

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

### EXECUTIVE SUMMARY

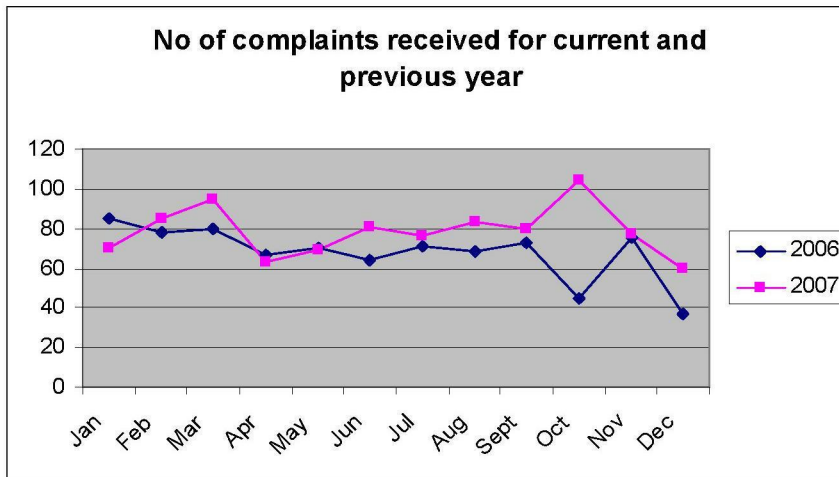
This is the executive summary relating to the tenth Complaints, Litigation, Incidents and PALS (CLIP) report to Trust Board. Whilst the CLIP report relates to the quarter October to December 2007 and where possible, comparative information on previous quarters has also been provided, this summary also 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 March 2008, so that the Divisional Clinical Governance Leads can ensure discussion at the Divisional Clinical Governance Team meetings.

### COMPLAINTS

- ∞ For the quarter October to December 2007, the Trust received 241 complaints compared to 157 in the corresponding quarter last year: an increase of 54%.
- ∞ For the quarter October to December, the average response within the 25 working day target was 87% compared to 73% in the corresponding quarter last year.

Complaints analysis – by quarter								
	Jan – Mar 07		Apr – Jun 07		Jul – Sept 07		Oct – Dec 07	
	No	%	No	%	No	%	No	%
Complaints received	250		213		239		241	
Total Closed within 25 working days	195	<b>78</b>	175	<b>82</b>	192	<b>80</b>	207	<b>86</b>



The number of complaints received ranges from 60 per month to 104, with an average of 78 per month for the reported year 2007, compared to 74 per month for the year 2006

#### Note:

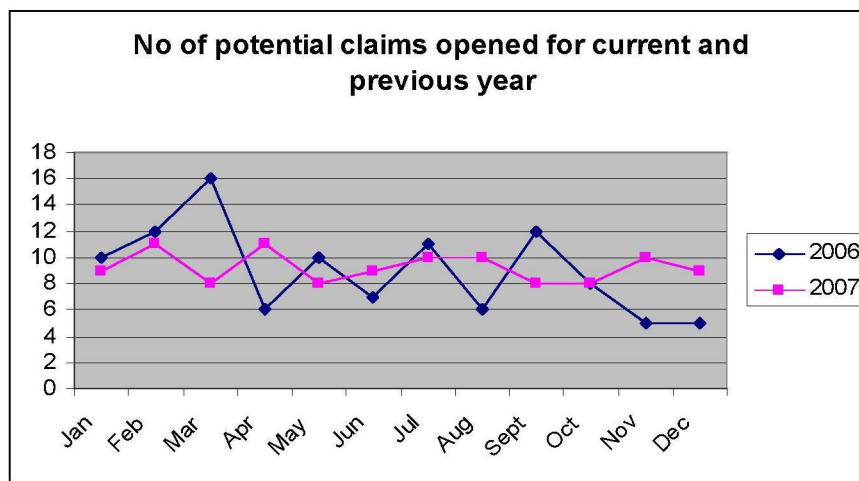
- ∞ 26% (62 in number) of the complaints received this quarter concerned poor communication. Whilst the subject of the top 3 complaints remains the same, it should be noted that communication is now the top complaint.
- ∞ There is no apparent trend to explain the increase in the number of complaints (104) received in October and it cannot be attributed to any particular specialty/division
- ∞ There continues to be an increase in the number of complaints triaged green (simple): this is attributable to an improvement in the complaints handling process by which all complaints are now forwarded to the complaints office

## LITIGATION

- ∞ For the quarter October to December 2007, the number of potential clinical negligence claims was 28 compared to 18 in the corresponding quarter last year: a 55% increase
- ∞ For the quarter October to December, the number of Coroner's requests for reports was 42 compared to 37 in the corresponding quarter last year

Claims analysis – by quarter				
	Jan – Mar 07	Apr – Jun 07	Jul – Sept 07	Oct – Dec 07
	No	No	No	No
Potential Clinical Negligence claims	28	26	28	25
Number of Coroner's requests for reports	42	51	43	42

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

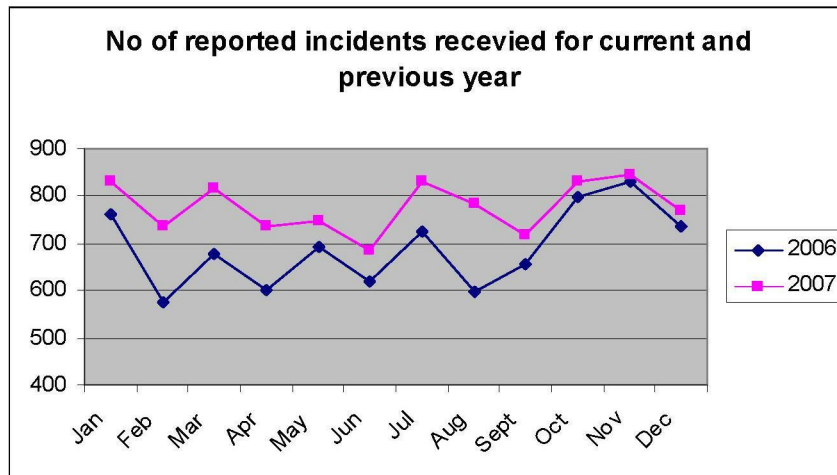


As with complaints, the number of potential claims received fluctuates throughout the year(s) but the total for the year 2007 was 107 compared to 97 for the previous year.

## INCIDENTS

- ∞ For the quarter October to December 2007 the total number of reported incidents was 2432 compared to 2336 in the corresponding quarter last year: an increase of 4%. Slips/trips/falls and medication incidents remain two of the three most reported incidents.

Incident analysis – by quarter				
	Jan – Mar 07	Apr – Jun 07	Jul - Sept	Oct - Dec
	No	No	No	No
Total Number of Reported Incidents	2239	2153	2334	2432
Total Number of Serious (red) Incidents	42	27	18	20



As with complaints and potential claims the number of reported incidents fluctuates throughout the year(s). However, there has been a 4% increase on the number reported in 2007 (9158) compared to the previous year (8310)

For the quarter October to December 2007, 20 serious (red) incidents were reported compared to 23 in the corresponding quarter last year. Of these 20 red incidents 14 were specifically related to MRSA; the remaining 6 were:

- ∞ Inappropriate outlier on DSU. Condition deteriorated; no I/V fluids available + no ECG. Now on RHCU
- ∞ Pt being assessed on G2M by Resp SpR. Meanwhile pt from ED took available RHCU bed: considered that pt moved from ED to prevent breach rather than clinical need
- ∞ Pt on long-term steroids missed 4 doses -> hypotensive crisis
- ∞ Pt with chest pain reviewed x6 by medics. No ECG overnight. ECG following morning indicated ST elevation MI. Pt died
- ∞ Serious staff misconduct
- ∞ Stolen lap top

Recently reported potentially serious (red) incidents	
Jan 08	Feb 08
∞ 2 pts received burns to buttocks and genitals as a result of procedure	∞ Patient left on trolley for 3 days: SUI due to adverse publicity
	∞ Member of staff suffered an electric shock and burns whilst performing CPR on patient with internal defib
	∞ Patient with history of wandering fell -> subdural haematoma
	∞ Patient discharged from HNU admitted 10 hours later to ED and died of heart attack
	∞ 2 x radiotherapy (IRMER) dosage issues
	∞ Ruptured ectopic pregnancy (this incident also involves GP and SCAST)

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

- ∞ For the quarter October to December 2007 a total of 418 concerns were brought to the attention of PALS compared to 392 in the corresponding quarter last year: a decrease of 8%.

PALS analysis – by quarter				
	Jan – Mar 07	Apr – Jun 07	Jul – Sept 07	Oct - Dec
	No	No	No	No
Total Number of Reported Concerns	392	279	362	418

**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 October to December 2007 they number 2,200: over eight times as many as the number of complaints received

**ORGANISATIONAL LEARNING**

An overview of changes made or recommended following complaints, incidents can be found on page 16 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.