

INFORMATION
ANALYSIS
DIRECTORATE



Clinical / Social Care Negligence Cases

in Northern Ireland (2016/17)

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 st March 2017. Information includes all cases currently open and settled, including those withdrawn or closed with details of any monies paid.
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KEY POINTS

Payments in 2016/17

- During the last three years, the amount paid on clinical/social care negligence cases decreased by £12.8 million (31.0%), from £41.4 million in 2014/15 to £28.5 million in 2016/17 (Table 1).
- Of the £28.5 million paid on clinical/social care negligence cases in 2016/17, over two thirds (69.0%, £19.7m) was paid in damages, £6.3 million (21.9%) in plaintiff costs and £2.6 million (9.1%) in defence costs (Figure 2, Table 2).

Payments to Date

667

New cases opened during 2016/17

£94.1m

Paid to date on the 3,647 cases open at any stage during 2016/17

632

Cases closed during 2016/17

- During 2016/17, 3,647 clinical/social care negligence cases were open at any stage, 332 (10.0%) more than in 2012/13 (3,315) (Table 3).
- In 2016/17, 667 new cases were opened, 632 cases were closed, whilst 2,769 cases remained open and 246 cases had been settled at 31st March 2017 (Figure 5, Tables 4 - 8).

- The average clinical/social care negligence case, open in 2016/17, had been open for 2.6 years, similar to 2015/16 (2.6 years) (Figure 11).
- Over half (56.4%, 2,015) of all cases open in 2016/17, related to four specialties; 'Obstetrics' (636), 'Accident & Emergency' (626), 'General Surgery' (379) and 'Trauma and Orthopaedics' (374) (Table 14).
- A total of £94.1 million has been paid to date on the 3,647 clinical/social care negligence cases which were open at any stage during 2016/17. Of which, £70.0 million (74.4%) has been awarded in damages and £24.1 million (25.6%) paid out in legal costs (defence and plaintiff) (Table 15).
- Over half (52.9%, £52.9m) of the amount paid out on clinical/social care negligence cases open at any stage during 2016/17 related to the 'Obstetrics' speciality, of which, almost four fifths (78.8%, £39.2m) had been paid in damages (Table 16).

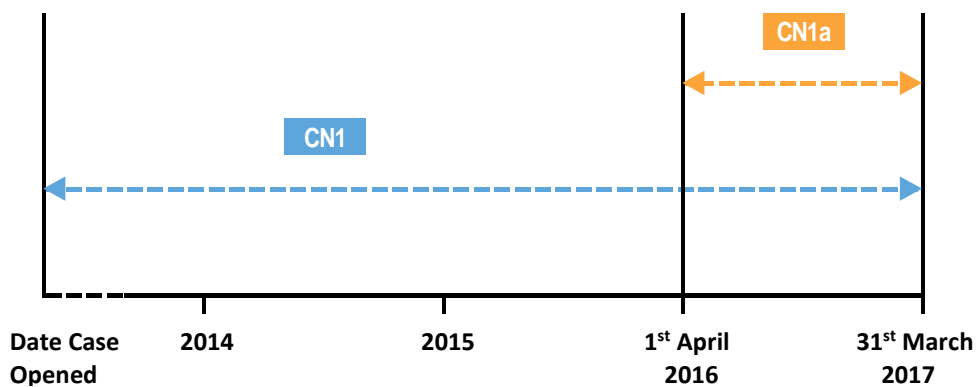
INTRODUCTION

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

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

Flowchart 1 below details the periods that are covered in each information return.

Financial Payments Included in the CN1 and CN1a Information Returns



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

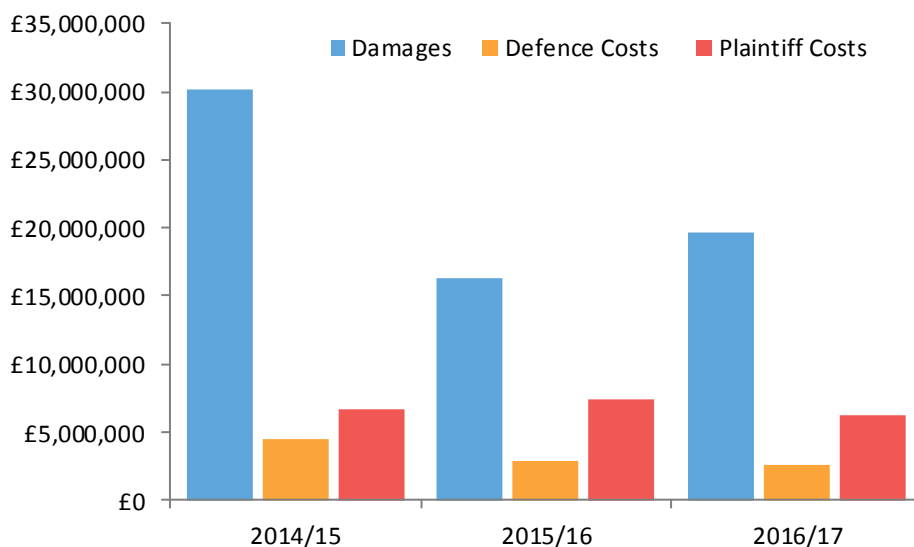
PAYMENTS MADE DURING 2016/17

This section details the amount of money paid out during each year, by HSC Trust/Legacy HSS Boards and payment type.

During the last three years, the amount paid on clinical/social care negligence cases decreased by £12.8 million (31.0%), from £41.4 million in 2014/15 to £28.5 million in 2016/17 (Table 1).

The amount paid in damages in 2016/17 was £10.4 million (34.6%) less than in 2014/15, defence costs decreased by £1.9 million (42.6%) and plaintiff costs decreased by £0.5 million (6.8%).

Figure 1: Amount Paid out during Last Three Years, by Type of Payment



Source: CN1a

£12.8 m
Decrease in the amount paid on clinical/social care negligence cases over the last three years

Between 2014/15 and 2016/17, the amount paid on cases decreased in each HSC Trust / Legacy HSS Board, with the exception of the Northern HSC which increased by £3.9 million (95.1%) (Table 1).

Legacy HSS Boards reported the largest decrease (£5.0m, 54.8%) in the amount paid out on cases since 2014/15, from £9.1 million to £4.1 million in 2016/17 (Table 1).

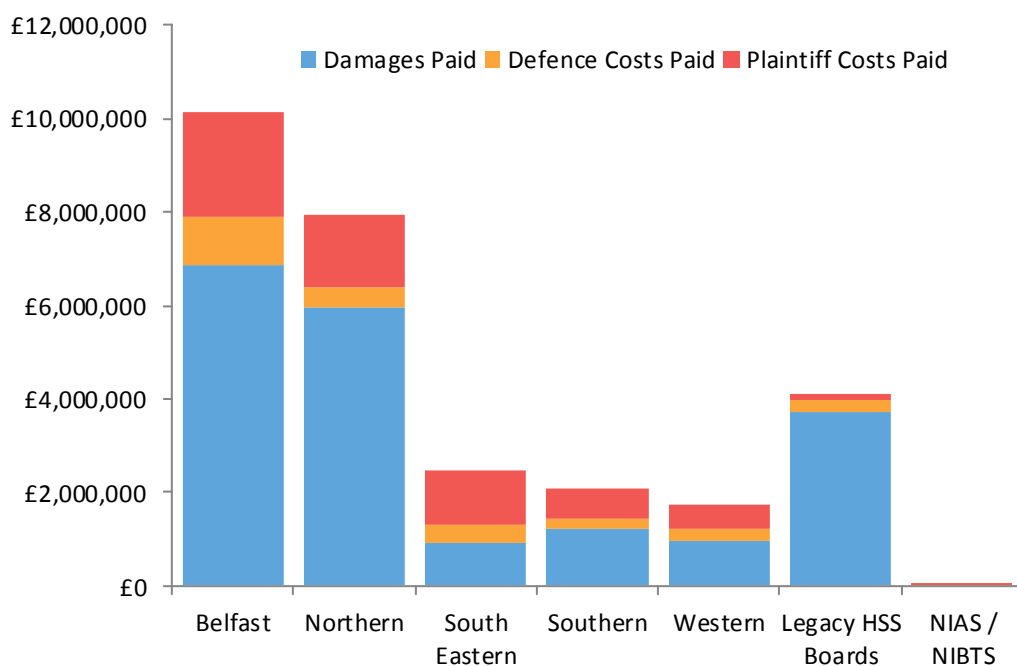
During 2016/17, £28.5 million was paid on clinical/social care negligence cases in Northern Ireland, with over two thirds (69.0%, £19.7m) paid in damages, £6.3 million (21.9%) in plaintiff costs and £2.6 million (9.1%) in defence costs (Figure 2, Table 2).

Over a third (35.6%, £10.2m) of all monies paid in 2016/17 were paid by the Belfast HSC Trust, whilst the Northern Ireland Ambulance Service (NIAS) and Northern Ireland Blood Transfusion Service (NIBTS) paid the lowest amount (0.07%, £0.02m) (Figure 2, Table 2).

During 2016/17, the percentage of all monies paid out in legal costs¹ ranged from 9.3% (£0.4m) of Legacy HSS Boards cases to 63.1% (£1.6m) of South Eastern HSC Trust cases (Figure 2, Table 2).

£28.5m
Amount paid on clinical/social care negligence cases in 2016/17

Figure 2: Amount Paid out during 2016/17, by HSC Trust/Legacy HSS Board and Type of Payment



Source: CN1a

¹ Legal Costs = Defence Costs + Plaintiff Costs

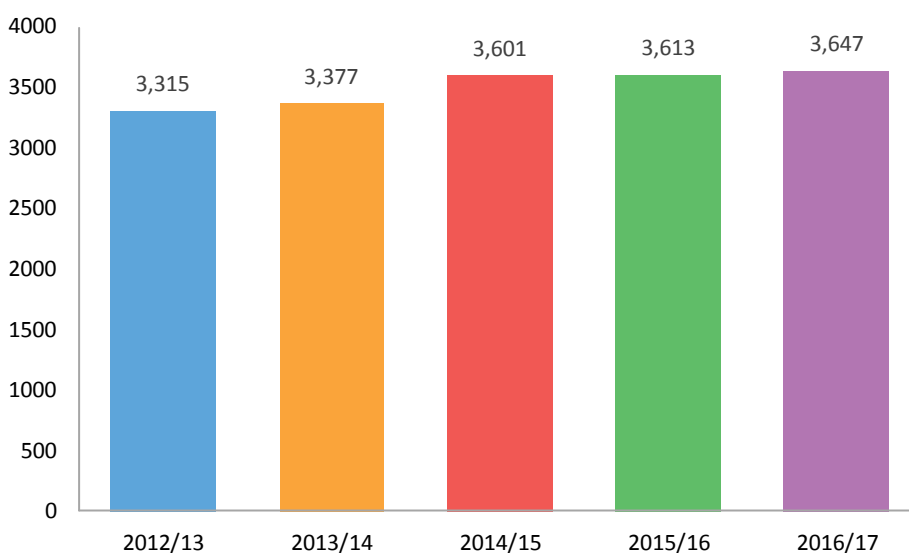
SECTION 2

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 if a case is opened and not subsequently closed within the **same year**, it will be counted in the following year and so on until the case is closed.

Between 2012/13 and 2016/17, the number of cases open increased by 332 (10.0%), from 3,315 to 3,647 (Figure 3, Table 3).

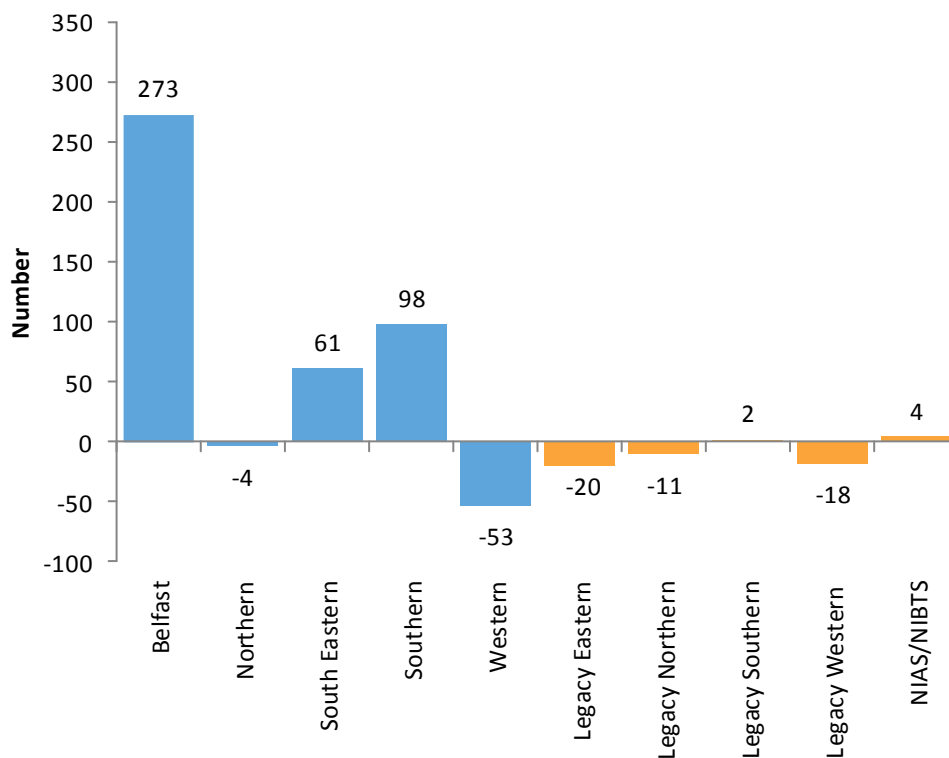
Figure 3: Number of Cases Open at Any Stage, by HSC Trust/Legacy HSS Boards (2012/13 – 2016/17)



332

More cases open
in 2016/17 than
five years ago

Figure 4: Change in the Number of Cases Open During the Year, by HSC Trust/Legacy HSS Board (2012/13 - 2016/17)



Since 2012/13, the Belfast HSC Trust reported the largest increase in the number of cases open (273, 23.6%), from 1,158 to 1,431 in 2016/17 (Figure 4, Table 3).

Between 2012/13 and 2016/17, 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 10) (Figure 4, Table 3).

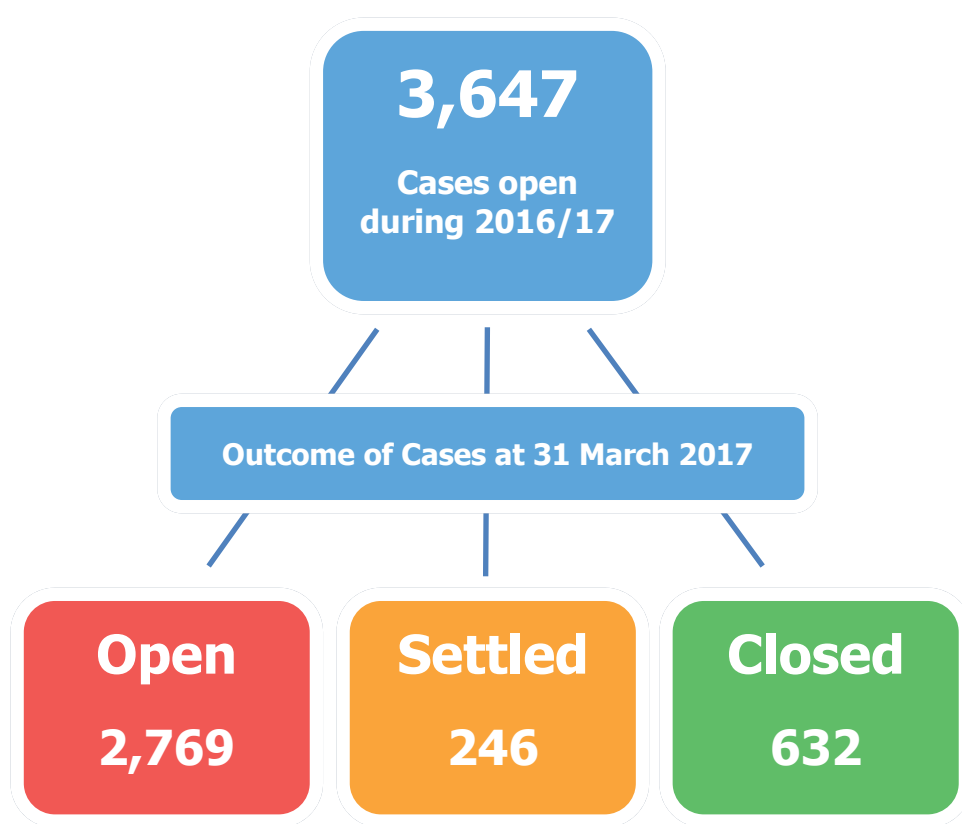
The Belfast HSC Trust reported the largest number of cases open during each of the last five years, and accounted for almost two fifths (39.2%, 1,431) of all cases open in 2016/17 (Table 3).

Outcome of Cases at 31st March 2017^{2,3}

There were 3,647 clinical/social care negligence cases open at any stage during 2016/17.

Of the 3,647 cases open in 2016/17, three quarters (75.9%, 2,769) remained open at 31st March 2017, 246 (6.7%) had been settled and 632 (17.3%) had been closed (Figure 5, Table 4).

Figure 5: Outcome of Cases (Open / Settled / Closed) at 31st March 2017



Almost two fifths (39.2%, 1,431) of all cases open at any stage during 2016/17 were in the Belfast HSC Trust, 578 (15.8%) in the South Eastern HSC Trust, 529 (14.5%) in the Western HSC Trust, 519 (14.2%) in the Southern HSC Trust, 477 (13.1%) in the Northern HSC Trust, 96 (2.6%) in the Legacy HSS Boards and 17 (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 2016/17. The number of open, settled and closed cases refers to the position at 31st March 2017, the sum of which equals the total number of cases open during the year.

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

Cases Open

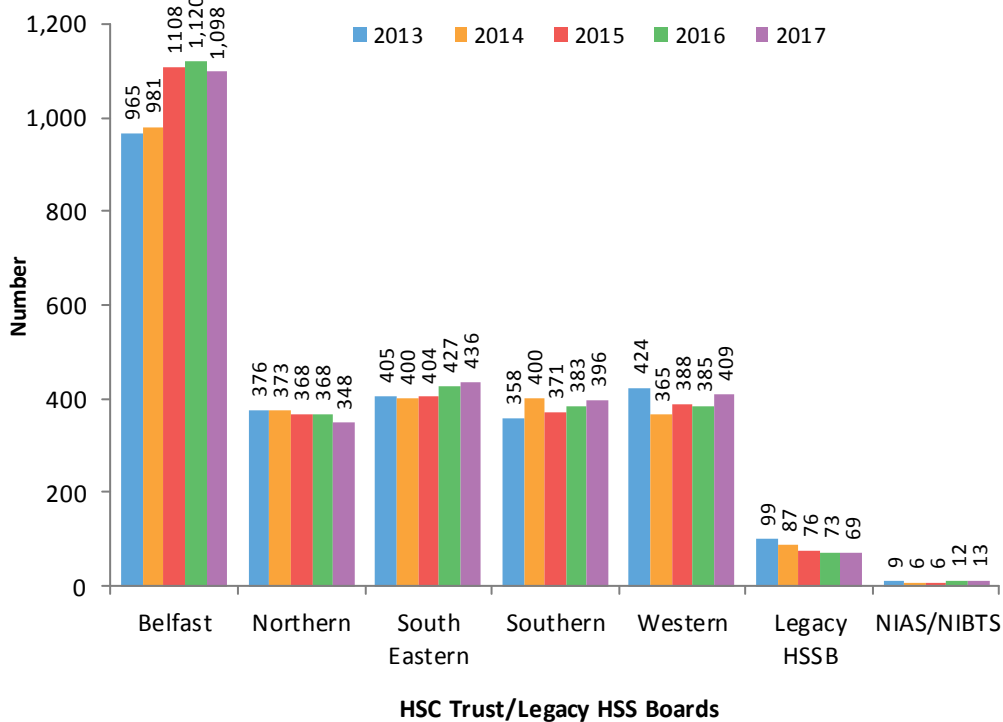
An open case refers to any case for which an official letter of notification of the intention to proceed with a case has been received, and which had not been settled or closed by the last day of the year (31st March).

At 31st March 2017, 2,769 cases remained open in Northern Ireland. Across HSC Trusts, the number of cases open ranged from 13 in the NIAS/NIBTS to 1,098 in the Belfast HSC Trust. It should also be noted that at this time, 69 cases which remained open were the responsibility of the Legacy HSS Boards⁴ (Figure 6, Table 5).

Since 2013, the Belfast HSC Trust reported the largest increase in the number of cases open at 31st March (133, 13.8%), from 965 to 1,098 in 2017. However, the number of Legacy HSS Board cases open decreased by 30 (30.3%) during this time, from 99 to 69 in 2017 (Figure 6, Table 5).

2,769
Clinical/social
care negligence
cases remained
open at 31st
March 2017

Figure 6: Number of Cases Open at 31st March (2013 – 2017)



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

Cases Settled⁵

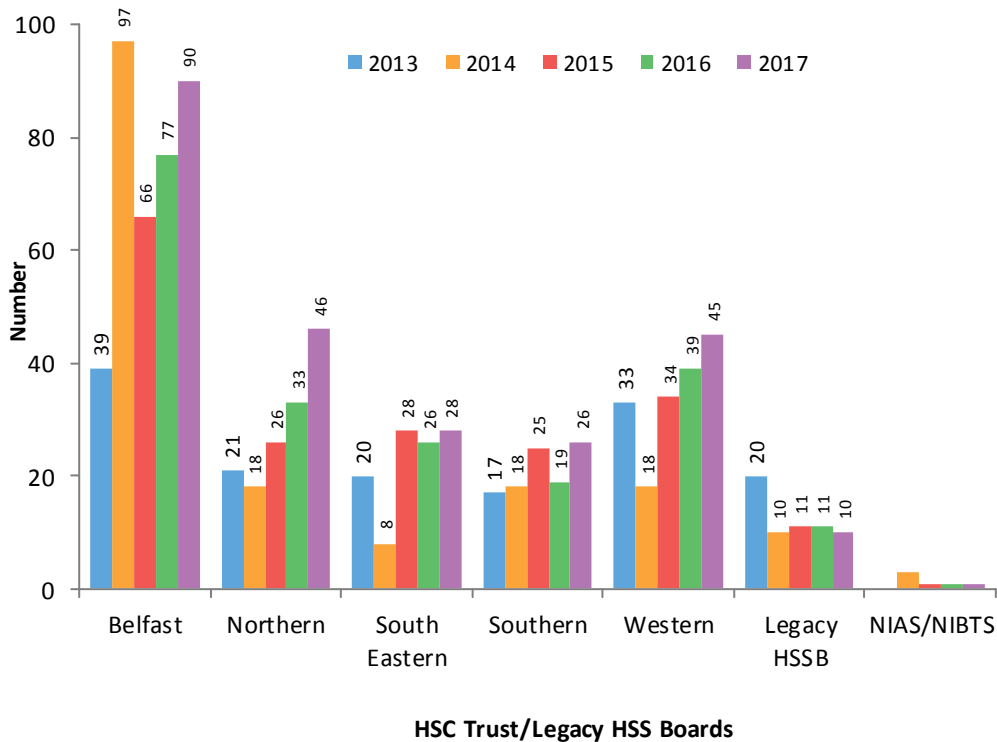
A settled case refers to any case settled that was not subsequently closed by the end of 2016/17. If a case was settled and then closed within the same financial year it is recorded as closed as at 31st March.

At 31st March 2017, 246 cases were settled in Northern Ireland. Of these, 90 (36.6%) were settled in the Belfast HSC Trust, 46 (18.7%) in the Northern HSC Trust, 45 (18.3%) in Western HSC Trust, 28 (11.4%) in South Eastern HSC Trust, 26 (10.6%) in the Southern HSC Trust, 10 (4.1%) in the Legacy HSS Boards and 1 (0.4%) in the NIAS/NIBTS (Figure 7, Table 6).

Since 2013, the number of cases settled increased in all HSC Trusts with the exception of the Legacy HSS Boards which decreased by 10 (50%), from 20 to 10 at 31st March 2017.

246
Clinical/social
care negligence
cases were
settled at 31st
March 2017

Figure 7: Number of Cases Settled at 31st March (2013 – 2017)



⁵ Cases settled at 31st March 2017 include 'Periodic Payment Order' cases which may have been settled before 1st April 2016. For more information see p.27.

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.

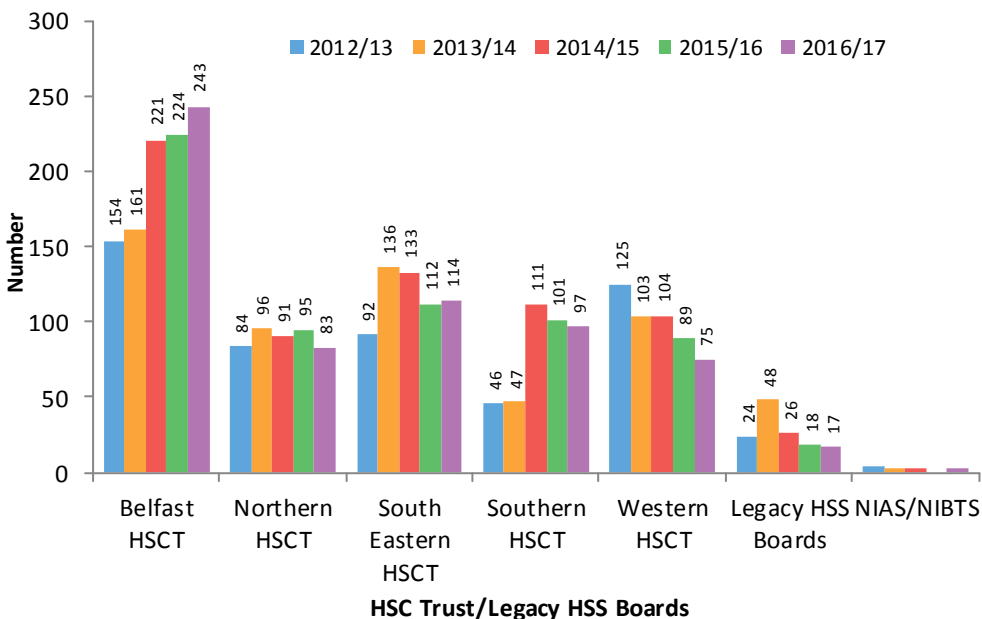
A case is officially closed when the Directorate of Legal Services (DLS) issue a letter stating that the case has been closed.

During 2016/17, 632 cases were closed in Northern Ireland. Of these, 243 cases (38.4%) were closed in the Belfast HSC Trust, 114 (18.0%) in the South Eastern HSC Trust, 97 (15.3%) in the Southern HSC Trust, 83 (13.1%) in the Northern HSC Trust, 75 (11.9%) in the Western HSC Trust, 17 (2.7%) in the Legacy HSS Boards and 3 (0.5%) in the NIAS/NIBTS (Fig. 8, Table 7).

Since 2012/13, the number of cases closed in the Southern HSC Trust more than doubled, from 46 to 97 in 2016/17, whilst the number of cases closed in the Western HSC Trust decreased from 125 to 75 in the same period (Figure 8, Table 7).

632
Clinical/social care
negligence cases
were closed during
2016/17

Figure 8: Number of Cases Closed (2012/13 - 2016/17)



New Cases

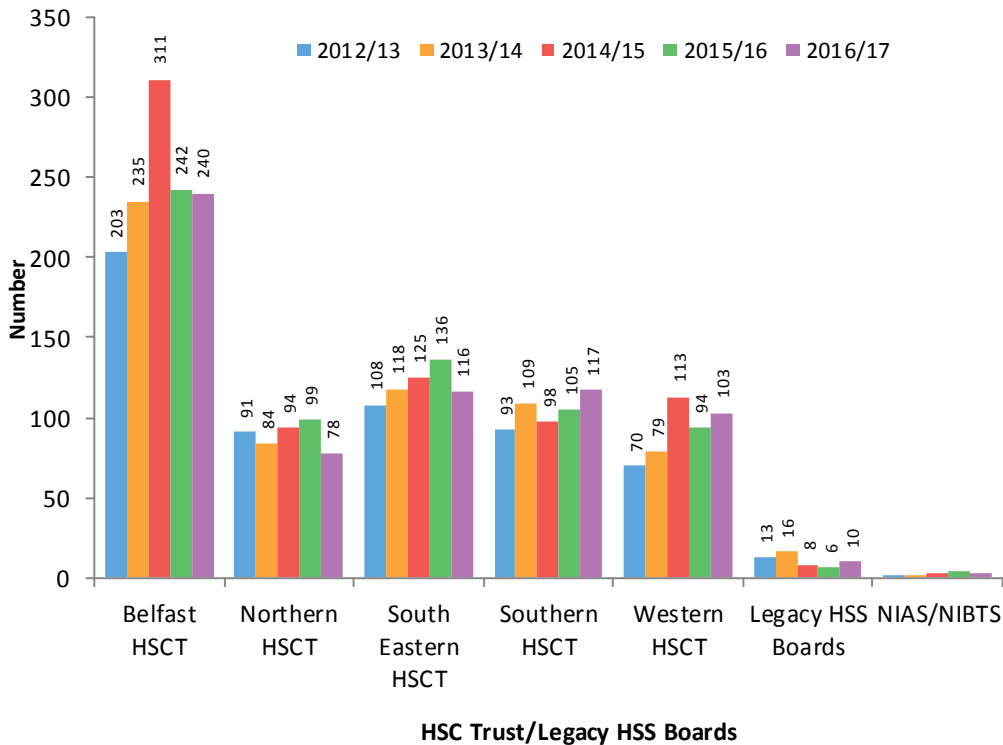
A new case refers to any case opened during the financial year i.e. 1st April 2016 to 31st March 2017.

Between 1st April 2016 and 31st March 2017, 667 new cases were opened in Northern Ireland. Across HSC Trusts, the number of new cases opened ranged from 3 in the NIAS/NIBTS to 240 in the Belfast HSC Trust (Figure 9, Table 8).

Since 2012/13, the Belfast HSC Trust reported the largest increase in the number of new cases opened during the year (37, 18.2%), from 203 to 240 in 2016/17, whilst the number of new cases opened in the Northern HSC Trust decreased by 13 (14.3%), from 91 to 78 in 2016/17 (Figure 9, Table 8).

667
New clinical/social care negligence cases were opened in 2016/17

Figure 9: Number of New Cases Opened During the Year⁶ (2012/13 - 2016/17)



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 2016/17, by the year in which the alleged incident occurred.

Information on the date of the alleged incident was recorded for 98.5% (3,592) of all cases open in 2016/17⁷, slightly lower than the proportion in 2015/16 (98.8%) (Table 9).

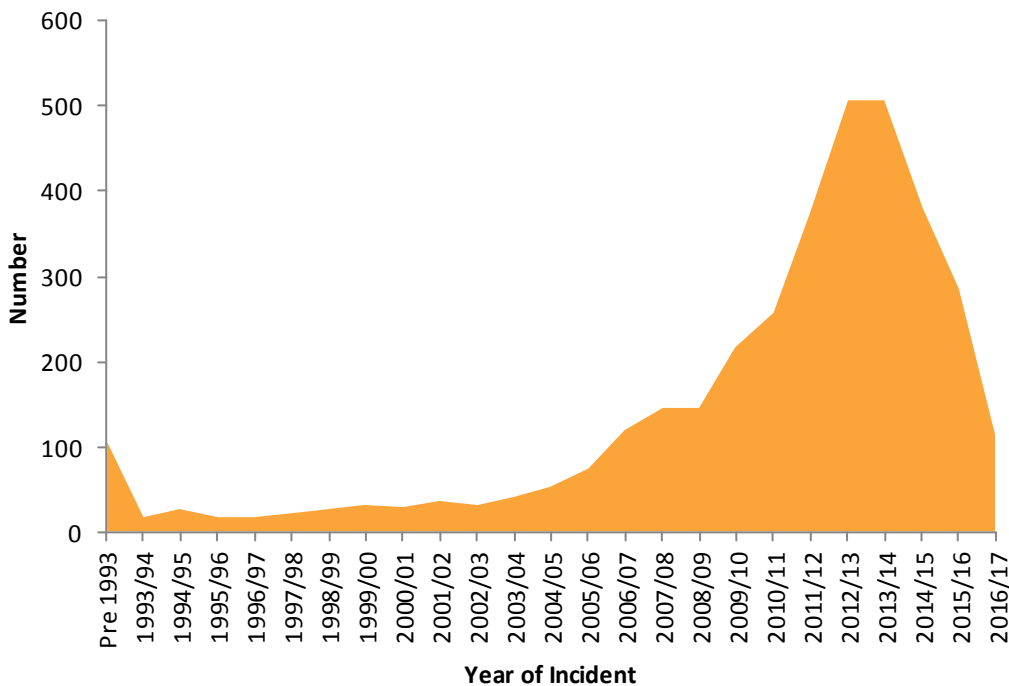
It should also be noted that cases may not be lodged until several years after the date of the alleged incident. This would be expected in cases such as those relating to pregnancy and childbirth, where there may be a delay in the outcome of the disease or disorder.

Half (50.1%, 1,798)⁸ of cases related to incidents within the last five years. Some 106 (3.0%) cases related to incidents prior to 1993, of which 76 (71.1%) were the responsibility of the Legacy HSS Boards (Table 9).

50%

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

Figure 10: Number of Cases Open by Year of Incident (2016/17)



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 2017 or the date the case was settled or closed.

Of the 2,769 cases that remained open at 31st March 2017, two thirds (65.8%, 1,822) had been open for less than 3 years, whilst 70 (2.5%) had been open for 10 years or more (Figure 11, Table 10).

Of the 246 cases settled at 31st March 2017, almost two thirds (63.4%, 156) had been open for 3 - 10 years, whilst 72 (29.3%) had been open for less than three years (Table 10).

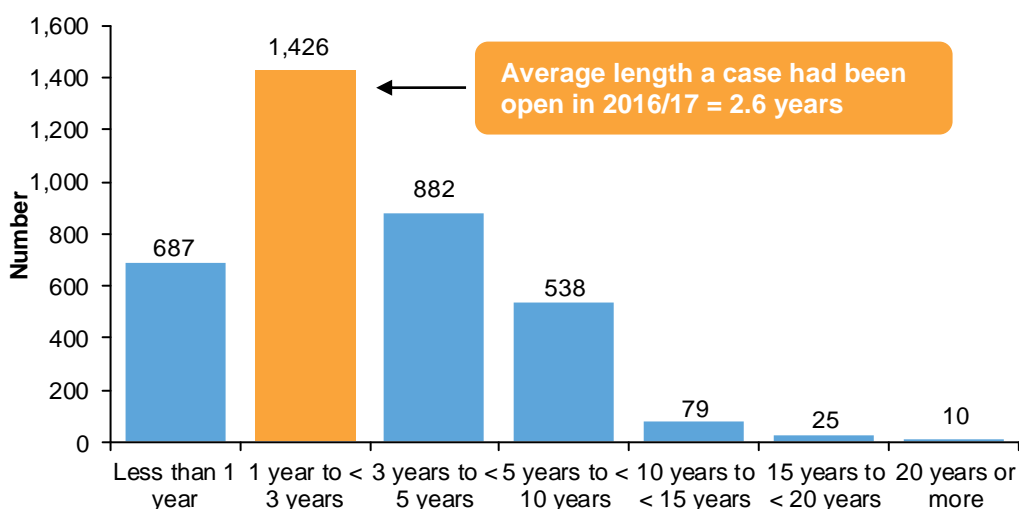
Almost three quarters (72.9%, 461) of the 632 cases closed during 2016/17 had been open for less than 5 years, with 9 (1.4%) open for 15 years or more (Table 10).

At 31st March 2017, the average clinical/social care negligence case had been open for 2.6 years, similar to 31st March 2016 (2.6 years) (Figure 11).

2.6 Years

The average length of time a negligence case had been open in 2016/17

Figure 11: Number of Cases Open at any Stage During the Year, by Age of Case (2016/17)



Age at Date of Alleged Incident⁹

Age, at the time of the alleged incident, was available for 3,529 (96.8%) of all clinical/social care negligence cases open at any stage during 2016/17. 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.

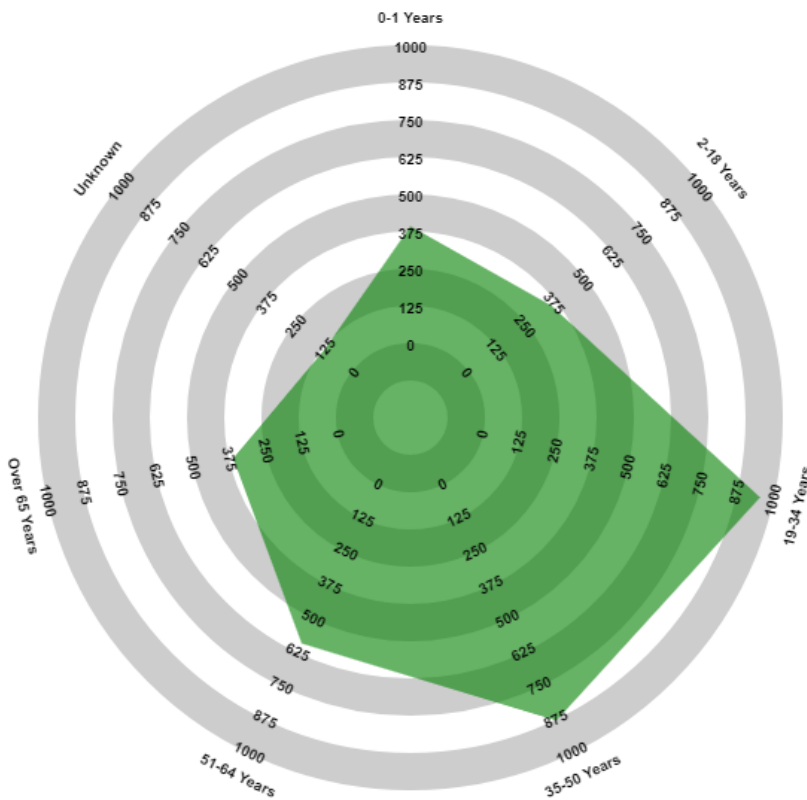
Since 2012/13, the number of cases open has increased in each age group, with the highest number recorded in the 19-34 (954) age group (Table 11).

Over the last five years, the number of cases involving persons aged over 65 years increased by 66 (22.4%), from 294 in 2012/13 to 360 in 2016/17 (Table 11).

19 – 34

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

Figure 12: Number of Cases Open at any Stage, by Age Group (2016/17)



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 3,431 (94.1%) of all cases open at any stage during 2016/17¹⁰ (Table 12).

A third (33.8%, 1,158)¹¹ of cases open at any stage during 2016/17 related to 'Treatment', 690 (20.1%) to 'Diagnosis & Tests', 324 (9.4%) to 'Pregnancy & Childbirth' and 288 (8.4%) to 'Operation'. These four categories accounted for over two thirds (71.7%, 2,460) of all cases open (Figure 13, Table 12).

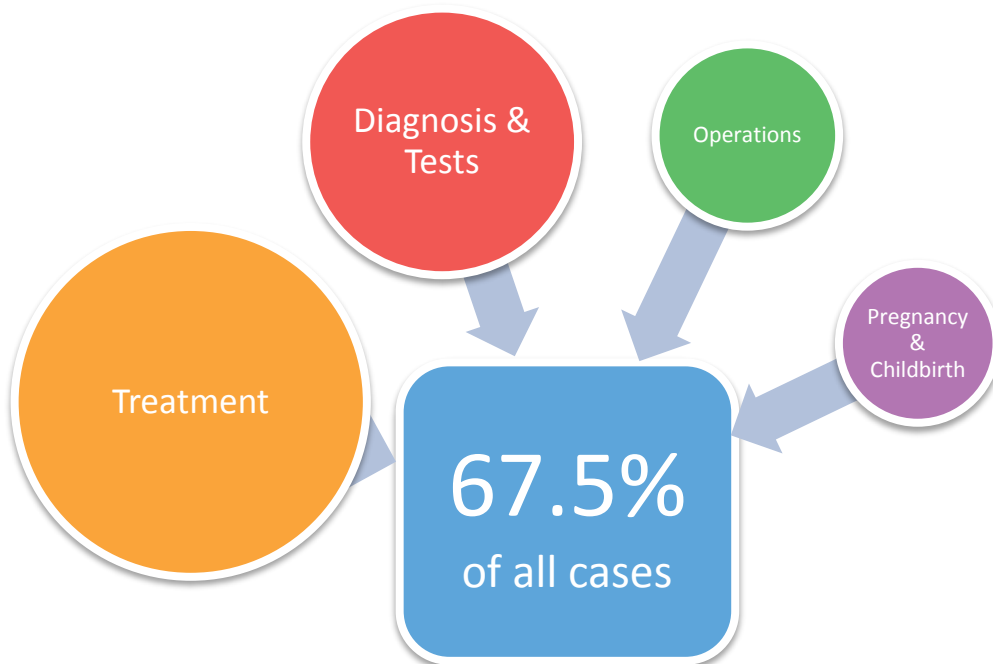
In 2016/17, the highest number of cases in each HSC Trust related to 'Treatment', with the exception of the Northern HSC Trust where the largest incident group was 'Diagnosis & Tests' (124, 26.0%) (Table 23).

Within the Legacy HSS Boards, the largest percentage of cases open in 2016/17 related to the 'Pregnancy & Childbirth' incident group (24, 25.0%) (Table 23).

31%

Almost a third of cases open during 2016/17 related to 'Treatment'

Figure 13: Four Largest Nature of Alleged Incident Groups (2016/17)



¹⁰ 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.

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

Of the 1,158 cases which related to 'Treatment', almost nine in ten (89.2%, 1,033) related to 'Fail to / Delay Treatment' (831) and 'Inappropriate Treatment' (202) (Figure 14, Table 13).

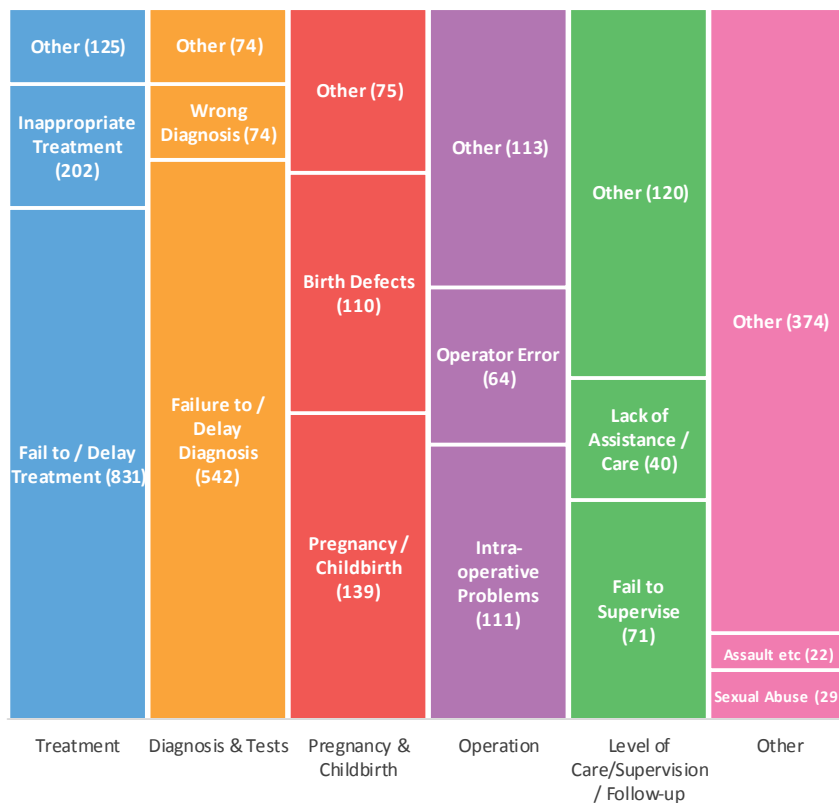
Almost four fifths (78.6%, 542) of cases open in 2016/17 which were reported as 'Diagnosis & Tests' (690) related to 'Failure to / Delay diagnosis' (Figure 14, Table 13).

Of the 324 cases which related to 'Pregnancy & Childbirth', over three quarters (76.9%, 249) related to 'Pregnancy/Childbirth' (139) and 'Birth Defects' (110) (Figure 14, Table 13).

Almost two fifths (38.5%, 111) of incidents reported as 'Operation' (288) related to 'Intra-Operative Problems' (Figure 14, Table 13).

Almost a third (30.7%, 71) of incidents reported as 'Level of Care/Supervision/Follow-up' related to 'Fail to supervise' (Table 13).

Figure 14: Number of Cases Open at Any Stage, Grouped by the Nature of Alleged Incident (2016/17)



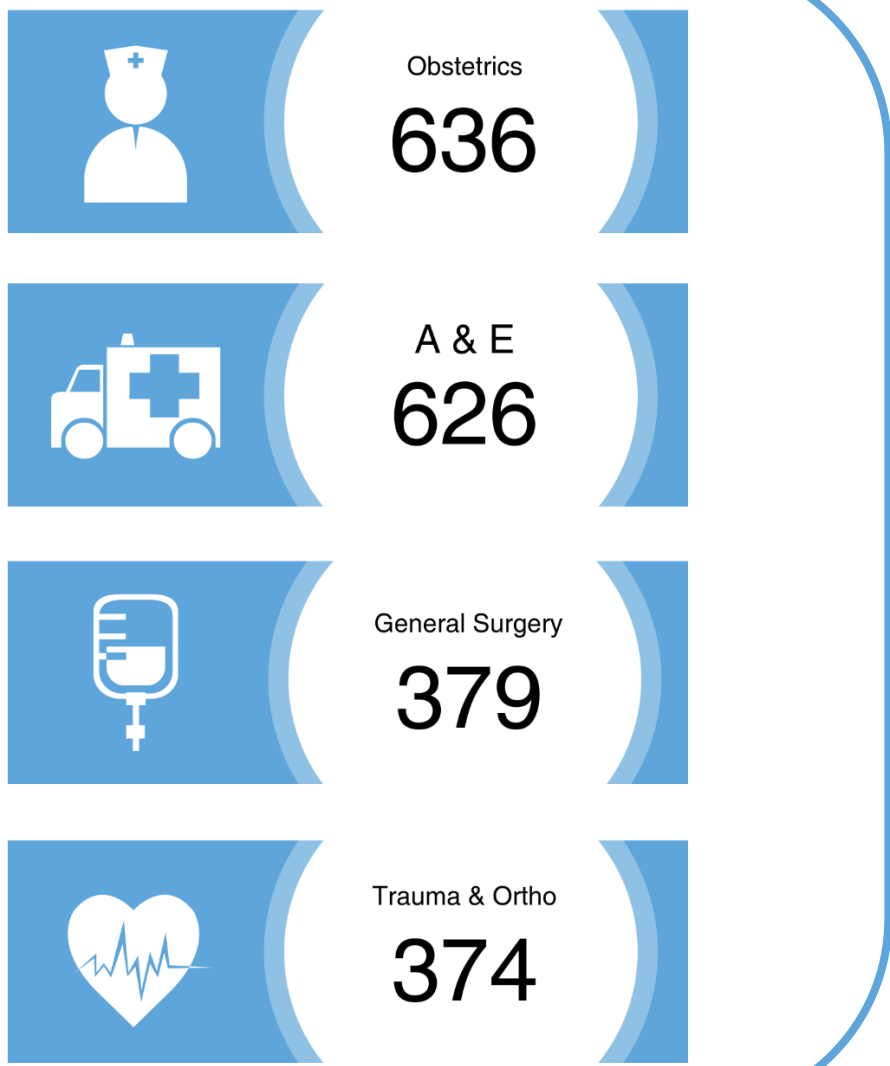
Specialty was recorded for 3,570 (97.9%) of all clinical/social care negligence cases open at any stage during 2016/17 (Table 14).

Since 2012/13, the number of cases relating to the 'Obstetrics' specialty increased by 78 (14.0%), from 558 to 636 in 2016/17 (Table 14).

Over half (56.4%, 2,015)¹⁴ of all cases open in 2016/17, related to four specialties; 'Obstetrics' (636), 'Accident & Emergency' (626), 'General Surgery' (379) and 'Trauma and Orthopaedics' (374) (Figure 15, Table 14).

17%
Almost a fifth of cases related to the 'Obstetrics' specialty

Figure 15: Four Largest Specialties (2016/17)



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 TO DATE

Payments to Date

This section details the total payments to date for all 3,647 clinical/social care negligence cases that were recorded as open or settled at any stage during 2016/17.

Readers should note that information presented in this section refers to the total amount paid to date and not the amount paid out in 2016/17, which is presented separately in section 1. For example, if a case was opened in 2013 and was still open or settled at 1st April 2016, the amount paid will include all payments on this case from the date it opened until 31st March 2017.

At 31st March 2017, £94.1 million had been paid on the 3,647 clinical/social care negligence cases that were open at any stage in 2016/17. Of which, £70.0 million (74.4%) had been awarded in damages, £15.9 million (16.9%) in plaintiff costs and £8.2 million (8.7%) in defence costs (Fig. 16, Table 15).

26 cases
Accounted for over two thirds of the damages paid

Figure 16: Amount Paid on Cases up to 31st March 2017

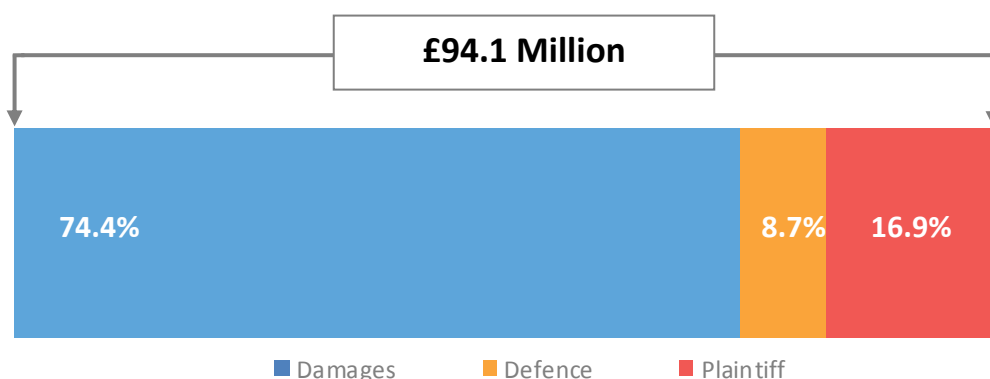
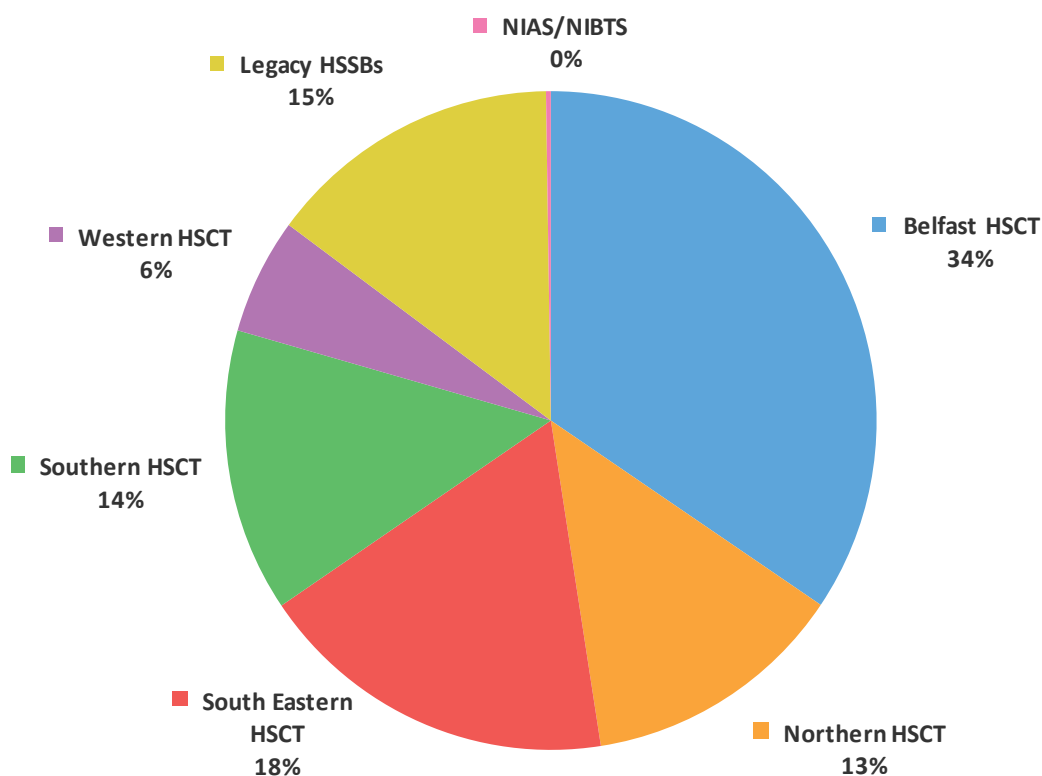


Figure 17: Amount Paid on Cases up to 31st March 2017 by HSC Trust/Legacy HSS Board



The Belfast HSC Trust paid the largest amount in damages and legal costs (£32.4m) on cases which were open in 2016/17, accounting for over a third (34.5%) of all monies paid (Figure 17, Table 15).

Over two thirds (69.6%, £48.7m) of the total amount paid in damages¹⁵ had been paid out on only 26 (0.7%) of the 3,647 cases open during 2016/17.

Almost two fifths (38.0%, £9.2m) of the total amount paid in legal costs¹⁶ was paid by the Belfast HSC Trust, £4.2 million (17.5%) by the South Eastern HSC Trust, £3.3 million (13.6%) by the Southern HSC Trust, £3.2 million (13.2%) by the Northern HSC Trust, £2.2 million (8.9%) by the Legacy HSS Boards, £2.1 million (8.5%) Western HSC Trust and £0.06 million (0.2%) by the NIAS/NIBTS (Table 15).

¹⁵ Refer to Definitions, Note 8

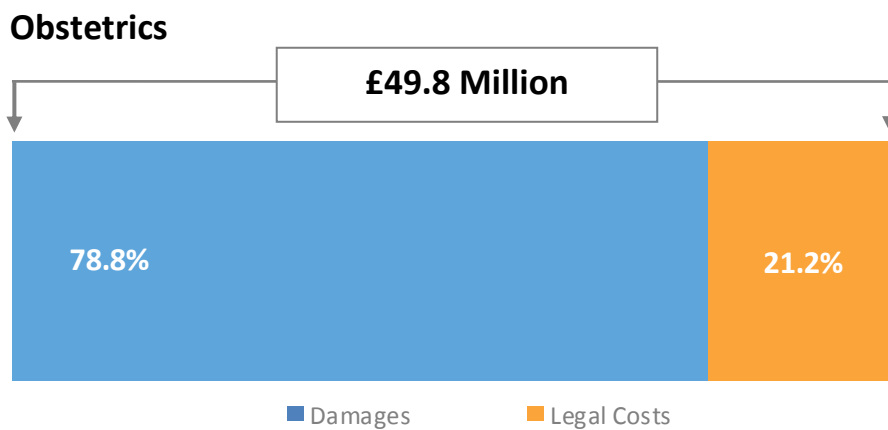
¹⁶ Refer to Definitions, Notes 9 and 10.

Payments Made by Specialty

Over four fifths (85.8%, £80.8m) of the total amount paid, on clinical/social care negligence cases open at any stage during 2016/17, related to the 10 specialties with the largest number of cases (Table 16).

Over half (52.9%, £49.8m) of the amount paid out on cases open in 2016/17 related to the 'Obstetrics' specialty, of which, almost four fifths (78.8%, £39.2m) had been paid on damages (Figure 18, Table 16).

Figure 18: Amount Paid on the Obstetrics Specialty (2016/17)



53%

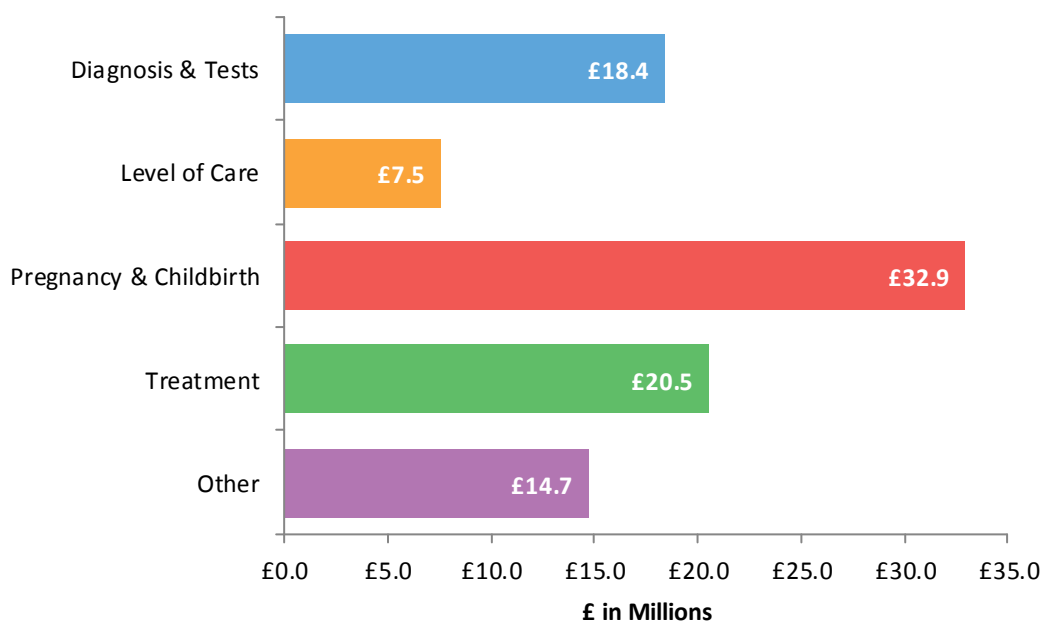
Over half of the amount paid out related to the 'Obstetrics' speciality

Payments Made by Nature of Alleged Incident¹⁷

Over a third (35.0%, £32.9m) of the total amount paid to date, on clinical/social care negligence cases open at any stage during 2016/17, related to the 'Pregnancy & Childbirth' nature of incident group. Of which, four fifths (80.0%, £26.4m) had been paid in damages (Table 17).

Four categories accounted for over four fifths (84.4%, £79.4m) of all monies paid on cases open at any stage during 2016/17. Of which, £60.0 million (75.5%) was paid in damages and £19.4 million (24.5%) paid in legal costs (Figure 19, Table 17).

Figure 19: Total Amount Paid by the Largest Nature of Alleged Incident Categories (2016/17)



¹⁷ The nature of the alleged incident was determined by data providers using the list provided in Appendix 4.

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 £94.1 million paid out to date on cases open or settled at any stage during 2016/17, over half (52.6%, £49.5m) had been paid on 26 PPO cases (Figure 20, Table 18).

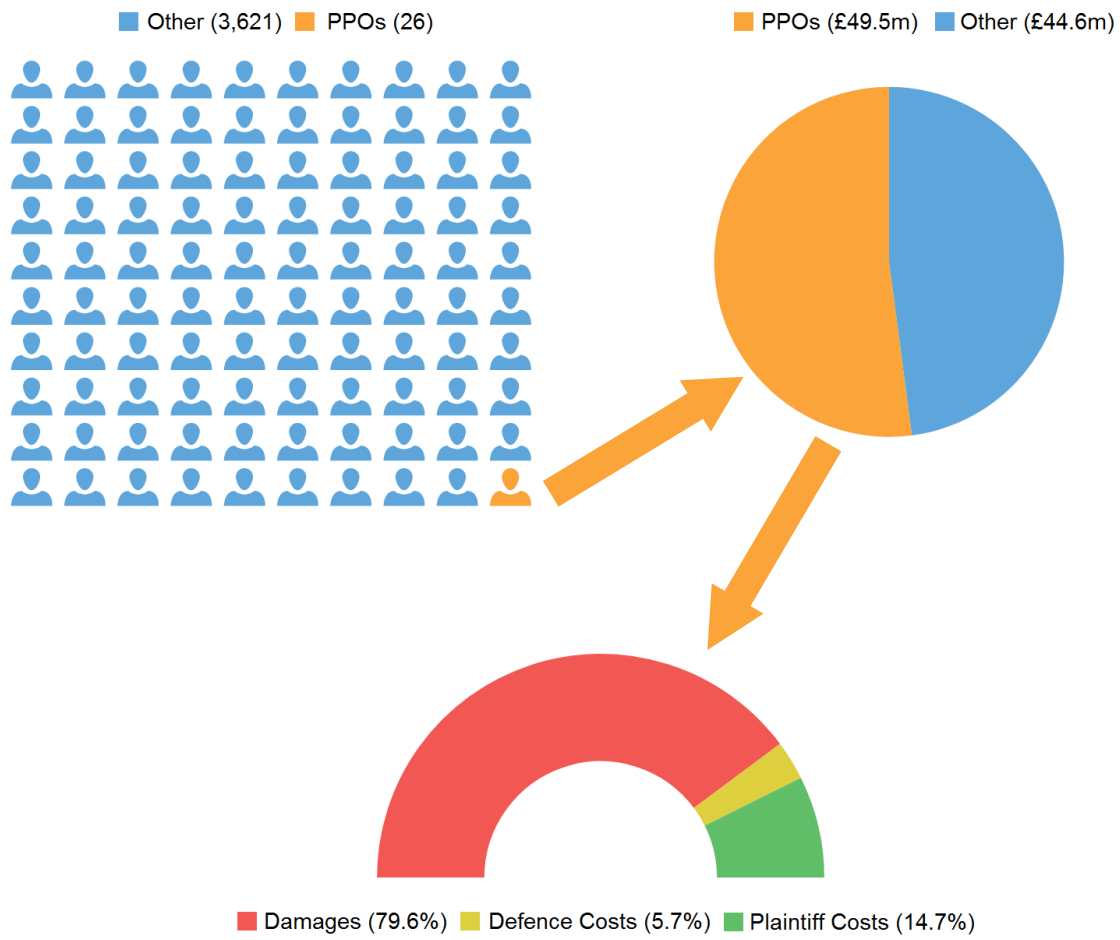
Of the £49.5 million paid in cases with PPOs, £39.4 million (79.6%) was paid in damages, £7.3 million (14.7%) in plaintiff costs and £2.8 million (5.7%) in defence costs (Figure 20, Table 18).

Across HSC Trusts/Legacy HSS Boards, almost a third (32.0%, £15.8m) of the amount paid in PPO cases was paid by the Belfast HSC Trust (Table 18).

£15.8m

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

Figure 20: Amount Paid on Periodical Payment Order Cases (2016/17)



Payments on Cases Closed¹⁸

During 2016/17, 632 (17.3%) cases were closed, with over two thirds (69.0%, 436) closed without payment (Table 19).

The Southern HSC Trust closed 97 cases, with almost three quarters (74.2%, 72) closed without payment, whilst the Legacy HSS Boards closed over two fifths (41.2%) of their cases with payments (Fig. 21, Table 19).

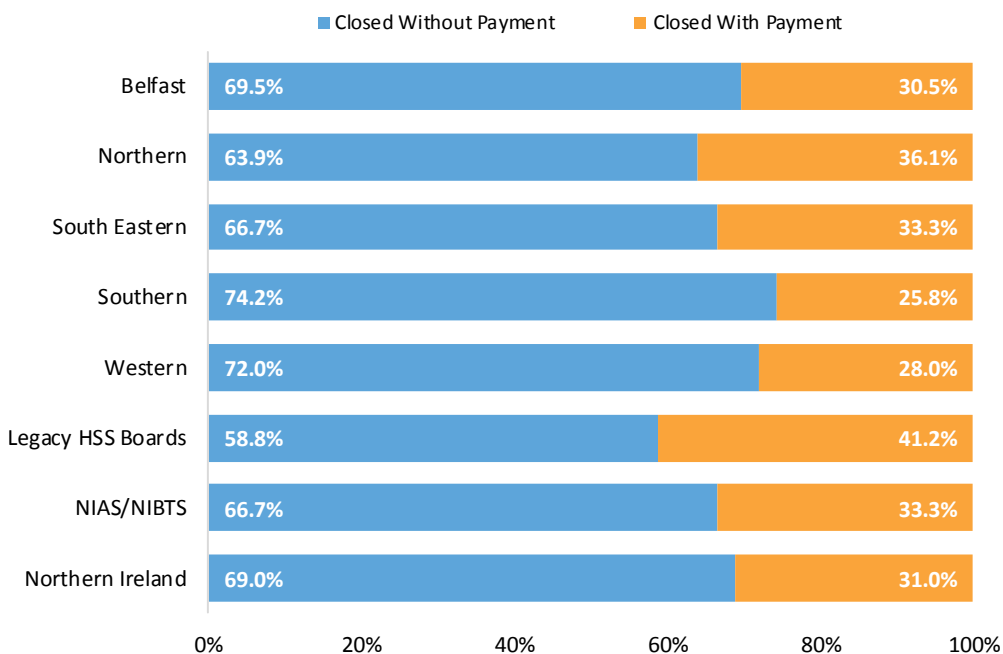
Almost a third (31.0%, 196) of cases closed in 2016/17 had payments, totalling £13.8 million. This accounted for a seventh (14.6%) of all monies paid out on cases that were open at any stage during the year (Table 20).

Almost half (46.9%, £6.5m) of the amount paid out on cases closed in 2016/17 was paid by the Belfast HSC Trust (Table 20).

436

Over two thirds of cases closed in 2016/17 were closed without payment

Figure 21: Number of Cases Closed With & Without Payments (2016/17)



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

Almost one in five (19.8%, 125) clinical/social care negligence cases closed in 2016/17 reported that the amount paid in legal costs (£2.1m) exceeded the amount awarded in damages (£1.0m). This equates to £1.1 million more paid in legal costs than damages, with the Belfast Trust recording the largest difference (£0.4m) (Table 21).

Payments on Cases Closed With No Damages

One in ten (10.1%, 64) clinical/social care negligence cases closed in 2016/17 had no damages awarded but had legal fees amounting to £305,589. This accounted for 2.2% of all monies paid out on cases closed during 2016/17 (Table 22).

ADDITIONAL TABLES

Table 1: Amount Paid on Clinical/Social Care Negligence Cases, by HSC Trust/ Legacy HSS Board (2014/15 - 2016/17)

HSC Trust / Legacy HSS Board	2014/15	2015/16	2016/17	Change	% Change
Belfast	£13,004,257	£12,506,163	£10,153,969	-£2,850,288	-21.9%
Northern	£4,070,985	£2,150,284	£7,942,506	£3,871,521	95.1%
South Eastern	£6,627,389	£4,644,462	£2,488,374	-£4,139,015	-62.5%
Southern	£6,366,576	£2,373,817	£2,078,193	-£4,288,383	-67.4%
Western	£2,149,998	£3,510,655	£1,739,806	-£410,193	-19.1%
Legacy HSS Boards	£9,110,734	£1,378,696	£4,119,597	-£4,991,137	-54.8%
NIAS / NIBTS	£23,841	£4,361	£18,617	-£5,224	-21.9%
Northern Ireland	£41,353,780	£26,568,438	£28,541,062	-£12,812,718	-31.0%

Table 2: Amount Paid on Clinical/Social Care Negligence Cases during 2016/17, 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	£6,884,008	£1,011,025	£2,258,936	£10,153,969
Northern	£5,949,752	£460,090	£1,532,665	£7,942,506
South Eastern	£917,985	£408,742	£1,161,647	£2,488,374
Southern	£1,217,361	£210,359	£650,473	£2,078,193
Western	£963,750	£262,624	£513,432	£1,739,806
Legacy HSS Boards	£3,735,803	£249,685	£134,109	£4,119,597
NIAS / NIBTS	£14,525	£672	£3,420	£18,617
Northern Ireland	£19,683,183	£2,603,196	£6,254,682	£28,541,062

Table 3: Number of Cases Open During the Year, by HSC Trust/Legacy HSS Board¹⁹ (2012/13 - 2016/17)

HSC Trust / Legacy HSS Board	2012/13	2013/14	2014/15	2015/16	2016/17
Belfast	1,158	1,239	1,395	1,421	1,431
Northern	481	487	485	496	477
South Eastern	517	544	565	565	578
Southern	421	465	507	503	519
Western	582	486	526	513	529
Legacy Eastern	74	80	58	56	54
Legacy Northern	21	21	16	15	10
Legacy Southern	8	8	10	11	10
Legacy Western	40	36	29	20	22
NIAS/NIBTS	13	11	10	13	17
Northern Ireland	3,315	3,377	3,601	3,613	3,647

Table 4: Number of Cases Open, Settled and Closed, by HSC Trust/Legacy HSS Board (2016/17)²⁰

HSC Trust / Legacy HSS Board	Outcome at 31 st March 2017			All Cases Open During 2016/17
	Open	Settled	Closed	
Belfast	1,098	90	243	1,431
Northern	348	46	83	477
South Eastern	436	28	114	578
Southern	396	26	97	519
Western	409	45	75	529
Legacy HSS Boards	69	*	*	96
NIAS/NIBTS	13	*	*	17
Northern Ireland	2,769	246	632	3,647

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 (2013 - 2017)

HSC Trust / Legacy HSS Board	Open at 31 st March				
	2013	2014	2015	2016	2017
Belfast	965	981	1,108	1,120	1,098
Northern	376	373	368	368	348
South Eastern	405	400	404	427	436
Southern	358	400	371	383	396
Western	424	365	388	385	409
Legacy HSS Boards	99	87	76	73	69
NIAS / NIBTS	9	6	6	12	13
Northern Ireland Total	2,636	2,612	2,721	2,768	2,769

Table 6: Number of Cases Settled at 31st March, by HSC Trust/Legacy HSS Boards (2013 - 2017)²¹

HSC Trust / Legacy HSS Board	Settled at 31 st March				
	2013	2014	2015	2016	2017
Belfast	39	97	66	77	90
Northern	21	18	26	33	46
South Eastern	20	8	28	26	28
Southern	17	18	25	19	26
Western	33	18	34	39	45
Legacy HSS Boards	20	*	*	*	*
NIAS / NIBTS	0	*	*	*	*
Northern Ireland Total	150	172	191	206	246

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 (2012/13 - 2016/17)²²

HSC Trust / Legacy HSS Board	Closed During				
	2012/13	2013/14	2014/15	2015/16	2016/17
Belfast	154	161	221	224	243
Northern	84	96	91	95	83
South Eastern	92	136	133	112	114
Southern	46	47	111	101	97
Western	125	103	104	89	75
Legacy HSS Boards	24	*	*	18	*
NIAS / NIBTS	4	*	*	0	*
Northern Ireland Total	529	593	689	639	632

Table 8: Number of New Cases Opened During the Year, by HSC Trust/Legacy HSS Board (2012/13 - 2016/17)

HSC Trust / Legacy HSS Board	New Cases				
	2012/13	2013/14	2014/15	2015/16	2016/17
Belfast	203	235	311	242	240
Northern	91	84	94	99	78
South Eastern	108	118	125	136	116
Southern	93	109	98	105	117
Western	70	79	113	94	103
Legacy HSS Boards	*	*	*	6	*
NIAS / NIBTS	*	*	*	4	*
Northern Ireland Total	579	642	752	686	667

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	2012/13	2013/14	2014/15	2015/16	2016/17
Pre 1993	150	164	136	115	106
1993/94	23	18	22	23	17
1994/95	33	30	31	32	28
1995/96	25	23	18	18	18
1996/97	18	18	16	18	18
1997/98	34	28	28	24	22
1998/99	43	37	30	27	26
1999/00	49	37	35	34	31
2000/01	59	43	39	32	29
2001/02	73	57	47	36	36
2002/03	98	73	59	43	31
2003/04	108	78	67	49	42
2004/05	132	96	81	58	54
2005/06	197	154	124	102	75
2006/07	267	221	192	150	120
2007/08	397	312	255	193	146
2008/09	404	349	270	194	146
2009/10	411	407	384	298	218
2010/11	355	388	414	341	257
2011/12	279	358	439	455	374
2012/13	113	284	401	484	508
2013/14		123	329	444	508
2014/15			126	280	381
2015/16				118	285
2016/17					116
Unknown	47	79	58	45	55
Total	3,315	3,377	3,601	3,613	3,647

Table 10: Number of Cases Open at any Stage During the Year, by Age of Case (2016/17)²³

Length of Time Open	Outcome at Year End			No. Open During Year
	Open	Settled	Closed	
Less than 1 year	652	4	31	687
1 year to < 3 years	1,170	68	188	1,426
3 years to < 5 years	560	80	242	882
5 years to < 10 years	317	76	145	538
10 years to < 15 years	49	13	17	79
15 years to < 20 years	17	*	*	25
20 years or more	4	*	*	10
Total	2,769	246	632	3,647

Table 11: Number of Cases Open at any Stage, by Age Group (2012/13 – 2016/17)

Age Group (Years)	2012/13	2013/14	2014/15	2015/16	2016/17	Change since 2012/13
0-1	367	378	395	386	392	↑
2-18	349	329	344	345	354	↑
19-34	874	860	920	909	954	↑
35-50	794	818	883	888	878	↑
51-64	548	551	614	624	591	↑
Over 65	294	307	351	363	360	↑
Unknown	89	134	94	98	118	↑
Total	3,315	3,377	3,601	3,613	3,647	↑

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 (2012/13 – 2016/17)

Nature of Incident Group	2012/13	2013/14	2014/15	2015/16	2016/17	Change since 2012/13
Admissions/Referral	10	17	16	19	19	↑
Assault (to or by patient)	9	11	10	9	7	↓
Consent/Failure to warn	28	27	32	27	25	↓
Diagnosis & Tests	652	641	712	711	690	↑
Discharge	24	24	24	18	18	↓
Facilities & Equipment	31	32	43	51	52	↑
Infections	123	105	89	87	72	↓
LevelofCare/Supvr/Follow-up	206	203	223	233	231	↑
Medication/Bloods/Fluids	98	91	100	101	106	↑
Operation	278	276	286	295	288	↑
Pregnancy & Childbirth	224	255	282	296	324	↑
Treatment	955	999	1046	1,121	1,158	↑
Unexpected death	14	15	15	17	16	↑
Other	452	465	393	368	425	↓
Unknown	211	216	330	260	216	↑
Total	3,315	3,377	3,601	3,613	3,647	↑

Table 13: Number of Cases Open at any Stage, Grouped by the Nature of the Alleged Incident (2016/17)

Nature of Incident	No. of Cases	% of Nature of Incident Group
Treatment		
Fail to / Delay treatment	831	71.8%
Inappropriate treatment	202	17.4%
Others under Treatment	125	10.8%
Total	1,158	100.0%
Diagnosis & Tests		
Failure to / Delay diagnosis	542	78.6%
Wrong diagnosis made	74	10.7%
Others under diagnosis & tests	74	10.7%
Total	690	100.0%
Pregnancy & Childbirth		
Pregnancy/Childbirth	139	42.9%
Birth Defects	110	34.0%
Others under Pregnancy & Childbirth	75	23.1%
Total	324	100.0%
Operation		
Intra-operative problems	111	38.5%
Operator error	64	22.2%
Others under Operation	113	39.2%
Total	288	100.0%
Level of Care/Supervision / Follow-up		
Fail to supervise	71	30.7%
Lack of assistance/care	40	17.3%
Others under Level of Care/Supervision/Follow-Up	120	51.9%
Total	231	100.0%
Other		
Sexual Abuse	29	6.8%
Assault, etc by hospital staff	22	88.0%
Others under Other	374	5.2%
Total	425	100.0%

Table 14: Number of Cases Open at any Stage, by Specialty²⁴ (2012/13 – 2016/17)

Specialty	2012/13	2013/14	2014/15	2015/16	2016/17	Change since 2012/13
Accident & Emergency	565	568	623	631	626	↑
Anaesthetics & Pain Mgt.	57	56	52	50	52	↓
Burns, Plastic & Max. Surgery	34	28	29	29	29	↓
Cardiac Surgery	19	19	26	30	28	↑
Cardiology	33	34	31	31	42	↑
Children & Young People	72	83	98	103	106	↑
Dentistry	16	15	22	24	25	↑
Ear, Nose & Throat	46	43	42	41	39	↓
General Medicine	191	218	218	223	211	↑
General Surgery	382	360	384	390	379	↓
Gynaecology	234	218	215	200	194	↓
Mental Health Acute	58	57	60	56	58	→
Neurology	17	18	27	29	29	↑
Neurosurgery	30	32	36	32	28	↓
Obstetrics	558	588	626	614	636	↑
Oncology	21	23	24	26	26	↑
Ophthalmology	33	33	40	38	37	↑
Paediatrics	88	92	91	94	95	↑
Radiology	52	49	49	53	56	↑
Trauma & Orthopaedics	348	353	383	377	374	↑
Urology	42	46	56	64	59	↑
Other	375	385	404	414	441	↑
Unknown	44	59	65	64	77	↑
Total	3,315	3,377	3,601	3,613	3,647	↑

²⁴ 'Other' refers to specialties with fewer than 25 cases during 2016/17, including 200 cases where the specialty was reported as 'Other'.

Table 15: Amount Paid to Date on Cases Open at any Stage During 2016/17

HSC Trust/ Legacy HSS Board	Damages Paid	Defence Costs Paid	Plaintiff Costs Paid	Total Amount Paid	No. of Cases Open
Belfast	£23,270,573	£3,282,299	£5,879,556	£32,432,428	1,431
Northern	£9,125,156	£954,374	£2,240,773	£12,320,304	477
South Eastern	£12,680,925	£1,333,275	£2,889,569	£16,903,769	578
Southern	£9,824,763	£1,080,883	£2,188,374	£13,094,021	519
Western	£3,306,816	£691,085	£1,370,640	£5,368,541	529
Legacy Eastern	£5,925,166	£419,809	£710,402	£7,055,376	54
Legacy Northern	£2,027,081	£126,708	£308,520	£2,462,309	10
Legacy Southern	£0	£8,356	£0	£8,356	10
Legacy Western	£3,679,651	£274,257	£302,411	£4,256,319	22
NIAS/NIBTS	£169,278	£24,387	£31,485	£225,151	17
Northern Ireland	£70,009,410	£8,195,434	£15,921,731	£94,126,575	3,647

Table 16: Amount Paid to Date on Cases Open at any Stage During 2016/17, by Speciality²⁵

Speciality	Damages Paid	Defence Costs Paid	Plaintiff Costs Paid	Total Amount Paid
Accident & Emergency	£7,127,078	£790,812	£1,650,527	£9,568,417
Children & Young People	£215,250	£86,404	£101,177	£402,831
General Medicine	£1,346,823	£652,695	£494,263	£2,493,781
General Surgery	£2,840,196	£396,717	£995,585	£4,232,497
Gynaecology	£2,843,417	£487,412	£1,073,458	£4,404,287
Mental Health Acute	£21,000	£22,618	£60,676	£104,294
Obstetrics	£39,230,588	£3,313,252	£7,267,457	£49,811,298
Paediatrics	£4,899,886	£554,861	£1,173,774	£6,628,521
Trauma & Orthopaedics	£1,362,932	£487,581	£632,215	£2,482,728
Urology	£418,174	£107,143	£106,044	£631,361
Other	£9,704,067	£1,295,939	£2,366,555	£13,366,560
Total	£70,009,410	£8,195,434	£15,921,731	£94,126,575

²⁵'Other' refers to specialties apart from than the 10 most common, including 200 cases where the specialty was reported as 'Other'.

Table 17: Amount Paid to Date on Cases Open at any Stage During 2016/17, by Nature of Alleged Incident

Nature of Incident Group	Damages Paid	Defence Costs Paid	Plaintiff Costs Paid	Total Amount Paid
Admissions/Referral	£2,236,917	£146,181	£276,432	£2,659,530
Assault (to patient & by patient)	£0	£0	£0	£0
Consent/Failure to warn	£45,000	£25,790	£82,518	£153,307
Diagnosis & Tests	£13,067,502	£1,891,285	£3,453,796	£18,412,583
Discharge	£131,000	£18,855	£46,374	£196,229
Facilities & Equipment	£90,500	£28,194	£74,222	£192,916
Infections	£723,233	£197,393	£369,729	£1,290,356
Level of Care/Supervision	£5,710,161	£526,202	£1,307,326	£7,543,689
Medication/Bloods/Fluids	£510,376	£146,047	£267,196	£923,619
Operation	£4,392,277	£562,059	£1,118,118	£6,072,453
Pregnancy & Childbirth	£26,357,681	£2,202,764	£4,373,670	£32,934,115
Treatment	£14,846,574	£1,944,912	£3,737,293	£20,528,779
Unexpected death	£121,052	£17,083	£78,430	£216,565
Other	£1,727,887	£363,194	£663,347	£2,754,427
Unknown	£49,250	£125,476	£73,278	£248,005
Total	£70,009,410	£8,195,434	£15,921,731	£94,126,575

Table 18: Amount Paid to Date by Periodical Payment Orders on Cases Open at Any Stage During 2016/17²⁶

HSC Trust / Legacy HSS Board	Damages Paid	Defence Costs Paid	Plaintiff Costs Paid	Total Amount Paid	No. of PPOs ¹⁷
Belfast	£12,239,072	£983,701	£2,611,254	£15,834,027	9
South Eastern	£11,432,201	£843,356	£2,205,691	£14,481,248	7
Southern	£8,142,036	£528,737	£1,435,853	£10,106,626	5
Legacy Eastern	£4,095,916	£188,261	£430,722	£4,714,899	*
Legacy Northern	£1,952,081	£108,857	£308,520	£2,369,458	*
Legacy Western	£1,394,214	£123,096	£267,555	£1,784,864	*
NIAS/NIBTS	£159,278	£23,715	£28,065	£211,059	*
Northern Ireland	£39,414,798	£2,799,723	£7,287,660	£49,502,181	26

²⁶ 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 (2016/17)²⁷

HSC Trust/Legacy HSS Board	Closed Without Payment		Closed With Payment		Total Cases Closed
	No.	%	No.	%	
Belfast	169	69.5%	74	30.5%	243
Northern	53	63.9%	30	36.1%	83
South Eastern	76	66.7%	38	33.3%	114
Southern	72	74.2%	25	25.8%	97
Western	54	72.0%	21	28.0%	75
Legacy HSS Boards	*	58.8%	*	41.2%	*
NIAS/NIBTS	*	66.7%	*	33.3%	*
Northern Ireland Total	436	69.0%	196	31.0%	632

Table 20: Amount Paid on Cases Closed During 2016/17, by HSC Trust/Legacy HSS Board and Type of Payment²⁸

HSC Trust / Legacy HSS Board	No. of Cases Closed	Damages Paid	Defence Costs Paid	Plaintiff Costs Paid	Total Amount Paid
Belfast	74	£4,286,512	£655,889	£1,519,151	£6,461,552
Northern	30	£763,844	£157,890	£473,287	£1,395,021
South Eastern	38	£647,225	£220,002	£447,019	£1,314,245
Southern	25	£538,630	£273,068	£307,703	£1,119,400
Western	21	£1,414,602	£218,239	£675,631	£2,308,471
Legacy HSSBs	*	£896,750	£92,545	£178,539	£1,167,833
NIAS/NIBTS	*	£10,000	£672	£3,420	£14,092
Northern Ireland	196	£8,557,563	£1,618,304	£3,604,749	£13,780,615

²⁷ & 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 21: Cases with Legal Costs Exceeding Damages Awarded Closed
During 2016/17, by HSC Trust/Legacy HSS Board²⁹**

HSC Trust / Legacy HSS Board	No. Of Cases Closed	Damages	Legal Costs	Cost Difference
Belfast	45	£328,379	£701,800	£373,420
Northern	20	£272,250	£357,727	£85,477
South Eastern	25	£251,200	£430,083	£178,883
Southern	20	£53,750	£286,786	£233,036
Western	10	£134,500	£330,613	£196,113
Legacy Eastern	*	£1,750	£17,110	£15,360
NIAS/NIBTS	*	£0	£0	£0
Northern Ireland	125	£1,041,829	£2,124,119	£1,082,290

**Table 22: Amount Paid on Cases Closed With No Damages Awarded
During 2016/17, by HSC Trust/Legacy HSS Board and Type of
Payment³⁰**

HSC Trust / Legacy HSS Board	No. of Cases Closed	Defence Costs Paid	Plaintiff Costs Paid	Total Amount Paid
Belfast	24	£89,903	£9,333	£99,236
Northern	7	£14,860	£39	£14,899
South Eastern	11	£35,343	£860	£36,203
Southern	16	£118,667	£10,560	£129,227
Western	*	£16,658	£0	£16,658
Legacy Eastern	*	£9,139	£227	£9,365
NIAS/NIBTS	*	£0	£0	£0
Northern Ireland	64	£284,570	£21,019	£305,589

²⁹ & 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 23: Cases Open at any Stage During the Year by Nature of Incident Group (2016/17)

Nature of Incident Group	Belfast	Northern	South Eastern	Southern	Western	Legacy HSS Boards	NIAS / NIBTS	Total
Admissions/Referral	*	*	7	*	*	*	*	19
Assault (to patient & by patient)	*	*	*	*	*	0	0	7
Consent/Failure to warn	14	*	*	*	*	0	0	25
Diagnosis & Tests	232	124	96	120	101	12	5	690
Discharge	13	0	*	*	*	0	0	18
Facilities & Equipment	43	*	*	*	*	0	0	52
Infections	45	8	4	6	9	0	0	72
LevelofCare/Supvr/Follow-up	105	*	47	36	22	*	*	231
Medication/Bloods/Fluids	49	16	22	*	10	*	*	106
Operation	125	22	19	63	55	4	0	288
Pregnancy & Childbirth	65	65	47	45	76	*	*	324
Treatment	498	116	279	122	121	17	5	1,158
Unexpected death	*	8	*	0	*	*	*	16
Other	138	84	22	48	96	32	5	425
Unknown	92	6	25	66	23	4	0	216
Total	1,431	477	578	519	529	96	17	3,647

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 2017. 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 2016/17 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 31st 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 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 2015 and 31st 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: 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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Stormont Estate
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Email: statistics@health-ni.gov.uk

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>