

PALS, Complaints and Incidents

Trust Board	Item: 13
3rd October 2018	Enclosure: I
Purpose of the Report: To present the annual report providing an overview of the Patient Advice and Liaison Service (PALS) contacts, complaints, claims received, and inquests involving Kingston Hospital NHS Foundation Trust.	
For: Information <input type="checkbox"/> Assurance <input checked="" type="checkbox"/> Discussion and input <input type="checkbox"/> Decision/approval <input type="checkbox"/>	
Sponsor (Executive Lead):	Sally Brittain, Director of Nursing & Quality
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Risk Implications – Link to Assurance Framework or Corporate Risk Register:	Report has implications for risk, legal, regulatory compliance and reputation.
Legal / Regulatory / Reputation Implications:	
Link to Relevant CQC Domain: Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well Led <input checked="" type="checkbox"/>	
Link to Relevant Corporate Objective:	
Document Previously Considered By:	Patient Experience Committee and Quality Improvement Committee
Recommendations: The Trust Board is asked to note the content of this report.	

Annual Report 2017-18 Claims, Complaints, PALS and Inquests

This annual report provides an overview of the Patient Advice and Liaison Service (PALS) contacts, complaints, claims received, and inquests involving Kingston Hospital NHS Foundation Trust.

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 PALS team 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 overwhelming majority of concerns investigated through PALS are resolved without escalation to the formal complaints process. Only 3% of the PALS concerns were escalated to the Complaints Department for formal investigation.

The PALS service remained busy with 1601 contacts logged in 2017/18. The PALS data provides useful information about themes and trends throughout the year. The areas that feature most prominently are Radiology, Accident and Emergency, Estates - car parking, followed by General Surgery and Gynaecology offices.

The table below shows the top two subjects of concerns within the top ten areas.

Department and Subject	No of Concerns
Radiology	169
Appointments	98
Communication (Incl. Consent)/information	71
Car Park	97
Estates/support Services/environment	94
Communication (Incl. Consent)/information	3
Accident And Emergency	71
Communication (Incl. Consent)/information	43
Care & Treatment	28
Office - General Surgery	46
Appointments	28
Communication (Incl. Consent)/information	18
Office - REU	42
Appointments	25
Communication (Incl. Consent)/information	17
Office - Gynae	40
Appointments	22
Communication (Incl. Consent)/information	18
Office - Dermatology & Plastics	37
Appointments	24

Communication (Incl. Consent)/information	13
Anti-Coagulant Service	35
Communication (Incl. Consent)/information	29
Tests / Investigations	6
Office - Cardiology	25
Appointments	18
Communication (Incl. Consent)/information	7
Department and Subject	No of Concerns
Acute Assessment Unit	21
Communication (Incl. Consent)/information	15
Admission/discharge	6
Grand Total	583

The predominant issues for 2017/18 are communication and appointment administration.

Communication related concerns accounted for 35% of the concerns received in 2017/18 which is an increase compared to last year (25% in 2016/17). The most frequent communication related concern is poor staff attitude. Concerns about patients being unable to contact the relevant department, and concerns about poor communication with the patient, relative or carer were also prevalent. The service lines with the most communication issues were Radiology, Cardiology & Haematology, Accident & Emergency, General Surgery & Urology, and Gynaecology & Breast.

Appointment administration related concerns accounted for 24% of the concerns received in 2017/18 which is a reduction on last year (31% in 2016/17). The most frequent appointment related concern is patients being unable to contact the relevant department about their appointment. Concerns about patients being unhappy with the appointment bookings and delays in the appointment being allocated were also received in 2017/18. The specific service lines most commonly referred to were Radiology, Oral & ENT, General Surgery & Urology, Cardiology & Haematology, and Ophthalmology.

Trust administration staff were the most frequently cited staff group in concerns raised followed by, and to a lesser degree, medical staff then nursing staff.

This table shows the areas experiencing the most concerns about communication and appointments (the top two concerns raised through PALS).

Subject and Department 2017/18	Total for Top 10 Departments	Performance	Grand Total
Communication (Incl. Consent)/information	280		554
Radiology	71	↑	
Accident And Emergency	43	↑	
Anti-Coagulant Service	29	↓	
Office - Gynae	18	↑	
Office - General Surgery	18	↓	
Office - REU	17	↓	
Acute Assessment Unit	15	↑	
Office - Dermatology & Plastics	13	↑	
Office - Paediatrics	12	↑	
Patient Affairs	11	↑	
Derwent Ward	11	↑	
Office - ENT	11	↑	
Office - Orthopaedics	11	↑	
Appointments	278		383
Radiology	98	↑	
Office - General Surgery	28	↑	
Office - REU	25	↓	
Office - Dermatology & Plastics	24	↑	
Office - Gynae	22	↓	
Office - Oral Surgery	18	↓	
Office - Cardiology	18	↑	
Office - ENT	12	↓	
Office - Urology	11	↓	
Office - Gastroenterology	11	↓	
Office - Paediatrics	11	→	
Grand Total	558		



represents a decrease in number of concerns when compared to 2016/17



represents an increase in number of concerns when compared to 2016/17



represents no change in numbers

Actions

Radiology Department

New call handling system where all their staff handle phone calls (that is up to 8) to increase capacity.

The Radiology team now have a new Radiology IT system installed which has assisted the appointment making process.

Every day, the clerical supervisor liaises with Switch Board, apprising them of the team's clerical situation (with contact number advice) and is always available to offer assistance.

Ophthalmology

Information leaflet sent to patients revised and included with appointment letter.

1 Complaints

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 Trust is committed to learning from any complaint received, and considerable focus is placed upon this aspect of the complaints process. The service lines have systems in place to ensure they undertake actions in a timely way, to improve the experience of future patients, and complaints are discussed at service line business and governance meetings.

Every reasonable effort is made to resolve complaints at a local level (i.e. within the Trust) and this involves correspondence and meetings with complainants. In 2017/2018, the Trust received 325 formal complaints compared to 390 received in 2016/17 – this is reduction of 17%. In 2017/18, 27 complaints related to car parking, compared to 36 in 2016/17. There were an additional 29 car parking related complaints which related to new charges for blue badge holders. These are not included in the total above and are being reported separately.

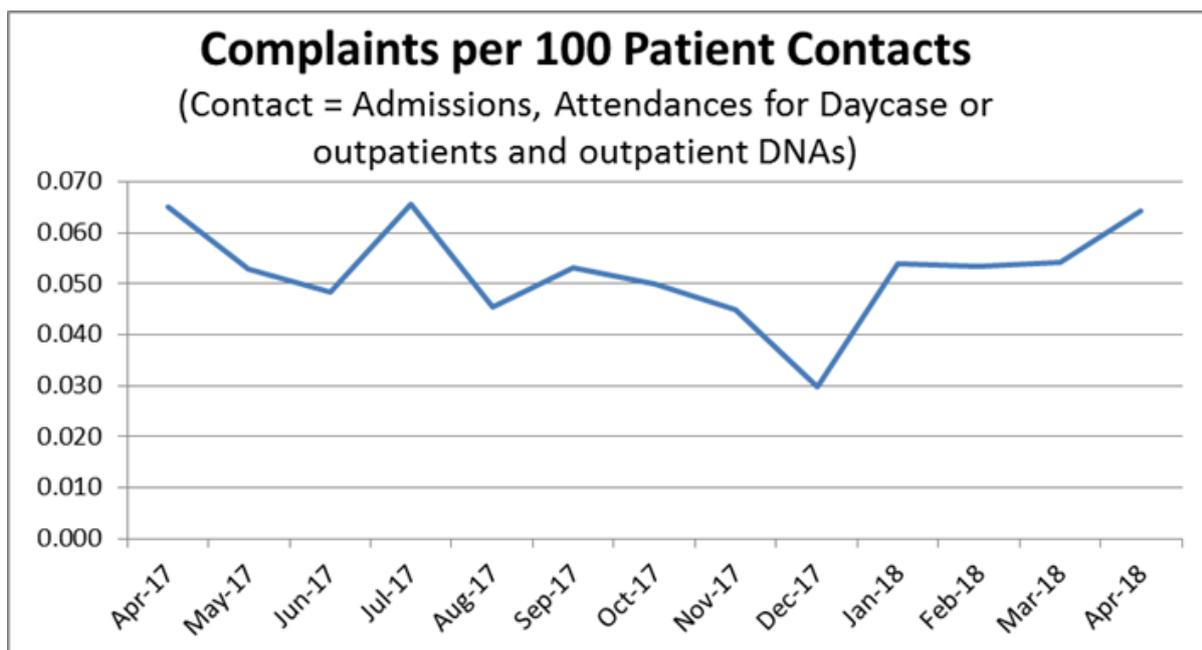
Complaints per 100 Patient Contacts

Another measurement used to consider the context of the volume of complaints a trust receives is complaints per patient contact. The metric definition of complaints per 100 patient contacts is:

All patient complaints divided by all patient contacts (multiplied by 100) where a *patient contact* is defined as:

- Any A&E Attendances (All A&E's including UTC and REU)
- Any inpatient admissions – including both elective and non-elective
{‘Baby Admissions’ excluded as mothers are already counted}
- Any day case attendances
- Any regular day and night attendances
- Any outpatient attendances (both first/new and follow up attendances)
- Any outpatient DNAs
- For all of the above activity types:
 - All cancellations (whether patient or hospital induced) and unoutcomed appointments are excluded
 - All private patients are excluded

At Kingston Hospital, there has been an average of 0.052 complaints per 100 patient contacts over the last 13 months – this benchmarks favourably with other organisations and does not suggest a worrying proportion of complaints relative to activity.



The Trust recognises that swift action in responding to complaints is key to resolving them. As such, we endeavour to respond within 25 working days to all complaints, or by the timeframe agreed with the complainant. During 2017/18, this deadline was met in 236 complaints. The 25 day compliance rate was 72%, compared to 80% in 2016/17. 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 and this has impacted upon the timelines complaint responses.

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. Complaints, and the actions that arise from them, are discussed and scrutinised at a number of committees including the Quality Assurance Committee, the Clinical Quality Review Group, the Learning Disability Group, and the Patient Experience Committee. Complainants' stories are shared with the Trust Board at every meeting.

1.1 Types of Complaints

The most commonly complained about issues are communication, care and treatment, appointments, car parking and admission/discharge.

The service lines that attracted the highest level of complaints in 2017/18 are reflected in the table below.

Top 10 Service Lines	2016-17	2017-18	Performance
Accident & Emergency	63	46	↓
General Surgery & Urology	38	36	↓
Estates & Facilities	36	28	↓
Gynaecology & Breast	18	21	↑
Cardiology & Haematology	17	17	→
Maternity	23	16	↓
Oral & ENT	29	16	↓
Elderly Care	23	16	↓
Gastroenterology & Endoscopy	12	16	↑
Trauma & Orthopaedics	16	14	↓

When comparing 2016/17 to 2017/18, complaints received by Oral and ENT have decreased by 45%, Maternity and Elderly Care by 30% each, and Accident and Emergency by 27%.

The service lines that have seen a slight increase in complaints in 2017/18 are Gynaecology & Breast and Gastroenterology & Endoscopy. Most of the complaints received by the Gynaecology & Breast Department related to communication, followed by care and treatment. The Gastroenterology & Endoscopy complaints were varied and included ones about care and treatment, communication, admission/discharge, procedure (Incl. surgery/endoscopy/anaesthesia etc) and infrastructure and resources related complaints.

This table shows the top ten areas by top subjects of complaints.

Department and Top Subject	No of Complaints 2017/18
Car Park	27
Estates/support Services/environment	27
Accident And Emergency	9
Communication (Incl. Consent)/information	9
Radiology	6
Communication (Incl. Consent)/information	6
Office - General Surgery	5
Appointments	5
OPD - Cardiology	4
Appointments	4
Office - REU	4
Appointments	4
OPD - Orthopaedics	4
Care & Treatment	4
Office - Gynae	3
Communication (Incl. Consent)/information	3
Royal Eye Unit - OPD	3
Care & Treatment	3
Office - Cardiology	3
Tests / Investigations	3

From a ward perspective, the wards that attracted the most complaints in 2017/18 were the Acute Assessment Unit (n=14, top categories - care and treatment and security), Astor Ward (n=9, care and treatment and tests/investigations), Hamble Ward (n=9, admission/discharge and infection) and Keats Ward (n=8, care and treatment). It is noted that not all wards are comparable in terms of bed numbers and/or activity.

The table below shows the main complaints subjects for all complaints.

Subjects	2016-17	2017-18	Performance
Communication (Incl. Consent)/information	83	63	↓
Care & Treatment	84	53	↓
Appointments	54	44	↓
Estates/support Services/environment	45	35	↓
Admission/discharge	25	21	↓

The general trend of complaint subjects when comparing 2016/17 with 2017/18 shows a general improvement. Care and treatment related complaints have seen a decrease by 37%, followed by communication related complaints which have decreased by 24%.

Actions in Response to Complaints

The following is a selection of some of the actions undertaken as a result of complaints received.

Oral & ENT

- The nursing team will ensure that they give updates on any clinic delays to patients waiting to be seen and to the reception team to ensure that the information they provide during check-in is accurate.
- The reception team have been reminded of the importance of keeping patients up-to-date with any clinic delays, both verbally on arrival and via use of the patient information screen on display in the waiting area.

Maternity

- Head of Midwifery has alerted the Oral Surgery team to the extended wait that parents have been experiencing for tongue tie appointments, and has ensured that the Infant Feeding Team can make direct referrals to the Oral Surgery Department for assessment and division of tongue tie.

Cardiology & Haematology

- Administrative processes have been amended to ensure that all procedures and pre assessment cancellations are correctly recorded, so that the reasons for cancellations and details of all follow-up actions to be taken will be noted accurately.
- The Cardiology Department will now be saving ECHO reports as PDF documents, which cannot be altered.

Maternity

- Women who are booked for a homebirth are now given additional information to ensure there are no problems accessing the Homebirth Team when labour commences. This additional information is provided to women during their 34 week antenatal appointment.

Elderly Care

- A mini discharge checklist has been designed which prompts staff to check and ensure that discharge summaries are ready and available prior to discharge

Cardiology & Haematology

- In order to reduce the occurrence of long waits between rescheduled appointments, the Cardiology service has now implemented a process whereby they can reinstate clinics more promptly thereby allowing patients to be rescheduled at an earlier date.

All high grade complaints are discussed with the Risk team to ensure incidents are investigated as soon as they come to light through a complaint, and that the complaints and risk processes are dovetailed where appropriate. Five complaints were referred for serious incident investigation in 2017/18.

There were also 98 potential complaints logged during 2017-18; this has increased from 70 in 2016-17. Of these complaints, 29 related to the introduction of blue badge charges. All such complaints are managed in accordance with the issues being raised. Some may follow the same administrative process as a formal complaint and others are managed more informally.

1.2 Next Stage of Complaints

Once local resolution has been exhausted, complainants can refer any outstanding concerns to the Parliamentary Health Service Ombudsman, where an assessor will review the subject of the complaint and the complaint investigation. Nationally, there has been a significant increase in the number of cases that the Ombudsman is investigating, with a significantly lower threshold to investigate now in place.

In 2017/18, four complaints were taken to the Ombudsman by complainants. Two complaints were not upheld and two were partially upheld. This low rate is a positive endorsement of our complaints process.

Claims

Overview

This report provides information on clinical negligence, public and employer liability cases which the Trust has received during the financial year.

Clinical negligence is the breach of a legal duty of care to a patient by members of the healthcare profession. Where this has taken place, a patient or their representative can claim damages and the NHS is liable for any claim against its employees. NHS Resolution (NHSR) handles NHS claims in close liaison with the Claims team.

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, Ulysses, Radiology, Complaints, clinicians' comments, SI/RCA reports and archived information pertinent to each case. Claims are managed in collaboration with the NHSR and if required, panel solicitors.

NHSR and Benchmarking

In relation to benchmarking the claims received, the NHSR analyses and compares data from all similar Trusts throughout England (size, specialities, demographics, etc). The Trust is then compared to this Member Type so that our position can be reviewed in relation to cases, claims performance and specialities.

Currently, the benchmarking data supplied by the NHSR is limited; however, we hope to see a change in the future as NHSR have advised that their intranet will be updated this year.

Claims Data

There are 72 active claims which are being dealt with by NHSR in various stages.

Status	No of claims
Authority To negotiate and/or Offer Made	6
Damages Agreed (Out Of Court)	16
Defence	4
Discontinued - Costs TBA	1
Early Notification Incident	2
Early Notification Incident, def. sol. instructed, high risk	1
Exchange Of Expert Reports	2
Letter Before Action - No Defence Solicitor	1
Letter Before Action and Defence Solicitor Instructed	6
Letter of Claim - Likely damages payment	3
Letter of Claim Received	4
Letter of Response - Admission	5
Letter of Response - Challenged	1
Letter of Response - Repudiated	3
Likely Damages Payment	3
Periodical Payments	6
Periodical Payments and Indemnity Given	1
Periodical Payments with Reverse Indemnity	1
Proceedings Issued / Served	5
Stay	1
Grand Total	72

Categorisation of Claims

Claims are categorised according to their monetary value and number of claims.

Claims in the **Red** category are **high** value, **high** volume claims (£1m and over with 3 claims and over). This area is a priority area of focus.

Claims in the **Amber** category are **high** value, **low** volume claims (£1m and over with less than 3 claims).

Claims in the **Blue** category are **low** value, **high** volume claims grouped by speciality (£1m or less with 3 claims or over).

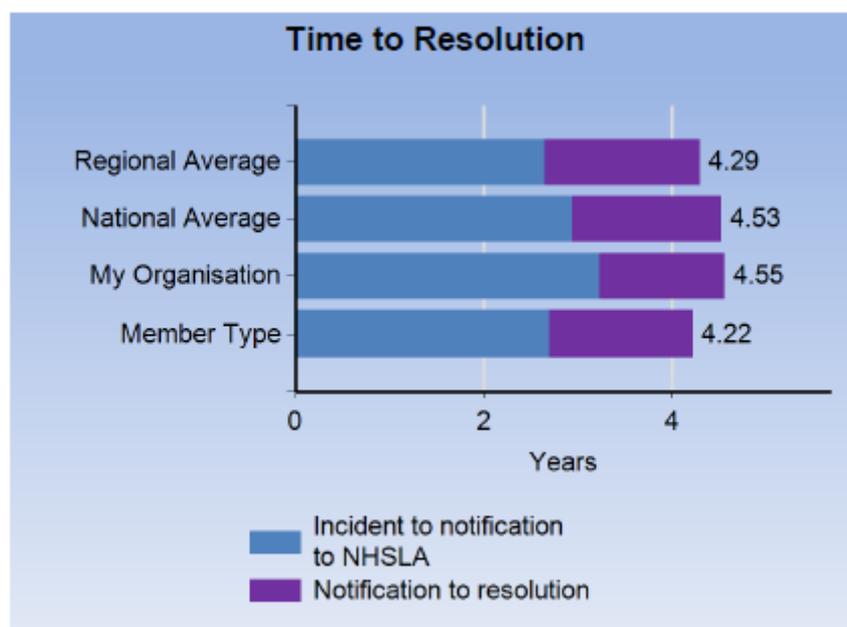
Claims in the **Green** category are **low** value, **low** volume claims.

		Value		Value		
Volume (Low to high)	Casualty / A & E	£	1,643,000	Obstetrics	£ 31,500,000	
	General Medicine	£	1,578,000	Grand Total	£ 31,500,000	
	Grand Total	£	3,221,000			
			Value		Value	
	Anaesthesia	£	48,800	Cardiology	£	279,554
	Gynaecology	£	54,481	Casualty / A & E	£	1,917,165
	Haematology	£	84,500	General Medicine	£	727,180
	Oncology	£	230,185	General Surgery	£	437,883
	Otorhinolaryngology/ ENT	£	177,500	Geriatric Medicine	£	104,210
	Paediatrics	£	162,265	Obstetrics	£	2,210,046
Renal Medicine	£	42,000	Ophthalmology	£	59,110	
			Orthopaedic			
Respiratory Medicine/ Thoracic Medic	£	81,000	Surgery	£	771,488	
Grand Total	£	880,731	Radiology	£	50,401	
			Urology	£	158,577	
			Grand Total	£	6,715,613	

Volume (Low to high)

In relation to the management of claims, the Trust is performing in line with average timeframes.

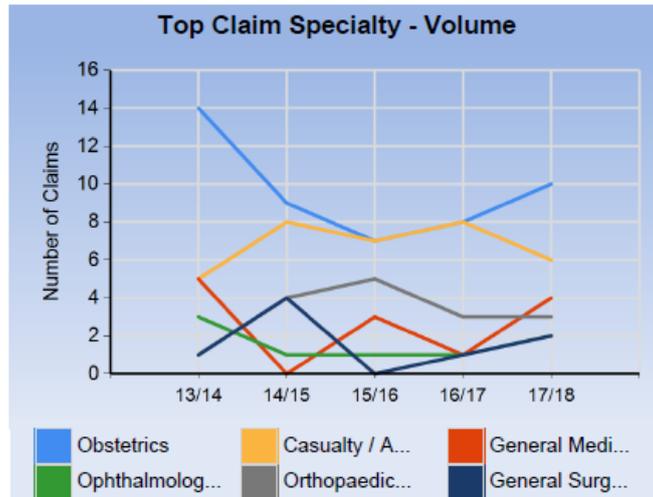
The time from notification to resolution is affected by the specific type of claim; for example Obstetric claims take considerably longer to complete than claims relating to other specialties. It is hoped that the 'Early Notification Scheme' introduced in the last year will help to reduce the time it takes to resolve Obstetric claims, with NHSR becoming involved immediately in maternity incidents that have led to severe brain injury.



Specialities

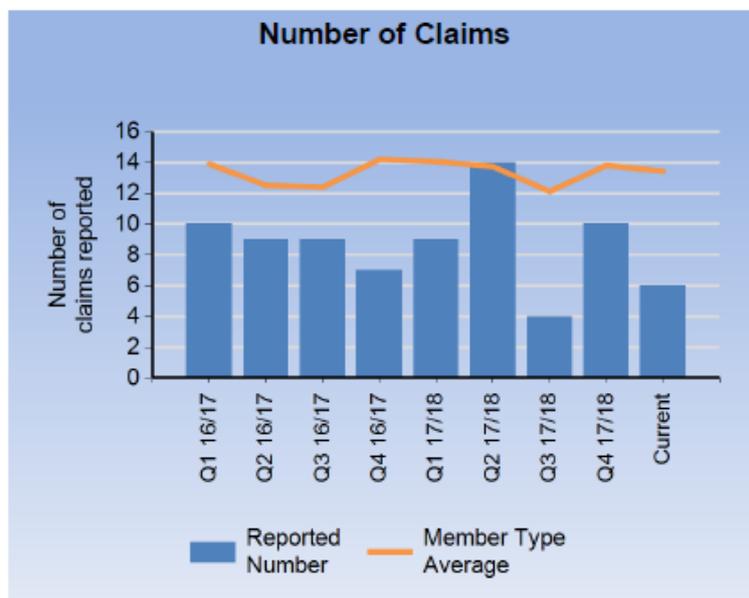
The specialities receiving the most new clinical claims in 2017/2018 are as follows:

1. Obstetrics – 10
2. Accident and Emergency - 6
3. Orthopaedics - 3
4. General Medicine - 4
5. General surgery - 2



Although there has been a slight increase in claims in the Obstetric department, the number of claims has reduced dramatically since 2013/2014 which reflects how the Trust has learned from serious incidents, complaints and previous claims.

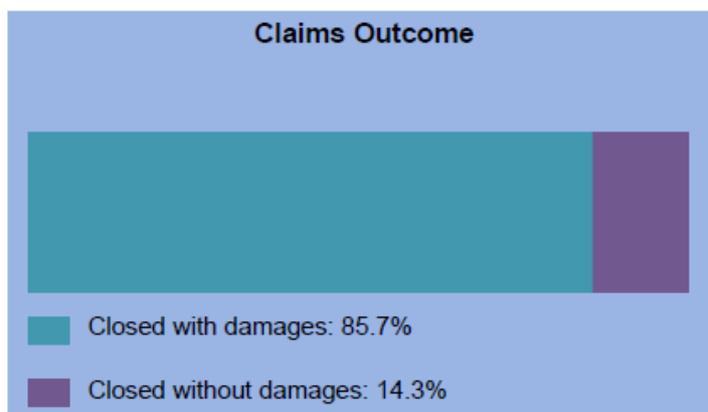
This is extremely important given that obstetric claims are generally the most expensive owing to their severity and complexity. The Trust is performing exceptionally well against the average number of claims in similar sized trusts.



Outcomes

During 2017/2018, 72 cases were closed compared to 35 in 2016/2017. This increase was largely due to an internal audit of the claims database and a review of aged claims. A large number of claims were dormant, with little or no contact from the Claimant. These were proactively worked upon, seeking confirmation that the Claim was withdrawn and identifying matters where limitation had expired, rendering the Claimants statute barred to pursue a claim.

Closing cases as quickly as possible (where there is lack of merit or weak allegations) significantly reduces claimant solicitors' costs which are second only to damages, in relation to NHSR expenditure. This process helps in reducing NHSR contributions.



Themes

Over the financial year period, the Trust has received 81 new cases, which is similar to the 80 new matters received last financial year.

The current case load is lower than the previous financial year (2017/2018 was 335 cases). There are currently 225 open claims within the database. This is a marked decrease over last year due to an internal audit of the claims. Of the matters that are open, 128 are matters that have been notified to the Claims department as potential claims. The most common type of claim, both potential and formal, arises from inappropriate treatment or procedure and a delay in diagnosis.

Matters notified (potential)

Allegation	Number of potential claims
Breach of patient confidential	1
Delay in admission	1
Delay in diagnosis	10
Delay in treatment	8
Delay or failure to monitor	3
Delay/failure in acting on com	1
Delay/Failure to refer to hosp	1
Diagnosis - wrong	3
Diagnosis missed on first pres	7
Discharge - inappropriate	1
Examination of new born	1
Failure in referral process	11
Failure of a device or equipme	1
Failure to act on adverse symp	9
Failure to act on adverse test	1
Failure to escalate	2
Failure to follow up	2
Failure/delay to order correct	2
Fall on level ground	1
Fourth degree tear	1
Injury caused by medical devic	3
Injury from clean sharps	1
Injury from dirty sharps	1
Monitoring problem / failure	2
Monitoring: Failure to follow	3
Pressure Ulcer Stage 4	1
Slip on wet/icy surface	1
Struck by object	1
Third degree tear	1
Treatment failed	1
Treatment/procedure - inapprop	36
Unhappy with outcome of treatm	4
Unintended injury to a patient	2
Unknown	3
Wrong Health Records ordered/p	1
Grand Total	128

Formal claims

Allegation	Number of claims
Administration: Adverse reacti	1
Blood: Adverse reaction to blo	1
Delay in admission	1
Delay in diagnosis	9
Delay in treatment	8
Delay or failure to monitor	2
Delay/failure in acting on com	1
Delay/Failure to refer to hosp	1
Delayed diagnosis of infection	1
Diagnosis missed on first pres	7
Failure in referral process	4
Failure to act on adverse symp	8
Failure to act on adverse test	1
Failure to escalate	1
Fall from a height, bed or chair	3
Fall on level ground	4
Fall on unlevel ground	3
Inadequate handover of care	1
Inadequate warning of risks	1
Injury from dirty sharps	1
Injury whilst lifting or movin	3
Lack of/delayed availability o	1
Lifting or moving an object	1
Monitoring problem / failure	3
Placenta abruption	1
Self harm	1
Slip on wet/icy surface	3
Third degree tear	2
Treatment failed	1
Treatment/procedure - inapprop	18
Tripped over an object	1
Unexpected admission to NNU	1
Unintended injury to a patient	1
Wrong site surgery	1
Grand Total	97

NHSR Contributions

Every year, the Trust makes a payment to NHSR in order to maintain clinical negligence scheme cover. This cover protects the Trust in relation to all damages and the majority of costs pertaining to clinical cases. The general basis for calculating this contribution takes into account the number of clinical staff employed, number of patient episodes, historical claims data and claims risk by speciality.

The Trust's contributions for CNST will increase from £8.9 million (2017/2018) to £12.5 million for the new 2018/19 period. This is an increase which is reflected nationwide and is based on a general trend towards higher case numbers, damages and costs, especially within Obstetrics cases.

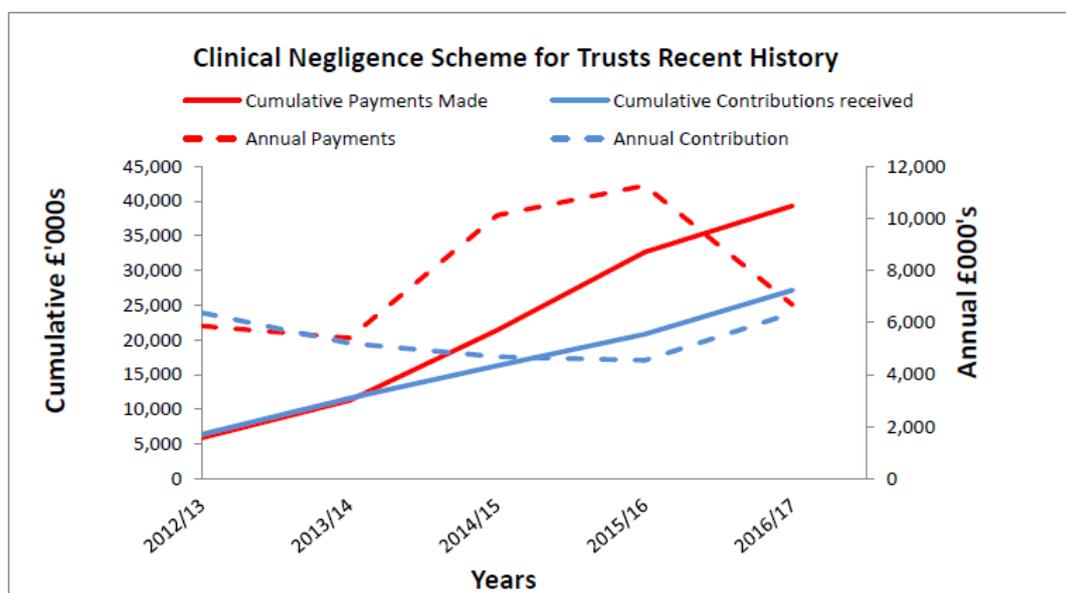
Basis for contribution

CNST contributions overall have risen by 1.8% from the budget of £1,949m in 2017/18 to £1,984m for 2018/19, compared to forecast growth of 17.5% included in the tariff for next year. This year, NHSR are collecting a further amount from maternity providers to create a 'maternity incentive fund'.

Trusts who are able to demonstrate achievement and compliance with a number of specified criteria will be eligible for a share of the incentive fund of at least 10% with a view to improving the quality and safety of services so that claims are avoided.

Kingston Hospital NHS Trust

	2012/13	2013/14	2014/15	2015/16	2016/17	Total
	£000	£000	£000	£000	£000	£000
Annual Payments	5,864	5,400	10,112	11,258	6,671	39,305
Annual Contribution	6,371	5,195	4,683	4,543	6,360	27,152
Variance	507	-205	-5,429	-6,715	-311	-12,153



Although the Trust's contributions for the CNST scheme appear to have dramatically increased, it is important to note that in both 2017/18 and 2018/19, the Trust's contributions have been capped by the maximum increase for the year of 30%.

The last five years paid claims versus contributions shows a gap of over £12m and this is the likely cause of the increase of the Trust's contribution. This is further affected by the outstanding reserve attached to the Trust's active obstetric claims.

Actions following Claims

A crucial part of the claims process is the action taken in relation to the learning from claims. This helps to mitigate risk and reduce future harm to patients. Historically, recommendations of actions were provided independently from panel solicitors or the NHSR on cases which presented a high risk. This no longer happens, and Trusts are now expected to monitor their own recommendations and evidence the actions taken.

Commonly, action has been taken at around the time of the incident leading to the claim; particularly, when the incident has been the subject of a risk investigation. The claims process provides a further opportunity to consider whether additional action needs to be taken when the incident is reviewed during the claims process.

If breach of duty is identified, the claims process can be useful to identify:-

1. Regular occurrences of the same failure in care
2. Regular occurrences of the same breakdown in process
3. Whether there was an SI and what the outcomes were
4. Why a claim succeeds – breach/causation
5. Why a claim fails – breach/causation

The costs of Clinical Negligence

In December 2017, the Government published a report addressing the costs of Clinical Negligence.

The cost to the NHS of clinical negligence claims was £1.6billion in 2016/2017, four times the figure for 2006/2007. In the same time frame, legal costs for these claims have risen from £77million to £487million.

The cost of claims handled by NHS Resolution is increasing faster than increases in NHS funding. This increase is unsustainable and is having an adverse effect on how much NHS trusts can spend on care.

The Government has published their response:-

“The Department, the Ministry of Justice, and NHS Resolution must take urgent and coordinated action to address the rising costs of clinical negligence. This includes reviewing whether current legislation remains adequate, and reporting back to the Committee by April 2018; continuing to focus on actions to reduce patient harm, in particular, harm to maternity patients; and appraising further measures to reduce the legal costs of claims, for example whether mediation should be mandated for certain types of claims”.

The target implementation date is September 2018 and we will continue to monitor this closely.

Inquests

There were 60 new inquest matters opened in 2017/2018, which is a further increase on 2016/2017 (there were 44 new matters opened in 2016/2018). The inquest work is divided into cases that require a full hearing, those that require investigation, and those that require statements from clinical staff. Requests for statements from staff who treated a patient before their death are significantly rising, and are becoming more complex.

This overall increase in activity is explained by a better awareness of which cases doctors need to report to the Coroner, and an increased public awareness of the coronial process which has led to more inquests. Hospital staff are commonly called to inquests where they are either 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 more than minimally contributed to a patient's death.

Inquests are now increasingly complex, focusing in great detail on the care given to patients, the risk investigation process and the learning from an incident. The Coroner takes his/her duty to make risk management recommendations very seriously, and the actions taken following a Serious Incident investigation are discussed with the Coroner at the hearing and assurance is sought from the Coroner that these have been undertaken. Where the Coroner feels that an organisation has not addressed deficiencies that might adversely affect another patient, s/he will issue a 'Prevention of Future Death' report (PFD). This instructs the Trust to take action, where action has been found wanting. It is sent to the CQC, and the Chief Coroner who publishes such reports on the Courts and Tribunals Judiciary website. The Trust has successfully avoided any PFD reports in 2017-18 and continues to work to ensure robust actions are taken at the time of a Serious Incident investigation and can be evidenced at Inquest hearings.

Appendix

GIRFT report for information



Trust Surgical
Litigation Data pack -

Clare Parker
Head of Litigation , Complaints and PALS
June 2018