



Clinical / Social Care Negligence Cases

in Northern Ireland (2017/18)



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 31st March 2018. Information includes all cases currently open and settled, including those withdrawn or closed

with details of any monies paid.

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Statistical Quality Information detailed in this release has been quality assured with HSC

Trusts prior to release.

Target audience DoH, Chief Executives of HSC Board and Trusts in Northern Ireland,

health care professionals, academics, Health & Social Care stakeholders,

media and general public.

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KEY POINTS

Payments in 2017/18

- During the last four years, the amount paid on clinical/social care negligence cases decreased by £5.7 million (13.8%), from £41.4 million in 2014/15 to £35.7 million in 2017/18 (Table 1).
- Of the £35.7 million paid on clinical/social care negligence cases in 2017/18, almost three quarters (73.8%, £26.3m) was paid in damages, £6.1 million (17.0%) in plaintiff costs and £3.3 million (9.1%) in defence costs (Figure 2, Table 2).

Payments to Date

New cases opened during 2017/18

£116.7m
Paid to date on the 3,734 cases open at any stage during 2017/18

522Cases closed during 2017/18

- During 2017/18, 3,734 clinical/social care negligence cases were open at any stage, 357 (10.6%) more than in 2013/14 (3,377) (Table 3).
- In 2017/18, 744 new cases were opened, 522 cases were closed, whilst 2,945 cases remained open and 267 cases had been settled at 31st March 2018 (Figure 5, Tables 4 - 8).

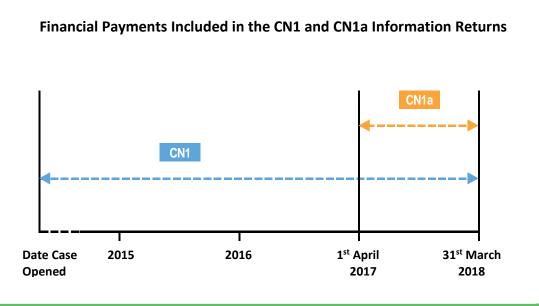
- Clinical/social care negligence cases open at any stage in 2017/18, had been open on average for 2.6 years, similar to 2016/17 (2.6 years) (Figure 11).
- Over half (55.3%, 2,066) of all cases open in 2017/18, related to four specialties; 'Obstetrics' (674), 'Accident & Emergency' (629), 'General Surgery' (397) and 'Trauma and Orthopaedics' (366) (Table 14).
- A total of £116.7 million has been paid to date on the 3,734 clinical/social care negligence cases which were open at any stage during 2017/18. Over three quarters (76.2%, £88.9m) has been awarded in damages and £27.8 million (23.8%) paid out in legal costs (defence and plaintiff) (Table 15).
- Over half (53.7%, £62.7m) of the amount paid out on clinical/social care negligence cases open at any stage during 2017/18 related to the 'Obstetrics' speciality, of which, four fifths (80.3%, £50.3m) had been paid in damages (Table 16).

INTRODUCTION

The information presented in this publication is sourced from two Departmental statistical returns:

- (i) <u>CN1a</u> aggregate return that collects information on clinical/social care negligence cases including the <u>amount paid out each quarter</u>.
- (ii) <u>CN1</u> annual patient level return on clinical/social care negligence cases open at any stage during the year, including the <u>amount paid</u> (damages or legal costs) on each case since the case opened.

Flowchart 1 below provides a summary of the time periods that are covered in each information return.



What is Clinical/Social Care Negligence?

In 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

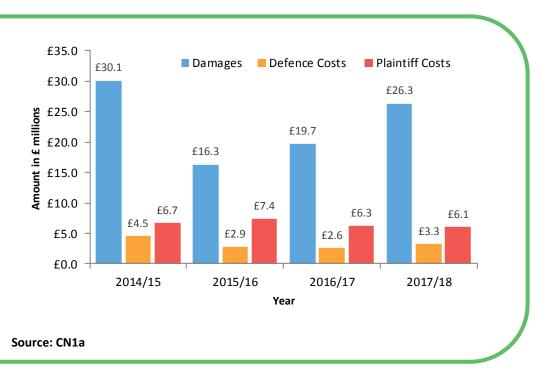
PAYMENTS MADE DURING 2017/18

This section details the amount of money paid out <u>during each year</u>, by HSC Trust/Legacy HSS Boards and payment type. Data is available for the last four years only.

During the last four years, the amount paid on clinical/social care negligence cases decreased by £5.7 million (13.8%), from £41.4 million in 2014/15 to £35.7 million in 2017/18 (Table 1).

The amount paid in damages in 2017/18 was £3.8 million (12.6%) less than in 2014/15, defence costs decreased by £1.3 million (28.3%) and plaintiff costs decreased by £0.6 million (9.4%).

Figure 1: Amount Paid Out During Last Three Years, by Type of Payment



Between 2014/15 and 2017/18, Legacy HSS Boards reported the largest decrease (£7.7m, 84.4%) in the amount paid on clinical/social care negligence cases, from £9.1 million to £1.4 million (Table 1).

£5.7 m

Decrease in the amount paid over the last four years

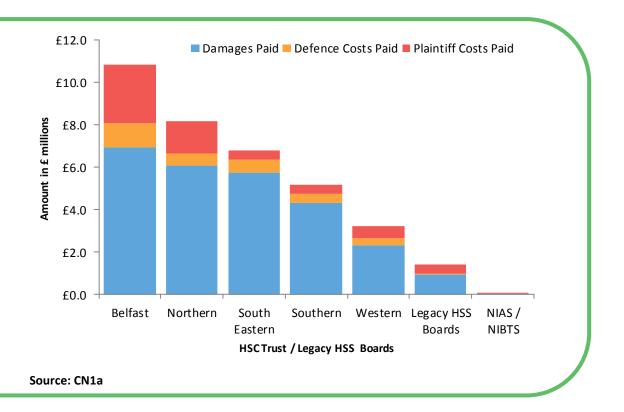
During 2017/18, £35.7 million was paid on clinical/social care negligence cases in Northern Ireland, with almost three quarters (73.8%, £26.3m) paid in damages, £6.1 million (17.0%) in plaintiff costs and £3.3 million (9.1%) in defence costs (Figure 2, Table 2).

Over half (53.4%, £19.0m) of all monies paid in 2017/18 were paid by the Belfast (£10.8m) and Northern (£8.2m) HSC Trusts, whilst the Northern Ireland Ambulance Service (NIAS) and Northern Ireland Blood Transfusion Service (NIBTS) paid the lowest amount (0.07%, £0.03m) (Figure 2, Table 2).

During 2017/18, the percentage of all monies paid out in legal costs¹ ranged from 15.4% (£1.0m) of cases in the South Eastern HSC Trust to 36.1% (£3.9m) of cases in the Belfast HSC Trust (Figure 2, Table 2).

Figure 2: Amount Paid Out During 2017/18, by HSC Trust/Legacy HSS Board and Type of Payment

£35.7m
paid on
clinical/social care
negligence cases
in 2017/18



¹ Legal Costs = Defence Costs + Plaintiff Costs

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 once a case is opened it will be included for each year that it remains open or settled. The year in which a case is closed, is the last year it will be included.

During 2017/18, 3,734 clinical/social care negligence cases were open at any stage, 357 (10.6%) more than in 2013/14 (3,377) (Figure 3, Table 3).

Figure 3: Number of Cases Open at Any Stage, by HSC Trust/Legacy HSS Boards (2013/14 – 2017/18)

357
More cases open in 2017/18 than five years ago

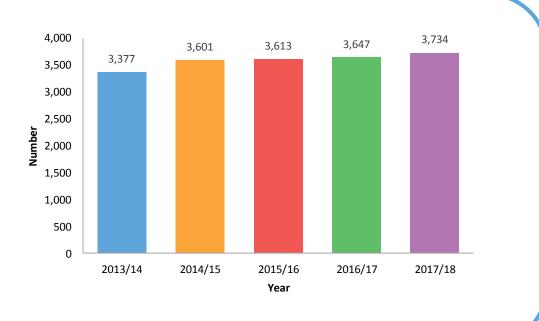
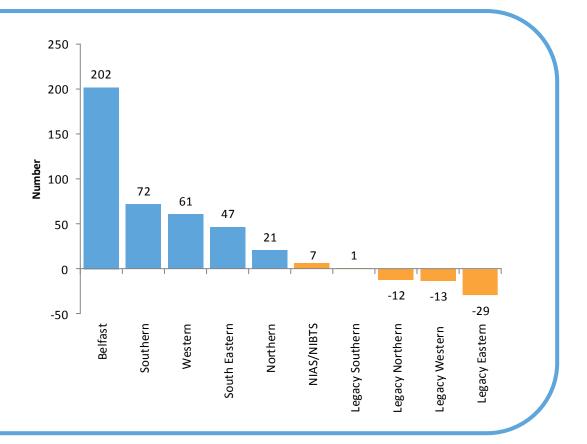


Figure 4: Change in the Number of Cases Open During the Year, by HSC

Trust/Legacy HSS Board (2013/14 - 2017/18)



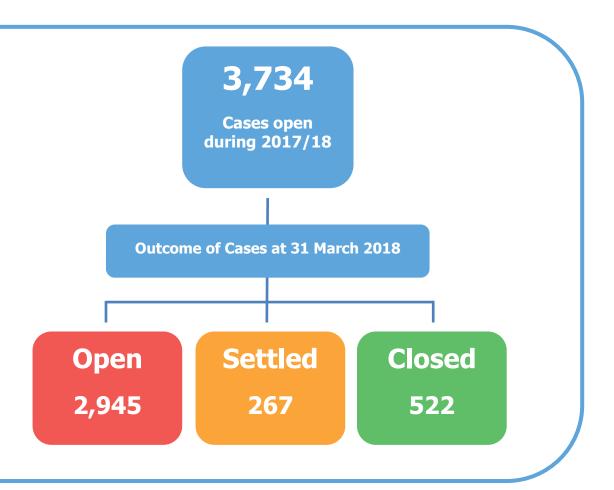
Since 2013/14, the Belfast HSC Trust reported the largest increase in the number of cases open (202, 16.3%), from 1,239 to 1,441 in 2017/18 (Figure 4, Table 3).

Between 2013/14 and 2017/18, the number of cases which were the responsibility of the Legacy HSS Boards decreased in all Boards with the exception of the Legacy Southern HSS Board, which increased slightly (from 8 to 9) (Figure 4, Table 3).

Outcome of Cases at 31st March 20182,3

Of the 3,734 cases open at any stage in 2017/18, three quarters (78.9%, 2,945) remained open at 31st March 2018, 267 (7.2%) had been settled and 522 (14.0%) had been closed (Figure 5, Table 4).

Figure 5: Outcome of Cases (Open / Settled / Closed) at 31st March 2018



Almost two fifths (38.6%, 1,441) of all cases open at any stage during 2017/18, were in the Belfast HSC Trust, 591 (15.8%) in the South Eastern HSC Trust, 547 (14.6%) in the Western HSC Trust, 537 (14.4%) in the Southern HSC Trust, 508 (13.6%) in the Northern HSC Trust, 92 (2.5%) in the Legacy HSS Boards and 18 (0.5%) in the NIAS/NIBTS (Table 4).

² 'Cases Open During' refers to the number of cases that were open at any stage during 2017/18. The number of open, settled and closed cases refers to the position at 31st March 2018, the sum of which equals the total number of cases open during the year.

³ Refer to Definitions, Notes 2, 3 & 4.

Cases Open

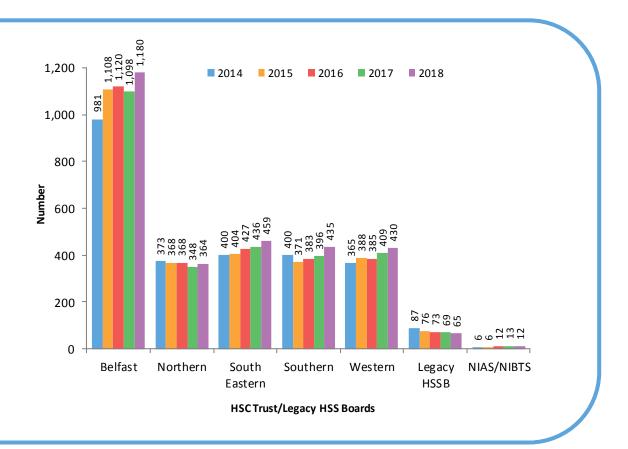
An open case refers to any case for which an official letter of notification of the intention to proceed with a case has been received, and which had not been settled or closed by the last day of the year (31st March).

At 31st March 2018, 2,945 cases remained open in Northern Ireland. Across HSC Trusts, the number of cases open ranged from 12 in the NIAS/NIBTS to 1,180 in the Belfast HSC Trust (Figure 6, Table 5).

Since 2014, the Belfast HSC Trust reported the largest increase in the number of cases open at 31st March (199, 20.3%), from 981 to 1,180 in 2018 (Figure 6, Table 5).

2,945
Clinical/social
care negligence
cases remained
open at 31st
March 2018

Figure 6: Number of Cases Open at 31st March (2014 - 2018)4



⁴ Legacy HSS Boards are responsible for alleged incidents that occurred prior to 1993, regardless of the date the claim is made.

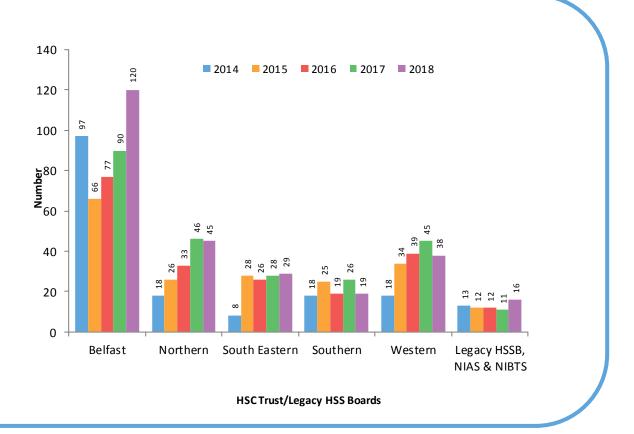
A settled case refers to any settled case that was not subsequently closed by the end of 2017/18. If a case was settled and then closed within the same financial year it is recorded as closed as at 31st March.

At 31st March 2018, 267 cases were settled in Northern Ireland. Of these, 120 (44.9%) were settled in the Belfast HSC Trust, 45 (16.9%) in the Northern HSC Trust, 38 (14.2%) in the Western HSC Trust, 29 (10.9%) in the South Eastern HSC Trust, 19 (7.1%) in the Southern HSC Trust and 16 (6.0%) in the Legacy HSS Boards, NIAS and NIBTS (Figure 7, Table 6).

The number of cases settled has increased in each HSC Trust since 2013/14, with the Northern HSC Trust reporting the largest increase (16.9%, 27), from 18 to 45 at 31st March 2018.

267
Clinical/social
care negligence
cases were
settled at 31st
March 2018

Figure 7: Number of Cases Settled at 31st March (2014 – 2018)



⁵ Cases settled at 31st March 2018 include 'Periodic Payment Order' cases which may have been settled before 1st April 2017. For more information see p.27.

Clinical/Social Care Negligence Cases 2017/18

Cases Closed

A closed case refers to:

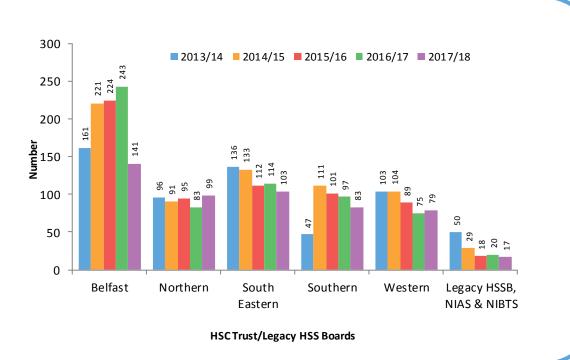
- (i) a case where the decision has been made to withdraw or not proceed with no money being awarded; or
- (ii) a case where all monies awarded have been paid, and there is no longer any activity.

A case is officially closed when the Directorate of Legal Services (DLS) issue a letter stating that the case has been closed.

During 2017/18, 522 cases were closed in Northern Ireland. Of these, 141 cases (27.0%) were closed in the Belfast HSC Trust, 103 (19.7%) in the South Eastern HSC Trust, 99 (19.0%) in the Northern HSC Trust, 83 (15.9%) in the Southern HSC Trust, 79 (15.1%) in the Western HSC Trust and 17 (3.3%) in the Legacy HSS Boards, NIAS and NIBTS (Fig. 8, Table 7).

Since 2013/14, the number of cases closed in the Southern HSC Trust increased, from 47 to 83 in 2017/18 (Figure 8, Table 7).

Figure 8: Number of Cases Closed (2013/14 - 2017/18)



522

Clinical/social care negligence cases were closed during 2017/18

New Cases

A new case refers to any case opened during the financial year i.e. 1st April 2017 to 31st March 2018.

During 2017/18, 744 new cases were opened in Northern Ireland. Across HSC Trusts, the number of new cases opened ranged from 2 in the NIAS/NIBTS to 253 in the Belfast HSC Trust (Figure 9, Table 8).

Since 2013/14, the Western HSC Trust reported the largest increase in the number of new cases opened during the year (39, 49.4%), from 79 to 118 in 2017/18, whilst the number of new cases opened by Legacy HSS Boards, the NIAS and NIBTS decreased by 3 (17.6%), from 17 to 14 in 2017/18 (Figure 9, Table 8).

Figure 9: Number of New Cases Opened During the Year⁶ (2013/14 - 2017/18)

744
New clinical/social care negligence cases were opened in 2017/18



⁶ 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 2017/18, by the year in which the alleged incident occurred.

Information on the date of the alleged incident was recorded for 98.7% (3,687) of all cases open in $2017/18^7$, slightly higher than 2016/17 (98.5%) (Table 9).

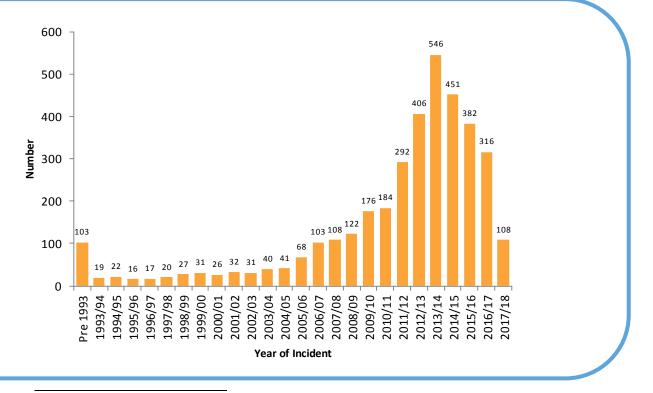
It should also be noted that cases may not be lodged until several years after the date of the alleged incident. This would be expected in cases such as those relating to pregnancy and childbirth, where there may be a delay in the outcome of the disease or disorder.

Half (50.2%, 1,803)⁸ of cases related to incidents within the last five years. Some 103 (2.8%) cases related to incidents prior to 1993, 70 of which (68.0%) were the responsibility of the Legacy HSS Boards (Figure 10, Table 9).

50%

Half of cases open related to incidents that occurred in the last five years

Figure 10:Number of Cases Open by Year of Incident (2017/18)



⁷ Where the date of the alleged incident was not recorded, the year of incident has been recorded as unknown.

⁸ Refers to cases with a known incident date.

Age of Case

The age of a case is based on the difference between the date the case was opened and 31st March 2018 or the date the case was settled or closed.

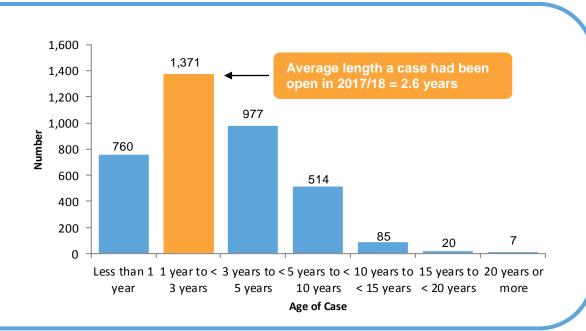
Of the 2,945 cases that remained open at 31st March 2018, almost two thirds (63.5%, 1,871) had been open for less than 3 years, whilst 73 (2.5%) had been open for 10 years or more (Figure 11, Table 10).

Over three fifths (62.5%, 167) of cases settled had been open for 3 - 10 years at 31^{st} March 2018, whilst 76 (28.5%) had been open for less than three years (Table 10).

Over three quarters (76.4%, 399) of cases closed during 2017/18 had been open for less than 5 years (Table 10).

Cases open at any stage in 2017/18, had been open on average for 2.6 years, similar to 2016/17 (2.6 years) (Figure 11).

Figure 11:Number of Cases Open at any Stage During the Year, by Age of Case (2017/18)



2.6 Years

The average time a negligence case had been open in 2017/18

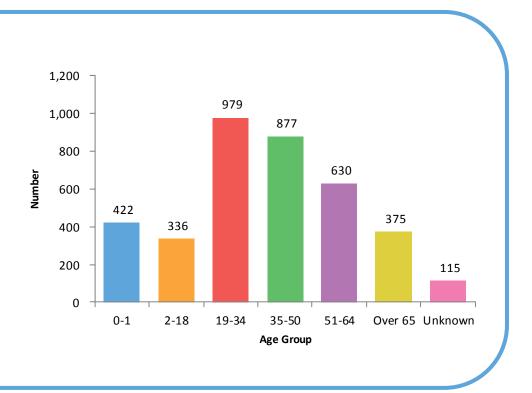
Age at Date of Alleged Incident9

Age, at the time of the alleged incident, was available for 3,619 (96.9%) of all clinical/social care negligence cases open at any stage during 2017/18. 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 (Figure 12).

Since 2013/14, the number of cases open has increased in each age group, with the highest number recorded in the 19-34 (979) age group (Table 11).

Over the last five years, the number of cases involving persons aged over 65 years increased by 68 (22.1%), from 307 in 2013/14 to 375 in 2017/18 (Table 11).

Figure 12: Number of Cases Open at any Stage, by Age Group (2017/18)



^{26%}Over a quarter of cases involved persons aged 19 - 34

⁹ 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.

Nature of Alleged Incident

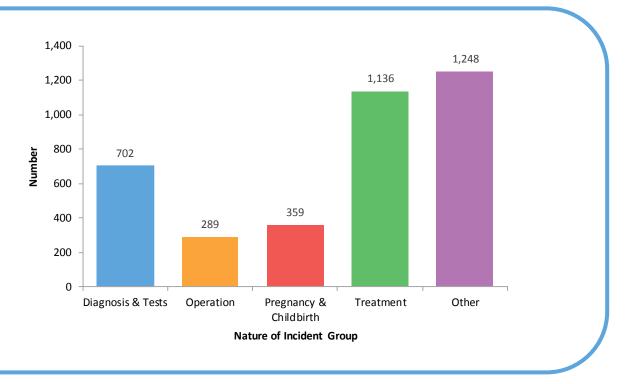
The nature of the alleged incident was recorded for 3,567 (95.5%) of all cases open at any stage during 2017/18¹⁰ (Table 12).

Almost a third (31.8%, 1,136) ¹¹ of cases open at any stage during 2017/18 related to 'Treatment', 702 (19.7%) to 'Diagnosis & Tests', 359 (10.1%) to 'Pregnancy & Childbirth' and 289 (8.1%) to 'Operation'. These four categories accounted for over two thirds (69.7%, 2,486) of all cases open (Figure 13, Table 12).

In 2017/18, the highest number of cases in each HSC Trust related to 'Treatment', with the exception of the Southern HSC Trust where the largest incident group was 'Diagnosis & Tests' (147, 27.4%) (Table 23).

Within Legacy HSS Boards, the largest percentage of cases open in 2017/18 related to the 'Pregnancy & Childbirth' incident group (21, 22.8%) (Table 23).

Figure 13:Four Largest Nature of Alleged Incident Groups (2017/18)



¹⁰ A list of nature of incidents can be found in Appendix 3 with nature of incident groups detailed in Appendix 4.

32%

Almost a third of cases open during 2017/18 related to 'Treatment'

¹¹ Refers to the number of cases with a **known** nature of incident.

Of the 1,136 cases which related to the 'Treatment' incident group, 73.9% (840) were associated with 'Fail to / Delay Treatment' (Figure 14, Table 13).

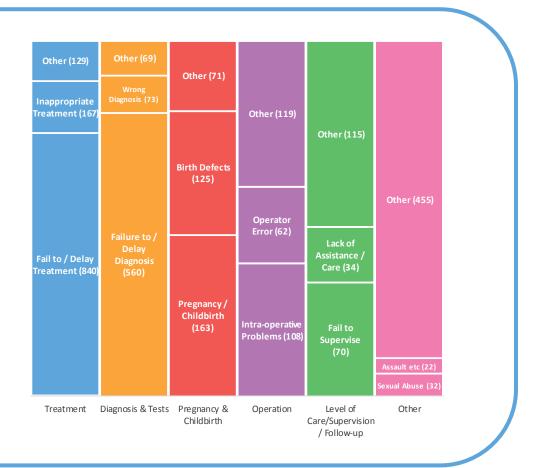
Four fifths (79.8%, 560) of cases open in 2017/18 which were reported as 'Diagnosis & Tests' related to 'Failure to / Delay diagnosis' (Figure 14, Table 13).

Of the 359 cases which related to 'Pregnancy & Childbirth', almost half (45.4%, 163) related to 'Pregnancy/Childbirth' (163) and 'Birth Defects' (125) (Figure 14, Table 13).

Almost two fifths (37.4%, 108) of incidents reported as 'Operation' (289) related to 'Intra-Operative Problems' (Figure 14, Table 13).

Almost a third (32.0%, 70) of incidents reported as 'Level of Care/Supervision/Follow-up' related to 'Fail to supervise' (Figure 14, Table 13).

Figure 14: Number of Cases Open at Any Stage, Grouped by the Nature of Alleged Incident (2017/18)



Specialty 12,13

Specialty was recorded for 3,665 (98.2%) of all clinical/social care negligence cases open at any stage during 2017/18 (Table 14).

Since 2013/14, the number of cases relating to the 'Obstetrics' specialty increased by 86 (14.6%), from 588 to 674 in 2017/18 (Table 14).

Over half (55.3%, 2,066)¹⁴ of all cases open in 2017/18, related to four specialties; 'Obstetrics' (674), 'Accident & Emergency' (629), 'General Surgery' (397) and 'Trauma and Orthopaedics' (366) (Figure 15, Table 14).

Figure 15: Four Largest Specialties (2017/18)

Obstetrics 674 **A & E** General Surgery 397 Trauma & Ortho 366

18%
Almost a fifth of cases related to the 'Obstetrics'

specialty

¹² A list of case specialties can be found in Appendix 5.

 $^{^{13}}$ This list consists of Korner specialties plus additional categories to cover community related incidents.

¹⁴ Refers to the number of cases with a **known** specialty.

SECTION 3

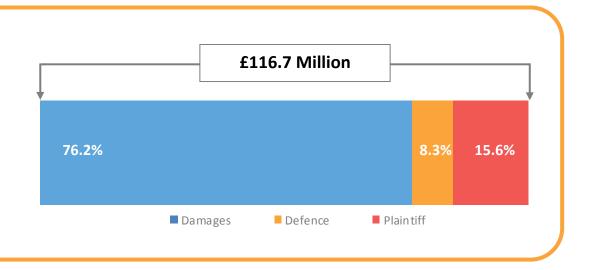
CLINICAL / SOCIAL CARE NEGLIGENCE PAYMENTS UP TO 31st MARCH 2018

This section details the total cumulative payments **up to 31**st **March 2018** for all 3,734 clinical/social care negligence cases that were open at any stage during 2017/18.

Readers should note that information presented in this section <u>refers to</u> the total amount paid up to 31st March 2018 and <u>not</u> the amount paid out in 2017/18, which is presented separately in section 1. For example, if a case was opened in 2014 and was still open or settled at 1st April 2017, any and all payments on this case from the date it opened until 31st March 2018 will be included.

At 31st March 2018, £116.7 million had been paid on the 3,734 clinical/social care negligence cases that were open at any stage in 2017/18. Of this, £88.9 million (76.2%) had been awarded in damages, £18.2 million (15.6%) in plaintiff costs and £9.7 million (8.3%) in defence costs (Figure 16, Table 15).

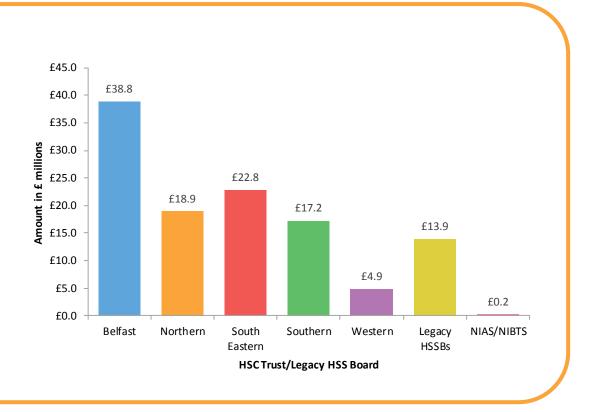
Figure 16: Amount Paid on Cases Open at any Stage During 2017/18



32 cases

Accounted for over two thirds of damages paid

Figure 17: Amount Paid on Cases Open at any Stage During 2017/18, by HSC Trust / Legacy HSS Board



The Belfast HSC Trust paid the largest amount in damages and legal costs (£38.8m) on cases which were open in 2017/18, accounting for a third (33.2%) of all monies paid (Figure 17, Table 15).

Almost two fifths (£11.0m, 39.5%) of the total amount paid in legal costs¹⁵ was paid by the Belfast HSC Trust, £4.7 million (16.8%) by the South Eastern HSC Trust, £4.6 million (16.4%) by the Northern HSC Trust, £3.5 million (12.7%) by the Southern HSC Trust, £2.5 million (9.1%) by the Legacy HSS Boards, £1.5 million (5.3%) by the Western HSC Trust and £60k (0.2%) by the NIAS/NIBTS (Table 15).

Over two thirds (70.5%, £62.7m) of the total amount paid in damages¹⁶ related to 32 (0.9%) of the 3,734 cases open during 2017/18.

¹⁵ Refer to Definitions, Notes 9 and 10.

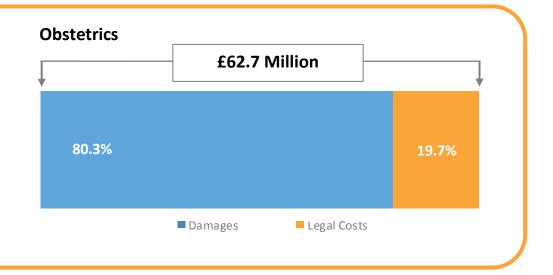
¹⁶ Refer to Definitions, Note 8.

Payments Made by Specialty

Over four fifths (86.8%, £101.3m) of the total amount paid, on clinical/social care negligence cases open at any stage during 2017/18, related to the 10 specialties with the largest number of cases (Table 16).

Over half (53.7%, £62.7m) of the amount paid out on cases open in 2017/18 related to the 'Obstetrics' specialty, of which, four fifths (80.3%, £50.3m) had been paid on damages (Figure 18, Table 16).

Figure 18: Amount Paid on the Obstetrics Specialty (2017/18)



54%

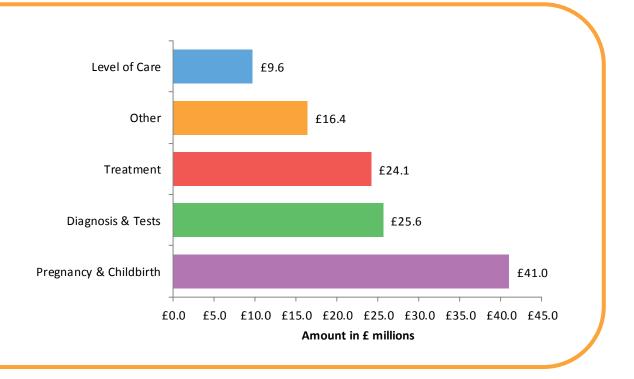
Over half of the amount paid out related to the 'Obstetrics' speciality

Payments Made by Nature of Alleged Incident¹⁷

Over a third (35.1%, £41.0m) of the total amount paid to date, on clinical/social care negligence cases open at any stage during 2017/18, related to the 'Pregnancy & Childbirth' nature of incident group. Of this, almost four fifths (79.3%, £32.5m) had been paid in damages (Figure 19, Table 17).

Four categories accounted for over four fifths (86.0%, £100.3m) of all monies paid on cases open at any stage during 2017/18. Of this, £77.5 million (77.3%) was paid in damages and £22.8 million (22.7%) paid in legal costs (Table 17).

Figure 19: Total Amount Paid by the Largest Nature of Alleged Incident Categories (2017/18)



 $^{^{17}}$ The nature of the alleged incident was determined by data providers using the list provided in Appendix 3.

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 a relatively small number of plaintiffs have opted for PPOs in Northern Ireland.

Of the £116.7 million paid out up to 31st March 2018 on cases open or settled at any stage during 2017/18, over half (54.7%, £63.8m) had been paid on 32 PPO cases (Figure 20, Table 18).

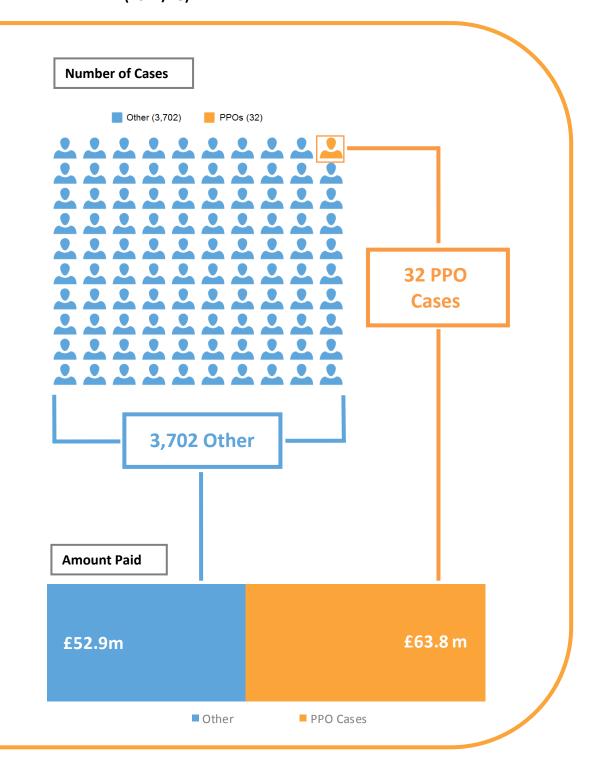
Of the £63.8 million paid in cases with PPOs, £51.6 million (80.9%) was paid in damages, £8.4 million (13.1%) in plaintiff costs and £3.8 million (6.0%) in defence costs (Table 18).

Across HSC Trusts/Legacy HSS Boards, over a third (35.8%, £22.8m) of the amount paid in PPO cases was paid by the Belfast HSC Trust (Table 18).

£22.8m

The Belfast HSC
Trust accounted for over a third of the total amount paid out in PPOs

Figure 20: Amount Paid Out on Periodic Payment Order and Other Cases (2017/18)



Payments on Cases Closed¹⁸

During 2017/18, 522 (14.0%) cases were closed, with almost two thirds (65.1%, 340) closed without payment (Table 19).

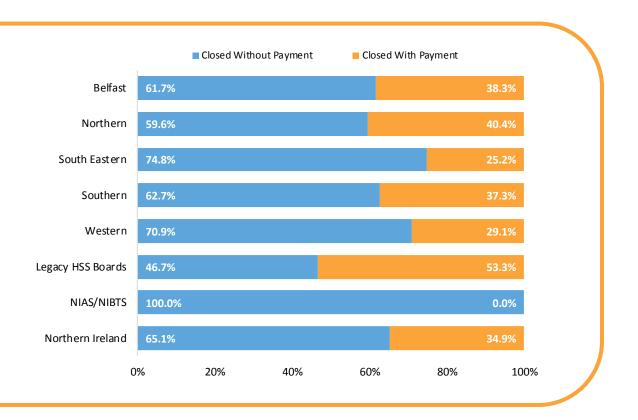
The South Eastern HSC Trust closed 103 cases, with three quarters (74.8%, 77) closed without payment, whilst the Legacy HSS Boards made payments on over half (53.3%) of the cases they closed (Figure 21, Table 19).

Over a third (34.9%, 182) of cases closed in 2017/18 had payments, totalling £11.8 million. This accounted for a tenth (10.1%) of all monies paid out on cases that were open at any stage during the year (Table 20).

Almost a third (30.4%, £3.6m) of the amount paid out on cases closed in 2017/18 was paid by the Belfast HSC Trust (Table 20).

Figure 21: Number of Cases Closed With & Without Payments (2017/18)

340
Almost two thirds of cases were closed in 2017/18 without payment



¹⁸ A payment may include damages awarded, defence costs and plaintiff costs or a combination of any of these three costs.

Closed Cases with Legal Costs Exceeding Damages

One in five (20.9%, 109) cases closed in 2017/18 had legal costs (£1.5m) exceeding the amount awarded in damages (£0.7m). This equates to £0.8 million more paid in legal costs than damages, with the Belfast Trust recording the largest difference (£0.3m) (Table 21).

Payments on Cases Closed With No Damages

Over one in ten (11.3%, 59) cases closed in 2017/18 had no damages awarded but had legal fees amounting to £0.3 million. This accounted for 2.3% of all monies paid out on cases closed during 2017/18 (Table 22).

ADDITIONAL TABLES

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

Trust/Legacy HSS Board (2014/15 - 2017/18)

HSC Trust / Legacy HSS Board	2014/15	2015/16	2016/17	2017/18	Change from 2014/15	% Change from 2014/15
Belfast	£13,004,257	£12,506,163	£10,153,969	£10,843,553	-£2,160,704	-16.6%
Northern	£4,070,985	£2,150,284	£7,942,506	£8,201,203	£4,130,218	101.5%
South Eastern	£6,627,389	£4,644,462	£2,488,374	£6,776,587	£149,198	2.3%
Southern	£6,366,576	£2,373,817	£2,078,193	£5,154,844	-£1,211,732	-19.0%
Western	£2,149,998	£3,510,655	£1,739,806	£3,228,221	£1,078,223	50.1%
Legacy HSS Boards	£9,110,734	£1,378,696	£4,119,597	£1,421,614	-£7,689,120	-84.4%
NIAS / NIBTS	£23,841	£4,361	£18,617	£25,818	£1,977	8.3%
Northern Ireland	£41,353,780	£26,568,438	£28,541,062	£35,651,840	-£5,701,940	-13.8%

Table 2: Amount Paid on Clinical/Social Care Negligence Cases during 2017/18, 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	£6,927,558	£1,176,137	£2,739,858	£10,843,553
Northern	£6,095,082	£582,757	£1,523,364	£8,201,203
South Eastern	£5,731,544	£654,821	£390,222	£6,776,587
Southern	£4,332,906	£421,565	£400,373	£5,154,844
Western	£2,302,750	£337,889	£587,582	£3,228,221
Legacy HSS Boards	£916,507	£78,067	£427,040	£1,421,614
NIAS / NIBTS	£18,031	£0	£7,787	£25,818
Northern Ireland	£26,324,377	£3,251,236	£6,076,227	£35,651,840

Table 3: Number of Cases Open During the Year, by HSC Trust/Legacy
HSS Board¹⁹ (2013/14 - 2017/18)

HSC Trust / Legacy HSS Board	2013/14	2014/15	2015/16	2016/17	2017/18
Belfast	1,239	1,395	1,421	1,431	1,441
Northern	487	485	496	477	508
South Eastern	544	565	565	578	591
Southern	465	507	503	519	537
Western	486	526	513	529	547
Legacy Eastern	80	58	56	54	51
Legacy Northern	21	16	15	10	9
Legacy Southern	8	10	11	10	9
Legacy Western	36	29	20	22	23
NIAS/NIBTS	11	10	13	17	18
Northern Ireland	3,377	3,601	3,613	3,647	3,734

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

Trust/Legacy HSS Board (2017/18)²⁰

HSC Trust / Legacy HSS	Outcom	Outcome at 31 st March 2018					
Board	Open	Open Settled		Open During 2017/18			
Belfast	1,180	120	141	1,441			
Northern	364	45	99	508			
South Eastern	459	29	103	591			
Southern	435	19	83	537			
Western	430	38	79	547			
Legacy HSS Boards	65	*	*	92			
NIAS/NIBTS	12	*	*	18			
Northern Ireland	2,945	267	522	3,734			

¹⁹ Legacy HSS Boards are responsible for alleged incidents that occurred prior to 1993, regardless of the date the claim is made.

²⁰ In order to avoid personal disclosure an '*' represents a cell count of less than 4. When the anonymised figure can be deduced from the totals, the next smallest figure was also anonymised.

Table 5: Number of Cases Open at 31st March, by HSC Trust/Legacy HSS Board (2014 - 2018)

HSC Trust / Legacy HSS					
Board	2014	2015	2016	2017	2018
Belfast	981	1,108	1,120	1,098	1,180
Northern	373	368	368	348	364
South Eastern	400	404	427	436	459
Southern	400	371	383	396	435
Western	365	388	385	409	430
Legacy HSS Boards	87	76	73	69	65
NIAS / NIBTS	6	6	12	13	12
Northern Ireland Total	2,612	2,721	2,768	2,769	2,945

Table 6: Number of Cases Settled at 31st March, by HSC Trust/Legacy
HSS Boards (2014 - 2018)²¹

HSC Trust / Legacy HSS		Settled at 31 st March			
Board	2014	2015	2016	2017	2018
Belfast	97	66	77	90	120
Northern	18	26	33	46	45
South Eastern	8	28	26	28	29
Southern	18	25	19	26	19
Western	18	34	39	45	38
Legacy, NIAS & NIBTS	13	12	12	11	16
Northern Ireland Total	172	191	206	246	267

²¹ In order to avoid personal disclosure an '*' represents a cell count of less than 4. When the anonymised figure can be deduced from the totals, the next smallest figure was also anonymised.

Table 7: Number of Cases Closed During 2016/17, by HSC Trust/Legacy
HSS Board (2013/14 - 2017/18)²²

HSC Trust / Legacy HSS	Closed During					
Board	2013/14	2014/15	2015/16	2016/17	2017/18	
Belfast	161	221	224	243	141	
Northern	96	91	95	83	99	
South Eastern	136	133	112	114	103	
Southern	47	111	101	97	83	
Western	103	104	89	75	79	
Legacy, NIAS & NIBTS	50	29	18	20	17	
Northern Ireland Total	593	689	639	632	522	

Table 8: Number of New Cases Opened During the Year, by HSC

Trust/Legacy HSS Board (2013/14 - 2017/18)

HSC Trust / Legacy HSS					
Board	2013/14	2014/15	2015/16	2016/17	2017/18
Belfast	235	311	242	240	253
Northern	84	94	99	78	111
South Eastern	118	125	136	116	132
Southern	109	98	105	117	116
Western	79	113	94	103	118
Legacy, NIAS & NIBTS	17	11	10	13	14
Northern Ireland Total	642	752	686	667	744

²² In order to avoid personal disclosure an '*' represents a cell count of less than 4. When the anonymised figure can be deduced from the totals, the next smallest figure was also anonymised.

Table 9: Number of Cases by Year of Incident

Year of Incident	2013/14	2014/15	2015/16	2016/17	2017/18
Pre 1993	164	136	115	106	103
1993/94	18	22	23	17	19
1994/95	30	31	32	28	22
1995/96	23	18	18	18	16
1996/97	18	16	18	18	17
1997/98	28	28	24	22	20
1998/99	37	30	27	26	27
1999/00	37	35	34	31	31
2000/01	43	39	32	29	26
2001/02	57	47	36	36	32
2002/03	73	59	43	31	31
2003/04	78	67	49	42	40
2004/05	96	81	58	54	41
2005/06	154	124	102	75	68
2006/07	221	192	150	120	103
2007/08	312	255	193	146	108
2008/09	349	270	194	146	122
2009/10	407	384	298	218	176
2010/11	388	414	341	257	184
2011/12	358	439	455	374	292
2012/13	284	401	484	508	406
2013/14	123	329	444	508	546
2014/15		126	280	381	451
2015/16			118	285	382
2016/17				116	316
2017/18					108
Unknown	79	58	45	55	47
Total	3,377	3,601	3,613	3,647	3,734

Table 10: Number of Cases Open at any Stage During the Year, by Age of Case $(2017/18)^{23}$

Longth of Time Open	Ou	No. Open		
Length of Time Open	Open	Settled	Closed	During Year
Less than 1 year	720	13	27	760
1 year to < 3 years	1,151	64	156	1,371
3 years to < 5 years	668	93	216	977
5 years to < 10 years	333	74	107	514
10 years to < 15 years	56	17	12	85
15 years to < 20 years	*	*	*	20
20 years or more	*	*	*	7
Total	2,945	267	522	3,734

Table 11: Number of Cases Open at any Stage, by Age Group (2013/14 – 2017/18)

Age Group (Years)	2013/14	2014/15	2015/16	2016/17	2017/18	Change since 2013/14
0-1	378	395	386	392	422	•
2-18	329	344	345	354	336	•
19-34	860	920	909	954	979	•
35-50	818	883	888	878	877	•
51-64	551	614	624	591	630	•
Over 65	307	351	363	360	375	•
Unknown	134	94	98	118	115	•
Total	3,377	3,601	3,613	3,647	3,734	•

²³ In order to avoid personal disclosure an '*' represents a cell count of less than 4. When the anonymised figure can be deduced from the totals, the next smallest figure was also anonymised.

Table 12: Number of Cases Open at any Stage, by Nature of Alleged Incident (2013/14 – 2017/18)

Nature of Incident Group	2013/14	2014/15	2015/16	2016/17	2017/18	Change since 2013/14
Admissions/Referral	17	16	19	19	20	•
Assault (to or by patient)	11	10	9	7	6	•
Consent/Failure to warn	27	32	27	25	43	
Diagnosis & Tests	641	712	711	690	702	•
Discharge	24	24	18	18	17	•
Facilities & Equipment	32	43	51	52	59	•
Infections	105	89	87	72	78	
LevelofCare/Supervison/Follow-up	203	223	233	231	219	•
Medication/Bloods/Fluids	91	100	101	106	113	•
Operation	276	286	295	288	289	•
Pregnancy & Childbirth	255	282	296	324	359	•
Treatment	999	1,046	1121	1,158	1,136	•
Unexpected death	15	15	17	16	17	•
Other	465	393	368	425	509	
Unknown	216	330	260	216	167	•
Total	3,377	3,601	3,613	3,647	3,734	•

Table 13: Number of Cases Open at any Stage, Grouped by the Nature of the Alleged Incident (2017/18)

Nature of Incident	No. of Cases	% of Nature of Incident Group	
Treatment			
Fail to / Delay treatment	840	73.9%	
Inappropriate treatment	167	14.7%	
Others under Treatment	129	11.4%	
Total	1,136	100.0%	
Diagnosis & Tests			
Failure to / Delay diagnosis	560	79.8%	
Wrong diagnosis made	73	10.4%	
Others under diagnosis & tests	69	9.8%	
Total	702	100.0%	
Pregnancy & Childbirth			
Pregnancy/Childbirth	163	45.4%	
Birth Defects	125	34.8%	
Others under Pregnancy & Childbirth	71	19.8%	
Total	359	100.0%	
Operation			
Intra-operative problems	108	37.4%	
Operator error	62	21.5%	
Others under Operation	119	41.2%	
Total	289	100.0%	
Level of Care/Supervision / Follow-up			
Fail to supervise	70	32.0%	
Lack of assistance/care	34	15.5%	
Others under Level of Care/Supervision/Follow-Up	115	52.5%	
Total	219	100.0%	
Other			
Sexual Abuse	32	6.3%	
Assault, etc by hospital staff	22	89.4%	
Others under Other	455	4.3%	
Total	509	100.0%	

Table 14: Number of Cases Open at any Stage, by Specialty (2013/14 – 2017/18)

Specialty	2013/14	2014/15	2015/16	2016/17	2017/18	Change since 2013/14
Accident & Emergency	568	623	631	626	629	1
Anaesthetics & Pain Mgt.	56	52	50	52	56	⇒
Burns, Plastic & Max. Surgery	28	29	29	29	30	1
Cardiac Surgery	19	26	30	28	28	1
Cardiology	34	31	31	42	45	•
Children & Young People	83	98	103	106	105	•
Dentistry	15	22	24	25	19	•
Ear, Nose & Throat	43	42	41	39	38	•
General Medicine	218	218	223	211	204	•
General Surgery	360	384	390	379	397	•
Gynaecology	218	215	200	194	236	•
Mental Health Acute	57	60	56	58	64	•
Neurology	18	27	29	29	23	1
Neurosurgery	32	36	32	28	28	•
Obstetrics	588	626	614	636	674	1
Oncology	23	24	26	26	33	•
Opthamology	33	40	38	37	43	1
Paediatrics	92	91	94	95	90	
Radiology	49	49	53	56	55	•
Trauma & Orthopaedics	353	383	377	374	366	•
Urology	46	56	64	59	62	•
Other	385	404	414	441	440	•
Unknown	59	65	64	77	69	•
Total	3,377	3,601	3,613	3,647	3,734	1

Table 15: Amount Paid to Date on Cases Open at any Stage During 2017/18

HSC Trust/ Legacy HSS Board	Damages Paid	Defence Costs Paid	Plaintiff Costs Paid	Total Amount Paid	No. of Cases Open
Belfast	£27,820,206	£3,864,099	£7,114,827	£38,799,133	1,441
Northern	£14,325,893	£1,361,891	£3,198,471	£18,886,255	508
South Eastern	£18,145,639	£1,760,362	£2,905,184	£22,811,185	591
Southern	£13,697,443	£1,205,080	£2,328,198	£17,230,720	537
Western	£3,382,743	£660,491	£819,620	£4,862,854	547
Legacy Eastern	£5,412,253	£362,537	£814,131	£6,588,921	51
Legacy Northern	£2,132,818	£131,107	£355,120	£2,619,045	9
Legacy Southern	£0	£10,736	£0	£10,736	9
Legacy Western	£3,815,244	£278,676	£583,495	£4,677,415	23
NIAS/NIBTS	£177,309	£23,715	£35,853	£236,877	18
Northern Ireland	£88,909,548	£9,658,694	£18,154,899	£116,723,141	3,734

Table 16: Amount Paid to Date on Cases Open at any Stage During 2017/18, by Speciality

Speciality	Damages Paid	Defence Costs Paid	Plaintiff Costs Paid	Total Amount Paid
Accident & Emergency	£10,538,445	£1,146,721	£2,003,750	£13,688,916
Children & Young People	£385,500	£106,763	£231,850	£724,113
General Medicine	£3,090,365	£866,544	£851,681	£4,808,591
General Surgery	£2,656,348	£450,457	£906,111	£4,012,916
Gynaecology	£2,056,624	£314,429	£900,633	£3,271,686
Mental Health Acute	£70,000	£30,736	£103,324	£204,060
Obstetrics	£50,322,995	£4,022,697	£8,326,589	£62,672,281
Paediatrics	£6,298,725	£563,230	£1,704,854	£8,566,810
Trauma & Orthopaedics	£1,601,428	£437,914	£603,508	£2,642,850
Urology	£345,674	£109,506	£244,402	£699,582
Other	£11,543,444	£1,609,696	£2,278,196	£15,431,336
Total	£88,909,548	£9,658,694	£18,154,899	£116,723,141

Table 17: Amount Paid to Date on Cases Open at any Stage During 2017/18, by Nature of Alleged Incident

Nature of Incident Group	Damages Paid	Defence Costs Paid	Plaintiff Costs Paid	Total Amount Paid
Admissions/Referral	£2,319,377	£144,158	£252,484	£2,716,018
Assault (to patient & by patient)	£0	£0	£0	£0
Consent/Failure to warn	£45,000	£28,595	£70,715	£144,310
Diagnosis & Tests	£18,440,470	£2,579,837	£4,577,442	£25,597,749
Discharge	£130,000	£16,582	£45,724	£192,306
Facilities & Equipment	£45,000	£21,234	£34,617	£100,852
Infections	£437,733	£136,046	£227,751	£801,531
Level of Care/Supervision	£7,958,048	£624,514	£1,036,610	£9,619,172
Medication/Bloods/Fluids	£326,686	£140,264	£287,276	£754,226
Operation	£4,470,356	£643,866	£1,332,994	£6,447,217
Pregnancy & Childbirth	£32,508,816	£2,581,540	£5,906,307	£40,996,662
Treatment	£18,630,020	£2,134,048	£3,370,257	£24,134,325
Unexpected death	£128,950	£13,286	£64,528	£206,764
Other	£3,372,242	£520,716	£921,453	£4,814,411
Unknown	£96,850	£74,008	£26,740	£197,598
Total	£88,909,548	£9,658,694	£18,154,899	£116,723,141

Table 18: Amount Paid to Date by Periodical Payment Orders on Cases

Open at Any Stage During 2017/18²⁴

HSC Trust / Legacy HSS Board	Damages Paid	Defence Costs Paid	Plaintiff Costs Paid	Total Amount Paid	No. of PPOs ¹⁷
Belfast	£17,840,577	£1,491,994	£3,507,908	£22,840,479	12
South Eastern	£15,578,724	£1,211,954	£2,388,335	£19,179,013	9
Southern	£10,154,114	£654,479	£1,454,453	£12,263,047	6
Legacy Eastern	£4,330,753	£188,261	£430,722	£4,949,736	*
Legacy Northern	£2,057,818	£108,857	£308,520	£2,475,195	*
Legacy Western	£1,521,142	£123,096	£267,555	£1,911,792	*
NIAS/NIBTS	£163,959	£23,715	£28,065	£215,739	*
Northern Ireland	£51,647,087	£3,802,356	£8,385,559	£63,835,002	32

²⁴ In order to avoid personal disclosure an '*' represents a cell count of less than 4. When the anonymised figure can be deduced from the totals, the next smallest figure was also anonymised.

Table 19: Number of Cases Closed by HSC Trust/Legacy HSS Board, by Payments Awarded (2017/18)²⁵

HSC Trust/Legacy HSS		Closed Without Payment		Closed With Payment	
Board	No.	%	No.	%	Closed
Belfast	87	61.7%	54	38.3%	141
Northern	59	59.6%	40	40.4%	99
South Eastern	77	74.8%	26	25.2%	103
Southern	52	62.7%	31	37.3%	83
Western	56	70.9%	23	29.1%	79
Legacy HSS Boards	*	46.7%	*	53.3%	*
NIAS/NIBTS	*	100.0%	*	0.0%	*
Northern Ireland Total	340	65.1%	182	34.9%	522

Table 20: Amount Paid on Cases Closed During 2017/18, 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	54	£2,233,494	£445,141	£915,096	£3,593,732
Northern	40	£1,868,197	£285,962	£884,623	£3,038,782
South Eastern	26	£566,250	£185,868	£410,949	£1,163,067
Southern	31	£942,820	£184,870	£442,929	£1,570,619
Western	23	£554,768	£173,989	£298,942	£1,027,699
Legacy HSSBs	*	£927,500	£175,162	£337,966	£1,440,629
NIAS/NIBTS	*	£0	£0	£0	£0
Northern Ireland	182	£7,093,029	£1,450,993	£3,290,506	£11,834,528

²⁵ In order to avoid personal disclosure an '*' represents a cell count of less than 4. When the anonymised figure can be deduced from the totals, the next smallest figure was also anonymised.

Table 21: Cases with Legal Costs Exceeding Damages Awarded Closed

During 2017/18, by HSC Trust/Legacy HSS Board²⁶

HSC Trust / Legacy HSS Board	No. Of Cases Closed	Damages	Legal Costs	Cost Difference
Belfast	37	£169,450	£448,776	-£279,326
Northern	19	£95,000	£258,484	-£163,484
South Eastern	15	£208,250	£324,350	-£116,100
Southern	18	£57,250	£187,265	-£130,015
Western	15	£118,518	£234,014	-£115,496
Legacy HSSB	5	£32,500	£54,242	-£21,742
NIAS/NIBTS	0	£0	£0	£0
Northern Ireland	109	£680,968	£1,507,131	-£826,163

Table 22: Amount Paid on Cases Closed With No Damages Awarded

During 2017/18, by HSC Trust/Legacy HSS Board and Type of

Payment²⁷

HSC Trust / Legacy HSS Board	No. of Cases Closed			Total Amount Paid
Belfast	21	£89,489	£20	£89,509
Northern	13	£21,043	93	£21,043
South Eastern	5	£14,138	£40	£14,178
Southern	11	£42,520	£13,216	£55,736
Western	5	£70,042	£2,523	£72,565
Legacy HSSB	4	£18,362	£0	£18,362
NIAS/NIBTS	0	£0	93	£0
Northern Ireland	59	£255,595	£15,799	£271,394

^{26 & 27} In order to avoid personal disclosure an '*' represents a cell count of less than 4. When the anonymised figure can be deduced from the totals, the next smallest figure was also anonymised.

Table 23: Cases Open at any Stage During the Year by Nature of Incident Group (2017/18)

Nature of Incident Group	Belfast	Northern	South Eastern	Southern	Western	Legacy HSS Boards	NIAS / NIBTS	Total
Admissions/Referral	*	*	7	*	*	*	*	20
Assault (to patient & by patient)	*	*	*	*	*	*	*	6
Consent/Failure to warn	20	*	*	13	*	*	*	43
Diagnosis & Tests	219	126	95	147	101	10	4	702
Discharge	9	*	*	*	*	*	*	17
Facilities & Equipment	49	*	*	*	*	*	*	59
Infections	42	7	6	10	13	0	0	78
LevelofCare/Supervison/Follow-up	107	17	43	35	16	*	*	219
Medication/Bloods/Fluids	50	18	21	14	9	*	*	113
Operation	131	20	18	65	52	*	*	289
Pregnancy & Childbirth	73	73	43	69	79	21	*	359
Treatment	477	131	278	108	122	16	4	1,136
Unexpected death	*	7	*	*	*	*	*	17
Other	164	94	65	35	112	33	6	509
Unknown	83	6	5	35	29	6	*	167
Total	1,441	508	591	537	547	92	18	3,734

Clinical/Social Care Negligence Cases 2017/18

APPENDIX 1: TECHNICAL NOTES

This statistical release presents information on clinical/social care negligence cases open in Northern Ireland during the year ending 31st March 2018. 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 (1st April – 31st 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 2017/18 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 resubmitted.

It is important to note that some cases will have been settled and/or closed since 31st March 2018 and these will be accounted for in the next publication, for 2018/19.

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 2017/18. 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 where 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 1st April 2017 and 31st March 2018.

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: 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 4: 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 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: 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-

research

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

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

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