



## Clinical/Social Care Negligence Cases

in Northern Ireland (2015/16)



#### **Reader Information**

Background This statistical release summarises information collected from Health &

Social Care (HSC) Trusts, Agencies and Legacy Health and Social Services (HSS) Boards on clinical/social care negligence cases in Northern Ireland open during the year ending 31<sup>st</sup> March 2016. Information includes all cases currently open and settled, including those withdrawn or closed

with details of any monies paid.

Authors Michael O'Donnell, Paul Stevenson, Kieran Taggart.

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Information & Analysis Directorate

Department of Health

Stormont Estate Belfast, BT4 3SQ

Statistician Michael O'Donnell

Email <u>Michael.O'Donnell@health-ni.gov.uk</u>

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and general public.

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### **KEY POINTS**

#### Payments in 2015/16

 During the last two years, the amount paid on clinical/social care negligence cases decreased by £14.8 million (35.8%), from £41.4 million in 2014/15 to £26.6 million in 2015/16 (Table 1).

#### **Payments to Date**

686

New cases opened during 2015/16

£95.2m

Paid to date on the 3,613 cases open at any stage during 2015/16

639

Cases closed during 2015/16

- During 2015/16, 3,613 clinical/social care negligence cases were open at any stage, 455 (14.4%) more than in 2011/12 (3,158) (Table 3).
- In 2015/16, 686 new cases were opened, 639 cases were closed, whilst 2,768 cases remained open and 206 cases had been settled at 31<sup>st</sup> March 2016 (Figure 3, Tables 4 - 8).
- The average clinical/social care negligence case, open in 2015/16, had been open for 2.6 years (Figure 5).

- Over half (55.7%, 2,012) of all clinical/social care negligence cases referred to the following four specialties; 'Accident & Emergency' (631), 'Obstetrics' (614), 'General Surgery' (390) and 'Trauma and Orthopaedics' (377) (Table 13).
- A total of £95.2 million has been paid to date on the 3,613 clinical/social care negligence cases which were open at any stage during 2015/16. Of which, £71.1 million (74.7%) had been awarded in damages and £24.1 million (25.3%) paid out in legal costs (defence and plaintiff) (Tables 4 & 14).
- Over half (53.5%, £50.9m) of the amount paid out on clinical/social care negligence cases open at any stage during 2015/16 referred to the 'Obstetrics' speciality, of which, four fifths (80.3%, £40.9m) had been paid on damages (Table 15).

## **INTRODUCTION**

The information presented in this year's Clinical/Social Care Negligence Cases publication is similar to last year when we presented information on:

- (i) The amount paid during each year (CN1a);
- (ii) The amount paid since each case was opened (CN1);

This information is sourced from two Departmental statistical returns: CN1 and CN1a.

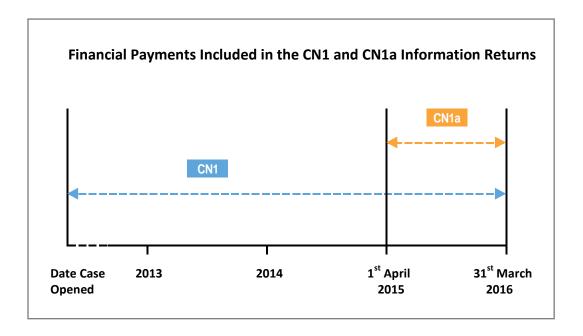
The annual CN1 information return collects information on each clinical/social care negligence case open at any stage during the financial year, including details on: the type of case, gender of patient, postcode, date of incident, date case opened, date settled, date closed, specialty to which case is associated with, nature of incident, legal stage, outcome of case and amount paid (damages or legal costs) on each case since the case opened.

The quarterly CN1a return is an aggregate return and collects summary information on the number of new cases opened, cases open on the last day of the quarter, cases closed, and the amount paid out in each quarter.

In previous publications, the amount paid on clinical negligence was based on the CN1 return and reported the amount paid to date on each case which quite often was misinterpreted by readers as the amount paid by HSC Trusts on clinical/social care negligence cases in that year. Therefore, to make it easier for readers to interpret this information, Section 1 of this statistical report details the amount paid in the financial year by HSC Trusts. Sections 2 & 3 are sourced from the CN1 return and present the same information as in previous years.

Flowchart 1 below details the period to which the financial information relates to in each information return.

Flowchart 1: Periods to Which Financial Payment Information Relates to for Both CN1 and CN1a Returns



#### What is Clinical/Social Care Negligence?

For the purposes of this statistical report, clinical/social care negligence is defined as:

"A breach of duty of care by members of the health and social care professions employed by HSC organisations or by others consequent on decisions or judgments made by members of those professions acting in the course of their employment, and which are admitted as negligent by the employer or determined as such through the legal process".

## **SECTION 1**

## **PAYMENTS MADE DURING 2015/16**

Readers will note from the introduction that changes were made to the publication last year to include information on the amount of money paid **during the year**, with information now available for two years this has made it possible to provide a comparison across years for the first time.

Table 1 provides information on the amount paid on clinical/social care negligence cases in each of the last two years.

Table 1: Amount Paid on Clinical/Social Care Negligence Cases, by HSC

Trust/Legacy HSS Board (2014/15 - 2015/16)

### £14.8 m

Decrease in the amount paid on clinical/social care negligence cases over the last two years

HSC Trust / Legacy HSS Board	2014/15	2015/16	Change	%Change
Belfast	£13,004,257	£12,506,163	-£498,094	-3.8%
Northern	£4,070,985	£2,150,284	-£1,920,701	-47.2%
South Eastern	£6,627,389	£4,644,462	-£1,982,927	-29.9%
Southern	£6,366,576	£2,373,817	-£3,992,759	-62.7%
Western	£2,149,998	£3,510,655	£1,360,657	63.3%
Legacy HSS Boards	£9,110,734	£1,378,696	-£7,732,038	-84.9%
NIAS / NIBTS	£23,841	£4,361	-£19,480	-81.7%
Northern Ireland	£41,353,780	£26,568,438	-£14,785,342	-35.8%

During the last two years, the amount paid on clinical/social care negligence cases decreased by £14.8 million (35.8%), from £41.4 million in 2014/15 to £26.6 million in 2015/16 (Table 1).

When compared with 2014/15, the amount paid on damages in 2015/16 almost halved (45.8%, £13.8m), defence costs decreased by £1.7 million (37.0%), whilst plaintiff costs increased by £0.7 million (10.3%).

Between 2014/15 and 2015/16, the amount paid on clinical/social care negligence cases decreased in each HSC Trust / Legacy HSS Board, with the exception of the Western HSC which reported an increase of 63.3% (£1.3m) (Table 1).

The Legacy HSS Boards reported the largest decrease (84.9%, £7.7m) in the amount paid on clinical/social care negligence cases, from £9.1 million in 2014/15 to £1.4 million in 2015/16 (Table 1).

Table 2 details the amount of money paid on clinical/social care negligence cases by HSC Trust/Legacy HSS Boards in Northern Ireland during 2015/16.

Table 2: Amount Paid on Clinical/Social Care Negligence Cases during 2015/16, by HSC Trust/Legacy HSS Board and Type of Payment

HSC Trust / Legacy HSS Board	Damages Paid	Defence Costs Paid	Plaintiff Costs Paid	Total Amount Paid
Belfast	£8,197,721	£1,126,995	£3,181,447	£12,506,163
Northern	£933,383	£321,731	£895,169	£2,150,284
South Eastern	£3,030,284	£508,109	£1,106,069	£4,644,462
Southern	£1,181,824	£420,944	£771,049	£2,373,817
Western	£2,045,276	£343,666	£1,121,713	£3,510,655
Legacy HSS Boards	£915,930	£135,606	£327,160	£1,378,696
NIAS / NIBTS	£4,361	£0	£0	£4,361
Northern Ireland	£16,308,779	£2,857,051	£7,402,608	£26,568,438

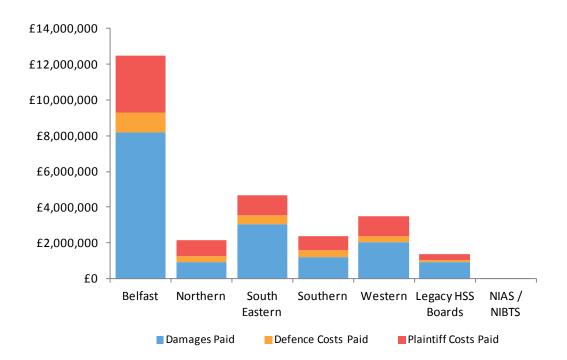
During 2015/16, £26.6 million was paid on clinical/social care negligence cases in Northern Ireland, with over two thirds (61.4%, £16.3m) paid in damages, £7.4 million (27.9%) paid in plaintiff costs and £2.9 million (10.8%) paid in defence costs (Figure 1, Table 2).

Almost half (47.1%, £12.5m) of all monies paid in 2015/16 were paid by the Belfast HSC Trust, whilst the NIAS/NIBTS paid the lowest amount (0.02%, £4,361) (Figure 1, Table 2).

£26.6 m was paid on clinical/social care negligence cases in 2015/16 Almost two fifths (38.6%, £10.3m) of monies paid on clinical/social care negligence cases in 2015/16 were on legal costs (Defence and Plaintiff) (Table 2).

During 2015/16, the percentage of all monies paid out in legal costs ranged from 33.6% (£0.5m) of Legacy HSS Boards cases to 56.6% (£1.2m) of Northern HSC Trust cases (Figure 1, Table 2).

Figure 1: Amount Paid on Clinical/Social Care Negligence Cases during 2015/16, by HSC Trust/Legacy HSS Board and Type of Payment



## **SECTION 2**

# CLINICAL/SOCIAL CARE NEGLIGENCE CASES OPEN AT ANY STAGE DURING THE YEAR

This section details the number of clinical/social care negligence cases open at any stage during each of the last five years. Readers should note that if a case was opened and was not subsequently closed at the end of the year, it will be counted in each year it was open.

455

More cases open in 2015/16 than five years ago

Table 3: Number of Cases Open During the Year, by HSC Trust/Legacy
HSS Board<sup>1</sup> (2011/12 - 2015/16)

HSC Trust / Legacy HSS Board	2011/12	2012/13	2013/14	2014/15	2015/16
Belfast	1,108	1,158	1,239	1,395	1,421
Northern	473	481	487	485	496
South Eastern	476	517	544	565	565
Southern	384	421	465	507	503
Western	495	582	486	526	513
Legacy Eastern	78	74	80	58	56
Legacy Northern	26	21	21	16	15
Legacy Southern	60	8	8	10	11
Legacy Western	44	40	36	29	20
NIAS/NIBTS	14	13	11	10	13
Northern Ireland	3,158	3,315	3,377	3,601	3,613

Between 2011/12 and 2015/16, the number of clinical/social care negligence cases open increased by 455 (14.4%), from 3,158 to 3,613 (Figure 2, Table 3).

<sup>&</sup>lt;sup>1</sup> Legacy HSS Boards are responsible for alleged incidents that occurred prior to 1993, regardless of the date the claim is made.

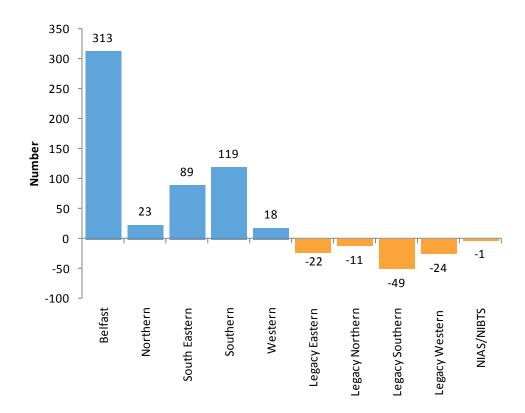
Since 2011/12, the Belfast HSC Trust reported the largest increase in the number of clinical/social care negligence cases open (313, 28.2%), from 1,108 to 1,421 in 2015/16 (Figure 2, Table 3).

The Belfast HSC Trust reported the largest number of cases open during each of the last five years, and accounted for almost two fifths (39.3%, 1,421) of all cases open in 2015/16 (Figure 2, Table 3).

Between 2011/12 and 2015/16, cases which were the responsibility of the Legacy HSS Boards have decreased in all four Boards, with the Legacy Southern HSS Boards reporting the largest decrease (60 to 11) (Figure 2, Table 3).

Figure 2: Change in the Number of Cases Open During the Year, by HSC

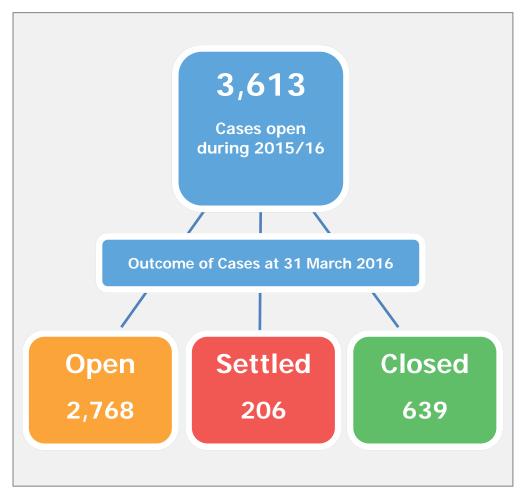
Trust/Legacy HSS Board (2011/12 - 2015/16)



#### Outcome of Cases at 31st March 2016

Table 4 provides a summary of the number of clinical/social care negligence cases open during 2015/16<sup>2</sup>, broken down by the outcome of the case (open, settled, closed)<sup>3</sup> at 31<sup>st</sup> March 2016 and the HSC Trust/Legacy HSS Board.

Figure 3: Outcome of Cases (Open / Settled / Closed) at 31<sup>st</sup> March 2016



There were 3,613 clinical/social care negligence cases open at any stage during 2015/16.

Of the 3,613 cases open in 2015/16, over three quarters (76.6%, 2,768) remained open at the end of the year, 206 (5.7%) had been settled and 639 (17.7%) had been closed (Figure 3, Table 4).

<sup>3</sup> Refer to Definitions, Notes 2, 3 & 4.

<sup>&</sup>lt;sup>2</sup> 'Cases Open During' refers to the number of cases that were open at any stage during 2015/16. The number of open, settled and closed cases refers to the position at 31<sup>st</sup> March 2016, the sum of which equals the total number of cases open during the year.

Table 4: Number of Cases Open, Settled and Closed, by HSC

Trust/Legacy HSS Board (2015/16)

HSC Trust / Legacy HSS	Outcome	All Cases Open During		
Board	Open	Settled	Closed	2015/16
Belfast	1,120	77	224	1,421
Northern	368	33	95	496
South Eastern	427	26	112	565
Southern	383	19	101	503
Western	385	39	89	513
Legacy Eastern	43	7	6	56
Legacy Northern	7	1	7	15
Legacy Southern	8	0	3	11
Legacy Western	15	3	2	20
NIAS/NIBTS	12	1	0	13
Northern Ireland	2,768	206	639	3,613

Almost two fifths (39.3%, 1,421) of all cases open at any stage during 2015/16 were in the Belfast HSC Trust, 565 (15.6%) in the South Eastern HSC Trust, 513 (14.2%) in the Western HSC Trust, 503 (13.9%) in the Southern HSC Trust, 496 (13.7%) in the Northern HSC Trust, 102 (2.8%) in the Legacy HSS Boards and 13 (0.4%) in the NIAS/NIBTS (Table 4).

#### **Cases Open**

An open case refers to any case for which an official letter of notification of the intention to proceed with a case has been received, and which had not been settled or closed by the last day of the year.

Table 5 below presents an analysis of the change in the number of cases open at 31<sup>st</sup> March 2016 compared with 2012, with a red arrow indicating that the number of cases open increased and green indicating a decrease.

Table 5: Number of Cases Open at 31<sup>st</sup> March, by HSC Trust/Legacy HSS Board (2012 & 2016)

2,768
Clinical/social care negligence cases remained open at 31<sup>st</sup> March 2016

HSC Trust/Legacy HSS Board	31st March 2012	Change	31st March 2016
Belfast	931	1	1,120
Northern	370	•	368
South Eastern	373	•	427
Southern	321		383
Western	409	•	385
Legacy HSSB	118	•	73
NIAS/NIBTS	11		12
Northern Ireland	2,540	•	2,768

At 31<sup>st</sup> March 2016, 2,768 clinical/social care negligence cases remained open in Northern Ireland. Across HSC Trusts, the number of cases open ranged from 12 in the NIAS/NIBTS to 1,120 in the Belfast HSC Trust. It should also be noted that at this time, 73 cases which remained open were the responsibility of the Legacy HSS Boards<sup>4</sup> (Appendix 8, Table 5).

Since 2012, the Belfast HSC Trust reported the largest increase in the number of cases open at 31<sup>st</sup> March (189, 20.3%), from 931 to 1,120 in 2016. However, the number of Legacy HSS Board cases remaining open decreased by 45 (38.1%) during this time, from 118 in 2012 to 73 in 2016 (Appendix 8, Table 5).

<sup>&</sup>lt;sup>4</sup> Legacy HSS Boards are responsible for alleged incidents that occurred prior to 1993, regardless of the date the claim is made.

#### Cases Settled<sup>5</sup>

A settled case refers to any case settled that was not subsequently closed by the end of 2015/16. If a case was settled and then closed within the same financial year it is recorded as closed as at 31<sup>st</sup> March.

Table 6 presents an analysis of the change in the number of cases settled at 31<sup>st</sup> March 2016 compared with 2012, with a red arrow indicating that the number of cases settled increased and green indicating a decrease.

Table 6: Number of Cases Settled at 31<sup>st</sup> March, by HSC Trust/Legacy HSS Boards (2012 - 2016)

**206** 

Clinical/social care negligence cases were settled at 31<sup>st</sup> March 2016

HSC Trust/Legacy HSS Board	31st March 2012	Change	31st March 2016
Belfast	23	1	77
Northern	21		33
South Eastern	19	•	26
Southern	25	•	19
Western	0		39
Legacy HSSB	7		11
NIAS/NIBTS	2	•	1
Northern Ireland	97	•	206

At 31<sup>st</sup> March 2016, 206 clinical/social care negligence cases were settled in Northern Ireland. Of these, 77 (37.4%) were settled in the Belfast HSC Trust, 39 (18.9%) in the Western HSC Trust, 33 (16.0%) in Northern HSC Trust, 26 (12.6%) in South Eastern HSC Trust, 19 (9.2%) in the Southern HSC Trust, 11 (5.3%) in the Legacy HSS Boards and 1 (0.5%) in the NIAS/NIBTS (Appendix 9, Table 6).

<sup>&</sup>lt;sup>5</sup> Cases settled at 31<sup>st</sup> March 2016 include 'Periodic Payment Order' cases which may have been settled before 1<sup>st</sup> April 2015. For more information see p.35.

#### **Cases Closed**

A closed case refers to:

- (i) a case were the decision has been made to withdraw or not proceed with no money being awarded; or
- (ii) a case were all monies awarded have been paid, and there is no longer any activity.

A case is officially closed when the Directorate of Legal Services (DLS) issue a letter stating that the case has been closed. Table 7 below details the change in the number of cases closed over the last five years, with a red arrow indicating an increase and green a decrease.

Table 7: Number of Cases Closed During 2015/16, by HSC Trust/Legacy
HSS Board (2011/12 - 2015/16)

HSC Trust/Legacy HSS Board	2011/12	Change	2015/16
Belfast	154	•	224
Northern	82		95
South Eastern	84		112
Southern	38		101
Western	86		89
Legacy HSSB	83	•	18
NIAS/NIBTS	1	•	0
Northern Ireland	528		639

During 2015/16, 639 cases were closed in Northern Ireland. Of these, 224 cases (35.1%) were closed in the Belfast HSC Trust, 112 (17.5%) in the South Eastern HSC Trust, 101 (15.8%) in the Southern HSC Trust, 95 (14.9%) in the Northern HSC Trust, 89 (13.9%) in the Western HSC Trust, 18 (2.8%) in the Legacy HSS Boards and 0 in the NIAS/NIBTS (Table 7).

Since 2011/12, the number of cases closed in the Southern HSC Trust more than doubled, from 38 to 101 during 2015/16, whilst the number of cases closed by the Legacy HSS Board more than halved, from 83 to 18 during the same period (Appendix 10, Table 7).

639

Clinical/social care negligence cases were closed during 2015/16

#### **New Cases**

A new case refers to any case opened during the financial year i.e. 1<sup>st</sup> April 2015 to 31<sup>st</sup> March 2016.

Table 8 presents an analysis of the change in the number of new cases opened during 2015/16 compared with 2011/12, with a red arrow indicating that the number of new cases increased and green indicating a decrease.

Table 8: Number of Cases Opened During the Year, by HSC Trust/Legacy
HSS Board<sup>6</sup> (2011/12 - 2015/16)

HSC Trust/Legacy HSS Board	2011/12	Change	2015/16
Belfast	198	•	242
Northern	78		99
South Eastern	100	•	136
Southern	104	•	105
Western	85		94
Legacy HSSB	10	•	6
NIAS/NIBTS	5	•	4
Northern Ireland	580	•	686

Between 1<sup>st</sup> April 2015 and 31<sup>st</sup> March 2016, 686 new clinical/social negligence cases were opened in Northern Ireland. Across HSC Trusts, the number of new cases opened ranged from 4 in the NIAS/NIBTS to 242 in the Belfast HSC Trust (Appendix 11, Table 8).

Since 2011/12, the Belfast HSC Trust reported the largest increase in the number of new clinical/social care negligence cases opened during the year (44, 22.2%), from 198 to 242 in 2015/16, whilst the number of new cases opened by the Legacy HSS Boards decreased by 4 (40.0%), from 10 to 6 in 2015/16 (Appendix 11, Table 8).

686

New clinical/social care negligence cases were opened in 2015/16

 $<sup>^6</sup>$  Legacy HSS Boards are responsible for alleged incidents that occurred prior to 1993, regardless of the date the claim is made.

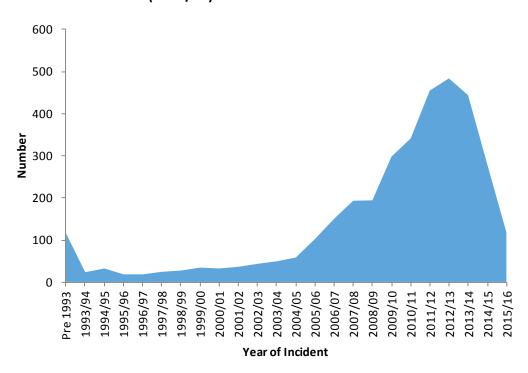
#### **Year of Incident**

The information below presents the number of clinical/social care negligence cases that were open at any stage during 2015/16, by the year in which the alleged incident occurred.

Information on the date of the alleged incident was recorded for 98.8% (3,568) of all cases open in  $2015/16^7$ , slightly higher than the proportion in 2014/15 (98.4%) (Appendix 6).

It should also be noted that clinical/social care negligence cases may not be lodged for several years after the date of the alleged incident. This would be expected in cases such as those relating to pregnancy and childbirth, where there may be a delay in the outcome of the disease or disorder.

Figure 4: Number of Cases Open at any Stage During the Year, by Year of Incident (2015/16)



Almost half (49.9%, 1,781), of cases with a known incident date, referred to incidents which occurred in the last five years. On the other hand, 115 (3.2%) cases referred to incidents which occurred prior to 1993, of which 81 (70.4%) were the responsibility of the Legacy HSS Boards (Appendix 6).

50%

Half of cases open referred to incidents that occurred within the last five years

<sup>&</sup>lt;sup>7</sup> Where the date of the alleged incident was not recorded, the year of incident has been recorded as unknown.

#### Age of Case

The age of a case is based on the difference between the date the case was opened and 31<sup>st</sup> March 2016 or the date the case was settled or closed.

Table 9 details the length of time a case was open by the outcome of the case.

Table 9: Number of Cases Open at any Stage During the Year, by Age of Case (2015/16)

Length of Time Open	C	No. Open		
Length of Time Open	Open	Settled	Closed	During Year
Less than 1 year	673	6	33	712
1 year to < 3 years	1,165	54	153	1,372
3 years to < 5 years	546	63	246	855
5 years to < 10 years	318	60	179	557
10 years to < 15 years	45	16	19	80
15 years to < 20 years	16	3	6	25
20 years or more	5	4	3	12
Total	2,768	206	639	3,613

Of the 2,768 cases that remained open at 31<sup>st</sup> March 2016, two thirds (66.4%, 1,838) had been open for less than 3 years, whilst 66 (2.4%) had been open for 10 years or more (Figure 5, Table 9).

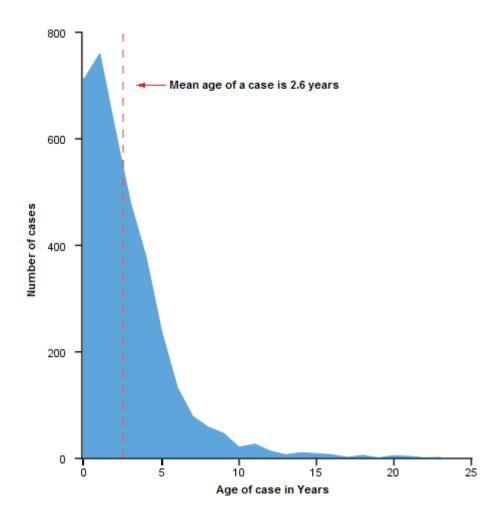
Of the 206 cases settled at 31<sup>st</sup> March 2016, almost three fifths (59.7%, 123) had been open for 3 - 10 years, whilst 60 (29.1%) had been open for less than three years (Table 9).

Over three fifths (62.4%, 399) of the 639 cases closed during 2015/16, had been open for 1 - 5 years, with 9 (1.4%) open for 15 years or more (Table 9).

## 2.6 Years

The average length of time a negligence case had been open for in 2015/16

Figure 5: Number of Cases Open at any Stage During the Year, by Age of Case (2015/16)



At 31<sup>st</sup> March 2016, the average clinical/social care negligence case had been open for 2.6 years (Figure 5).

#### Age at Date of Alleged Incident8

Table 10 presents information on the age group of the claimant at the time of the alleged incident, for all clinical/social care negligence cases open during the last five years.

Age, at the time of the alleged incident, was available for 3,507 (97.4%) of all clinical/social care negligence cases open at any stage during 2014/15. On a few occasions the relevant HSC Trust/Legacy HSS Board may not initially have been informed of the date of the alleged incident or the date of birth of the patient, in these instances, age at the date of the alleged incident is unknown.

Table 10 presents an analysis of the change in the number of cases by age group in 2015/16 compared with 2011/12, with a red arrow indicating that the number of cases in that age group increased and green indicating a decrease.

Table 10: Number of Cases Open at any Stage, by Age Group (2011/12 – 2015/16)

Age Group (Years)	2011/12	2012/13	2013/14	2014/15	2015/16	Change since 2011/12
0-1	356	367	378	395	386	•
2-18	346	349	329	344	345	•
19-34	847	874	860	920	909	•
35-50	728	794	818	883	888	•
51-64	503	548	551	614	624	•
Over 65	277	294	307	351	363	•
Unknown	101	89	134	94	98	•
Total	3,158	3,315	3,377	3,601	3,613	•

Since 2011/12, the number of cases open has increased in each age group with the exception of those aged 2 - 18 (Table 10).

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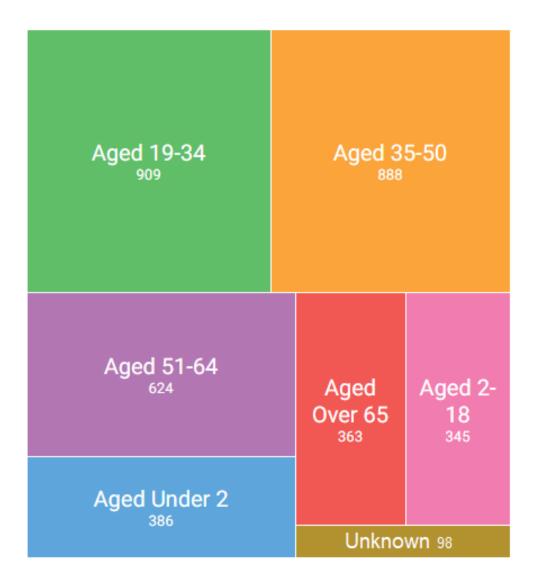
19 - 34

A quarter of cases involved persons within this age group at the time of the alleged incident

<sup>8</sup> Age at date of alleged incident was calculated as the difference between the date of birth of the patient and the date of the alleged incident.

Over the last five years, the number of clinical/social care negligence cases involving persons aged between 35-50 years has increased by 160 (22.0%), from 728 in 2011/12 to 888 in 2015/16 (Table 10).

Figure 6: Number of Cases Open at any Stage, by Age Group (2015/16)



#### **Nature of Alleged Incident**

The nature of the alleged incident was determined by data providers using the list provided in Appendix 4. If a number of these applied, the most appropriate reason for the clinical/social care negligence case was recorded. The nature of the alleged incident was recorded in 3,353 (92.8%) of all clinical/social care negligence cases open at any stage during 2015/16.

Table 11 presents the number of clinical/social care negligence cases open at any stage during each of the last five years broken down by the nature of the incident group<sup>9</sup>.

The change in the number of cases in 2015/16 compared with 2011/12 is presented below with a red arrow indicating an increase and green a decrease.

Allogod -

31%

Almost a third of

cases open during

**2015/16** related to

'Treatment'

Table 11: Number of Cases Open at any Stage, by Nature of Alleged Incident (2011/12 – 2015/16)

Nature of Incident Group	2011/12	2012/13	2013/14	2014/15	2015/16	Change since 2011/12
Admissions/Referral	9	10	17	16	19	•
Assault (to or by patient)	10	9	11	10	9	•
Consent/Failure to warn	23	28	27	32	27	•
Diagnosis & Tests	645	652	641	712	711	•
Discharge	27	24	24	24	18	
Facilities & Equipment	35	31	32	43	51	•
Infections	142	123	105	89	87	•
LevelofCare/Supvr/Follow-up	188	206	203	223	233	•
Medication/Bloods/Fluids	85	98	91	100	101	•
Operation	267	278	276	286	295	•
Pregnancy & Childbirth	211	224	255	282	296	•
Treatment	875	955	999	1,046	1,121	•
Unexpected death	15	14	15	15	17	•
Other	427	452	465	393	368	
Unknown	199	211	216	330	260	•
Total	3,158	3,315	3,377	3,601	3,613	•

<sup>9</sup> A list of definitions of nature of alleged incident category groups can be found in Appendix 3 and a full list of reasons in Appendix 4.

Almost a third (31.0%, 1,121) of clinical/social care negligence cases open at any stage during 2015/16 referred to 'Treatment', 711 (19.7%) to 'Diagnosis & Tests', 296 (8.2%) to 'Pregnancy & Childbirth' and 295 (8.2%) to 'Operation', these four categories accounted for over two thirds (67.1%, 2,423) of all cases open (Figure 7, Table 11).

In 2015/16, the highest number of cases in each HSC Trust related to 'Treatment', with the exception of the Northern HSC Trust where the largest incident group was 'Diagnosis & Tests' (131, 26.4%) (Appendix 7).

Within the Legacy HSS Boards, the largest percentage of clinical/social care negligence cases open in 2015/16 related to the 'Pregnancy & Childbirth' incident group (26, 25.5%) (Appendix 7).

Treatment

Operations

Pregnancy & Childbirth

of all cases

Figure 7: Four Largest Alleged Nature of Incident Groups (2015/16)

'Admissions/Referrals', 'Assaults (to patient and by patient)', 'Consent/Failure to warn', 'Discharge' and 'Unexpected Death' each accounted for less than 1.0% of all cases open during 2015/16 (Table 11).

Table 12 provides a breakdown of the six largest groups identified in Table 11, by the nature of the alleged incident.

Table 12: Number of Cases Open at any Stage, Grouped by the Nature of the Alleged Incident (2015/16)

Nature of Incident	No. of Cases	% of Nature of Incident Group
Treatment		
Fail to / Delay treatment	729	65.0%
Inappropriate treatment	268	23.9%
Fail to recognise complication of treatment	105	9.4%
Others under Treatment	19	1.7%
Total	1,121	100.0%
Diagnosis & Tests		
Failure to / Delay diagnosis	549	77.2%
Wrong diagnosis made	78	11.0%
Failure to interpret x-ray correctly	49	6.9%
Others under diagnosis & tests	35	4.9%
Total	711	100.0%
Pregnancy & Childbirth		
Pregnancy/Childbirth	113	38.2%
Birth Defects	104	35.1%
Fail to monitor 2nd Stage labour	25	8.4%
Others under Pregnancy & Childbirth	54	18.2%
Total	296	100.0%
Operation		
Intra-operative problems	131	44.4%
Operator error	61	20.7%
Foreign body left in situ	32	10.8%
Others under Operation	71	24.1%
Total	295	100.0%
Level of Care/Supervision / Follow-up		
Fail to supervise	83	35.6%
Lack of assistance/care	45	19.3%
Fail to carry out post operative observations	36	15.5%
Others under Level of Care/Supervision/Follow-Up	69	29.6%
Total	233	100.0%
Other		
Sexual Abuse	25	6.8%
Assault, etc by hospital staff	23	3.8%
Unlawful detention - mental health	14	6.3%
Others under Other	306	83.2%
Total	368	100.0%

Of the 1,121 clinical/social care negligence cases which referred to 'Treatment', almost nine in ten (88.9%, 997) referred to 'Fail to / Delay Treatment' (729) and 'Inappropriate Treatment' (268) (Table 12).

Almost four fifths (77.2%, 549) of cases open in 2015/16 which were reported as 'Diagnosis & Tests' (711) related to 'Failure to / Delay diagnosis' (Table 12).

Of the 296 clinical/social care negligence cases which referred to 'Pregnancy & Childbirth', almost three quarters (73.3%, 217) referred to 'Pregnancy/Childbirth' (113) and 'Birth Defects' (104) (Table 12).

More than two fifths (44.4%, 131) of incidents reported as 'Operation' (295) related to 'Intra-Operative Problems' (Table 12).

Over a third (35.6%, 83) of incidents reported as 'Level of Care/Supervision/Follow-up' related to 'Fail to supervise' (Table 12).

### Specialty 10,11

Table 13 below details the specialty in which the patient was treated, for each clinical/social care negligence case open at any stage during each of the last five years. The specialty to which the case referred to was recorded in 3,549 (98.2%) of all cases open in 2015/16.

It also includes an analysis of the change in the number of cases open in 2015/16 compared with 2011/12, with a red arrow indicating that the number of cases open increased and green indicating a decrease.

Table 13: Number of Cases Open at any Stage, by Specialty<sup>12</sup> (2011/12 – 2015/16)

17%
Almost a fifth of cases referred to the 'Accident & Emergency' specialty

Specialty	2011/12	2012/13	2013/14	2014/15	2015/16	Change since 2011/12
Accident & Emergency	534	565	568	623	631	•
Anaesthetics & Pain Mgt.	56	57	56	52	50	-
Burns, Plastic & Max. Surgery	35	34	28	29	29	-
Cardiac Surgery	18	19	19	26	30	•
Cardiology	34	33	34	31	31	•
Children & Young People	58	72	83	98	103	•
Dentistry	17	16	15	22	24	•
Ear, Nose & Throat	44	46	43	42	41	•
General Medicine	178	191	218	218	223	•
General Surgery	373	382	360	384	390	•
Gynaecology	225	234	218	215	200	-
Mental Health Acute	51	58	57	60	56	•
Neurology	22	17	18	27	29	•
Neurosurgery	33	30	32	36	32	-
Obstetrics	538	558	588	626	614	•
Oncology	4	21	23	24	26	•
Opthamology	28	33	33	40	38	•
Paediatrics	103	88	92	91	94	
Radiology	38	52	49	49	53	•
Trauma & Orthopaedics	340	348	353	383	377	•
Urology	46	42	46	56	64	•
Other	358	375	385	404	414	•
Unknown	25	44	59	65	64	•
Total	3,158	3,315	3,377	3,601	3,613	•

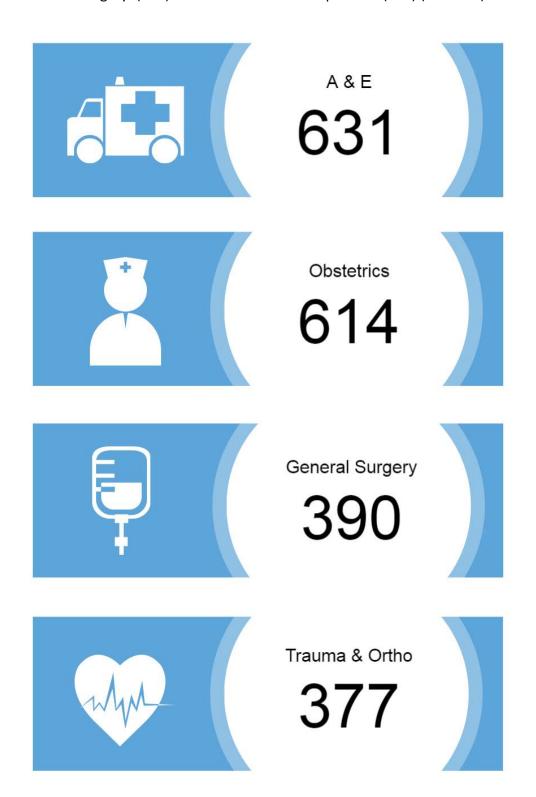
 $<sup>^{10}</sup>$  A list of case specialties can be found in Appendix 5.

This list consists of Korner specialties plus additional categories to cover community related incidents.

<sup>12 &#</sup>x27;Other' refers to specialties with 25 or fewer cases during 2015/16, including 176 cases where the specialty was reported as 'Other'.

Since 2011/12, the number of clinical/social care negligence cases relating to the 'Accident & Emergency' specialty has increased by 97 (18.2%), from 534 to 631 in 2015/16 (Table 13).

Over half (55.7%, 2,012) of all cases open in 2015/16 referred to the following four specialties; 'Accident & Emergency' (631), 'Obstetrics' (614), 'General Surgery' (390) and 'Trauma and Orthopaedics' (377) (Table 13).



## **SECTION 3**

## CLINICAL/SOCIAL CARE NEGLIGENCE PAYMENTS TO DATE

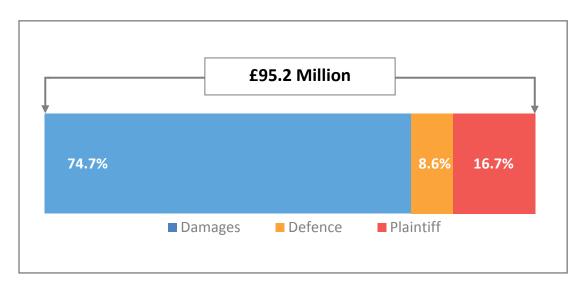
#### **Payments to Date**

This section details the total payments **to date** for all 3,613 clinical/social care negligence cases that were recorded as open or settled at any stage during 2015/16.

Readers should note that information presented in this section <u>refers to</u> <u>the total amount paid to date</u> and not the amount paid out in 2015/16, which is presented separately in section 1. For example, if a case was opened in 2012 and was still open or settled at 1<sup>st</sup> April 2016, the amount paid will include all payments on this case from the date it opened until 31<sup>st</sup> March 2016.

At 31<sup>st</sup> March 2016, £95.2 million had been paid on the 3,613 clinical/social care negligence cases that were open at any stage in 2015/16. Of which, £71.1 million (74.7%) had been awarded in damages, £15.9 million (16.7%) in plaintiff costs and £8.2 million (8.6%) in defence costs (Table 14).

#### Amount Paid to Date on Open/Settled Cases in 2015/16



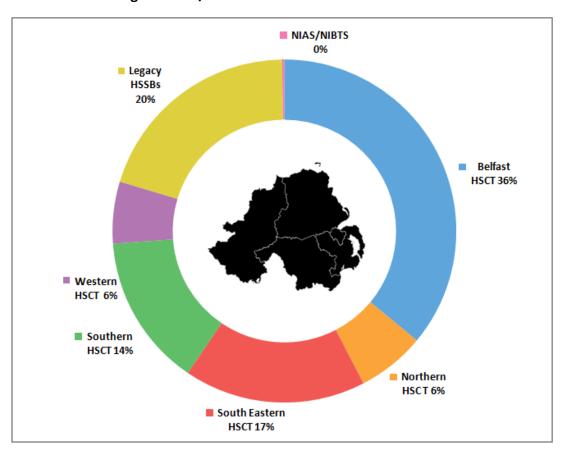
## 25 cases

Accounted for almost two thirds of the damages paid

Table 14: Amount Paid to Date on Cases Open at any Stage During 2015/16

HSC Trust/ Legacy HSS Board	Damages Paid	Defence Costs Paid	Plaintiff Costs Paid	Total Amount Paid
Belfast	£25,035,740	£3,235,532	£6,000,907	£34,272,179
Northern	£3,918,050	£790,863	£1,371,309	£6,080,222
South Eastern	£12,334,025	£1,379,933	£2,617,427	£16,331,384
Southern	£10,148,713	£1,217,757	£2,257,965	£13,624,435
Western	£3,341,611	£632,450	£1,571,560	£5,545,622
Legacy Eastern	£9,103,769	£435,037	£1,011,946	£10,550,752
Legacy Northern	£5,668,230	£284,138	£725,339	£6,677,707
Legacy Southern	£0	£1,345	£0	£1,345
Legacy Western	£1,428,280	£169,569	£343,329	£1,941,179
NIAS/NIBTS	£154,754	£23,715	£28,065	£206,534
Northern Ireland	£71,133,172	£8,170,339	£15,927,848	£95,231,359

Figure 8: Percentage of Amount Paid to Date on Cases Open at any Stage in 2015/16



The Belfast HSC Trust paid the largest amount in damages and legal costs (£34.3m) on cases which were open in 2015/16, accounting for over a third (36.0%) of all monies paid (Figure 8, Table 14).

#### Damages<sup>13</sup>

The Belfast and South Eastern HSC Trusts paid over half (52.5%, £37.4m) of the total amount paid in damages (£71.1m) (Table 14).

Almost two thirds (65.8%, £46.8m) of the total amount paid in damages had been paid out on only 25 (0.7%) of the 3,613 cases open during 2015/16.

#### Legal Costs<sup>14</sup>

Almost two fifths (38.3%, £9.2m) of the total amount paid in legal costs was paid by the Belfast HSC Trust, £4.0 million (16.6%) by the South Eastern HSC Trust, £3.5 million (14.4%) by the Southern HSC Trust, £3.0 million (12.3%) by the Legacy HSS Boards, £2.2 million (9.1%) by the Western HSC Trust, £2.2 million (9.0%) by the Northern HSC Trust and £0.05 million (0.2%) by the NIAS/NIBTS (Table 14).

13

<sup>&</sup>lt;sup>13</sup> Refer to Definitions, Note 8

<sup>&</sup>lt;sup>14</sup> Refer to Definitions, Notes 9 and 10.

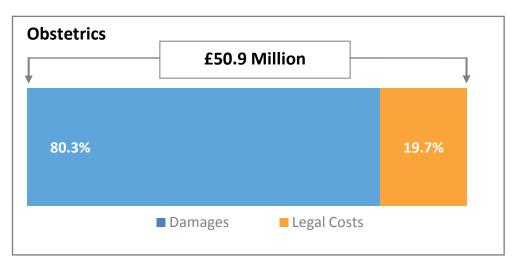
#### **Payments Made by Specialty**

Table 15 presents information on the amount paid to date on cases relating to the 10 specialties with the largest number of cases open at any stage during 2015/16, broken down by the amount paid in damages, defence costs and plaintiff costs.

Table 15: Amount Paid to Date on Cases Open at any Stage During 2015/16, by Speciality<sup>15</sup>

Speciality	Damages Paid	Defence Costs Paid	Plaintiff Costs Paid	Total Amount Paid
Accident & Emergency	£5,623,535	£768,130	£1,750,575	£8,142,239
Children & Young People	£203,800	£73,349	£137,797	£414,947
General Medicine	£2,360,423	£637,282	£621,171	£3,618,875
General Surgery	£3,126,474	£488,673	£1,212,953	£4,828,100
Gynaecology	£2,881,467	£529,872	£1,134,771	£4,546,110
Mental Health Acute	£170,000	£109,366	£219,894	£499,260
Obstetrics	£40,887,457	£3,202,989	£6,857,190	£50,947,636
Paediatrics	£4,979,732	£593,610	£624,002	£6,197,344
Trauma & Orthopaedics	£2,163,551	£405,102	£598,133	£3,166,786
Urology	£297,500	£76,932	£232,536	£606,968
Other	£8,439,233	£1,285,035	£2,538,826	£12,263,094
Total	£71,133,172	£8,170,339	£15,927,848	£95,231,359

Over four fifths (87.1%, £83.0m) of the total amount paid on cases open at any stage during 2015/16 related to the 10 specialties with the largest number of cases (Table 15).



15'Other' refers to specialties apart from than the 10 most common, including 176 cases where the specialty was reported as 'Other'.

**53%**Over half of the amount paid out related to the 'Obstetrics' speciality

#### **Payments Made by Nature of Alleged Incident**

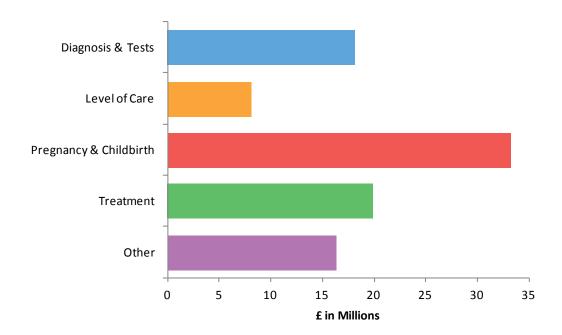
Table 16 presents the amount paid to date on clinical/social care negligence cases open at any stage during 2015/16, by the nature of the incident group and the amount paid in damages, defence costs and plaintiff costs. The nature of the alleged incident was determined by data providers using the list provided in Appendix 4.

Table 16: Amount Paid to Date on Cases Open at any Stage During 2015/16, by Nature of Alleged Incident

Nature of Incident Group	Damages Paid	Defence Costs Paid	Plaintiff Costs Paid	Total Amount Paid
Admissions/Referral	£2,206,355	£195,647	£276,432	£2,678,434
Assault (to patient & by patient)	£10,750	£10,852	£11,087	£32,689
Consent/Failure to warn	£225,000	£33,935	£84,566	£343,501
Diagnosis & Tests	£12,824,733	£1,920,964	£3,300,465	£18,046,162
Discharge	£280,000	£111,856	£204,288	£596,144
Facilities & Equipment	£115,050	£51,570	£106,822	£273,443
Infections	£1,430,584	£178,501	£244,104	£1,853,189
Level of Care	£5,852,192	£595,115	£1,588,152	£8,035,459
Medication/Bloods/Fluids	£242,100	£43,713	£186,019	£471,832
Operation	£3,971,336	£639,399	£1,261,285	£5,872,020
Pregnancy & Childbirth	£27,282,807	£1,852,261	£4,011,943	£33,147,011
Treatment	£14,078,497	£1,936,412	£3,781,355	£19,796,263
Unexpected death	£468,652	£98,135	£89,402	£656,189
Other	£2,050,866	£371,469	£666,508	£3,088,843
Unknown	£94,250	£130,511	£115,418	£340,179
Total	£71,133,172	£8,170,339	£15,927,848	£95,231,359

Over a third (34.8%, £33.1m) of the total amount paid to date on clinical/social care negligence cases open at any stage during 2015/16 referred to the 'Pregnancy & Childbirth' nature of incident group. Of which, over four fifths (82.3%, £27.3m) had been paid in damages (Table 16).

Figure 9: Total Amount Paid by the Largest Nature of Alleged Incident Categories (2015/16)



Four categories accounted for over four fifths (83.0%, £79.0m) of all monies paid on cases open at any stage during 2015/16. Of which, £60.0 million (76.0%) was paid in damages and £19.0 million (24.0%) paid in legal costs (Figure 9, Table 16).

#### **Periodical Payment Orders**

A periodical payment order (PPO) (also referred to as a 'structured settlement') is an arrangement whereby the claimant receives a lump sum for their immediate needs up front, followed by periodical payments on an agreed schedule, that is, it provides a stream of future payments (tax-free) guaranteed for life. The decision on whether to proceed with receiving the settlement as a lump sum or through periodical payments is voluntary, and to date only a few plaintiffs have opted for PPOs in Northern Ireland.

Table 17 below presents the number of PPOs from the total number of clinical/social care negligence cases open at any stage during 2015/16. It also details the amount paid in damages and legal costs on these cases up to and including 31st March 2016.

Table 17: Amount Paid to Date by Periodical Payment Orders on Cases

## Open at Any Stage During 2015/16<sup>16</sup>

HSC Trust / Legacy HSS Board	Damages Paid	Defence Costs Paid	Plaintiff Costs Paid	Total Amount Paid	No. of PPOs <sup>17</sup>
Belfast	£11,159,237	£921,481	£2,188,565	£14,269,283	8
South Eastern	£8,470,862	£613,158	£1,478,302	£10,562,322	7
Southern	£7,902,952	£528,737	£1,195,853	£9,627,542	5
Legacy Eastern	£3,889,519	£188,261	£430,722	£4,508,502	*
Legacy Northern	£1,850,730	£108,857	£308,520	£2,268,107	*
Legacy Western	£1,271,614	£123,096	£267,555	£1,662,264	*
NIAS/NIBTS	£154,754	£23,618	£28,065	£206,438	*
Northern Ireland	£34,699,668	£2,507,208	£5,897,583	£43,104,459	25

Of the £95.2 million paid to date on cases open at any stage during 2015/16, almost half (45.3%, £43.1m) had been paid on 25 PPO cases up to and including 31<sup>st</sup> March 2016 (Table 17).

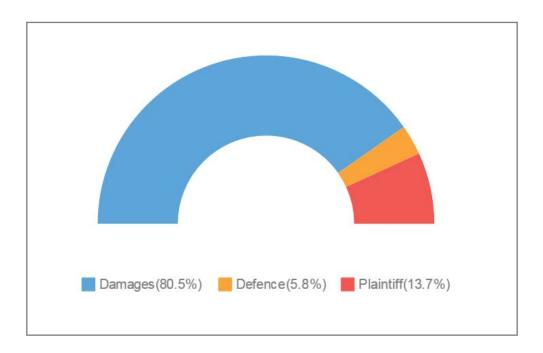
 $^{16}$  In order to avoid personal disclosure an  $^{\prime*\prime}$  represents a cell count of less than 4.

£14.3m

The Belfast HSC Trust paid almost a third of the total amount paid out in **PPOs** 

Across HSC Trusts/Legacy HSS Boards, a third (33.1%, £14.3m) of the total amount paid in PPO cases was paid by the Belfast HSC Trust (Table 17).

Figure 10: Breakdown of Payments Made in Cases with Periodical Payment Order (2015/16)



Of the £43.1 million paid in cases with PPOs, £34.7 million (80.5%) was paid in damages, £5.9 million (13.7%) in plaintiff costs and £2.5 million (5.8%) in defence costs (Table 17, Figure 10).

### Payments on Cases Closed<sup>17</sup>

Table 18 shows the number of clinical/social care negligence cases that were closed during 2015/16, including the number closed without payment and those closed with an associated payment, broken down by HSC Trust/Legacy HSS Board. A clinical/social care negligence case may have been closed without payment, as a result of being withdrawn.

Table 18: Number of Cases Closed by HSC Trust/Legacy HSS Board, by Payments Awarded (2015/16)

HSC Trust/Legacy HSS	Closed Without Payment		Closed With Payment		Total Cases
Board	No.	%	No.	%	Closed
Belfast	137	61.2%	87	38.8%	224
Northern	63	66.3%	32	33.7%	95
South Eastern	61	54.5%	51	45.5%	112
Southern	63	62.4%	38	37.6%	101
Western	56	62.9%	33	37.1%	89
Legacy HSS Boards	11	61.1%	7	38.9%	18
NIAS/NIBTS	0	0.0%	0	0.0%	0
Northern Ireland Total	391	61.2%	248	38.8%	639

During 2015/16, 639 (17.7%) clinical/social care negligence cases were closed, with over three fifths (61.2%, 391) closed **without** payment (Table 18).

Over a third (35.0%, 137) of cases closed **without** payment in 2015/16 were in the Belfast HSC Trust (Table 18).

Of the 248 cases closed **with** payment in 2015/16, over a third (35.1%, 87) were in the Belfast HSC Trust (Table 18).

Over three fifths of cases closed in 2015/16 were closed without payment

**<sup>391</sup>** 

<sup>&</sup>lt;sup>17</sup> A payment may include damages awarded, defence costs and plaintiff costs or a combination of any of these three costs.

Table 19 presents the amount paid on clinical/social care negligence cases that were closed with payment during 2015/16, including the amount paid in damages, defence costs and plaintiff costs.

Table 19: Amount Paid on Cases Closed During 2015/16, by HSC

Trust/Legacy HSS Board and Type of Payment

HSC Trust / Legacy HSS Board	No. of Cases Closed	Damages Paid	Defence Costs Paid	Plaintiff Costs Paid	Total Amount Paid
Belfast	87	£8,404,314	£1,012,006	£2,620,727	£12,037,047
Northern	32	£741,145	£288,248	£642,012	£1,671,405
South Eastern	51	£3,183,638	£459,240	£933,807	£4,576,684
Southern	38	£1,658,381	£422,096	£783,447	£2,863,924
Western	33	£744,545	£158,402	£527,453	£1,430,400
Legacy Eastern	*	£4,267,500	£110,057	£369,368	£4,746,924
Legacy Northern	*	£3,817,500	£169,882	£416,819	£4,404,201
Legacy Southern	*	£0	£0	£0	£0
Legacy Western	*	£25,000	£16,050	£36,174	£77,224
NIAS/NIBTS	*	£0	£0	£0	£0
Northern Ireland	248	£22,842,023	£2,635,980	£6,329,806	£31,807,809

Almost two in five (248) clinical/social negligence cases were closed in 2015/16 with payments totalling £31.8 million. This accounted for a third (33.4%) of all monies paid out on cases that were open at any stage during the year (Table 19).

Almost two fifths (37.8%, £12.0m) of the amount paid out on cases closed in 2015/16 was paid by the Belfast HSC Trust (Table 19).

### **Closed Cases With Legal Costs Exceeding Damages**

Table 20 below details information on cases closed during 2015/16 where the amount paid in legal costs (defence and plaintiff) exceeded the amount awarded in damages

Table 20: Cases with Legal Costs Exceeding Damages Awarded Closed

During 2015/16, by HSC Trust/Legacy HSS Board

HSC Trust / Legacy HSS Board	No. Of Cases Closed	Damages Legal (		Cost Difference
Belfast	38	£428,333	£1,037,172	£608,839
Northern	19	£277,395	£643,242	£365,847
South Eastern	31	£173,783	£385,899	£212,116
Southern	29	£366,381	£704,269	£337,888
Western	20	£178,500	£304,318	£125,818
Legacy Eastern	*	£0	£0	£0
Legacy Northern	*	£17,500	£48,335	£30,835
Legacy Southern	*	£0	£0	£0
Legacy Western	*	£25,000	£52,224	£27,224
NIAS/NIBTS	*	£0	£0	£0
Northern Ireland	140	£1,466,892	£3,175,460	£1,708,567

More than one in five (140) clinical/social care negligence cases closed in 2015/16, reported that the amount paid in legal costs (£3.2m) exceeded the amount awarded in damages (£1.5m). This equates to £1.7 million more paid in legal costs than damages, with the Belfast Trust recording the largest difference (£0.6m) (Table 20).

140

Cases were closed with legal costs exceeding the amount awarded in damages

### **Payments on Cases Closed With No Damages**

Table 21 below details information on cases closed during 2015/16 with no damages awarded but where monies had been paid on legal costs (defence and plaintiff).

Table 21: Amount Paid on Cases Closed With No Damages Awarded

During 2015/16, by HSC Trust/Legacy HSS Board and Type of

Payment

HSC Trust / Legacy HSS Board	No. of Cases Closed	Defence Costs Paid	Plaintiff Costs Paid	Total Amount Paid
Belfast	12	£113,144	03	£113,144
Northern	10	£68,857	£0	£68,857
South Eastern	11	£39,740	£35	£39,775
Southern	14	£89,369	£682	£90,050
Western	*	£16,982	£109	£17,091
Legacy Eastern	*	£0	£0	£0
Legacy Northern	*	£0	£0	£0
Legacy Southern	*	£0	£0	£0
Legacy Western	*	£5,056	£0	£5,056
NIAS/NIBTS	*	£0	£0	£0
Northern Ireland	57	£333,148	£826	£333,974

One in ten (57) clinical/social care negligence cases in 2015/16 were closed without any damages being awarded, but with legal fees amounting to £333,974. This accounted for 1.0% of all monies paid out on clinical/social care negligence cases closed during 2015/16 (Table 21).

### **APPENDIX 1: TECHNICAL NOTES**

This statistical release presents information on clinical/social care negligence cases open in Northern Ireland during the year ending 31<sup>st</sup> March 2016. Information was provided by all Health & Social Care (HSC) Trusts including the Northern Ireland Ambulance Service (NIAS), the Northern Ireland Blood Transfusion Service (NIBTS), Legacy HSS Boards and Agencies.

### **Data Collection**

The information presented within this release is based on the quarterly CN1a and annual CN1 statistical returns. The CN1 statistical return was the first of two statistical returns introduced in June 2010 to monitor clinical/social care negligence cases in Northern Ireland. The CN1 return collects information on each case of clinical/social care negligence open during the year (1<sup>st</sup> April – 31<sup>st</sup> March). It details information on: the type of case, gender of patient, patient postcode, date of incident, date of case, date settled, date closed, specialty to which case is associated, nature of the incident, legal stage, outcome of the case, amount paid in damages, defence and plaintiff costs, date of birth and date of death if appropriate.

If 'no' clinical/social care negligence cases were open at any time during the year, including those which were subsequently withdrawn or closed without payment of compensation against the HSC Trust, Legacy HSS Board or Agency, a nil return was submitted. For the 2015/16 CN1 return, a nil return was submitted by the Northern Ireland Guardian Ad Litem Agency (NIGALA).

The second of these statistical returns on clinical/social care negligence (CN1a) is collected on a quarterly basis and presents a summary of activity during each quarter. It details the number of cases open on the last day of the quarter, new cases opened, cases closed and financial payments made during the quarter.

Data providers are supplied with technical guidance documents outlining the methodologies that should be used in the collection, reporting and validation of each of these data returns. These documents can be accessed at the following link:

https://www.health-ni.gov.uk/articles/clinical-negligence-statistics

### **Rounding**

Percentages and financial information have been rounded to one decimal place and as a consequence these may not sum to the totals.

### **Data Quality**

The data featured in this release have been provided by HSC Trusts, Legacy HSS Boards and Agency information staff and have been validated by Hospital Information Branch (HIB) prior to release. HIB carried out a detailed series of validations to verify that information was consistent both within and across returns. Queries arising from validation checks were returned for clarification and if required returns were amended and/or re-submitted.

It is important to note that some cases will have been settled and/or closed since 31<sup>st</sup> March 2016 and these will be accounted for in the next publication, for 2016/17.

### **Main Uses of Data**

The main uses of these data are to monitor and report the details of alleged clinical/social care negligence cases open at any stage during the year, for corporate monitoring, to inform and monitor related policy, and to respond to assembly questions and ad-hoc queries from the public.

### **Contextual Information**

Readers should be aware that contextual information about Northern Ireland and the health services provided is available to read while using statistics from this publication.

This includes information on the current and future population, structures within the Health and Social Care system, the vision for future health services as well as targets and indicators. This information is available under the 'Guidance' tab at the following link:

https://www.health-ni.gov.uk/articles/clinical-negligence-statistics

### **APPENDIX 2: DEFINITIONS**

### 1. Clinical/social care negligence:

For the purposes of this information collection, Clinical/Social Care Negligence is defined as:

"A breach of duty of care by members of the health care and social professions employed by HSC organisations or by others consequent on decisions or judgments made by members of those professions acting in the course of their employment, and which are admitted as negligent by the employer or determined as such through the legal process".

### 2. Cases open

This refers to the total number of cases open on the last day of the financial year. An open case refers to all cases to which an official letter of notification of the intention to proceed with a case has been received and which had not been settled or closed by the last day of the year.

### 3. Cases settled

A settled case refers to any case settled that was not subsequently closed by the end of 2015/16. These cases may not be closed until the following year.

### 4. Cases closed during year

Cases closed during the year refers to the number of cases where the decision has been made to withdraw or not proceed with no money being awarded. It should also include cases were all monies awarded have been paid, and there is no longer any activity. A case is officially closed when DLS (Directorate of Legal Services) issue a letter that the case file has been closed.

### 5. New cases opened

This refers to any cases that were opened between 1<sup>st</sup> April 2015 and 31<sup>st</sup> March 2016.

### 6. Outcome unknown

Outcome unknown refers to cases where the outcome of the case was not recorded or there was no settled or closed date recorded.

### 7. Financial payments

Details the total amount paid during the quarter on: damages, plaintiff and defence costs.

### 8. Damages

Damages will include only costs associated with the case for damages and will **exclude** all costs associated with the Plaintiff and/or the Defence.

### 9. Defence costs

Defence costs should include the total of any Expert Reports, Costs of Junior Counsel, Senior Counsel, Loss Adjusters, Case Investigators, and any other defence costs.

### 10. Plaintiff costs

Plaintiff costs should include the Costs of Compensation Recovery Unit (CRU), Receipts, and any Third Party costs.

### APPENDIX 3: GENERAL CATEGORY BY NATURE OF INCIDENT

### **Diagnosis & Tests**

- 37. Failure to interpret x-ray correctly
- 39. Failure to perform tests
- 40. Failure to x-ray
- 41. Failure/Delay diagnosis
- 64. Lack of pre-operative evaluation
- 88. Wrong diagnosis made

### **Treatment**

- 9. ECT Treatment
- 12. Fail/delay treatment
- 25. Fail to recognise complication of treatment
- 32. Fail/Delay of availability of emergency anaes
- 34. Fail/Delay resuscitation by paediatricians
- 53. Inappropriate treatment
- 55. Incorrect injection site
- 56. Infusion problems
- 73. Poor application of plaster cast
- 74. Premature ceasure of treatment
- 87. Wrong application of electrode

### **Operation**

- 7. Delay in Performing Operation
- 8. Diathermy Burns/reaction to prep agent
- 36. Failed sterilisation
- 38. Failure to perform operation
- 43. Foreign body left in situ
- 59. Intra-operative problems
- 68. Operate on wrong patient/body part
- 69. Operator error
- 71. Performance Of operation that is not indicated
- 77. Re-canalisation
- 82. Surgical Foreign body left in situ

### **Pregnancy & Childbirth**

- 4. Birth Defects
- 13. Fail antenatal screening to detect congenital
- 14. Fail monitor dose/rate of syntocinon
- 17. Fail to correctly apply forceps
- 18. Fail to diagnose pre-eclampsia
- 21. Fail to correctly interpret USS
- 22. Fail to make timely response to abnormal FHR
- 23. Fail to monitor 1st Stage labour
- 24. Fail to monitor 2nd Stage labour
- 31. Fail/Delay obtain cord PH
- 42. Forceps delivery

- 50. Inappropriate use of forceps/ventouse
- 61. Labial Tear
- 72. Perineal Tear-1st, 2nd, 3rd Deg
- 79. Repeated attempt forceps delivery and or ventouse
- 89. Pregnancy & childbirth

### Level of Care/Supervision/Follow-up

- 15. Fail to act on abnormal blood test results
- 16. Fail to carry out Post Operative Observations
- 19. Fail to follow-up arrangements
- 20. Fail to inform test results
- 26. Fail to supervise
- 46. Improper Delegation to unsupervised junior
- 47. Inadequate monitoring intra-operatively
- 48. Inadequate nursing care
- 49. Inadequate monitor in recovery room
- 62. Lack of assistance/care

### Medication/Bloods/Fluids

- 11. Error with agent/dose/route/selection
- 65. Medication errors
- 75. Problem Blood/fluids

### **Infections**

- 3. Bacterial Infection
- 6. Cross Infection
- 35. Failed infection control policy/hospital hygiene
- 44. Hospital acquired infection
- 45. MRSA

### Consent/Failure to warn

27. Fail to warn (informed consent)

### **Facilities & Equipment**

- 10. Equipment malfunction
- 63. Lack of adequate Facilities/Equipment

### Assault (to patient & by patient)

- 57. Injured by another patient
- 58. Injury/harm to others by patient

### **Discharge**

52. Inappropriate discharge

### **Admissions/Referral**

- 28. Fail/Delay admitting to hospital
- 29. Fail/Delay availability of SCBU beds
- 30. Fail/Delay availability of operating theatres
- 33. Fail/Delay referring to hospital

### **Unexpected death**

84. Unexpected death

### **Other**

- 1. Application of excess force
- 2. Assault, etc by Hospital staff
- 5. Clinical Trial
- 51. Inappropriate case selection
- 54. Incidents in community by absconded/discharge patient
- 60. Intubation problems
- 66. Mendelsohn's syndrome
- 67. Not specified
- 70. Other
- 76. Problems with medical records
- 78. Removal & retention of organs
- 80. Self harm
- 81. Sexual Abuse
- 83. Tooth Injury cases & patient positioning problem
- 86. Unlawful detention mental health

### **Unknown**

85. Unknown

### **APPENDIX 4: NATURE OF INCIDENT**

- 1. Application of excess force
- 2. Assault, Etc by Hospital staff
- 3. Bacterial Infection
- 4. Birth Defects
- 5. Clinical Trial
- 6. Cross Infection
- 7. Delay in Performing Operation
- 8. Diathermy Burns/reaction to prep agent
- 9. ECT Treatment
- 10. Equipment malfunction
- 11. Error with agent/dose/route/selection
- 12. Fail/delay treatment
- 13. Fail antenatal screening to detect congenital
- 14. Fail monitor dose/rate of syntocinon
- 15. Fail to act on abnormal blood test results
- 16. Fail to carry out Post Operative Observations
- 17. Fail to correctly apply forceps
- 18. Fail to diagnose pre-eclampsia
- 19. Fail to follow-up arrangements
- 20. Fail to inform test results
- 21. Fail to correctly interpret USS
- 22. Fail to make timely response to abnormal FHR
- 23. Fail to monitor 1st Stage labour
- 24. Fail to monitor 2nd Stage labour
- 25. Fail to recognise complication of treatment
- 26. Fail to supervise
- 27. Fail to warn (informed consent)
- 28. Fail/Delay admitting to hospital
- 29. Fail/Delay availability of SCBU beds
- 30. Fail/Delay availability of operating theatres
- 31. Fail/Delay obtain cord PH
- 32. Fail/Delay of availability of emergency anaesthetic
- 33. Fail/Delay referring to hospital
- 34. Fail/Delay resuscitation by paediatricians
- 35. Failed infection control policy/hospital hygiene
- 36. Failed sterilisation
- 37. Failure to interpret x-ray correctly
- 38. Failure to perform operation
- 39. Failure to perform tests
- 40. Failure to x-ray
- 41. Failure/Delay diagnosis
- 42. Forceps delivery
- 43. Foreign body left in situ
- 44. Hospital acquired infection
- 45. MRSA
- 46. Improper Delegation to unsupervised junior
- 47. Inadequate monitoring intra-operatively
- 48. Inadequate nursing care

- 49. Inadequate monitor in recovery room
- 50. Inappropriate use of forceps/ventouse
- 51. Inappropriate case selection
- 52. Inappropriate discharge
- 53. Inappropriate treatment
- 54. Incidents in community by absconded/discharge patient
- 55. Incorrect injection site
- 56. Infusion problems
- 57. Injured by another patient
- 58. Injury/harm to others by patient
- 59. Intra-operative problems
- 60. Intubation problems
- 61. Labial Tear
- 62. Lack of assistance/care
- 63. Lack of adequate Facilities/Equipment
- 64. Lack of pre-operative evaluation
- 65. Medication errors
- 66. Mendelsohn's syndrome
- 67. Not specified
- 68. Operate on wrong patient/body part
- 69. Operator error
- 70. Other
- 71. Performance Of operation that is not indicated
- 72. Perineal Tear-1st, 2nd, 3rd Deg
- 73. Poor application of plaster cast
- 74. Premature ceasure of treatment
- 75. Problem Blood/fluids
- 76. Problems with medical records
- 77. Re-canalisation
- 78. Removal & retention of organs
- 79. Repeated attempt forceps delivery and or ventouse
- 80. Self harm
- 81. Sexual Abuse
- 82. Surgical Foreign body left in situ
- 83. Tooth Injury cases & patient positioning problem
- 84. Unexpected death
- 85. Unknown
- 86. Unlawful detention mental health
- 87. Wrong application of electrode
- 88. Wrong diagnosis made
- 89. Pregnancy & childbirth

### **APPENDIX 5: CASE SPECIALTY**

- 1. Accident & Emergency
- 2. Allied Health Professions
- 3. Anaesthetics & Pain Management
- 4. Blood Transfusion
- 5. Burns, Plastic and Maxillofacial Surgery
- 6. Cardiac Surgery
- 7. Cardiology
- 8. Child & Adolescent Psychiatry
- 9. Children and Young People Services
- 10. Clinical Genetics
- 11. Community Nursing/Midwives
- 12. Community Paediatrics
- 13. Day Care Services
- 14. Dentistry
- 15. Dermatology
- 16. Domiciliary Services
- 17. ENT
- 18. General Medicine
- 19. General Surgery
- 20. Genito-Urinary Medicine
- 21. Geriatric Medicine
- 22. Gynaecology
- 23. Haematology (Clinical)
- 24. Infectious Diseases
- 25. Joint Consultant Clinics
- 26. Learning Disability
- 27. Mental Health Acute
- 28. Mental Health Community
- 29. Neonatology
- 30. Nephrology
- 31. Neurology
- 32. Neurosurgery
- 33. Nuclear Medicine
- 34. Obstetrics
- 35. Occupational Health Medicine
- 36. Old Age Psychiatry
- 37. Oncology
- 38. Ophthalmology
- 39. Other
- 40. Paediatric Neurology
- 41. Paediatric Surgery
- 42. Paediatrics
- 43. Palliative Care
- 44. Pathology (Laboratory Services)
- 45. Pharmacology
- 46. Physical Disability/Sensory Support

- 47. Radiology
- 48. Rehabilitation
- 49. Residential Care
- 50. Supported Living
- 51. Thoracic Surgery
- 52. Trauma & Orthopaedics
- 53. Urology
- 54. Vascular
- 55. Unknown

### APPENDIX 6: NUMBER OF CASES BY YEAR OF INCIDENT

Year of Incident	2011/12	2012/13	2013/14	2014/15	2015/16
Pre 1993	191	150	164	136	115
1993/94	23	23	18	22	23
1994/95	35	33	30	31	32
1995/96	32	25	23	18	18
1996/97	20	18	18	16	18
1997/98	39	34	28	28	24
1998/99	44	43	37	30	27
1999/00	61	49	37	35	34
2000/01	70	59	43	39	32
2001/02	90	73	57	47	36
2002/03	113	98	73	59	43
2003/04	126	108	78	67	49
2004/05	167	132	96	81	58
2005/06	239	197	154	124	102
2006/07	300	267	221	192	150
2007/08	406	397	312	255	193
2008/09	390	404	349	270	194
2009/10	358	411	407	384	298
2010/11	270	355	388	414	341
2011/12	132	279	358	439	455
2012/13		113	284	401	484
2013/14			123	329	444
2014/15				126	280
2015/16					118
Unknown	52	47	79	58	45
Total	3,158	3,315	3,158	3,601	3,613

APPENDIX 7: CASES OPEN AT ANY STAGE DURING THE YEAR BY NATURE OF INCIDENT GROUP AND HSC TRUST/LEGACY HSS BOARD (2015/16)

Nature of Incident Group	Belfast	Northern	South Eastern	Southern	Western	Legacy Eastern	Legacy Northern	Legacy Southern	Legacy Western	NIAS	NIBTS	Total
Admissions/Referral	3	2	7	4	2	1	0	0	0	0	0	19
Assault (to patient & by patient)	4	2	3	0	0	0	0	0	0	0	0	9
Consent/Failure to warn	16	2	2	3	4	0	0	0	0	0	0	27
Diagnosis & Tests	235	131	116	114	103	6	1	2	3	0	0	711
Discharge	11	1	2	0	4	0	0	0	0	0	0	18
Facilities & Equipment	41	3	4	0	3	0	0	0	0	0	0	51
Infections	51	13	7	5	11	0	0	0	0	0	0	87
LevelofCare/Supvr/Follow-up	104	22	48	37	20	0	2	0	0	0	0	233
Medication/Bloods/Fluids	46	15	20	6	12	1	0	0	1	0	0	101
Operation	134	27	18	59	53	2	0	0	2	0	0	295
Pregnancy & Childbirth	52	68	45	41	63	9	7	6	4	1	0	296
Treatment	478	116	230	138	130	15	1	2	2	9	0	1,121
Unexpected death	7	7	2	0	1	0	0	0	0	0	0	17
Other	146	76	6	21	86	19	4	0	7	2	1	368
Unknown	93	11	55	75	21	3	0	1	1	0	0	260
Total	1,421	496	565	503	513	56	15	11	20	12	1	3,613

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APPENDIX 8: NUMBER OF CASES OPEN AT 31<sup>st</sup> MARCH, BY HSC TRUST / LEGACY HSS BOARD (2012 – 2016)

HSC Trust / Legacy HSS	Open at 31st March						
Board	2012	2013	2014	2015	2016		
Belfast	931	965	981	1,108	1,120		
Northern	370	376	373	368	368		
South Eastern	373	405	400	404	427		
Southern	321	358	400	371	383		
Western	409	424	365	388	385		
Legacy HSS Boards	118	99	87	76	73		
NIAS / NIBTS	11	9	6	6	12		
Northern Ireland Total	2,540	2,636	2,612	2,721	2,768		

## APPENDIX 9: NUMBER OF CASES SETTLED AT 31<sup>st</sup> MARCH, BY HSC TRUST / LEGACY HSS BOARD (2012 – 2016)

HSC Trust / Legacy HSS	Settled at 31st March						
Board	2012	2013	2014	2015	2016		
Belfast	23	39	97	66	77		
Northern	21	21	18	26	33		
South Eastern	19	20	8	28	26		
Southern	25	17	18	25	19		
Western	0	33	18	34	39		
Legacy HSS Boards	7	20	10	11	11		
NIAS / NIBTS	2	0	3	1	1		
Northern Ireland Total	97	150	172	191	206		

# APPENDIX 10: NUMBER OF CASES CLOSED DURING THE YEAR, BY HSC TRUST / LEGACY HSS BOARD (2011/12 - 2015/16)

HSC Trust / Legacy HSS	Closed During					
Board	2011/12	2012/13	2013/14	2014/15	2015/16	
Belfast	154	154	161	221	224	
Northern	82	84	96	91	95	
South Eastern	84	92	136	133	112	
Southern	38	46	47	111	101	
Western	86	125	103	104	89	
Legacy HSS Boards	83	24	48	26	18	
NIAS / NIBTS	1	4	2	3	0	
Northern Ireland Total	528	529	593	689	639	

## APPENDIX 11: NUMBER OF NEW CASES OPENED DURING THE YEAR, BY HSC TRUST / LEGACY HSS BOARD (2011/12 – 2015/16)

HSC Trust / Legacy HSS					
Board	2011/12	2012/13	2013/14	2014/15	2015/16
Belfast	198	203	235	311	242
Northern	78	91	84	94	99
South Eastern	100	108	118	125	136
Southern	104	93	109	98	105
Western	85	70	79	113	94
Legacy HSS Boards	10	13	16	8	6
NIAS / NIBTS	5	1	1	3	4
Northern Ireland Total	580	579	642	752	686

**APPENDIX 12: HOSPITAL INFORMATION** 

**BRANCH (HIB)** 

Hospital Information Branch is responsible for the collection, quality

assurance, analysis and publication of timely and accurate information

derived from a wide range of statistical information returns supplied by the

Health & Social Care (HSC) Trusts and the HSC Board. Statistical information

is collected routinely from a variety of electronic patient level

administrative systems and pre-defined EXCEL survey return templates.

The Branch aims to present information in a meaningful way and provide

advice on its uses to customers in the HSC Committee, Professional

Advisory Groups, policy branches within the DoH, other Health

organisations, academia, private sector organisations, charity/voluntary

organisations as well as the general public. The statistical information

collected is used to contribute to major exercises such as reporting on the

performance of the HSC system, other comparative performance exercises,

target setting and monitoring, development of service frameworks as well

as policy formulation and evaluation. In addition, the information is used

in response to a significantly high volume of Parliamentary / Assembly

questions and ad-hoc queries each year.

Information is disseminated through a number of key statistical

publications, including: Inpatient Activity, Outpatient Activity, Emergency

Care, Mental Health & Learning Disability and Waiting Time Statistics

(Inpatient, Outpatient, Diagnostics and Cancer). A detailed list of these

publications is available from:

Website:

https://www.health-ni.gov.uk/topics/doh-statistics-and-

<u>research</u>

**Further information** on Clinical / Social Care Negligence Cases in Northern Ireland, is available from:

### Michael O'Donnell

**Hospital Information Branch** 

Information & Analysis Directorate

Department of Health

Stormont Estate

Belfast, BT4 3SQ

Email: <a href="mailto:statistics@health-ni.gov.uk">statistics@health-ni.gov.uk</a>

This Statistical bulletin and others published by Hospital Information Branch are available to download from the DoH Internet site at:

Internet address: <a href="https://www.health-ni.gov.uk/topics/doh-statistics-and-research">https://www.health-ni.gov.uk/topics/doh-statistics-and-research</a>