

QUALITY

**QUALITY REPORT:
QUARTER ENDING 31 March 1999**

1. Patient's Charter

◆ *Waiting Times in Outpatient Clinics*

Table 12

	Q4 95/96	Q4 96/97	Q4 98/99
% patients seen within 30 minutes	98.5%	98.6%	99.1%

This standard is only reported in quarter four, inline with the NHS Performance Tables requirements.

◆ *Waiting Times for first Outpatient Appointment*

Table 13

Estimated exceptions to the Health Authority's standard of 13 weeks for adults and 6 weeks for children at 31 December 1998, based on next available appointment were:

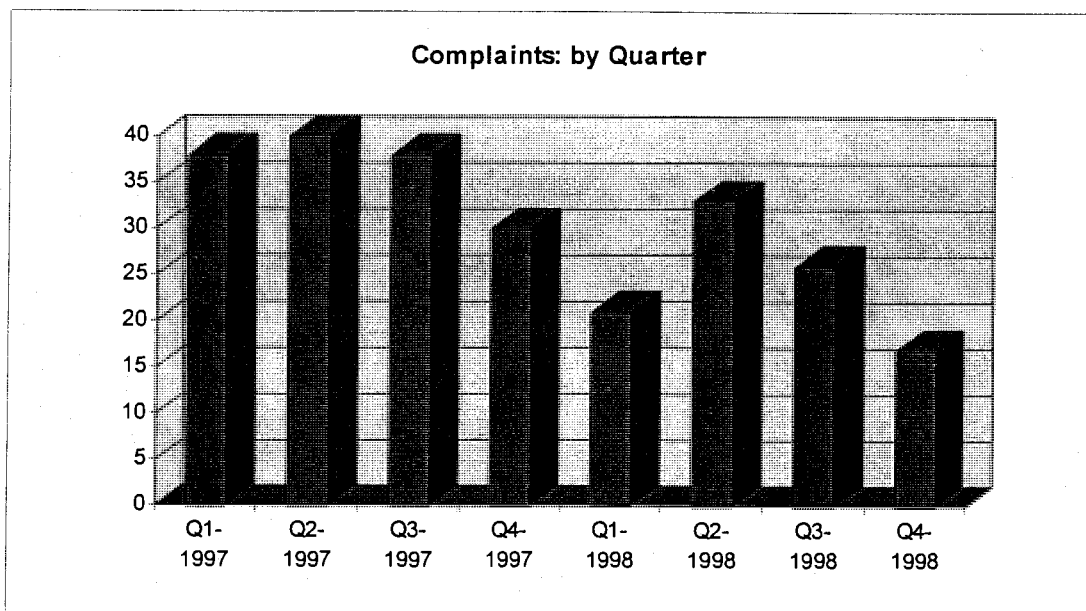
<i>Service</i>	<i>Q2/98</i>	<i>Q3/98</i>	<i>Q4/98</i>
<i>Adult Mental Health</i>			
<i>Child and Family Therapy</i>	<i>45-54 weeks</i>	<i>25-64 weeks</i>	<i>8-55 weeks</i>
<i>Community Paediatrics</i>	<i>7-17 weeks</i>	<i>6-9 weeks</i>	<i>6-10 weeks</i>
<i>Dental (children)</i>			
<i>Elderly Medicine</i>			
<i>Family Planning (psychosexual)</i>	<i>21 weeks</i>	<i>18 weeks</i>	<i>17 weeks</i>
<i>(Genetic Counselling)</i>	<i>14 weeks</i>		<i>15 weeks</i>
<i>Vas.Ops. (GHC)</i>			<i>16 weeks</i>
<i>Physiotherapy - (Portchester)</i>	<i>16 week</i>		
- (Gosport)	<i>16 weeks</i>	<i>21 weeks</i>	<i>20 weeks</i>
- (Hill Park)			
- (Petersfield)			
- (Waterlooville)		<i>16 weeks</i>	
- (QAH OPD + Neuro)	<i>14 weeks</i>	<i>14 weeks</i>	
<i>Paediatric physiotherapy</i>	<i>13-24 weeks</i>	<i>9-17 weeks</i>	<i>10-24 weeks</i>
<i>Paediatric occupational therapy</i>	<i>16 - 24 weeks</i>	<i>9-12 weeks</i>	<i>15-24 weeks</i>
<i>Paediatric OT & PT</i>	<i>17-18 weeks</i>	<i>23-25 weeks</i>	<i>10-36 weeks</i>
<i>Paediatric Multidisciplinary clinic</i>			

<i>Service</i>	<i>Q2/98</i>	<i>Q3/98</i>	<i>Q4/98</i>
<i>Podiatry - (Denmead)</i>			<i>16 weeks</i>
<i>(Havant HC)</i>	<i>14 weeks</i>	<i>19 weeks</i>	
<i>- (Hayling HC)</i>	<i>18 weeks</i>	<i>17 weeks</i>	<i>20 weeks</i>
<i>- (Petersfield)</i>	<i>14 weeks</i>	<i>27 weeks</i>	<i>33 weeks</i>
<i>- (Biomechanics)</i>	<i>15 weeks</i>	<i>52 weeks</i>	<i>40 weeks</i>
<i>- (Lake Road)</i>	<i>15 weeks</i>		
<i>- (Cosham)</i>			
<i>School Nursing - Enuresis clinics</i>	<i>10 & 15 weeks (2 out of 13 clinics)</i>	<i>7-8 weeks (3 out of 13 clinics)</i>	<i>7-12 weeks (5 out of 12 clinics)</i>

2. Complaints

Local Resolution

◆ Number of Complaints by Quarter



◆ *Response Analysis*

	Total Number of Complaints	Acknowledged within 2 working days	Response within 20 working days
Q4/98	17	73%	26%
Q3/98	26	100%	55%
Q2/98	33	89%	50%
Q1/98	21	100%	57%
Total 98/99	97	91%	47%
Total 97/98	146	95%	70%

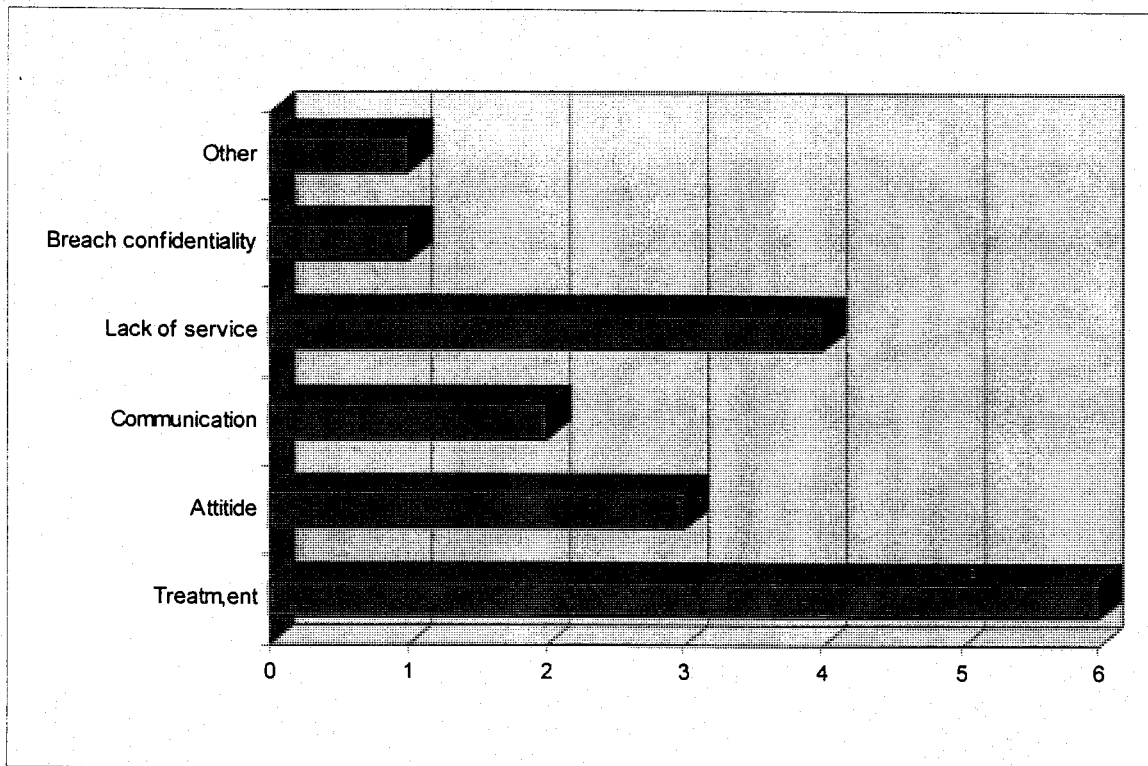
In the quarter the number of complaints received dropped by almost a third. However five complaints were complex and it took about two months before our final response was ready; a further five complaints took over 20 working days to complete, delays being caused by annual leave and simple workload capacity. Two complaints were fully responded to with seven days. This pattern occurred throughout the year; fewer complaints were received, but more time was needed in handling. A summary of all complaints is attached.

◆ *Complaints by Service*

Service	Number Q1/98	Number Q2/98	Number Q3/98	Number Q4/98
Catering	0	0	0	0
Challenging Behaviour	0	0	0	0
Child and Family Therapy	0	0	4	0
Child Health	0	0	0	0
Children with special needs	0	0	1	0
Continence Services	0	0	0	1
Chiropody	1	0	0	1
Dental	1	0	0	0
District Nursing	1	2	2	3
Elderly Medicine	5	6	4	2
Elderly Mental Health	2	5	1	2
Family Planning	1	3	0	1
Health Visiting	0	1	0	0
Home Loans	0	1	0	0
Learning Disabilities	2	3	0	0
Mental Health	5	4	7	1
Occupational Therapy	0	1	2	0
Outpatients - GWMH	1	1	0	0
Physiotherapy	1	3	1	3
Premises	0	0	1	0
Psychology	0	0	0	0
Substance Misuse	1	1	1	2
Small Hospitals	0	1	1	1
Transport	0	0	1	0
Non- service issue	0	1	0	0
TOTAL	21	33	26	17

There seems to be no real trend in which services receive complaints at any given time, except that those service who see more clients receive more complaints.

◆ *Types of complaint received this quarter*



Throughout the year treatment (40) and attitude (21) were the two most common complaints.

◆ *Action/changes resulting from complaints included:*

- * Review of research literature on problem reported following minor surgery
- * Staff update on appropriate procedures for paediatric referrals for physiotherapy following A&E visit.
- * Staff updated on the need to advise vasectomy candidates of the side effects

Independent Review

Two requests for independent review were received; one was refused and the other was sent back for further action at local resolution, namely confirmation of action taken in response to complaint and clarification of current clinical situation.

One independent review panel was held, and the full report has been made available to the Trust Board; specific recommendations for action were made and an action plan will be developed. The action plan following and independent review panel held last quarter has also been made available to the Trust Board.

COMPLAINT SUMMARY

Complaints System

29-Oct-1999

Period: 01 January 1999 to 31 March 1999

REG: D98/082 RECEIVED: 07/01/1999 ACK'GED: 11/01/1999 REPLY: 09/02/1999 TIME: 33

DIVISION CODE: HP

SERVICE CODE: SM

MHA Sectioned?:

COMPLAINT SUMMARY: [Code A] wrote to complain about a breach of confidentiality by a member of staff at Highclere.

SUM REPLY: Investigation found no evidence of breach of confidentiality. [Code A] did become distressed whilst in a group session and subsequently left the programme.

ACTION :

REG: D98/083 RECEIVED: 07/01/1999 ACK'GED: 12/01/1999 REPLY: 17/03/1999 TIME: 69

DIVISION CODE: PC

SERVICE CODE: DN

MHA Sectioned?:

COMPLAINT SUMMARY: [Code A] from social services wrote to raise concerns about a district nurse.

SUM REPLY: [Code A] met with investigating officer. All matters raised fully investigated and [Code A] advised that all issues raised within the report of the investigation will be acted upon.

ACTION :

REG: D98/084 RECEIVED: 19/01/1999 ACK'GED: 19/01/1999 REPLY: 15/02/1999 TIME: 27

DIVISION CODE: FG

SERVICE CODE: PT

MHA Sectioned?:

COMPLAINT SUMMARY: [Code A] wrote to express her dissatisfaction at the amount and quality of physiotherapy treatment being given to her son.

SUM REPLY: [Code A] son's care has now been transferred to a different domiciliary physiotherapist and a care plan agreed.

ACTION :

REG: D98/085 RECEIVED: 25/01/1999 ACK'GED: 26/01/1999 REPLY: 15/04/1999 TIME: 80

DIVISION CODE: HP

SERVICE CODE: LD

MHA Sectioned?:

COMPLAINT SUMMARY: [Code A] wrote to complain about the lack of night care provided for his son who has severe learning and physical disabilities.

SUM REPLY: Investigation highlighted some inadequacies in care but family tensions have exacerbated the problem.

ACTION : A tailor-made package of care is being developed.

REG: D98/086 RECEIVED: 26/01/1999 ACK'GED: 28/01/1999 REPLY: 12/02/1999 TIME: 17

DIVISION CODE: HP

SERVICE CODE: PT

MHA Sectioned?:

COMPLAINT SUMMARY: [Code A] wrote to complain about the difficulty she had obtaining a physiotherapy appointment for her daughter, and about the attitude of the staff she spoke to.

SUM REPLY: Initial confusion arose when accident and emergency department advised [Code A] to contact her general practitioner rather than referring her direct to physiotherapy. Further confusion caused when physiotherapist wrongly thought [Code A] daughter should be referred to child development centre. Apology given for delay and distress caused and for attitude of reception staff at child development centre.

ACTION : Staff updated on appropriate procedures.

REG: D98/087 RECEIVED: 02/02/1999 ACK'GED: 09/02/1999 REPLY: 09/02/1999 TIME: 7

DIVISION CODE: PC

SERVICE CODE: FP

MHA Sectioned?:

COMPLAINT SUMMARY: **Code A** wrote to complain about the fact that he was not advised of any side effects he might suffer following a vasectomy operation.

SUM REPLY: Apology given for problems experienced.

ACTION: Staff will be reminded of need to supply prospective candidates for vasectomies with detailed information on possible side-effects.

REG: D98/088 RECEIVED: 05/02/1999 ACK'GED: 05/02/1999 REPLY: 01/04/1999 TIME: 55

DIVISION CODE: HP

SERVICE CODE: DN

MHA Sectioned?:

COMPLAINT SUMMARY: **Code A** complained about the care and attitude of a member of the district nursing service.

SUM REPLY: Member of staff involved is adamant that she cared for **Code A** appropriately. Apology given for distress caused.

ACTION:

REG: D98/089 RECEIVED: 09/02/1999 ACK'GED: 15/02/1999 REPLY: 13/04/1999 TIME: 63

DIVISION CODE: EM

SERVICE CODE: EM

MHA Sectioned?:

COMPLAINT SUMMARY: **Code A** wrote to complain about the attitude of a member of staff on Beaton Assessment ward towards her brother, **Code A**

SUM REPLY: Investigation showed that communication between relatives and ward staff was poor; apology given. Member of staff involved was implementing agreed and appropriate policy with regard to **Code A** but no specific evidence was found to support view that he acted unprofessionally or uncaringly.

ACTION:

REG: D98/090 RECEIVED: 11/02/1999 ACK'GED: 18/02/1999 REPLY: 18/02/1999 TIME: 7

DIVISION CODE: PC

SERVICE CODE: CS

MHA Sectioned?:

COMPLAINT SUMMARY: **Code A** wrote to complain about the fact that continence supplies are rationed and that his wife is not always able to obtain the supplies she needs.

SUM REPLY: **Code A** needs were reassessed by a specialist continence nurse and the appropriate type and amount of products were made available for collection. **Code A** were advised to contact nurse if **Code A** found situation difficult to manage.

ACTION:

REG: D98/091 RECEIVED: 15/02/1999 ACK'GED: 17/02/1999 REPLY: 14/04/1999 TIME: 58

DIVISION CODE: PC

SERVICE CODE: CR

MHA Sectioned?:

COMPLAINT SUMMARY: **Code A** wrote to complain about the treatment she received from the podiatrist when she attended Queen Alexandra Hospital for a minor operation on an ingrowing toenail. The podiatrist had difficulty in administering the anaesthetic and four weeks later **Code A** was still experiencing problems.

SUM REPLY: Medical notes showed no reason why **Code A** should have continuing problems. General practitioner is arranging x-ray.

ACTION: Podiatry team researching literature cases.

REG: D98/092 RECEIVED: 23/02/1999 ACK'GED: 26/02/1999 REPLY: 25/03/1999 TIME: 30

DIVISION CODE: EH

SERVICE CODE: EH

MHA Sectioned?:

COMPLAINT SUMMARY: [Code A] wrote to complain about various aspects of care of their late mother by Petersfield and Queen Alexandra Hospitals.

SUM REPLY: Investigation carried out into all areas of concern and full details given to [Code A]

[Code A]

ACTION :

REG: D98/093 RECEIVED: 24/02/1999 ACK'GED: 26/02/1999 REPLY: 09/04/1999 TIME: 44

DIVISION CODE: HP

SERVICE CODE: SH

MHA Sectioned?:

COMPLAINT SUMMARY: [Code A] wrote to complain about the fact that his wife suffered bruising whilst in The Willows, and about the loss of her lower denture and several articles of clothing.

SUM REPLY: There was no recorded fall or accident to explain the bruising and unfortunately no explanation can be provided. The articles of clothing were not lost but had been sent for labelling and have now been returned. [Code A] lower denture has been replaced.

ACTION :

REG: D98/094 RECEIVED: 18/02/1999 ACK'GED: 23/02/1999 REPLY: 12/04/1999 TIME: 53

DIVISION CODE: HP

SERVICE CODE: MH

MHA Sectioned?:

COMPLAINT SUMMARY: A firm of solicitors wrote on behalf of [Code A] to complain about his treatment by the mental health service following admission to St. James' Hospital, particularly in respect of his medication.

SUM REPLY: There was a prescription error during [Code A] inpatient stay in 1996 but the consequences were not serious and the matter has been discussed with [Code A] on several occasions. The second incident taken up by the solicitor was the matter of a reduction in his medication which he did not agree with but was made in accordance with his care plan.

ACTION :

REG: D98/095 RECEIVED: 02/03/1999 ACK'GED: 04/03/1999 REPLY: 30/03/1999 TIME: 28

DIVISION CODE: HP

SERVICE CODE: SM

MHA Sectioned?:

COMPLAINT SUMMARY: [Code A] has written to allege that a member of staff of the Nelson Unit is a drug user.

SUM REPLY: Investigation was not able to draw a firm conclusion. [Code A] advised that behaviour such as he described would be a clear breach of personal and professional boundaries. Apology given for distress caused.

ACTION :

REG: D98/096 RECEIVED: 11/03/1999 ACK'GED: 12/03/1999 REPLY: 14/04/1999 TIME: 34

DIVISION CODE: EH

SERVICE CODE: EH

MHA Sectioned?:

COMPLAINT SUMMARY: [Code A] wrote to complain about the care given to her late friend, [Code A] and in particular about the number of times he was transferred between wards.

SUM REPLY: Although there were specific reasons for the moves between wards with hindsight it would have been preferably for [Code A] to have been transferred to an elderly bed when his condition first deteriorated. [Code A] suffered from swallowing difficulties and although there was a clear plan of care for him this was not explained to either him or [Code A]. Apology given.

ACTION :

REG: D98/097 RECEIVED: 12/03/1999 ACK'GED: 15/03/1999 REPLY: 22/03/1999 TIME: 10

DIVISION CODE: EM

SERVICE CODE: PT

MHA Sectioned?:

COMPLAINT SUMMARY: Code A wrote to complain about the delay in starting physiotherapy for his wife following a fall when she broke her ankle.

SUM REPLY: Matter fully investigation. Delay was caused by confusion between general practitioner and outpatient service rather than a lack of service. Apology given for distress caused.

ACTION :

REG: D98/098 RECEIVED: 30/03/1999 ACK'GED: 01/04/1999 REPLY: 25/05/1999 TIME: 56

DIVISION CODE: EM

SERVICE CODE: EM

MHA Sectioned?:

COMPLAINT SUMMARY: Code A wrote to complain about the lack of liaison between the two Portsmouth Trusts which he alleges caused the death of his mother.

SUM REPLY: Investigation showed that communication was poor and apology given for this. This did not, however, contribute to Code A death.

ACTION :