

QUALITY REPORT

QUARTER ENDING 31 DECEMBER 1997

Patient's Charter

♦ Waiting Times in Outpatient Clinics

Table 1

	This	Q2	Q1	Q4	Q3
	Quarter	1997/98	1997/98	1996/97	1996/97
% patients seen within 30 minutes	96.7%	98%	97.3%	98.6%	98.9%

Performance overall remains satisfactory, problems still experienced in some clinics.

♦ Waiting Times for first Outpatient Appointment

Exceptions to the Health Authority's standard of 13 weeks for adults and 6 weeks for children at 31 December were:

Child and Family Therapy	35-51 weeks
Community Paediatrics	7-9 weeks
Family Planning (psychosexual)	14 weeks
Physiotherapy	14-20 weeks
Paediatric physiotherapy	
(Gosport/Fareham)	7 weeks
(Child Development Centre)	11 weeks
Paediatric occupational therapy	8 weeks
(Gosport/Fareham)	
Podiatry (Petersfield Hospital)	16 weeks
Community Dental	7-17 weeks
Speech and Language Therapy	10 weeks
(Gosport Health Centre))	
School Nursing - Enuresis clinics	8 weeks
Blackbrook	나는 말라면 살린 그들의 바로 맛있습니다.

Although staffing problems are still being experienced in Child and family therapy, the longest wait this quarter, 51 weeks, is ten weeks less than the longest wait reported last quarter.

• Community Nursing visit within two hour time band of appointment

Table 13

Number of patients visited in quarter	Percentage of patients seen within the specified two hour time band		
115016	96.9%		

♦ Good Practice

Examples include:

- ♦ Two new leaflets produced by Department of Medicine for Elderly People to improve clients understanding and expectations of NHS Continuing Care and Slow Stream Stroke care.
- ♦ All seven acute Department of Medicine for Elderly People wards have been upgraded with separate sleeping, toilet and washing facilities for men and women.
- ♦ Trust wide workshop on reducing DNAs, produced detailed action plan for local implementation.
- ♦ A number of District Nursing projects are in hand, with the aim of improving record keeping, which will in turn improve communication.
- ♦ Child Health Services contributed to the development of a district wide Children and Young People's Health Charter. Charter to be made available to staff and clients.
- ♦ Adult Mental Health service is currently auditing compliance with single sex requirements for toilet, washing and sleeping accommodation.

2. Health Authority Contract Quality Requirements

◆ Quality Strategy: The Trust Quality Strategy is under review. A working draft "Improving the Quality of Care - First Steps towards a strategy for the Trust" has been circulated for comment as widely as possible within the Trust. (Copy attached as Appendix A). The aim of this first stage is to ensure we all share the same view on what constitutes a quality service. The next stage will be to develop some objectives for achievement of our common goals.

◆ Professional Practice

- ♦ Specialty specific standards and guidelines; development and exception reports.
 - Child Health Services
 - ~ New Health visiting standards
 - ~ growth monitoring
 - ~ family health review
 - ~ pre-school summary
 - ~ Standards monitored:
 - ~ birth register (achieved)
 - child accident prevention (significant drop in number of notifications from A&E departments - new system for notification established)
 - ~ child protection (achieved)
 - Physical Disability
 - ~ Guidelines introduced supported by an instruction card, to ensure all users of mobile hoists supplied by Home Loans have received instruction and a demonstration from the prescribing professional.
 - Learning Disability
 - ~ Development of Kings Fund audit standards for local use, continues
 - Occupational Therapy
 - ~ Stroke service guidelines amended
 - ~ Achievement of response time standards compromised by prolonged vacancies, particularly in mental health
 - Department of Medicine for Elderly People
 - ~ Posters and guidelines on the use of most frequently prescribed drugs produced.
 - ~ Integrated care pathway for fractured neck of femur being developed in collaboration with Portsmouth Hospitals Trust.
 - ~ Guidelines being developed for common orthopaedic problems
 - ~ Multi-disciplinary guidelines for stroke care have undergone major revision
 - ~ Falls screening tool and treatment programme is being developed by Amulree Day Hospital.
 - ▶ Elderly Mental Health
 - ~ Model of care introduced
 - Adult Mental Health/Substance Misuse
 - ~ Core service standards developed.
 - ~ Peer group quality review introduced.
 - ~ Process for review of quality structure introduced.
 - ~ Process for reviewing service patients and standards introduced
 - District Nursing
 - ~ Proposal for new care delivery model for leg ulcer service developed.
 - ~ Leg ulcer outcome measure trial being piloted.

- ~ New approach to monitoring standards introduced, standards monitored include:
 - ~ record keeping
 - ~ manual handling
 - ~ caseload management
 - ~ palliative care
 - ~ continence
 - ~ catheter care
 - ~ management of pressure sores
 - ~ pain control
 - ~ diabetes care
- Community Hospitals
 - ~ Service specific standards for 1998/99 being reviewed.
 - ~ Reflective practice project continues to be developed across community hospitals.
- Podiatry
 - ~ Operational policy reviewed and amended
 - ~ Standards for orthotic provision amended and the assessment form revised.
 - ~ Guidelines for receptionist revised.
- ♦ Care Group Protocols developed for common intervention
 - Department of Medicine for Elderly People
 - ~ New intravenous drug charts piloted and implemented.
 - Podiatry
 - ~ Homeopathic therapy marigold therapy
 - ~ Therapeutic ultrasound
 - ~ Nail surgery pre-operative assessment
 - ~ Contraindications for treatment during pregnancy
 - Family Planning
 - ~ Protocols introduced for nurse supplying of:
 - ~ combined oral contraception
 - ~ progestogen only contraception
 - ~ post coital contraception
 - ~ injectable contraception
 - ~ hormone implants
- ♦ Clinical Practice all services
 - ~ New risk adviser, with clinical background, appointed
 - ~ Annual locality/care group risk assessments now include clinical risk
 - ~ Clinical audit on CPR won second place in Health Authority annual audit awards.

◆ Statutory/Legal Requirements

♦ Health and Safety

- ~ Five divisional Health and Safety committees fully established, each reports to the Corporate Health and Safety Committee.
- Health and Safety Executive re-visited in January 1997; all actions implemented
- ~ Trust wide risk events reporting system evaluated; revised system to be implemented by Autumn 1998.
- ~ Risk assessments completed for all areas
- ~ Some areas experience problems in releasing staff for training sessions
- ~ Two major reviews conducted; safe and secure environment and personal safety. A project officer will soon be appointed to develop and lead the resulting strategy.
- ~ Particular environmental Health and Safety problems experienced in the Gables; project team established to provide an action feasibility report.
- ~ Suzy Lampugh Trust pocket guide to personal safety to be provided for all district nurses, along with personal alarms

♦ Children's Act

 Child protection training provided for all key staff, including annual update

♦ NHS and Community Care Act

- ~ New procedure implemented for the resolution of bed blocking dispute
- ~ Link social worker appointment at Havant War Memorial Hospital working well.

♦ Key Quality and User/Carer Issues

• All services

- ~ Racial awareness and race relations policy introduced, supported by training sessions and practical guide on cultural needs.
- ~ Multi-lingual posters describing Trust services on display in all patient care areas.
- ~ Quality Forum membership revised to reflect change in organisational structure.
- ~ Draft quality strategy produced following quality forum workshop, with clear emphasis on improving the user/carer experience of our services.
- ~ "Feeding People in Hospital" Trust wide group established, standards developed and audit commissioned.

▶ Learning Disabilities

- ~ Key people have been identified to take the quality/audit strategy forward.
- Quality of life during reprovision of services all next of kin have been notified of changes in writing and verbally in meeting with the responsible manager.

- ~ Environmental improvements:
 - ~ Algiers Road sound proofing being installed
 - ~ Sandy Cove new flooring
 - ~ Millview Refurbishment of downstairs bathroom and kitchen

• Elderly Mental Health

- ~ Nutritional standards being incorporated into service; pilot areas being audited. National screening tool included in model of care.
- ~ Model of care developed which incorporates the care programme approach, an audit proposal being developed.

▶ Adult Mental Health/Substance Misuse

- ~ Feedback from users and carers: questionnaire used on discharge
- Discharge/care programme approach: discharge standards laid out in CPA/Care management and adult mental health core standards.

Dental

- Use of conscious sedations now offered as alternative to general anaesthetic at Poswillo Centre
- ~ Transfer of dentally fit children to General Dental services should begin on 1 April 1998. Patient information leaflets and letters explaining this change are in final draft form. This change should result in a reduction in waiting times.
- ~ The introduction of more light weight and versatile equipment has allowed more housebound people to be treated in their own homes.
- ~ Dental reception areas at the Waterlooville Health Centre has been altered to enable better patient access.

District Nursing

- ~ District Nursing quality forum currently being established, with the aim of reviewing monitoring information, including complaints, to promote service improvements.
- ~ Two detailed complaints resulted in specific action to improve the future service, including:
 - ~ an audit of the use of syringe drivers in patients own homes which led to the development of Trust wide guidelines and training packs.
 - ~ Improved written information on how to contact the district nursing services at different times of the day.

▶ Department of Medicine for Elderly People

- ~ Feedback from consumers:
 - close working relationship developed with the Pensioners Association
 - ~ regular meeting with the Community Health Council "cluster" group for the elderly resulted in the identification of potential problems on continuing care ward action plan for change shared with council members at follow up meeting with Chief Executive and divisional managers

- ~ Consultants: junior medical staff ratios in outpatients: baseline identification
- Discharge: all standards met for the last two years, department participated in joint audit with voluntary sector and social services.
- ~ Nutrition: Representation on Trust wide group and Portsmouth Hospital working group. New packaging for sandwiches allowing easier access is being trialled.
- ~ Registration standards in long stay areas; environmental factors means these standards are not achievable in George Ward or Jersey House.
- ~ A new "pat dog" visits the wards
- ~ Hospital Radio will soon be transmitting again in Queen Alexandra Hospital wards, after 3 years silence. New headphones have been purchased for all areas.

• Child Health Services

- ~ A practice based Health Visiting team in Gosport evaluated the usefulness of their post natal parent group. Client feedback demonstrated that the information provided was of the right level and content, and that the group provided useful networking and self support opportunities.
- ~ Breast feeding information group set up at Rowner Health Centre, following review of the UNICEF UK Baby friendly initiatives July 1997.
- ~ Multi-agency parenting pilot is planned for the near future, in Havant.
- ~ Breast feeding:

Number of babies born this quarter: 1646

Number breast feeding at 2 weeks: 813 (49.4%)

Number breast feeding at 6-8 weeks: 636 (38.6%)

Number breast feeding at 13 weeks: 523 (31.6%)

Podiatry

- Use of patient held records in Havant and Petersfield commenced in 1995. This year it became evident that over 25% of records were being misplaced and the scheme has been abandoned.
- ~ A major project was undertaken during October/November to raise awareness of foot health issues and support colleagues in residential homes caring for people with learning disabilities. A formal report is being prepared.

• Occupational Therapy

- ~ The Canadian Occupational Performance measure, which measures the effectiveness of an Occupational Therapy intervention is being piloted. This tool is client/carer centred, with involvement in both the settings of treatment objectives and the evaluation of the outcome.
- ~ A fast track technician service, to enable safe and timely discharge from Queen Alexandra and St Mary's Hospitals is being piloted. If the pilot is a success the service will be extended to our other community hospitals.
- ~ An open day was held for Gosport patients and carers to increase their awareness and understanding of Parkinson's disease.
- All Occupational therapy staff now work as members of a multidisciplinary team in all services, contributing to core assessment and reviews.

Physical Disability

- ~ A project team is working on the implementation of the Disability Discrimination Act 1995.
- ~ Portable assistive hearing devices four different devised are to be purchased with the aim of evaluating their usefulness, particularly within reception areas.
- ~ The use of a focus group to get user/carer feedback on the issue and effectiveness of equipment loaned, following hip replacement, is being explored.

Community Hospitals

~ A user/carer satisfaction survey was conducted. Most adverse comments related to parking and catering, however the overall results were very positive.

Family Planning

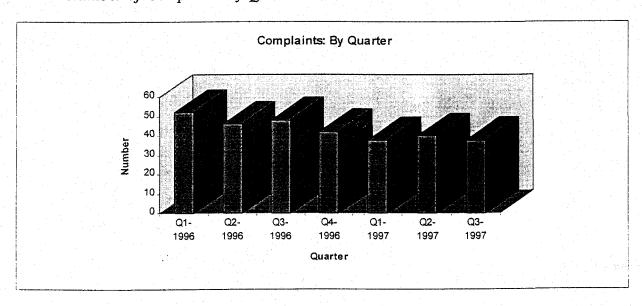
- ~ Extra Unplanned Pregnancy Clinic introduced each week
- ~ The Unplanned Pregnancy Clinic is being reviewed following recent complaints. New working practices are being introduced with the support of training.

3. Complaints

Complaints Report for Quarter ending 31 December 1997

Local Resolution

♦ Number of Complaints by Quarter



♦ Response Analysis

Table 1

	Total Number of Complaints	Acknowledged within 2 working days	Response within 20 working days
Q3/97	38	94%	70%
Q2/97	40	92%	77%
Q1/97	38	92%	74%
Q4/96	42	91%	84%

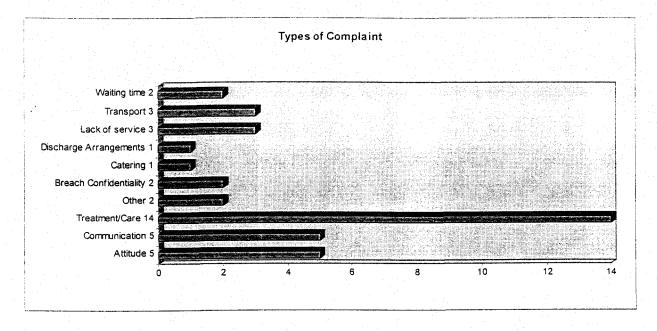
The number of complaints received remains fairly consistent. Whilst always striving to achieve the target timescales, we give preference to a quality investigation and response, when appropriate, keeping the complainant advised of progress beyond the anticipate date. Ten complaints were not responded to within twenty working days; three of these related to transport (the transport company was very late in their response), six were complex, often requiring a meeting with the complainant to establish the facts, one long delay occurred because of an administrative mix up. Four complaints were completed (acknowledged and responded to in one letter) within five working days of receipt. A summary of all complaints received this quarter is attached as Appendix B

◆ Complaints by Service

Table 2

Service	Number Q1/97	Number Q2/97	Number Q3/97
Catering	1	0	0
Child and Family Therapy	2		2
Child Health	1	0	o l
Simila Ticatur	1	0	1
Chiropody	3	1	$\frac{1}{2}$
Dental	0	1	0
District Nursing	3	5	4
Elderly Medicine	9	11	8
Elderly Mental Health	2	3	4
Family Planning	3	2	2
Health Visiting	0	1	2
Home Loans	0	0	1
Learning Disabilities	0	0	1
Mental Health	7	7	1
Occupational Therapy	0	2	1
Outpatients - GWMH	1	0	0
Physiotherapy	1	2	1
Premises	1	1	0
Psychology	1	0	0
Substance Misuse	1	0	0
Small Hospitals	1	3	5
Transport	0	1	3
TOTAL	38	40	38

◆ Categories of Complaints



♦ Action/changes resulting from complaints includes:

- ♦ Staff reminded of the need for a high standard of record keeping
- Nursing documentation on pressure sore risk changed to include type of pressure relieving equipment in use
- Mobile phones used by twilight nursing service changed to type which have the facility for leaving messages even if signal not immediately picked up by the phone

♦ Independent Review

The report of the one Independent Review Panel held to date was outstanding at the end of last quarter. The Panel hearing took place in mid October, the conclusion was that the Trust had investigated the complaint thoroughly and fairly and no recommendation for further action was made.

One request for Independent Review was received this quarter. Following advice from the Regional NHS Executive Office and the Complaints and Litigation Policy Department at the Department of Health, this request was sent back to the complainant for further consideration. The main concerns related to disciplinary procedures, which are not subject to Independent Review within the complaints procedure. The complainant was advised accordingly; they were also advised that a complaint of poor handling by the Trust could be raised for Independent Review, if they so wished. No further instruction has been received from the complainant so far.

♦ Letters of thanks/commendation

Over 1000 letters of thanks or expressions of appreciation were received.

LH/gc/g:\trust_hq\people\lesley\quality\reports\q397.doc\16 February, 1998

COMPLAINT SUMMARY

Complaints System

10-Feb-98 Period: 01-Oct-97 to 31-Dec-97 REG: C97/079 RECEIVED: 02/10/97 ACK'GED: 02/10/97 REPLY: 06/11/97 TIME: 35 SERVICE CODE: DIVISION CODE: FG HV MHA Sectioned?: COMPLAINT SUMMARY Code A telephoned to complain about an alleged breach of confidentiality on the part of the health visitors. SUM REPLY: Code A met with the investigating officer and concerns fully discussed. Alleged breach of confidentiality was a misunderstanding. Apology given for distress ACTION: Staff reminded of importance of maintaining high standard of record keeping. REG: C97/080 RECEIVED: 07/10/97 ACK'GED: 07/10/97 REPLY: 17/10/97 TIME: 10 SERVICE CODE: DIVISION CODE: HP SH MHA Sectioned?: COMPLAINT SUMMARY: Code A wrote to complain about the fact that he was turned away by staff at Emsworth Victoria Cottage Hospital when he arrived for treatment for a cut finger. SUM REPLY: The message which was meant to have been conveyed to code A was that staff were already treating patients at the time and as he would have a wait of at least thirty minutes it might be quicker if he attended his general practitioner's surgery. Apology given for confusion and any inconvenience caused. ACTION: -REG: C97/081 RECEIVED: 06/10/97 ACK'GED: 06/10/97 REPLY: 03/11/97 TIME: 28 SERVICE CODE: EΗ DIVISION CODE: FH MHA Sectioned?: COMPLAINT SUMMARY: Code A wrote to complain about the scanty nursing care on Anne Ward where his wife was a patient in February and about the development of a pressure sore which required ten weeks of treatment by district nursing staff after her discharge SUM REPLY: On admission Code A was assessed for risk of pressure sore development. All mattresses on Anne Ward are appropriate for level of risk identified. Apology given for fact that despite preventive measures taken Code A still developed a pressure sore. With regard to scanty care, unfortunately at the time Code Al was on the ward there was an influenza epidemic and several staff were on sick leave and agency nurses had to be used. ACTION: Nursing documentation changed to include type of pressure relieving equipment being used as well as the identified risk level. REG: C97/082 RECEIVED: 05/10/97 ACK'GED: 07/10/97 REPLY: 07/10/97 TIME:

DIVISION CODE: EH

SERVICE CODE:

EH

MHA Sectioned?:

COMPLAINT SUMMARY Code A wrote to complain about the fact that she was not informed until 10 a.m. on 29th September of her husband's death in Jersey House at 6.30 a.m. on 28th

SUM REPLY: An investigation revealed that Code A had arranged through a solicitor that his stepdaughter be designated his next-of-kin and she was informed when Code A died. She was asked if the ward should inform Code A but was assured that she

would do this herself.

REG: C97/083 RECEIVED: 06/10/97 ACK'GED: 06/10/97 REPLY: 03/11/97 TIME: 28 SERVICE CODE: DN DIVISION CODE: FG MHA Sectioned?: 38 COMPLAINT SUMMARY: Code A wrote to complain about the lack of service from the district nurses during the last 48 hours of her father's life. SUM REPLY: Investigation showed that service provided did not reach standard normally expected. Full information provided to Code A in respect of specific issues raised. Apology given. ACTION: Mobile phones used by nurses have been changed to type on which messages can be left even if signal is not immediately picked up. REG: C97/084 RECEIVED: 14/10/97 ACK'GED: 15/10/97 REPLY: 10/11/97 TIME: 27 SERVICE CODE: EΜ DIVISION CODE: EM MHA Sectioned?: COMPLAINT SUMMARY: Code A alleged that his wife had been assaulted by a male patient on Harry Cook Ward, St. James' Hospital. SUM REPLY: Investigation showed that on two occasions a patient on the ward did behave aggressively towards Code A wife. Should Code A be readmitted the level of observation on the patient would be increased. Apology given for distress ACTION: Observation level will be increased should Code A be readmitted. REG: C97/085 RECEIVED: 20/10/97 ACK'GED: 21/10/97 REPLY: 12/11/97 TIME: 23 SERVICE CODE: FP DIVISION CODE: PC MHA Sectioned?: COMPLAINT SUMMARY: Code A wrote to complain about the after effects he suffered following a vasectomy operation at the Ella Gordon Unit. SUM REPLY: Code A had been counselled by an experienced member of staff prior to his operation and it was regretted he experienced after effects. These are, unfortunately, not unusual. Apology given for distress caused. ACTION: Code A was reimbursed for some of his travelling expenses in view of his particular circumstances. REG: C97/086 26 RECEIVED: 23/10/97 ACK'GED: 23/10/97 REPLY: 18/11/97 TIME: SERVICE CODE: SH DIVISION CODE: HP MHA Sectioned?: COMPLAINT SUMMARY: Code A wrote to express concern about the discharge arrangements for her mother, Code A, from Rowan Ward, Petersfield Hospital. SUM REPLY: Circumstances investigated and details given to Code A Apology given for failure of system. ACTION: Equipment will be provided so that data input can be done on the hospital site. REG: C97/087 43 RECEIVED: 20/10/97 ACK'GED: 22/10/97 REPLY: 02/12/97 TIME: SERVICE CODE: 1.D DIVISION CODE: SH MHA Sectioned?: COMPLAINT SUMMARY: Code A from social services complained about difficulties they had ascertaining whether a client could, or should, be admitted to Thomas Parr House. SUM REPLY: Investigation proved there was major communication problem between parties involved with the incident which had given rise to the complaint. Apology ACTION: Offer made of meeting with service manager.

REG: C97/088

RECEIVED: 22/10/97 ACK'GED: 27/10/97 REPLY: 27/10/97 TIME:

SERVICE CODE:

5 PΤ

DIVISION CODE: PC

MHA Sectioned?: | **

COMPLAINT SUMMARY Code A wrote to complain about the fact that the physiotherapy input to Heathfield School has been reduced and that as a result his son's physiotherapy needs are not being met. His physiotherapy has been reduced and may well stop. As his son has recently had a successful operation on his hip daily physiotherapy is essential and code A is extremely concerned about his son's future physical wellbeing if he does not receive the correct level of physiotherapy.

SUM REPLY: Phyisotherapy arrangements have been reviewed and services reallocated. Time is now allocated to individual children and not to schools. Code A reassured that the change in staffing at Heathfield School will not affect the level of his son's physiotherapy.

ACTION: Reasons for confusion about changes to service reviewed.

REG: C97/089

RECEIVED: 22/10/97 ACK'GED: 8/01/970 REPLY: 28/10/97 TIME:

DIVISION CODE: FG

SERVICE CODE:

6 CD

MHA Sectioned?:

COMPLAINT SUMMARY:

Code A wrote to complain about the fact that a physiotherapist had left Heathfield School and was not being replaced. They were concerned that their

daughter would no longer receive the support she needs.

SUM REPLY:

Code A reassured that non replacement of physiotherapist should not affect their daughter as the system has been revised so that the physiotherapy time is allocated to individual children and not to the school generally.

ACTION: Reasons for confusion about changes to service reviewed.

REG: C97/090

RECEIVED: 24/10/97 ACK'GED: 28/10/97 REPLY: 28/11/97 TIME:

35 EΗ

DIVISION CODE: EM

MHA Sectioned?:

COMPLAINT SUMMARY: Code A wrote to complain about the lack of care and attention given to her late

husband by the staff of Mary Ward, Queen Alexandra Hospital.

SUM REPLY: All points raised in Code A letter were fully replied to. Apology given for

shortfalls in standard of nursing care.

ACTION: Code A offered opportunity to discuss concerns with appropriate staff.

REG: C97/091

RECEIVED: 27/10/97 ACK'GED: 29/10/97 REPLY: 20/11/97 TIME:

DIVISION CODE: EM

SERVICE CODE:

SERVICE CODE:

24 EH

MHA Sectioned?:

COMPLAINT SUMMARY: Code A wrote to complain about a breach of confidentiality which resulted in his ex-directory telephone number being obtained by a member of the hospital staff who, together with her daughter, had been harassing Code A and his wife at home. Since this alleged breach of confidentiality they have been receiving anonymous telephone calls which they have proved have come from staff member and her daughter.

SUM REPLY: Investigation showed that alleged breach of confidentiality could not have

occurred at the hospital.

REG: C97/092 RECEIVED: 04/11/97 ACK'GED: 05/11/97 REPLY: 02/12/97 TIME: 28 SERVICE CODE: EH DIVISION CODE: EH MHA Sectioned?: 🎇 COMPLAINT SUMMARY: Code A wrote to complain about the care given to her mother by the staff of Jubilee House where she was admitted for respite care. SUM REPLY: Full report on all points raised given to Code A Investigation showed that a number of aspects of care fell below expected standard and that staff had limited information available in a very short space of time to identify Code A individual needs. ACTION: System for urgent respite admissions revised. REG: C97/093 RECEIVED: 03/11/97 ACK'GED: 05/11/97 REPLY: 28/11/97 TIME: 25 SERVICE CODE: ЕМ DIVISION CODE: FG MHA Sectioned?: COMPLAINT SUMMARY: Code A complained, via the Community Health Council, about the treatment her mother, Code A received on Mulberry Ward, Gosport War Memorial Hospital. SUM REPLY: Full investigation carried out but no evidence found to support allegation of code A Code Abeing neglected. ACTION: Code A offered opportunity to discuss concerns with appropriate staff. REG: C97/094 RECEIVED: 31/10/97 ACK'GED: 06/11/97 REPLY: 06/11/97 6 SERVICE CODE: HL DIVISION CODE: PC MHA Sectioned?: COMPLAINT SUMMARY: Code A whose husband has Multiple Sclerosis, wrote to complain about the refusal of the home loans service to install a track for a hoist in the bathroom ceiling. SUM REPLY: Code A advised that each request is considered by a panel and unless health needs cannot be met only one track per house is installed. Unfortunately in their case only one was deemed essential. ACTION: Code A advised to contact MS Society or other charitable organisation who may be able to help. REG: C97/095 RECEIVED: 11/11/97 ACK'GED: 11/11/97 REPLY: 23/12/97 TIME: 42 SERVICE CODE: DN DIVISION CODE: HP MHA Sectioned?: COMPLAINT SUMMARY: Code A wrote to complain about the difficulty he had accessing the district nursing service on his wife's behalf. SUM REPLY: It was accepted that communication between twilight and district nurses, and response time of day staff was unsatisfactory. Apology given. ACTION: System to be reviewed and service manager to meet Code A to discuss action plan. REG: C97/096 RECEIVED: 12/11/97 ACK'GED: 13/11/97 REPLY: 04/12/97 TIME: 22 SERVICE CODE: SH DIVISION CODE: FG MHA Sectioned?: COMPLAINT SUMMARY: Code A wrote to complain about the fact that he was ignored by the reception staff at Gosport War Memorial Hospital for three minutes, and that he had to wait 25 minutes for an x-ray. Portsmouth Hospitals asked to investigate x-ray delay. SUM REPLY: Portsmouth Hospitals responded direct to Code A Apology given for delay which

was caused by staff shortages over the lunch period.

ACTION: Staff cover over the lunch time will be reviewed.

53

78

TR

31

TR

REG: C97/097 RECEIVED: 13/11/97 ACK'GED: 13/11/97 REPLY: 05/01/98 TIME: DIVISION CODE: FG SERVICE CODE: MHA Sectioned?: COMPLAINT SUMMARY: Code A wrote to complain about the attitude of the staff at the Ella Gordon Unit when she and her husband were referred there following the discovery that their expected child had a major abnormality. She also expressed concerns about confidentiality as whilst they were waiting a member of staff took telephone calls and discussed personal details. SUM REPLY: Code A met with investigating officer initially and following her investigation she agreed with I Code A description of events. Sincere apology given for distress caused by staff attitude. Concerns about breach of confidentiality have been noted and it is accepted that clerical staff should not have to answer telephone queries whilst dealing with patients in office. ACTION: Lead nurse will review performance of nurse in question. Arrangements for staff answering telephone calls in front of other clients will be reviewed. REG: C97/098 RECEIVED: 18/11/97 ACK'GED: 19/11/97 REPLY: 04/02/98 TIME: SERVICE CODE: DIVISION CODE: PC MHA Sectioned?: COMPLAINT SUMMARY: Code A wrote to complain about the fact that the taxi driver who took his mother home from the chiropody clinic did not escort her to her house and as she is very unsteady on her feet this could have proved dangerous. SUM REPLY: Mainline's investigation revealed that driver was new and had not been fully trained. They apology for shortcoming. Apology given for delay in responding. ACTION: Contract being retendered and specific quality standards will be included. REG: C97/099 RECEIVED: 18/11/97 ACK'GED: 18/11/97 REPLY: 19/12/97 TIME: SERVICE CODE: DIVISION CODE: PC MHA Sectioned?: COMPLAINT SUMMARY Code A telephoned to complain about the attitude of the taxi who drove him and his wife home from Lake Road Health Centre. He first of all went to the wrong address and grumbled when this was pointed out to him and then when he drove too far along the right road became abusive when code A told him this. SUM REPLY: Code A having been advised that taxi service was taking longer than anticipated to investigate his complaint and that we were reviewing contract to ensure

REG: C97/100 RECEIVED: 20/11/97 ACK'GED: 20/11/97 REPLY: 09/12/97 TIME: 19 SERVICE CODE: EM DIVISION CODE: EM

pursued further. ACTION: Taxi contract being reviewed.

MHA Sectioned?:

COMPLAINT SUMMARY: Code A whose wife is a patient on Exbury Ward, St. James' Hospital, wrote to express his concerns about her nutrition.

> SUM REPLY: Code A discussed his concerns with General Manager who assured him that all matters have been raised with the Catering Manager.

specific quality standards are met, wrote saying that he did not wish complaint

REG: C97/101 RECEIVED: 20/11/97 ACK'GED: 20/11/97 REPLY: 12/12/97 TIME: 27 SERVICE CODE: DIVISION CODE: EM ЕМ MHA Sectioned?: COMPLAINT SUMMARY. Code A wrote to express her concern about the fact that blood samples were taken from patients in a waiting area of Solent Unit. SUM REPLY: Matter was also raised by staff and immediate action was taken to provide some screens for privacy. The clinic was only being held in the Solent outpatient department on a temporary basis and has now been moved. Apology given for distress caused. ACTION: Temporary clinic relocated. REG: C97/102 RECEIVED: 17/11/97 ACK'GED: 19/11/97 REPLY: 15/12/97 TIME: 28 SERVICE CODE: DIVISION CODE: PC CF MHA Sectioned?: COMPLAINT SUMMARY: Code A telephoned to complain about the problems she has experienced in trying to organise a planning meeting with the Child and Family Therapy service about SUM REPLY: Investigation showed that a great deal of confusion occurred about both the reason for Code A son's referral and the representation at the planning meeting. Apology given. ACTION: Meeting has now taken place. REG: C97/103 RECEIVED: 20/11/97 ACK'GED: 21/11/97 REPLY: 16/12/97 26 SERVICE CODE: SH DIVISION CODE: FG MHA Sectioned?: COMPLAINT SUMMARY: Code A wrote to complain about the fact that his father, who is an inpatient on Daedalus Ward, Gosport War Memorial Hospital, fell whilst left unattended in the toilet. This is the third fall that has occurred since being cared for by Portsmouth HealthCare Trust. SUM REPLY: While caring for elderly people there is a difficult balance to reach between respecting dignity and independence and protecting the individual from risk. Code A will no longer be left unattended whilst visiting the toilet. Apology given. ACTION: Code A will not be left unattended in future. REG: C97/104 RECEIVED: 17/11/97 ACK'GED: 17/11/97 REPLY: 16/12/97 TIME: 29 SERVICE CODE: DIVISION CODE: FG HV MHA Sectioned?: COMPLAINT SUMMARY: Code A wrote to complain about the lack of support from the health visitor in respect of his stepson. SUM REPLY: Apology given for delay in referring Code A s stepson. He has, however, now been statemented and hopefully benefits will soon become apparent. ACTION: Clinic set up to which health visitors can refer children in future. REG: C97/105 RECEIVED: 25/11/97 ACK'GED: 25/11/97 REPLY: 23/12/97 TIME: 28 SERVICE CODE: DN DIVISION CODE: FG MHA Sectioned?: COMPLAINT SUMMARY: Code A wrote to complain about written instructions given to his wife by a district nurse regarding skin care. He alleges they are slanderous and he may take legal SUM REPLY: Code A was concerned about breach of confidentiality but was reassured that no

such breach had occurred. Unreserved apology given by nurse concerned for

distress caused.

ACTION: Nurse will apology personally.

REG: C97/106 RECEIVED: 27/11/97 ACK'GED: 02/12/97 REPLY: 02/12/97 TIME: 5 SERVICE CODE: CR DIVISION CODE: HP MHA Sectioned?: | 💥 COMPLAINT SUMMARY: Councillor E. wrote to complain about the length of time he had to wait for a chiropody appointment, and about being given wrong information about the waiting time and about being able to attend Havant Health Centre instead of Victoria Cottage Hospital. SUM REPLY: Waiting time was, in fact, within standards agreed with Health Authority. Apology given for misinformation regarding wait between appointments and for the fact that he could not attend at Havant. ACTION: Method of making appointments will be reviewed. REG: C97/107 RECEIVED: 25/11/97 ACK'GED: 28/11/97 REPLY: 28/11/97 TIME: SERVICE CODE: CF DIVISION CODE: FG MHA Sectioned?: COMPLAINT SUMMARY: After Code A son was assessed by the child and family therapy service she was advised the waiting list for treatment was 25 weeks. Five weeks after this time she still has not received an appointment and despite ringing three times and being told someone would ring back she has heard nothing. SUM REPLY: Apology given to Code A about the fact she was not kept informed of changes in waiting times. ACTION: Clinic staff will review procedures. REG: C97/108 RECEIVED: 27/11/97 ACK'GED: 03/12/97 REPLY: 10/12/97 TIME: 13 SERVICE CODE: EH DIVISION CODE: EH MHA Sectioned?: COMPLAINT SUMMARY: Code A wrote to express concerns about the care given to her late mother, code A , at Gosport War Memorial Hospital. SUM REPLY: All points raised by code A fully investigated and information given to her. ACTION: -REG: C97/109 RECEIVED: 05/12/97 ACK'GED: 08/12/97 REPLY: 29/12/97 TIME: 24 SERVICE CODE: CR DIVISION CODE: PC MHA Sectioned?: COMPLAINT SUMMARY Code A wrote to complain about the treatment he received at the Foot Clinic, Eastney Health Centre: SUM REPLY: Code A spoke to the chief podiatrist who, in turn, spoke to the podiatrist who treated Mr. D. on the occasion in question. The latter apologises for distress

REG: C97/110 RECEIVED: 15/12/97 ACK'GED: 16/12/97 REPLY: 22/01/08 TIME: 3E+04
DIVISION CODE: HP SERVICE CODE: MH

ACTION: Written instructions regarding future treatment put in Code A notes.

MHA Sectioned?:

caused.

COMPLAINT SUMMARY: Code A wrote to complain about the attitude of a consultant psychiatrist whom he saw recently.

SUM REPLY: There appears to be significant differences between consultant's and client's perception of consultation. Main differences outlined to Code Al with confirmation that main purpose was achieved.

DIVISION CODE: PC MHA Sectioned?: Code A wrote to complain about the lack of occupational therapy for their son. SUM REPLY: Therapy provided meets Code A son's assessed needs. Apology given for delay in replying. ACTION: Code A offered opportunity to meet with therapy services manager to discuss concerns. EEG: C97/112 RECEIVED: 17/12/97 ACK'GED: 19/12/97 REPLY: 15/01/98 TIME: 29 DIVISION CODE: EH MHA Sectioned?: Code A wrote to complain about the fact that his mother, who is a patient on Edith Rem Ward, fell out of bed rivice, and about the fact that she was not x-rayed until four days after the falls. SUM REPLY: Staff were fully aware of Code A fraily and confused state and her risk of failing. Unfortunately the risk of failing can only be minimised not eliminated. Code A jiwas assessed by the duty doctor who did not detect any signs of injury. If was not felt that emergency x-rays during the weekend were necessary. ACTION: RECEIVED: 18/12/97 ACK'GED: 22/12/97 REPLY: 03/02/98 TIME: 47 DIVISION CODE: FG MHA Sectioned?: SERVICE CODE: DN MHA Sectioned?: SUM REPLY: Matter fully investigated and full report given to her sister. Code A by the district nursing service. SUM REPLY: Matter fully investigated and full report given to Code A Apology given for lack of communication. ACTION: Code A home care package will be reviewed by all agencies involved. REG: C97/114 RECEIVED: 29/10/97 ACK'GED: 30/10/97 REPLY: 29/12/97 TIME: 61 DIVISION CODE: LS MHA Sectioned?: MHA Sectioned?: SERVICE CODE: TR MHA Sectioned?: Tr MHA Sectioned?: SERVICE CODE: TR MHA Sectioned?: Tr MHA Sec	REG: C97/111 RECEI	VED: 02/12/97 ACK'GED: 03/12/97 REPLY: 06/02/98 TIME:	66
MHA Sectioned?: COMPLAINT SUMMARY: Code A wrote to complain about the lack of occupational therapy for their son. SUM REPLY: Therapy provided meets Code A son's assessed needs. Apology given for delay in replying. ACTION: Code A offered opportunity to meet with therapy services manager to discuss concerns. EEG: C97/112 RECEIVED: 17/12/97 ACK'GED: 19/12/97 REPLY: 15/01/98 TIME: 29 DIVISION CODE: EH SERVICE CODE: EH SERVICE CODE: EH MHA Sectioned?: MICOMPLAINT SUMMARY Code Alwrote to complain about the fact that his mother, who is a patient on Edith Kareff Ward, fell out of bed rivice, and about the fact that she was not x-rayed until four days after the falls. SUM REPLY: Staff were fully aware of Code A fraily and confused state and her risk of falling. Unfortunately the risk of falling can only be minimised not eliminated. Code A lwas assessed by the dusty doctor who did not detect any signs of injury. It was not telt that emergency x-rays during the weekend were necessary. ACTION: RECEIVED: 18/12/97 ACK'GED: 22/12/97 REPLY: 03/02/98 TIME: 47 DIVISION CODE: FG MHA Sectioned?: MICOMPLAINT SUMMARY: Code A wrote to complain about the treatment given to her sister. Code A) by the district hursing service. SUM REPLY: Matter fully investigated and full report given to Code A Apology given for lack of communication. ACTION: Code A wrote to complain about the fact that the taxi which called to take him to St Tames' Hospital only waited at the door for two minutes which did not allow him time to get there. He had to get the bus which arrived at the hospital before the taxi. SUM REPLY: Taxi ifm accepted the driver did not allow code Apufficient time to get to the door and apologised unreservedly. ACTION: Taxi contract being reviewed. EEG: C97/115 RECEIVED: 29/12/97 ACK'GED: 30/12/97 REPLY: 26/01/98 TIME: 28 DIVISION CODE: EH MHA Sectioned?: Code A wrote to complain about the fact that his mother fell from a hoist whilst being moved, about the fact that his mother fell from in hoist whilst being moved, abo			
COMPLAINT SUMMARY: Code A prote to complain about the lack of occupational therapy for their son. SUM REPLY: Therapy provided meets Code A son's assessed needs. Apology given for delay in replying. ACTION: Code A offered opportunity to meet with therapy services manager to discuss concerns. EEG: C97/112 RECEIVED: 17/12/97 ACK'GED: 19/12/97 REPLY: 15/01/98 TINE: 29 DIVISION CODE: EH MHA Sectioned?: SERVICE CODE: EH MHA Sectioned?: SUM REPLY: Staff were fully aware of Code A fraily and confused state and her risk of falling. Unfortunately the risk of falling can only be minimised not eliminated. Code A laws assessed by the duty doctor who did not detect any signs of injury. It was not felt that emergency x-rays during the weekend were necessary. ACTION: SUM REPLY: Matter fully investigated and full report given to Code A plotogy given for lack of communication. ACTION: Code A home care package will be reviewed by all agencies involved. SUM REPLY: Matter fully investigated and full report given to Code A plotogy given for lack of Communication. ACTION: Code A home care package will be reviewed by all agencies involved. SUM REPLY: Matter fully investigated and full report given to Code A plotogy given for lack of Communication. ACTION: Code A home care package will be reviewed by all agencies involved. SEG: C97/114 RECEIVED: 29/10/97 ACK'GED: 30/10/97 REPLY: 29/12/97 TIME: 61 DIVISION CODE: M MHA Sectioned?: COMPLAINT SUMMARY: Code A wrote to complain about the fact that the taxi which called to take him to St Taines' Hospital only waited at the door for two minutes which did not allow him time to get to the door and apologised unreservedly. ACTION: Taxi contract being reviewed. SUM REPLY: Taxi firm accepted the driver did not allow code A pufficient time to get to the door and apologised unreservedly. ACTION: Taxi contract being reviewed. SEG: C97/115 RECEIVED: 29/12/97 ACK'GED: 30/12/97 REPLY: 26/01/98 TIME: 28 SCOMPLAINT SUMMARY: Code A kelephoned to complain about the fact that this mothe			
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ACTION: Code A discuss concerns. EEG: C97/112 RECEIVED: 17/12/97 ACK/GED: 19/12/97 REPLY: 15/01/98 TIME: 29 DIVISION CODE: EH SERVICE CODE: EH MHA Sectioned?: MHA Sectioned?: SERVICE CODE: SERVICE C	SUM REPLY:	Therapy provided meets Code A son's assessed needs. Apology given	1
DIVISION CODE: EH MHA Sectioned?: M COMPLAINT SUMMARY Code A wrote to complain about the fact that his mother, who is a patient on Edith Keën Ward, fell out of bed rivice, and about the fact that she was not x-rayed until four days after the falls. SUM REPLY: Staff were fully aware of Code A failing can only be minimised not eliminated. Code A was assessed by the duty doctor who did not deter any signs of injury. It was not felt that emergency x-rays during the weekend were necessary. ACTION: REG: C97/I13 RECEIVED: [8/12/97 ACK'GED: 22/12/97 REPLY: 03/02/98 TIME: 47 DIVISION CODE: FG MHA Sectioned?: SERVICE CODE: DN MHA Sectioned?: SIMMARY: Code A wrote to complain about the treatment given to her sister. Code A by the district hursing service. SUM REPLY: Matter fully investigated and full report given to Code A Apology given for lack of communication. ACTION: Code A home care package will be reviewed by all agencies involved. REG: C97/I14 RECEIVED: 29/10/97 ACK'GED: 30/10/97 REPLY: 29/12/97 TIME: 61 DIVISION CODE: LS MHA Sectioned?: SERVICE CODE: TR MHA Sectioned?: SERVICE CODE: TR COMPLAINT SUMMARY: Code A wrote to complain about the fact that the taxi which called to take him to SC Tames' Hospital only waited at the door for two minutes which did not allow him time to get there. He had to get the bus which arrived at the hospital before the taxi. SUM REPLY: Taxi firm accepted the driver did not allow Code A sufficient time to get to the door and apologised unreservedly. ACTION: Taxi contract being reviewed. EEG: C97/I15 RECEIVED: 29/12/97 ACK'GED: 30/12/97 REPLY: 26/01/98 TIME: 28 DIVISION CODE: EH MHA Sectioned?: SERVICE CODE: EH MHA Sectioned?: Service complain about the fact that his mother fell from a hoist whils being moved, about the fact that the oral version given to his sister differed from the writen one on the incident form, and that Mrs. B. was not independently checked after the incident form, and that Mrs. B. was not independently checked after the incident form, and tha	ACTION:	Code A offered opportunity to meet with therapy services manager to	
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COMPLAINT SUMMARY Code A wrote to complain about the treatment given to her sister, code A by the district nursing service. SUM REPLY: Matter fully investigated and full report given to Code A Apology given for lack of communication. ACTION: Code A home care package will be reviewed by all agencies involved. REG: C97/114 RECEIVED: 29/10/97 ACK'GED: 30/10/97 REPLY: 29/12/97 TIME: 61 DIVISION CODE: LS MHA Sectioned?: MICOMPLAINT SUMMARY: Code A wrote to complain about the fact that the taxi which called to take him to St. Tames' Hospital only waited at the door for two minutes which did not allow him time to get there. He had to get the bus which arrived at the hospital before the taxi. SUM REPLY: Taxi firm accepted the driver did not allow Code A sufficient time to get to the door and apologised unreservedly. ACTION: Taxi contract being reviewed. REG: C97/115 RECEIVED: 29/12/97 ACK'GED: 30/12/97 REPLY: 26/01/98 TIME: 28 DIVISION CODE: EH MHA Sectioned?: MHA Sectioned?: COMPLAINT SUMMARY: Code A telephoned to complain about the fact that his mother fell from a hoist whilst being moved, about the fact that the oral version given to his sister differed from the written one on the incident form, and that Mrs. B. was not independently checked after the incident despite complaining of a headache, pain in her leg and increased drowsiness. SUM REPLY: Investigation undertaken by manual handling adviser and full copy of her report sent to Code A	DIVISION CODE: FG	SERVICE CODE:	DN
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REG: C97/116 RECEIVED: 31/12/97 ACK'GED: 31/12/97 REPLY: 03/02/98 TIME: 34

DIVISION CODE: HP

SERVICE CODE:

SH

MHA Sectioned?:

COMPLAINT SUMMARY Code A wrote to complain about the manner in which a staff nurse at Petersfield Hospital (where her father is a patient) spoke to her. She implied that Code A did not look after her father properly and was responsible for causing his infections.

SUM REPLY: Apology given for shortfalls in service. Staff member involved will make a

formal written apology for distress caused.

ACTION: Staff reminded of importance of agreeing appropriate roles for carers during

inpatient episodes.