Name of policy: Learning from Experience Policy
A systematic approach to incident, complaint and claim management, analysis and sharing safety lessons

Effective from: 29/08/2012

Date ratified: 17/08/2012
Ratified: Risk Management (CLIPA) Group
Review date: 01/08/2014
Sponsor: Director of Nursing, Midwifery & Quality
Expiry date: 16/08/2015
Withdrawn date:

This policy supersedes all previous issues.
## Version Control

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<td>Board of Directors</td>
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Learning from experience

1. Introduction

Assuring the safety of patients, staff and visitors is a key priority within the organisation. This requires a collaborative approach to the analysis of incidents, complaints and claims and that the lessons learnt from this analysis are shared across the organisation as well as cross organisationally.

It is essential that staff understand that the Trust has a learning culture and any investigation is not intended to blame individuals but to seek the causal factors and share the lessons learned to prevent a reoccurrence of an incident.

Recommendations from the now the Care Quality Commission support the requirements to have an aggregated approach to the analysis of incidents, complaints and claims and for this analysis to trigger audit where appropriate (Investigation into outbreaks of Clostridium Difficile at Stoke Mandeville Hospital, Buckinghamshire Hospitals NHS Trust, Report by Healthcare Commission, July 2006)

2. Policy scope

This policy is trust wide and applies to all members of staff employed/working within Gateshead Health NHS Foundation Trust.

3. Aim

The aim of this policy is to make sure that there is a systematic approach to the analysis of incidents, complaints and claims on an aggregated basis to provide a risk profile for the organisation and that safety lessons are learnt and shared widely. Improvements in practice will occur as a result of the lessons learnt during investigation and analysis.

4. Duties - roles and responsibilities

Trust Board
The Trust Board has a responsibility to make sure that the analysis of all incidents, complaints and claims is undertaken on an aggregated basis to optimise the recognition of trends and themes and enable a swift response to such.

The Trust Board is also responsible for ensuring that trends and themes are acted upon and managed effectively and that any lessons learnt through the investigation of such incidents, complaints and claims are learnt across the organisation.

Therefore the Trust Board supports the implementation of this policy.

Chief Executive
The Chief Executive is ultimately responsible as accountable officer for ensuring the safety of patients, visitors and staff within the organisation. It is therefore the Chief Executive’s responsibility to make sure that there are robust systems in place to
analyse incidents, complaints and claims at the earliest opportunity and that appropriate measures are taken to make sure that the safety of patients, staff and visitors is not compromised. It is also the responsibility of the Chief Executive to make sure there are robust systems in place to identify trends and themes and to learn lessons across the organisation and cross organisationally where possible. The Chief Executive is responsible for ensuring that this policy is implemented within all areas of the Trust through responsible executive directors, divisional directors and divisional managers.

**Medical Director**
The Medical Director is responsible for supporting the Chief Executive and Trust Board in their responsibilities and supporting the divisional directors, divisional managers and medical staff in implementing this policy across the organisation.

**Director of Nursing, Midwifery and Quality**
The Director of Nursing, Midwifery and Quality is also responsible for supporting the Chief Executive and Trust Board in their responsibilities and supporting the divisional directors, divisional managers and nursing staff in implementing this policy across the organisation.

**Head of Risk Management**
The Head of Risk Management is responsible for ensuring that there is an effective, efficient system in place for the recording and management of incidents, complaints, PALS enquiries and claims to allow for the accurate analysis of data. The analysis of the date will provide the risk profile of and support the implementation of improvements and the sharing of lessons across the organisation.

**Risk Management Group (CLIPA) Group**
The Risk Management (CLIPA) Group (CLIPA – Complaints, litigation, incidents and PALS) has a responsibility to make sure that the Trust has an integrated approach to the management and investigation of complaints, claims, incidents and issues arising from the PALS service. It provides a forum to facilitate the implementation and sharing of lessons learnt from the investigation of complaints, claims, incidents and PALS enquiries. It is also responsible for conducting a systematic analysis of the above and identifying appropriate audit activity. (Terms of reference at appendix 1)

**Patient, Quality, Risk and Safety Committee (PQRS)**
The PQRS committee will act as a focal point for sharing good practice and learning from effective clinical governance in a supportive environment. The committee receives CLIPA reports quarterly. (RM01 Risk Management Strategy includes the terms of reference of PQRS Committee)

**SafeCare Council**
The Risk Management (CLIPA) Group is a sub group of SafeCare Council and to which the group reports on an annual basis and escalates any appropriate clinical issues to.

**Divisional managers/directors**
The divisional directors and divisional managers have a joint responsibility to make sure that the principles outlined within this policy are implemented within their
divisions including fostering a culture for learning from experience and sharing lessons learned.

They are responsible for disseminating lessons learned to colleagues within their division, providing opportunities for learning through team meetings and with colleagues in other divisions where appropriate.

**Heads of service/Assistant divisional managers**
Head of service and assistant divisional managers have a responsibility to foster a culture or learning from incidents, complaints, claims and PALS enquiries

They are responsible for disseminating lessons learned to colleagues within their division, providing opportunities for learning through team meetings and with colleagues in other divisions where appropriate.

**All staff**
Every member of staff has a responsibility to report issues and concerns identified in their working environment and contribute to the process of learning lessons. They can do this by taking account of the relevant communications, encouraging peers and colleagues and contributing to team meetings.

5. **Definitions**

**Incident:** any event or circumstances involving patients, visitors or staff that could have, or did lead to unintended or unexpected harm, loss or damage. This harm can be identified as physical or psychological.

**Complaint:** for the purposes of this report complaint is any formal complaint made to the Chief Executive regarding services provided by the Trust.

6. **Analysis of incidents, complaints and claims**

6.1 **Analysis of incidents, complaints and claims**

6.1.1 **How information is integrated to make sure there is a single point of co-ordination for incidents, complaints and claims**

The DATIX electronic reporting system will facilitate and support collation of information relating to incidents, complaints and PALS for presentation in a combined quarterly report. The Legal Services Manager will make sure that claims data is made available to incorporate into the report.

The Risk Management (CLIPA) Group will conduct a systematic analysis of complaints, claims, incidents and PALS enquiries to provide an aggregated profile for discussion to identify risk reduction measures and opportunities for learning and sharing lessons. The report is intended to provide a comprehensive overview of risk and related issues and will outline how the Trust is managing these to minimise recurrence and ensure organisational learning. The divisional risk managers/risk representatives will, as members of the group, will
provide information about trends, improvements and lessons learned within the divisions.

The PQRS committee and SafeCare Council will provide the opportunity for discussions arising from the combined quarterly report. The terms of reference of the PQRS committee are included within RM01 Risk Management Strategy.

6.1.2 How often aggregated analysis of incidents, complaints and claims is to be completed

A quarterly report will be developed by the Risk Management (CLIPA) Group and presented to:
- PQRS Committee,
- SafeCare Council

A six monthly report will be developed by the Risk Management (CLIPA) Group and presented to:
- The Council of Governors

A summary report will be prepared and shared with:
- Divisional directors
- Divisional managers
- Assistant divisional managers
- Heads of service
- Heads of departments
- Consultant medical staff
- Clinical leads
- Matrons
- Ward managers

In addition, the Essence of Care Communication Group and Patient, Carer and Public Involvement Group will receive reports including complaints and PALs issues their meetings.

6.1.3 What information is required within the analysis report including qualitative and quantitative analysis

The template at appendix 2 gives an outline of the structure and minimum content of the quarterly CLIPA report.

Quantitative analysis

The report will include a quantitative summary of complaints, claims, incidents and PALs issues identifying trends where possible.

The content will take the following format:

Complaints:
Total number of complaints received per quarter
Total number of complaints received by division
Main reasons cited for complaints (top 4 complaints by main subject)
Total number of complaints received by severity (final risk grading)
Time taken to acknowledge receipt of complaint
Time taken to respond to initial complaint
Trends by division or department
Internal communication
External communication
Number of issues referred to PALS
Number of signed off action plans
Number of RCAs carried out
Trends

**Claims:**
Ongoing claims (numbers)
New claims received during quarter
Claims settled/closed during quarter
Inquest details
Trends
Number of signed off action plans

**Incidents:**
Total number of reported incidents during quarter
Breakdown of incident type
Number of incidents by division
Top 10 reported incidents Trust wide
Total number of reported incidents by severity
Serious adverse event summary
Trends by division or department
Reporting by staff group
Number of RCAs carried out
Number of signed off action plans

**PALS:**
Total number of reported concerns by quarter
Total number of reported concerns by quarter by division
Top 5 reported concerns by quarter
Number of concerns referred to be dealt with as complaints
Number of signed off action plans

**Organisational learning:**
Lessons learned from each of the above and root cause analysis

**Qualitative analysis**

Where specific trends are identified from the analysis of the aggregated information the contributors to the report will be responsible for providing an explanation (if possible) for the trend. Where appropriate an investigation will be initiated to identify the issues. This may require making reference to external data sets and/or a comparison to previous quarterly figures.
Future developments

There will be continuous assessment/development of processes to enhance the aggregation and analysis of complaints, claims, PALS enquiries and incidents (using DATIX) to support improvements in patient safety.

6.1.4 How this aggregated information is communicated to relevant individuals or groups

Please also refer to section 6.1.2 above

An executive summary report and an abridged version of the information contained within the reports are be posted on the Risk Management intranet site

6.1.5 How individual analysis is communicated to relevant individuals or groups

In addition to the aggregated data which is provided through the governance structure, the following measures to share information and lessons learned at a divisional and professional level are in place:

Complaints

The complaints service provides quarterly DATIX reports to each of the divisional managers (and other individuals on request) so that they can identify trends and lessons learned from complaints received. Relevant statistics are provided to various groups on request.

The Chief Executive and Medical Director(s) review complaints received on a weekly basis and identify any trends or issues to be shared across the organisation.

The complaints service also provides the Director of Nursing, Midwifery & Quality with details of complaints relating to nursing issues where trends and lessons learned are identified and shared through the internal nursing network.

Patient Advice and Liaison Service

The Patient Advice and Liaison Service provides divisional managers with quarterly reports of the PALS enquiries so that they can identify trends, lessons learned and share these through the division in Team meetings etc.

Quarterly reports are prepared for the Essence of Care Communication Group and the Patient, Carer and Public Involvement Groups.

Incidents
DATIX reports on themed issues are provided on an ad hoc basis to support the review of specific issues. Divisional managers and second level investigators are able to prepare reports (within their areas of permissions) directly from the DATIX system to review trends and share lessons learned.

The Health and Safety Committee consider incidents relating to patient and staff safety and review issues where trends are identified e.g. patient handling incidents.

The Health and Safety Committee considers regular reports on incidents relating to violence and aggression and security.

Incidents relating to medical devices are reported regularly to the Medical Devices Management Group

6.2 Learning and promoting improvements in practice to ensure a change in organisational culture and practice

The following groups/individuals are involved in learning and promoting improvements in practice based on individual and aggregated analysis of incidents, complaints, PALS issues and claims

- The Risk Management (CLIPA) Group
- PQRS Committee
- SafeCare Council
- Health and Safety Committee
- SafeCare Department for the development of bulletins and safety alerts
- Medical Devices Management Group
- Divisional and assistant divisional managers
- Risk Managers/SafeCare Matrons

6.3 How the organisation ensures both local and organisational learning from incidents, complaints and claims

The Risk Management (CLIPA) Group provides a forum to monitor the implementation of actions and sharing of lessons learned from investigations (including RCAs for serious untoward incidents) of complaints, claims, incidents and issues arising from the PALS service. They will determine what, if any, lessons can be learned from the circumstances surrounding the claim, complaint or incident and communicate with the identified lead for action, to agree the format in which the lessons learned can be communicated:

a) within the local division
b) within the Trust
c) to the Primary Care Trust
d) to the Strategic Health Authority

The PQRS Committee provides a trust wide forum where lessons learnt from local investigations can be shared and discussed in a supportive
environment. It is the responsibility of the PQRS Committee to make sure that an effective system of clinical incident reporting and investigation is in place at divisional level, and that lessons learnt through incidents/near misses, complaints, PALS and claims investigation are shared and disseminated across the Trust.

PQRS Committee also plays a supportive role to the Risk Management (CLIPA) Group to make sure that the linkages are maintained across clinical incidents, complaints, PALS and litigation and that this group supports the Divisions and the Trust in learning and sharing lessons.

The SafeCare Department also supports the sharing of lessons through their showcase events, alerts, bulletins and website.

6.4 Opportunities for cross organisational learning from incidents, complaints and claims across the local health economy

The Trust reports serious adverse events through the STEIS reporting system to the Primary Care Trust providing a further opportunity to contribute to cross organisational learning.

The Trust utilises the DATIX electronic reporting system which links to the National Patient Safety Agency (NPSA), National Learning and Reporting System (NRLS) to make sure that incidents reported within the organisation are fed into a central system and further analysis and trend identified performed at a national level to enable national learning.

6.5 How the organisation ensures that lessons learnt from root cause analysis are embedded into organisational culture and practice

Root Cause Analysis (RCA) will be used to carry out investigations as identified in the Trust Incident Reporting and Investigation Policy RM04.

The Risk Management (CLIPA) Group will liaise closely with Divisions undertaking investigations and will assist in ensuring that actions identified within RCA are completed in specified timescales. This will guarantee effective action by monitoring implementation.

Any RCA which identifies Trust wide learning opportunities will be presented in the CLIPA report.

6.6 How action plans are followed up

Where actions plans are developed as a result of the analysis of the aggregated data, implementation will be followed up and monitored by the Risk Management (CLIPA) Group

Action plans which are developed as a result of incidents are followed up in the divisions and will be recorded in the CLIPA reports.
Action plans developed in relation to complaints investigations, PALS enquiries and litigation will be followed up in the divisions and recorded within the CLIPA reports.

Where appropriate outstanding risks will be put on the risk register and followed up through the risk register process.

6.7 Risks

The process for implementing risk reduction measures in the organisation is described in RM01 Risk Management Strategy, which involves implementation, management and monitoring through the risk register process.

Through the process of Board review of the Trust wide Risk Register and Governance Framework the Board will monitor the implementation and effectiveness of risk reduction measures.

The monitoring of risk reduction in relation to complaints, incidents and claims, by trends and organisational learning, is through the CLIPA reporting process.

7. Training

All relevant staff are trained on the use of DATIX for incident reporting and relevant risk management, complaints and PALS staff are trained in the preparation of reports from the system for the development of aggregate data.

Risk management, complaints and PALS training (induction, mandatory training or ad hoc training) all promote the relevance of sharing and learning lessons to improve safety and service provision to improve the patient experience.

8. Equality and diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on the grounds of any protected characteristic (Equality Act 2010). An equality analysis has been undertaken for this policy, in accordance with the Equality Act (2010).

9. Monitoring the compliance/effectiveness of this policy

The coordinated approach to the aggregation of incidents, complaints, claims and PALS issues will be monitored by:

<table>
<thead>
<tr>
<th>Standard/process/issue</th>
<th>Monitoring and audit</th>
<th>Method</th>
<th>By</th>
<th>Committee</th>
<th>Frequency</th>
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<tr>
<td>Monitoring the frequency and minimum content of the report according to details of section 6.1.3 above</td>
<td>Audit of quarterly CLIPA reports</td>
<td>Risk Facilitator</td>
<td>Risk Management (CLIPA) Group</td>
<td>Annually</td>
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<td>Standard/process/issue</td>
<td>Monitoring and audit</td>
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<td>Monitoring the process for communicating the reports to relevant individuals and groups i.e. PQRS Committee, the Risk Management (CLIPA) group, SafeCare (The reports and minutes of these meetings will illustrate compliance with the policy)</td>
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<td>Monitoring of risk reduction arising from complaints, incidents and claims through the completion of actions as detailed in section 6.6 above</td>
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10. **Consultation and review**

The review of the policy has involved consultation with a wide range of staff including members of the Risk Management Team, Occupational Health and Safety Department, SafeCare, Complaints and PALs staff and Risk Managers/SafeCare matrons.

11. **Implementation of policy (including raising awareness)**

This policy will be implemented in accordance with policy OP27 “Policy for the development, management and authorisation of policies and procedures”

12. **References**

(Investigation into outbreaks of Clostridium Difficile at Stoke Mandeville Hospital, Buckinghamshire Hospitals NHS Trust, Report by Healthcare Commission, July 2006)

NHS Litigation Authority Standards 2012/13

13. **Associated documentation (policies)**

This policy should be read in conjunction with the following:

- RM01  Risk Management Strategy
- RM48  Local Risk Management Policy and Procedure
- RM04  Incident Reporting and Investigation (including Serious Untoward Incident) Policy
- RM21  Complaints Policy
- RM23  Claims Management policy
- OP27  Policy for the development, management and authorisation of policies and procedures
Gateshead Health NHS Foundation Trust

Risk Management Group (including CLIPA)

Terms of Reference

Membership

- Head of Risk Management - Chair
- Deputy Director of Nursing & Midwifery
- Head of Compliance
- Complaints Manager (or deputy)
- Legal Services Manager
- Datix System Manager
- PALS Manager (or deputy)
- SafeCare Project Lead
- Health & Safety Manager
- Medical Devices Manager
- Risk Management Facilitator
- Divisional Risk Managers/Risk Representatives

Minutes

- Risk Team Secretary/Assistant Datix Administrator

Aims of the Risk Management Group

- To ensure that the Trust has an integrated approach to the management and investigation of complaints, claims, incidents and issues arising from the PALS service.

- To conduct a systematic analysis of complaints, claims, incidents and issues arising from the PALS service and identify trends and opportunity for improvements and appropriate audit activity.

- To identify opportunities for organisational learning arising from the systematic analysis of complaints, claims, incidents and issues arising from the PALS service.

- To approve guidelines and policies associated with the business of the committee ensuring the appropriate consultation process has been followed.

- To escalate issues of concern or risk as they arise to the SafeCare Council or the appropriate committee e.g. Health & Safety depending on the issue.

- To identify opportunities to act proactively in an attempt to prevent a complaint or claim that may arise following an incident and/or PALS enquiry.

- Where the outcome of investigations identifies opportunities for organisational learning, the group will provide support to lead investigators in undertaking this process.

- To identify suitable trends for audit.

- To agree the quarterly combined report.
• To ensure that risks identified as a result of an incident, complaint, PALS issue or claim are entered onto the Trust’s Risk Register and re-visited through that process by the Risk Management group on a regular basis.

• To review the risk register on a regular basis

**Quorum**

The quorum of the group is one third of the total membership including:

• At least one of the Head of Risk Management, the Head of Compliance or the Deputy Director of Nursing and Midwifery: and
• At least two of the DATIX module leads (or their deputies)
• At least two representatives of the divisions (i.e. one representative from two divisions)

**Reporting arrangements**

• An annual report on the activities of the committee will be submitted to SafeCare Council
• Quarterly CLIPA reports are presented to Safecare Council and Patient, Quality, Risk and Safety Committee (PQRS)

**Reviewed and updated**

**June 2012**
Appendix 2

CLIPA report template

Complaints, litigation, incident and PALS (CLIPA) report

Period: ..................

Author: .................
Title: ....................
Date.....................
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<td>Complaints</td>
<td></td>
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<tr>
<td>Litigation</td>
<td></td>
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<tr>
<td>Incidents including: How we compare with others (if available)</td>
<td></td>
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<tr>
<td>PALS</td>
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Introduction

To include

- Detail of the period under analysis
- Information about the Risk Management (CLIPA) Group
- Process
- Communication to relevant individuals or groups
- External regulatory requirements.
Executive summary

Complaints

- Number of formal complaints with a comparison to previous quarter.
- Number responded to within 25 days.
- The top six most complained about issues

Litigation

- Number of:
  - clinical claims were settled
  - non clinical claim were settled
  - clinical claims were received
  - non clinical claims were received
  - requests for reports were received from the coroner
  - staff were required to attend inquests
  - reports were requested

Incidents

- Number of incidents during the period with comparisons against previous period and same period in previous year
- Number given final approval with comparison against previous quarter
- Number classified as no harm with comparison against previous quarter
- Number of “near miss” incidents with comparison against previous quarter
- The top 3 incidents for the trust with graph and explanatory notes
- Table showing the top 10 most common incidents in the quarter (grouped by Stage Of Care)

PALS

- Number of PALS enquiries for GHNFT with comparison against previous quarter
- Number of areas of concern

Organisational learning

Include examples of learning from:

- Complaints
- Root cause analysis (RCA) together with details of the numbers and types of RCAs
- PALS enquiries
- Litigation

Complaints

To include
Total number of complaints received per quarter
Total number of complaints received by division
Main reasons cited for complaints (Top 4 complaints by main subject)
Total number of complaints received by severity (final risk grading)
Time taken to acknowledge receipt of complaint
Time taken to respond to initial complaint
Trends by division or department
Internal communication
External communication
Number of issues referred to PALS
Number of signed off action plans
Identification of trends or otherwise

**Litigation**

To include

Ongoing claims (numbers)
New claims received during quarter
Claims settled/closed during quarter
Inquest details
Trends

**Incidents**

To include

Total number of reported incidents during quarter
Breakdown of incident type
Number of incidents by division
Top 10 reported incidents Trust wide
Total number of reported incidents by severity
Serious adverse event summary
Trends by division or department
Reporting by staff group
Number of RCAs carried out
Number of signed off action plans

**Patient Advice and Liaison Service**

To include

Total number of reported concerns by quarter
Total number of reported concerns by quarter by division
Top 5 reported concerns by quarter
Number of concerns referred to be dealt with as complaints