Hampshire Partnership NHS
NHS Trust

Q2 Learning from Experience – combined Incidents, Complaints, PALs and Claims Report.

This report looks at incidents, complaints, PALS referrals and claims recorded in the second quarter of 2008/09 – i.e. July to September 2008. It aims to identify trends and opportunities for learning from these events.

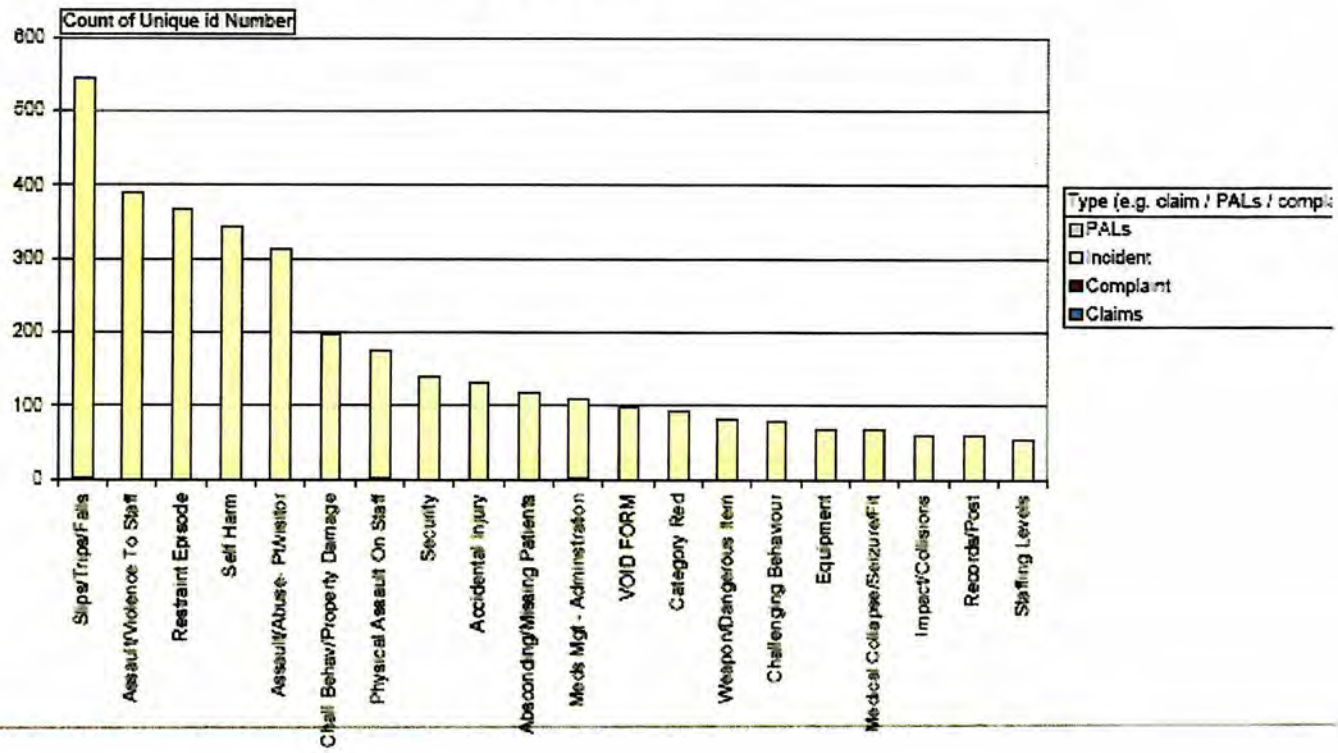
Table 1 – Shows the total number of each event reported, and the difference between the reporting periods.

Event	Total in Q2	Total in Q1	Difference – nos
Claims	6	5	↑ 1
Complaints	26	25	↑ 1
PALS	56	28	↑ 28
Incidents	3837	3557	↑ 280

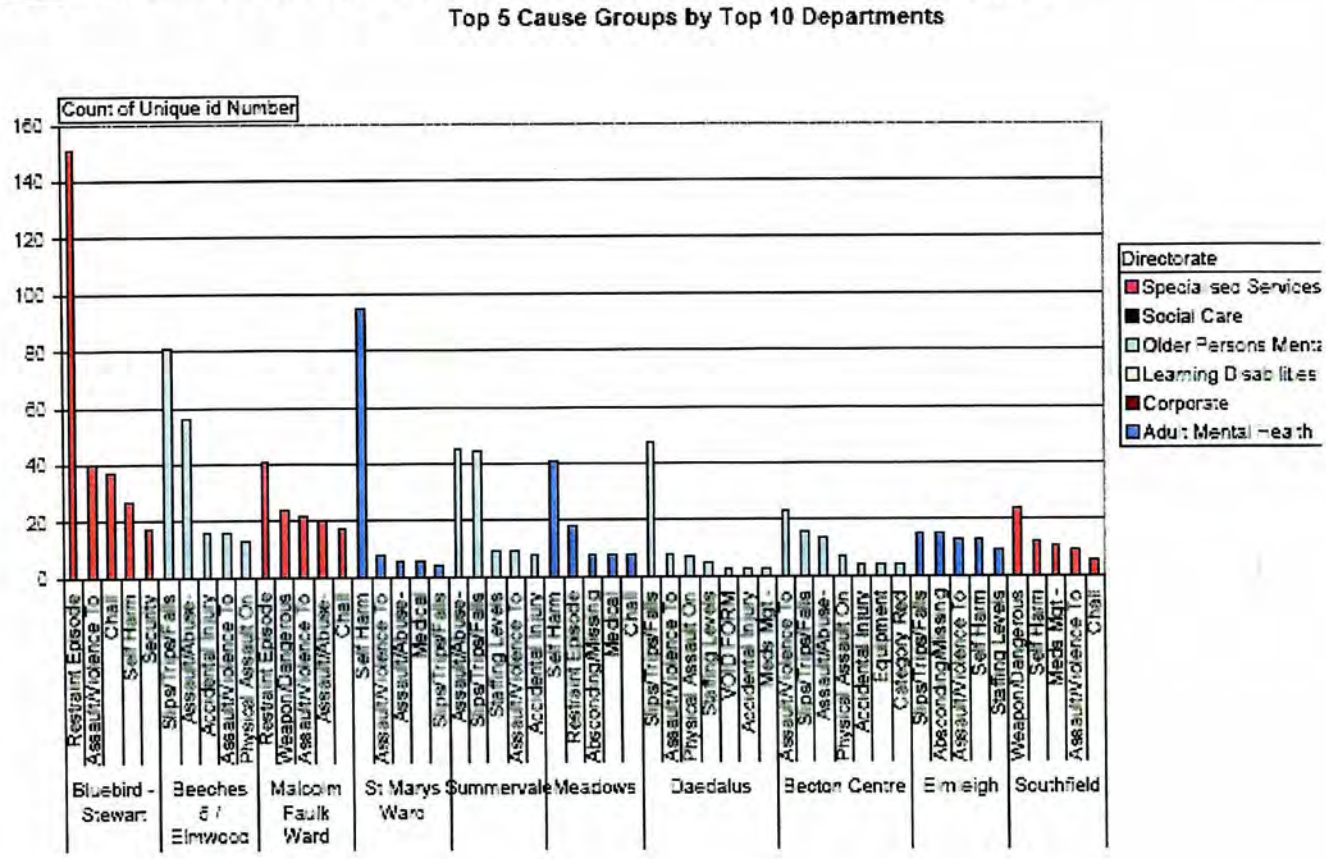
Table 2 – Shows the sites reporting the most of each event and the highest category.

Event	Sites reporting the most (nos)	Most frequently reported type (nos)
Claims	HMP Winchester Detox Team (2)	Medicines management – administration (2)
Complaints	Daedalus (3)	Nursing care – patient injuries (3)
PALS	Unknown (2); Blank (2)	Communication; (5)
Incidents	Bluebird (Stewart) (150)	Assault/violence to staff (150)

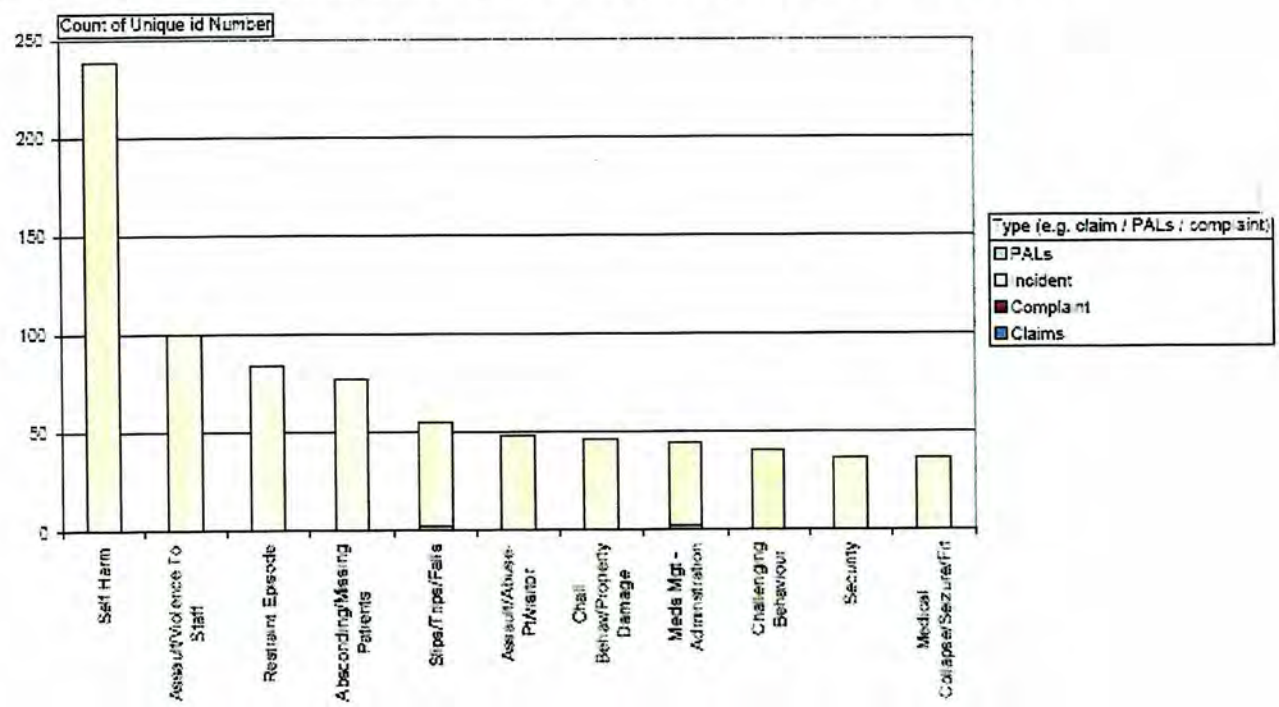
Graph 1 – Shows the top cause groups for the entire Trust



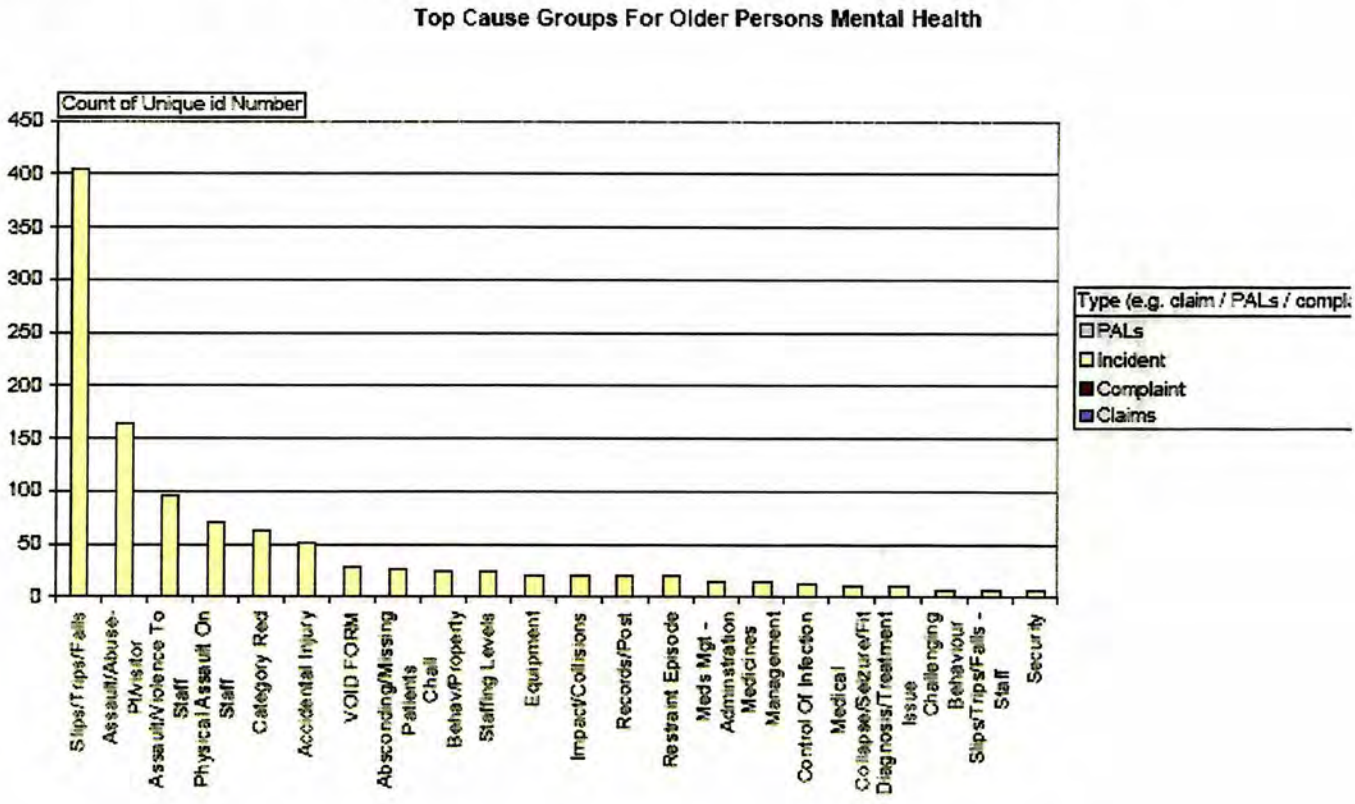
Graph 2 - *For incidents:* Shows the highest reporting units and the highest categories.



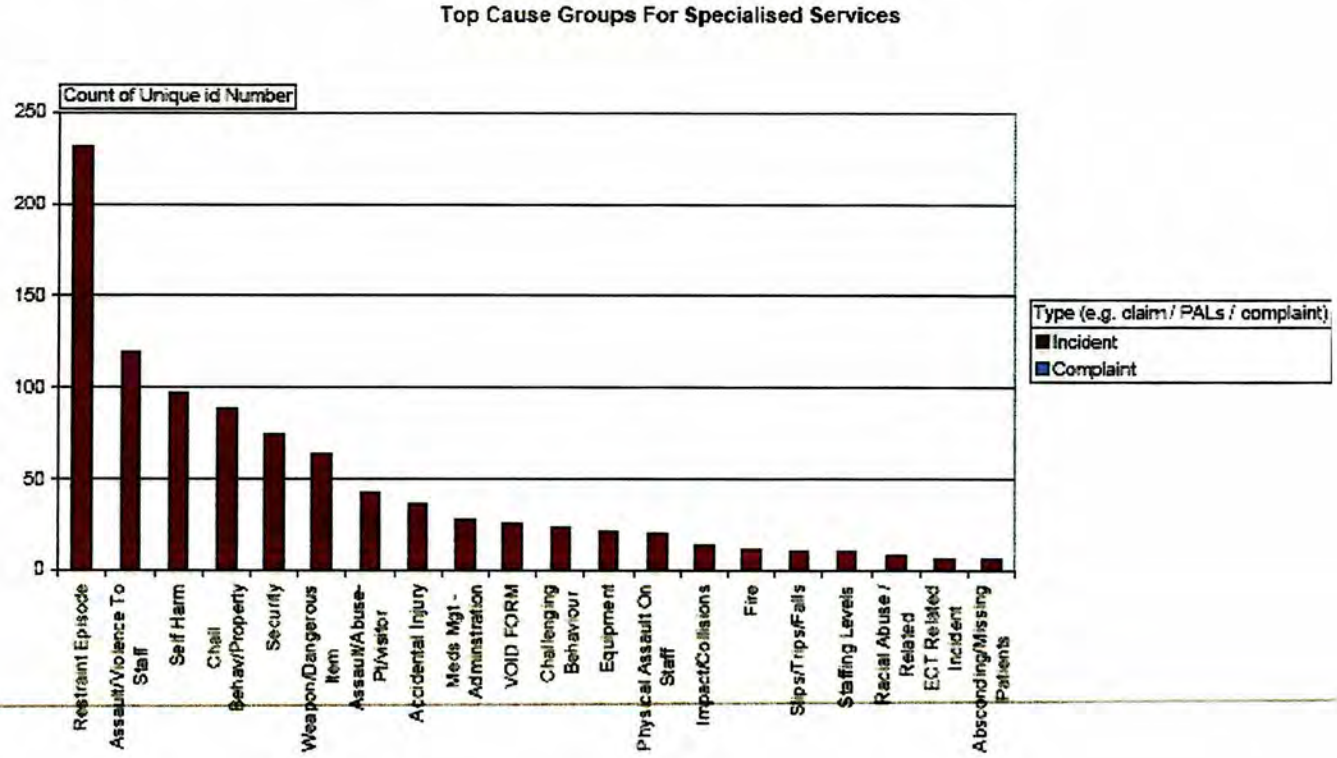
Graph 3 – Shows the most frequently reported categories (cause groups) within AMH



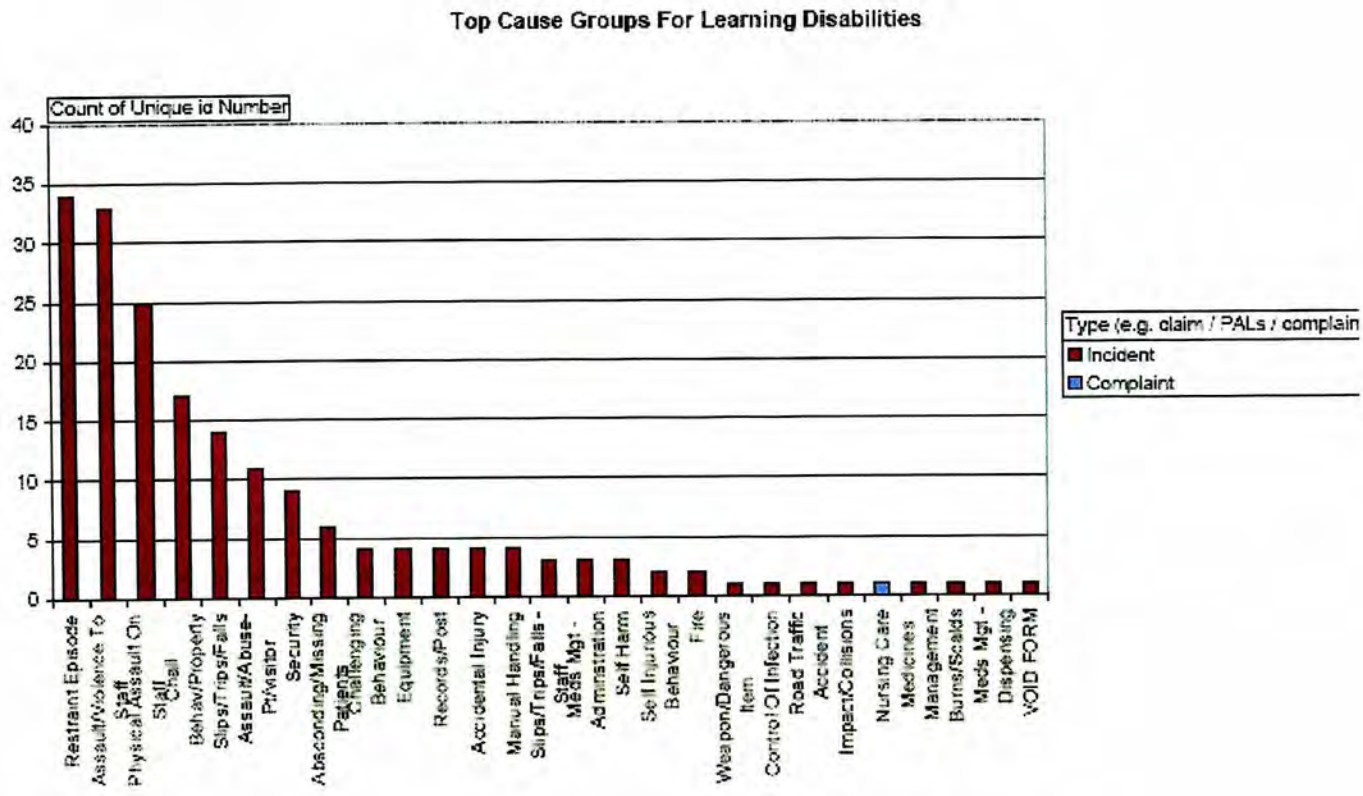
Graph 4 - Shows the most frequently reported categories (cause groups) within OPMH



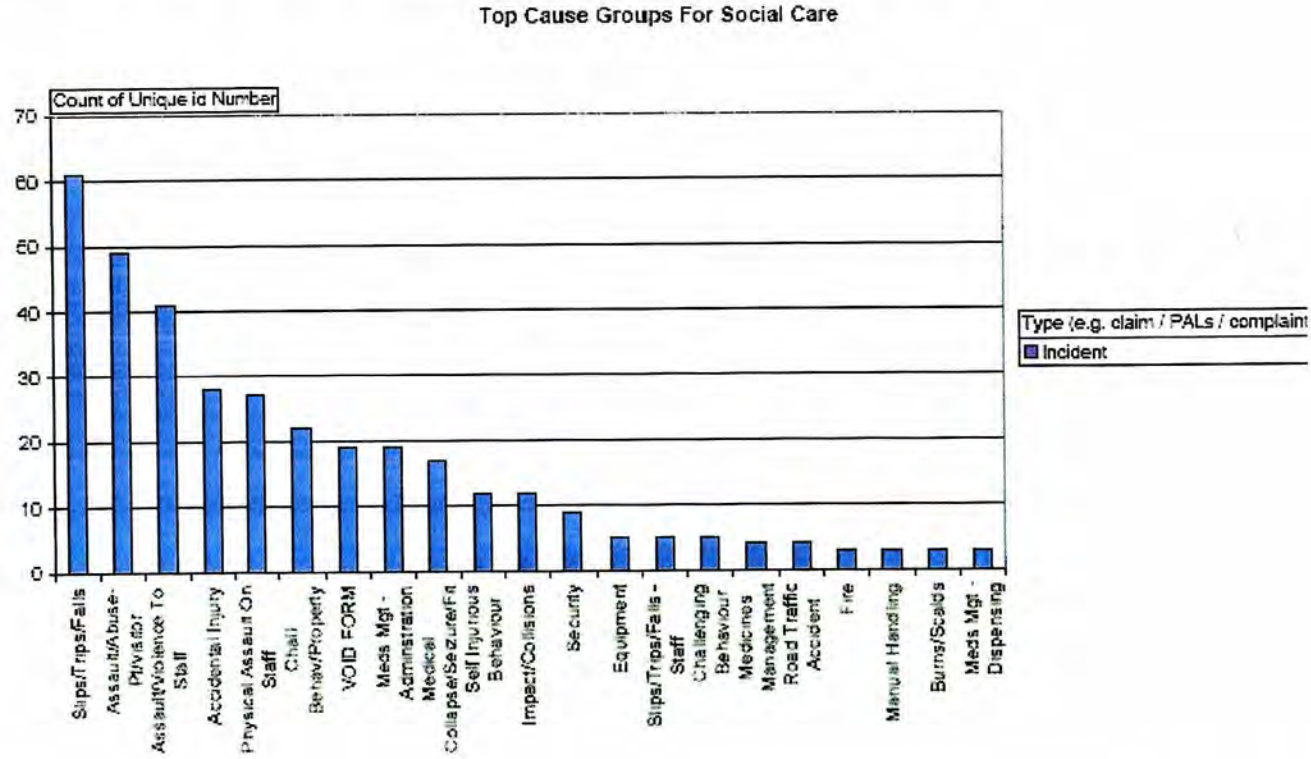
Graph 5 - Shows the most frequently reported categories (cause groups) within SS



Graph 6 - Shows the most frequently reported categories (cause groups) within LD

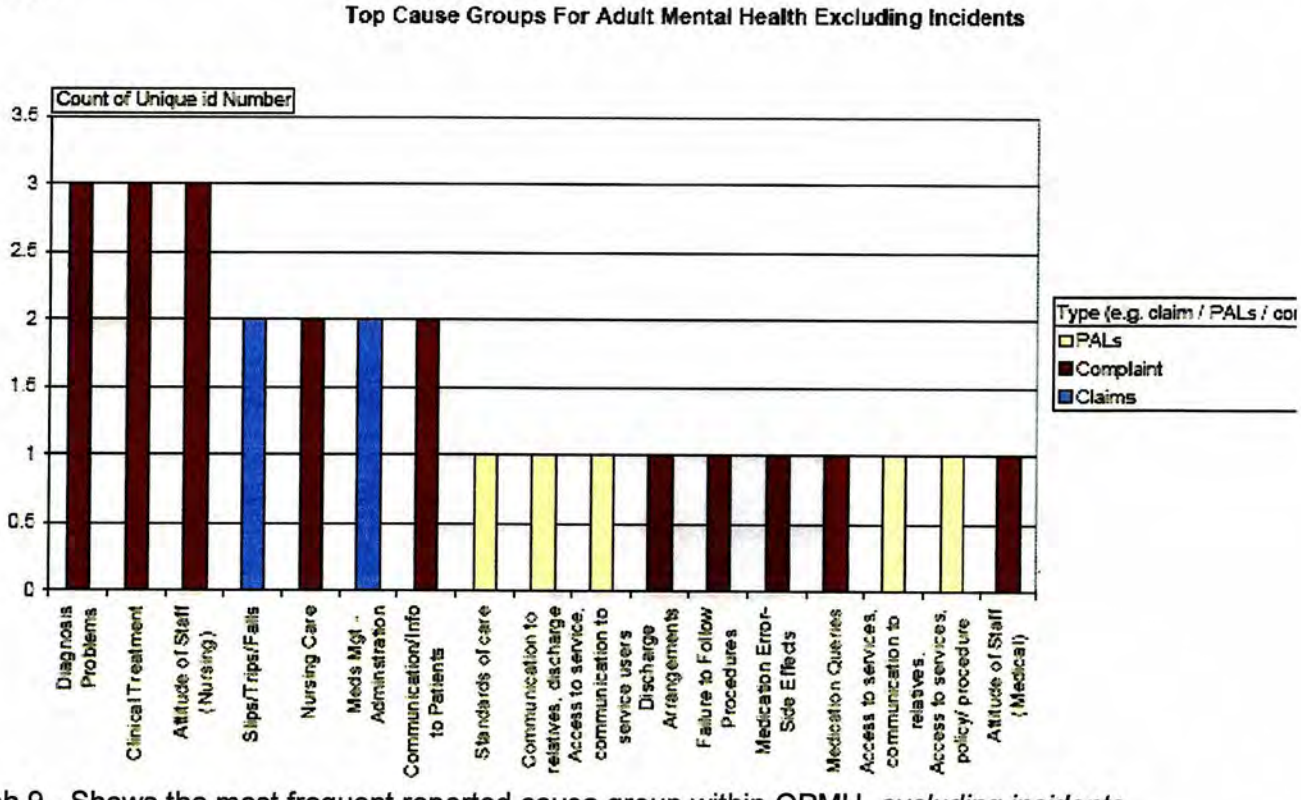


Graph 7 – Shows the most frequent reported categories (cause group) within SC

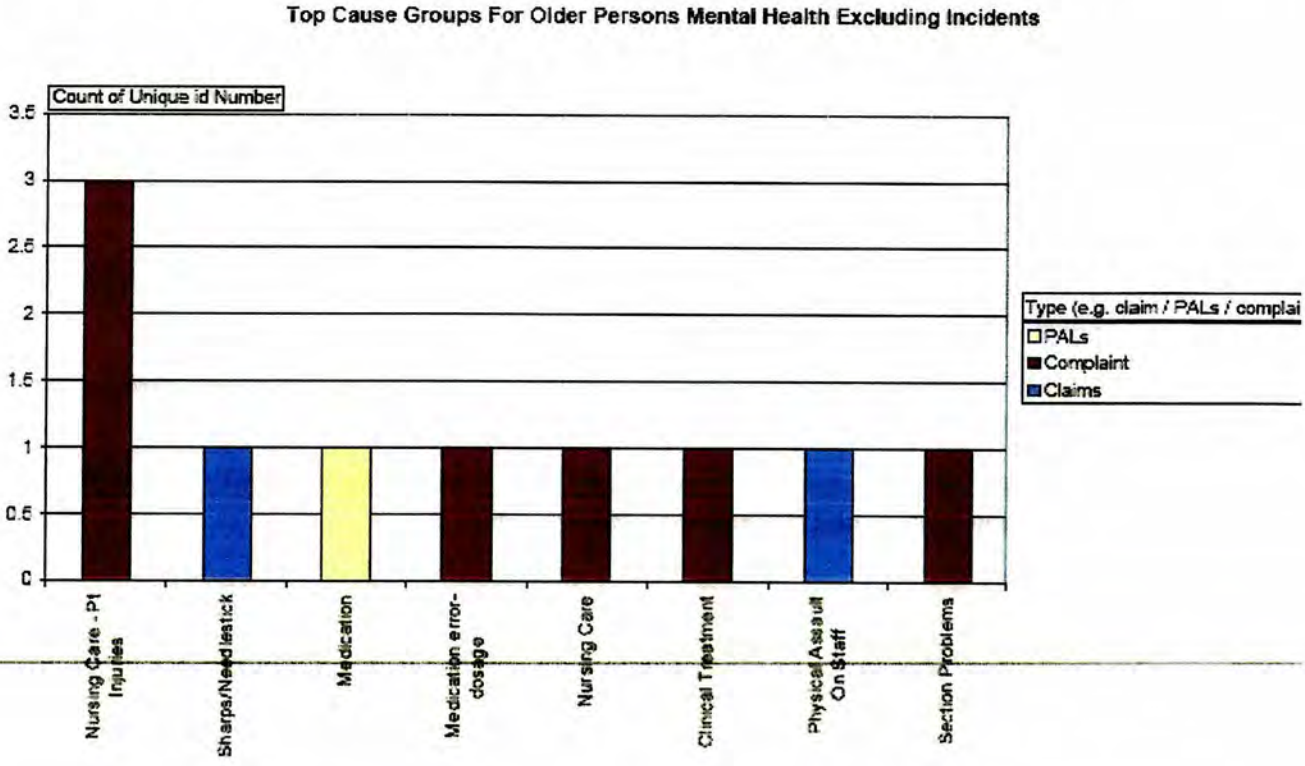


There are by far, more incidents than Complaints, PALS and Claims combined. The following graphs therefore show the highest cause group within each directorate, excluding incidents.

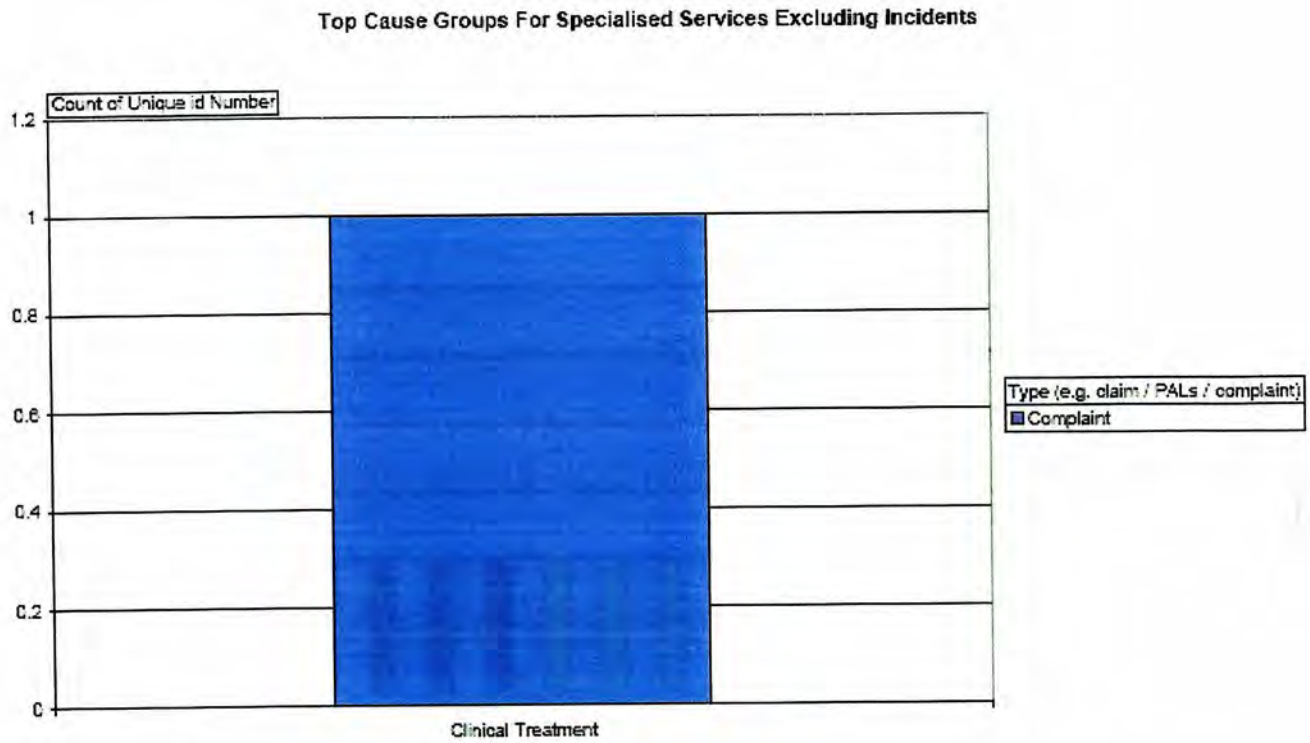
Graph 8 - Shows the most frequent reported categories (cause group) within AMH, *excluding incidents.*



Graph 9 - Shows the most frequent reported cause group within OPMH, *excluding incidents.*



Graph 10 - Shows the most frequent reported categories (cause group) within SS, *excluding incidents*.



Findings

1. There has been an increase in the numbers of Incidents, Claims, PALS and Complaints in Q2 compared to Q1. However, with regards to PALS referrals, this represented a significant increase (e.g. 100%).

2. Across the whole Trust in Q2, the top 3 incident types were Slips/trips/falls; Assault/Violence to staff and Restraint Episodes.

3. The top 3 highest cause groups in AMH were self-harm; restraint episodes and absconding/missing.

4. In AMH, as in quarter 1, the most incidents were recorded at St Marys Ward (DOP), and these were primarily self-harm related.

5. In AMH (Excluding incidents), the highest cause group was Complaints relating to Diagnosis problems; clinical treatment and attitude of staff.

6. In OPMH, as in quarter 1, the top 3 cause groups were slips/trips/falls; Assault/Abuse of patients or visitors and Assault/Violence to staff.

7. In OPMH, the most slips/trips/falls were reported at Beeches 5/Elmwood.

8. In OPMH (when incidents are excluded), the highest cause group was Complaints relating to Nursing Care – Patient Injuries.

9. The top 3 highest cause group in SS were restraint episodes; Assault/Violence to staff and Self-harm.

10. Within SS, the most restraint episodes were recorded at Bluebird (Stewart). In quarter 1, the most restraint episodes were recorded in Ravenswood (Malcolm Faulk).

11. Excluding incidents, in SS the highest cause group was complaints relating to Clinical Treatment.

12. There were no PALS referrals recorded in Social Care or Learning Disabilities in quarter 2. In addition, there were no Social Care complaints reported in quarter 2. This is a recurrent finding, and may be suggestive that service users of these directorates have difficulty accessing the Trust's procedures for Complaints and PALS referrals.

13. The most claims were again reported by the HMP Winchester team – all of which related to medicines management.

14. In Q2 there were no Complaints, PALS referrals, Incidents or Claims which needed to be referred to other organisations / agencies.

The Clinical Governance & Risk Committee (CG&RC) is asked to:-

- note the content of this report;
- consider the content/format of future reports;
- ensure that the content of this report is shared within the operational directorates, and that
- any recommendations made and/or actions taken within the operational directorates as a result of this report are reported back to CG&RC.

21st November 2008
Ruth Lord
Associate Director of Clinical Governance & Quality