

## COMPLAINTS, LITIGATION, INCIDENTS, PALS (CLIP)

### EXECUTIVE SUMMARY

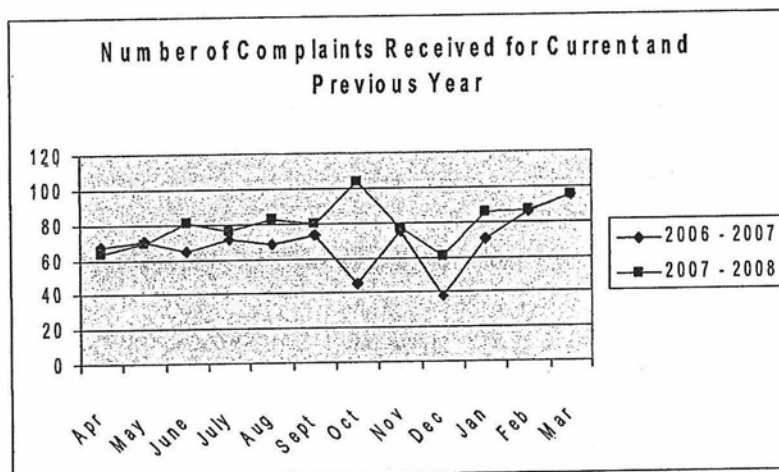
This is the executive summary relating to the eleventh Complaints, Litigation, Incidents and PALS (CLIP) report to Trust Board. Whilst the CLIP report relates to the quarter January to March 2008 where possible, comparative information on previous quarters has also been provided: this summary also provides a full year comparison for each main element of the report.

Highlights of this report will also be presented to the Trust's Governance & Quality Committee in May 2008, so that the Divisional Clinical Governance Leads can ensure discussion at the Divisional Clinical Governance Team meetings.

### COMPLAINTS

- For the quarter January to March 2008, the Trust received 266 complaints compared to 250 in the corresponding quarter last year: an increase of 6%.
- For the quarter January to March 2008, the average response within the 25 working day target was 81% compared to 78% in the corresponding quarter last year.

Complaints analysis – by quarter								
	Apr – Jun 07		Jul – Sept 07		Oct – Dec 07		Jan – Mar 08	
	No	%	No	%	No	%	No	%
Complaints received	213		239		241		266	
Total Closed within 25 working days	175	82	192	80	207	86	216	81



The number of complaints received ranges from 60 per month to 104, with an average of 80 per month for the year 2007 – 2008, compared to 68 per month for the year 2006 - 2007

**Note:** The figures collated and submitted to the Department of Health demonstrate that there has been a:

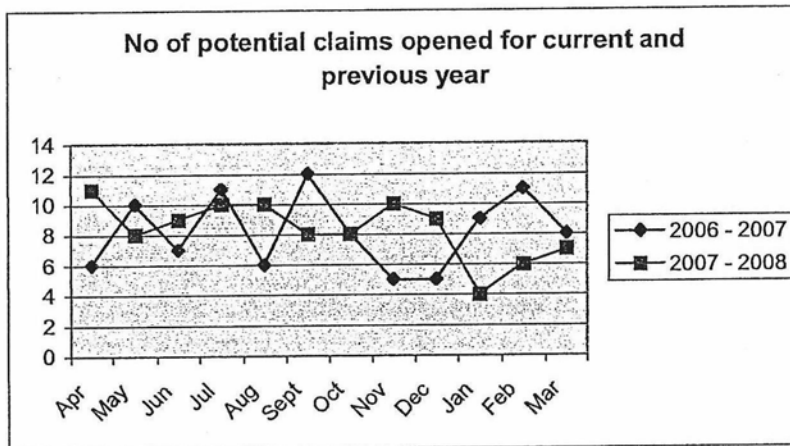
- 17% increase in the number of complaints received in 2007/08 compared with the previous year, with a concomitant rise in the number of more complex complaints
- 70% reduction in the number of complaints referred to the Healthcare Commission for independent review compared to the previous year [2007/08 = 13 2006/07 = 46]

## LITIGATION

It should be remembered that not all claims proceed to litigation (successful or otherwise) and for the level of Trust activity, the number of claims received compares favourably with similar organisations.

- For the quarter January to March 2008, the number of potential clinical negligence claims was 17 compared to 28 in the corresponding quarter last year: a 39% decrease
- For the quarter January to March 2008, the number of Coroner's requests for reports was 23 compared to 42 in the corresponding quarter last year: a 45% decrease

Claims analysis – by quarter				
	Apr – Jun 07	Jul – Sept 07	Oct – Dec 07	Jan – Mar 08
		No	No	No
Potential Clinical Negligence claims	26	28	25	17
Number of Coroner's requests for reports	51	43	41	23

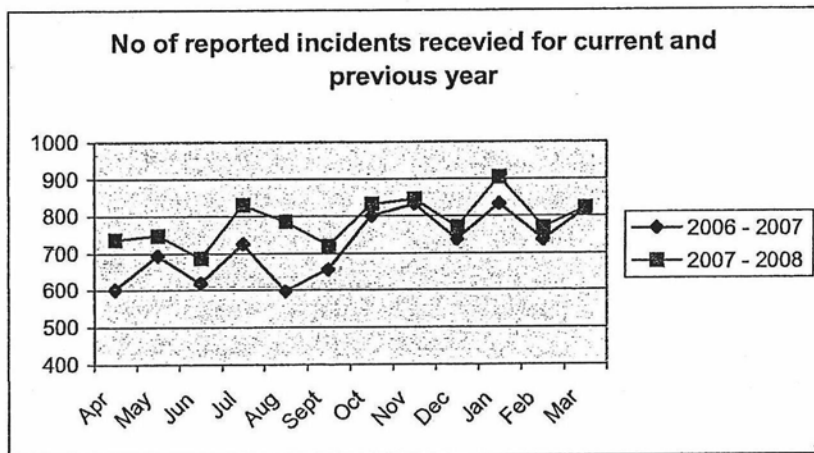


As with complaints, the number of potential claims received fluctuates during the year. However, the annual total remains similar, being 100 for the year 2007/08 compared to 98 for the previous year

## INCIDENTS

- For the quarter January to March 2008 the total number of reported incidents was 2494 compared to 2432 in the corresponding quarter last year: an increase of 2.5%. Slips/trips/falls and medication incidents remain two of the three most reported incidents.

Incident analysis – by quarter				
	Apr – Jun 07	Jul - Sept	Oct - Dec	Jan – Mar 08
	No	No	No	No
Total Number of Reported Incidents	2153	2334	2432	2494
Total Number of Serious (red) Incidents	27	18	20	30



As with complaints and potential claims the number of reported incidents fluctuates throughout the year(s). For the year 2007/08 the number of reported incidents was 9444, compared to 8636 for the previous year: an increase of 9%

For the quarter January to March 2008, 30 potentially serious (red) incidents were reported compared to 20 in the corresponding quarter last year. Of these 30 red incidents 11 were specifically related to MRSA and 4 to Clostridium Difficile; the remaining 15 were:

- Child underwent CT examination of ear, intended for another patient
- Radiation dose greater than intended delivered to thoracic spine
- Unintended radiation delivered to lumbar instead of thoracic spine
- Member of staff suffered an electric shock and burns whilst performing CPR on patient with internal defibrillator
- Patient left on trolley for 3 days: SUI due to adverse publicity
- Patient under went lap choley -> clips fell off -> haemorrhage. Patient recovered well and discharged
- Patient drank chlorhexidine solution left by bed for routine use as part of MRSA avoidance programme. Transferred to DCCQ until stabilised and returned to TAB. Patient recognised as having alcohol dependency
- Patient suffered aortic bleed following donor nephrectomy. Patient recovered and discharged
- Following ear surgery, patient outlied to DSU. Pressure bandage slipped but went unnoticed. Possible long-term hearing problems.
- Patient discharged from HNU admitted 10 hours later to ED and died of heart attack
- Patient underwent eye surgery with postop follow up changed from 3 weeks to 5 days. Given appointment for 3 weeks resulting in complication. ? Affected eye sight long-term
- Patient with history of wandering fell -> subdural haematoma
- Infant admitted with bronchillitis -> deteriorated and required stabilisation and transfer to PCIU. CT scan revealed a cerebral air embolism, following which treatment was withdrawn and infant died. Uncertain whether embolism occurred whilst in the care of PHT or SUT
- Ruptured ectopic pregnancy (this incident also involves GP and SCASST
- Two patients received burns during HTA procedure

<b>Recently reported potentially serious (red) incidents</b>	
<b>April 08</b>	<b>May 2008</b>
<ul style="list-style-type: none"> <li>• Patient found dead in bed at 06.30: had been dead for a while. Patient was very depressed and non-compliant with treatment. No DNAR status recorded in notes although was being reported as DNAR at nursing handover</li> </ul>	<ul style="list-style-type: none"> <li>• Patient had previously been prescribed Mesalazine. This was stopped but recommenced, following which the patient died. [We do not know at this stage if there is a direct link between the medication and the death]</li> </ul>
<ul style="list-style-type: none"> <li>• 2 x W&amp;C (gynae) incidents that relate to 2005/06 and involve poor administration in gynaecology clinic</li> </ul>	<ul style="list-style-type: none"> <li>• Baby diagnosed with meningitis and transferred to PICU. Parents feel that delays in diagnosis and treatment resulted in brain damage and a level of permanent disability.</li> </ul>

**PATIENT ADVICE AND LIASION SERVICES (PALS)**

- For the quarter January to March 2008 a total of 528 concerns were brought to the attention of PALS compared to 392 in the corresponding quarter last year: an increase of 34%.

<b>PALS analysis – by quarter</b>				
	<b>Apr – Jun 07</b>	<b>Jul – Sept 07</b>	<b>Oct - Dec</b>	<b>Jan - Mar</b>
	No	No	No	No
Total Number of Reported Concerns	279	362	418	528

**PLAUDITS**

The inclusion of plaudits in the full report continues to provide the Board with a more balanced representation of patient opinion on the services provided and it is clear from those collected that positive comments from service users continues to far outweigh the number of complaints received.

A detailed breakdown of the plaudits collected is on page 16 of the full report but for the quarter January to March 2008 they number 1938: over seven times as many as the number of complaints received

**ORGANISATIONAL LEARNING/RECENT FUTURE DEVELOPMENTS**

An overview of changes made or recommended following complaints, incidents and some recent and future developments can be found on page 17 of the full report and demonstrates that the Trust takes action, further develops practice and is working to ensure cross-organisational learning following feedback received through the complaints and incidents.