



AGENDA ITEM

6.7

QUALITY & SAFETY COMMITTEE

LEARNING FROM EVENTS REPORTS

Date of meeting

24th May 2023

FOI Status

Open/Public

If closed please indicate reason

Not Applicable - Public Report

Prepared by

Stephanie Muir, Assistant Director of Concerns & Claims

Presented by

Stephanie Muir, Assistant Director of Concerns & Claims

Approving Executive Sponsor

Executive Director of Nursing

Report purpose

FOR DISCUSSION / REVIEW

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals

Date

Outcome

(Insert Name)

(DD/MM/YYYY)

Choose an item.

ACRONYMS

LFERs

Learning from Events Reports

WRP

Welsh Risk Pool

1. SITUATION/BACKGROUND

- 1.1 The Health Board are required to submit Learning from Events Reports (LFERs) to Welsh Risk Pool (WRP) in respect of learning information relating to claims and redress cases in order that costs can be reimbursed.
- 1.2 LFERs should be submitted to WRP along with evidence of learning as follows:



- Claims – 60 working days from decision to settle.
- Redress – 60 working days from admission of qualifying liability.

- 1.3 The Welsh Risk Pool Committee relaxed this deadline during the pandemic period.
- 1.4 The Welsh Risk Pool Committee reinstated this deadline with effect from 1st November 2021.
- 1.5 The Health Board has had a historic backlog of LFERs. Various actions were taken to address the backlog, however the completion and submission of LFERs and supporting evidence continues to be a challenge for the Health Board.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 Despite actions being undertaken in respect of improving compliance with the submission of LFERs, the Health Board has recently received a £25,000 penalty for the 8 LFERs that had been deferred for longer than 12 months. Monies have been recharged to the relevant service areas.
- 2.2 The Claims Team have developed and implemented an LFER Recovery Plan to reduce the historic LFER cases, with an anticipated completion of all historic cases by 31st December 2023.
- 2.3 This LFER Recovery Plan, with trajectory, is monitored weekly at the Executive Patient Safety meeting.
- 2.4 The Assistant Director of Concerns & Claims holds regular meetings with WRP to discuss and monitor the progress of LFERs.
- 2.5 As at 30th April there are a total of 64 deferred LFERs which are categorised as follows:

0 cases deferred for more than 12 months
17 cases deferred for more than 10 months
10 cases deferred between 8-10 months
12 cases deferred between 6-8 months
25 cases deferred less than 5 months

There are a further 37 cases, which have been newly triggered prior to 1st April 2023.

Between 1st April and 30th April 2023 there have been a further 10 LFERs which have triggered.

- 2.6 The recent revision of the Quality Governance Delivery model, proposed new arrangements for quality, safety and governance provided an opportunity to revisit how LFERs are managed within CTM UHB. These changes in the management of LFERs were established on 1st April 2023.
- 2.7 The new arrangements provide an opportunity to realign the LFER process with the patient safety team, with the process being managed by Patient Safety & Improvement Managers. This move will provide enhanced support to the clinical service groups.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 The Health Board still carries a risk that the non-submission of LFERs can result in the Welsh Risk Pool imposing financial penalties.
- 3.2 The Health Board needs to move to a position whereby learning is recorded/captured in a centralised way at point of incident/complaint/claim.
- 3.3 Actions taken:
- Reports/dashboards developed for the newly formed care groups.
 - LFER facilitation moved to patient safety improvement managers.
 - Escalation process for missed deadlines formulated.
 - Training and buddy system implemented for the Patient Safety Improvement Managers.
 - "LFER how to guide" developed and shared.
 - Learning Framework developed.
 - Shared Learning Event undertaken.
 - Learning Repository developed to capture learning.
 - Training undertaken on Datix, highlighting the need to complete actions and upload evidence of actions.

Actions in progress:

- Ensure accountability for learning is clear in the new Care Group set up.
- Early notification being developed that would give Care Groups early notification that learning is required ie. at breach of duty.



4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	There are quality and safety implications. If learning from events does not occur, improvement actions and preventable measure will not be put in place and therefore incidents/complaints can reoccur.
Related Health and Care standard(s)	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below)
	If no, please provide reasons why an EIA was not considered to be required in the box below.
Legal implications / impact	Not required for this report.
	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below)
	Resource will be required to take forward this work.
Link to Strategic Goals	Improving Health

5. RECOMMENDATION

5.1 The Committee are asked to:

- **Note** progress made.
- **Support** actions taken and in progress.