Shared Insights

Focus on Emergency Medicine: Learning from claims and implementing recommendations to reduce harm

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NHS Resolution

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Introduction

In March 2022, NHS Resolution published three thematic reports exploring clinical issues contributing to compensation claims involving Emergency Medicine (EM).

1. High-value (over £1m) and fatality-related claims
2. Claims associated with missed fractures
3. Hospital-acquired pressure ulcers and falls in ED

Each report made a number of recommendations.

Facts and figures

- In 2020/21, NHS Resolution received 10,816 clinical negligence claim notifications, of which 1,151 related to EM/attendances in Emergency Departments (ED).
- The cost of these claims (damages and legal costs) is estimated at £321.91 million.
- Claims involving EM represent 11% of claims notified to NHS Resolution overall.
- Reported value of EM claims is third (next to obstetrics and paediatrics).
- A claim occurs for one in every 17,000 episodes of care in ED settings.
- The number of claims have risen broadly in line with the rising number of attendances to ED.

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Local, Regional and National Response to Recommendations

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Introduction

As well as handling claims, NHS Resolution, an arms length body of the Department of Health and Social Care, also focus on extracting learning, preserving resources and understanding safe patient care and experience.

In the last year ED claims have risen (by 17%) in line with ED attendances (which have risen by 23%).

There is also an increase in complexity in patients' presentations in an ageing and growing population.

Only 1 in 17,000 attendances result in a claim which is important to contextualise all the good work that occurs in the ED.

However, NHS Resolution understands that behind every claim is a patient, a family, a carer, as well as the impact these claims have on staff. So it is important to use learning information for future support.

Knowledge of the numbers is important for understanding constraints regarding capacity, workforce and digital components.

Recommendations to implementation

- There is an exponential rise in healthcare literature and consequently the number of recommendations from numerous enthusiastic stakeholders.
- There is a proposal for NHSE, NHS Resolution and the Royal College of EM to work through a pilot and assess the recommendations to assist in prioritisation.
- It is important to acknowledge what service improvements have occurred locally, understanding that solutions may vary between Trusts – it is not a one size fits all.
- It would be useful to have a 'Bright Spot Repository' so organisations can share their response to recommendations with each other.
- There is a framework to support organisations so they can track the progress of recommendations with a BlueRedAmberGreen rating.

How you can contribute

Alex would really like to hear from anyone interested in contributing to this line of work and would encourage people to get involved – let us know if you would like his contact details.

Examples of practical steps taken to mitigate risks

Miss Susie Hewitt MBE, Consultant in Emergency Medicine, University Hospitals of Derby and Burton NHS Foundation Trust (UHDB)

Local initiatives in ED at UHDB

Miss Hewitt explained that whilst the recommendations in the reports are very reasonable, the vast majority require collaboration across the health community. The report states "the environment in an Emergency Department meets every definition of the risk of making a mistake".

Trusts need systems that protect both patients and staff. Efforts to implement the recommendations need to be focused and prioritised.

Miss Hewitt talked about a number of steps within the gift of ED that UHDB have taken to mitigate risks (both before and since the recommendations).

1. Interface between ambulance service and nurses

   Handover is now in SBAR format and has evolved to a directed conversation surrounding: situation/background/past medical history/allergies/important medications/social circumstances/mobility/dietary needs/red bag (nursing/residential home information)/RESPECT form/safeguarding concerns/capacity/ assessment/observations/ treatment/ECG. This forms part of the records from arrival.

   Triage is now split from handover and done by a separate member of nursing staff. The electronic e PRF (patient report form) is completed by the crew after handover.

2. Yellow non-slip socks and blankets

   Patients deemed a falls risk are given a yellow blanket and bright yellow non slip socks on arrival in the department to make them easily identifiable.

3. Mental health

   The VISA tool and engagement record for patients who present with suicidal thoughts or self-harm to document physical description, triggers, behaviour, intoxication, Section 136, mental capacity concerns, ligature risk and visual anchor point assessment, frequency and outcome of engagement.

4. TRIPP (Comfort and Care rounds)

   Documentation of

   - Toileting needs
   - Refreshments offered or NBM
   - Information e.g what happens next
   - Pain assessment and management
   - Pressure area care

How can legal departments help facilitate prioritisation and implementation of the recommendations

Amelia Newbold
Risk Management Lead, Browne Jacobson LLP

How can legal departments help?

Collaboration wihhin and across organisations is key in facilitating implementation of recommendations and identifying what measures will have the most meaningful impact in reducing harm. This approach is adopted by the Patient Safety Incident Response Framework which states:

> *"It is essential organisational safety teams and those in specific departments collaborate, to prevent siloed working and ensure aligned approaches in responding to patient safety incidents for learning and improvement."*

1. Use of claims data to help spot current/ongoing trends and also to support assurance work – to identify whether measures which have been implemented have resulted in fewer claims. There are various tools available to help with this including:
    - The NHS Resolution scorecard which enables filtering of claims by reference to speciality and then for date of incident and cause codes to get a high-level overview of any potential issues either by department or theme.
    - There are also resources published by GIRFT to support learning from claims, including the annual Litigation Pack which uses a slightly different metric to the scorecard but which can help both legal and clinical teams identify areas of focus for improvement work.
2. Insights from individual or groups of claims which are not available from other sources of information but which are very valuable to share to improve practice. For example, information about ways in which clinical documentation can be improved following specific claims
3. Data about the cost of claims relating to a speciality or type of incident, including damages payments and legal costs. In addition to this will be the 'hidden' costs e.g. time taken by clinicians to attend meetings, provide statements etc. In the context of patient safety, the focus is rightly on the human cost and the ultimate goal is to reduce harm, but financial data can be used to help Trusts make decisions about prioritisation by supporting a business case to focus and invest in particular quality improvement work in order to save £x spent on resolution of claims.

How we can help

Please do let us know if you would like assistance with analysis of your claims and inquests data to identify key learning to share with clinical teams, respond to GIRFT and/or to contribute relevant information to inform your organisation's patient safety profile and Patient Safety Incident Response Plan.

We also have a team of dedicated specialists who have in depth knowledge of EM/ED claims across the UK. Our experience and awareness of the issues and challenges that Trusts face enable us to deliver pragmatic and practical advice when you need it.

Contact us

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