

Board of Directors (in Public)

Item 5.4

Subject: Integrated incidents complaints and claims (IICC) report - Quarters 3 & 4 (Oct 2017- March 2018) with comparison to Q1 & 2 (April 2017 – Sept 2017)

Date of Meeting: 1st May 2018

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Presented by: Dr Mark Jackson, Director of Research & Informatics

Purpose of Report: To Note

BAF Ref	Impact on BAF
1.1	No impact

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 3 and 4 of the financial year 2017/18.

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

An Incident Review Sub Group of the Human Factors Group is being introduced. The remit of the group will be to look at themes from the top incidents that are reported each quarter and how to communicate and encourage learning.

The implementation of Datix has provided clearer reporting on actual incidents and near misses, supplying the organisation with a focus for improvement of near miss reporting. To assist the clinical areas, dashboards have been developed in order for managers to compare their own rates of near miss v incident reporting.

Complaints has seen a decrease while claims has remained similar to previous reporting quarters.

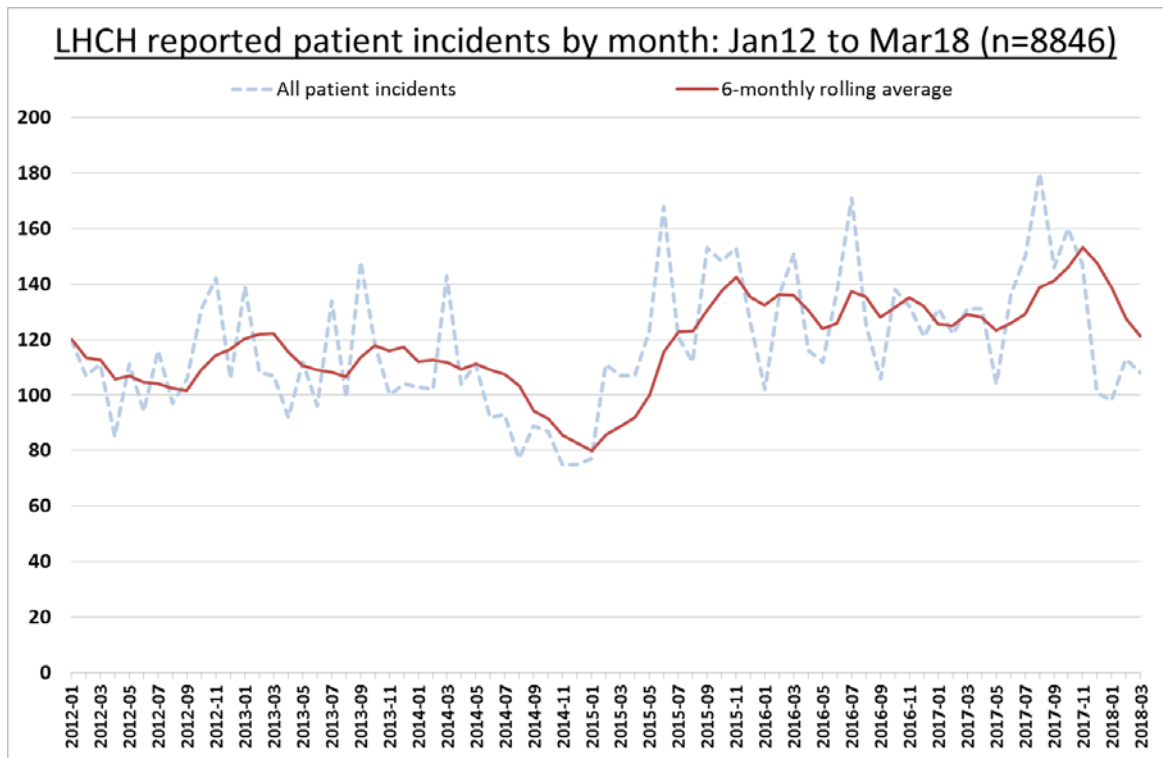
Opportunities for organisational learning include staff attendance at bi weekly learning and sharing events and bi monthly organisational learning sessions.

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. Medicine Division has seen an increase in reported incidents across the year while incident reporting has decreased in the other divisions.

This could be attributed to service improvements across the clinical areas such as on line training videos for medicine administration being available for staff, pharmacists joining ward rounds, falls intervention technologies being placed on wards that were previously seeing a high volume of patient falls thus reducing the number of falls incidents being reported.

Meetings have taken place with the managers in the corporate division to highlight the need for better incident reporting. Although, staff in teams in the corporate division such as security or hygiene assistants will report incidents, the incident will be managed in the area where it has

taken place, which gives the impression that teams in the corporate division are not reporting as highly as teams in the clinical divisions.

Surgery

Q1 16-17	Q2 16-17	Q3 16-17	Q4 16-17	12 month total
173	187	168	179	707
Q1 17-18	Q2 17-18	Q3 17-18	Q4 17-18	
134	164	169	108	575

Medicine

Q1 16-17	Q2 16-17	Q3 16-17	Q4 16-17	12 month total
136	181	157	180	654
Q1 17-18	Q2 17-18	Q3 17-18	Q4 17-18	
223	258	216	154	851

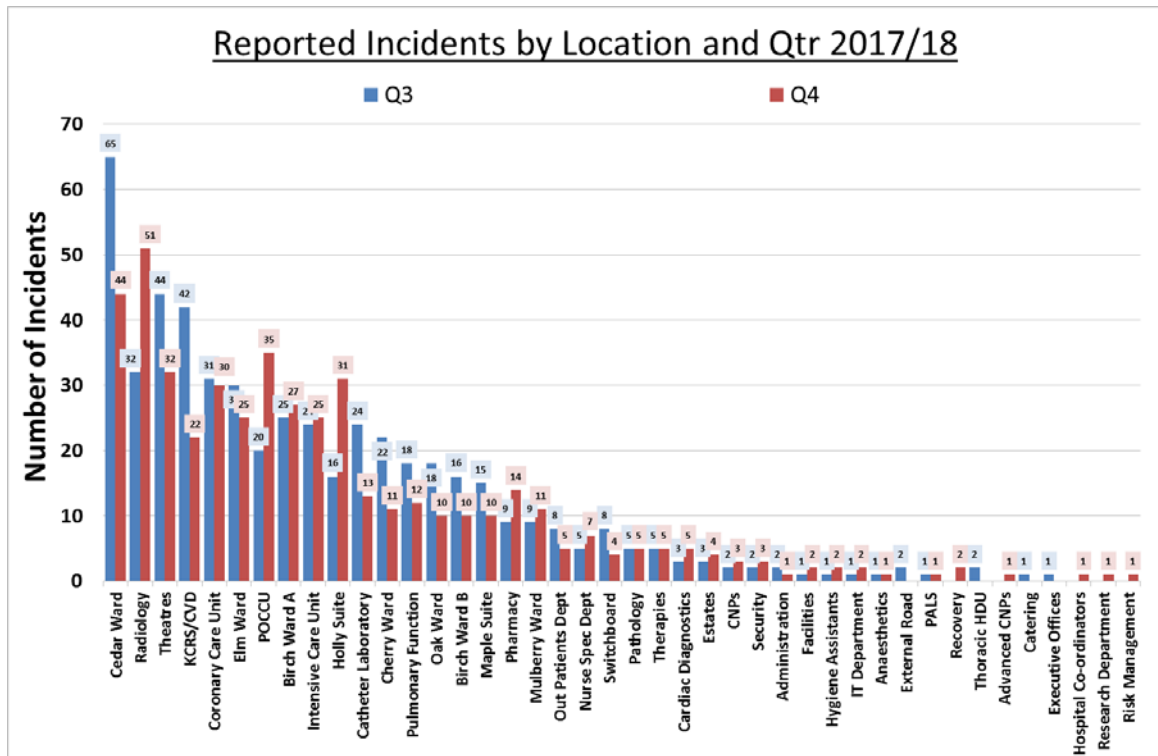
Clinical Services

Q1 16-17	Q2 16-17	Q3 16-17	Q4 16-17	12 month total
92	100	135	120	447
Q1 17-18	Q2 17-18	Q3 17-18	Q4 17-18	
103	140	108	135	386

Corporate

Q1 16-17	Q2 16-17	Q3 16-17	Q4 16-17	12 month total
45	28	20	37	130
Q1 17-18	Q2 17-18	Q3 17-18	Q4 17-18	
32	13	21	20	86

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

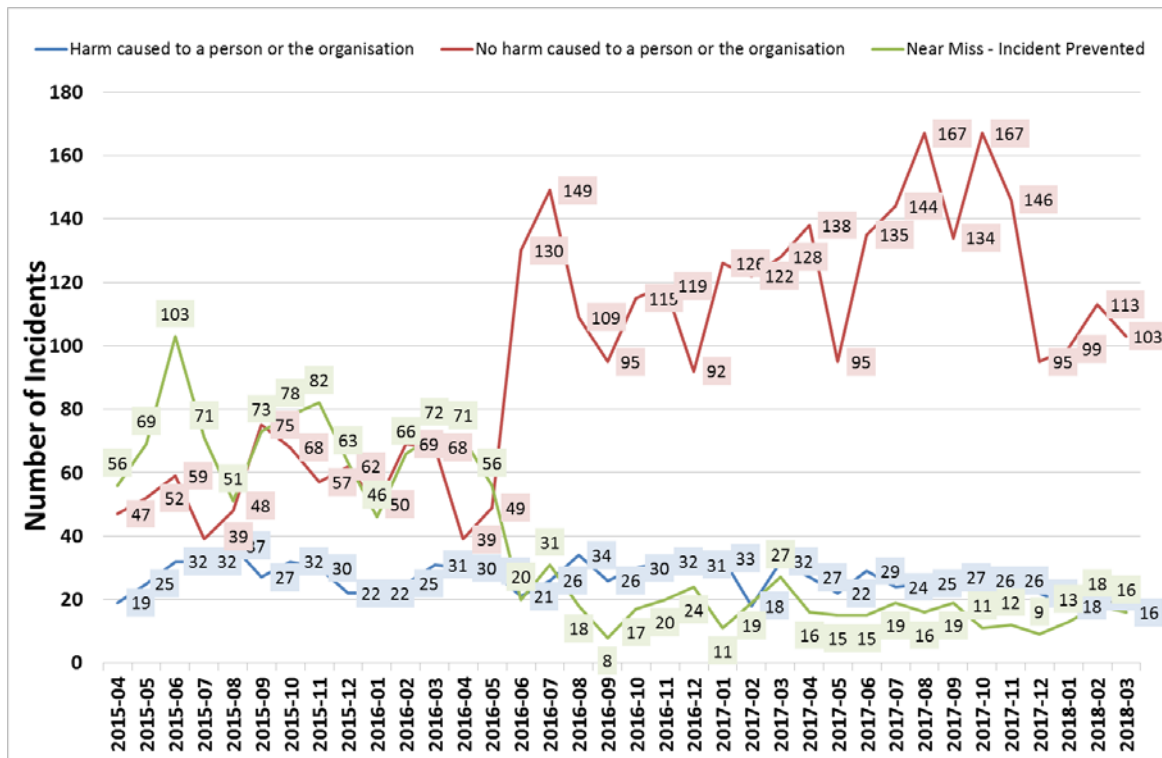


The importance of incident reporting continues to be highlighted through team brief, the daily safety huddle, senior leads and manager meetings and within the Divisional Governance meetings.

Incidents v Near Miss Reporting

The following graph shows the figures for near miss versus actual incident reporting since April 2015. The introduction of Datix in 2016 has allowed staff a choice of result of an incident i.e. near miss, adverse event – no harm, adverse event – harm caused. From the following chart it is clearer that reports demonstrate growth in the reporting of no harm incidents. We have embraced this change by incorporating into our routine key performance indicators the measurement of the harm to no harm ratio as a measure of our reporting culture. Training on incident/near miss reporting with staff continues.

The information team have developed a dashboard for managers which clearly shows the rate of incident reporting v near miss reporting. Managers should discuss/encourage incident/near miss reporting with their teams as part of team meetings.



Top five reported Incidents

In total, there were 931 reported incidents in Q3-Q4; of these there were:

Administration processes Q3: 90 incidents, Q4: 59 incidents; Total = 149

Themes within this category include

- Incorrect times on letters for daycase patients
- Incorrect details on admission letters to patients
- Community database failing to show appointments
- System error sending patients appointments they did not need to attend

For a short period there were issues with theatre listing for patients outlying on the medical ward. Development work has taken place and there is now an improved communications flowchart for these patients.

Medications Q3: 63 incidents, Q4: 53 incidents; Total = 116

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

Drug incidents occur in all wards across the Trust. All the categories of the above have been identified as no /minor harm.

On induction Doctors receive a presentation for medications management which includes key prescribing areas to ensure patient safety with direction to key policies such as high risk drugs e.g. insulin, sepsis, timely correction of prescriptions. There is also a Prescribing workbook to teach them Allscripts EPR with a prescribing test at the end. They also get a pharmacy session to go through key medicines management issues.

A medications management suite has been developed in conjunction with learning and development that is/will soon be on MyPACT for nurses. This includes a range of things such as policy reading, 1:1 assessments on administration, videos, drug calculation test.

The Safe Medication Practice Committee review and discuss all medication incidents that happen in all Divisions, identify trends, reclassify incidents that require escalation and offer feedback to Divisional meetings.

Medical Devices, Equipment and Supplies Q3: 59 incidents, Q4: 46 incidents; Total = 105

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.

Communication Q3: 47 incidents, Q4: 29 incidents = 76

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
- Communication between hospitals regarding transfers.

Work continues to take place to improve all aspects of communications.

A new 'e' referral system has been developed and introduced with the referring hospitals in the locality to improve the referral process into the organisation.

Diagnostics Q3: 37 incidents, Q4: 35 incidents; Total = 72

Improved reporting in the Clinical Services Division has seen Diagnostics enter the top five reported incidents. These incidents mainly relate to issues encountered with acquiring images under an incorrect worklist on mobile x ray reporting. While this is not harmful to the patient, it takes a short period of time to correct the error.

During this period, there were issues with the pathology lab, who had introduced a new rota system and also had changed how samples were booked into reception, which in some cases had led to delays. Specimen reception processes and workload in the BGH lab are to be reviewed to determine where improvements can be made and ensure appropriate staff are available to deal with samples in order to meet turnaround times.

Incident Review Sub Group

An incident review sub group of the Human Factors group is being introduced, its focus the review of the top five incidents reported; training required as a result of incidents reported; policy changes as a result of incident investigation and consideration of learning and the different ways in which learning can be communicated.

Severity of Incidents

	No/low harm	Moderate (short term harm)	Severe (permanent or long term harm)	Severe / Death
Q3 2017/18	509	5	0	0
Q4 2017/18	407	9	0	1

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

Serious Incidents (SI's)

In quarters 3 & 4 there were no Serious Incidents reported.

RIDDOR Reportable Incidents

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

In Q3 and 4 there were two RIDDOR incidents both involving staff falls. One incident also involved a flight of stairs which is currently under investigation.

Speak out Safely

The Speak out Safely campaign has been supported in the organisation since April 2014. During that time there have been 61 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.

The Freedom to speak out Guardian is now embedded, with 12 Champions drawn from across the Trust.

4. Complaints Analysis:

Complaints and concerns are managed in line with DOH guidance who advise 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.

Complaint Themes (comparison of Q3&4 to the two previous quarters)

	Q1& Q2	Q1 & Q2 2017/18 Total=29		Q3 & Q4 2017/18 Total= 21
Surgery	10	Clinical care (22)	5	Clinical care (11)
Medicine	13	Clinical care/mortuary viewing(1)	5	Transfer arrangements (1)
Clinical services	3	Private patient invoicing (1)	4	Waiting time for surgery (1)
Corporate	3	Waiting time in OPD (1)	2	Information (1)
		Waiting time pulmonary function (1)		End of Life Care (1)
		ACHD clinical cancelation (1)		Appointments (2)
		Values & Behaviours (1)		Communication (1)
		Difficulties reclaiming travelling expenses(1)		Discharge transport (1)
				Delays (1)
				Other (1)

Learning from complaints

All complaints were 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 Q3 & Q4 has included:

- Improvements in timeliness of reporting diagnostic tests
- Reviewed partnership working during transfer arrangements

- Additional clinics for ACHD appointment requests
- Reviewed administration protocols for community referrals and communication requests

At the time of producing this report 4 complaints still remain under investigation and are within the negotiated timeframe

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

PATIENT & FAMILY SUPPORT CONTACTS

In Q3, **87** contacts were received; 46 contacts for advice/information and 41 raising informal concerns. In Q4, **84** contacts were received; 40 of which were for advice/information and 44 raising informal concerns.

There was a trend in September of two incidents of lost patient property involving dentures and mobile phones.

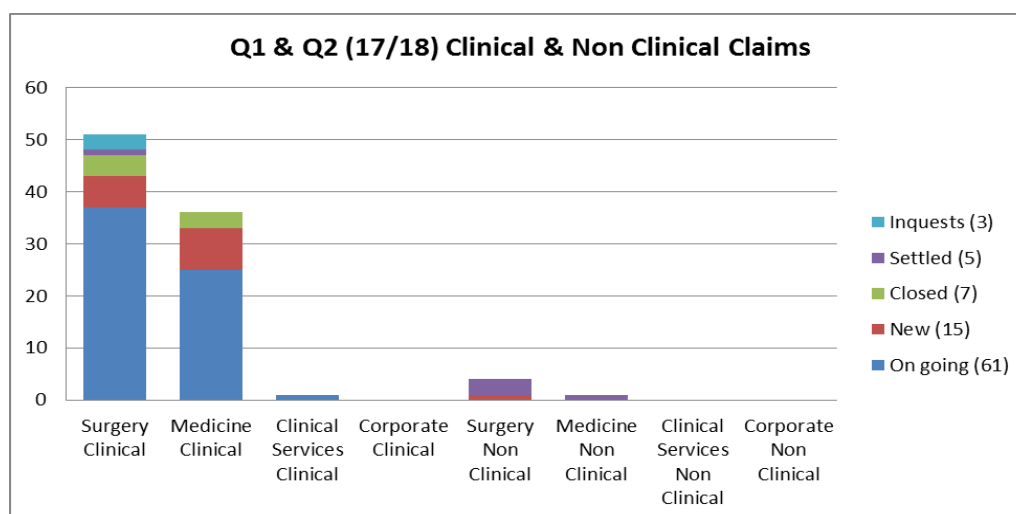
The Trust received 187 contacts in Q1 & Q2 in total compared to a slight decrease in Q3/Q4 with 174 contacts making a YTD total of 361.

Top themes from Q3 & Q4 include:

- Appointment enquiries
- Advice for access to health records
- Car Parking
- Waiting times for referrals/results
- Requests for post bereavement meetings
- Referral enquires for surgery and procedures

5. Claims Analysis:

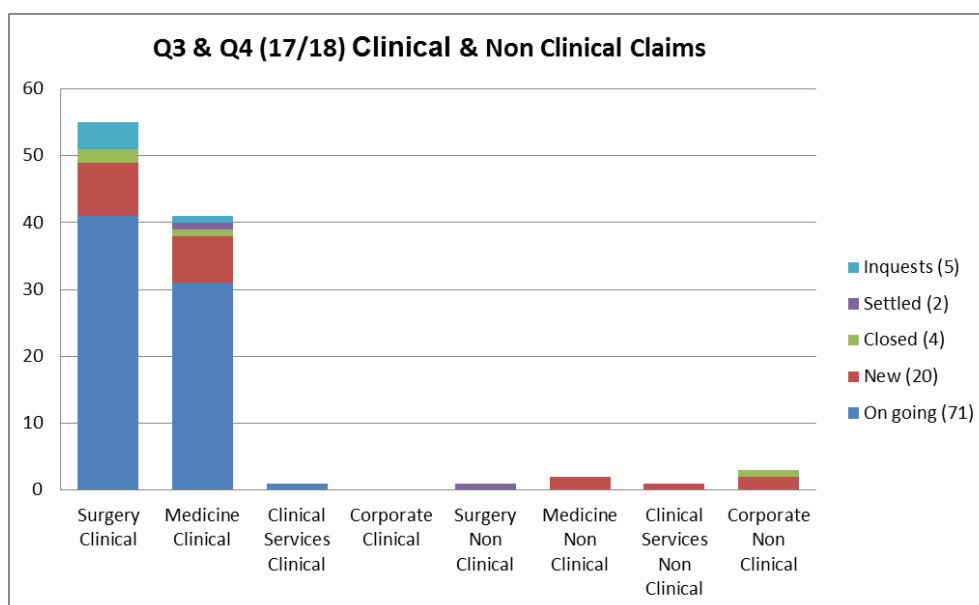
Data relating to claims Quarters 1 & 2 (April 2017 – September 2017) for comparison with Quarters 3 & 4 17/18 (this reporting period).



Please note that in 2 instances for on-going clinical claims, the claimants have received treatment and care under both the Medicine and Surgery Divisions. These are both early stage claims and the solicitors have not yet provided us with enough information to determine which directorate the claim relates to. The claims have 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 NHSLA	Letter of Claim/Proceedings – Formal claim being managed by Panel Solicitors, Hill Dickinson
Clinical Existing (61)		54	2	5
Clinical New (14)		13	1	0
Non Clinical Existing (0)		0	0	0
Non Clinical New (1)		0	0	1

Data relating to claims Quarters 3 & 4 (October 2017 – March 2018)



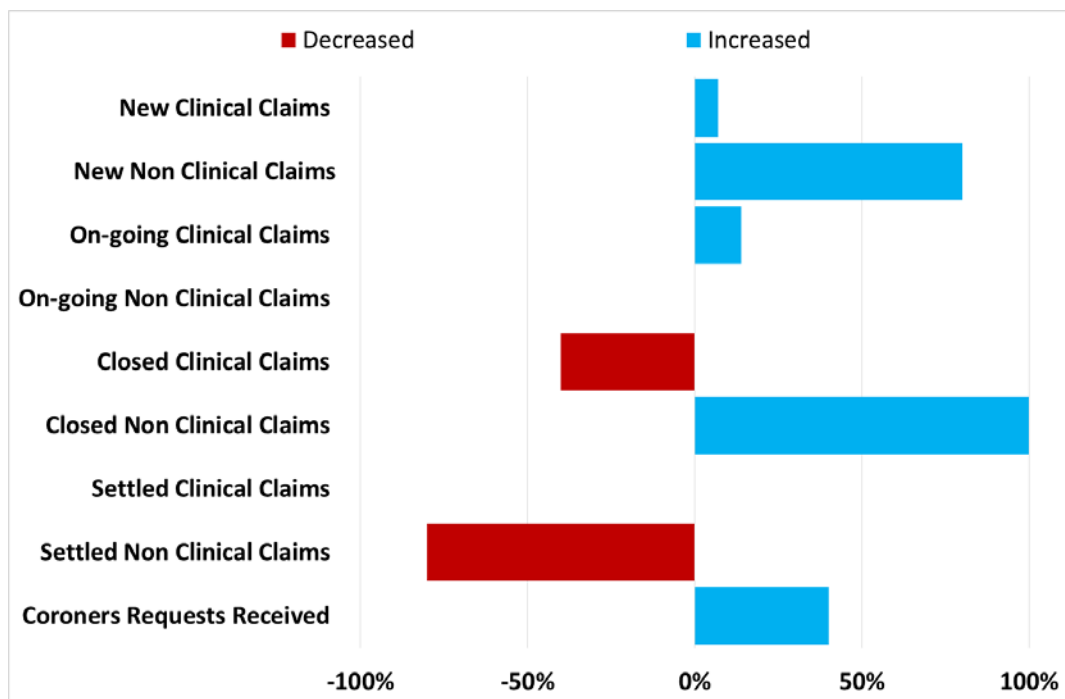
When reviewing the individual claims no recurring themes were identified as the circumstances within each case are different, with different operators and incident dates ranging from 2013-2018.

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

Please note that for Q3 & Q4 the 2 instances of on-going clinical claims remain.

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 NHSLA	Letter of Claim/Proceedings – Formal claim being managed by Panel Solicitors, Hill Dickinson
Clinical Existing (71)		63	5	3
Clinical New (15)		15	0	0
Non Clinical Existing (0)		0	0	0
Non Clinical New (5)		0	5	0

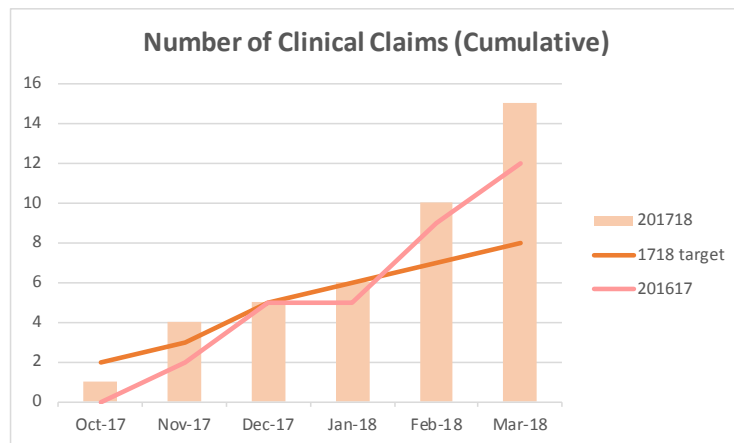
Over the 6 month period of quarters 3 and 4 (2017/18) in comparison with the previous 6 month period:



Clinical Claims (Quarter 3 and 4)

2016/17	Target	cumulative target	Actual	cumulative actual
Oct-16	2	2	0	0
Nov-16	1	3	2	2
Dec-16	1	4	3	5
Jan-17	2	6	0	5
Feb-17	1	7	4	9
Mar-17	1	8	3	12

2017/18	Target	cumulative target	Actual	cumulative actual
Oct-17	2	2	1	1
Nov-17	1	3	3	4
Dec-17	2	5	1	5
Jan-18	1	6	1	6
Feb-18	1	7	4	10
Mar-18	1	8	5	15



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. From the above graph we can see that we have exceeded the cumulative target for the financial year and as a result of this the RAG rating is currently red.

Integration of incidents, complaints and claims

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



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.

The Organisational Learning session is now held bi-monthly and has an open invite to all staff to attend or present learning from events in their areas of work or Divisions. Topics covered in the last sessions include lessons learned following a cardiac arrest in which there were problems with the resuscitation trolley; feedback from the patient experience event held on the Isle of Man and incident involving the MRI scanner.

There is also a fortnightly Learning and Sharing session chaired by the Director of Nursing, which 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.

Learning from Deaths

Thematic analysis of the deaths reviewed by the Mortality Review Group since April 2017 has now been established as required by the Learning from Deaths guidance published by the National Quality Board. Learning is published separately as part of the Medical Directors quarterly mortality report.

8. Patient Experience

LHCH continues to be recognised in the National Inpatient Survey as being in the top 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, with improved response rates this year. We also undertake an annual family experience survey which is used to improve care for the patients and families.

The Trust has continued to develop the vision for a patient and family centred care approach to truly involve families and carers in care. Its care partner programme 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 no longer has 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.

The trust 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. This will then provide an opportunity to embed improvements where applicable.

The Trust facilitated four events this year, including a session specifically looking at sustainability and transformation planning for the cardiovascular disease pathways. More than 150 patients and their families have attended this year's events in a wide variety of locations including the Isle of Man. The Trust always asks if patients and families benefitted from attending the events. The response has always been positive and some families have suggested that these events should be conducted on a monthly "drop in" basis. This now takes place in the critical care family rooms in addition to the regular quarterly sessions.

Learning from the events has included improving communications and obtaining take home medications on the day of discharge; improving access to restaurant facilities at night for families; dietary needs if patient has allergies; toilet facilities for relatives available on ward areas. These ideas are fed into our service improvement planning.

Patient and family Shadowing has been implemented across the Trust since April 2012 and to date 537 staff have been trained with over 300 shadows completed. 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. This year Shadowing will be one of the Quality priorities and we will be undertaking 365 shadows in line with the 70th anniversary of the NHS. The Trust continues to undertake patient stories and a focus this year has been equality and diversity. We have undertaken a number of video stories when the patient has been unable to write their own.

9. Summary and Conclusion

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

Complaints have decreased in Q3 and 4 compared to the previous quarters while receipt of new claims has stayed the same.

Incident reporting has seen a decrease which could be attributed to service improvements being undertaken across the clinical areas. Training for incident reporting is continuing across all areas.

Bi weekly learning and sharing events take place and organisational learning sessions have been increased to bimonthly. 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.