The Newcastle Upon Tyne Hospitals NHS Foundation Trust

Aggregating Data and Learning from Incidents, Complaints and Claims Policy

Effective: July 2010 Review: July 2012

1. Introduction

The Newcastle upon Tyne Hospitals NHS Foundation Trust recognises that effective risk management is essential to the overall performance of the organisation and safety of our patients. The strategic approach to risk management is reflected in the Risk Management Strategy. The organisation has individual policies that guide staff in relation to the reporting and management of incidents, complaints and claims. This document has been developed to demonstrate the Trusts commitment to further improve safety and describes the means by which the Trust will adapt a collaborative approach to the analysis of incidents, complaints and claims and ensuring that lessons learned from this analysis are shared across the organisation. The analysis of aggregated data can provide an opportunity for proactive risk management, i.e. learning from what has happened and looking ahead to see how the same things can be prevented or controlled in the future.

2. Purpose

The aim of this policy is to ensure a collaborative and systematic approach to the analysis of incidents, complaints and claims on an aggregated basis and that safety lessons are learnt and shared widely, positively improving practices across the organisation.

3. Definitions

3.1 Incident
An event, which causes an injury (either physical or psychological) to staff patients/ clients, visitors, volunteers, agency/bank staff or contractors. Causes damage to equipment, buildings, assets or structures. It is not consistent with the desired operation of the organisation and may lead to a formal complaint. It may or may not be intentional and planned.

3.2 Complaint
For the purpose of this document a complaint is any formal complaint made to the Chief Executive regarding services provided by the Trust.

3.3 Claim
For the purpose of this document a claim is any potential allegation(s) against the Trust.

3.4 Aggregated data analysis

Data from incidents, complaints and claims which have been analysed both separately and all together, and in a number of different ways e.g. by speciality, cause, etc. to determine a comprehensive risk profile of the organisation.

3.5 Risk Management: is the culture, processes and structures that are directed towards the effective management of potential opportunities and adverse effects.

3. 5 Root Cause Analysis (RCA)

RCA is a method of investigating and analysing patient safety incidents so that effective ways of preventing similar incidents from recurring can be put in place.

4 Duties

It is recognised that effective risk management requires commitment and active involvement of all employees and it is therefore vital that the risk management process is communicated and embedded throughout the organisation.

Trust Board has a responsibility to ensure it receives assurance that this policy is being implemented, areas of vulnerability identified by ensuring emerging themes are investigated and improvements made.

Chief Executive has overall responsibility for risk management on behalf of the Trust Board. In addition, the Chief Executive is responsible for ensuring that the Trust is in a position to provide an overall assurance that the organisation has in place the necessary controls to manage its risk exposure. It is therefore the responsibility of the Chief Executive to ensure there are robust systems in place to enable the analysis of incidents, complaints and claims on an aggregated basis and shared learning.

Medical Director has delegated responsibility for the implementation and further development of this document.

Director of Quality and Effectiveness has responsibility for service quality issues and clinical governance relating to Trust wide learning from all forms of adverse events. In addition the responsibility for the development and improvement of reporting, analysis and learning on all aspects of clinical governance and risk including health and safety, litigation and claims, complaints, fire and security.

Risk Management and Safety Manager/ Legal and Committee Services Manager/ Patient Relations Manager will support the Director of Quality and Effectiveness in the overall co-ordination and integration of data collection and system development(s).

Clinical Governance and Quality Committee monitors key risks to clinical quality. As a Standing Committee of the Trust its purpose is to ensure tat there are in place proper processes for continuously monitoring and improving clinical quality by building upon existing control systems and standards.
Integrated Governance Group is responsible for analysis and collating of information from incidents, claims, inquests and complaints which may have implications for learning within the Trust.

Clinical Risk Group is responsible for dissemination of learning from incidents, complaints and claims.

Trust Complaints Panel is a standing panel of the Trust Board. Its purpose is to: maintain an overview of complaints arising within the Trust. This includes a review of every complaint received each month with particular emphasis on the outcome for the complainant. Trends and patterns of complaints across the Trust are scrutinised and monitored each month by the panel. The role of the panel is to ensure appropriate action has been taken, where called for; to improve patient safety and quality of service; and to ensure lessons learnt from complaints are communicated appropriately within the Trust.

Clinical Directors/Directorate/Department Manager(s) have the responsibility of ensuring that all incident, claims or complaints are investigated and entered onto the Datix reporting system to enable the analysis and aggregation of data at Trust level.

Responsibilities of all employees (including temporary staff) It is the responsibility of all staff to identify, assess, manage and report risk on an on-going basis via the Datix reporting system. The Trust aims to support staff with their responsibilities by creating a culture of openness and willingness to admit mistakes. The Trust is committed to learning from mistakes, incidents, complaints and claims by continually analysing situations and improving systems.

5 Aggregation of Incidents, Complaints and Claims

The Trust employs the Datix computer system, which collates data on incidents, claims and complaints across the Trust. This information is used to provide trends and analysis to Directorates on request and inform the Quality Account.

Whilst the Clinical Governance and Risk, Legal Services and Patient Relations departments provide regular reports to a variety of groups the Trust recognises the need to aggregate this data in order to identify trends and themes.

The Trust has developed two mechanisms for this purpose. Those being the reporting of the Quality Account to the Board and Clinical Governance and Quality Committee, and the Integrated Governance Report produced by the Integrated Governance Group as below:

5.1 Quality Account

The Quality Account is presented monthly to the Trust Board and quarterly to the Clinical Governance and Quality Committee. This report incorporates incident, claims, complaints and Trust performance data looking at targets achieved/not, comparative data within the Trust and nationally, so as to monitor performance. It shows quantitive data on number of incidents, complaints, claims and narrative on key themes. Where specific concerns are raised by quantity, qualitative analysis will be undertaken by asking the person responsible for data collation to provide an explanation, which will be included in the narrative. This may further be enhanced by comparative analysis to previous quarterly data and or comparison to external data sets.

5.2 Integrated Governance Report

The Integrated Governance Report is produced quarterly for the Integrated Governance Group in the first instance with the reports being escalated to the Clinical Risk Group. The report comprises a composite aggregated report of salient incidents, claims, and complaints with quantitative data on the numbers received combined with qualitative and narrative description and key themes of lessons to be learnt across the Trust.

6 Frequency of Integrated Governance Reports

6.1 Claims

As part of the Quality Account the number of new claims received per month is reported to the Trust Board, on aggregated Quality Account is presented to the Clinical Governance and Quality Committee quarterly.

The number of new claims is also reported via the Integrated Governance Report to the Clinical Risk group quarterly.

6.2 Complaints
The number of new complaints received per month is reported to the Trust Board as part of the Quality Account and is presented to the Clinical Governance and Quality Committee quarterly.

The number of new complaints is also reported via the Integrated Governance Report to the Clinical Risk group quarterly.

6.3 Incidents (including Serious Untoward Incidents (SUIs))
The number of new Incidents received per month is reported to the Trust Board as part of the Quality Account and is presented to the Clinical Governance and Quality Committee quarterly.

The number of new incidents is also reported via the Integrated Governance Report to the Clinical Risk group quarterly.

7 Information contained within the Analysis Report

7.1 Quality Account
The quantitative data summary will include as a minimum:

- Total number of incidents
- Number of falls (including falls from height), by patient and visitor/staff
- Total number of medication incidents (illustrated by severity and top ten Directorates)
- Total number of complaints
- Total number of claims
- Total number of radiation incidents reported externally
- Total number of SIUs reported by category
- Total number of sharps and needle stick injuries

(all of the above will be numbers in the reporting period, year to date in the last year)

- The qualitative analysis will be by exception and based on deviation from target or sudden increase.
- Topical or quality performance related data may also be included into the Quality Account as appropriate.

7.2 Integrated Governance Report
The quantitative data summary will include:

- Total number of complaints
- Total number of claims
- Total number of incidents (including SIUs)
- Total number of inquests

(all the above will be in number in the reporting period)

- The qualitative data summary will feature salient issues from claims, complaints, incidents or coroners inquests which should be identified for learning in the Trust.

8 Process for Implementing Risk Reduction Measures

As outlined, the Trust recognises that effective risk management is essential to the overall performance of the organisation and the safety of patients. Risk reduction measures must include the systematic identification of risks by undertaking effective risk assessments and taking actions as required to address risks identified. Those risks should also be entered onto the risk register by identified senior managers in order that a clear and dynamic Directorate and Trust risk profile is available and managed effectively.

Risk reduction measures also include the grading and investigation of incidents, claims and complaints as outlined in the respective policies by the correct management level identified so that corrective action may be taken to prevent a recurrence where possible and in order that effective organisational learning may occur.

The Trust Risk Management Strategy outlines the approach to the delivery of effective risk management systems and frameworks which underpin those systems in the Trust. This includes the systematic review of data reports by the appropriate Trust Committees to identify actions required, develop action plans accordingly and monitoring these through to completion.

9 Learning and Promoting Improvements in Practice

The Trust aims to support staff with their responsibilities by creating a culture of openness and willingness to admit mistakes, and is committed to being a learning organisation where lessons learnt can be embedded into practice. The sharing of these lessons can be achieved through:

- Training courses
- Team briefings
- Meetings
- Clinical Governance and Risk Newsletter publications sharing good practice tips and lessons learned examples.

Any service improvement that has occurred as a consequence of a complaint, incident or claim will be shared and discussed in the Directorate/Department Clinical Governance/Risk Forum.

10. Monitoring Compliance with the Document

10.1 Process for Monitoring Compliance

The Trust will have assurance that there is a cohesive approach to the aggregation of incidents, complaints and claims by the following monitoring processes:

- A matrix which monitors that the Quality Account and Integrated Governance Reports contained the correct aggregated data content is incorporated into the Annual Risk Management Report and presented to the Corporate Governance Committee.
- Quarterly Integrated Governance Reports to the Clinical Risk Group.

- Quarterly Incident, Complaint and Claims Investigation Reports presented to the Corporate Governance Committee.
- An annual audit of investigation by severity of Incidents, Claims and Complaints will be presented to the Corporate Governance Committee.

10.2 Standards/Key Performance Indicators
Key targets/performance indicators will be monitored by the monthly Quality Account reported to the Trust Board.

11. Associated Trust Polices

- Management and reporting of Accidents and Incidents policy
- Reporting and Management of Serious Untoward Incidents (SUIs).
- Claims Management Policy.
- Concerns and Complaints Policy.
- Risk Management Strategy
- Risk Register-Policy for Management and Use.

Author: Risk Management and Safety Manager

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST
IMPACT ASSESSMENT – SCREENING FORM A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Policy Title:	**An Organisation-wide Document for Aggregating Data and Learning from Incidents, Complaints and Claims**	Policy Author:	:Risk Management and Safety Manager
		Yes/No?	You must provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:	No	
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems.	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A	
4(a).	Is the impact of the policy/guidance likely to be negative? *(If "yes", please answer sections 4(b) to 4(d)).*	No	
4(b).	If so can the impact be avoided?	N/A	
4(c).	What alternatives are there to achieving the policy/guidance without the impact?	None	
4(d)	Can we reduce the impact by taking different action?	No	

Comments:	**Action Plan due (or Not Applicable):**

Name and Designation of Person responsible for completion of this form: Risk Management and Safety Manager Date: 31/07/10