# PALS, Complaints, Claims and Incidents Annual Report 2013-14

<table>
<thead>
<tr>
<th>Trust Board</th>
<th>Item: 10.7</th>
</tr>
</thead>
<tbody>
<tr>
<td>30th July 2014</td>
<td>Enclosure: U</td>
</tr>
</tbody>
</table>

## Purpose of the Report:

To provide the Trust Board with assurance around the processes to record and evaluate data received for complaints, PALS, incidents and claims over 2013/14, to highlight emerging themes and to outline next steps for improving reporting, triangulation and analysis in 2014/15.

## FOR: Information □ Assurance □ Discussion and input  ☒ Decision/approval □

### Sponsor (Executive Lead):
Duncan Burton, Director of Nursing and Patient Experience

### Author:
Jacky Bush, Head of Quality Governance
Clare Parker, Head of Complaints, PALS and Litigation
Tam Moorcroft, Corporate Risk Manager

### Author Contact Details:
Jacky.bush@kingstonhospital.nhs.uk
Ext 3846

### Risk Implications – Link to Assurance Framework or Corporate Risk Register:
Reputational impact as a result of the impact on patients as a result of incidents and poor patient experience.

### Legal / Regulatory / Reputation Implications:
Reputational impact as a result of the impact on patients as a result of incidents and poor patient experience.

### Link to Relevant Corporate Objective:
Strategic Objective 1 - To deliver quality, patient centered healthcare services with an excellent reputation

### Document Previously Considered By:
Clinical Quality Improvement Committee

## Recommendation & Action required by the Trust Board:

The Board is asked to
- **Receive and comment** upon the PALS, Complaints, Claims & Incidents Annual Report 2013/14
PALS, Complaints, Claims and Incidents

ANNUAL REPORT

2013 / 14

AUTHORS:

Jacky Bush, Head of Quality Governance
Tam Moorcroft, Corporate Risk Manger
Clare Parker, Head of Litigation, Complaints and PALS
Contents

1 Executive Summary ........................................................................................................................................... 5
2 Patient Advice and Liaison Services (PALS) ................................................................................................. 7
   2.1 PALS Actions Further to Such Concerns ................................................................................................. 7
3 Complaints ........................................................................................................................................................... 7
   3.1 Types of Complaints .................................................................................................................................. 8
   3.2 Actions Further to Complaints .................................................................................................................. 9
   3.3 Next Stage of Complaints ......................................................................................................................... 9
   3.4 Clwyd Hart Review .................................................................................................................................. 10
   3.5 Benchmarking .......................................................................................................................................... 10
4 Claims ................................................................................................................................................................. 10
   4.1 Claims Process ......................................................................................................................................... 10
   4.2 Outcomes ................................................................................................................................................ 11
   4.3 Benchmarking .......................................................................................................................................... 11
   4.4 Actions following Claims ......................................................................................................................... 12
5 Inquests ............................................................................................................................................................ 12
6 Compliments ....................................................................................................................................................... 12
   6.1 How are compliments received and managed ......................................................................................... 12
   6.2 Compliments - key themes ..................................................................................................................... 13
7 Incidents ............................................................................................................................................................. 14
   7.1 NRLS Benchmarking and previous year comparison .............................................................................. 14
   7.2 Incident Types ......................................................................................................................................... 15
   7.3 Trends and Areas of Concern .................................................................................................................. 15
   7.4 Post incident actions ............................................................................................................................... 16
   7.5 Serious Incidents ..................................................................................................................................... 17
8 Triangulation ....................................................................................................................................................... 18
9 Conclusions ........................................................................................................................................................ 20
1 Executive Summary

This Annual report provides an overview of the PALS contacts, Complaints and Claims received, Inquests involving Kingston Hospital NHS Foundation Trust and incidents that have occurred during 2013/14.

In 2013/14 the Trust has seen an increase (when compared to 2012/13) in PALS contacts (29%), Complaints (4%), Claims (15.5%) as well as reported incidents (20%). There has been a decrease of serious incidents (20%). Out Patient attendances and In patient activity has also increased but by smaller percentages (3.43% and 0.99% respectively). A&E attendances have decreased by 2.34%.

The themes identified in PALS, Complaints and incidents are similar to 2012/13, with, the predominant issues raised in PALS being around communication and appointment concerns; The most commonly complained about issues being communication, care and treatment, appointments, admission and discharge concerns, and concerns around diagnoses; Maternity incidents remain the most prominent category in 2013/14 was Maternity, with non-Maternity failure To Monitor / Escalate and Care & Treatment incidents being the other most prominent areas.

The Trust has formal routes for gathering, dealing with and recording complaints and issues. Although Trust staff also receive many compliments, these are not always recorded and shared. It is clear that there are a number of routes via which Kingston Hospital NHS Foundation Trust receives compliments. These are cascaded to staff via a number of routes but there is no formal structure in place for aggregating the compliments or volume of these. The current routes for cascading compliments to staff are set up to provide positive feedback directly to local teams and staff.

Governance arrangements introduced in 2013/14 include the development of the Complaints Committee (chaired by a Non-Executive Director), the Serious Incident Group (chaired by the Medical Director) and the review of the complaints process following the Clwyd Hart Review and the review of the Serious Incident procedure.

At the end of 2012/13 the Trust introduced a new web-based incident reporting system, Ulysses. The early part of 2013/14 saw the system being embedded. Part of the Ulysses roll out included an extensive training programme for all staff covering not only how to use Ulysses but also the importance of reporting actual and near miss incidents. The success of the introduction of the new system within the Trust is evident by the increased number of incidents being reported. The organisation should be assured that although incident reporting has increased, the number of the most severe incidents has decreased.

With the introduction of Ulysses, the PALS, Complaints and Risk team took the opportunity to review all coding. This has resulted in some difficulty in undertaking exact year on year comparisons with regard to complaints and incident categories. Changes to the organisational structure have also been reflected in Ulysses.

A number of actions and changes have been made as a result of PALS, Complaints and incidents. Details of some of these are contained in the report and include:

- A designated appointment centre has been set up in Radiology
- Additional administration support is in place in the Royal Eye Unit and administration staff call and confirm patient appointments over the telephone where possible.
- The Endoscopy team has put in place various measures to ensure that a procedure will be immediately stopped if a patient so wishes. This includes the use of a STOP sign.
- The wards have amended their practice for making a District Nurse referral to now include ringing the District Nurse team to ensure the faxed referral has been received.
- Falls alarms have been introduced
• A clinical skills programme with all our Band 6 Nursing staff has been undertaken which included a focus on the deteriorating patient

When trying to triangulate the information provided by PALS, Complaints and Incident reporting, there appears to be limited direct correlation with regard to subject, in particular when comparing complaints and PALS with incidents.

Ward areas Hamble, Blyth and AAU are three wards which appeared in the top ten for Complaints and Incidents. These areas have been under review with actions taken to address issues highlighted through this intelligence.

The Quality Assurance Committee receives information on all areas of concern, why they are of concern and assurance on the actions that are being taken to address the areas where quality of care falls below the expected standard. As actions are successfully delivered the areas of concern will change and actions will be developed for the new areas.
2 Patient Advice and Liaison Services (PALS)

PALS provide information and help to resolve concerns that a patient or their family/carer may have. The team aims to resolve problems and concerns quickly in order to prevent them escalating into a complaint. The team works hard to ensure that investigations are thorough, and that the outcomes reflect the seriousness of the issues that patients and their relatives or carers have raised. Concerns received from, or on behalf of, patients in no way prejudice how they are treated, and are seen as valuable information to help improve services for patients and carers.

The PALS service is increasingly busy with 1392 contacts in 2012/13 and 1802 contacts in 2013/14 (data entry is outstanding so this number will increase). The areas that feature most prominently are Radiology, the offices for Orthopaedics, Oral and General Surgery, and the Emergency Department (ED).

The increase in PALS contact has been seen across the board; however the predominant issues are around communication and appointment administration concerns. The most frequent communication concern is patients being unable to contact a particular service, or receiving no response to communication requests. Concerns about the attitude of staff and general poor communication with the patient, relative or carer also occurred. Trust administration staff were the most frequently cited followed by and to a lesser degree, medical and then nursing staff. The departments with the most communication issues are the Oral Surgery office, the Radiology department, the Orthopaedic office and the Audiology and Royal Eye Unit offices.

With respect to appointment related concerns, these focused on appointment administration errors, delays in appointments being allocated, appointment cancellations and appointment letters not being received. The specific service lines most commonly referred to were Orthopaedics, Radiology (for imaging appointments), General Surgery and the Royal Eye Unit. These areas are a focus of the Trust administration improvement programme.

2.1 PALS Actions Further to Such Concerns

In Radiology, a designated appointment centre has been set up with new staff being recruited. In Orthopaedics, a mini call centre has been created with at least three people answering the calls throughout the day. Considerable work has been done to reduce the time patients are waiting for a new appointment and Orthopaedics are piloting the Patient Pathway Coordinator model of supporting the service.

In the Royal Eye Unit, additional administration support is in place and administration staff call and confirm patient appointments by telephone where possible.

The overwhelming majority of concerns managed through PALS are resolved informally, with only 1.4% escalating to a formal complaint.

3 Complaints

The Trust is committed to learning from any complaint received, and considerable focus is placed on this aspect of the complaints process. The Complaints team ensure that all complaints are robustly investigated and that, where action is needed to improve the care or service a patient receives, this is reflected in the complaint response.

The service lines have systems in place to ensure they make such changes in a timely way, to improve the experience of future patients.

Every reasonable effort is made to resolve complaints at a local level and this involves correspondence and meetings with complainants. In 2013-2014, the Trust received 401 formal
complaints, an increase of approximately 4% compared with the 387 received in 2012-2013. The Trust endeavours to respond within 25 working days to all complaints. During 2013-2014, this deadline was met in approximately 68% of complaints and work is ongoing to improve this response rate. Nationally, it is recognised that complaints have become more complex as services have expanded and there is more cross over with other local healthcare providers.

The Complaints Committee, chaired by a Non-Executive Director, meets every quarter and receives detailed information about current complaints and changes being made to improve services. This includes evidence from the service lines that a robust system is in place to ensure all actions arising from complaints are completed and monitored.

Complaints may highlight a need to change a practice or improve a service in an individual area. When identified, a change in practice will be implemented to avoid recurrence. Individual complaints (in an anonymised format) are used in training at all levels and for all staff. They are also shared at specialty level meetings and in other committees such as the Learning Disability Forum. Complainants’ stories are shared with the Trust Board at every meeting.

When measuring the number of complaints received against hospital activity, this equates to 0.078%.

### 3.1 Types of Complaints

The most commonly complained about issues are communication, care and treatment, appointments, admission and discharge concerns, and concerns around diagnoses.

When comparing 2012/13 to 2013/14, complaints in ophthalmology have decreased by 39%, whilst there was a significant increase in complaints relating to A&E (+51.35%) and Breast, Upper and Lower GI and All General Surgery (+68.75%).

The Emergency Department (ED) received the most complaints in 2013/14. In May 2014, the Complaints Committee received a deep dive into complaints management in A&E / AAU by the Service Line leadership team.

Orthopaedics, have seen an increase in complaints, predominantly appointment related. The Royal Eye Unit Outpatients has also received a number of appointment related complaints. The Day Surgery Unit received complaints about admission/discharge issues and communication, whilst Oral Surgery Outpatients attracted complaints about appointments and communication. From a ward perspective, the wards that attracted the most complaints were the Acute Assessment Unit (admission/discharge and communication concerns), Hamble and Blyth wards (both care and treatment issues), and Keats ward (admission/discharge issues and care and treatment concerns). It must be remembered that not all wards are equal in terms of beds and / or activity.

Table 1 shows the top five areas with the highest number of complaints, whilst table 2 shows the main complaints categories.

<table>
<thead>
<tr>
<th>Specialty</th>
<th>2011/12</th>
<th>2012/13</th>
<th>2013/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident &amp; Emergency</td>
<td>66</td>
<td>37</td>
<td>56</td>
</tr>
<tr>
<td>Breast, Upper &amp; Lower GI and All General Surgery</td>
<td>31</td>
<td>32</td>
<td>54</td>
</tr>
<tr>
<td>Orthopaedics</td>
<td>17</td>
<td>26</td>
<td>33</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>41</td>
<td>41</td>
<td>25</td>
</tr>
<tr>
<td>Maternity</td>
<td>34</td>
<td>31</td>
<td>29</td>
</tr>
</tbody>
</table>


Table 2

<table>
<thead>
<tr>
<th>Category Type</th>
<th>2011/12</th>
<th>2012/13</th>
<th>2013/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment &amp; Procedure (up to 31 Jan 2013)*</td>
<td>103</td>
<td>53</td>
<td></td>
</tr>
<tr>
<td>Care or Monitoring (up to 31 Jan 2013)*</td>
<td>22</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Care &amp; Treatment (from 1 Feb 2013)*</td>
<td>n/a</td>
<td>26</td>
<td>69</td>
</tr>
<tr>
<td>Appointments</td>
<td>52</td>
<td>73</td>
<td>65</td>
</tr>
<tr>
<td>Communication (Incl. Consent)/information</td>
<td>108</td>
<td>89</td>
<td>90</td>
</tr>
<tr>
<td>Diagnosis (Incl. Failed or Wrong)</td>
<td>30</td>
<td>17</td>
<td>33</td>
</tr>
<tr>
<td>Admission/discharge</td>
<td>35</td>
<td>28</td>
<td>33</td>
</tr>
</tbody>
</table>

* Care & Treatment (Ulysses category) was previously Care or Monitoring, Care & Treatment on Datix

General trends of themes of complaint subjects when comparing 2012/13 with 2013/14 shows a slight improvement in appointment related complaints, a stable number of complaints about communication and admission/discharge issues. Diagnosis related complaints i.e. failed or wrong, has shown an increase. The coding for the care and treatment category has changed, it is therefore not possible to reliably compare the two years.

3.2 Actions Further to Complaints

It is important to ensure that appropriate action is taken to address deficiencies in care/service that have been highlighted by a complaint investigation. This will improve the care we give to future patients. Some actions taken during 2013/14 are:

- In the Emergency Department, there is now a centralised electronic spreadsheet of all expected patients and those patients already in the system, to allow full visualisation of the volume of activity.
- The DSU appointment letters will be amended to make clearer that patients need to be collected an hour after their procedure, rather than an hour after their appointment time.
- The Kennet ward Sister is undertaking a weekly audit of the patients’ health records to ensure that appropriate observations and assessments are completed.
- The Endoscopy team have introduced a process to ensure that a procedure will be stopped immediately if a patient wishes. This includes the use of a STOP sign.
- The wards have amended their practice for making a District Nurse referral to include ringing the District Nurse team to ensure the faxed referral has been received.
- The processing of DVLA requests within the Neurology Department has been streamlined to avoid delays to patients whose licenses have been temporarily suspended for health reasons.

All high grade complaints will be considered for Serious Incident (SI) investigation; some will already be under investigation. On the rare occasion the complaints process has highlighted an issue not already under scrutiny. Improvements in our incident reporting and Serious Incident process have been made in 2013/14 to prevent the likelihood of this occurring. Close links with the Risk team ensures incidents are investigated as soon as they come to light through a complaint and that the complaints and risk processes are dovetailed where appropriate.

3.3 Next Stage of Complaints

Once local resolution has been exhausted, complainants can refer any outstanding issues to the Health Service Ombudsman, where an assessor will review the subject of the complaint and the complaint investigation. In 2013/14, there were seven complaints taken to the Ombudsman by the
complainants. Six were not upheld and the seventh is pending a response from the Ombudsman. This is a positive reflection of the robustness of the complaints process.

3.4 Clwyd Hart Review

This review, instigated by the Prime Minister, considers the handling of concerns and complaints in NHS hospital care.

Various recommendations were made, many of which the trust already has in place. The key action being implemented as a result of the review is the commencement of a pilot improving the way in which complaints are acknowledged and handled within the service lines:

**Recommendation:** Each complainant should have the option of a conversation at the start of the complaints process, to agree how the complaint will be handled and timescales.

**Action:** Four service lines are undertaking a trial of making early telephone contact with all their complainants. In conjunction with the Complaints team, the service lines will decide who should make the call to the complainant. The Complaints team are providing ongoing guidance and training.

The findings of the pilot will be reviewed by October 2014 through the Complaints Committee.

3.5 Benchmarking

Attempts have been made to obtain benchmarking data through NHS Quest (a network of 14 foundation trusts aspiring to levels of quality and safety beyond current expectation). Unfortunately this has proved difficult, although reports of similar rises in complaints were obtained.

4 Claims

4.1 Claims Process

Claims are managed via specific Ministry of Justice protocols concerning the disclosure and timeframes relating to the administration of each particular type of case. The Claims Department follows a strict programme of identifying disclosable data utilising Health Records, CRS, Winpath, Ulysses, Radiology, Complaints and archived information pertinent to each case. Claims are then managed in collaboration with the NHSLA and, if required, panel solicitors.

It is the aim of the administering protocols, which govern the management of cases, to limit the risk of claims reaching court and incurring high additional costs. With this basic principal in mind, the Claims Department analyses each case and works with the NHSLA to find ways to potentially defend claims, mitigate costs and challenge case merit.

The NHSLA provides data concerning the performance of all hospitals relative to national standards. At present, the Trust is performing well and, in relation to the management of claims, is ahead of the national and regional timeframes with a notification to resolution period of 3.51 years and a high success rate of cases closed without damages of 33% during the last financial year.

At present, there are 215 active cases. This number is divided into 196 CNST cases (clinical), 18 LTPS cases (non-clinical) and 1 PES case (property based). There were 76 new cases received over the 2013/14 period which reflects the general upward trend in claims notwithstanding a spike in 2012/13 where 29 of the 95 claims received were rapidly withdrawn as they were claims without merit made further to the Jackson reforms (these reforms have reduced the amount of costs claimant solicitors can claim, which led to a unusual number of opportunistic/non meritorious claims being made in anticipation of the reforms).
The number of claims received in recent years has been 2010/11 – 42, 2011/12 – 62, 2012/13 – 66 (+ 29 non meritorious claims), 2013/14 – 76. 108 claims have been closed during 2013/14 by challenging merit and limitation and through robust claims management.

The specialities receiving the most cases during this financial period were:
1. Obstetrics with 13 cases
2. A&E and Orthopaedic Surgery with 10 cases each
3. Non clinical with six cases e.g. slips, trips and falls
4. General Medicine and Ophthalmology with four cases each
5. Gastroenterology with three cases

The themes denoted in claims for 2013/14 were:
1. Delay in diagnosis (13 cases)
2. Delay/failure in acting on a complication (8 cases)
3. Failure to act on adverse symptoms (6 cases)
4. Treatment/procedure inappropriate (5 cases)

Of particular note, delay/failure in acting on a complication and failure to act on adverse symptoms are themes with a significant upward trend.

4.2 Outcomes

During 2013/14, there were 108 claims closed, comprising of 59 challenged and withdrawn, 24 settled, 17 dormant and closed, 4 successfully defended, 3 expired limitation and 1 struck out.

The total paid out by the NHSLA in settlements for 2013/14 was £15,787,000. This figure includes any high value cases and also ongoing periodical payments and historical deferred payments.

The majority of the funded payments for 2013/14 relate to long term periodical credits for 8 claims prior to 2011 (not all claims are settled in full – particularly high value cases). This amounts to £12.69 Million of the total £15.787 Million. For example, one interim payment of £4.4Million relates to an Obstetric Claim from 2006 which has a total reserve value of £9Million and an estimated completion date of 2056.

The balance of the payments (£3.097Million) is made up of various credits relating to final damages, smaller interim payments, part settlement costs and miscellaneous offer agreements concerning claims post 2011.

4.3 Benchmarking

The NHSLA categorises Trusts in relation to their size, speciality, resources and demographics. This information is used to classify hospitals into ‘member types’ which are then benchmarked against regional and national statistics. The trust received 20% fewer claims than similar hospitals over the 2013/14 period.

Historical performance of Trusts concerning claims management and their effectiveness in learning from claims is used to ‘classify’ each hospital and determine its annual contributions towards cover provided by the NHSLA. The statistics utilised are complex and may take into account not only claim type, but reoccurrence, timeframes and legal complications.

The Claims Department is now working closely with the NHSLA in order to receive more accurate analytical information on the causation of claims in relation to incidents and the monitoring of
effective actions from learning. This procedure assists in the reduction of our contributions by limiting future risk.

4.4 Actions following Claims

A crucial conclusion of the claims process is the action taken in relation to the learning from claims. This helps to mitigate future risk and prevent future harm to patients.

Historically, recommendations of actions were provided independently from panel solicitors or the NHSLA on cases which presented a high risk and were subject to SI or RCA reporting. This procedure is no longer in operation and Trusts are now expected to monitor the recommendations for learning provided by the SI reports and evidence the actions taken. Claims where SI reports are involved are tracked to monitor and evidence action taken. This information is part of the SI procedure internally.

5 Inquests

The volume of inquest related work continues to grow in line with the national trend. There is a better awareness of which cases doctors need to report to the Coroner, and an increased public awareness of the coronal process which has led to more inquests. Hospital staff are called to inquests where, either they are asked to provide collateral information about a patient's condition following an accident or a fall, or where there are concerns that the care of a patient may have contributed to, or caused, a patient's death.

Inquests are also increasingly complex; focusing in great detail on the care given to patients, the risk investigation process and the learning from an incident. The coroner now has a duty to make risk management recommendations where s/he feels that an organisation has not addressed deficiencies that might adversely affect another patient, so the actions arising from risk investigations are subjected to intense scrutiny.

Learning from inquests in the past year has included the introduction of a formal 24 hour seven day a week endoscopy service; a review of the process for communicating the availability of blood in the event of routine, urgent or life threatening situations; the need to undertake audits of the process; and a review of the Paediatric service. Additional feedback from the Coroners has concentrated on the risk process and has highlighted the importance of robust and detailed risk investigations with accurate identification of staff involved in an incident; the availability of all medical/nursing notes and the importance of high quality risk statements taken at the time of the investigation. This learning has been disseminated trust wide and implemented.

6 Compliments

The Trust has formal routes for gathering, dealing with and recording complaints and issues. Although Trust staff also receive many compliments, these are not always recorded and shared. It is clear that there are a number of routes via which Kingston Hospital NHS Foundation Trust receives compliments but there is no formal structure in place for aggregating the compliments. The current routes for cascading compliments to staff are set up to provide positive feedback directly to local teams and staff.

6.1 How are compliments received and managed

The Trust receives compliments via a number of channels. These include:

- Thank you letters received via the Chief Executive’s Office or directly through clinical departments
- Compliments gathered via the Friends and Family Test
• Compliments via Care Connect on NHS Choices
• Compliments received via Twitter
• Compliments via other websites such as I Want Great Care.
• Compliments received via other routes such as emails to the PALS Department
• Verbal compliments
• Small gifts such as chocolates to wards

Compliments from different sources are pulled together on a quarterly basis and reported via the Complaints Committee.

6.2 Compliments - key themes

Themes from thank you letters include:
• Kindness of staff
• Excellent clinical skills
• Attentiveness of staff
• Empathy from staff

Main positive themes from the Friends and Family Test are to do with excellent clinical care and good staff attitude

The Trust asks its patients to complete the Friends and Family Test (FFT) across all of the services that it provides. The test asks people whether or not they would recommend a particular service to friends and family and also asks for reasons for their rating. This enables the Trust to have an overview of both positive and negative patient experience and to make changes in a timely fashion.

A word cloud showing the reasons people gave for positive ratings in all areas between January and March 2014 is depicted below. The size of each word is proportional to the number of mentions in compliments from patients.
7 Incidents

An incident is an event or circumstance arising in the course of providing or supporting the provision of health care services that could have, or did lead to unintended or unexpected harm, loss or damage to a patient, member of staff, visitor, the Trust and its property or environment.

The Trust reports incidents for several reasons; to ensure it complies with its statutory obligations such as the Care Quality Commission’s outcomes (CQC), the NRLS (National Reporting & Learning System), the Management of Health & Safety at Work Regulations and RIDDOR. The trust also reports incidents to ensure that they are investigated, learned from and to influence change to practice where necessary to prevent reoccurrence. Incident reporting is key to both staff and patient safety and patient experience.

At the end of 2012/13 the Trust’s new web-based incident reporting system, Ulysses, was implemented. The early part of 2013/14 saw Ulysses being embedded and its further development, including the rollout of an extensive training programme for all staff which included not only how to use Ulysses but also the importance of reporting actual and near miss incidents.

7.1 NRLS Benchmarking and previous year comparison

Ulysses’ success within the Trust is evident by the increased number of incidents being reported. In May 2014 the Trust received the latest NRLS Patient Safety Incident Report – this showed that the organisation had improved its position in the Medium Acute peer group to well into the section for the middle 50% of reporting trusts. The report also showed the Trust has reported 6.68 incidents per 100 admissions where the median for this peer group is 7.23 incidents per 100 admissions – showing that although there is still work to do, significant progress has been made.

During the year 2012/13 the Trust reported 4570 incidents however during 2013/14 the Trust reported 5468 incidents which is an increase of 19.65%. The overall increase of patient safety incidents (PSI) reported is 22.68% on the previous year.

Table 3 shows (as a percentage) the breakdown of the improvement in the number of incidents reported each month in 2013/14 compared to the same month in 2012/13.

Table 3

<table>
<thead>
<tr>
<th>Reporting Month</th>
<th>Increase on 12/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr-13</td>
<td>21.47%</td>
</tr>
<tr>
<td>May-13</td>
<td>7.83%</td>
</tr>
<tr>
<td>Jun-13</td>
<td>13.87%</td>
</tr>
<tr>
<td>Jul-13</td>
<td>26.70%</td>
</tr>
<tr>
<td>Aug-13</td>
<td>27.14%</td>
</tr>
<tr>
<td>Sep-13</td>
<td>42.50%</td>
</tr>
<tr>
<td>Oct-13</td>
<td>6.38%</td>
</tr>
<tr>
<td>Nov-13</td>
<td>24.26%</td>
</tr>
<tr>
<td>Dec-13</td>
<td>12.08%</td>
</tr>
<tr>
<td>Jan-14</td>
<td>25.78%</td>
</tr>
<tr>
<td>Feb-14</td>
<td>25.51%</td>
</tr>
<tr>
<td>Mar-14</td>
<td>10.90%</td>
</tr>
<tr>
<td>Total</td>
<td>19.65%</td>
</tr>
</tbody>
</table>
7.2 Incident Types

The breakdown of the types of incidents reported is as follows:

Patient Safety Incident – 4776
Staff – 564
Buildings & Infrastructure – 103
Visitor/Relative/Contractor – 25

Chart 1 shows the breakdown of incidents as percentages.

Chart 1

The Trust also expects that incidents are reported when patients are admitted into the Trust with pre-existing pressure ulcers. 502 Community acquired Pressure Ulcers were reported during 2013/14. Each one of these incidents is reviewed by the Safeguarding Adults Co-ordinator to assess for any safeguarding concerns which are than acted upon accordingly. The appropriate Clinical Commissioning Group for the patient is also informed of the existence of the pressure ulcers so they can liaise with the community care provider (i.e. Nursing/Care Homes, District Nurses and GPs) so they can manage them, prevent them reoccurring and perhaps change the way they monitor and/or care for pressure ulcers.

7.3 Trends and Areas of Concern

Patient Incidents

Incidents are reported most frequently in maternity. Third degree tears (71 incidents), post-partum haemorrhages (48 incidents) were two of the most frequent that result in moderate harm. A number of maternity incidents have been declared and investigated as Serious Incidents according to the Trusts and national reporting guidelines.

32 incidents under the category of failure to adequately monitor or escalate a deteriorating the patient have been reported, 26 were associated with moderate harm, but 6 were investigated as serious incidents as serious harm occurred in 2013/14. Pressure ulcers are recorded under this category and account for 18 of the incidents.

Patient Safety Incident (PSI) reporting to the NRLS of the number of incidents with moderate or severe harm, under the category of failure to adequately monitor or escalate a deteriorating the patient, in the period 1st April to 30th September 2013, reveals the Trust to be a low reporter of harm, with just 4% compared to the Peer Group average of 12.4%.
Conversely in the category of Treatment and Procedure incidents the Trust reported a higher incidence of harm than the peer group (18.4% vs 13.3%). Delay in treatment was the main category occurring in 17 incidents.

Other areas of concern in the Trust have already been identified and are being monitored at a higher level.

- Patient falls and the level of harm are reviewed and monitored at the monthly Falls Group which is chaired by the Trust’s Medical Director.

- Medication incidents are reviewed and monitored at the bi-monthly Medicine Safety Group which is chaired by the Divisional Director (Emergency Services Division).

**Staff Incidents**

The number of staff incidents reported in 2013/14 was comparable to 2012/13, as have staff falls incidents also remained comparable. There were fewer incidents reported in 2013/14 concerning staff Accidents and Security.

Incidents concerning Infrastructure and resources dropped significantly in 2013/14, however, this may be due to incident classification, as incidents of this nature, that did, or may have had an impact on patients, will have been categorised as ‘Patient Incidents’.

Incident reporting of Abuse, whether physical, verbal or disruptive behaviour have fallen significantly in 2013/14.

There has also been an increase in Estates related incidents primarily about the environment, for example temperature control or unsafe clinical environment. Any incidents raised about Estates issues are notified to the Estates and Facilities Department.

7.4 Post incident actions

Following incidents Managers are responsible for reviewing the incident and ensuring that suitable actions are put in place to prevent a similar incident in a similar situation recurring. The following provides examples of such actions;

**Grade 2 pressure ulcers:**

- All grade 2 pressure ulcer incidents across all wards are reviewed in the Pressure ulcer management panel on a monthly basis. The Tissue Viability Nurse and respective matrons maintain a close surveillance of the patients involved to prevent further deterioration.

**HCAI Incidents:**

- A detailed peer review was undertaken in November 2013 due to concerns about the rate of C.Difficile infections. From the peer review, An action plan was developed and implemented following the peer review and rigorous checks have been in place to reduce the number of HCAI incidents.

**Falls Incidents**

- A concise and structured falls bundle has now been implemented across the Trust and is completed for all patients at risk of falling.
7.5 Serious Incidents

In October 2013 a new Serious Incident (SIG) Group was formed. The membership includes the Executive Team (Corporate and Divisional Directors) and Risk Managers. The aim of the Group is to ensure that comprehensive serious incident investigations take place within the Trust, and that appropriate recommendations and robust actions are identified and delivered. This ensures that learning from incidents occurs and improves both quality and safety of patient care.

The SIG was introduced to ensure that adequate time and scrutiny was given to the review of Serious Incident investigation reports as it was difficult to effectively manage this as part of the Executive Management Committee agenda, where investigation reports were previously considered.

The SIG reviews all SI investigation reports that are due for submission to the Kingston Clinical Commissioning Group, as well as, completed Post Infection Reviews (PIR). The Groups also monitors the SI, PIR and SI action plan trackers to ensure all investigations and action plans are on track.

To assist improvements in investigations, clarity of roles and the investigation process the Serious Incident Procedure was reviewed and updated this year.

During the period covered by this report there have been 48 SIs, compared to 60 in 2012/13. As in the previous year the majority of the SIs related to Grade 3 or 4 Pressure Ulcers, and predominately occur in the Emergency Service Division.

The identified themes from SIs in this period include: issues pertaining to accurate documentation, patient assessment, compliance with guidelines, completion of the falls bundle, failure to recognise patient deterioration and appropriately escalate patient assessments as well as the completion and communication of skin assessments. The need to review existing or implement new guidelines/policies, including Patient Flow, Early Labour Guideline and Maternity Triage Guideline and Pressure Care at End of Life was also identified.

To address these issues there will be further training in completion of documentation, the Falls Group reviewed the Falls Care Bundle, a new process regarding communication both within the hospital departments and with patients and their relatives was introduced. To improve the care of patients with a pressure ulcer or at risk of developing one, the use of pink magnets applied to the Ward RAG boards is to be rolled out across the Trust.

The SI investigation process ensures that staff are consistently held to account for their actions and where there are consistent failures, such as failure to followed Trust policy / procedure and failure to provide appropriate care to patients, disciplinary action and other robust actions are instigated.

A number of Quality Improvement Projects have been developed as a result of SIs, this includes Sepsis, Communication / Situation Background Assessment Recommendation (SBAR) tool roll out and intravenous line procedure.

**Never Events**

Never events are a sub-set of Serious Incidents and are defined as ‘serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers. In 2013/14 there were two never event incidents, compared with one in 2012/13. Actions to prevent reoccurrence of these are in place and are monitored by the Trust Board. Table 4 provides the categories of these Never Events.
Table 4

<table>
<thead>
<tr>
<th>Category</th>
<th>2012/13</th>
<th>2013/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Misplaced NG Tube</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Retained instrument</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Anaesthetic (Ventilator machine)</td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

8 Triangulation

In 2013/14 the Trust has seen an increase (when compared to 2012/13) in PALS contacts (29%), Complaints (4%), Claims (15.5%) as well as reported incidents (20%). However, there has been a decrease of serious incidents (20%). Out Patient attendances and In patient activity have also increased but by smaller percentages (3.43% and 0.99% respectively). A&E attendances have decreased by 2.34%.

With the introduction of Ulysses, the PALS, Complains and Risk team took the opportunity to review all coding. This has resulted in some difficulty in undertaking exact comparisons with regard complaints and incident categories. Changes to the organisational structure have also been reflected in Ulysses; however, this has minimal impact on making comparisons by locations.

Hamble, Blyth and AAU are three wards which appeared in the top ten for Complaints and Incidents. These areas have been under review with actions taken to address issues highlighted through this intelligence.

The Quality Assurance Committee receives information on all areas of concern, why they are of concern and assurance on the actions that are being taken to address the areas where quality of care falls below the expected standard. As actions are successfully delivered the areas of concern will change and actions will be developed for the new areas.

The increase in reported incidents is likely to be attributed to the introduction of a new incident reporting system and the increase in incident reporting training that took place as a result of this introduction, as it is important notes that there has not been an increase in Serious Incidents reports.

Table 5 shows the top 10 areas for each of the categories (PALS, Complaints, incidents with harm). The “Lists” column indicates the number of top 10 lists in which the ward appeared.
Table 5

<table>
<thead>
<tr>
<th>Ward</th>
<th>Lists</th>
<th>Complaints</th>
<th>PALS</th>
<th>Incidents with Harms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident And Emergency</td>
<td>2</td>
<td>61</td>
<td>108</td>
<td>6</td>
</tr>
<tr>
<td>OPD - Orthopaedics</td>
<td>2</td>
<td>17</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>Royal Eye Unit - OPD</td>
<td>2</td>
<td>14</td>
<td>21</td>
<td>12</td>
</tr>
<tr>
<td>Day Surgery Unit</td>
<td>2</td>
<td>13</td>
<td>70</td>
<td>2</td>
</tr>
<tr>
<td>Acute Assessment Unit</td>
<td>2</td>
<td>12</td>
<td>43</td>
<td>11</td>
</tr>
<tr>
<td>Hamble Ward</td>
<td>2</td>
<td>10</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>OPD - General Surgery</td>
<td>1</td>
<td>15</td>
<td>20</td>
<td>1</td>
</tr>
<tr>
<td>OPD - Oral Surgery</td>
<td>1</td>
<td>11</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Keats Ward</td>
<td>1</td>
<td>10</td>
<td>15</td>
<td>6</td>
</tr>
<tr>
<td>Blyth Ward</td>
<td>1</td>
<td>9</td>
<td>12</td>
<td>7</td>
</tr>
<tr>
<td>OPD - Gynae</td>
<td>1</td>
<td>9</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>X-Ray Department</td>
<td>1</td>
<td>9</td>
<td>134</td>
<td>1</td>
</tr>
<tr>
<td>Office - Orthopaedics</td>
<td>1</td>
<td>6</td>
<td>120</td>
<td></td>
</tr>
<tr>
<td>Office - Oral Surgery</td>
<td>1</td>
<td>0</td>
<td>107</td>
<td>2</td>
</tr>
<tr>
<td>Office - General Surgery</td>
<td>1</td>
<td>4</td>
<td>82</td>
<td></td>
</tr>
<tr>
<td>Office - REU</td>
<td>1</td>
<td>6</td>
<td>79</td>
<td></td>
</tr>
<tr>
<td>OPD - Audiology</td>
<td>1</td>
<td>6</td>
<td>62</td>
<td>1</td>
</tr>
<tr>
<td>Office - Gynae</td>
<td>1</td>
<td>0</td>
<td>49</td>
<td></td>
</tr>
<tr>
<td>Delivery Suite</td>
<td>1</td>
<td>8</td>
<td>9</td>
<td>114</td>
</tr>
<tr>
<td>Maternity HDU</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>16</td>
</tr>
<tr>
<td>Bronte Ward</td>
<td>1</td>
<td>8</td>
<td>21</td>
<td>12</td>
</tr>
<tr>
<td>Malden Suite</td>
<td>1</td>
<td>5</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td>Obstetric Theatres</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Astor Ward</td>
<td>1</td>
<td>7</td>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td>Derwent Ward</td>
<td>1</td>
<td>5</td>
<td>14</td>
<td>8</td>
</tr>
</tbody>
</table>

Tables 6, 7 and 8 show the top 10 subjects for PALS, Complaints and Incidents, across all areas of the Trust.

Table 6

<table>
<thead>
<tr>
<th>Category Type</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication (Incl. Consent) /Information</td>
<td>748</td>
</tr>
<tr>
<td>Appointments</td>
<td>453</td>
</tr>
<tr>
<td>Care &amp; Treatment</td>
<td>185</td>
</tr>
<tr>
<td>Tests / Investigations</td>
<td>104</td>
</tr>
<tr>
<td>Procedure (Incl. Surgery/endoscopy/anaesthesia Etc)</td>
<td>58</td>
</tr>
<tr>
<td>Admission/discharge</td>
<td>50</td>
</tr>
<tr>
<td>Estates/support Services/environment</td>
<td>47</td>
</tr>
<tr>
<td>Transfer (Incl. Transport)</td>
<td>43</td>
</tr>
<tr>
<td>Information Governance</td>
<td>25</td>
</tr>
<tr>
<td>Documentation (Incl. Patient Records)</td>
<td>21</td>
</tr>
</tbody>
</table>
Table 7  Complaints

<table>
<thead>
<tr>
<th>Category Type</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication (Incl. Consent) /information</td>
<td>90</td>
</tr>
<tr>
<td>Care &amp; Treatment</td>
<td>69</td>
</tr>
<tr>
<td>Appointments</td>
<td>65</td>
</tr>
<tr>
<td>Admission/discharge</td>
<td>33</td>
</tr>
<tr>
<td>Diagnosis (Incl. Failed Or Wrong)</td>
<td>33</td>
</tr>
<tr>
<td>Tests / Investigations</td>
<td>23</td>
</tr>
<tr>
<td>Estates/support Services/environment</td>
<td>15</td>
</tr>
<tr>
<td>Medication (Incl. Blood Products)</td>
<td>15</td>
</tr>
<tr>
<td>Procedure (Incl. Surgery/endoScope/anaesthesia Etc)</td>
<td>14</td>
</tr>
<tr>
<td>Documentation (Incl. Patient Records)</td>
<td>11</td>
</tr>
</tbody>
</table>

Table 8  Incidents

<table>
<thead>
<tr>
<th>Cause Group</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidents (Incl. Falls/sharps)</td>
<td>995</td>
</tr>
<tr>
<td>Maternity</td>
<td>939</td>
</tr>
<tr>
<td>Medication (Incl. Blood Products)</td>
<td>640</td>
</tr>
<tr>
<td>Care &amp; Treatment</td>
<td>543</td>
</tr>
<tr>
<td>Tests / Investigations</td>
<td>433</td>
</tr>
<tr>
<td>Infrastructure &amp; Resources</td>
<td>270</td>
</tr>
<tr>
<td>Failure To Monitor / Escalate</td>
<td>244</td>
</tr>
<tr>
<td>Documentation (Incl. Patient Records)</td>
<td>231</td>
</tr>
<tr>
<td>Security (Violence/aggression/)</td>
<td>198</td>
</tr>
<tr>
<td>Admission/discharge</td>
<td>182</td>
</tr>
</tbody>
</table>

As can be seen from the above tables, Communication, Appointment and Care and Treatment issues all feature in the top three subjects raised in PALS contacts and complaints, however, when mapping this across to Incidents, Communication and appointments issues do not feature in the top 10. Care and Treatment issues are, however, shown as the fourth most reported issue. Other similarities within the top 10 include issues around Tests / Investigations and Documentation.

9  Conclusions

As already noted there has been an increase in all areas, apart from Serious Incidents. However, these increases are not in one particular area, and do not highlight any one particular theme. The increases should also be viewed in the context of an increase in both outpatient attendances and in patient activity; however, there has been a decrease in A&E attendances.

2013/14 has seen many improvements made to the processes within PALS, Complaints and Incidents. These include;

- The introduction of a new web based incident reporting system, Ulysses
- An Improvement in the Trust’s NRLS benchmarking status (moving from the bottom of the 4th quartile to the middle of the 3rd quartile)
• Piloting a new complaints response process to include Service Lines, contacting complainants in person to discuss the issues
• Introduction of the Serious Incident Group to provide greater scrutiny of Serious Incident investigations and action plans
• Review and revision of the Serious Incident Procedure document
• Introduction of a Clinical Quality Improvement Working Group and Committee to focus on areas of improvement.
• The appointment of a Clinical Analyst

Improvements have also been made in the triangulation of data discussed at the Quality Assurance Committee. This is being achieved by a revised presentation of quality issues that looks at themes and trends across subject area as well as location.

In 2014/15 the Trust Quality Team will be building on the developments and improvements made in 2013/14. They will also be further improving the triangulation of quality, risk and patient experience data discussed at the Clinical Quality Improvement Committee and the Quality Assurance Committee. The 2014/15 Annual Report will reflect these changes and focus on the quality improvements made as a result of the data analysis.