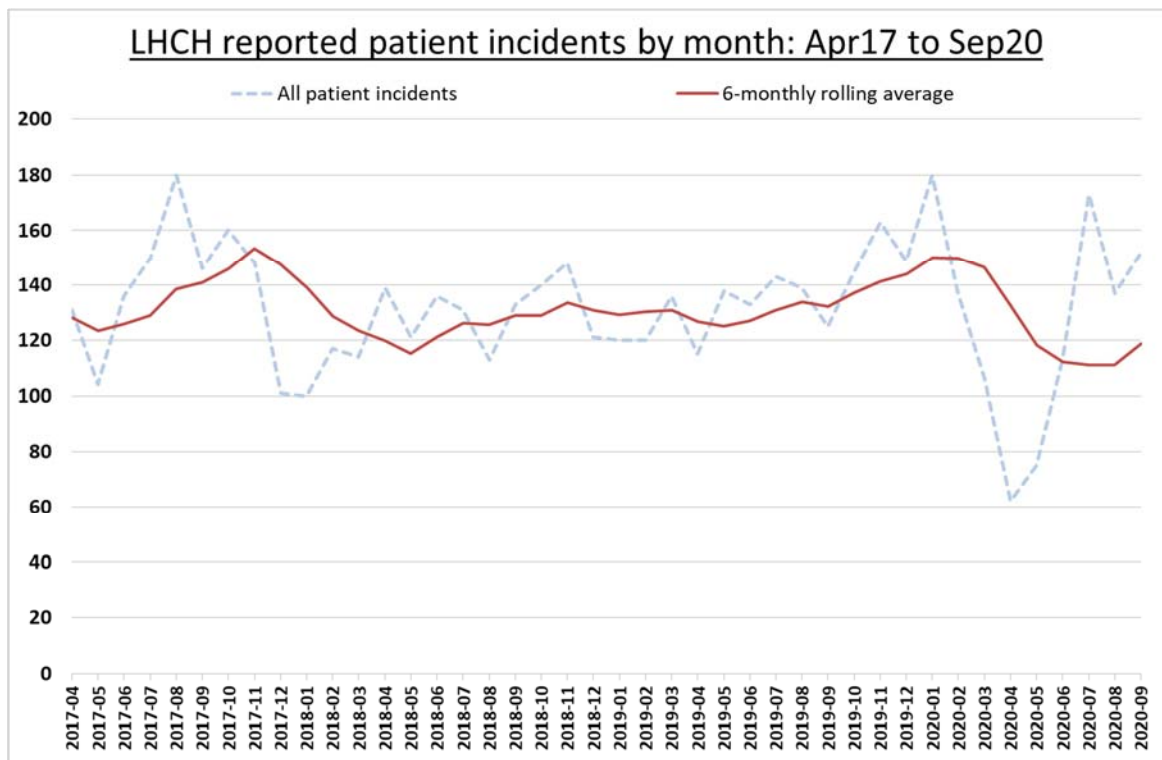
Monthly learning and sharing meetings take place and the organisational learning session has been incorporated into the monthly team brief. All staff are invited to present learning from incidents complaints, claims and patient experience events.

Patient Experience events have been suspended due to Covid, however a questionnaire was sent out in July 2020 to families of patients who received care in the trust prior to the visiting restrictions which were put in place due to Covid. The response was that 100% of families when asked, stated they were happy with the care their loved one received during their stay.

2. Background:

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

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 saw a slight decrease in Q1 as this was the period of the National lockdown and activity was reduced to reflect this. Incident reporting in Q2 has recovered across all the Divisions. Incidents and incident reporting are discussed in the Divisional Governance meetings on a monthly basis.

Surgery

Q1 19-20	Q2 19-20	Q3 19-20	Q4 19-20	12 month total
155	135	150	161	601
Q1 20-21	Q2 20-21	Q3 20-21	Q4 20-21	6 month total
91	154			245

Medicine

Q1 19-20	Q2 19-20	Q3 19-20	Q4 19-20	12 month total
176	188	219	228	811
Q1 20-21	Q2 20-21	Q3 20-21	Q4 20-21	6 month total
133	203			336

Clinical Services

Q1 19-20	Q2 19-20	Q3 19-20	Q4 19-20	12 month total
136	162	168	129	595
Q1 20-21	Q2 20-21	Q3 20-21	Q4 20-21	6 month total
84	175			259

Corporate

Q1 19-20	Q2 19-20	Q3 19-20	Q4 19-20	12 month total
17	27	47	19	110
Q1 20-21	Q2 20-21	Q3 20-21	Q4 20-21	6 month total
19	33			52

A breakdown of the number of reported incidents within the areas can be seen by location in Appendix 1.

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 902 reported incidents in Q1 – Q2 (1121 reported incidents in Q3 – Q4); of these there were:

Administration processes Q1: 40 incidents, Q2: 118 incidents; Total = 158 (Q3: 76 Q4: 69)

This category includes not only administrative incidents but also incidents regarding clinical record keeping, documentation, communication, external issues with 3rd parties and transfer documentation from other Trusts. There is an increase in Radiology incidents which is attributable to improvements to risk culture within the department as part of a wider review of the service. Knowsley Community Admin and Nurse Specialists are areas that further work is being progressed. Key themes relate to data quality, patient registration and appointment processes in all areas.

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

- Establishment of Radiology review work streams including administration review group as part of wider work stream governance
- Revision and implementation of new SOP's, training and monitoring of processes
- Transition of line management of admin teams under central admin functions
- Relocation of admin teams to support better working environments
- Review of resource allocation for specialist nurse team and access team telephony hub
- Digital Strategy
- Progression with EMIS migration to reduce administrative errors across hybrid of community systems
- Admin Dashboard

Medications Q1: 61 incidents, Q2: 79 incidents; Total = 140 (Q3: 81 Q4: 77)

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 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, 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 mini MDT meets weekly 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 finally approved at the meeting and these then autopopulate the medication incidents dashboard.

The Safe Medication Practice Committee meet monthly review and discuss any significant medication incidents raised at the mini MDT. The medication incidents dashboard will enables the committee to better focus on trends, harm/potential harm, learning and cascade.

The dashboard is now the main focus for execs weekly harm report (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.

Communication Q1: 31 incidents, Q2: 32 incidents; Total = 63 (Q3: 51 Q4: 53)

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 review is taking place within EPR lead by the Matrons for Surgery and Medicine to determine whether there is duplication in the system. Where duplication of records is found, the documents will be reconciled and the system streamlined.

Diagnostics Q1: 18 incidents, Q2: 43 incidents; Total = 61 (Q3: 35 Q4: 27)

This category includes

- delays in obtaining blood results
- labelling errors on specimen's sent to the labs
- missing specimens
- Delays in obtaining swab results.

Regular quality meetings are held with the management of the pathology labs to review ways to improve the processes regarding sending and receipt of specimens. Incidents are discussed and mitigating actions applied.

Labelling errors are referred back to the reporting teams for review and solutions discussed.

Medical Devices Q1: 21 incidents, Q2: 33 incidents; Total = 54 (Q3: 36 Q4: 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.

Severity of Incidents

	No/low harm	Moderate (short term harm)	Severe (permanent or long term harm)	Death
Q1 2020/21	318	8	1	0
Q2 2020/21	542	14	1	2

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

Severe harm in Q1

- Incident reported regarding a missed KALERT which had highlighted the requirement for an abnormal finding on the kidneys to be investigated in 2017. The investigation did not take place and the patient presented in 2020 with renal cell carcinoma.

Severe harm in Q2

- Patient became unresponsive on transfer from POCCU to ward. Suspected stroke. Delay in transfer to Walton Hospital – NWAS contacted and advised that there was high demand for the service on that day

Death in Q2

- Patient took their own life
- Insertion of right chest drain performed as per policy. Iatrogenic lung injury occurred which led to cardiac arrest. Incident reviewed by senior clinical team for Surgery and Mortality review Group. No gaps in care identified.

Serious Incidents (SI's)

There were two serious incidents reported in Q1 and Q2.

These related to the severe harm reported as above in Q1 and the patient suicide reported in Q2. Both incidents have been investigated and reported as per the Serious Incident framework.

RIDDOR Reportable Incidents

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

Q1 – no RIDDORS reported

Q2 - One RIDDOR reported – staff fall which resulted in the staff member having to take time off due to the injuries sustained. The area in which the staff member fell was reviewed and found to have no defects that could have contributed to the fall.

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 12 speak ups as below.

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

Q2	7	2	0	5
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Overall the main issues coming through the Guardian relate to staff values and behaviours and working practices. No patient safety issues have come through at all in Q1 and Q2

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 for the second year in a row.

FTSU was an integral part of the multi-disciplinary staff welfare team and over 70 issues were picked up by the team, escalated and resolved.

The current FTSUG is leaving the Trust in November and a recruitment drive for a replacement Guardian and champions is underway.

4. Complaints Analysis

Complaints and concerns are managed in line with DOH guidance who advises that 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 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 20/21 Total= 4	Q2	Q2 20/21 Total = 5
Surgery	1	Clinical care and treatment: 2 Communication/Information:1 Diagnosis: 2	3	Post op care and treatment: 5
Medicine	2		2	Within the 5 see below
Clinical Services	1		0	Wound management: 2
Corporate	0		0	Communication with family:1 Procedure query error: 1

There was a big decrease in the numbers of complaints received in the first two quarters of the year compared to the last two quarters. Q3 and 4 of 2019/20 we received 16 formal complaints compared to 9 in Q1 and 2 of 20/21. The first two quarter's was impacted by covid 19 pandemic, which was due to a hold on procedures and a lack of patients within the hospital. Complainants are contacted at the earliest opportunity in an attempt to resolve their concerns as soon as possible- during the covid 19 pandemic we have utilized other methods of resolving concerns raised- MS teams and telephone conference calls. These have been a benefit to the patients as they are being dealt with in a quicker way and resolving issues before they turn into formal complaints.

Learning from Complaints

All complaints are discussed in the respective governance committees and all closed complaints were responded to within the negotiated timeframe. One formal complaint has had to be

renegotiated with the division and 2 are still under review investigation. The first quarter all complaints were not upheld therefore no action plans were required but discussed in detail in relevant governance committee for future learning.

Summary of Learning

- Improved communication with patients, especially since a lot of our appointments are over the phone
- Communication and follow ups with ACHD
- Improved communication with families in light of no visiting at present

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 132 contacts in Q1 and Q2 of 20/21, 59 of which were informal concerns, 73 contacts for advice/information. Informal concerns in Q1- 18 and Q2 41. Again, this is a decrease in comparison to the end of Q3/4 of 19/20- Total number of contacts 164.

Top themes include:

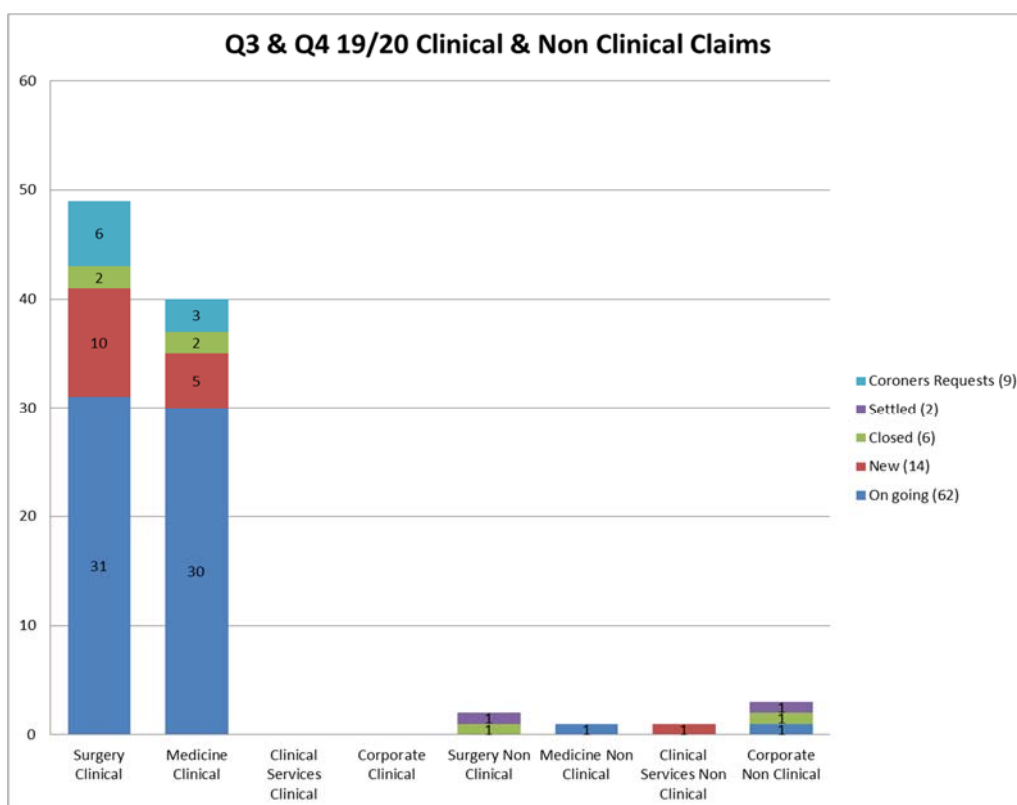
- Covid 19 related- EOL issues, ACHD patient information on isolating changing, request for confirmation from Consultants if patients should be shielding.
- Communication- families wanting more information, family members trying to communicate with patient's when they are on the ward.
- Delays in appointments/procedures that were put back during covid 19
- Main entrance staffing and security presence
- Deceased patients- GP not received info, relatives have received appointments for deceased patient
- Change of consultant request/Information requests
- Property- lost property enquires including deceased
- Radiology double booking of scans and performing 2 scans in a close time period

Learning Included:

- Improved communication between patient and departments- especially with the increase in telephone consultations and enquires- managing patients anxieties around Covid 19.
- When in an emergency or End of life situation and telephoning a relative- a process for them to phone the hospital to make sure they know where they are going to.
- Improved procedures in radiology to avoid double booking and performance of scans.

5. Claims Analysis

Data relating to claims Quarters 3 & 4 (October 2019-March 2020) for comparison with Quarters 1 & 2 20/21 (this reporting period).

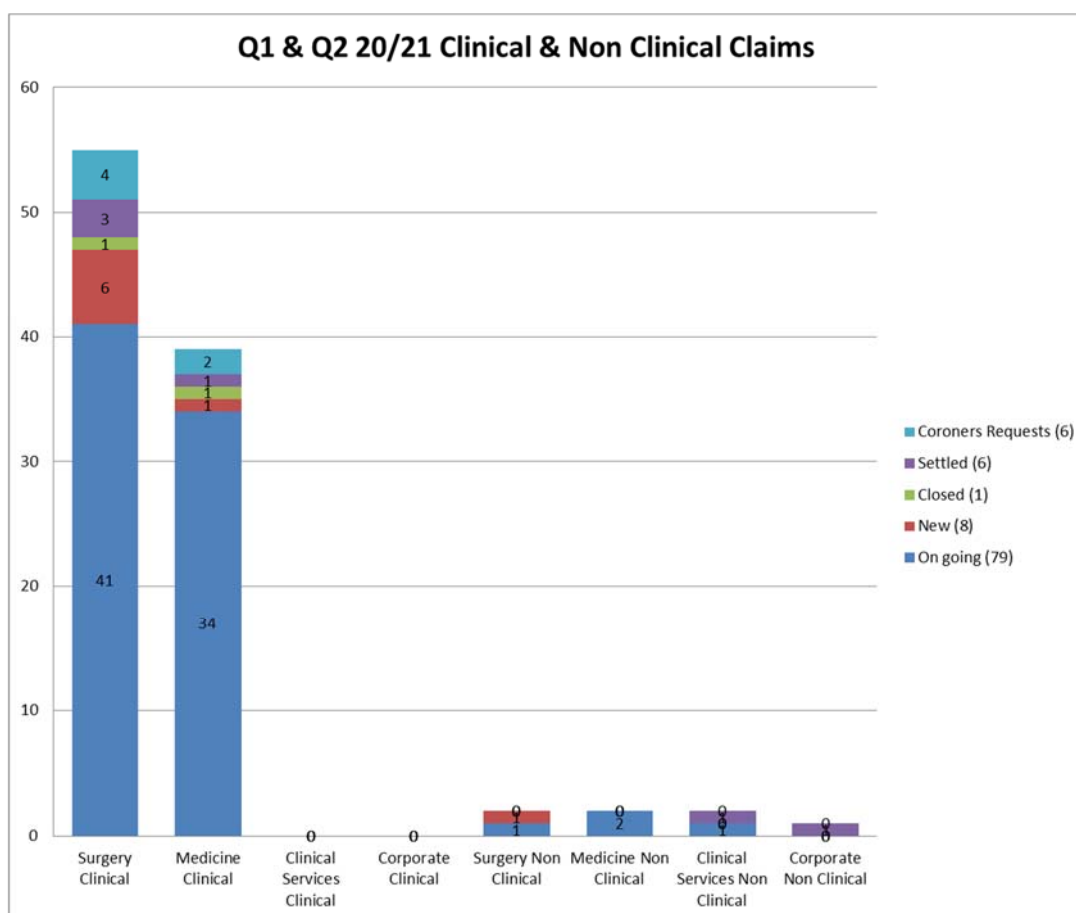


When reviewing the individual claims for Quarters 3 & 4 no recurring themes were identified as the circumstances within each case are different, with different operators and incident dates ranging from 2007-2019.

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

In 3 instances for ongoing clinical claims, the claimants received treatment and care under both the Medicine and Surgery Divisions. As these were early stage claims and the solicitors had not yet provided us with enough information to determine which division the claim relates to; the claims were marked as ongoing for both medicine and surgery.

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



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 2017-2020

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

In 1 ongoing clinical case we have received insufficient details of the claim; the patient has received both medical and surgical treatment therefore the cases have been marked for both divisions until further details have been received.

In 1 clinical case the claim has been correctly marked as both surgery and medicine

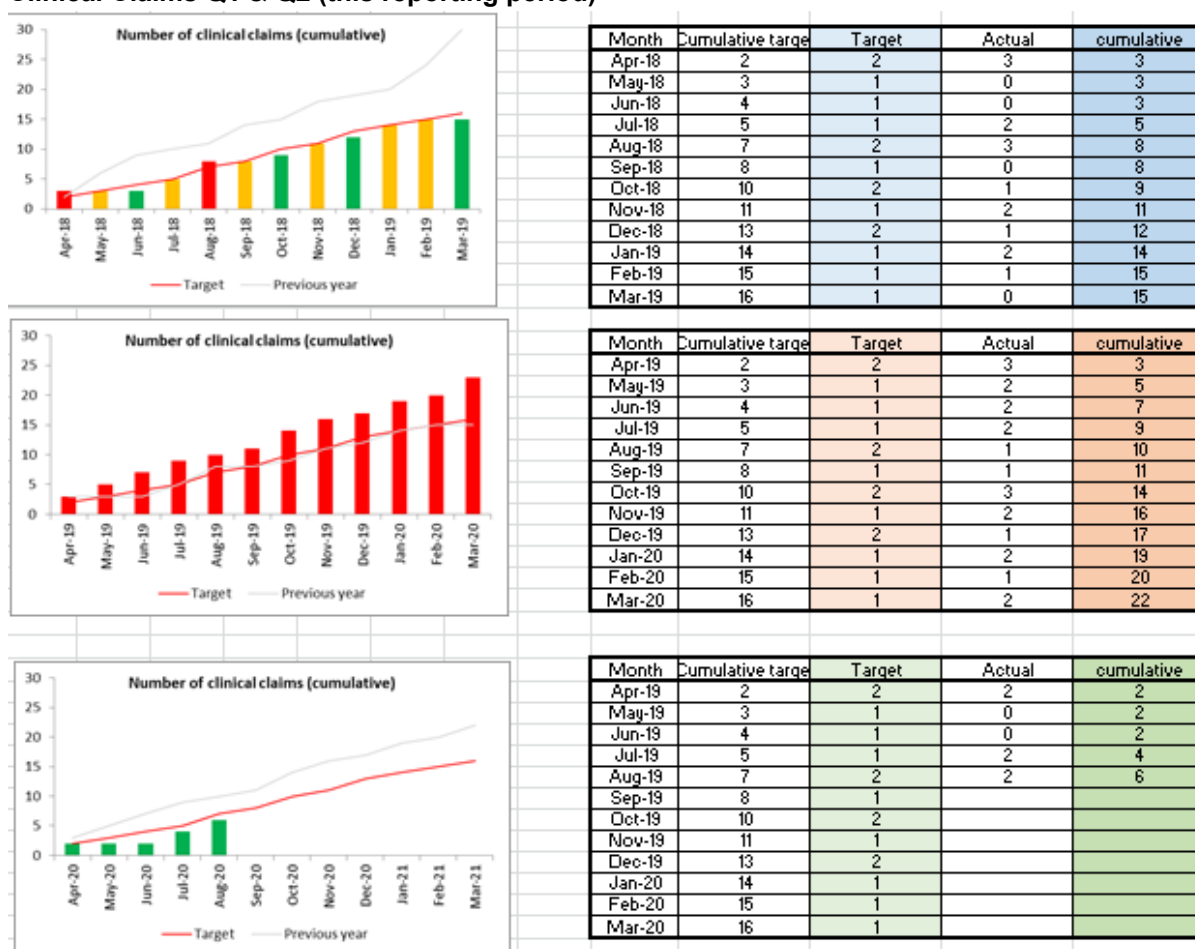
No of Claims	Management Status	Letter Before Action – Pre Action stage claim currently being managed in house by the Trusts Legal Services	Letter of Claim/Proceedings – Formal claim being managed by the NHSR	Letter of Claim/Proceedings – Formal claim being managed by Panel Solicitors, Hill Dickinson/Clyde & Co
Clinical Existing (73)		56	6	11
Clinical New (7)		4	2	1
Non Clinical Existing (4)		0	1	3
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:

	New clinical claims	New non-clinical claims	Ongoing clinical claims	Ongoing non-clinical claims	Closed clinical claims	Closed non-clinical claims	Settled clinical claims	Settled non-clinical claims	Coroners requests received
Q3/Q4 19/20	13	1	60	2	4	2	0	2	9
Q1/Q2 20/21	7	1	73	4	1	0	4	2	6

Clinical Claims Q1 & Q2 (this reporting period)



The chart above indicates the number of new clinical claims received each month and is a graphical demonstration of the information portrayed in Quarters 1 & 2.

NHSR Score Cards 2019/20 – CNST & LTPS

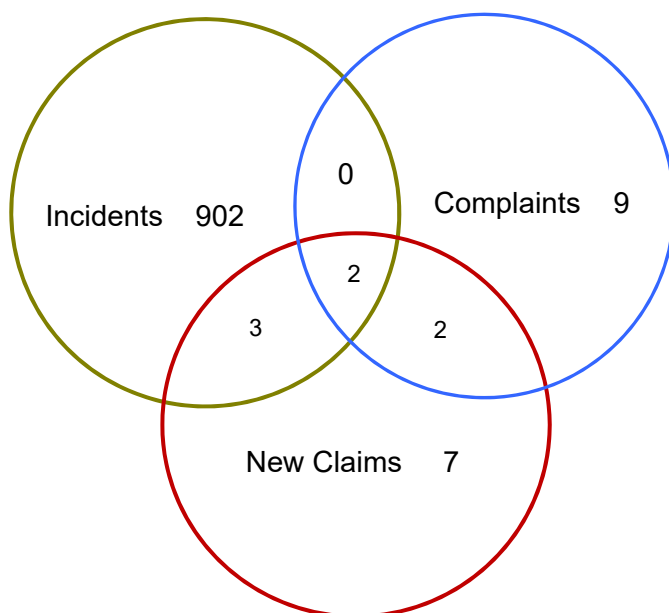
The purpose of the score card is to allow Trusts to view both clinical and non-clinical claims by type and cost and, specifically for clinical claims, to review the associated specialty/cause. NHSR know from feedback that the scorecard has been a valuable improvement tool to enable trusts to understand their claims profile, the associated cost of claims and to assist with prioritising safety improvement initiatives.

In response to member feedback in 2018 NHSR made significant changes to the scorecards, they now contain ten years' worth of claims data, as opposed to five. This more accurately captures claims that have a long incident-to-resolution timescale.

Score cards for the Trust can be found in Appendix 2.

Integration of Incidents, Complaints and Claims

The diagram below depicts the integration of incidents, complaints and claims for quarters 1 & 2 (this reporting period)



6. Organisational Learning

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

The Learning and Sharing session which is chaired by the Director of Nursing, has now moved to 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 groups remit has now expanded to include learning from each of the Divisions and discussions on human factors elements of learning.

7. Patient Experience

In the national Inpatient survey, Liverpool Heart and Chest Hospital was rated joint second in the country for overall patient experience and rated the top hospital in Cheshire and Merseyside.

Our Patient and Family experience over previous years has been monitored through quarterly engagement events. This year due to COVID restrictions it was necessary to find an alternative way of understanding family experience. A questionnaire was sent out in July 2020 to families of patients who received care in the trust prior to the visiting restrictions which were put in place due to Covid. The response was that 100% of families when asked, stated they were happy with the care their loved one received during their stay.

To ensure that patient and families remain in touch through a time of restricted visiting, our Patient and Family Liaison team ring every next of kin, every day to give an update on their condition and pass on messages and information.

In addition, since March we have made welfare calls to 70% of our patients post discharge asking if they were happy with the care they received and if they had all the support they require, this is in addition to the trust Friend and Family Test which has had a 99.3% positive response.

Due to Covid the Trust has had to suspend its care partner programme for all but the end of life patients however it will be recommenced as soon as it is deemed safe to do so.

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. Summary and Conclusion

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

Q1 and Q2 have seen a decrease in complaint reporting compared to Q3 and Q4.

Similarly, the number of clinical claims received has decreased by nearly half in Q1 and Q2 compared to the previous quarters.

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.

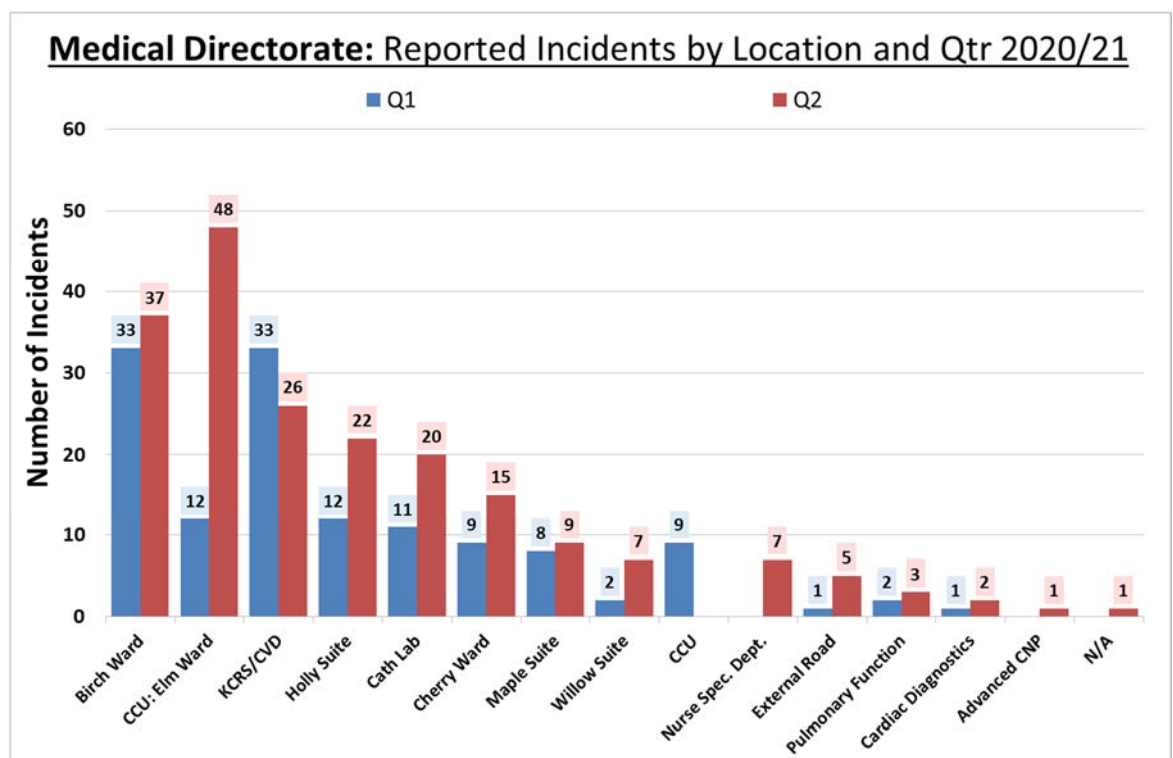
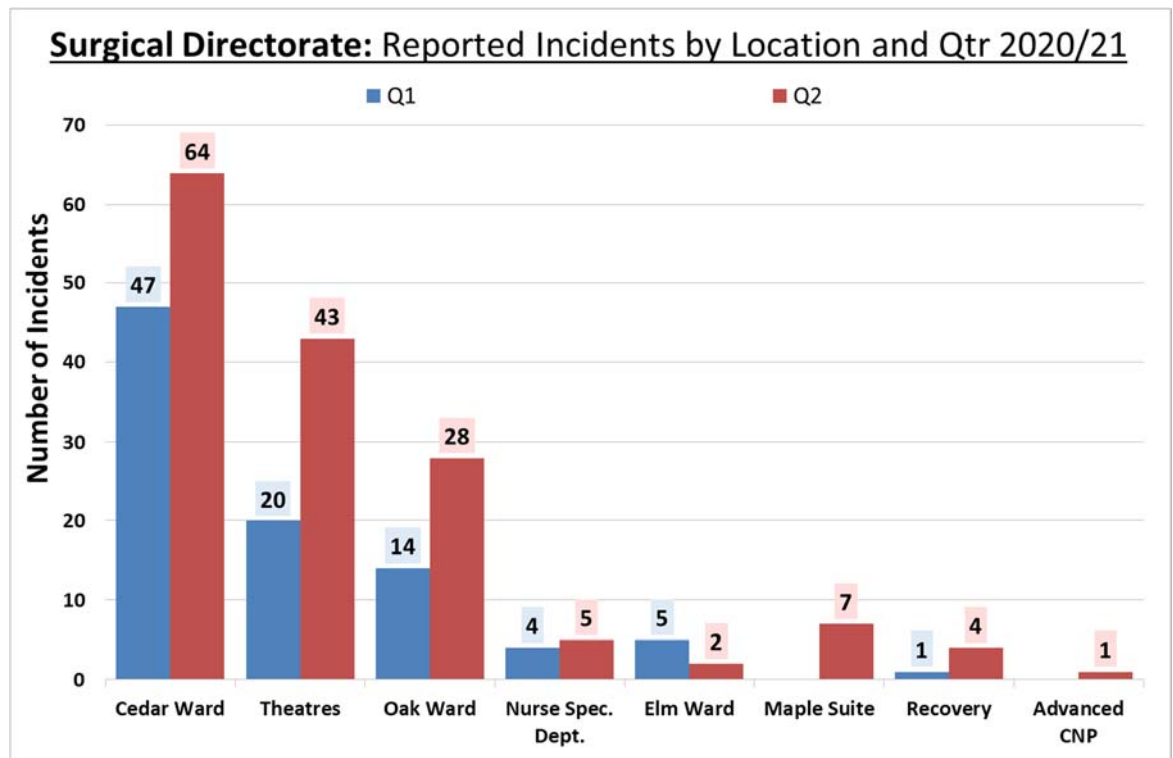
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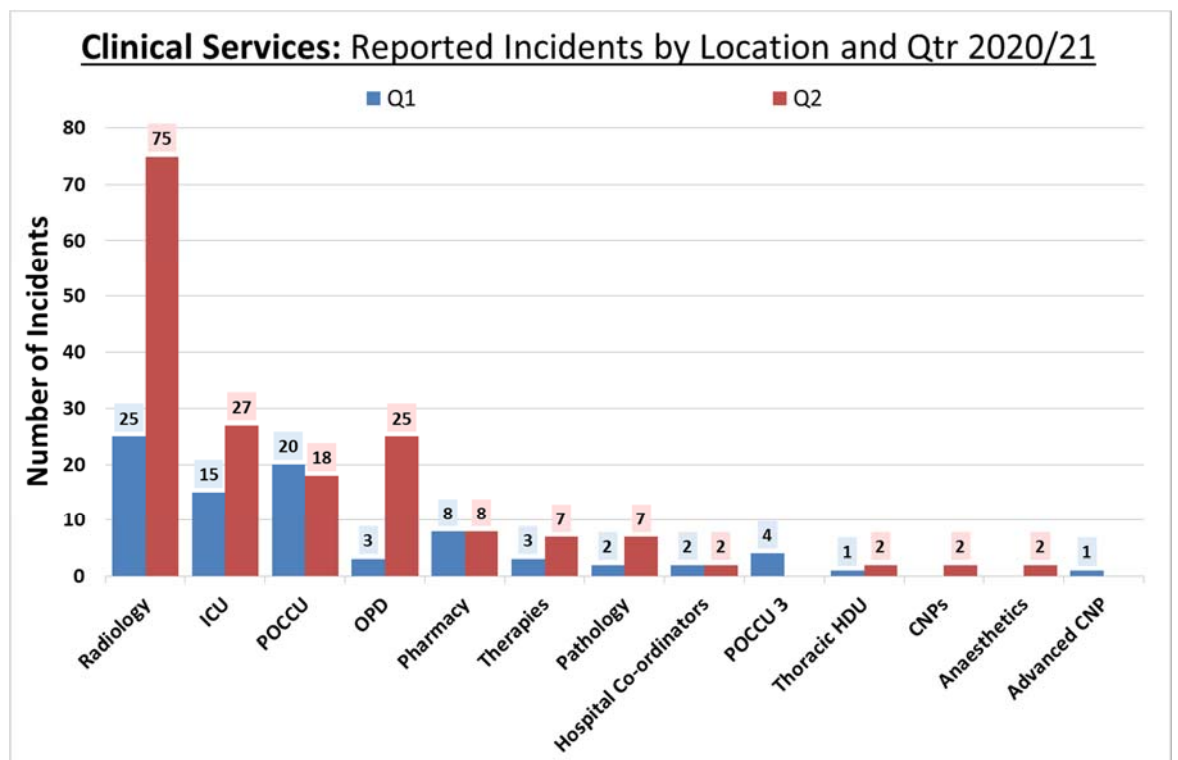
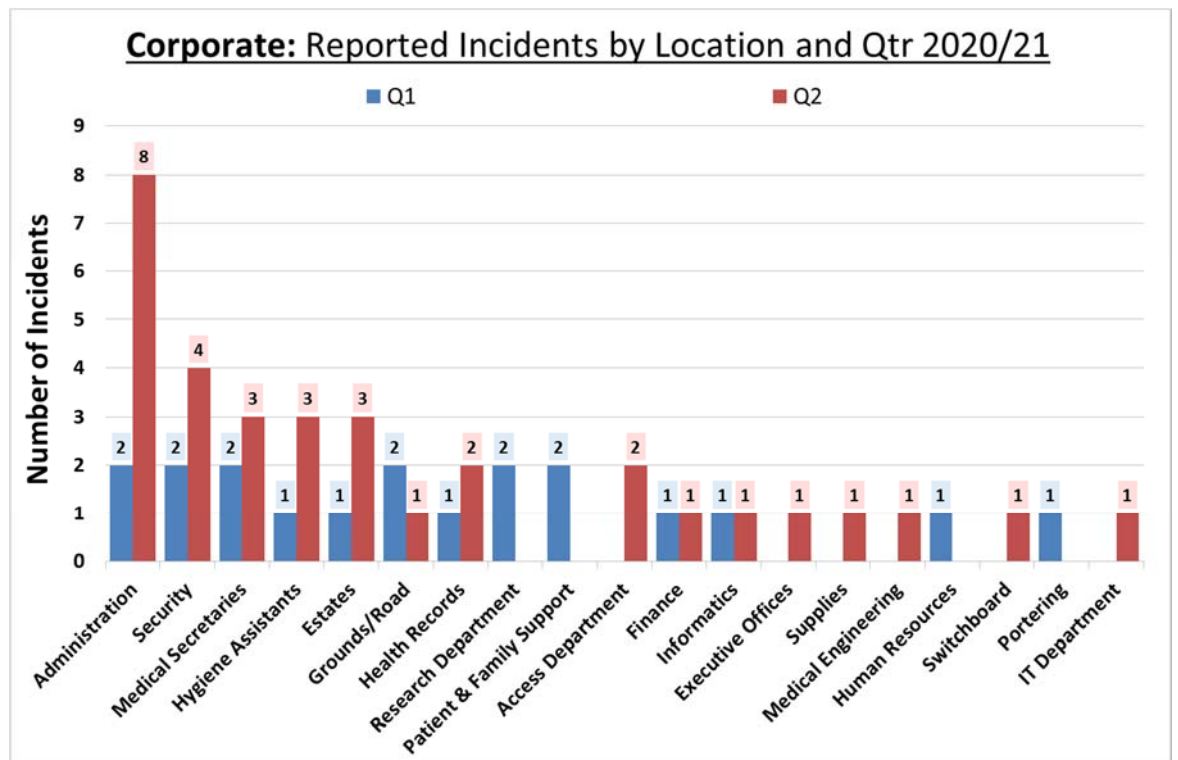
9. Recommendations

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.

Appendix 1. Reported incidents by location.





Appendix 2. NHSR Score Cards 2019/20 – CNST & LTPS

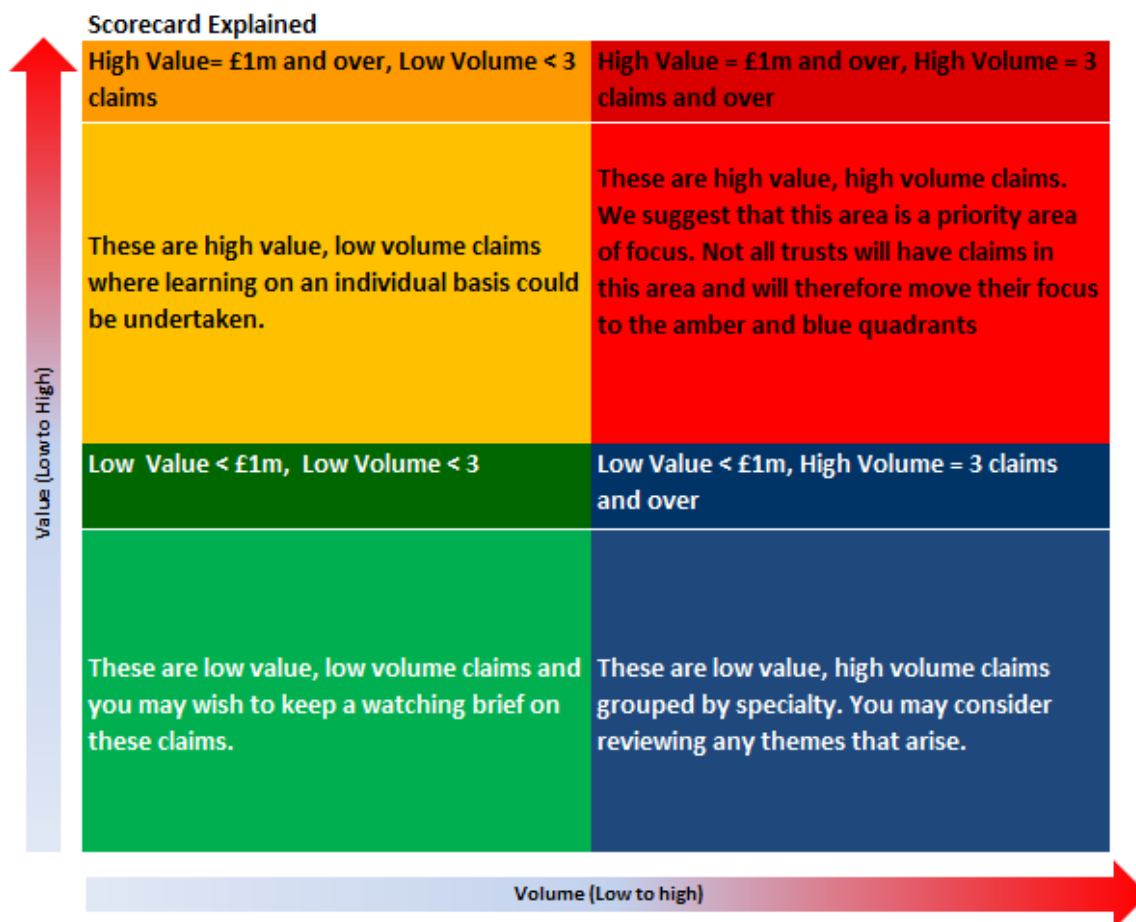
Liverpool Heart and Chest Hospital NHS Foundation Trust

The data presented in these spreadsheets is provided to Trusts to consider their claims and learning that can be determined by using different approaches according to the quadrant description presented below.

Selection Criteria: CNST claims received with an Incident Date between 01/04/2010 and 31/03/2020

Total number of claims for this Trust: 71. Total value of claims for this Trust £7,443,259

Data correct at: 31/08/2020



Qualifications for the Data Presented in this Scorecard

1. Criteria for Claims Selection

The data has been extracted from the NHS Resolution Claims Management System (CMS). It covers the years detailed above in the "Selection Criteria" section. A claim will appear if the incident occurred within those years.

2. Claim Values*

The value of a claim is the total of:

The amount paid in damages, claimant costs, defence costs and, for open claims, the estimated value of the claim at the time when the data was taken from CMS. The date in which the data was taken from CMS is defined "Data Correct at" section.

3. Data Groupings

Claims within Obstetric specialty may contain some Gynaecological claims. These can be identified in the "Specialty" column in the zone data sheet.

Trust Clinical Claim - High Value/Volume Scorecard

Liverpool Heart and Chest Hospital NHS Foundation Trust

Selection Criteria: CNST claims received with an Incident Date between 01/04/2010 and 31/03/2020

Total number of claims for this Trust: 71. Total value of claims for this Trust £7,443,259

Data correct at: 31/08/2020



Nr				Value			
Cardio Surgery	1	£	1,040,000	(blank)	0	£	-
Grand Total	1	£	1,040,000	Grand Total	0	£	-
Nr				Value			
General Surgery	1	£	35,000	Cardio Surgery	36	£	3,453,858
Radiology	1	£	161,376	Cardiology	24	£	2,130,108
Grand Total	2	£	196,376	Respiratory Medicine/ Thoracic M	4	£	37,224
				Surgical Speciality - Other	4	£	585,693
				Grand Total	68	£	6,206,883

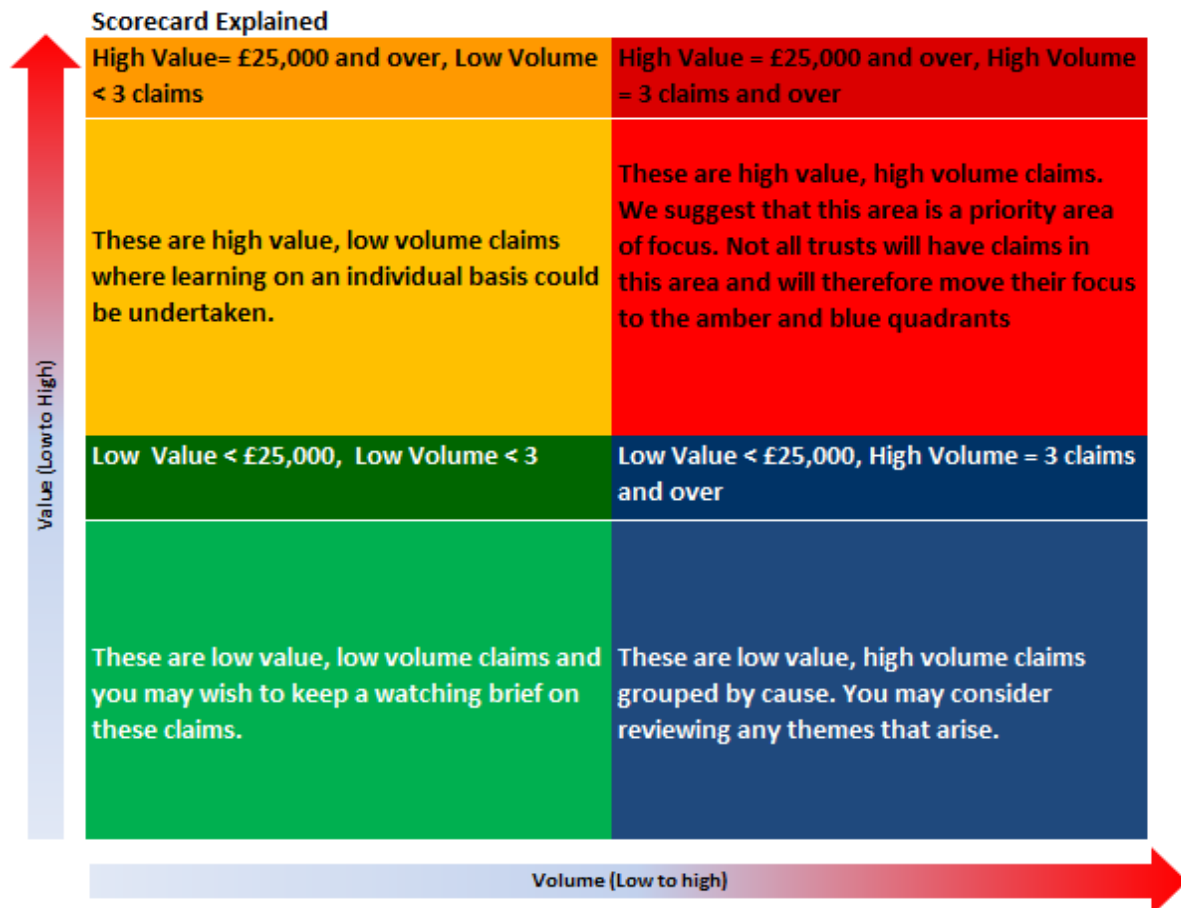
Liverpool Heart and Chest Hospital NHS Foundation Trust

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Selection Criteria: LTPS claims received with an Incident Date between 01/04/2010 and 31/03/2020

Total number of claims for this Trust: 40. Total value of claims for this Trust £1,118,232

Data correct at: 30/06/2020



Qualifications for the Data Presented in this Scorecard

1. Criteria for Claims Selection

The data has been extracted from the NHS Resolution Claims Management System (CMS). It covers the years detailed above in the "Selection Criteria" section. A claim will appear if the incident occurred within those years.

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