

Board of Directors (in Public)

Item 5.6*

Subject: Integrated incidents complaints and claims (IICC) report -
Quarters 1 & 2 (April 2019 – September 2019)
With comparison to Q3 & 4 (October 2018 – March 2019)

Date of Meeting: Tuesday 26th November 2019

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Presented by: Dr Margarita Perez-Casal, Director of Research & Innovation

Purpose of Report: To Note

BAF Ref	Impact on BAF
1.1	None

1. Executive Summary:

This paper provides the Board of Directors with quantitative and qualitative analysis of reported incidents, complaints and claims (IICC). These results relate to the first two quarters in 2019/20.

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 the number of complaints, while receipt of new claims has seen an increase.

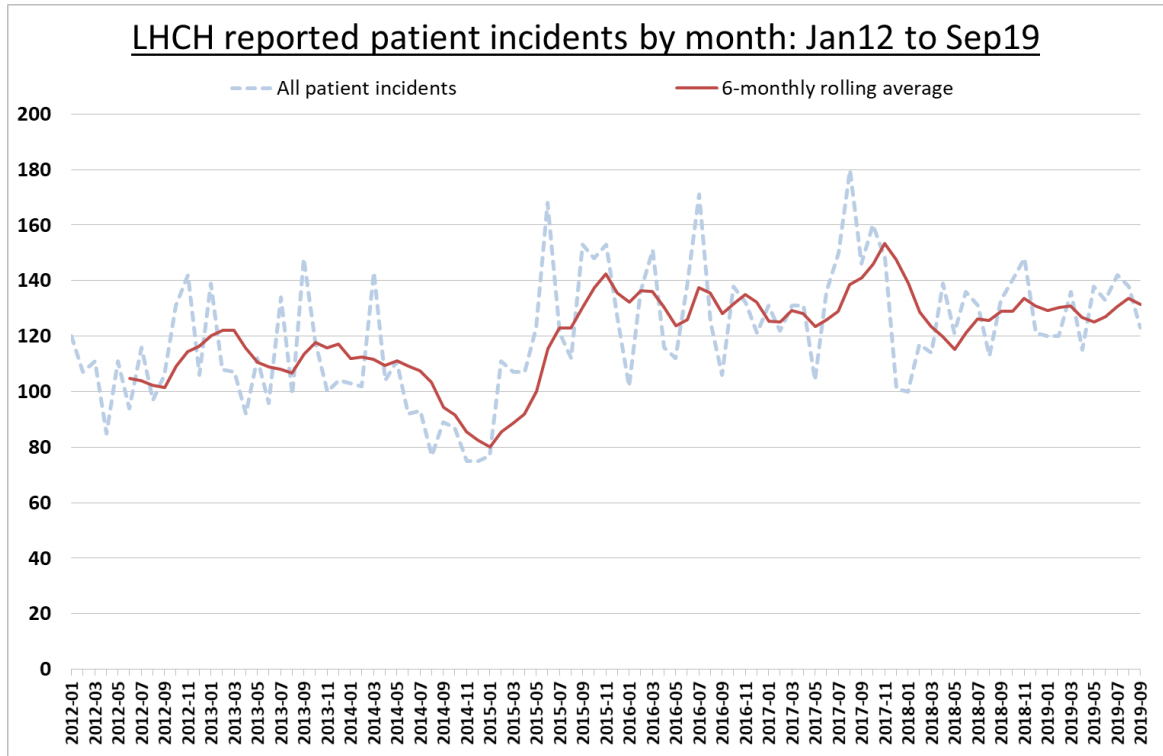
Monthly learning and sharing meetings continue to take place, and the organisational learning session has been incorporated into the monthly team brief. All staff are invited to present learning from incidents, complaints, claims and patient experience events.

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

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 has remained relatively consistent across all Divisions. 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			
155	133			

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			

177	188			
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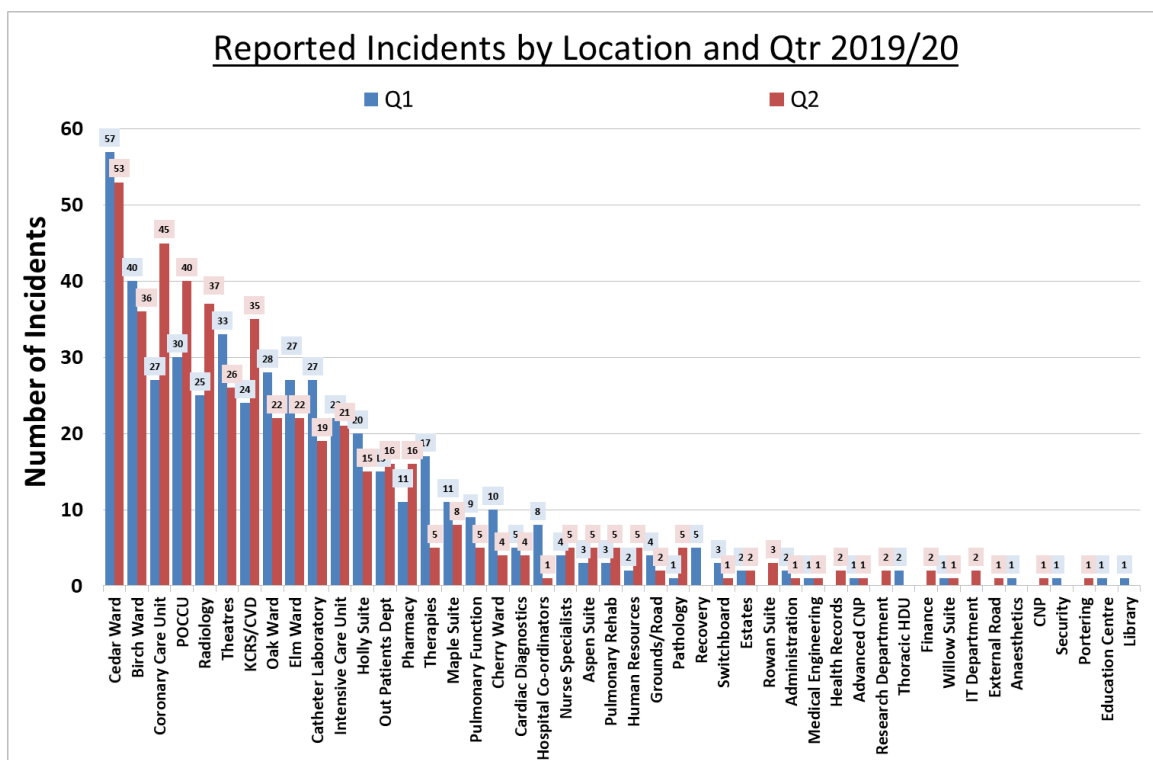
Clinical Services

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			
135	161			

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			
17	22			

A breakdown of the number of reported incidents within the areas can be seen by location as detailed below. (Blue Q1 Red Q2.)



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 987 reported incidents in Q1- Q2 (975 reported incidents in Q3-Q4); of these

there were:

Medications Q1: 86 incidents, Q2: 71 incidents; Total = 157 (Q3: 88 and Q4: 65)

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 troubleshoot 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 is nearing completion looking at improving 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 finally approved at the meeting and these then will auto-populate the imminent medication incidents dashboard that is in the final stage of development.

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

The dashboard will become the main focus for execs weekly harm report (with respect to medicines) and the monthly divisional governance meetings to enable better focus and assurances.

Communication Q1: 45 incidents, Q2: 50 incidents = 95 (Q3: 39 and Q4: 34)

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.

Administration processes Q1: 47 incidents, Q2: 42 incidents; Total = 89 (Q3: 38 Q4: 45 incidents = 98)

This category includes not only administrative incidents of which there were 19 but also incidents regarding clinical record keeping, documentation, communication, external issues with NWSA/transfer documentation from other Trusts.

A full review of the categories for documentation, communication and administration will be undertaken however to some extent the organisation is bound by the background mapping to NRS which determines the categories and subcategories.

With regards to the 19 incidents concerning administration the key themes are:

- Appointment letters and information/instructions provided to patients and communication.
- Appointment issues eg delayed or incorrect appointment provided, cancellation process of appointments
- PAS data quality eg incorrect transaction selected by user or incorrect record selected
- Ability to contact the admin team by phone.

The actions taken to date are

- to review the patient correspondence
- to establish an admin hub with partial booking and SMS
- PAS training implemented/ongoing
- Admin review.

Medical Devices, Equipment and Supplies Q1: 29 incidents, Q2: 37 incidents; Total = 66 (Q3: 51, 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.

Other issues include;

Generator test affecting lights and nurse call bells in some areas.

Baxter colleague pump issues in CCA

Field safety notice regarding a number of probes that were not properly programmed in manufacture - appropriate actions taken

ESR problems reported several times during the quarter.

Drop outs in telemetry monitoring.

None of the above issues resulted in patient harm.

Documentation Q1:26 incidents, Q2:31 incidents; Total - 57 (Q3: 45, Q4:27)

Themes include;

- Patients admitted to areas without wrist bands in place
- Delay in clerking patient
- Incorrect document scanned onto EDMS
- Incomplete patient documentation sent from transferring organisations.

Many of the incidents in this group can be attributed to human error. Staff are supported with taking care to address documentation errors.

Severity of Incidents

	No/low harm	Moderate (short term harm)	Severe (permanent or long term harm)	Severe / Death
Q1 2019/20	484	4	0	0
Q2 2019/20	493	8	2	0

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

There were two incidents classified as causing severe harm in Q2:

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. A response from the CCG is awaited.
2. Patient was transferred from Whiston Hospital as PCI activation. Arrived with an anaesthetic escort because they had been intubated in Whiston ED. Audible cuff leak and the oxygen saturation was 60-70% on 100% oxygen. The anaesthetic SHO escorting was very junior (CT1) and advised that the oxygen saturations had always been at this level. The patient had also had a PEA arrest en route, potentially due to hypoxaemia. The SHO was not sure at what point the cuff leak had been heard but

speculated it may have occurred while in the ambulance during CPR – Whiston Hospital have been asked to investigate and report back to LHCH.

Serious Incidents (SIs)

In Quarters 1 and 2 there were four SIs reported.

- 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 Liverpool Clinical Laboratories.
- Patient arrested 40 minutes following discharge home. Potential early discharge contributed to incident. Following the investigation, it has been requested that the incident is retracted from SI status. A response from the CCG is awaited.
- Attempt made to insert a pleurocentesis needle into wrong side of chest. This has been classified and reported as a NEVER EVENT.

RIDDOR Reportable Incidents

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

In Q1 and 2 there were two RIDDOR incidents. (2 reported in Q3&Q4)

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

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 7 separate occasions of speak up as below:

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

The Trust has a quarterly FTSU summit which triangulates data received through the Guardian, HR and through the patient safety/risk office to identify hotspots and actions.

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

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

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.

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 63 reports made using this mechanism.

Reporting themes are; working practices, values and behaviours, clinical care and care environment, reporting using HALT- also 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: Q1 and Q2 2019/20

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

Complaint Themes (comparison of Q1&2 to the two previous quarters)

	Q3 & Q4 2018/19	Q3 & Q4 2018/19 Total= 23	Q1 & 2	Q1 & Q2 2019-20 Total= 19
Surgery	7	Clinical Care (10) Discharge (2) Diagnostic tests/results (3) Appointments/OPD (2) Community (1) Security (1) Car parking (2) Admin (2)	2	Clinical care (14) Communication/Information (1) Waiting time/delays ACHD (3) Diagnostic tests (1)
Medicine	7		15	
Clinical services	4		1	
Corporate	5		1	

The above demonstrates a 17% decrease in the numbers received Q1/2 compared to Q3/4. This is as a result of the process at the Trust where following receipt of all formal complaints, 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 committees and all closed complaints were responded to within the negotiated timeframe, although a number of response dates were re-negotiated because the investigations from the divisions took longer than anticipated. If immediate action was taken, therefore no action plans were required but discussed in detail in relevant governance committee.

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

Summary of learning from Q1 & 2 has included:

- Improved communication processes
- Improved communication with patients/families

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

Patient and Family support contacts

In Q1 & Q2 154 contacts, 91 of which were informal concerns, 63 contacts for advice/information.

This is a slight increase of increase of 3% compared to the previous two quarters.

Top themes from Q3 & Q4 include:

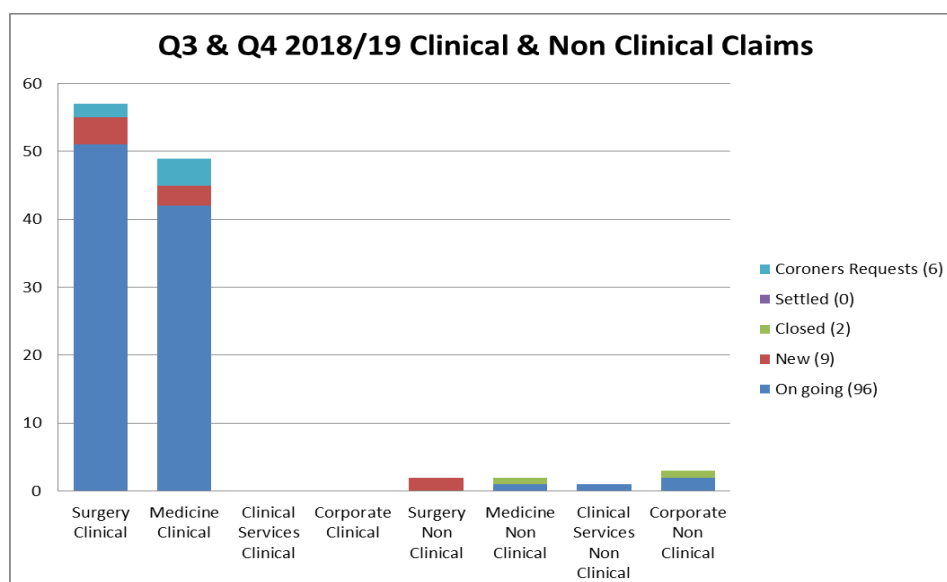
- Waiting times diagnostic tests radiology
- Appointment enquiries – including ACHD service
- ACHD appointments
- Waiting times surgery/procedures
- Waiting times results /diagnostic tests
- Communication issues /including diagnostic tests

Learning included:

- Improved communication processes in Radiology / diagnostic tests
- Improved pathways for ACHD referrals/appointments.

5. Claims Analysis

Data included relates to claims Q3& Q4 (October 2018-March 2019) for comparison with Q1 & Q2 2019/20 (this reporting period).

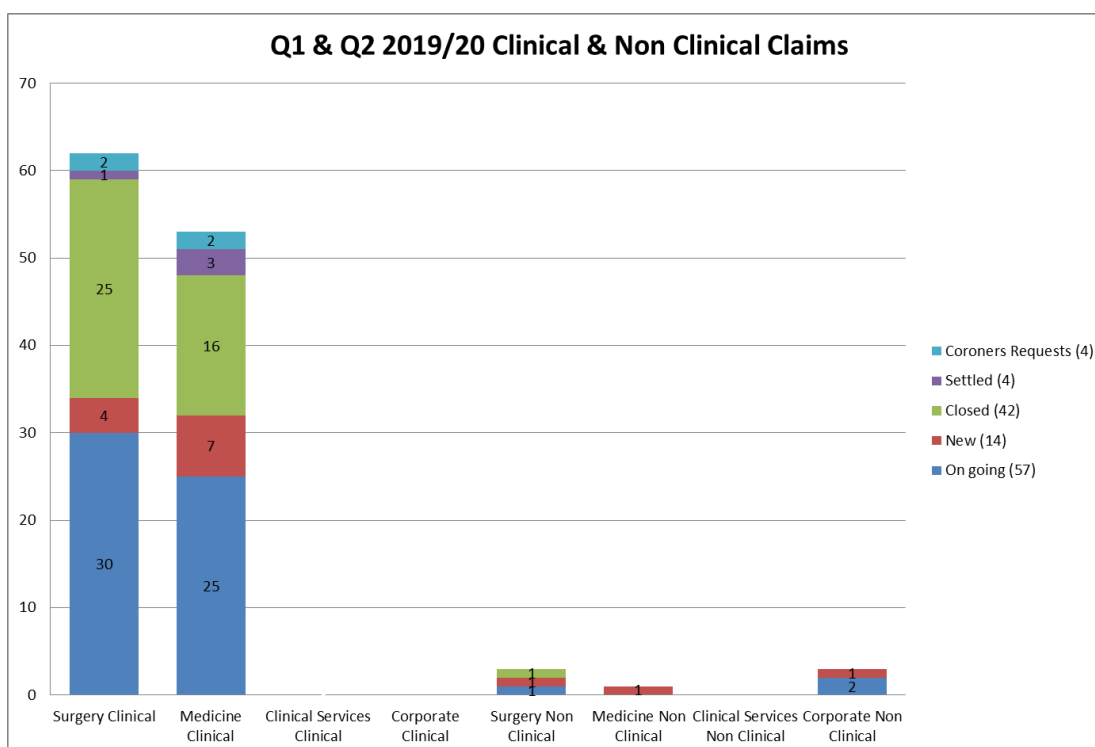


When reviewing the individual claims no recurring themes were identified as the circumstances within each case are different, with different operators and incident dates ranging from 2009-2018.

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

Please note that in 1 instance for on-going clinical claims, the claimants have 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 directorate 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 (92)		78	6	8
Clinical New (7)		6	1	0
Non Clinical Existing (4)		0	3	1
Non Clinical New (2)		0	2	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 2013-2019.

No themes have been 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 Trusts Legal Services	Letter of Claim/Proceedings – Formal claim being managed by the NHR	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

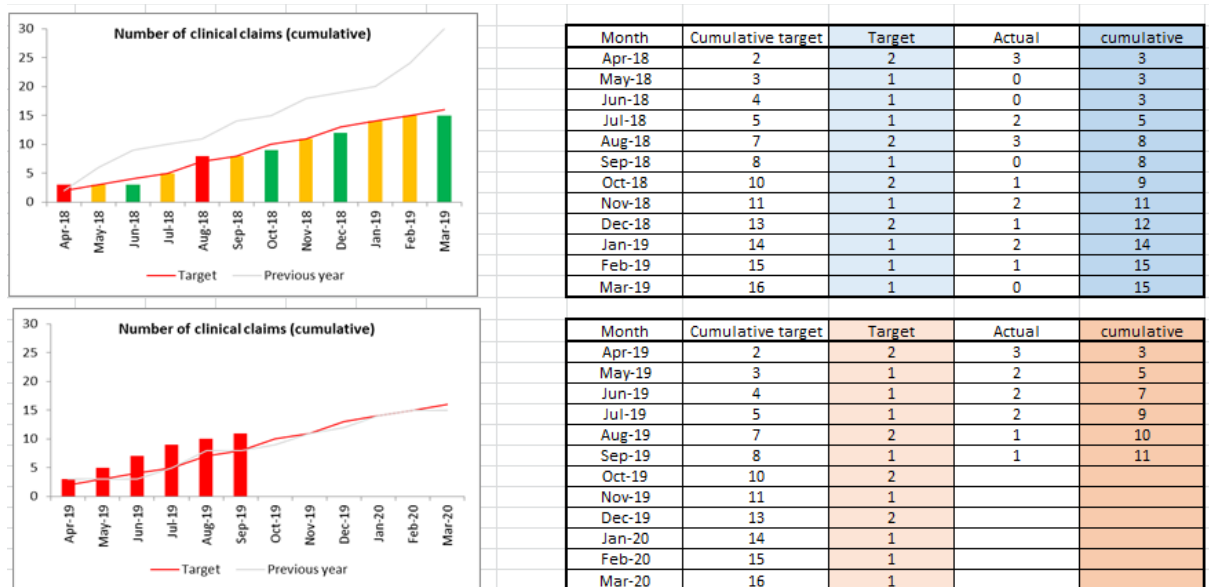
Data relating to claims Q1 & Q2 (April 2019 – September 2019)

Over the 6 month period of Q1 and Q2 (2019/20) in comparison with the previous 6 month period:

	Q3/4 18 19	Q1/2 19 20
New Clinical Claims	7	11
New Non Clinical Claims	2	3
On-going Clinical Claims	92	54
On-going Non Clinical Claims	4	3
Closed Clinical Claims	0	41
Closed Non Clinical Claims	2	1
Settled Clinical Claims	0	4
Settled Non Clinical Claims	0	0
Coroners Requests Received	6	4

During Q1 and Q2 a review of clinical claims was undertaken. In 38 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 Q1 & Q2



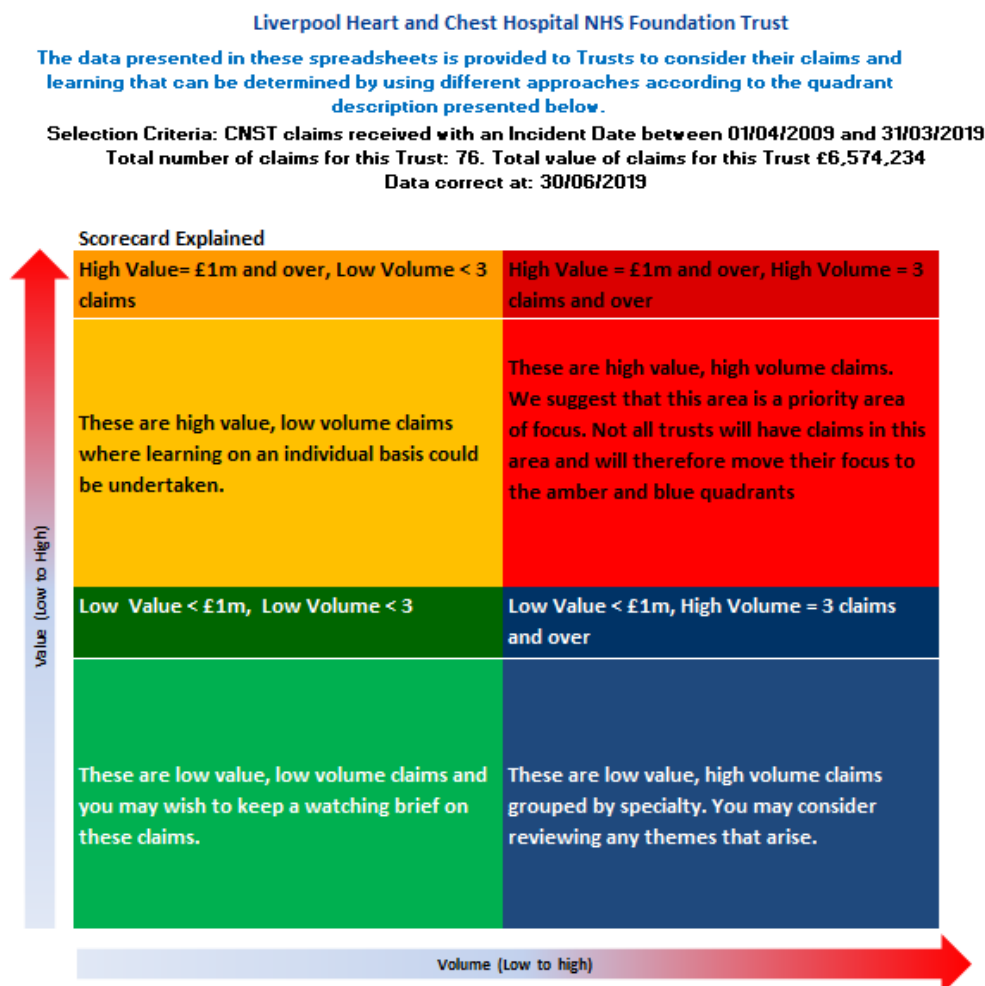
The chart above indicates the number of new clinical claims received each month and is a graphical demonstration of the information portrayed in Q1 & Q2.

NHSR Score Cards 2018/19 – 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.



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 01/04/2009 and 31/03/2019

Total number of claims for this Trust: 76. Total value of claims for this Trust £6,574,234

Data correct at: 30/06/2019



Nr			Value			Nr			Value		
(blank)			0	£	-	(blank)			0	£	-
Grand Total			0	£	-	Grand Total			0	£	-
Nr			Value			Nr			Value		
Anaesthesia			1	£	8,132	Cardio Surgery			36	£	3,587,661
Gastroenterology			1	£	101,352	Cardiology			26	£	2,000,925
General Surgery			1	£	28,944	Respiratory Medicine/ Thoracic M			4	£	37,224
Radiology			1	£	161,376	Surgical Speciality - Other			6	£	648,622
Grand Total			4	£	299,803	Grand Total			72	£	6,274,432

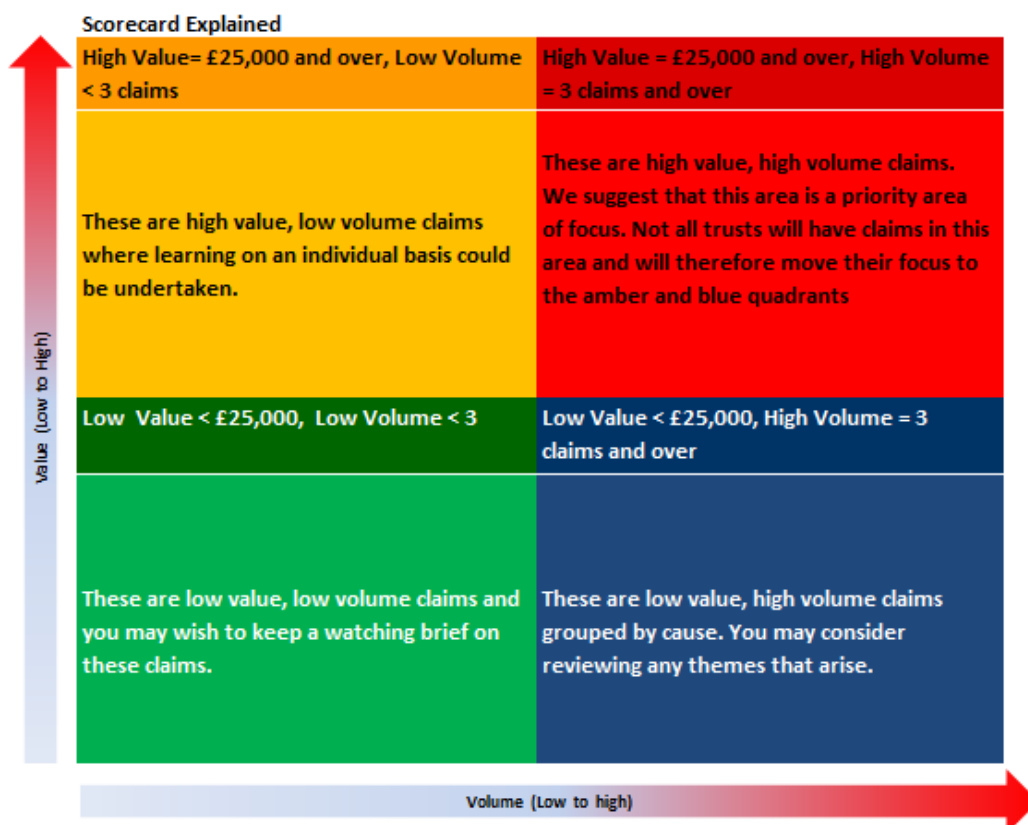
Trust Non Clinical Claim Scorecard - Guidance Sheet
 Liverpool Heart and Chest Hospital NHS Foundation Trust

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: LTPS claims received with an Incident Date between 01/04/2009 and 31/03/2019

Total number of claims for this Trust: 43. **Total value of claims for this Trust** £479,209

Data correct at: 30/06/2019



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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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.

Trust Non Clinical Claim - High Value/Volume Scorecard

Liverpool Heart and Chest Hospital NHS Foundation Trust

Selection Criteria: LTPS claims received with an Incident Date between 01/04/2009 and 31/03/2019

Total number of claims for this Trust: 43. Total value of claims for this Trust £479,209

Data correct at: 30/06/2019



Nr			Value		
Stress	1	£	38,056	(blank)	0 £ -
Hit by Object	1	£	104,930	Grand Total	0 £ -
Slip or Trip	1	£	35,262		
Grand Total	3	£	178,247		
Nr			Value		
Electric Shock	1	£	-	Slip or Trip	16 £ 171,142
Lifting/Loading/Unloading	1	£	7,851	Hit by Object	4 £ 23,534
Provision and Use of Work	1	£	7,397	Sharps Injury	7 £ 30,367
Defective Tools/Equip	1	£	-	Manual Handling Regulations	3 £ 22,457
Assault	2	£	25,071	Workplace (Health, Safety and W	4 £ 13,143
Grand Total	6	£	40,319	Grand Total	34 £ 260,643

6. Integration of incidents, complaints and claims

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



7. 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 updates regarding the pain team and the sharing of the results of a pharmacy project regarding sharing of information

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.

Learning at divisional level needs to be documented in a more structured manner, and be linked to the organisational learning repository; this database is under further development including input from the Divisions.

Learning from Deaths

A detailed report on Learning from Deaths has been authored by Dr Raph Perry, and can be found as item 2.1 in this agenda.

8. Patient Experience

LHCH continues to be recognised in the National survey as being in the top 5 for nursing care and cleanliness. Friends and Family Test 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 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 100 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 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 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 and was a quality priority for 2018/19 with over 150 shadows undertaken in this year. 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 patients and families 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.

9. 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 while receipt of new claims has increased by 5.

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.