

Board of Directors (Public)
Item 6.5

**Board
Report**

Subject: Integrated Incidents, Claims & Complaints Report
Date of meeting: 26th May 2015
Prepared by: Helen Martin, Governance & Safety Lead
Matthew Shaw, Senior Clinical Information Analyst
Lisa Gurrell, Complaints Manager
Ann Till, Governance Facilitator
Presented by: Dr Mark Jackson, Director of Research & Informatics

Data Quality Rating	BAF Ref	Impact on BAF Risk rating
Bronze	3	None

1 Introduction

This paper will provide the Board of Directors with quantitative and qualitative analysis of reported integrated incidents, complaints and claims (IICC). This paper will detail the learning and changes in practice from analysis of IICC. These results pertain to quarter 3 and quarter 4 of the financial year 2014-2015.

2 Background

An essential component of assurance is to evidence learning from reported incidents, complaints and claims. This report will highlight all changes / learning that have been identified through the analysis of information provided by the Risk Management Department, Complaints Department and Legal Services Department.

3 Reporting Culture

The table below shows the total numbers of reported incidents by quarter across the Trust.

Timeframe 2012-2013						
Q1	Q2	Total	Q3	Q4	Total	Yearly total
335	353	688	369	312	681	1369
Timeframe 2013-2014						
Q1	Q2	Total	Q3	Q4	Total	Yearly total
349	349	698	321	314	635	1333
Timeframe 2014-2015						
Q1	Q2	Total	Q3	Q4	Total	Yearly total
354	304	658	276	311	587	1245

The table above shows a decline in reporting culture over the last three years. The systems for reporting an incident have remained unchanged with staff able to use, paper electronic reporting and the use of phone or e-mail to the risk team also. Staff have commented that the incident reporting software is not user friendly. To this end, the Trust is reviewing systems with a view to replacement.

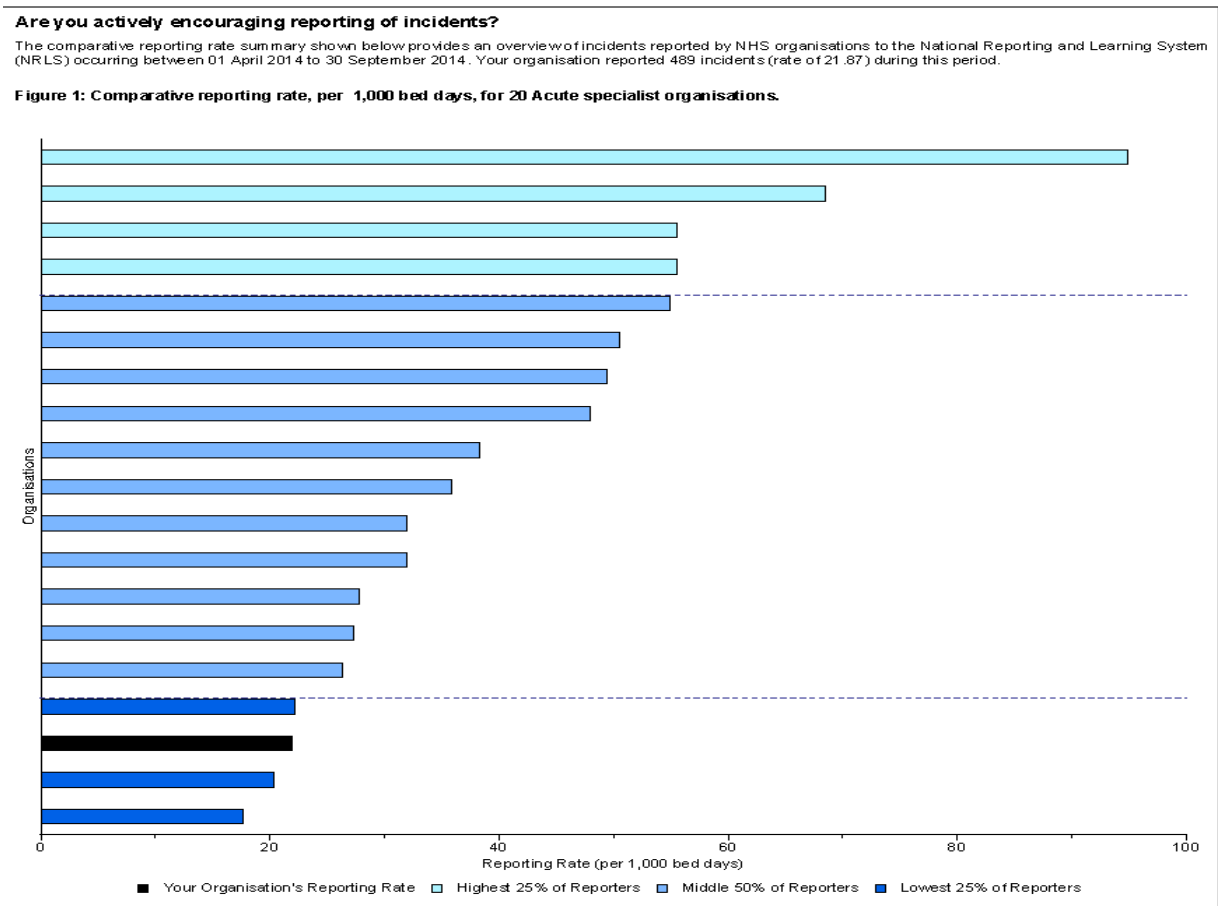
Incident reporting is encouraged at the daily safety huddles and at monthly team brief. Feedback is provided via the existing channels of the manager of the area and also via weekly screensavers, which detail the main themes reported during the previous week.

Incident reporting is included in mandatory and induction training.

National Reporting & Learning System reports April 2014 – September 2014 (latest data)

The charts below are received from the national reporting and learning service. It demonstrates that the organisation has moved down from being near the top of the middle tercile of Trusts for reporting incidents to the bottom tercile. Improving incident reporting is a Sign up to Safety campaign priority (see page 8).

The organisation has a policy to support the actioning and closing of incidents in a 28 day timeframe. This is monitored via Directorate Governance meetings monthly, with all staff who have incidents open being reported within the committee. The NRLS report details that the organisation submitted closed incidents 43.5 days after the incident occurred.



How regularly do you report?

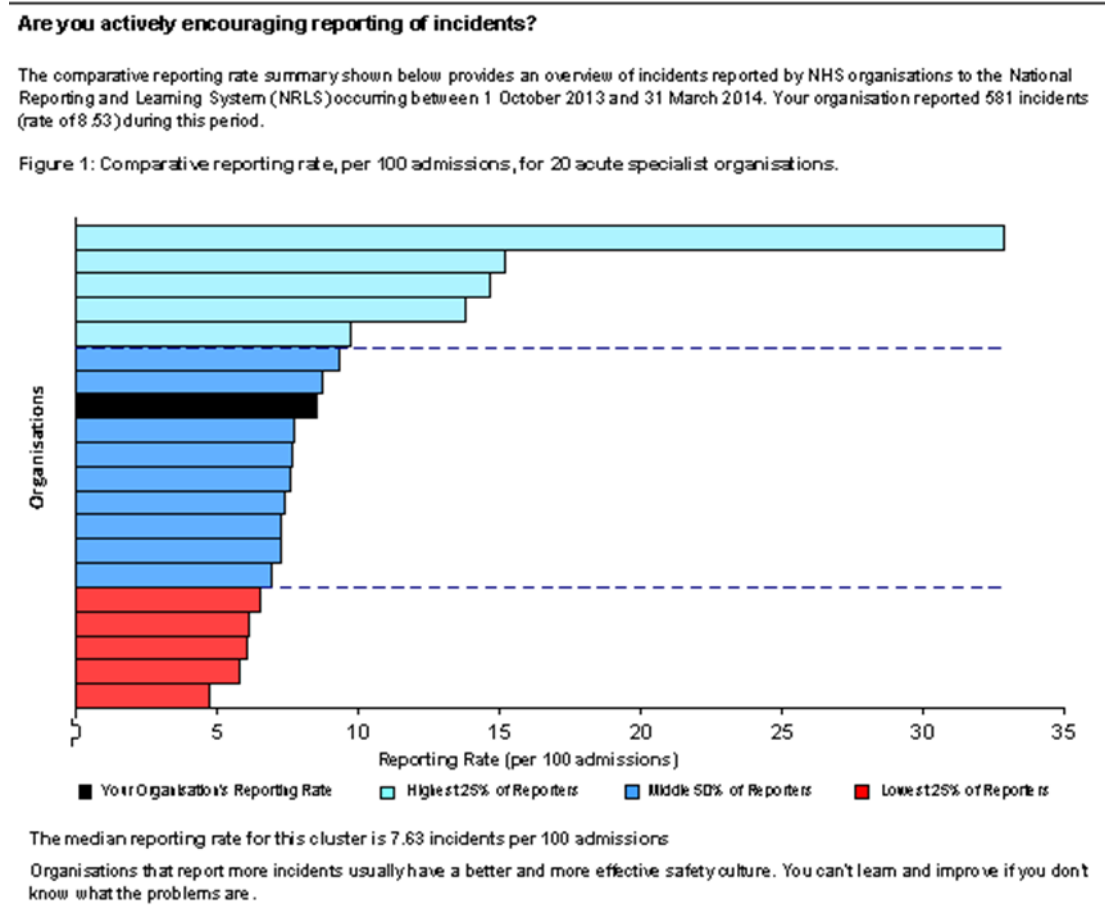
Your organisation reported incidents to the National Reporting and Learning System (NRLS) in 6 out of the 6 months between 01 April 2014 to 30 September 2014.

Report regularly: Incident reports should be submitted to the NRLS at least monthly.

Fifty per cent of all incidents were submitted to the NRLS more than 26 days after the incident occurred. In your organisation, 50% of incidents were submitted more than 43.5 days after the incident occurred.

Report serious incidents quickly: It is vital that staff report serious safety risks promptly both locally and to the NRLS, so that lessons can be learned and action taken to prevent harm to others.

1st October 2013-31st March 2014



Increasing incident reporting remains a quality priority for 2015/16.

Assessing the culture

The staff safety culture was undertaken in Summer 2014. Following this, Senior Managers who had no affiliation with specific areas (called Neutral Facilitators) met with staff to debrief following the survey, clarify issues and support staff to develop action plans. This encouraged staff to take ownership of the improvements required in their own areas while offering support and advice where appropriate. Further follow up meetings have been held with managers who have reported that their actions are underway to being completed.

The main themes identified by this process were communications within teams; communication between teams; access to training due to staffing levels; information regarding training opportunities available; recognition for non-clinical teams. Staff expressed that they feel they only see a senior manager when things go wrong.

The Executive team are undertaking Safety Walk rounds to meet with staff and listen to their concerns. The walk rounds will cover all areas in the organisation. In addition to this, there is an open invitation for all staff to attend the daily safety huddle and monthly team brief is open for all staff to attend.

Divisional Reporting

The table below shows the numbers of reported incidents in each of the Directorates

SACC

Q1 14-15	Q2 14-15	Q3 14-15	Q4 14-15
176	131	128	129

CCM

Q1 14-15	Q2 14-15	Q3 14-15	Q4 14-15
89	76	68	97

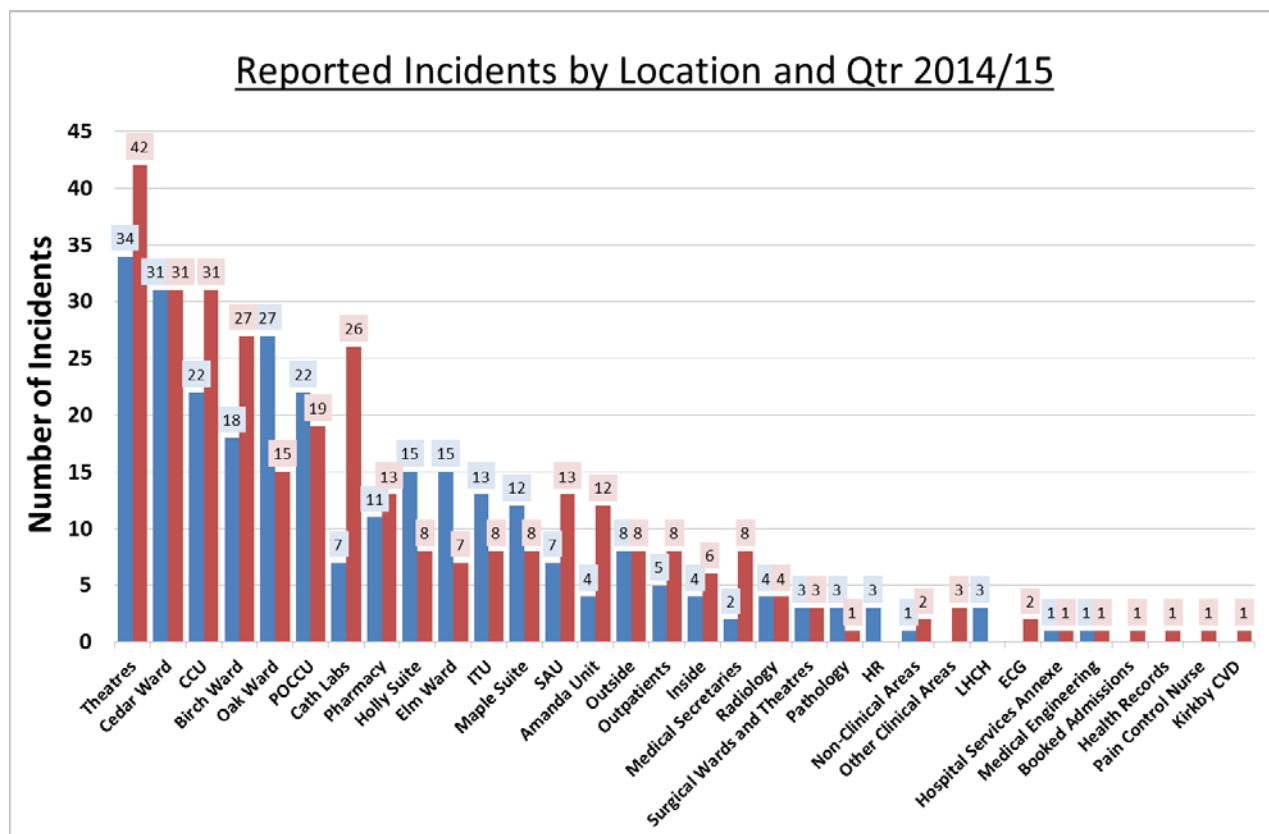
Support Services

Q1 14-15	Q2 14-15	Q3 14-15	Q4 14-15
25	19	27	34

Corporate

Q1 14-15	Q2 14-15	Q3 14-15	Q4 14-15
63	43	53	51

To further understand the reporting culture within the wards/departments a breakdown of the number of reported incidents can be seen by location as detailed below. Blue Q3 Red Q4



The importance of incident reporting continues to be highlighted through senior nursing walkabouts, and within the Divisional Governance meetings.

Top five reported Incidents

There were 587 reported incidents in Q3-Q4; of these there were:

Medical Equipment Q3: 41 incidents, Q4: 55 incidents = 96 of which there were 8 EPR issues

As would be expected, faulty equipment is the highest reported category within this section.

Drug incidents Q3: 35 incidents, Q4: 49 incidents = 84

- Wrong drug administered
- Dose omitted
- Given to wrong patient
- Expired drugs
- Given at wrong rate
- Wrong drug prescribed
- Wrong dose prescribed
- Drug not prescribed
- Mislabeled dispensed drugs and wrong dose dispensed
- Miscalculated Controlled Drug (CD) entered into CD register

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

Delay in monitoring or obtaining assistance Q3: 26 incidents, Q4: 38 incidents = 64

There are 20 incidents relating to staffing in these two quarters (Q3=6, Q4=14). Five incidents relate to concerns being raised about being moved to other areas to support. Actions include better communication within the teams especially with the staff who are being moved and better staff planning with regards to skill mix.

There were five incidents reported regarding delay in patients being seen by SHO/SpR (Q3=2, Q4=3). Significant measures have been instituted within the organisation to support the shortage of SHO's. There is no reported patient harm as a result of these incidents.

Staffing is discussed in daily bed meetings and also in the daily safety huddle which is led by a member of the Executive team. Use of bank or agency staff is fully endorsed to ensure appropriate staff are present to care for patients.

Documentation Q3: 18 incidents, Q4: 25 incidents = 43

Themes within this category include

- incorrect name bands being applied to a patient,
- listing errors
- referral letters missing from notes for patients in pre assessment clinic
- incorrect information on cardiac rehab referrals

No harm came to any of the patients within this category.

Falls Q3: 29 incidents, Q4: 13 incidents = 42

In response to the increased number of falls an awareness campaign commenced, entitled 'Call don't Fall',

which aims to raise the profile of falls preventative measures for patients, relatives/carers and staff. A member of the medical staff has been identified as a Clinical Lead for falls.

A trial of falls alarms has been conducted on Elm Ward. Evaluation of the device has taken place following the month long trial, the results of which were reported to the Falls Group. The evaluation determined that the use of a clip system for use when patients are in the toilet proved to be the most effective device. The results will be shared with the Head of Nursing for SACC.

Severity of Incidents

	No Harm	Minor Harm	Moderate Harm	Severe Harm
Q1 2014/15	258	89	6	0
Q2 2014/15	194	70	4	1
Q3 2014/15	203	73	0	0
Q4 2014/15	233	76	2	0

Within Q1 and Q2 there were ten incidents reported as moderate harm (increase of 5 from previous quarters 3 & 4). These include;

- Patient fall in external clinic,
- delay in transfer to other hospital,
- documentation omission,
- three drug incidents,
- two grade 3 pressure ulcers,
- extended anaesthetic in Cath Lab
- blood splash onto mucous membrane of staff member from high risk patient

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

Adverse incidents/Serious Incidents (SI's)

In quarters 3&4, x2 Pressure ulcers were reported via StEIS. Upon RCA, both determined to be unavoidable.

All incidents graded as red are investigated using the NPSA investigation guidance and template. In all serious investigations, the Being Open policy is implemented.

Duty of Candour

For both of the pressure ulcer incidents reported, the patient and family were involved in the care planning and a formal apology was offered in both circumstances.

RIDDOR Reportable Incidents

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

In Quarter 3 there were two reportable incidents and in Quarter 4 there were no reportable incidents (a decrease of four on the previous quarters). In 2013/14 the organisation reported 10 RIDDORS. This has decreased to seven in the year 2014/15.

Speak out Safely

The Speak out Safely campaign has been supported in the organisation for over 12 months. During that time there have been 17 reports made using this mechanism. Reporting themes are for working practices (4), values and behaviours (10) clinical care (2) and care environment (1). A review of the system and the Raising Concerns policy is underway in light of the Sir Robert Francis report Freedom to Speak up which has recently been published.

Sign up to Safety

The Trust joined the above campaign in July 2014. The aim of the campaign is to save 6,000 lives and reduce avoidable harm by 50% over the campaign life of three years. The organisation is progressing two action areas – Improving the safety culture, which incorporates improving incident reporting and progressing the actions agreed by managers as part of the safety culture survey. The second action area is concentrating on developing a reliable care bundle to improve documentation of care. This includes enhanced training and use of the EPR system for all senior clinical members of staff including Consultants, Registrars, Advanced Nurse Practitioners and Ward Managers.

Patient safety Champions will be taking forward the elements of the campaign which is being monitored by the Patient Safety Group, however all staff have a role to play in ensuring patients are safe.

As part of the process, the Trust applied for funding from the NHSLA to assist in the campaign and was advised that we have been successful in our bid achieving £32,200. This is intended to be used to have a dedicated trainer for EPR to implement the enhanced training as described above.

Complaints Analysis

4 Q3 and Q4 October – December 2014 and January – March 2015

The way we manage complaints does not differentiate between formal and informal complaints and DOH guidance advises that all complaints are dealt with using the same process. The Patient & Family Support Manager presents a monthly complaints report at each Directorate Governance Meeting which details the numbers of concerns and complaints received the key issues and action taken. Any action plans are presented by the relevant lead and managed through the Governance Committees.

The table below summarises complaints received from Q1+2 2014/15 in comparison to Q3+Q4 2014/15

Quarters 1 & 2 2014/15 Total number of complaints received = 27

Quarters 3 & Q4 2014/15 Total numbers of complaints received = 23

Directorate	Q1 & Q2 2014/15	Q1 & Q2 Themes	Q3 & Q4 2014/15	Q3 & Q4 Themes Total = 23
SACC	18	Clinical Care (12) Clinical care/communication	13	Clinical Care (15) Fall/Nursing care(1) Attitude of Consultant (1)
CCM	8		8	
SS	4		1	

Corporate	1	(2) Communication/delays (4)	1	Communication (2) Admin/Communication(2) Delay in OPD (1) Disabled parking (1)
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The table suggests a decrease of **15%** in the number of complaints received compared to Q1 and Q2 2014/15.

Trend – administration processes/delays in processing referrals

Grading of complaint

Extreme (E) High (H) Medium (M) Low (L)

Although Clinical Care overall remains a recurring theme, there was no trends noted within either directorate in relation to theme of complaint, area or operator.

There were no complaints graded High or Extreme in Q3 or 4.

- All complaints acknowledged within 1-2 days
- All complaints responded to within the negotiated timeframe
- All responded to in line with statutory Duty of Candour

Learning from complaints in Q3 & Q4:

- Staff attitude addressed with consultant by clinical director
- Improvements made to administration processes to improve timeliness of referrals
- Weekly report produced by Administration Manager to monitor timeliness of referrals to minimise delays
- Improvements made to communication for patients awaiting aortic surgery
- Waiting list meetings to be minuted and patients informed of outcome

Both directorates receive a monthly complaints report including any action plans from complaints that are upheld and actions are managed through the respective Directorate Governance Meeting.

Actions that have arisen from complaints graded as medium demonstrate that all complaints are taken seriously and corrective action implemented where necessary. No complaints within this reporting timeframe have been graded as extreme.

All complaints were acknowledged and responded to within the negotiated time frame.

PATIENT & FAMILY SUPPORT CONTACTS

214 contacts from patients, families and carers in Q3 & 4
(103 in Q 1+2)

The top themes include:

- Waiting time for surgery
- Cancelled dates for surgery/ re-arranged
- Waiting times for appointments
- Lack of communication whilst on waiting list
- Patient Property

112 Concerns were raised Q1 and Q2 which required investigation/action compared to 71 in Q3 and Q4. The service line manager for surgery and Patient Administration Manager are looking into facilitating a call reminder/text reminder/email reminder service to ensure patients are kept up to date with their pathways.

5. Claims analysis

Claims Quarters 1 & 2 (April 2014 – September 2014)

Number of New Clinical Claims	Number of New Non Clinical Claims	Number of Existing Clinical Claims	Number of Existing Non Clinical Claims	Number of closed/settled Clinical Claims	Number of closed/settled Non Clinical Claims	Number of Coroner's Inquest Notifications	Probability of settlement for all new clinical/non clinical claims (Average)
12	4	68	6	3 (Settled) 3 (Closed)	5 (Settled) 1 (Closed)	4	50%

Over the 6 month period of Quarters 1 and 2 2014/15 in comparison with the previous 6 month period of Quarters 3 and 4:

- The number of new clinical negligence claims received remained the same and the number of non-clinical claims received has decreased by 20%.
- The number of on-going clinical claims increased by 7%.
- The number of on-going non clinical claims decreased by 33%.
- The number of settled clinical claims remained the same and the number of closed/discontinued claims decreased by 67%.
- The number of settled non clinical claims increased by 60% and the number of discontinued non clinical claims increased, 1 case was closed with liability being denied.
- The number of requests in respect of coroner's Inquests has remained the same.
- The overall average settlement of claims has remained the same at 50%.

Claims Quarters 3 & 4 (October 2014 – March 2015)

Number of New Clinical Claims	Number of New Non Clinical Claims	Number of Existing Clinical Claims	Number of Existing Non Clinical Claims	Number of closed/settled Clinical Claims	Number of closed/settled Non Clinical Claims	Number of Coroner's Inquest Notifications	Probability of settlement for all new clinical/non clinical claims (Average)
9	2	91	10	0	0	2	50%

Of the 11 claims received in these quarters nine remain at the pre action stage, one has been reported to NHSLA and one is being managed by the Trusts legal services team.

Over the 6 month period of quarters 3 and 4 in comparison to quarters 1 and 2

- The number of new clinical claims has increased by 3
- The number of non-clinical claims has decreased by 2
- The number of existing clinical claims as increased by 23
- The number of existing non clinical claims has increased by 4
- No claims have been settled/closed/discontinued
- The number of coroners inquests notifications has decreased by 2

Benchmarking Claims

The below matrix issued by the Clinical Negligence Scheme for Trusts demonstrates that when compared to other similar Trusts, there is a contribution gap of approximately £1m. An analysis of historical claims is underway to understand the reasons for this large claims expenditure.

T420 - Liverpool Heart and Chest NHS Foundation Trust

Comparing your claims experience to other CNST members with member type Acute specialist trust

Total			
Green			
Amber	Amber		Amber
Red		Red	Red

3,010 53 -976 2,214

-48%

Value of
claims paid
£'000 Number of
claims
reported Five year
contribution
gap £'000 Known claims
including
PPOs £'000

5 years to
31 March
2014

As at 31 March
2014

Notes

Red, amber or green (RAG) ratings have been assigned based on the value of claims recently paid, the number of claims recently reported, the total value of known claims including Periodic Payment Orders (PPOs) and your five year contribution gap ie the difference between the amount paid into the scheme and the amount paid out over five years.

"Value of claims paid" shows the value of claims paid during the five financial years 2009/10 to 2013/14, irrespective of when the incident occurred. This is consistent with the pay as you go funding basis of CNST and recent claims paid experience will affect contributions over the near term.

"Number of claims reported" shows the number of claims reported to the NHSLA, also during the five financial years 2009/10 to 2013/14. This measure helps to identify experience in terms of number of claims, rather than their value.

"Known claims including PPOs" shows the value of reported outstanding claims as at 31 March 2014.

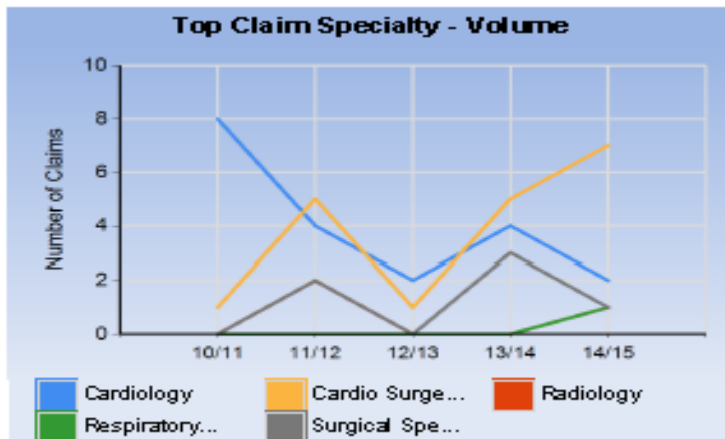
For the above RAG ratings, the top 20% of members with the lowest value/volumes of claims are rated green, the middle 60% are rated amber and the bottom 20% are rated red ie those with the highest value/volumes of claims. The comparisons are risk-weighted to allow for the size and activity levels of each member.

"Five year contribution gap" shows the total contributions less claims paid over the 5 years to 31 March 2014 in £'000s and expressed as a % of contributions. This is calculated as follows:

Contributions:	2,034	Contribution gap:	-976
Claims paid:	3,010	% Gap:	-48%

A negative contribution gap means that contributions have been lower than claims paid over the 5 years. A rating of amber means the gap is within the member's average yearly contribution (corresponding to a gap of between -20% and +20%). A rating of green or red means the gap is outside this range.

Schedule prepared December 2014.



The graph above demonstrates the volume of claims made in each speciality within the organisation over a period of five years. This demonstrates a reduction in claims pertaining to cardiology, with cardiac surgery demonstrating an upward trend.

6 Integration of incidents, complaints and claims

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



There have been:

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

7 Summary and Conclusions

The mitigation actions required to ensure patient safety is communicated and learning is established remains the focus for the Divisional Governance Committees.

During the reporting period, the Trust has seen a decrease in formal complaints being received. Complaints action plans are reviewed on a monthly basis in the relevant Directorate Governance Committees, allowing the committee an opportunity to challenge actions put in place by the investigating leads.

The number of new clinical negligence claims received has increased by 3 compared to the last reporting quarters. The number of non-clinical claims has decreased by 2.

8 Recommendations

The Board of Directors are asked to:

- Note the information related to the Trusts history of incidents reported, and claims & complaints received.
 - Receive assurance that mitigation to prevent harm to patients and staff by the reporting of and learning from reported incidents, complaints and claims continue to be monitored by the Divisional Governance Committees.
-