

## Board of Directors (in Public) Item 5.5

**Subject:** Integrated incidents complaints and claims (IICC) report - Quarters 1 & 2 (April 2018 – September 2018)  
With comparison to Q3 & 4 (October 2017 – March 2018)

**Date of Meeting:** 6<sup>th</sup> November 2018

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**Presented by:** Dr Mark Jackson, Director of Research & Innovation

**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). These results relate to quarters 1 and 2 of the financial year 2018/19.

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 focus for the group in quarters 1 and 2 has been administration incidents.

Both complaints and claims has seen a decrease compared to the previous reporting quarters.

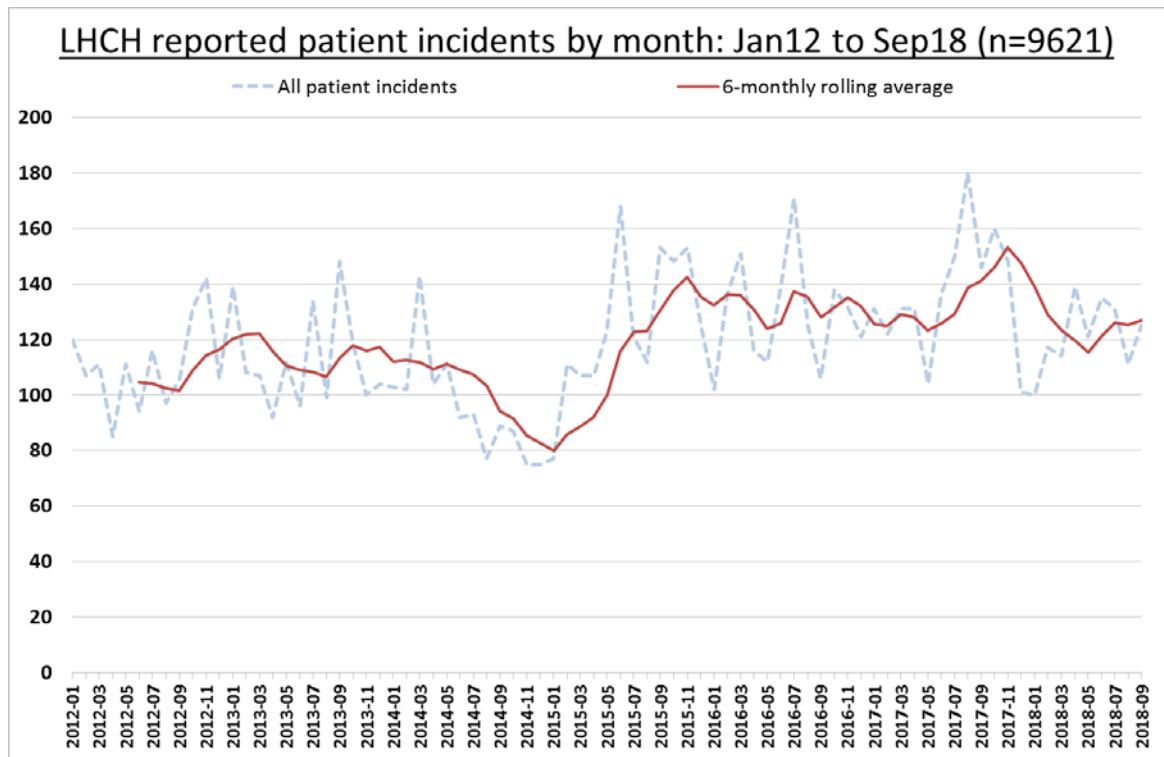
Opportunities for organisational learning include staff attendance at bi weekly learning and sharing events and bi monthly organisational learning sessions.

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. Incident reporting remains consistent across all areas.

##### **Surgery**

Q1 17-18	Q2 17-18	Q3 17-18	Q4 17-18	12 month total
134	164	169	110	577
Q1 18-19	Q2 18-19	Q3 18-19	Q4 18-19	
164	138			302

##### **Medicine**

Q1 17-18	Q2 17-18	Q3 17-18	Q4 17-18	12 month total
223	258	216	162	859
Q1 18-19	Q2 18-19	Q3 18-19	Q4 18-19	
187	143			330

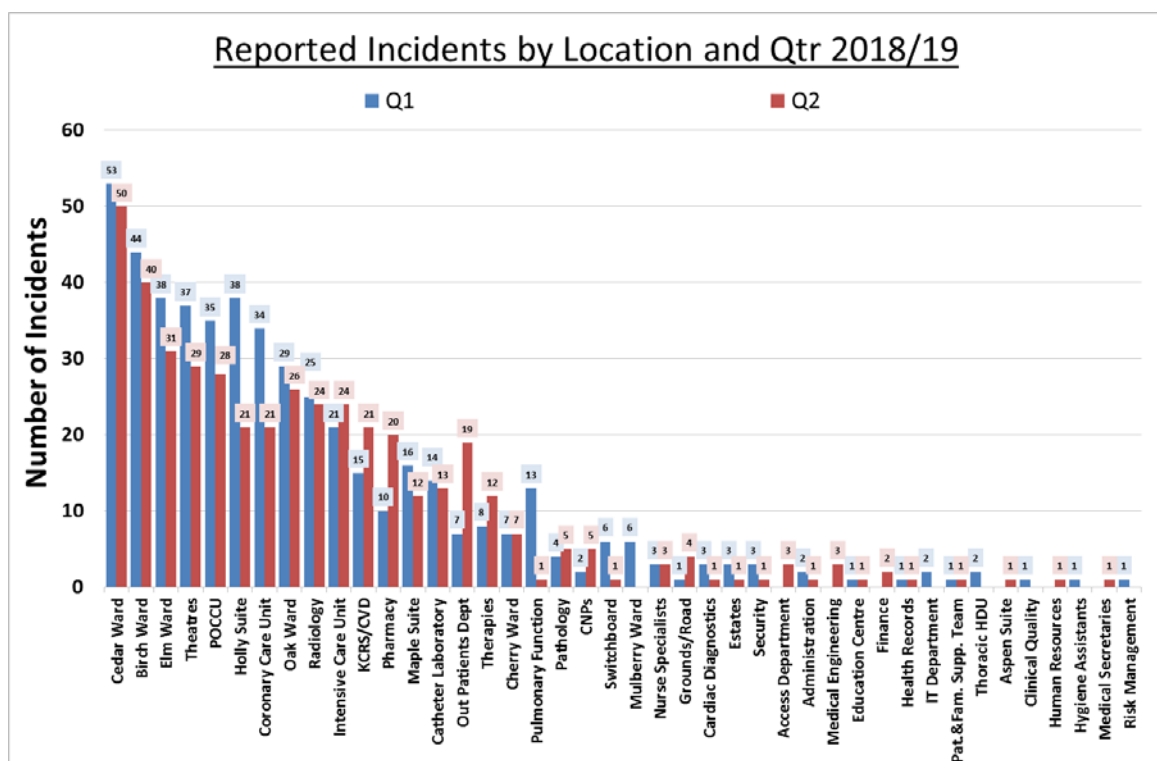
### Clinical Services

Q1 17-18	Q2 17-18	Q3 17-18	Q4 17-18	12 month total
103	140	109	137	389
Q1 18-19	Q2 18-19	Q3 18-19	Q4 18-19	
114	135			249

### Corporate

Q1 17-18	Q2 17-18	Q3 17-18	Q4 17-18	12 month total
32	13	21	21	87
Q1 18-19	Q2 18-19	Q3 18-19	Q4 18-19	
22	19			41

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 922 reported incidents in Q1-Q2; of these there were:

**Medications Q1: 53 incidents, Q2: 77 incidents; Total = 130**

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 suite has been developed in conjunction with learning and development that is available on ESR for nurses. This includes a range of training 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 occur in all Divisions, identify trends, reclassify incidents that require escalation and offer feedback to Divisional meetings.

**Medical Devices, Equipment and Supplies Q1: 77 incidents, Q2: 34 incidents; Total = 111**

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.

During the reporting period, there has been a rise in incidents reported regarding the Drager telemetry system. These incidents have included the system showing inappropriate alarms or not alarming at all.

Upon investigation it was found that as the Drager system is more Wi-Fi based it was suffering a lot of “drop outs” as the Wi-Fi wasn’t carrying the signal.

To combat this issue, Wi-Fi aerials (access points) have been altered by LHCH IT, but still have further, but less drop outs.

Drager have completed a full analysis of the Wi-Fi signals to telemetry across the site.

This identified several drop out (reduced signal strength) and interference (some off-site) issues. IT have completed more access point work but there are issues with the signal.

IT are investigating moving the telemetry Wi-Fi across to another signal area within the Wi-Fi spectrum with more access points at a different strength signal to improve the overall Wi-Fi signal umbrella.

Staff in CCU remain vigilant with their observations of patients on telemetry until the IT issues are resolved.

#### **Administration processes Q1: 54 incidents, Q2: 44 incidents; Total = 98**

Themes within this category include

- Incorrect name spelling
- PID sheets not being updated
- Incomplete information being supplied by the referring organisations
- Incorrect date for appointment being sent to patient

Many of the incidents reported in this group can be attributed to human error and not checking on work that is being carried out.

#### **Documentation Q1: 47 incidents, Q2: 49 incidents; Total = 96**

- Incorrect/incomplete information for rehabilitation referrals
- Incorrect clinical information in notes
- Incorrect patient information on theatre list

The cardiac rehabilitation service has introduced a new process in order to mitigate the incorrect information being put onto the referrals. Training has been provided to staff who use this system.

#### **Communication Q1: 32 incidents, Q2: 34 incidents = 66**

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 with managers investigating all incidents regarding communication with teams and with patients.

The new e referral system for Trusts to use when referring a patient to this organisation has shown some success in the first months of its use. The system will continue to be monitored.

#### **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.

The focus for the group has been finding solutions for the administration incidents reported. A project group was established to review the Patient Administration system. This work is ongoing.

### Severity of Incidents

	No/low harm	Moderate (short term harm)	Severe (permanent or long term harm)	Severe / Death
Q1 2018/19	477	1	0	1
Q2 2018/19	418	17	0	0

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

Severe harm/Death - In Q1, a patient was transferred from Warrington Hospital via the PCI service. This was a potential inappropriate transfer which LHCH have asked that Warrington Hospital investigate. An outcome to the investigation is awaited.

### Serious Incidents (SI's)

In Quarters 1 and 2 there was one SI reported.

- A patient was discharged with mislabelled gabapentin. This error led the patient to take more of the drug than was prescribed, leading to the patient suffering from hallucinations, dizziness and drowsiness. He was admitted to A&E overnight for observation. He was discharged the following day.

### RIDDOR Reportable Incidents

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

In Q1 and 2 there were four RIDDOR incidents.

- 1 outpatient falling in the grounds
- 1 relative fell running in crocs
- 1 confused patient injured staff members shoulder
- 1 manual handling

### Speak out Safely

The Speak out Safely campaign 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- 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 up Guardian is established, with Champions situated in areas around the Trust.

#### 4. Complaints Analysis: Q1 and Q2 2018/19

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)

	Q 3 & 4 2017/18	Q3 & Q4 2017/18 Total= 21	Q1 & Q2 2018/19	Q1 & Q2 2018/19 Total= 13
Surgery	5	Clinical care (11)	5	Communication (1) Clinical Treatment (7) Discharge – TTO delay (1) Discharge (transfer & delays) (2) Appointments(including delays/information (2)
Medicine	5	Transfer arrangements (1)	2	
Clinical services	4	Waiting time for surgery (1) Information (1)	1	
Corporate	2	End of Life Care (1)	5	
		Appointments (2)		
		Communication (1)		
		Discharge transport (1)		
		Delays (1)		
		Other (1)		

The above demonstrates a 38% reduction in complaints compared to Q3 and Q4. Comparing Q1 & Q2 2017/18 (29 received) to Q1 & Q2 2018/19 (13 received) there is a reduction of 55%. This is as a result of following the 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 & Q2 has included:

- Improved communication process including electronic internal referrals
- Improved process to alert medical reviews at device follow up clinics
- Second review clinic appointments for patients when specialised surgery is imminent

- Improved communication with patients whilst awaiting discharge medication prior to discharge

**At the time of producing this report, one complaint 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 and Family support contacts**

In Q1, 89 contacts were received - 43 contacts for advice/information and 56 raising informal concerns. In Q2, 105 contacts - 49 of which were for advice/information and 56 raising informal concerns.

The Trust received 194 contacts in Q1 & Q2 in total compared to a slight increase since Q3/Q4 with 187 contacts.

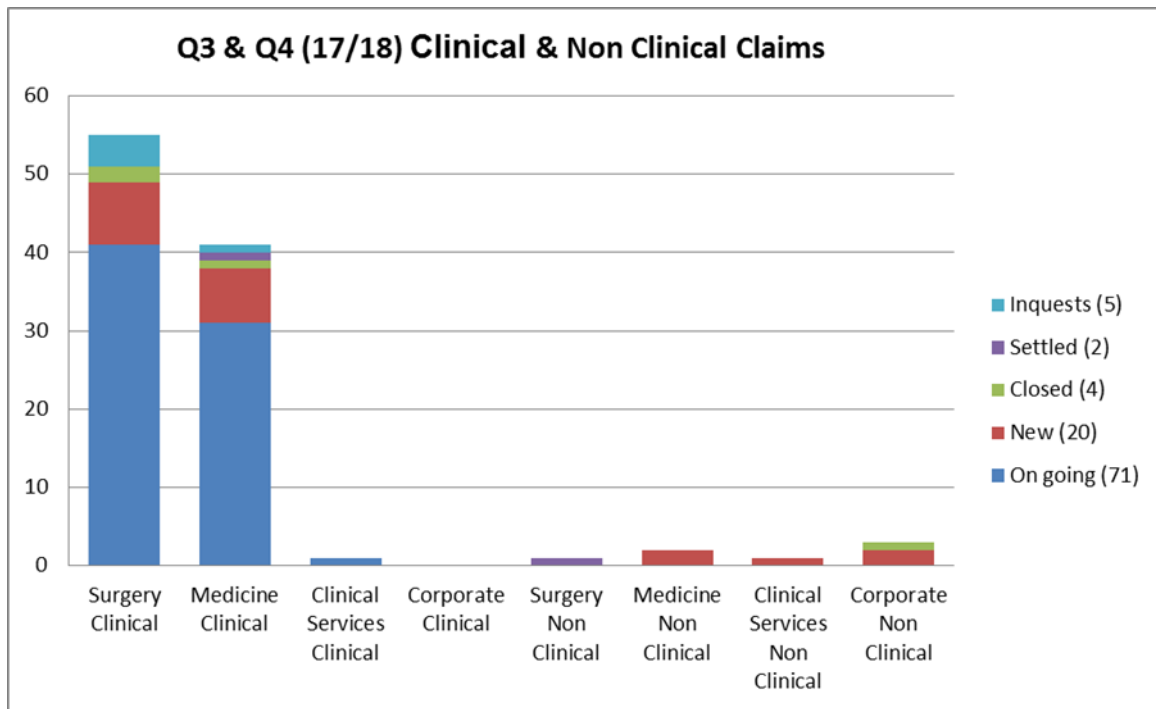
### **Top themes from Q1 & Q2 include:**

- Referral enquiries
- Appointment enquiries
- Requests for further information
- ACHD service concerns
- Cancelled surgery/procedures
- Appointment issues & waiting time in outpatients
- Communication issues

## **5. Claims Analysis**

Data relating to claims Quarters 3 & 4 (September 2017 - March 2018) for comparison with Quarters 1 & 2 18/19 (this reporting period).





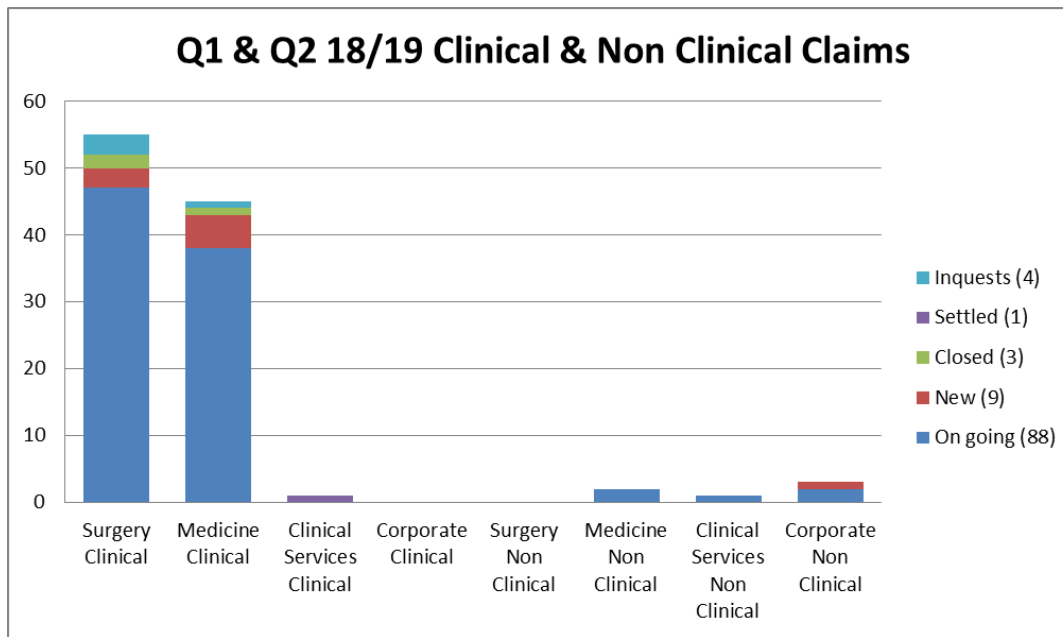
When reviewing the individual claims no recurring themes were identified as the circumstances within each case are different, with different operators and incident dates ranging from 2013-2018.

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

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 NHSR	Letter of Claim/Proceedings – Formal claim being managed by Panel Solicitors, Hill Dickinson/Clyde & Co
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

## Data relating to claims Quarters 1 & 2 (April 2018 – September 2018)



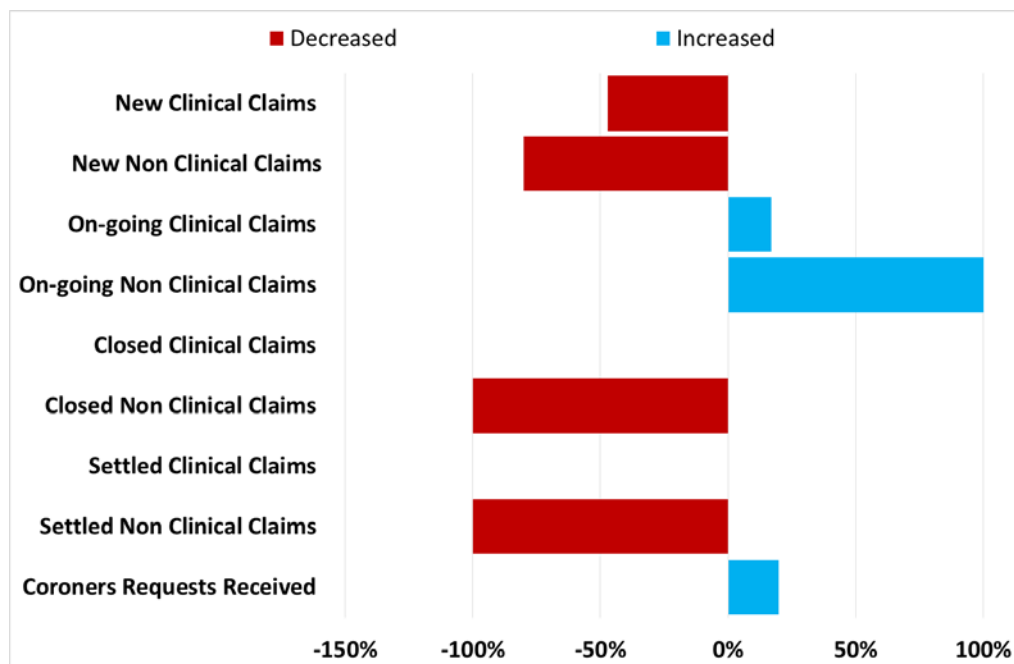
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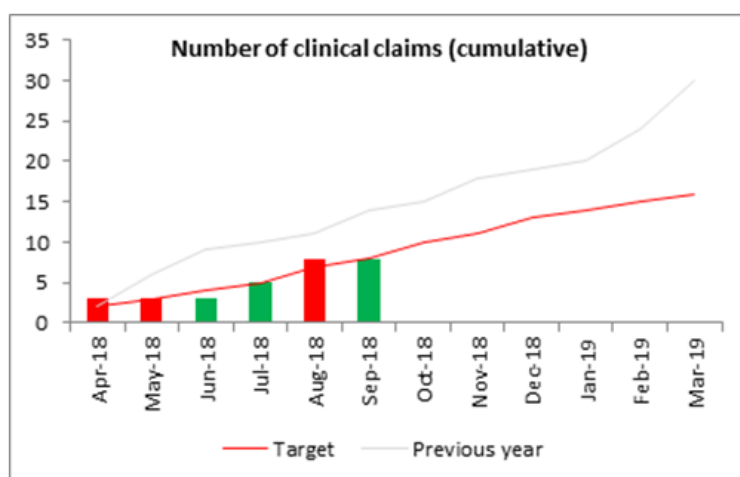
No of Claims	Management Status	Letter Before Action – Pre Action stage claim currently being managed in house by the Trusts Legal Services	Letter of Claim/Proceedings – Formal claim being managed by the NHR	Letter of Claim/Proceedings – Formal claim being managed by Panel Solicitors, Hill Dickinson/Clyde & Co
Clinical Existing (83)		72	7	4
Clinical New (8)		7	0	1
Non Clinical Existing (5)		0	3	2
Non Clinical New (1)		0	1	0

Over the 6 month period of quarters 1 and 2 (2018/19) in comparison with the previous 6 month period:



#### Clinical Claims Q1 & Q2

					Month	Cumulative target	Target	Actual	cumulative
					Apr-18	2	2	3	3
					May-18	3	1	0	3
					Jun-18	4	1	0	3
					Jul-18	5	1	2	5
					Aug-18	7	2	3	8
					Sep-18	8	1	0	8
2017/18	Target	cumulative target	Actual	cumulative actual					
Apr-17	2	2	2	2					
May-17	1	3	4	6					
Jun-17	1	4	3	9					
Jul-17	1	5	1	10					
Aug-17	2	7	1	11					
Sep-17	1	8	3	14					



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.

### **Regulation 28**

On 11<sup>th</sup> September 2018, LHCH attended an inquest into the death of a patient, along with Wythenshawe and Preston District General Hospitals. LHCH's role in the patient care was to provide telephone advice to a SpR calling from Wigan Hospital regarding onward referral to a Vascular surgeon.

The conclusion of the inquest was found to be natural causes. However, the coroner raised concerns regarding the communication concerning treatment pathways for aortic aneurysm in the region.

By issuing the regulation 28 to the aforementioned hospitals, the coroner has requested clearer referral pathways and communication of said pathways in order to provide a clear structure for patients with this condition.

LHCH has taken the lead in organising meetings with the affected hospitals and compiling an amalgamated response and action plan in order to ensure compliance with the regulation 28.

### **NHS Resolution Score Cards 2017/18 – CNST/LTPS**

Last year NHS Resolution handled over 16,000 clinical and non-clinical claims for compensation against the NHS in England. It is important that NHS trusts and independent sector providers are able to review their own up-to-date claims record and use this to target interventions aimed at improving patient safety. In 2017-18, clinical negligence expenditure amounted to £2,227.5 million.

The scorecard allows you to view both clinical and non-clinical claims by type and cost and, specifically for clinical claims, to review the associated specialty/cause. We 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 NHR have made two significant changes to the scorecard for 2018. 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.

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 01/04/2008 and 31/03/2018**

**Total number of claims for this Trust: 80. Total value of claims for this Trust £5,381,002**

**Data correct at: 30/06/2018**



### 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

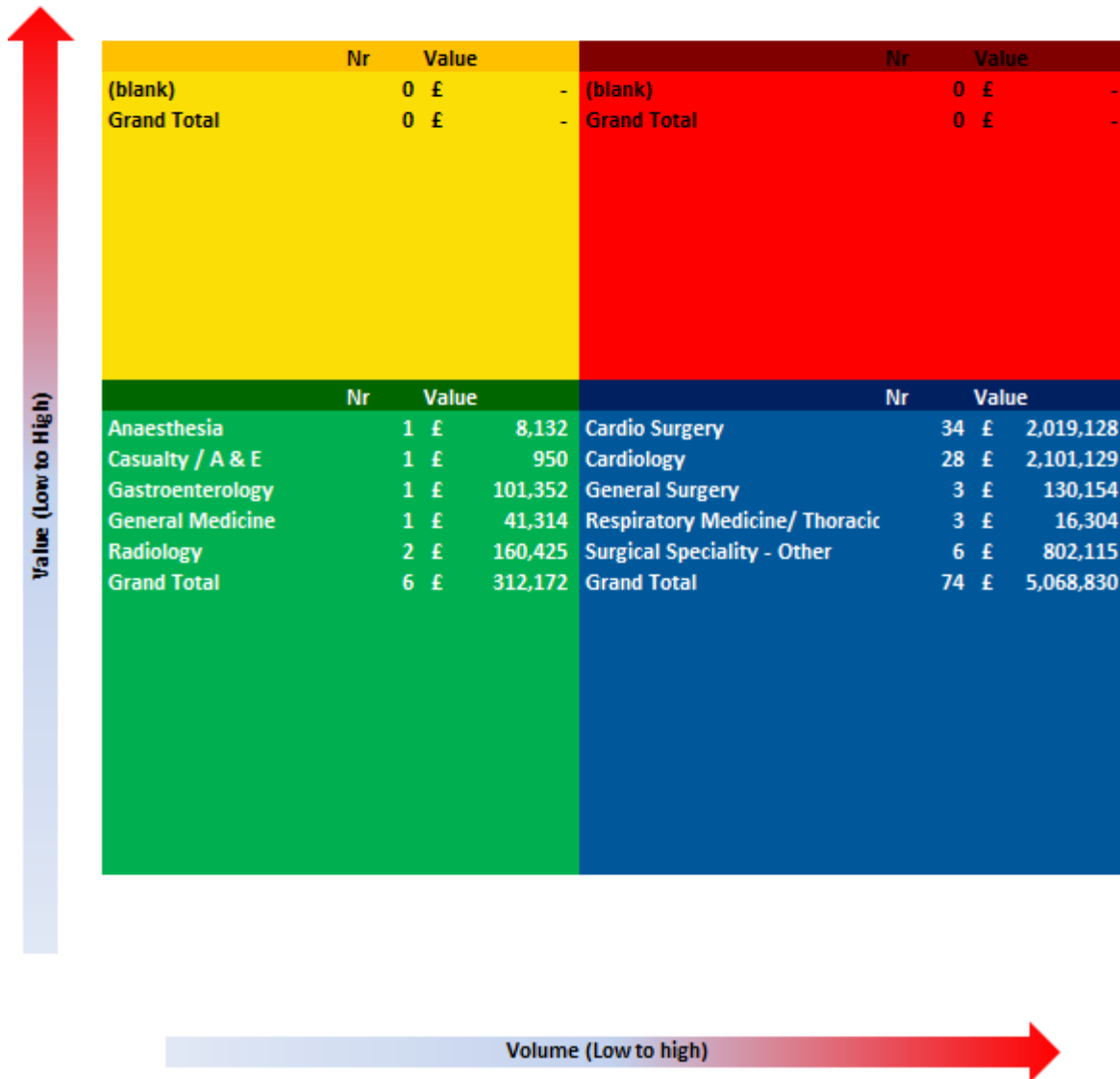
Claims within Obstetric specialty may contain some Gynaecological claims. These can be identified in the "Specialty" column in the zone data sheet.

## Liverpool Heart and Chest Hospital NHS Foundation Trust

Selection Criteria: CNST claims received with an Incident Date between 01/04/2008 and 31/03/2018

Total number of claims for this Trust: 80. Total value of claims for this Trust £5,381,002

Data correct at: 30/06/2018



**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.**

**Total number of claims for this Trust: 44. Total value of claims for this Trust £1,049,477**  
Data correct at: 30/06/2018

Record Explained	
High Value= £25,000 and over, Low Volume < 3 claims	High Value = £25,000 and over, High Volume = 3 claims and over
These are high value, low volume claims where learning on an individual basis could be undertaken.	These are high value, high volume claims. We suggest that this area is a priority area of focus. Not all trusts will have claims in this area and will therefore move their focus to the amber and blue quadrants
Low Value < £25,000, Low Volume < 3	Low Value < £25,000, High Volume = 3 claims and over
These are low value, low volume claims and you may wish to keep a watching brief on these claims.	These are low value, high volume claims grouped by cause. You may consider reviewing any themes that arise.

Value (Low to High)

Volume (Low to high)

## 1. Criteria for Claims Selection

## 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.

## Liverpool Heart and Chest Hospital NHS Foundation Trust

Selection Criteria: LTPS claims received with an Incident Date between 01/04/2008 and 31/03/2018

Total number of claims for this Trust: 44. Total value of claims for this Trust £1,049,477

Data correct at: 30/06/2018





## 6. Integration of incidents, complaints and claims

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



There have been:

- 0 Incidents reported as a complaint:
- 0 Incidents reported as both a complaint and a claim
- 0 Incidents also reported as claim only
- 1 Complaint reported as a claim only

## 7. 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. Recent items for discussion have included updates to the urgent referral pathway, improvements to the management of bariatric patients and an update of the use of HALT in the organisation.

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**

In Q2 two deaths have been classified as greater than 50:50 chance of avoidability. Both deaths were classed as probably avoidable (5.4% of all deaths). There were no deaths classified as definitely avoidable or with strong evidence of avoidability.

Of those classified less than 50:50 in Q2 three deaths (8.1%) were classed as probably avoidable but not very likely [YTD five (6.6%)]; two deaths (5.4%) classed as slight evidence of avoidability [YTD four (5.3%)]; thirty deaths (81.1%) were classed as definitely not avoidable [YTD sixty four (84.2%)].

One of the two deaths in patients with identified learning disabilities has been through the MRG process and was not considered avoidable. The second is still under review after screening.

## **8. Patient Experience**

LHCH continues to be recognised in the National 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 is a quality priority for the trust for 2018/19. 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. 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. 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.

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, our current area of focus is the Isle of Man following a recent event.

Patient and family Shadowing has been implemented across the Trust since April 2012 and is a quality priority for 2018/19 with a plan for the trust to undertake 365 shadows in the year to celebrate the NHS 70<sup>th</sup> Birthday. 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. 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.

Both complaints and claims has seen a decrease compared to the previous reporting quarters.

Incident reporting remains steady 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.

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.