

ITEM: 11/46 ii

Meeting: Quality Committee
Date:

Title: Aggregated report on Complaints, Claims, Incidents and Litigation for the ICO (Q2 2011/12)

Executive Summary: This is the second report attempting to draw together information on a range of indicators of the quality of care within the ICO. The report summarises and analyses trends during the period 1st July 2011 - 30th September 2011 (Q2) on:

- Serious incidents (SIs) created on the Strategic Executive Information System (StEIS)
- Patient Safety incidents
- High risk incidents (Patient safety)
- Complaints and PALS
- Litigation (Claims and Inquests)

Action: For information and to note progress. To advise on how helpful the information is and to identify any additional measures that might be valued.

Report From: Jonathan Rowe, Clinical Governance Manager

Sponsor: Bronagh Scott, Executive Director of Nursing and Patient Experience

Financial Validation

Name of finance officer

Lead: Director of Finance

<p>Compliance with statute, directions, policy, guidance</p> <p>Lead: All directors</p>	<p>Reference: Complaints Handling Legislation</p>
<p>Compliance with Care Quality Commission Regulations / Outcomes</p> <p>Lead: Director of Nursing & Clinical Development</p>	<p>Reference:</p> <p>Outcome 17: Complaints Outcome 16: Assessing and monitoring the quality of service provision.</p>
<p>Compliance with Auditors' Local Evaluation standards (ALE)</p> <p>Lead: Director of Finance</p>	<p>Reference:</p>

Aggregated report on Complaints, Claims, Incidents and Litigation for Whittington Health (Q2 2011/12)

1. Introduction

This report attempts to draw out the trends and learning derived from the aggregation and analysis of internal incident reporting and of the complaints, claims and PALS enquiries received by Whittington Health. The emphasis is on patient experience and safety and the information is taken from the separate Quarter 2 reports prepared for various committees including:

- Serious incidents (SIs) created on the Strategic Executive Information System (STEIS).
- High Risk Incidents (Patient safety) Whittington Hospital.
- Patient Safety Incidents in the ICO for Quarter 2
- Complaints and PALS report for Quarter 2
- Litigation report for (Claims and Inquests) Q2

The full documents are attached as Word icons at the end of this report. Some very minor corrections have been made silently to the Q1 figures previously reported.

2. Executive Summary

This report is the second to combine information from the Whittington Hospital with the Community services in Haringey and Islington and healthcare services provided within HMP Pentonville. The intention over time is to increase the detail of the analysis and learning and it is hoped to achieve this by closer working between the Governance Directorate and the Clinical Divisions following the imminent restructuring of the Quality Assurance Governance and Risk team, proposed to take place in January 2012 and the creation of a single DATIX system to be operational from 1st April 2012.

The top four areas of complaints (as for PALS enquiries) continue to be dissatisfaction with clinical care, staff attitude, issues with appointments, and issues about communication and information failures. They were in the same order of frequency in Q2 as in Q1. The biggest change was the increase in complaints about clinical care rising from 30 to 53.

The top three causes of patient safety incidents were accidents, (predominantly patient falls) representing 16.5% of all incidents and an increase on the Q1 figure of 14.6%, followed by issues with Access, Appointments, Admissions and Discharges (13% down from 14.6%), Labour (12%, the same as Q1). In Q2, Medication errors at 10.4% of incidents reported moved up to fourth place alongside various issues with resources and staffing.

Whittington Health still takes responsibility for managing the investigation of complaints and incidents at Pentonville prison arising from services sub-contracted to GPs or to the Camden and Islington Foundation Trust, such as substance misuse service in the Prison. Some of these have been removed from the statistics so as not to distort the ICO figures. The responsibility for these governance areas is due to revert to the appropriate Trusts in 2012, this piece of work is being undertaken as a multi agency project to review the governance arrangements.

3. NHSLA

Whittington Health is seeking to be accredited by the NHSLA at Level 1 in February 2012 and thereafter, as soon as is practicable, to achieve level 2 against the minimum risk standards. As the organisation responsible for managing legal claims against the NHS, the NHSLA is particularly interested in how members of the pooled risk scheme learn from experience and this is the title of Standard 5 in the risk standards. In order to meet the standard new policies have been written covering:

- Incident reporting
- Serious Incident reporting
- Policy for Investigations, Analysis and Improvement

These are due to be approved by the CQAB in December ready for the NHSLA assessment.

4. Trends in Incidents, Claims, PALS enquiries and Complaints

Trend reporting in the constituent parts of the ICO has historically been conducted in different reports. This aggregated report presents data for the new organisation and is therefore only backdated to April 2011 with comparative data from Quarter 1 but will in future include trends based on each quarter within year. The headline figures for Q2 are:

- 112 formal **Complaints** were raised and there were 380 **PALS** enquiries logged in Q2. This compares with 130 complaints and 369 PALS queries in Quarter 1. (See Section 6 of this report).
- **1027 Patient Safety Incidents** were reported in Q1, an increase of 77 or 8.1% over Q1. (Section 7).
- Fifty of the patient safety incidents were defined as **High Risk Incidents** compared with 46 in Q1. (Section 8).
- A further 20 incidents were reported to NHS London as **Serious Incidents**. This was nearly identical to the Q1 figure of 21. There were no cases heard in Q2 which revealed a potential risk to the organisation. (Section 9).
- There were **12** new clinical **Claims** in Q2, exactly the same as in Q1. Because claims often take time to resolve there are currently 103 open claims, down from 107 in Q1. (Section 10).
- **Six Inquests** were notified in Q2 but these included two relating to the death of patients in receipt of Community services prior to the formation of the ICO. The comparative figure for Q1 was 9. (Section 11).

5. Reporting and clinical activity

The absolute number of incidents or complaints reported in a service may be misleading as services differ widely in the complexity of the service provided and in the amount of activity performed. The table below shows the number of complaints received and incidents reported compared to the level of activity in selected services. This table only gives comparative figures for a few services in Q2 plus the equivalent figures for previous 2 quarters. Assuming the overall number of patient contacts in the ICO is broadly stable then the numbers of complaints per 10,000 contacts is marginally down and for patient safety incidents marginally up. The figures for District Nursing show a greater improvement in complaints received. It is planned to increase the scope of this table in future reports

Table 1: The Incidence of complaint received in selected services.

Service	Number of Complaints in Q2	Quarterly Activity (patient contacts) Q2	No of Complaints per 10,000 activity, Q1	No of Complaints per 10,000 activity, Q2 2011/12	No of Incidents reported per 10,000 activity Q1	No of Incidents reported per 10,000 activity Q2
Emergency Department	10	20787	6.4	5	20.1	28.3
District Nursing	1	53367	1.6	0.2	12.3	17
Podiatry	2	13408	1.7	1.5	-	-
Physiotherapy (community)	3	15534	1.2	1.9	1.2	1.3
Outpatient Department	5	67672	0.4	0.74	Not defined	Not defined
Maternity and Obstetrics	10	17947	7.8	5.6	Not defined	Not defined
All services Q1	112	circa 1.85 million	0.7	0.6	5.1	5.6

6. Complaints and PALS

6.1 Source of Complaints

There were 112 formal Complaints in Q2, down from 130 in Q1. Some Complaints involved more than one Division or Directorate, as where for example a primary complaint was about information on a ward but there were subsidiary issues about estates issues such as cleanliness on the ward.

Chart 1: Complaints received by Division as percentage (Q2)

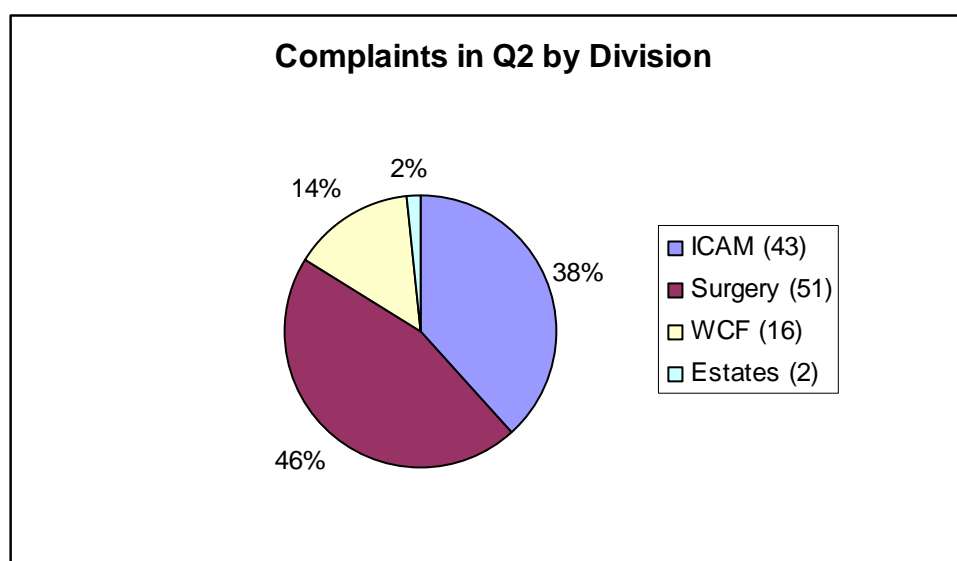


Table 2: Numbers of Complaints in Q1 and Q2 by Division

Division	Q2 Number of complaints	Q2 Number against primary Division involved	Q1 Number of complaints	Q1 Number against primary Division involved
Integrated Care and Medicine	49	43	66	66
Surgery, Cancer and Diagnostics	54	51	39	39
Women, Children and Families	17	16	25	25
Estates and Facilities	6	2	9	0
Total	126	112	139	130

6.2 PALS

In Quarter Two, a total of 380 PALS queries were received by Whittington Health. In addition 43 involved services provided by other Trusts and there are around 300-400 additional queries which were not logged onto PALS because of capacity issues and the time taken to log would often be longer than the time taken to address the query. These included requests for directions both inside and outside the hospital, difficulties with getting through on the phone to another department or basic requests for information available on the internet.

6.3 Complaints issues and PALS enquiries

The Complaints and PALS report provides a detailed breakdown of data by Division but for the purpose of this report the figures have been aggregated to give an overarching picture. The table of complaints issues has clinical care at number one as it was in Q1. The overall number (135) is larger than the number of formal complaints made (112) as some were concerned with more than one issue.

Table 3: Categories of Complaint

Complaints by category	Quarter 2		Quarter 1	
	Number	%	Number	%
Clinical Care	53	39.3%	30	19%
Attitude	32	23.7%	30	19%
Communication/Information	25	18.5%	29	18%
Waiting times/delays	6	4.4%	17	11%
'Service Issues'	6	4.4%	n/a	n/a
Administration	6	4.4%	n/a	n/a
Discharge Arrangements	5	3.7%	n/a	n/a
Hand Hygiene	1	0.8%	n/a	n/a
Equipment	1	0.8%	n/a	n/a
Total	135	100%	159	-

The top 4 in Q2 were the same as in Q1 and in the same order. In Q1 these four categories represented 42% of all complaints and in Q2 an overwhelming 86% of all complaints. The other less frequent complaints covered different issues from those raised in Q1.

PALS queries may be more varied than complaints but analysis shows that the same three issues are at the top of the list. Careful handling of PALS queries almost certainly reduces the number of formal complaints.

Table 4: Categories of PALS enquiry

Top 10 PALS queries	Quarter 2		Quarter 1	
	Number	%	Number	%
Appointments	138	39.0%	111	36%
Communication/Information	73	21.0%	70	23%
Clinical Care	41	11.0%	27	9%
Waiting times	Not raised	-	12	4%
Results	7	2.0%	9	3%
Discharge	11	3.0%	8	3%
Attitude	22	6.0%	7	2%
Patient Information	14	4.0%	Not raised	-
Transport	10	3.0%	Not raised	-
Medical Records	4	1.0%	7	2%
Cleanliness	Not raised	-	3	1%
Other	25	7.0%	57	18%
Total	354		311	

Only complaints in the former community services of the ICO are measured according to upheld status. It is the plan to initiate this in quarter three of this year across all of Whittington Health. 47% of complaints were not upheld at all. 30% of complaints were partially upheld, therefore there was at least one aspect of the complaint which was found to have occurred and 20% of complaints were completely upheld where every aspect of the complaint was upheld.

7. Patient Safety

This report presents headline data on patient safety incidents in the three clinical Divisions. A caveat on reporting is that the number of incidents reported in any one service is not standardised against patient contacts. Some services which are high reporters have correspondingly high numbers of patient contacts.

7.1 Reporting by Division

A total of 1027 patient Safety incidents were reported in Quarter 2, an increase of 77 or 8.1% over Quarter 1. The proportion of incidents reported by each Division remained much the same with ICAM and WCF each reporting around 40% of the incidents and Surgery the remaining fifth.

Chart 2: Incident reporting by Division

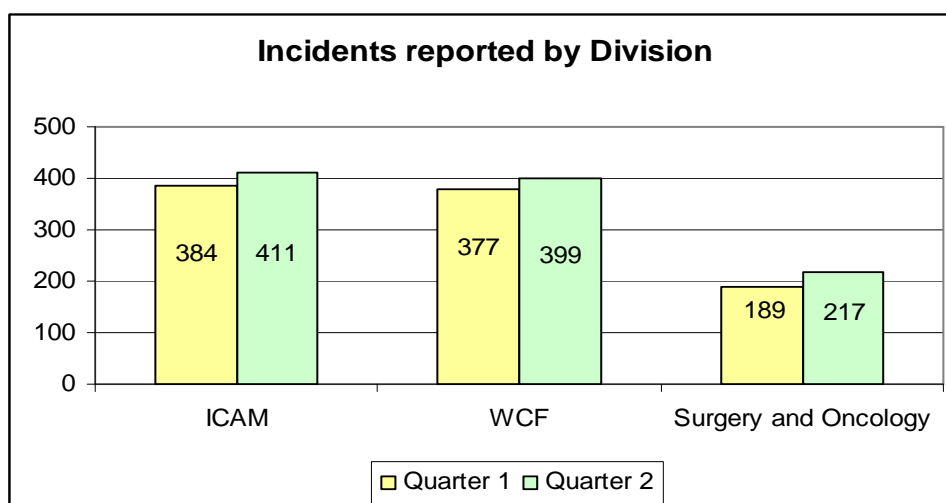


Table 5: Reporting by Division

Division	Q1	%	Q2	%
ICAM	384	40.4%	411	40.0%
WCF	377	39.7%	399	38.9%
Surgery and Oncology	189	19.9%	217	21.1%
Total	950	100.0%	1027	100.0%

- ICAM reported 27 more incidents (+7%)
- WCF reported 22 more incidents (+5.8%)
- Surgery, Cancer and Diagnostics reported 28 more incidents (+14.8%)

Appendix 1 gives a complete table for all those services that reported Incidents or where the subject of complaints claims or inquests, broken down by Division. The areas reporting the most incidents were the Labour Ward (112 or % of all incidents), District Nursing in Haringey and Islington (68 or 7%). Other high reporters were Victoria (37), Cellier (30) and Mercers Wards (28 incidents), the Birth Centre (35), Theatres (30) and the CAMHS service at Simmons House with 38 incidents.

Table 6: Ten highest reporters

Service	Quarter 1			Quarter 2		
	Number reported	Rank in Q1	% of overall number reported	Number reported	Rank	% of overall number reported
Labour Ward	112	1	11.8%	152	1	14.8%
District Nursing (Islington)	52	2	5.5%	59	2	5.7%
Victoria Ward	37	4	3.9%	46	3	4.5%
ED (Adults)	33	7	3.5%	43	4	4.2%
Main Theatres	30	8	3.2%	38	5	3.7%
Cellier Ward	30	8	3.2%	33	6	3.2%
Greentrees				33	6	3.2%
Cloudesley Ward				32	8	3.1%
Mary Seacole N	36	4	3.8%	32	8	3.1%
District Nursing	16	-	1.7%	32	8	3.1%

(Haringey)						
Total	401		42.2%	500		48.7%

Seven of these areas were in the top ten reporters in Q1. In Q2, Simmons House (38 in Q1, down to 23 in Q2), Mercers Ward (down from 28 to 23) and the Birth Centre (35 to 29) are replaced by District Nurses in Haringey up from 16 to 32, Cloudesley Ward and the Greentrees Rehabilitation service at St Ann's Hospital.

7.2 Harm to Patient

Chart 3: Degree of harm

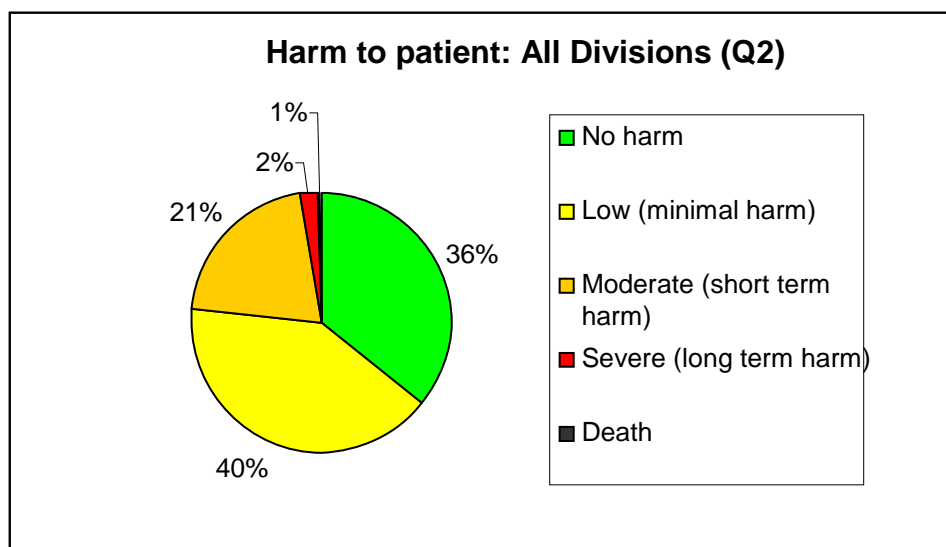


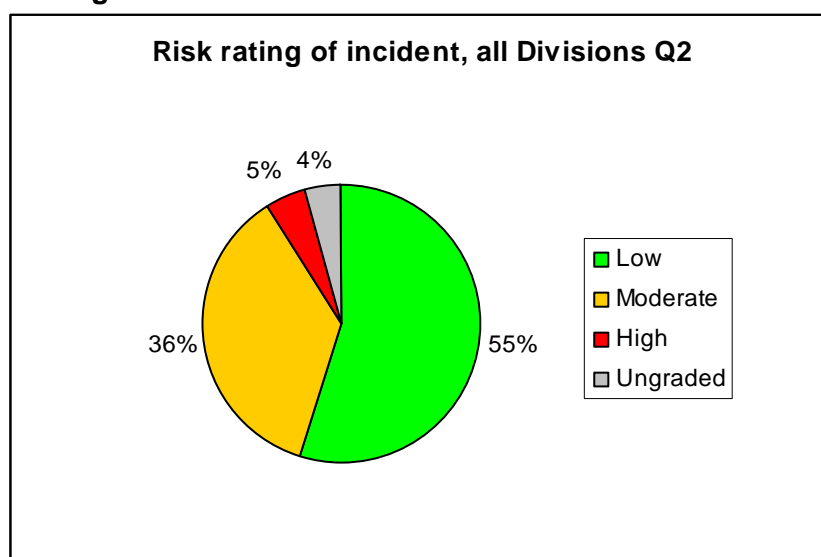
Table 7: Degree of harm to patients by Division

Degree of harm to Patient	ICAM	ICAM %	WCF	WCF %	Surgery	Surgery %	Mean % Q2	Mean % Q1
No harm	156	38.0%	140	35.1%	72	33.2%	36%	39.1%
Low (minimal harm)	167	40.6%	160	40.1%	92	42.4%	40%	35%
Moderate (short term harm)	71	17.3%	95	23.8%	47	21.7%	21%	22.1%
Severe (long term harm)	12	2.9%	4	1.0%	5	2.3%	2%	2.8%
Death (caused by the incident)	5	1.2%	0	0.0%	1	0.4%	1%	1
Total	411	100.0%	399	100.0%	217	100.0%	100%	

Most incidents resulted in no harm or low harm. The number of deaths for quarter 2 was 6, one of these has been reported as a serious incident, the others are being investigated as High Risk Incidents as they relate to cardiac arrests which are reviewed by the resuscitation team, for this quarter there was one fewer reported death than in Quarter 1.

7.3 Risk Rating of incidents

Chart 4: Risk rating of incidents



High Risk incidents are investigated by Root Cause Analysis and reported to the Patient Safety Committee. A separate High Risk Incident report keeps track of the timescales and action plans.

Table 8: Risk rating of incidents by Division

Risk Rating	ICAM	ICAM %	WCF	WCF %	Surgery	Surgery %	Mean %
Low	254	61.8%	170	42.6%	137	63.1%	55%
Moderate	110	26.8%	199	49.9%	65	30.0%	36%
High	20	4.9%	19	4.8%	11	5.1%	5%
Ungraded	27	6.5%	11	2.7%	4	1.8%	4%
Total	411	100%	399	100.0%	217	100.0%	100

7.4 Category of incidents

The 15 categories in Table 9 are agreed with the NPSA and DATIX as the headings for patient safety incidents. The table shows that the categories are ranked in the same order in Q2 as Q1. Accidents are the most common type of incident and these are typically patient falls. This is typical of national reporting to the NRLS. Of 165 accidents, 146 were describes as Slips, Trips or Falls, 88.5% of the total. The patient falls in ICAM are discussed in more detail in the ICAM Divisional report for Q2.

Table 9: Categories of Incident

Category	Q2 Total	Q1 Total	Q2 ICAM	Q2 WCF	Q2 Surgery
Accident that may result in personal injury	165 (16%)	139 (14.6%)	118	6	41
Access, Appointment, Admission, Transfer, Discharge	137 (13%)	139 (14.6%)	61	57	19
Labour or Delivery	130 (12%)	111 (11.6%)	1	128	1
Implementation of care or ongoing monitoring/review	130 (12.5%)	83 (8.7%)	94	10	26
Infrastructure or resources (staffing, facilities, environment)	124 (12%)	99 (10.4%)	33	66	25
Medication	89 (8.6%)	97 (10.3%)	49	21	19
Patient Information (records, documents, test results, scans)	63 (6%)	60 (6.3%)	11	39	13
Treatment, procedure	52 (5%)	82 (8.6%)	16	17	19
Medical device/equipment	45 (4%)	34 (3.5%)	6	18	21
Consent, Confidentiality or Communication	28 (2.7%)	32 (3.3%)	4	17	7
Clinical assessment (investigations, images and lab tests)	24 (2.3%)	22 (2.3%)	7	6	11
Diagnosis, failed or delayed	23 (2.2%)	23 (2.3%)	7	7	9
Abusive, violent, disruptive or self-harming behaviour	12 (1.1%)	21 (2.2%)	4	6	2
Anaesthesia	5	2		1	4
Other	-	6	-	-	-
Total	1027	950	411	399	217

8. High Risk Incidents (Patient Safety)

High risk incidents are reviewed by the Patient Safety Committee for scrutiny and closure. In Q2 fifty high risk incidents were reported. The high risk incident spreadsheet attached to this report as an Icon lists most of the open incidents with a brief summary of the issue. These include Cardiac arrests, two patients with fractures following a fall, incorrect administration of a controlled drug and the failure of a Penlon AV-S ventilator failed in Theatre. The Patient Safety Committee is concerned about the time taken to investigate high risk incidents and to confirm action plans. At November 1st 45 investigations remained open. One option is to clarify the level of investigation using the NPSA options for concise or detailed RCAs as appropriate which may simplify the process and to widen the number of staff trained to do RCAs..

8.1 Patient Deaths:

Six deaths were reported including one reported as a Serious Incident (death following surgery).

9. Serious Incidents

Serious Incidents increased in the last two quarters from 6 in Q3 2010/11 to 16 in Q4 2010/11 and to 21 in Q1 2011/12.

- Women Children and Families reported 8 SIs. They included a woman who had a cardiac arrest but was resuscitated successfully and her baby was born in good condition. The others were all deliveries with varying complications. One SI has been closed and seven are still being investigated.
- ICAM reported 11 Serious Incidents; 10 were reports of grade 3 and 4 pressure ulcers on District Nursing caseloads and one was for breach of confidentiality of patient information. Three of the PU investigations are closed and the remainder will be completed by the end of December.
- Surgery reported one SI, a patient who died following elective laparoscopic surgery for gastric bypass.

Further summary details of SIs are given in the attached report. (Section 15)

10. Claims

In Q2, twelve new claims were notified covering: ED (2 claims), General Surgery (4 claims), Medicine (2 claims), Obstetrics (2 claims), Paediatrics (1 claim) and an external claim concerning Pentonville Prison Dental (1 claim). There have been no significant changes in the trend over the past 2 years suggesting that between 0-9 new claims per month would be normal.

As at 30 September 2011 there were 103 open claims, four fewer than at the end of Q1. Of these open cases, 50 are currently being overseen by the NHSLA with a potential liability of nearly £50million of which £37million was set against potential liabilities in 15 outstanding cases in Obstetrics and potentially £5.2million for 9 open cases relating to the Emergency Department.

During Q2 a number of cases were closed or settled either because they were previously settled or because the claim was withdrawn or otherwise not pursued.

2 claims were settled with a combined quantum of £97,573 as below:

- Care of the Elderly claim settled for £49,573 for failure to diagnose;
- Orthopaedic claim settled under the CNST for £47,000 for unsuccessful total left knee replacement.

10.1 Claims against Haringey and Islington Community Services lodged prior to April 2011

Seven claims notified prior to April 2011 are being managed within Whittington Health but will be settled through NCL cluster. Four of these claims relate to Pentonville prison with an estimated total quantum of £594k and the others are all non-clinical claims relating to staff personal injuries. There has been no progress on any of these claims since the last report.

11. Coroner's Inquests

No hospital deaths notified this quarter were investigated as high risk incidents and all hospital deaths notified this quarter were then heard without the need for the attendance

of witnesses. 19 reports from medical staff were provided to the Coroner. 7 inquests were heard and staff were required to attend one which involved Haringey District Nurses. (See section 13.5). At the 7 Inquests involving the organisation during the second quarter of 2011/12 the verdicts were 5 from Natural Causes and 2 from Industrial Disease.

12. Common themes and learning

As shown through this report, the common themes of incidents, complaints claims and PALS queries have been issues of clinical care together with dissatisfaction with appointment arrangements, communication problems and staff attitude.

12.1 Complaints

There were some common themes and learning for the four top causes of complaints.

Clinical Care

Clinical care is a cause of claims when things go wrong as well as of complaints when patients are dissatisfied. In ED a number of people complained about their diagnosis being missed. Although there was a reasonable explanation given for this on one occasion, three people complained about missed fractures. The claims report identified a missed diagnosis as resulting in substantial compensation. Attention being given to junior Doctors seeking signed confirmation from Consultants that they have reviewed cases.

Attitude

The attitude of Doctors and Nurses remains a common cause of complaints. Examples in the Complaints report included ED, where two nurses were described as inattentive and not listening to patients. A couple of doctors were also described as being insensitive, judgemental, dismissive and unsympathetic. At Victoria Ward a few complaints were received regarding the nursing care. The exact issues varied but included concerns over the attitude of staff and the clinical care they provided. It was also suggested that communication was sometimes lacking and nursing staff were slow to answer the buzzer. In wards focus areas such as Safe Round are among initiatives to ensure staff are patient centred.

Waiting and Cancellations, often linked with Communication

A very common cause of complaints; Four patients in ED complained about the length of time that patients had to wait to be seen by a doctor. One very elderly patient stated that he waited a number of hours at night without being informed of the reason for the delay. There has been an increase in both PALS queries and complaints regarding Outpatient appointments. The team is often able to de-escalate potential complaints in this area but it is a great concern that there should be so many occasions when issues arise around appointments. Patients have reported that their appointments are cancelled without being notified sufficiently in advance. A new procedure has been put in place so that if patients need to be cancelled on more than one occasion the issue will be escalated to management to seek an alternative solution. The Appointments Team have stated that this is sometimes because of the lack of notice they receive about cancelled clinics, for example when a doctor is unwell.

The Complaints Report appendices give a summary of all complaints together with a brief summary of the outcome of each resolved complaint.

12.2 Serious Incidents

The majority of Serious Incidents continue to be around Pressure Ulcers. PUSIP continues to monitor the RCAs and action plans. The level of reporting by District Nurses appears to have levelled off, particularly in Haringey and the trend is 6% down on last year at the end of October. Islington will be unable to meet the target reduction of 30% in

year because they have already exceeded last year's reporting although the baseline for the last 12 months was arguably not entirely reliable.

The actions of addressing competencies in nursing and earlier escalation of concerns should show improvement in Q3 and Q4.

12.3 Inquests

The single inquest where staff were requested to attend involved the case of the unexpected death in hospital of a patient following a hypoglycaemic episode at home. This had been declared as a Serious Incident and the RCA identified actions to improve care planning and the need to better assess the ability of patients to self-administer insulin, among other points and an action plan has been put in place. The Coroner has been provided with this.

The Coroner was critical of a lack of communication between the acute hospital and community services on discharge of diabetic patients, and the hospital and the district nursing team are to work together to improve this. The verdict was Natural Causes as the coroner, despite not hearing any evidence from carers who may or may not have given the patient food, decided that the patient had not eaten properly that day.




13. Recommendations




To review this report and provide feedback on the content to ensure this report is developed to support future organisational and divisional learning and development. Feedback is required on content and format to ensure this supports the reader to understand the issues quickly and also provide enough information and detail for scrutiny and challenge.

This report has highlighted the need for development of the following:

- Datix migration project
- Ratification and roll-out of the new and revised Whittington Health policies required for standard 5 of the NHSLA minimum standards
- Improved liaison between Governance Team and Clinical Divisions to support data analysis for Divisional Boards, this should improve the detail and value of information about the learning from incidents, complaints and claims.
- Reviewing the NHS Outcomes Framework for 2012/13 which has renewed emphasis on patient experience – and how this may influence trends of complaints if issues are not addressed.

14. Full Reports:

Complaints and PALS report, Quarter 1 2011/12 Cassie Williams, Interim	 Complaints and PALS Report Q2 2011-12
Complaints Appendices: Spreadsheet with summary of all Q2 complaints by Division	 Complaints Report Division Appendices
Litigation Report for Q1 2011/12 Angela Kennedy, Head of Legal Services and Complaints	 Litigation report Q2 2011.doc

Serious Incident Q2 Phillipa Marszall, Risk Manager	 Serious incidents in Q2
High Risk Incidents (Patient Safety) in Whittington Hospital, Q1 2011/12 Liz Bennett, Risk Management Facilitator/Datix System Administrator	 High Risk Incidents in Q2 by Division
Patient Safety Incidents summary report Jonathan Rowe, Clinical Governance Manager (Community Services)	 Aggregated Patient Safety Incident Repo

Information and analysis contributed by:

Angela Kennedy, Head of Legal Services and Complaints
Cassie Williams, Interim Complaints Manager
Phillipa Marszall, Risk Manager Community Services
Liz Bennett, Risk Management Facilitator/Datix System Administrator
Jonathan Rowe, Clinical Governance Manager

Final report collated and prepared by:

Jonathan Rowe
Clinical Governance Manager
Whittington Health Community Services
December 2011

Appendix 1: Table of reporting by all Services and locations, broken down by Directorate

(Where no report was made a location or service is not listed).

Women, Children and Families	Incidents reported		SIs		Complaints		New Claims	
	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2
Labour Ward	112	152			15	3	1	
CAMHS - Simmons House (I)	38	23						
Birth Centre	35	29				1		
Cellier Ward	30	33			7	2		
Cearns Ward	24	19						
Antenatal Clinic	22	22			1	1		
Health Visiting (I)	22	24			3			
Health Visiting (H)	-	1						
Ifor Ward	17	13				1		
Operating Theatre - Labour	15	18			8			
Operating Theatre - Main	-	4						
Murray Ward	12	11			5	1		
Patient's Home	8	11			2			
Recovery Room - Labour Ward Theatre	8	3						
Neonatal Intensive Care Ward (NICU)	6	3	1				1	
Clinic 4C	6	4				1	1	
Paediatric Ambulatory Care Unit (PACU)	5	8						
Children's Community Nursing (I)	5	-						
Paediatric Office	2	1						
Special Care Baby Unit (SCBU)	2	-						
Speech and Language Therapy	2							

Islington targeted services (mainstream schools and under 5s) (I)								
Betty Mansell	-	6				1		
Maternity Day Unit/MAU	1	1	1					
Children's Community Nursing (I)	1							
ISCS - South Locality Team (I)	1							
School Health (I)	1	1			1			
CAMHS (1)	-	1			1			
3B (Gynaecology)	-	-	1		1			
Clinic 4D	-	1						
DTC (Gynaecology)	-	-			1		1	
Women's Diagnostic Unit	-	-			1			
Sexual Health	-	-			1	1		
Specialist Schools Therapies (OT/SLT)	-	1			3	1		
Community Midwife	-	-				1		
Audiology	-	-				2		
Other	2	7	1		-			
Total	377	399	4		50	17	4	3
Percentage of all events:	39.7	38.9	20		32			

Medicine and Therapies	Incidents reported		SIs		Complaints		New Claims	
	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2
District Nursing (Islington)	52	59	2		2			
Mary Seacole (North)	36	32	1					
Emergency Department (Adults)	33	43	1		10	11	1	
Mercers Ward	28	23						
Greentrees Rehabilitation Unit (H)	26	33						
Mary Seacole (South)	25	18			2	1		
Cavell Ward	22	24			3	1		
Cloudesley Ward	21	32				2		
Cloudesley JKU Gym	-	2						
Meyrick Ward	19	31	1		5	1		
District Nursing (Haringey)	16	32	6		6	1		
Montuschi Ward / Coronary Care Unit	15	18						
Isis Ward	13	11			1			
Emergency Department (Paediatrics)	11	16			2			
Nightingale Ward	11	9	1		1			
Eddington Ward	8	-				1		
Substance Misuse Service	7	3						
Urgent Care Centre	5	2						
Community Matrons (H)	3	3						
Continuing Care (I)	2							
Long Term Conditions	-	4						
Reach Team (I)	2							
ICCT (H)	1	2						
Palliative care (H)	1							
Physiotherapy	2	2			4	3		
Nutrition and Dietetics (adult) (I)	1							
Coyle Ward	-					1		
Bladder and Bowel	-				1	1		
Podiatry	1				3	2		
Clinic 3B	-				3	1		
Clinic 3A	-				2			
Clinic 4B		1						
Clinic 3D	-				1			
Clinic 1A	-					1		
Day Treatment Centre	-					1		
Seating and Mobility	-					1		
Learning Disabilities (Edwards Drive)	-	-						
Other areas	5	8			2			
Pentonville GP (NHS Islington)	2	-			8	6		
Pentonville Primary Care Nursing	6	2			1	3		

(NHS Islington)								
Pentonville other including Dental	1	-	1		4	1		1
Pentonville Substance Misuse Service or Mental Health (C&I Trust)	9	-			5	7		
Total	384	411	13		66	46	1	5
Percentage of all events:	40.4	41	65		41			

Surgical and Diagnostics	Incidents reported		SIs		Complaints		New Claims	
	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2
Victoria Ward	37	46	2		1	5		
Operating Theatre - Main Theatres	30	38			3	7	4	
Coyle Ward	21	27	1		2	2		
Critical Care Unit (CCU) / Intensive Care Unit (ITU)	20	28			1			
Recovery Room - Main Theatres	13	17						
Betty Mansell Ward	12	1			2			
Imaging	10	9			1	5		
Day Treatment Centre	8	11			5	3		
Thorogood Ward	6	8				1		
Chemotherapy Suite	4						1	
Patient Admissions Unit (PAU)	4							
Biochemistry Laboratory	4	5						
Microbiology Laboratory	4	1						
Anaesthetic Room - Main Theatres	2	1						
Endoscopy Suite	2	4						
Patient Admission Unit		4						
Clinic 3A	2				1			
Clinic 3D	1							
Day Treatment Centre - Anaesthetic Room	1							
(GAU) Gynaecology Admission Unit	1							
Clinic 4A						7		
Clinic 4B	1	1			1	1	1	
Haematology Laboratory	1	5				1		
Histology/Histopathology Laboratory	1							
Pathology	1							
Mercers (Oncology)	-	6			4			
Isis Ward	-							
1B	-				6	7	2	
3C	-	1			3	1		
3B	-				1	1		
Clinic 4A	1				6			
Clinic 4C	-	1						
Isis	-				1			
Eddington Ward	-					1		
Ifor	-					1		
Mercers Ward	-					1		
Mary Seacole South	-					1		
Community Dental	-					1		
Appointments Office	-					3		
Other	2	2			4	4		
Total	189	217	3		42	53	8	4
Percentage of all events:	18	21.1	15		27			

Report ends