University Hospitals of North Midlands NHS
NHS Trust

Policy No. RM09
Analysis and Learning Policy

The following personnel have direct roles and responsibilities in the implementation of this policy:

- **All Trust Staff**

Version:	**3**
Ratified By:	**Quality and Safety Forum**
Date Ratified:	**November 2017**
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Date of Review:	**November 2020**
Trust Contact:	**Head of Quality, Safety and Compliance**
Executive Lead:	**Medical Director**

Version Control Schedule (RM09)

Final Version	Issue Date	Comments
1	August 2011	Developed to define the aggregated approach to the management of incidents, complaints and claims to assist development of a risk profile for the organisation. Ratified
2	February 2013	Reviewed regarding compliance with NHSLA and CQC requirements and approved
3	November 2017	Reviewed as critical day one for integration with MSFT Reviewed to ensure meets new organisational structures and national requirements Policy amended to identify 3 separate reports for Complaints (Patient Experience), Incidents (Quality & Safety) and Claims

University Hospitals of North Midlands NHS
NHS Trust

Statement on Trust Policies to be included in all policies

Staff Side and Trade Unions
The University Hospitals of North Midlands NHS Trust is committed to ensuring that, as far as is reasonably practicable, the way in which we provide services to the public and the way in which we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds.

Equality and Diversity
The University Hospitals of North Midlands aims to promote equality and diversity and value the benefits this brings. It is our aim to ensure that all staff feel valued and have a fair and equitable quality of working life.

Equality Impact Assessment
The organisation aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. The Equality Impact Assessment tool is designed to help you consider the needs and assess the impact of your policy.

Information Governance
Any Trust policy which impacts on or involves the use and disclosure of personal information (patient or employee) must make reference to and ensure that the content of the policy is comparable with the relevant statutory or legal requirement and ethical standards

Data Protection Bill, General Data Protection Regulations (GDPR) and the NHS Code of Confidentiality
GDPR replaces the EU Data Protection Directive of 1995 and supersedes the law of member states that were developed in compliance with the Data Protection Directive 95/45/EC. Its purpose is to protect the "right and freedom" of natural persons (i.e. livening individuals) and to ensure that personal data is not processed without their knowledge, and, wherever possible, that it is processed with their consent.

Processing includes holding, obtaining, recording, using and disclosing of information and applies to all forms of media, including paper and images. It applies to confidential patient information but is far wider in its scope, e.g. it also covers personal records

Whiles GDPR applies to both patient and employee information, the Confidentiality Code of Practice (COP) applies only to patient information. The COP incorporates, the requirements of GDPR and other relevant legislations together with the recommendations of the Caldicott report and medical ethics considerations, in some cases extending statutory requirements and provides detailed specific guidance.

Freedom of Information Act 2000
The Freedom of Information Act 2000 (FOIA) is an Act which makes legal provision and creates a legal gateway and timetable for the disclosure, to the public, of the **majority** of corporate information held (but not necessarily created) by this Trust. The Trust has a legal responsibility to proactively provide a large amount of information to the public and to pro-actively respond to specific requests for information. Information will not be disclosed when the Trust can claim legal exemption. Any non-disclosure must be conveyed in writing; quoting the relevant exemption together with signposting to internal and external methods of compliant. Locally, guidance on the DPA, FOIA and COP can be obtained from the Information Governance Manager or the Caldicott Guardian.

Mental Capacity Act

Any Trust policy which may affect a person who may lack capacity should comply with the requirements of the Mental Capacity Act 2005 (MCA)

The MCA and its associated Code of Practice provides the framework for making decisions on behalf of individuals

who lack the mental capacity to do these acts or make these decisions for themselves. Everyone working with and/or caring for adults who lack capacity, whether they are dealing with everyday matters or life-changing events in the lives of people who lack capacity must comply with the Act.

In a day to day context mental capacity includes making decisions or taking actions affecting daily life – when to get up, what to wear, what to eat etc. In a legal context it refers to a person's ability to do something, including making a decision, which may have legal consequences for the person lacking capacity, or for other people.

The Code provides guidance to all those working with and/or caring for adults who lack capacity, including family members, professionals and carers. It describes their responsibilities when acting or making decisions with, or on behalf of, individuals who lack the capacity to do this for themselves. In particular, it focuses on those who will have a duty of care to a person lacking capacity and explains how the legal rules set out in the Act will work in practice.

The Health Act: Code of Practice for the Prevention and Control of Health Care Associated Infections
The purpose of the Code is to help NHS bodies plan and implement how they can prevent and control HCAI. It sets out criteria by which managers of NHS organisations are to ensure that patients are cared for in a clean, safe environment, where the risk of HCAI is kept as low as possible. Failure to observe the Code may either result in an Improvement Notice being issued by the Care Quality Commission, or in the Trust being reported for significant failings and placed on 'Special Measures'.

The Code relates to healthcare provided by all NHS bodies. Each NHS body is expected to have systems in place sufficient to comply with the relevant provisions of the Code, so as to minimise the risk of HCAI to patients, staff and visitors.
The Trust Board must have an agreement outlining its collective responsibility for minimising the risks of infection and the general means by which it prevents and controls such risks.

Effective prevention and control of HCAI must be embedded into everyday practice and applied consistently by all staff.

Human Rights
The Trust is committed to the principles contained in the Human Rights Act. We aim to ensure that our employment policies protect the rights and interests of our staff and ensure that they are treated in a fair, dignified and equitable way when employed at the Trust.

Sustainable Development
The University Hospitals of North Midlands NHS Trust (UHNM) is committed to demonstrating leadership in sustainability and has a Trust Board approved Sustainable Development Management Plan (SDMP): Our 2020 Vision: Our Sustainable Future which sets out the route to developing a world-class healthcare system that is financially, socially and environmentally sustainable.

There are three 'Key Priorities' to aim for by 2020. With the help of employees, key partners and other stakeholders the trust will embed opportunities to:

1. Reduce our environmental impact, associated carbon emissions and benefit from a healthier environment;
2. Improve the resilience of our services and built environment as a result of severe environmental and climatic changes;
3. Embed sustainable models of care and support our local community to be well-connected, healthy, resilient, independent and managing their lives in a positive way.

The SWITCH campaign is designed to achieve these priorities. It is relevant to all departments and all members of staff. The focus is on using resources sustainably in order to provide better patient care, improve health and our working environment.

CONTENTS **Page**

1. INTRODUCTION

The drive towards improved risk management and better risk reporting has long since been recognised within the NHS, and is a key aspect of the clinical governance agenda. A number of national reporting systems are now in place to collate and analyse information, identify trends and produce recommendations for improvement. The success of these approaches is largely dependent upon having robust reporting systems in place at local levels.

The importance of assuring the safety of patients, staff and visitors is a key priority within the organisation. This requires a collaborative approach to the analysis of incidents, complaints and claims and ensuring that lessons learned from this analysis are shared across the organisation as well as across the local health community. 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.

It is essential that staff understand that the Trust has a learning culture and any investigation is not intended to blame individuals but to seek the causal factors and share the lessons learnt to prevent a reoccurrence of an incident.

The Trust follows a supportive and learning approach in relation to incidents, complaints and claims. Rather than seeking to assign blame, the emphasis is that the occurrence of an incident or subsequent compliant or claims, however serious the outcome, is not in itself evidence of neglect, carelessness or dereliction of duty. Only if evidence emerges of a breach of the law, repeated poor performance that breaches professional standards of conduct or incidents occurring as a result of reckless behaviour will disciplinary action be considered in relation to any individual member of staff.

This policy should be read in conjunction with the following:

- Risk Management Strategy
- RM02 Complaints Policy
- RM06 Claims Policy
- RM07 Adverse Incident Reporting and Investigation (including Serious Incident)

This Policy applies to all Trust staff and contractors working on Trust premises, including staff on honorary contracts and volunteers.

An “Equality Impact Assessment” has been undertaken and no actual or potential discriminatory impact has been identified relating to this document.

2. STATEMENT

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

The Trust will ensure that improvements in practice occur as a result of the lessons learnt during investigation and analysis.

3. SCOPE

The policy applies to all staff involved in the management of an incident, complaint or claim.

4. DEFINITIONS

4.1 **Investigation:** a detailed, thorough, systematic inquiry into an occurrence or omission.

4.2 **Adverse incident:** an event or omission, which caused physical or psychological injury to a patient, visitor or staff member or any event or circumstances arising during NHS care that could have or did lead to unintended or unexpected harm, loss or damage.

4.3 **Serious Incident:** one where serious actual harm has resulted.

4.4 **Near miss**: a situation in which an event or omission, or a sequence of events or omissions, arising during clinical care fails to develop further, whether or not as a result of compensating action, thus preventing injury to a patient

4.5 **Claim:**
Clinical claim: a claim for compensation in respect of adverse clinical incidents, which led to personal injury.

Employer's liability: claims for compensation for injury or ill health to staff arising out of work

Public liability: claims for injuries to members of the public (including patients) following an accident on Trust property

4.6 **Complaint:** an expression of dissatisfaction by one or more members of the public about the Trust's action or lack of action, or about the standard of a service, whether the action was taken by the Trust itself or by somebody acting on behalf of the Trust.

4.7 **Harm**: an injury (physical or psychological), disease, suffering, disability or death. In most instances, harm can be considered to be *unexpected* if it is not related to the natural course of the patient's illness, treatment or underlying condition, or the natural course of events if harm occurs to other than a patient

4.8 **Root cause analysis:** A well recognised way of investigating incidents, claims and complaints, which offers a framework identifying what, how and why the event happened. Analysis can then be used to identify areas of change, develop recommendations and look for new solutions.

4.9 **Aggregated data analysis:** The analysis of data combined from several measurements

4.10 **Learning** The process of gaining experience or knowledge/skills from learning from incidents, complaints and claims in order to identify the root cause and prevent a reoccurrence.

5. ROLES AND RESPONSIBILITIES

Responsibilities - Committees

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

5.2 Quality Assurance Committee

The Quality Assurance Committee, on behalf and with delegated authority from the Trust Board, is responsible for ensuring that trends and themes are acted upon and managed effectively and that any lessons learnt through the investigation of such incidents, complaints and claims are learnt across the organisation. The Quality Assurance Committee will seek assurance that any trends and themes identified are responded to and actions taken. and receives a Quarterly Report which includes lessons learnt.

5.3 Quality and Safety Forum

The Quality and Safety Forum will receive a report if an incident, complaint or claim trend is identified which represents a serious risk to patient safety. This group has the responsibility for ensuring that the Trust has an aggregated approach to the management of complaints, claims and incidents. The Quality and Safety Forum will receive quarterly Quality reports for safety, patient experience and 6 monthly for Claims

5.4 Risk Management Panel (RMP)

Will:

- Receive assurance that action plans have been developed and implemented following the investigation of adverse incidents and claims.
- Oversee the implementation of the Trust Policy RM07 UHNM Policy for Reporting and Management of Incidents including SIRI and STEIS Reportable Incidents and RM12 Duty of Candour Policy.
- Provide and maintain a link between complaints, claims, risk, promoting a cohesive approach to lessons learned patient safety and quality improvements.
- Facilitate and support shared learning through dissemination of action plans and recommendations across the organisation when issues requiring a Trust wide approach are identified.
- Ensure a robust feedback mechanism to all staff on the outcomes of Serious Incidents reported.
- Ensure that the relevant Division identifies the key lessons learned and methods of dissemination of these lessons. RMP will then receive assurance and evidence that this dissemination has been undertaken

5.5 Divisional / Directorate Governance Groups.

These groups will be responsible for reviewing complaints, claims, and incident enquiries that represent a risk to patient safety within their Divisions. They will also act to drive and encourage learning from the above and promote improvements in practice. They will also act in implementing and driving risk reduction measures.

Responsibilities - Staff

5.6 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 Executive's responsibility to;

- Ensure that there are robust systems in place to identify trends and themes from incidents, complaints and claims at the earliest opportunity and that measure are taken to ensure that the safety of patients, staff and visitors is not compromised.
- Ensure there are robust systems in place to learn lessons across the organisation and cross organisationally where possible.
- Ensure that this policy is implemented within all areas of the organisation through responsible Executive Directors, Clinical Directors and Associate Directors.

5.7 Medical Director and Chief Nurse

The Medical Director and Chief Nurse are responsible for supporting the Chief Executive and Trust Board in their responsibilities. Through the Chief Nurse's leadership of the Trust Quality, Safety & Compliance Department, they are responsible for ensuring the production of the aggregated incidents, complaints and claims report.

5.8 Head of Quality, Safety & Compliance

Head of Quality, Safety & Compliance is responsible for ensuring this policy is implemented by the Quality, Safety & Compliance Department.

5.9 Risk & Patient Safety Manager / Head of Patient Relations / Deputy Head of Legal Services /

The above individuals have a responsibility for the day-to-day implementation of this policy, ensuring that incidents, complaints and claims occurrences are analysed in a systematic way, encouraging learning and promoting improvements. They are supported by the Clinical Directors, Associate Directors, Head of Quality, Safety & Compliance, Associate Director of Legal Services and Director of Nursing (Quality & Safety). The Datix electronic reporting system will be used by the Quality, Safety & Compliance Department to allow the information relating to incidents, complaints and claims to be collated and presented as a combined quarterly report.

5.10 Divisional Governance and Quality Managers / Associate Chief Nurses / Clinical Directors / Associate Directors

The Divisional Governance and Quality Managers, Clinical Directors, Associate Chief Nurses and/or Associate Directors are responsible for:

- Ensuring incidents, complaints and claims are appropriately investigated within the Divisions; identifying any trends or reoccurring themes.
- Providing feedback to the Divisional Governance meeting to ensure learning, improvements and risk reduction measures for incidents, complaints and claims takes place.
- Discuss the quarterly Aggregation of Incidents, Complaints and Claims Report at the Divisional Governance meetings.
- Assure the Risk Management Panel that lessons learned and risk reduction measures for incidents, complaints and claims are being implemented within the Divisions/Directorates as and when required.

For details of the aggregated approach to the implementation of this policy please see Appendix 1.

6. EDUCATION TRAINING AND IMPLEMENTATION

Duty of Candour Training which includes incident reporting is mandatory for all staff within the Trust's Training Needs Analysis and as such is included within annual updates, please see HR53 Statutory, Mandatory and Best Practice policy. This is should be recorded within the individual's personal record and ideally on Electronic Staff Record (ESR).

Specific training is available for complaints please refer to RM02 Complaints Policy and HR53 as previously highlighted.

6.1 Help and advice can be sought from the Head of Quality, Safety & Compliance, Risk & Patient Safety Manager, Head of Patient Relations or Deputy Head of Legal Services.

7. MONITORING AND COMPLIANCE WITH THIS POLICY

This policy will be reviewed three yearly or earlier in light of new national guidance or other significant change in circumstances.

RM09 Investigation, Analysis and Learning Monitoring Table					
Aspect of compliance or effectiveness being monitored	Monitoring method	Individual or department responsible for the monitoring	Frequency of the monitoring activity	Group/committee/ forum which will receive the findings/monitoring report	Committee/ individual responsible for ensuring that the actions are completed
a) duties	Datix if failure identified	Head of Quality, Safety & Compliance	Exception only when failure identified	Quality and Safety Forum	Chair of Quality and Safety Forum
b) How incidents, complaints and claims are analysed	Quarterly Quality Reports	Head of Quality, Safety & Compliance	Quarterly	Quality and Safety Forum	Chair of Quality and Safety Forum
c) coordinated approach to the aggregation of incidents, complaints and claims **to provide a risk profile for the organisation**	Quarterly Quality Reports	Head of Quality, Safety & Compliance	Quarterly	Quality and Safety Forum	Chair of Quality and Safety Forum

The Trust reserves the right to change its monitoring method requirements subject to the needs of the Organisation. Where changes to methods are made, the Trust document should be reviewed and re-presented to the Quality and Safety Forum for approval.

8. REFERENCES

Department of Health (2000). *An Organisation with a Memory: Report of an Expert Group on Learning from Adverse Events in the NHS.* London: Department of Health. www.dh.gov.uk

Department of Health (2001). *Building a Safer NHS for Patients: Implementing an Organisation with a Memory.* London: Department of Health. www.dh.gov.uk

National Patient Safety Agency - NPSA (2004). *Seven Steps to Patient Safety.* London: NPSA. www.npsa.nhs.uk

APPENDIX 1

IMPLEMENTATION

1 Integration of Information from Incidents, Complaints and Claims

The Datix electronic reporting system will be used by the Quality, Safety & Compliance Department to allow the information relating to incidents, complaints and claims to be collated and presented as a combined quarterly report to the Quality and Safety Forum.

2 Coordinated Approach to the Aggregation of Incidents, Complaint and Claims

The Trust coordinates its approach to the aggregation of incidents, complaint and claims through the Quality & Safety Quarterly Report.

This report ensures that all information relating to incidents, complaints and claims is collated, aggregated and presented as a quantitative and qualitative analysis report.

3 Frequency of Aggregated Analysis of Incidents, Complaints and Claims

The Quality & Safety Quarterly report will be presented to the Quality and Safety Forum and Quality Assurance Committee by the Quality, Safety & Compliance Department. It will also be shared at the Divisional Governance Groups to ensure organisational learning improvements and risk reduction measures for incidents, complaints and claims takes place.

4 Information within the Quarterly Quality Report

4.1 Quantitative Analysis

The reports will include a quantitative summary of complaints, claims and incidents

The quantitative information listed below represents the minimum requirements.

The content will take the following format:

Overview

- Main Themes from all Incidents, Complaints and Claims

Complaints / Patient Experience:

- Complaints trend
- Complaints by subject
- Complaints reviewed externally
- Actions Taken

Claims (6 monthly):

- New claims
- Claims closed
- Inquests
- Learning

Incidents / Quality & Safety:

- Incidents trends
- Breakdown of Patient Falls / Pressure Ulcers / Medication Incidents / Medical Device related / VTE related
- Actions Taken
- Serious Incidents
- Never Events

4.2 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 quarterly figures.

5 Organisational Learning

Divisional Themes, Trends, Actions and Lessons Learnt.

5.1 Organisational & Local Learning

The Quality and Safety Forum will provide a forum to monitor the implementation and sharing of lessons learned from investigation of complaints, claims and incidents and issues arising from patient advice enquiries wherever possible. The Aggregation of Incidents, Complaints and Claims quarterly report will determine what, if any, lessons can be learned from the circumstances surrounding the claim, complaint or incident.;

The Quarterly reports will feature as a standing agenda item on the following Committees:

- Quality Assurance Committee
- Quality and Safety Forum (membership includes representatives from all divisions);
- Divisional Governance Group Meetings (It is the responsibility of the Divisional Governance Group Meetings to ensure that an effective system is in place at Divisional level, that lessons learnt through incidents/near misses, complaints, and claims investigation are shared and disseminated across the Trust).

As and when the Quality and Safety Forum consider it appropriate, particular themes and lessons learned identified from the Quality & Safety quarterly report will be communicated to all Trust employees' using the following media to aid organisational learning:

- Intranet Site

5.2 Cross Organisational & Local Health Community Learning

The Trust is represented at the Regional Serious Incident Network. This forum aims to ensure cross-organisational learning and sharing of safety lessons. Identified key themes and the lessons learnt will be shared with this Forum.

The Trust also reports Serious Incidents to the Strategic Health Authority/Cluster providing a further opportunity to contribute to cross-organisational learning.

The Trust utilises the Datix electronic reporting system, which links to the National Patient Safety Agency (NPSA), National Learning and Reporting System (NRLS) to ensure that patient safety incidents reported within the organisation are fed into a central system and that further analysis and trends are identified at a National level to enable National learning.