



London Ambulance Service **NHS**
NHS Trust

Learning from Untoward Incidents, PALS, Claims and Complaints Policy

DOCUMENT PROFILE and CONTROL.

Purpose of the document: The aim of this policy is to ensure that there is a systematic approach to the analysis of incidents, PALS, complaints and claims on an aggregated basis, and that safety lessons are learnt and shared widely

Sponsor Department: Corporate Services

Author/Reviewer: Assistant Director Corporate Services. To be reviewed by June 2013.

Document Status: Final

Amendment History			
Date	*Version	Author/Contributor	Amendment Details
04/06/10	0.5	Head of Governance	Amendments to incorporate PALS references etc.
03/06/10	0.4	Governance and Compliance Manager	Incorporates NHSLA Aggregating Data requirements
27/05/10	0.3	Governance and Compliance Manager	Reformatted and added scope, objectives
25/05/10	0.2	Director of Corporate Services	Minor amendments
19/05/10	0.1	Head of Patient Experiences, Head of Governance, Director of Corporate Services	First draft

***Version Control Note:** All documents in development are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second 1.2 etc. until the revised version is approved, whereupon it becomes version 2.0. The system continues in numerical order each time a document is reviewed and approved.

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EqIA completed on	By
03/06/10	EQIA team (See doc)
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Links to Related documents or references providing additional information		
Ref. No.	Title	Version
HS/011	Incident Reporting Policy	
TP/013	Claims Handling Policy and Procedure	
TP/034	Being open Policy	
TP/005	Risk Management Policy and Strategy	
TP/054	Investigation of Incidents, PALS, Complaints and Claims Policy	
TP/004	Complaints and Feedback Policy	
TP/006	SUI Policy	
	NHSLA Risk Management Standards for Ambulance Services 2010/11	
	CQC Registration Requirements	
	Making Experiences Count (DoH 2009)	
	Organisation with a Memory 2000	
	Seven Steps to Patient Safety 2004	

Document Status: This is a controlled record as are the document(s) to which it relates. Whilst all or any part of it may be printed, the electronic version maintained in P&P-File remains the controlled master copy. Any printed copies are not controlled nor substantive.

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1. Introduction

London Ambulance Service NHS Trust (the Trust) acknowledges the risks associated with the occurrence of untoward incidents to the provision of a safe environment for all patients, staff and others. The Trust sees them as an opportunity for proactive risk management. The policy should be read in conjunction with the Trust's Policies for the Investigation of Incidents, PALS, Complaints and Claims, Incident Reporting and Risk Management.

This policy has been created to support the Trust's commitment to improving safety by learning lessons from the investigation and analysis of incidents, PALS, complaints and claims. The Trust has individual policies and procedures that cover the reporting and management of incidents, PALS, complaints and claims and being open with our staff, patients and the public. This policy describes the process for systematic analysis of data across all three elements, looking at the underlying causes and identifying actions to prevent re-occurrence, understanding how loss can be minimised and risks managed.

2. Scope

This policy will ensure that the Trust's commitment to improving safety is supported by learning lessons from the investigation and analysis of incidents, PALS, complaints and claims.

This policy provides guidance for all staff so that learning from untoward incidents, PALS, complaints and claims is identified and applied wherever possible.

3. Objectives

1. To ensure that there is a systematic approach to the analysis of incidents, PALS, complaints and claims on an aggregated basis, and that safety lessons are learnt and shared widely.
2. To improve patient care as a result of the lessons learnt during investigation and analysis, based on individual and aggregated analysis of incidents, PALS, complaints and claims.

4. Responsibilities

4.1 Trust Board

The Trust Board has a responsibility to ensure that the analysis of all incidents, PALS, complaints and claims is undertaken on an aggregated basis to optimise the recognition of trends and themes and enable a swift response to such.

The Trust Board are also responsible for ensuring that trends and themes are acted upon and managed effectively. It is also expected to make sure that any lessons communicated from the investigation of such incidents, PALS, complaints and claims are learnt across the organisation. The Trust Board will receive the aggregated data on an annual basis.

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4.2 Chief Executive

The Chief Executive is ultimately responsible for ensuring the safety of patients, visitors and staff within the organisation. It is therefore the Chief Executives responsibility to ensure that there are robust systems in place to identify trends and themes from incidents, PALS, claims and complaints at the earliest opportunity, and that measures are taken to ensure that the safety of patients, staff and visitors is not compromised. It is also the responsibility of the Chief Executive to ensure there are robust systems in place to learn lessons across the organisation and cross organisationally where possible.

4.3 Director of Corporate Services

The Director of Corporate Services has delegated responsibility for governance and risk management. The Director of Corporate Services will report to the Trust Board on matters relating to this Policy and for ensuring that robust arrangements are in place for the effective investigation of incidents, PALS, claims and complaints.

4.4 Assistant Director of Corporate Services

The Assistant Director of Corporate Services has responsibility for implementing this Policy and will coordinate the process for the investigation and analysis of incidents, PALS, claims and complaints.

4.4.1 Head of Patient Experiences

The Head of Patient Experiences is the designated lead as the responsible person for managing complaints as required by Local Authority Social services and NHS (Complaints) England Regulations 2009.

4.5 Learning from Experience Group

The Learning from Experience Group is responsible for:

- Maintaining compliance with this policy;
- Scrutinising and challenging any investigations, claims and complaints;
- Producing annual aggregated analysis reports;
- Advising the Risk Compliance and Assurance Group of any new risks or changes to risks on the Corporate Risk Register;
- Developing systems so that lessons are learnt routinely from incidents, PALS, claims, complaints and concerns;
- Providing assurances to the Quality Committee that demonstrate recommendations and actions resulting from all investigations relating to incidents, PALS, claims, complaints and concerns have been implemented in a timely and effective manner.

4.6 Clinical Quality, Safety and Effectiveness Committee

The Clinical Quality, Safety and Effectiveness Committee are responsible for;

- Scrutinising and challenging any investigations relating to clinical safety and risk;
- Overseeing all clinical risks and action plans arising from adverse events.

4.7 Day to day implementation of this Policy

Day to day implementation of this policy is delegated to the Head of Patient Experience, Head of Safety and Risk and Head of Legal Services.

4.8 Patient Experience, Governance and Legal Services teams

The Patient Experience, Safety and Risk and Legal Services Compliance teams will ensure:

- Aggregated data relating to untoward incidents, PALS, complaints and claims is analysed and any trends or common themes identified and communicated to all relevant individuals or groups including the Clinical Quality, Safety and Effectiveness Committee, Learning from Experience Group, and Risk Compliance and Assurance Group;
- Where appropriate action plans are developed by respective teams and monitored effectively;
- All organisation learning points identified during investigations are communicated to the relevant internal and external stakeholders;
- All local actions are implemented as soon as possible;
- All learning points are communicated to the relevant groups and individuals employed by the Trust.

4.9 All Staff

All Staff will:

- Report all untoward events in line with the Trust's Incident Reporting Policy and SUI Policy;
- Cooperate fully with any investigation conducted on behalf of the Trust and provide all factual information that may assist in the investigation;
- Ensure that all learning points within their control communicated to them are implemented.

5. Definitions

Definitions of the terms used within this document are consistent with those in the Trust's Policy for Investigation of Incidents, PALS, Claims and Complaints and are as follows:

- The National Patient Safety Agency document 'Doing Less Harm' requires that "Adverse patient incidents are subject to an appropriate level of local investigation and causal analysis and, where relevant, an improvement strategy is prepared".
- This policy provides guidance on learning from all types of untoward incidents, and is formatted using the template provided by the NHSLA, whether clinical or

non-clinical, including incidents giving rise to complaints or claims and which affect patients, staff or the public and/or the Trust.

- **Untoward event** – any untoward incident, PALS, complaint or claim
- **Immediate cause** – factor that triggered the incident
- **Contributory Factor** – the circumstance which contributed to the occurrence of the event, but which by itself would not have caused the incident to arise.
- **Investigation, Claims and Complaints** – a careful search or examination; systematic enquiry. The purpose of an investigation is to determine:
 - the full facts, with respect to the sequence of events that led to the incident;
 - what was well-managed;
 - what, if anything, went wrong and to identify issues of concern;
 - the ‘root causes’;
 - the actions required to prevent recurrence;
- **Root Cause** – the underlying cause(s) to which the incident could be attributed and if corrected would prevent or minimise the likelihood of recurrence;
- **Root Cause Analysis** – examining what happened to establish why it occurred;
- **External agency** – a body who is recognised as having an interest in the investigation.

6. **Coordinated Approach to the Aggregation of Incidents, PALS, Complaints and Claims**

The DATIX electronic reporting system will allow the information relating to incidents, claims, complaints and PALS to be collated and presented in a combined annual report. This will be presented to the risk groups and the following: Risk Compliance and Assurance Group; Clinical Quality, Safety and Effectiveness Committee; Learning from Experience Group; and the Quality Committee.

6.1 **Area Governance Committees**

Area Governance Committees will receive:

- Monthly complaints reports
- Quarterly dashboard of Incidents
- Any issues from PALS
- Any claims that have been received as and when they occur
- Annual Aggregated report of Incidents, PALS, Complaints and Claims

6.2 **Clinical Quality, Safety and Effectiveness Committee and Learning from Effectiveness Group**

Clinical Quality Committee will receive:

- Quarterly Risk Report including Trust and Area trends and analysis

- Quarterly Complaints Report
- Annual Aggregated report of Incidents, PALS, Complaints and Claims.
- 6-monthly follow-up action plans

7. Information within the Analysis Report (minimum content required, including quantitative and qualitative analysis)

The annual aggregated Report (see template in appendix 1) will contain a quantitative summary of complaints, claims, incidents and PALS issues, identifying trends where possible. The following details should be included:

- Complaints:
 - Total number of complaints per financial year
 - Total number of complaints received by area, department, service
 - Top 5 complaints by main subject
 - Time taken to close complaints
- Claims
 - Ongoing claims
 - New claims this Financial Year
 - Claims closed this Financial Year
 - Inquest details
- Incidents
 - Total number of reported incidents
 - Breakdown of incident type
 - Number of incidents by area, department, service
 - Top 5 reported incidents
 - Total number of reported incidents by severity
 - Serious adverse event summary
- PALS
 - Total number of reported concerns by Financial Year
 - Total number of reported concerns by Financial Year by Area
 - Top 5 reported concerns by Financial Year

7.1 Qualitative Analysis

Where specific trends are identified the contributors to the report will be responsible for providing an explanation (if possible) for the trend. This may require making reference to external data sets and/or a comparison to previous annual figures.

The data from incidents, PALS, complaints and claims, and other feedback mechanisms as appropriate throughout this analysis, must be compared to see if trends or themes match or not. The differences and an explanation of them should be reported whenever possible.

8. Process for Communicating Reports/Learning Points (to relevant individuals or groups)

8.1 Internal Committees/Groups

Representatives on Area Governance Groups, Risk Groups and The Quality Committee will be charged with the responsibility of disseminating relevant information to relevant groups through a variety of methods such as Patient Care News and clinical update, Medical Directorate bulletins, annual reports, staff conferences, Routine Information Bulletins (RIB) and CEO consultation meetings.

8.2 External Committees/Groups

The Director of Corporate Services attends the Foundation Trust Network Company Secretaries group where risk and quality in the NHS are discussed.

The Director of Corporate Services or nominated deputy attends the national Ambulance Directors Risk, Safety and Governance meetings where risk management approaches are shared.

SUI reporting to NHS London includes attendance by the Head of Patient Experience at SUI workshops.

9. Process for Implementing Risk Reduction Measures

Local implementation of action plans will be monitored monthly at Area risk (governance) meetings and specialist meetings such as the Infection, Prevention and Control group. Six monthly progress reports will be presented to the Learning from Experience Group.

10. Process for Ensuring Local and Organisational Learning

Local implementation of action plans will be monitored monthly at Area Governance meetings and specialist meetings such as Infection, Prevention and Control Group and Clinical Quality, Safety and Effectiveness Committee. Six-monthly progress reports will be presented to the Learning from Experience Group.

Whilst many of the action plans will be implemented and managed locally, the RCAG is responsible for overseeing all action plans relating to high levels of risk which reside on the Trust-wide Risk Register.

11. Sharing Lessons Learned across Local Health Community

Liaison with NHS Trusts takes place to ensure dissemination and close cooperation with external providers so that improvements and learning can be shared across the health and social care economy.

As in the SUI Policy, the Trust will ensure that NHS London, any other relevant agencies and National Patient Safety Agency (NPSA) are notified of the outcomes of the investigation and actions taken or promised.

12. Learning and Promoting Improvements in Practice

The Trust ensures that lessons learnt from analysis result in change in organisational culture and practice by;

- Clinical Update published quarterly as an insert in the LAS News
- Outcomes from complaints, claims and risk management are reviewed for implementation by Area Governance Groups
- Briefings provided to Senior Managers regarding learning and promoting improvement at the Senior Managers Conference
- Promoting learning and improvements at specialist groups including the Learning from Experience Group (refer to Terms of Reference in the *Risk Management Strategy and Policy*)
- Clinical Audit Newsletter disseminating improvements and learning from Clinical Audit
- Trust Induction sessions on complaints management

13. Monitoring Compliance with the Document

The Trust's process for monitoring compliance is undertaken systematically in aggregating incidents, PALS, complaints and claims data as a report. This report is shared with committees, group and other mechanisms described in **Section 10** of this policy. Encouraging learning and promoting improvements in practice based on both individual and aggregated analysis of incidents, PALS, complaints and claims is monitored by various groups and the Learning from Experience Group. This approach to monitoring compliance is also the duty of individuals as identified in this policy and set out in the Trust's Policy for the Investigation of Incidents, PALS, Complaints and Claims.

The matrix below sets out these details for ease of reference:

Standard	Time frame/ Format	How	Who
Analysis			
a. duties	Biennially	Review of Policy	Head of Safety & Risk
b. co-ordinated approach to the aggregation of incidents, PALS, complaints and claims	Annually Quarterly	Annual Report Quarterly Reports	Head of Safety & Risk Head of Patient Experience Head of Legal Services
c. frequency with which an aggregated analysis of incidents, PALS, complaints and claims is to be completed	Annually	Annual Report	Head of Safety & Risk Head of Patient Experience Head of Legal Services

Standard	Time frame/ Format	How	Who
d. minimum content required within the analysis report, including qualitative and quantitative analysis	Biennially	Review of Policy	Associate Director of Compliance
e. process for communicating this information to relevant individuals or groups	Biennially	Review of Policy	Head of Safety & Risk Head of Patient Experience Head of Legal Services
Improvement			
Process by which the organisation ensures both local and organisational learning from incidents, PALS, complaints and claims	Annually	Annual report	Head of Safety & Risk Head of Patient Experience Head of Legal Services
Opportunities for sharing lessons learnt from incidents, PALS, complaints and claims across the local health community	Annually	Minutes of meeting held	Head of Safety & Risk Head of Patient Experience Head of Legal Services
Process by which the organisation ensures that lessons learnt from analysis result in a change in organisational culture and practice	Annually	Annual report	Assistant Director of Corporate Services
Process for implementing risk reduction measures	Annually	Risk and Complaints Annual Report	Head of Legal Services Head of Safety & Risk Head of Patient Experience

IMPLEMENTATION PLAN	
Intended Audience	All LAS Staff
Dissemination	Available to all staff on the Pulse and to the public on the LAS website.
Communications	Revised Policy and Procedure to be announced in the RIB and a link provided to the document.
Training	
Monitoring	See section 13.

Analysis Report Template

1 Background

Describe the Trust's approach to the collection and collation of data regarding incidents, PALS, complaints, claims and root cause analysis data, and include a description of any databases or commercial products in use, e.g., Datix.

2 Methodology

Describe how the data has been collated and produced and should indicate if any specific topics/themes were looked at during the collation of the data. Any difficulties or anomalies in data collection should be explained if possible.

3 Findings

Quantitative Analysis - Numerical Data

The report should include a quantitative data summary of incidents, PALS, complaints and claims issues, including near misses and root cause analysis data.

The content can take any format (written data, pie chart, graph, etc.) and the following give examples of the information required:

- total number this period;
- numbers per year;
- breakdown of type;
- total number by division per period/year;
- top ten by main subject organisation-wide per period/year;
- top three by main subject by division per period/year;
- total number by severity;
- root cause analysis issues organisation-wide per period/year;
- anonymised case examples of significant issues from any of the categories here in.

Qualitative Analysis - Discussion

The content can take any format but should include the following:

Where trends are identified an explanation (if possible) should be provided for the trend drawing on comparisons from year to year, period to period and division to division.

- Analysis of the Trust's performance against national figures. This may require making reference to external data sets and should include a comparison to previous yearly/periodical figures.

- Improvements/decreases in reporting of certain events or their severity should be explained if possible, e.g. are improvements due to recently completed learning actions, new policies, better training uptake, etc.
- Can comparisons be drawn between actual events and near miss events, e.g. could near miss increases be due to improved barriers and preventative processes (clear policies, training, learning) being in place?
- Are near misses in one area comparable to actual events in other areas? Can action be taken to prevent those near misses escalating into actual events?
- How does the data from incidents, PALS, complaints and claims compare? Do the trends and themes match or not? What are the differences and can they be explained?

4 Risk Reduction/Actions/Learning Points

Use the Risk Matrix included in the Trust's Risk Management Policy and Strategy.