

Board of Directors (Public)

Item 6.1

Board Report

Subject: Integrated Incidents Complaints and Claims (IICC) Report - Quarters 1 & 2 - 2015/16

Date of meeting: 24th November 2015

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

BAF Ref	Impact on BAF Risk Rating?
2	None

1. Executive Summary

The reporting culture in the Trust as measured by number of incidents reported is improving. When measured by the ration of near misses to incidents, it remains the same.

The Trust remains in the bottom tercile for incidents reported when benchmarked with other Trusts of similar type. However, the data used is historical and does not reflect the improvements in incident reporting recently experienced.

Documentation and communication remain frequent issues worthy of improvement. These will be a focus of the new organisational learning sessions at Operations Board.

There were no severe harm incidents and six moderate harm incidents in this reporting period.

Issues with clinical care continue to dominate complaints.

Historical clinical and non-clinical claims have been low value but high volume.

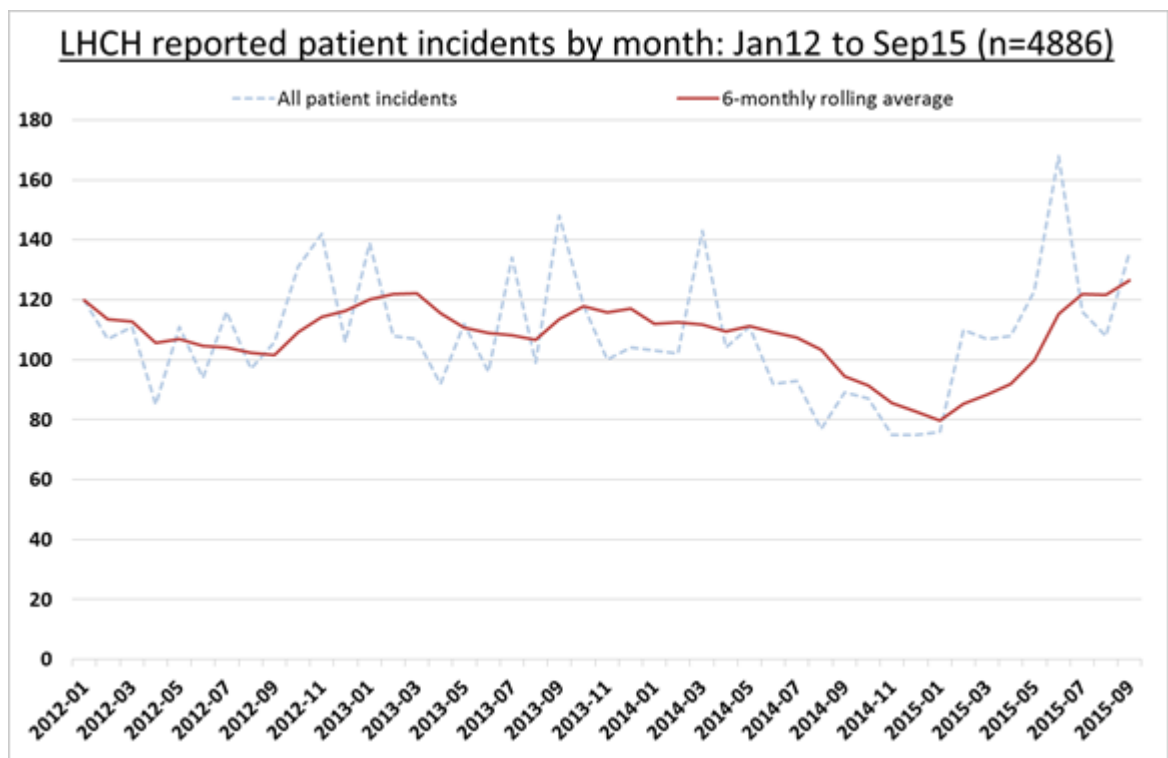
This paper will provide the Board of Directors with quantitative and qualitative analysis of reported incidents, complaints and claims (IICC). This paper will detail the learning and changes in practice from analysis of IICC. These results pertain to quarter 1 and quarter 2 of the financial year 2015/16.

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. Issues

3.1 Reporting Culture



The chart above shows the reporting culture over the past three years plus. From January 2012 to July 2014 incident reporting has remained at a steady rate. It started to decline reaching a trough in January 2015 before beginning to increase again. This trough could be attributed to the current incident reporting system and a busy period over the winter season. With regards to the Prism risk management system, staff have reported not receiving feedback and a clumsy and difficult to use system of reporting. The Trust entered a procurement process and as such are employing Datix risk management software to aid in the management of an integrated risk management system to support incident reporting. The project for the implementation of the software is in its early stages. Further reporting on its being embedded into the culture of reporting will appear in the next IICC report.

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.

NRLS reports 1st October 2014 – 31st March 2015 (latest data)

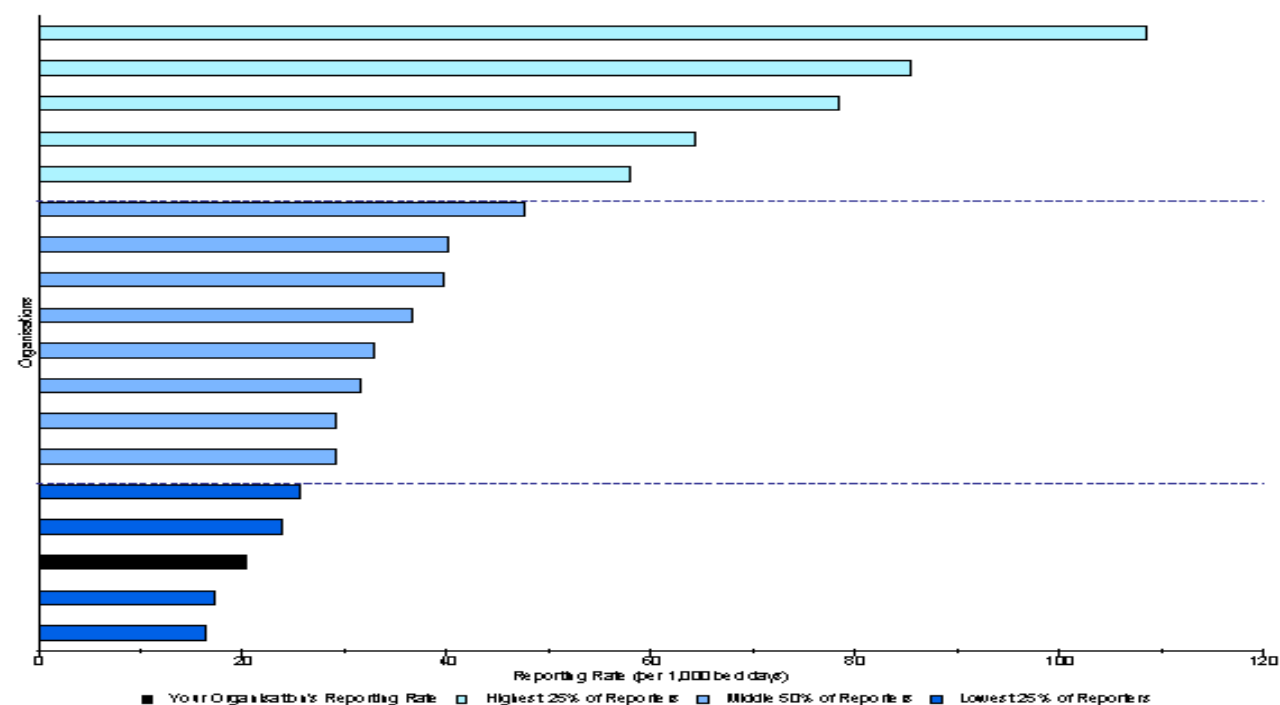
The charts below are received from the national reporting and learning service (NRLS). It demonstrates that the organisation remained in the bottom tercile for reporting incidents.

The organisation has a policy to support the actioning and closing of incidents in a 28 day timeframe. This is monitored via Divisional 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 52 days after the incident occurred which is deterioration on the previous count which was 43.5 days after the incident occurred. Open incidents reports are submitted to the Divisional meetings monthly which detail which staff have incidents open over 28 days.

Are you actively encouraging reporting of incidents?

The comparative reporting rate summary shows below provides an overview of incidents reported by NHS organisations to the National Reporting and Learning System (NRLS) occurring between 01 October 2014 to 31 March 2015. Your organisation reported 473 incidents (rate of 20.31) during this period.

Figure 1: Comparative reporting rate, per 1,000 bed days, for 15 Acute specialist organisations.



The median reporting rate for this cluster is 34.72 incidents per 1,000 bed days.

Organisations that report more incidents usually have a better and more effective safety culture. You can't learn and improve if you don't know what the problems are.

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 October 2014 to 31 March 2015.

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 25 days after the incident occurred. In your organisation, 50% of incidents were submitted more than 52 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.

Divisional Culture

The table below shows the numbers of reported incidents in each of the Divisions. Each division has shown some improvement however this could be further improved in surgery.

Surgery

Q1 14-15	Q2 14-15	Q3 14-15	Q4 14-15
176	131	128	129
Q1 15-16	Q2 15-16	Q3 15-16	Q4 15-16
183	139		

Medicine

Q1 14-15	Q2 14-15	Q3 14-15	Q4 14-15
89	76	68	97
Q1 15-16	Q2 15-16	Q3 15-16	Q4 15-16
113	123		

Clinical Services

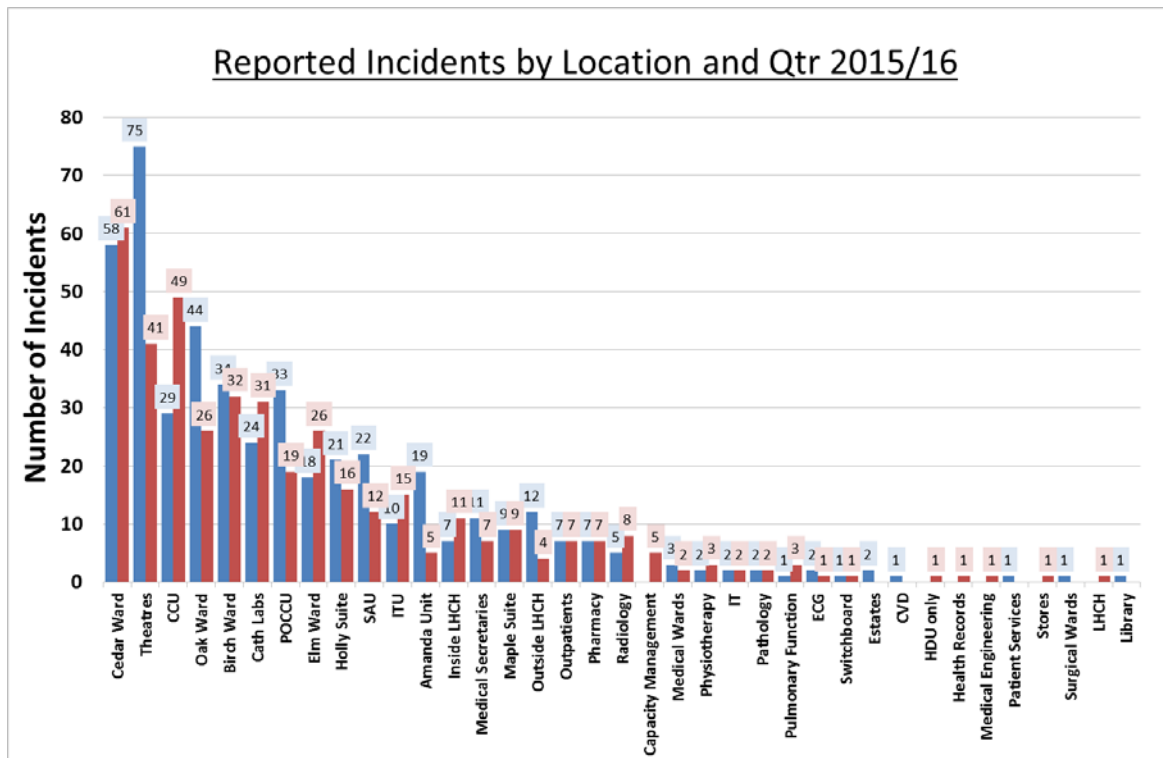
Q1 14-15	Q2 14-15	Q3 14-15	Q4 14-15
25	19	27	34
Q1 15-16	Q2 15-16	Q3 15-16	Q4 15-16
84	75		

Corporate

Q1 14-15	Q2 14-15	Q3 14-15	Q4 14-15
63	43	53	51
Q1 15-16	Q2 15-16	Q3 15-16	Q4 15-16
83	73		

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 Q1 Red Q2.

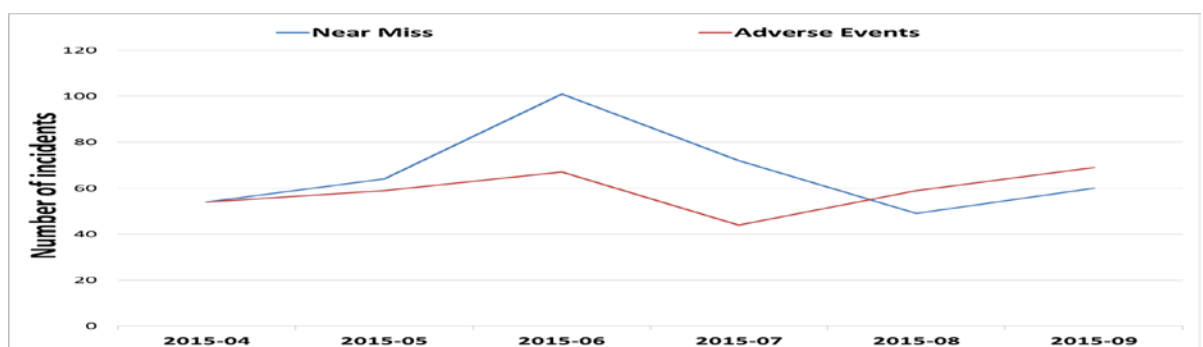
The ward areas report the highest number of incidents, however theatres has seen a decline in Q2. This may be attributed to the reporting process in theatre which means incidents can take longer to be sent to the risk management department.



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

Incidents v near miss reporting

The graph below shows the figures for near miss versus actual incident reporting for Q1 & 2. Research shows that an organisation with a good reporting culture will find that more near misses are reported than actual incidents. Feedback relating to Prism advises that the system is not user friendly, so near misses that have not resulted in harm may go unreported.



Top five reported Incidents

There were 873 reported incidents in Q1-Q2; of these there were:

Medical Equipment Q1: 82 incidents, Q2: 55 incidents = 137 (IT/EPR = 15)

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

section.

For those incidents reported as user error, learning and development are copied in so they can address the issues identified directly as part of their training. L&D have offered assurance that this process is now included as part of their training with equipment.

Documentation Q1: 38 incidents, Q2: 57 incidents = 95

Themes within this category include

- Incorrect entry in patients notes
- Filing errors
- referral letters missing from notes for patients in pre assessment clinic
- incorrect information on cardiac rehab referrals

Ward/Department managers are assigned the incidents to manage and should work with their teams to ensure these errors are rectified.

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

Drug incidents Q1: 46 incidents, Q2: 47 incidents = 93

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

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

Medication training is provided to new Doctors when they arrive at the hospital.

The Safer Medication Committee review and discuss all medication incidents that happen in all divisions and offer feedback to divisional meetings.

Delay in monitoring or obtaining assistance Q1: 39 incidents, Q2: 28 incidents = 67

There are 15 incidents relating to staffing in the two quarters. Concerns raised include the number of staff to patient ratio. 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.

There were five incidents reported regarding delay in patients being seen by SHO/Registrar. The organisation has taken measures to ensure that patients are

reviewed appropriately by suitably qualified staff. There is no reported patient harm as a result of these incidents.

Much work is being done with regards to recruitment including advertisements in the local papers, an open recruitment day being held on site and adverts out to the armed forces to entice clinically trained personal who are leaving the service into the hospital.

Communication Error or Omission Q1: 37 incidents, Q2: 26 incidents = 63

These include incidents of poor handover between teams. Transfer of patients is a focus for the Sign up to safety campaign, with the use of the transfer charts being used when patients are transferred between wards/departments. A Clinical Systems trainer has been appointed to train staff on the use of the EPR system which will include completion of the transfer checklists.

Incorrect completion of consent forms are included in this category. Consent issues have been discussed in the daily safety huddle and are the focus of discussions in Surgery Divisional meetings.

Severity of Incidents

	No Harm	Minor Harm	Moderate Harm	Severe Harm
Q3 2014/15	203	73	0	0
Q4 2014/15	233	76	2	0
Q1 2015/16	368	84	3	0
Q2 2015/16	295	105	1	0

Within Q1 and Q2 2015/16 there were four incidents reported as moderate harm (increase of 2 from previous quarters 3 & 4). These include;

- Two staff falls with moderate harm sustained
- One pressure ulcer grade 3 (unavoidable)
- One incorrect diagnosis of fractured hip

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

Adverse incidents/Serious Incidents (SI's)

In quarters 1&2, two incidents were reported via StEIS.

- Adverse publicity in local media – issue now closed.
- Administration of non-prescribed drugs by agency staff – still under investigation

Duty of Candour

Duty of candour process was followed in the serious incident concerning administration of non-prescribed drugs by agency staff.

RIDDOR Reportable Incidents

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

In Quarter 1 there were two reportable incidents and in Quarter 2 there were four reportable incidents (an increase of four on the previous quarters). These equated to three falls and three manual handling incidents. A new sign and fence will be erected to prevent staff using the grass verge at the side of the portacabins as a short cut to inhibit staff members falling in this area.

Speak out Safely

The speak out safely campaign has been supported in the organization since April 2014, during that time there have been 25 reports made using this mechanism. Reporting themes are for working practices (8), values and behaviours (13), clinical care (3) and care environment (1).

Staff who report under this mechanism are contacted and offered feedback regarding their concern.

3.2 Complaints Analysis

Q1 April-June 2015 and Q2 July-September 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 Customer Care 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 Q3+Q4 2014/15 in comparison to Q1+2 2015/16

Quarters 3 & 4 2014/15 Total numbers of complaints received = 23

Quarters 1 & 2 2-015/16 Total number of complaints received = 29

	Q3 & Q4 2014/15	Q3 & Q4 Themes Total = 23	Q1&Q2 2015/16	Q1&Q2 Themes Total= 29

Surgery	13	Clinical Care (15)	14	Clinical care (24)
Medicine	8	Fall/Nursing care(1)	13	Communication (3)
Clinical Services	1	Attitude of Consultant (1)	1	Discharge (1)
		Communication (2)		Staff attitude (1)
Corp	1	Admin/Communication(2)	1	
		Delay in OPD (1)		
		Disabled parking (1)		

Learning from complaints

All complaints were discussed in the respective governance committees and all closed complaints were responded to within the negotiated timeframe. If immediate action was taken, therefore no action plans were required but discussed in detail in relevant governance committee.

All learning was discussed and action plans were presented at relevant division governance committees.

Summary of learning includes:

- Improvement in pain management – ensure all patients who complain of pain are managed appropriately and referred to pain management team
- To ensure staff thoroughly check paravertebral sites/wounds and escalate any concerns and document appropriately
- Ensure that all staff adhere to Trust's values and behaviours]
- Improved nursing documentation
- Nursing staff to adhere to policy/protocols for removing bodily fluids
- Improved communication and documentation with families
- Improvements in documentation following inappropriate use of EPR documentation in copying/forwarding information.
- Improve process and timeliness in reporting/forwarding results to patients

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

CUSTOMER CARE CONTACTS

212 contacts from patients, families and carers in Q1&2

The top themes include:

- Waiting time for surgery
- Cancelled dates for surgery/ re-arranged

- Waiting times for appointments
- communication
- general advice and support

All learning from complains/concern is presented to the relevant governance committee.

Action plans in relation to complaints relating to cancelled surgery/waiting times and administration have been presented and the learning embedded across the divisions.

3.3 Claims Analysis

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	80	7	2 Settled 2 Closed	4 Settled 1 Closed	3	50%

Over the 6 month period of quarters 3 and 4 (2014/15) in comparison with the previous 6 month period of quarters 1 & 2 (2014/15):

- The number of new clinical negligence claims received decreased by (3) 25% and the number of non-clinical claims received has also decreased by (2) 50%.
- The number of on-going clinical claims increased by (12) 18%
- The number of on-going non clinical claims increased by (1) 17%.
- The number of settled clinical claims decreased by (1) 33% and the number of closed/discontinued claims decreased by (1) 33%.
- The number of settled non clinical claims decreased by (1) 20% but the number of discontinued non clinical claims remained the same with 1 case closing.
- The number of requests in respect of coroner's reports/inquest notifications has decreased by (1) 25%.
- The overall average settlement of claims has remained the same at 50%.

**Please note that the figures submitted for claims in the previous IICC report were incorrect, this was due to sickness absence within the team. These figures have now been updated and are demonstrated above.*

Claims Quarters 1 & 2 (April 2015 – September 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	1	88	7	2 Settled 2 Closed	1 Settled 1 Closed	1	50%

No of Claims	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 (88)	64	4	20
Clinical New (9)	8	1	0
Non Clinical Existing (7)	0	5	2
Non Clinical New (1)	0	1	0

Over the 6 month period of quarters 1 and 2 (2015/16) in comparison with the previous 6 month period of quarters 3 and 4 (2014/15):

- The number of new clinical negligence claims received has remained the same and the number of non-clinical claims received has decreased by (1) 50%.
- The number of on-going clinical claims increased by (8) 10%
- The number of on-going non clinical claims has remained the same.
- The number of settled clinical claims and the number of closed/discontinued clinical claims have both remained the same.
- The number of settled non clinical claims and the number of closed/discontinued non clinical claims have both remained the same.
- The number of requests in respect of coroner's reports/inquest notifications has decreased by (2) 67%.
- The overall average settlement of claims has remained the same at 50%.

NHSLA Score Cards 2014/15

Clinical Claims (CNST)

In 2014, the NHSLA issued clinical claims scorecards to its members. These scorecards provided an analysis of an individual Trust's clinical claims with an incident date of 1 April 2009 - 31 March 2014 together with the specialty, type and cost of these claims. From feedback received, the NHSLA understood that the scorecard has been a positive

tool to enable Trusts to understand their claims profile and cost of claims.

As a result, they have recently been re-issued clinical claim scorecards with an updated data source of claims with an incident date from 1 April 2010 to 31 March 2015. The high value is considered at over £1m and high volume over 3 claims in a specialty. Please see appendix for detail.

In 2014-2015, clinical negligence expenditure amounted to over £1.1billion but the financial impact of the high number of claims received in 2013-2014 is likely to be seen in 2015-2016 and beyond. The NHSLA have suggested measures to Trusts that can be taken to address clinical claims:

- Share headline data with your Medical Director and Board on the value and volume of all claims by specialty and cause as shown on the scorecard to facilitate discussion. This may be as part of an integrated report which triangulates complaints, (Serious) Incidents and Claims.
- Ensure a joined up approach throughout the organisation to examine claims and the costs of these within each division and a commitment to engaging all staff on the Trust's claims profile in the spirit of understanding that staff and patient safety is everyone's business.
- Utilise the scorecards to consider areas for a targeted focus for the reduction of claims, clinical and non-clinical.
- Be aware that the CQC may ask you for your claims scorecards as part of its lines of intelligence monitoring data gathering in preparation for an inspection visit.

Non Clinical Claims (LTPS)

In 2014, the NHSLA issued clinical claims scorecards to its members. These scorecards provided an analysis of an individual Trusts clinical claims reported since April 2009 together with the specialty, type and cost of these claims. From feedback the NHSLA understand that the scorecard has been a positive tool to enable Trusts to understand their claims profile and cost of claims.

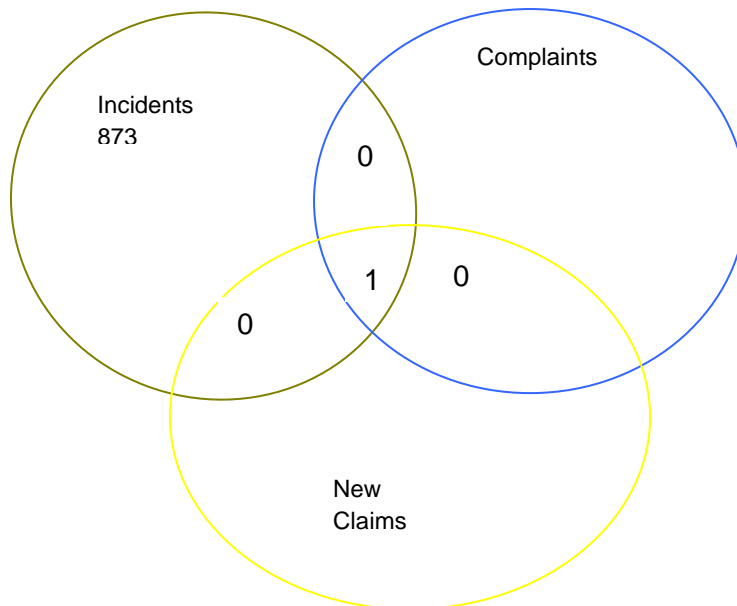
As a result, in addition to re-issuing updated clinical scorecards, the NHSLA are now disseminating non clinical scorecards with a data source of claims from 1 April 2010 to 31 March 2015. The high value for non-clinical claims by cause, as opposed to specialty as was the case of clinical scorecards, is considered at over £25k and the high volume would be 3 claims or over of this value. Please see appendix for detail.

In 2014-2015, the NHS LA settled £53.4m in non-clinical expenditure on claims on behalf of Trusts –a £2m increase on the previous year. Non clinical claims can be expensive especially where they affect staff safety which in turn impacts on the Trust and its effectiveness. The NHSLA have suggested measures to Trusts that can be taken to address clinical claims:

- Share headline data with your Medical Director and Board on the value and volume of all claims by specialty and cause as shown on the scorecard to facilitate discussion. This may be as part of an integrated report which triangulates complaints, (Serious) Incidents and Claims.
- Ensure a joined up approach throughout the organisation to examine claims and the costs of these within each division and a commitment to engaging all staff on the Trust's claims profile in the spirit of understanding that staff and patient safety is everyone's business.
- Utilise the scorecards to consider areas for a targeted focus for the reduction of claims, clinical and non-clinical.
- Be aware that the CQC may ask you for your claims scorecards as part of its lines of intelligence monitoring data gathering in preparation for an inspection visit.

3.4 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:
- 1 Incidents reported as a complaint and a claim
- 0 Incidents also reported as claim
- 0 Complaint reported as a claim

4. Conclusion

The reporting culture in the Trust as measured by number of incidents reported is improving. When measured by the ratio of near misses to incidents, it remains the same.

The Trust remains in the bottom tercile for incidents reported when benchmarked with other Trusts of similar type. However, the data used is historical and does not reflect the improvements in incident reporting recently experienced.

Documentation and communication remain frequent issues worthy of improvement. These will be a focus of the new organisational learning sessions at Operations Board.

There were no severe harm incidents and six moderate harm incidents in this reporting period.

Issues with clinical care continue to dominate complaints.

Historical clinical and non-clinical claims have been low value but high volume.

5. 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 and claims continue to be monitored by the Divisional Governance Committees.

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

Litigation Au

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-Apr-2010 to 31-Mar-2015

Total number of claims for this Trust: 28, total value of claims for this Trust £3,528,123.86

Data correct at: 30-Aug-2015

Score Card Explained



Qualifications for the Data Presented in this Score Card

1. Criteria for Claims Selection in this Score Sheet

The data has been extracted from the NHS LA 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.

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-Apr-2010 to 31-Mar-2015

Total number of claims for this Trust: 28, total value of claims for this Trust £3,528,123.86

Data correct at: 30-Aug-2015



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-Apr-2010 to 31-Mar-2015

Total number of claims for this Trust: 22, total value of claims for this Trust £424,094.01

Data correct at: 30-Aug-2015

