Portsmouth Hospitals NHS
NHS Trust

COMPLAINTS, LITIGATION INCIDENT AND PALS (CLIP) REPORT

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EXECUTIVE SUMMARY

This is the sixth Complaints, Litigation, Incidents and PALS (CLIP) report to Trust Board and combines the quarters 1 July to 30 September and 1 October to 31 December 2006. For the first time it includes information from the Division of Medicine for Older People. The report was developed by the CLIP group, a sub-committee of the Governance Committee, which has a remit to ensure learning from incidents and feedback following contact with staff, patients, carers or others with concerns about the health services provided by the Trust. The report is intended to provide a comprehensive overview of risk and related issues and outlines how the Trust is managing these to minimize recurrence and ensure organizational learning: where possible, comparative information on previous quarters has also been provided.

This report was also presented to the Trust's Governance Committee on 28 March 2007, so that the Divisional Clinical Governance Leads could ensure discussion at the Divisional Clinical Governance Team meetings.

COMPLAINTS

Complaints management continues to be undertaken in accordance with The National Health Service (Complaints) Regulations 2004 to which there has been minor amendments during the quarter 1 October to 31 December 2006: the target for final responses has been increased from 20 to 25 working days and complainants have six months to refer their complaint to the Healthcare Commission, following receipt of the final response from the Trust.

- For the quarter 1 July to 30 September the Trust received 212 complaints compared to 226 in the same quarter 2005: a decrease of 6%. For the quarter October to December 2006 the Trust received 157 complaints compared to 233 in the same quarter in 2005: a decrease of 32%
- For the quarter 1 July to 30 September 2006, the average response rate for the Trust was **84%** within the 20 working day target compared to 76% for the quarter April – June, compared to 80% July – September 2005. For the quarter October to December 2006 the average response rate for the Trust was **73%** within the 25-working day target compared to 77% for the quarter October to December 2005
- Below is a simple analysis of the complaints statistics for the past reporting year.

	Jan – Mar 06		Apr – June 06		July – Sept 06		Oct – Dec 06	
	No	%	No	%	No	%	No	%
Complaints received	243		201		212		157	
Total Closed within 20 working days	194	**80**	152	**76**	178	**84**	114	**73**

Although the number of complaints received during the quarter 1 October to 31 December has decreased by 32% it is worthy of note that the percentage of complex (red) complaints has increased.

LITIGATION

The number of claims for the quarter July – September 2006 shows a slight decrease on the corresponding quarter last year. The number of claims for the quarter October to December is slightly higher than in the corresponding quarter last year.

It should be remembered that not all claims proceed to litigation (successful or otherwise) and for the level of Trust activity, the number of claims received compares favourably with similar organisations

The number of Coroner's requests for reports for the quarter July - September 2006 was virtually identical to the corresponding quarter last year. The number of Coroner's requests for inquest reports for the quarter July – September 2006 was 32 compared to 25 in the corresponding quarter in 2005. However, the number of Coroner's requests for the quarter October to December 2006 shows a more than 100% increase in the corresponding quarter for 2005.

As a result of cases such as Shipman together with the Fundamental Review of Death Certification and Investigation in 2003, the inquest process has become more inquisitive and far-reaching. Family concerns are increasingly being taken into account by the Coroner and he is giving careful consideration to identify any cases in which he believes there is a possibility that the 'state' has failed to protect the deceased whilst in its care. Thus breaching the duty of care it owes to patients by virtue of Article 2 of the European Convention of the Human Rights Act (the right to life). In these circumstances the Coroner can decide to hold a Jury Inquest and verdicts such as "Systems Neglect" can be reached.

On a very positive note, a large number of inquests are being heard without our clinicians having to attend to give oral evidence, which we believe is largely due to the advice provided to clinicians on the need for accurate and comprehensive reports. This advice is provided by the Legal Services Department and/or the Trust solicitor.

INCIDENTS

For the quarter October to December 2006 the total number of reported incidents was 2,316 compared to 1,937 in the previous quarter. The increase is primarily due to the inclusion of incidents reported by staff in the Division of Medicine for Older People. Slips/trips/falls and medication incidents remain the two top reported incidents.

23 serious (red) incidents were reported in the quarter October to December 2006 compared to 14 in the previous quarter. Full investigations were, or are being, undertaken in accordance with Trust policy and appropriate actions are or have been taken in the light of those investigations. It should be noted that the increasing number of serious incidents is due, primarily, to the ever increasing reporting of MRSA related incidents. This should not necessarily be seen as an increase in MRSA rates but, rather, an increase in the willingness of staff to report and the work carried out by the Infection Control Team to raise awareness.

PATIENT ADVICE AND LIASION SERVICES (PALS)

The PALS service provides an opportunity for patients and carers to raise concerns or provide feedback on care received. A total of 392 concerns were raised in the quarter October to December, the same as for the previous quarter. The most reported concerns relate to information and advice.

ORGANISATIONAL LEARNING

An overview of changes made or recommended following complaints, incidents and PALS can be found on pages **20 and 21** and demonstrates that the Trust takes action, further develops practice and is working to ensure cross-organisational learning following feedback received through the complaints, incidents and PALS processes.

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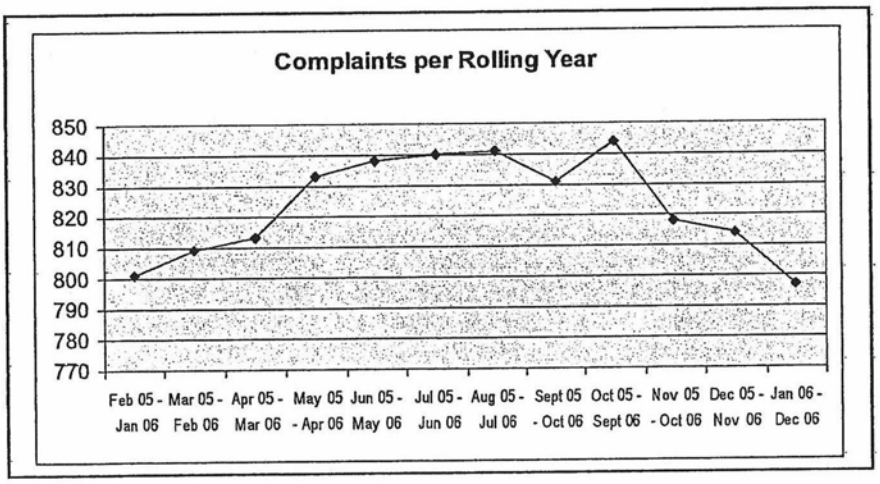
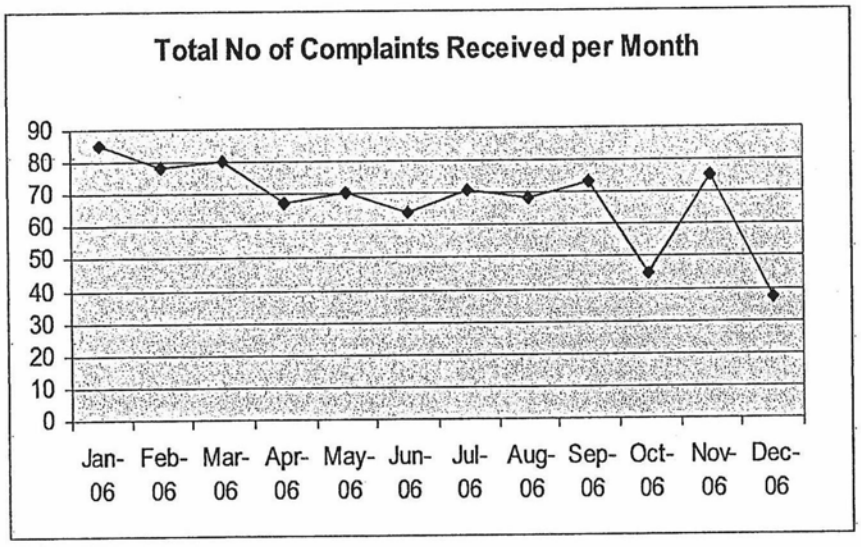
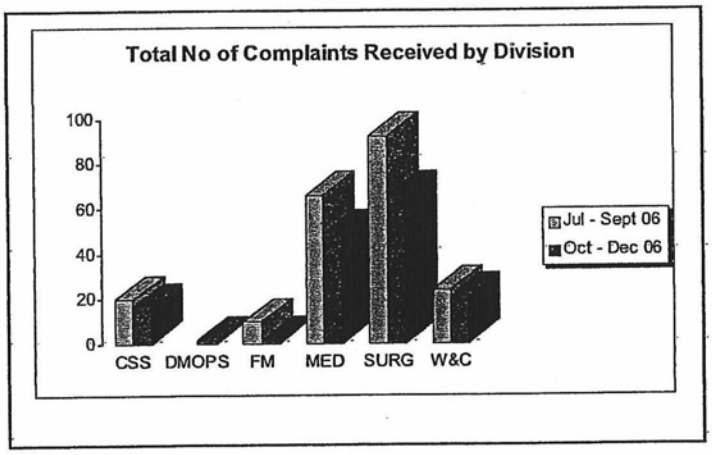
COMPLAINTS – Aggregated Report



The number of complaints received per year has decreased to 823 (889 in the last report)



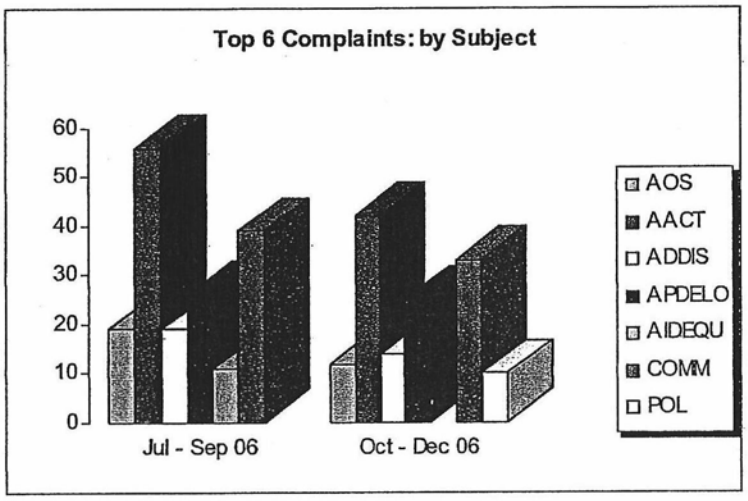
The number of complaints received ranges from 45 per month to 86, with an average of 68 per month (compared to an average of 74 in previous reported quarter)



It should be noted that no complaints were received in the Executive Division or the MOD for both the reported quarters

Complaints as a Percentage of Clinical Activity

	Jul – Sept 06	Oct – Dec 06
Medicine	0.12%	0.12%
Surgery	0.12%	0.09%
W&C	0.15%	0.13%



Key	
AOS	Attitude of staff
AACT	All aspects of clinical treatment
ADDIS	Admission / discharge
APDELO	Appt delay / cancellation: o/pt
AIDEQU	Aids and equipment
COMM	Communication
POL	Policy decisions of Trust

For the quarter July to September the top 6 complaints as a percentage of the total complaints received were as follows: 9% for AOS; 26% for AACT; 9% for ADDIS; 12% for APDELO; 5% for AIDEQU: and 18% for COMM. The remaining complaints received form the balance of 21%.

For the quarter October to December the top 6 complaints as a percentage of the total complaints received were as follows: 8% for AOS, 27% for AACT, 9% for ADDIS, 16% for APDELO, 21% for COMM and 6% for POL. The remaining complaints received form the balance of 13%.

Severity of complaints received

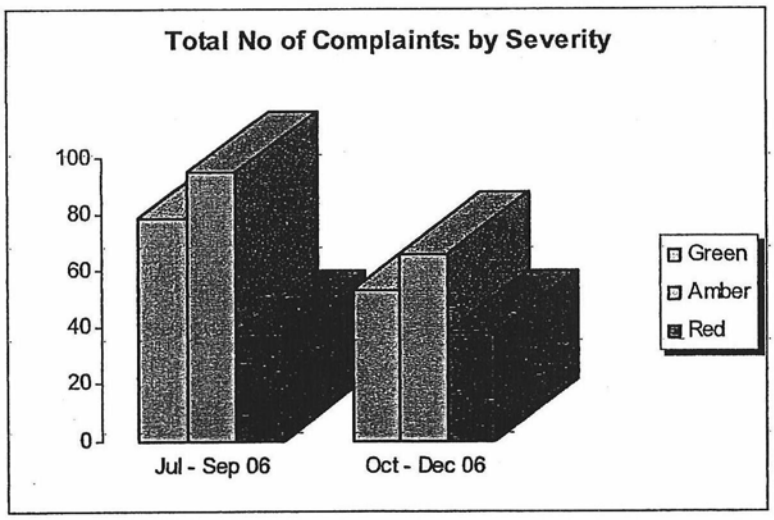
All complaints received by the Complaints Department are triaged – assessed for complexity.

Triage categories are as follows:

Green: Simple, non-complex complaint to which a response can be written with little or no referral for additional comment / information

Amber: More complex complaints for which additional comment / information will be required.

Red: Very complex complaints for which extensive information or meetings will be necessary before a substantive response be written or local resolution completed



	Jul - Sept 06	Oct – Dec 06
Green	79	53
Amber	95	66
Red	38	38

Time taken to close complaints

	July		Aug		Sept		Oct		Nov		Dec	
	No	%	No	%	No	%	No	%	No	%	No	%
Complaints received	71		68		73		45		75		37	
Acknowledged within 2 working days	71	100	68	100	73	100	45	100	75	100	37	100
Total Closed within 25working days	58	**83**	56	**82**	63	**86**	34	**76**	52	**69**	28	**74**

Backlog – the current situation

Days over	Now Closed	Reasons for Delay		Days over	Still Open	Reasons for Delay
1–10	17	8Delay in responses 9Late signing		1– 10	Nil	
11-20	7	5Delay in responses 1 Late signing 1 Inquest		11-20	Nil	
21-30	10	8 Delay in responses 1 Late signing 1 Complex		21-30	Nil	
31-40	2	1 Missing medical records 1 Delay in response		31-40	Nil	
41-50	1	1 Delay in response		41-50	Nil	
50+	Nil			50+	1	Late responses

Healthcare Commission (HCC) status: 1 July 2004 – present

	1 July 04 – 30 Sept 06	1 July 04 – 31 Dec 06
Number of PHT complaints referred to HCC	84	97
Number of PHT responses sent to HCC	84	97
Number of PHT outstanding responses to HCC	0	0
Outcomes		
Number referred back for further local resolution	42	49
Number requiring no further action by PHT	8	10
Number for which PHT still awaiting comment from HCC	32	37
Number rejected by HCC	2	2

Please Note:
We have been notified of 32 further complaints that have been referred to the HCC during this combined reporting period.

Health Service Ombudsman

During the quarter July to September the Trust was notified that the Ombudsman had closed two complaints referred to her, with no further action required by the Trust and during the quarter October to December the Trust was asked to provide details of two further cases to the Ombudsman. There is one further complaint with the Ombudsman, the outcome of which is currently unknown.

LITIGATION
Claims Closed

JULY					
Date of Incident	**Division**	**Specialty**	**Synopsis**	**Outcome**	**Recommendations / Actions Taken**
24/04/02	W&C	Obsmat	Alleged failure to repair labial tear resulting in the need for unsuccessful surgery	Settled for £36,277	Midwife undertaken reflective practice
AUGUST					
12/09/00	Medical	ED	Failure to diagnose skull fracture	Dropped	None required
16/10/02	Medical	Oncology	Failure to offer appropriate surgery	£7,500	Practice changed over intervening years
27/03/03	Medical	Gen Med	Failure to diagnose bowel obstruction	Settled for £38,000 (without admission of liability)	None required
12/09/03	Surgical	Orthopaedics	Alleged negligent treatment	Dropped	None required
06/12/03	Surgical	Orthopaedics	Dislocation of hip repair (Netcare)	Dropped	None required
22/08/95	W&C	Obstetrics	Failure of care -> Erb's palsy	£85,000 (without admission of liability)	Practice changed over intervening years
06/12/02	W&C	Gynae	Failed sterilisation	Dropped	None required
25/02/06	W&C	Obstetrics	Mother discharged although baby had decreased fetal movements and died	£5,177	SUI investigation
SEPT					
Sept 03	Medical	Resp	Alleged failure of care	£5,000	None required
26/02/06	Medical	Gen Med	Alleged clinical negligence	Dropped	None required
17/10/02	Surgical	Orthopaedics	Alleged failure to assess + provide physio	Dropped	None required
02/06/03	W&C	Obs/maty	Alleged care in labour -> cerebral palsy	Dropped	None required
18/09/04	W&C	Child Health	Alleged baby scratched during feeding	Dropped	None required
OCTOBER					
Date of Incident	**Division**	**Specialty**	**Synopsis**	**Outcome**	**Recommendations / Actions Taken**
04/09/03	FM	Hotel Services	Claimant alleges employee damaged her ankle with a food trolley	Settled for £3,000	None required
20/11/02	Medical	Dermatology	Claimant unhappy with result of mole removal	Dropped	None required
27/07/03	Medical	Emergency	Alleged failure to diagnose fractured metatarsals	Dropped	None required
27/05/04	Medical	Gen Med	Alleged failure to treat symptoms following minor stroke -> 2nd stroke	Dropped	None required
01/06/05	Medical	MAU	Alleged possible misdiagnosis of brain haemorrhage	Dropped	None required
20/05/02	Surgical	Theatres	Alleged piece of gauze left in lumpectomy site	Settled for £25,000	None required: pt had had 3 surgeries in various hospitals: no evidence to determine at which surgery gauze left in situ
05/10/03	Surgical	Orthopaedics	Alleged failure to diagnose fractured arm	Dropped	None required
14/11/03	Surgical	Orthopaedics	Alleged failure of hip replacement	Settled for £35,000	SHA investigation (Netcare)
22/11/04	Surgical	Theatres	Alleged damage to vision following angio	Dropped	None required
01/06/05	Surgical	Orthopaedics	Alleged split to femur during hip replacement	Dropped	None required – recognised complication
14/08/03	W&C	Obsmat	Alleged failure to diagnose postnatal raised blood pressure -> brain damage	Dropped	None required
09/06/05	W&C	Gynae	Post-hysterectomy infection	Dropped	SUI investigation + action plan
NOVEMBER					
11/07/03	CSS	Rehab	Incorrect fitting of wheelchair seat -> fractured tibia	Settled for £10,000	Technician made aware of error
03/02/01	Medical	Diabetology	Alleged failure in clinical care	Dropped	None required

22/03/02	Medical	Emergency	Alleged failure to diagnose fractured hip	Dropped	None required
11/11/02	Medical	Gen Med	Alleged brain injury following resus	Dropped	None required
27/02/03	Medical	Emergency	Alleged failure to diagnose fracture	Dropped	None required
24/03/03	Medical	Emergency	Failure to diagnose ruptured quadriceps	Settled for £2,000	Discussed with SHO
24/05/03	Medical	MAU	Alleged problems due to continued antibiotic therapy	Dropped	None required
27/09/03	Medical	Emergency	Delay in diagnosis of appendicitis	Dropped	None required
11/01/05	Medical	Critical Care	Claim for pain and suffering cause by being informed brother had passed away	Dropped	None required
01/02/05	Medical	Emergency	Alleged failure to diagnose fractured hip	Dropped	Resolved by complaint response
04/10/01	Surgical	MaxFax	Alleged fragment of bur left in jaw	Dropped	X-rayed: foreign body present but causing no problem
19/11/01	Surgical	Orthopaedics	Failure to diagnose hip fracture	Settled for £32,000	None required
06/12/02	Surgical	Urology	Alleged delay in diagnosis	Dropped	None required
14/04/03	Surgical	Gen Surg	Alleged necrotising fasciitis following surgery	Dropped	None required
12/06/03	Surgical	Orthopaedics	Loss of function following repair to fracture	Settled for £7,500	None required
01/10/03	Surgical	Ophthalmology	Alleged blurred vision following cataract op	Dropped	None required
10/01/04	Surgical	ENT	Alleged failure to repair broken nose	Dropped	None required
10/05/04	Surgical	Gen Surg	Alleged lengthened recovery due to infection	Dropped	None required
23/07/04	Surgical	Gastro	Endoscopy balloon over-inflated	Dropped	None required
07/09/04	Surgical	Urology	Alleged development of erectile dysfunction following surgery	Dropped	None required
27/03/05	Surgical	Gen Surg	Alleged failure in treatment plan	Dropped	None required
1998	W&C	Childrens	Alleged failure to diagnose Turner's Syndrome	Dropped	None required
21/08/01	W&C	Obstetrics	Hypoxic brain injury	Settled for £50,000	Training reinforced since 2004
01/02/02	W&C	Obsmaty	Alleged failure to diagnose CDH	Dropped	None required
DECEMBER					
07/11/04	FM	Hotel Services	Alleged assault by Security Staff	Dropped	None required
01/09/02	Medical	Cardiology	Alleged failure to deal with psychological problems	Dropped	None required
27/06/05	Medical	Renal	Alleged fall on damp floor	Dropped	None required
08/09/05	Medical	Oncology	Incorrect scan result given to patient	Settled for £3,000	Clinician aware and apologised to pt
09/10/00	Surgical	Orthopaedics	12 day delay in obtaining MRI -> deterioration and extended recovery	Settled for £50,000	None required
22/11/03	Surgical	Orthopaedics	Inappropriate decision to operate on right foot	Settled for £27,000	Change to monitoring of contracted staff
11/10/04	Surgical	Gastrology	Use of incorrect INR result	Settled for £15,000	Changes to process for reading INR results
20/12/04	Surgical	Orthopaedics	Allegedly contraction of HAI	Dropped	None required
20/12/99	W&C	Obsmaty	Alleged negligence during childbirth	Dropped	None required

Claims Opened

Claim Date	Division	Specialty	Synopsis
JULY			
06/07/06	CSS	Diag Imag	Claimant allegedly hit head on trolley whilst undergoing CT scan
14/07/06	CSS	Path	Possible incorrect interpretation of smear results
20/07/06	FM	Estates	Claimant stepped on broken paving slab and fell 3.5 feet into drainage channel
07/07/06	Medical	ED	Alleged misdiagnosis of meningitis
14/07/06	Surgical	MaxFax	Claimant alleges poor recovery from sublingual gland removal
19/07/06	Surgical	HNU	Alleged damage to two crowns, whilst under general anaesthetic
25/07/06	Surgical	Gen Surg	Alleged leaking post-op wound requiring further surgery -> MRSA
28/07/06	Surgical	Gen Surg	Alleged failure to diagnose twisted bowel
05/07/06	W&C	Obs/maty	Alleged failure to scan at 24 weeks -> baby has cerebral palsy
26/07/06	W&C	Obs/maty	Alleged inappropriate administration of antibiotics
AUGUST			
10/08/06	Medical	ED	Alleged nerve damage following piece of glass left in neck
21/7/06	Surgical	Orthopaedics	Full details of claim not yet available

02/08/06	Surgical	Anaesthetics	Alleged damage to tooth whilst under anaesthetic
09/08/06	Surgical	Orthopaedics	Full details of claim not yet available
10/08/06	Surgical	Orthopaedics	Alleged punctured lung whilst undergoing surgery
30/08/06	Surgical	Gen Surg	Alleged failure to send biopsy for histological examination
SEPTEMBER			
12/09/06	Medical	Gen Med	Alleged negligence prior to death
21/09/06	Medical	ED	Readmission to ED with alleged compartment syndrome
28/09/06	Medical	ED	Alleged failure to diagnose fractured pelvis
05/09/06	Surgical	Gen Surg	Alleged delay in diagnosis of appendicitis
11/09/06	Surgical	Gen Surg	Alleged failure in postop monitoring
22/09/06	Surgical	MaxFax	Alleged permanent damage following surgery
22/09/06	Surgical	Orthopaedics	Alleged exposure/infection MRSA
05/09/06	W&C	Obs/maty	Claimant discharged from Maty Dept and gave birth 1 hour later at home
11/09/06	W&C	Obs/maty	Alleged incorrect drug administered
11/09/06	W&C	Gynae	Alleged unsatisfactory treatment
OCTOBER			
01/10/06	Elderly Med		Alleged fall whilst getting off commode
06/10/06	Medical	Oncology	Concerns over care
02/10/06	Surgical	Orthopaedics	Alleged complications following knee surgery
16/10/06	Surgical	Urology	Alleged fault with blood transfusion
30/10/06	Surgical	Orthopaedics	Full details not yet available
26/10/06	W&C	Obsmaty	Alleged mismanagement of labour
NOVEMBER			
01/11/06	Medical	Cardiology	Alleged negligence in relation to performing an angioplasty
22/11/06	Medical		Full details of claim not yet available
02/11/06	Surgical	Gen Surg	Alleged delay in performing a scan
08/11/06	Surgical	Gen Surg	Alleged failure in care
30/11/06	Surgical	Orthopaedics	Alleged failure in care following a knee replacement
20/11/06	W&C	Obsmaty	Alleged failure to identify infection -> hysterectomy
DECEMBER			
06/12/06	Surgical	Orthopaedics	Alleged problems with knee surgery
20/12/06	Surgical	Orthopaedics	Alleged increase in pain postoperatively
29/12/06	Surgical	Orthopaedics	Full details not yet available
04/12/06	W&C	Obsmaty	Alleged no requirement for caesarean section
19/12/06	W&C	Obsmaty	Alleged acquisition of HAI

Total number of claims

	Jul – Sept 05	July – Sept 06	Oct – Dec 05	Oct – Dec 06
Medical negligence	21	28	19	18
Employer liability	6	1	3	11
Public liability	3	0	4	1
TOTAL	**30**	**29**	**26**	**30**

Inquests

	Jul – Sept 05	July – Sept 06	Oct – Dec 05	Oct – Dec 06
Coroner request for report	25	32	19	43
Staff required to attend inquest	5	4	7	5

The number of claims for the quarter July – September 2006 shows a slight increase on the corresponding quarter last year, as do the number of claims for the quarter October – December 2006 when compared to the corresponding quarter last year.

The number of coroner's requests for reports for the quarter July to September 2006 showed a slight increase on the same quarter last year. However, the number of reports requested in the quarter October – December 2006 was 43 compared to 19 in the corresponding quarter 2005: more than a 100% increase. Comparison on an annual basis shows that demonstrates an increase of 57%: 153 requests in 2006 and 87 requests in 2005.

Small Claims

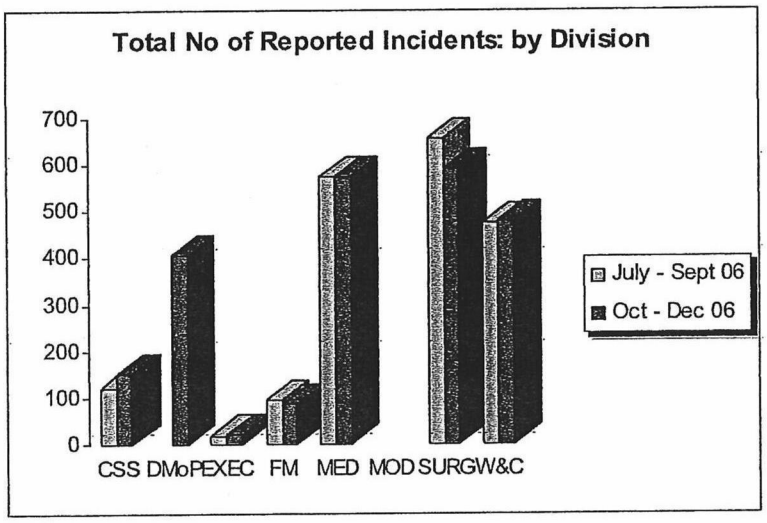
CLAIMS PAID	
July – Dec 06	
SURGICAL	
Glasses	£935.00
Other (Clothing etc)	£80.00
Travel Expenses (Wrong appt date/venue given)	£16.50
Dentures	£820.00
Jewellery	
TOTAL	**£1851.50**
MEDICAL	
Glasses	
Other (Clothing etc)	£75.00
Travel Expenses (Wrong appt date/venue given)	£23.20
Dentures	£1183.00
TOTAL	**£1281.20**
CLINICAL SUPPORT	
Travel Expenses (Wrong appt date/venue given)	£13.20
TOTAL	**£13.20**
DEPT OF ELDERLY MEDICINE	
Glasses	£215.00
TOTAL	**£215.00**

CLAIMS NOT PAID: July to September 2006		
Amount	**Items**	**Reason for non-payment**
£305.00	Dentures	Lost by HAST – not handed over to PHT
£97.00	Glasses	PHT not responsible
£10.00	Loss of car park token	Declined
£150.00	Mobile phone	PHT not responsible
£66.00	Clothes etc	All property found and returned to patient
£185.00	Glasses	Pt deceased
£275.00	Travel + NH care	PHT not responsible
£350.00	Dentures	Pt deceased
£200.00	Damaged crown	PHT not responsible

CLAIMS NOT PAID: October to December 2006		
Amount	**Items**	**Reason for non-payment**
£135.00	Glasses	Pt deceased – son claimed after father's death
£180.00	Dentures	Pt left them in bathroom – did not remember until the morning
£30.00	Necklace	Pt claimed 8 months after mother was discharged
£143.00	Glasses	Pt passed away during course of investigation
£380.00	Dentures	Pt left them on the bed when he left the ward
£50.00	Money/walking stick	Pt passed away during course of investigation
£25.00	Clothes	Clothes found
£50.00	Money	Pt deceased
£250.00	Crown repair	Pt claimed crown broken during procedure: entry in medical records notes that all crowns checked after operation – intact. Claim also 7 months post-procedure
£556.00	Ring	Entry in medical records notes that pt declined to put ring in PHT safe – pt now deceased. *(note: have now received letter 3 months after refusal, stating that this matter is being placed in hands of solicitor)*

Total small claims paid = £3,360.50
Total small claims not paid = £3,737.00

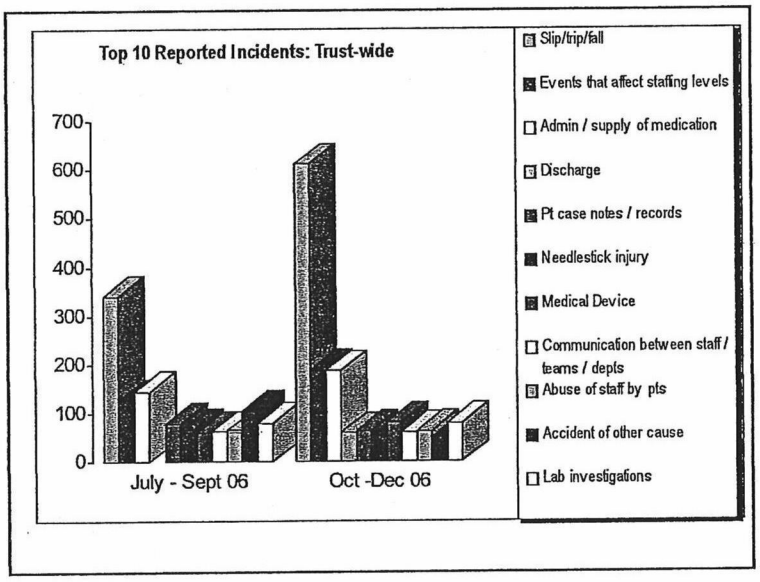
INCIDENTS – Aggregated Report



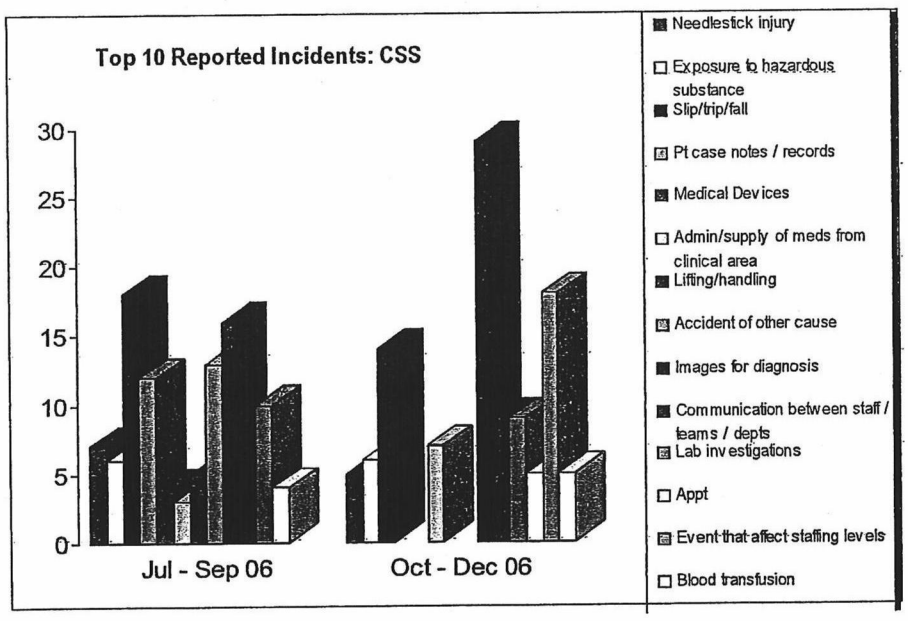
A total of 2316 incidents were reported in the quarter Oct – Dec 06 compared to 1944 in the previous quarter

Reported Incidents as Percentage of Clinical Activity

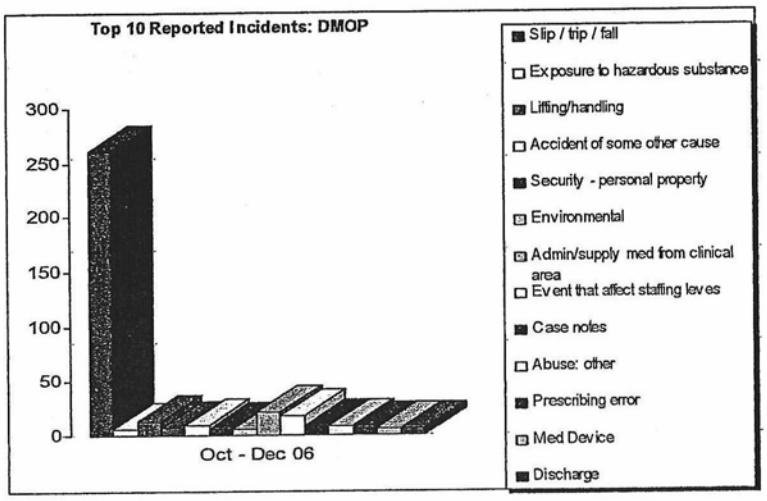
	Jul – Sept 06	Oct – Dec 06
Medicine	1.0%	1.4%
Surgery	0.8%	0.8%
W&C	3.0%	3.0%



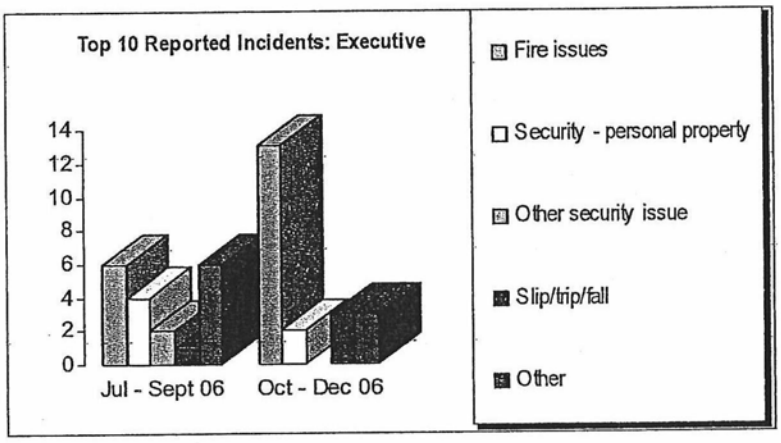
Whilst the graph opposite demonstrates that the top 10 reported incidents have remained largely similar over the two quarters, there is a marked increase in the number of reported slips/trips/falls. However, this can be attributed to the inclusion of incidents reported by the Division of Medicine for Older People



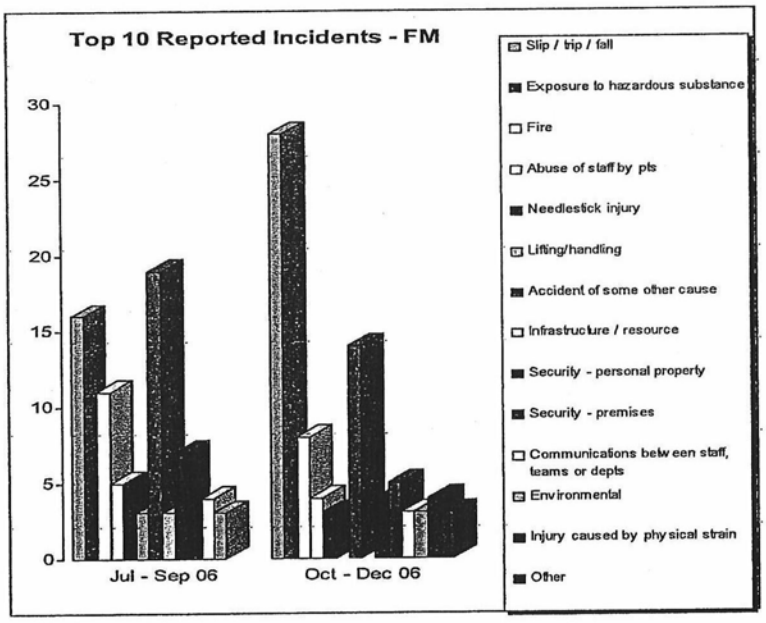
The most reported incident remains the same for both quarters: 'Images for Diagnosis'

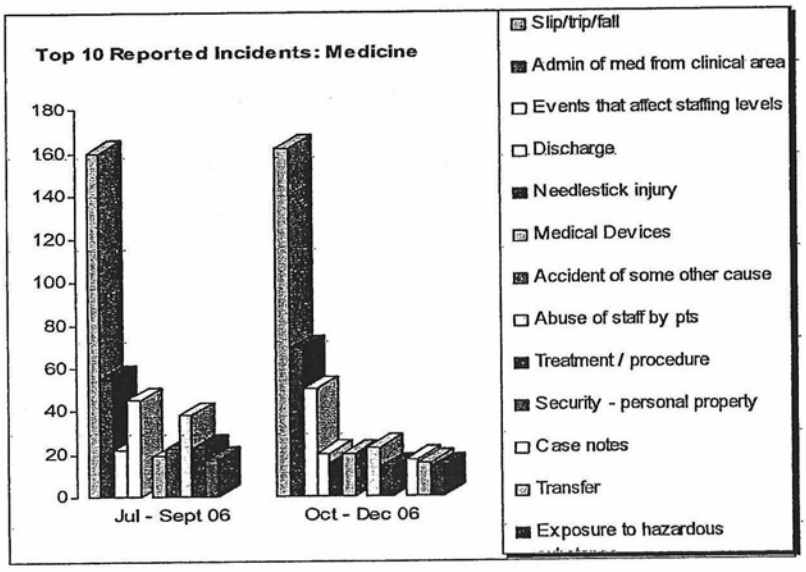


This is the first report that has included incidents from the Division of Medicine for Older People. It demonstrates that slips/trips/falls is the most reported incident. As with other divisions future reports will contain comparisons between quarters.



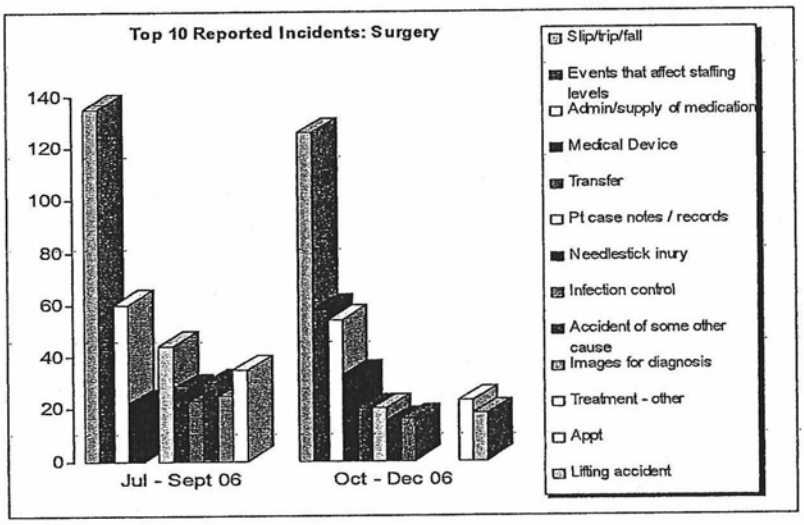
The most reported incident remains the same as for the previous two quarters: that is fire related issues





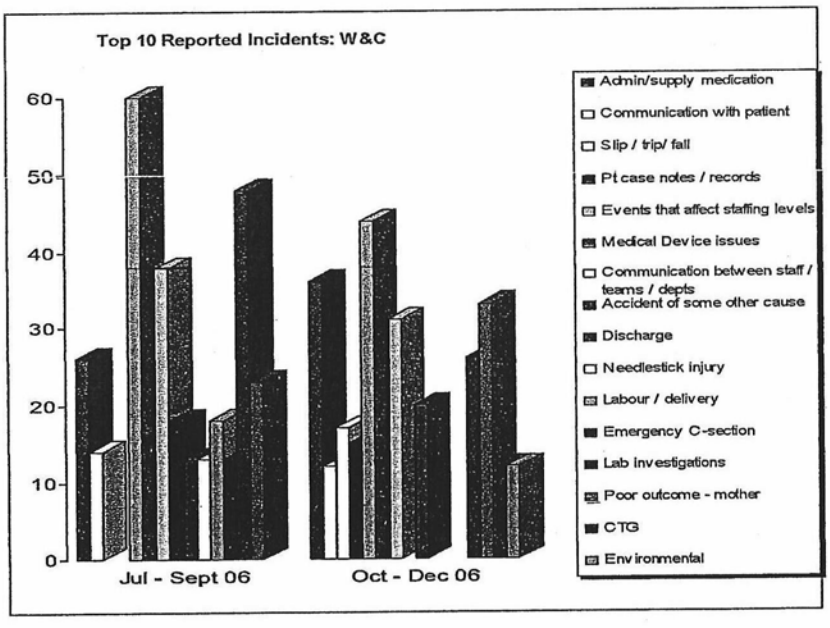
Slips/trips/falls and medication errors remain two of the top three reported incidents.

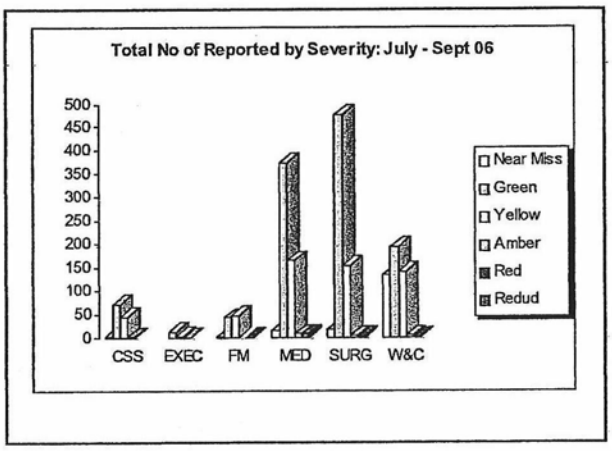
It is interesting to note that slips/trips/falls and medication errors were also the top two reported in the four previous quarters

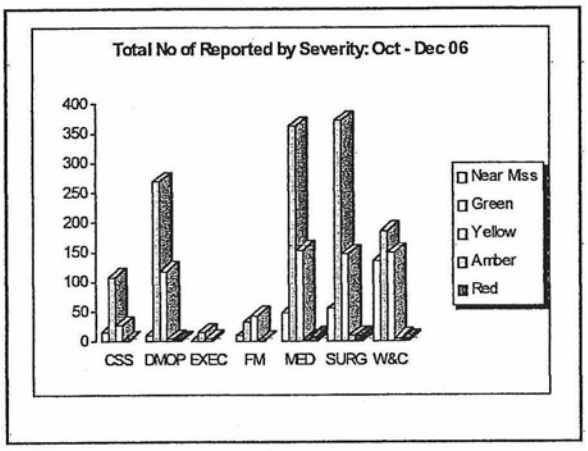


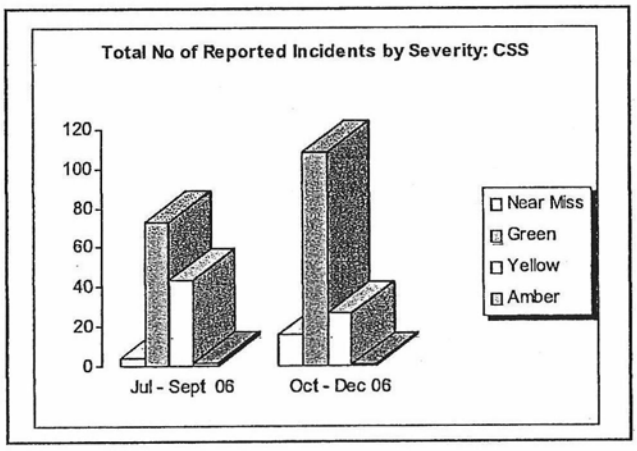
Slips/trips/falls remain the top reported incidents in both quarters.

It is interesting to note that slips/trips/falls was also the top reported incident in the four reported quarters.

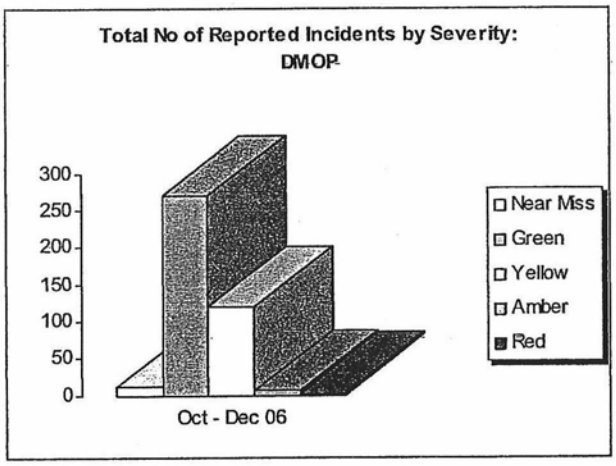




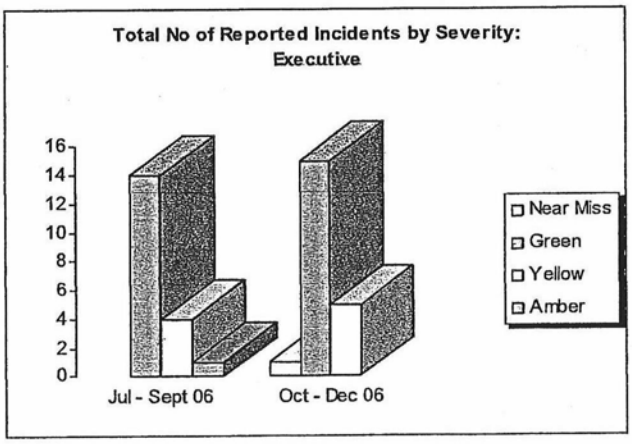




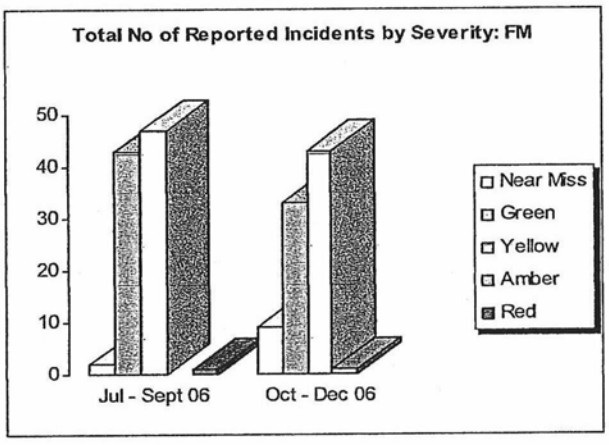
	Jul – Sept 06	Oct – Dec 06
Total reported incidents	123	152
Red	0	0
Amber	2	1
Yellow	44	27
Green	73	108
Near Misses	4	16



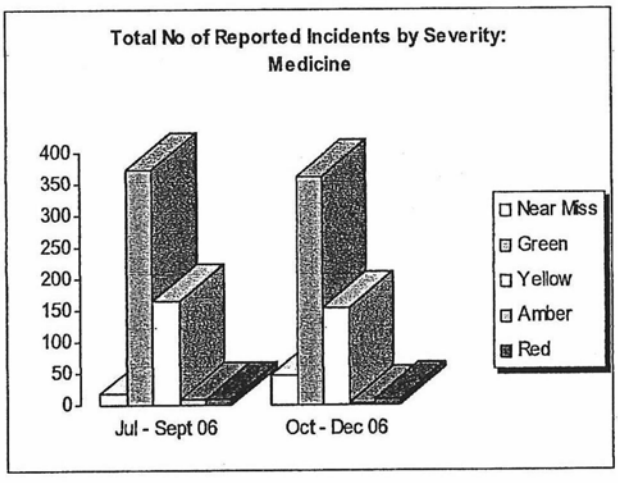
	Oct – Dec 06
Total reported incidents	407
Red	2
Amber	5
Yellow	119
Green	270
Near Misses	11



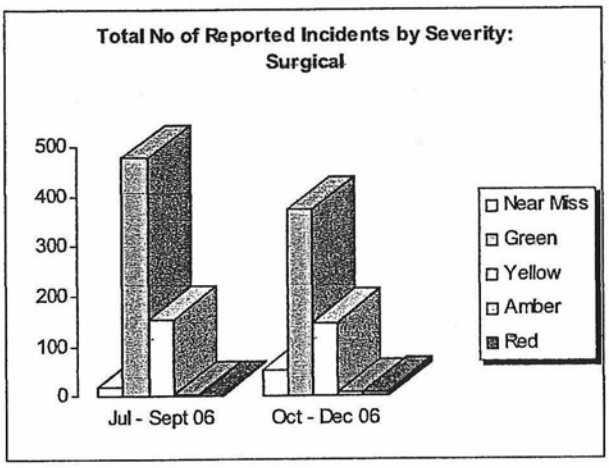
	Jul – Sept 06	Oct – Dec 06
Total reported incidents	19	21
Red	0	0
Amber	1	0
Yellow	4	5
Green	14	15
Near Misses	0	1



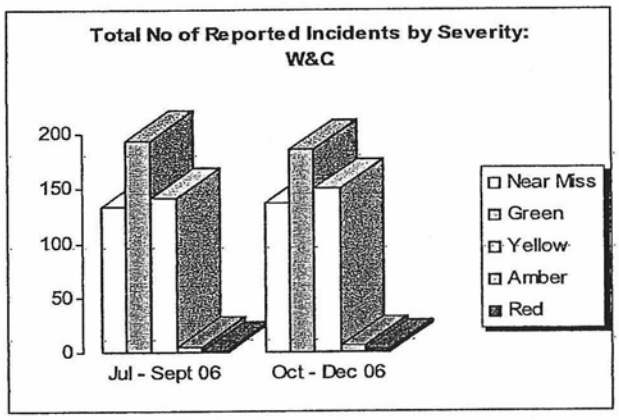
	Jul – Sept 06	Oct – Dec 06
Total reported incidents	93	86
Red	1	0
Amber	0	1
Yellow	47	43
Green	43	33
Near Misses	2	9



	Jul – Sept 06	Oct – Dec 06
Total reported incidents	574	576
Red	9	8
Amber	9	3
Yellow	165	154
Green	374	363
Near Misses	17	48



	July – Sept 06	Oct – Dec 06
Total reported incidents	658	593
Red	3	10
Amber	5	9
Yellow	154	147
Green	477	373
Near Misses	19	54



	Jul - Sept 06	Oct – Dec 06
Total reported incidents	477	481
Red	1	3
Amber	5	6
Yellow	142	150
Green	195	186
Near Misses	134	136

SERIOUS ADVERSE EVENT SUMMARY

A Serious Adverse Event is one which, for whatever reason, is classified as major or catastrophic: commonly known as a 'red' incident. They are classified as major/catastrophic according to outcome, number of patients involved, effect upon Trust services or litigation costs.

All Serious Adverse Events, or potential Serious Adverse Events, are investigated in line with Trust protocol

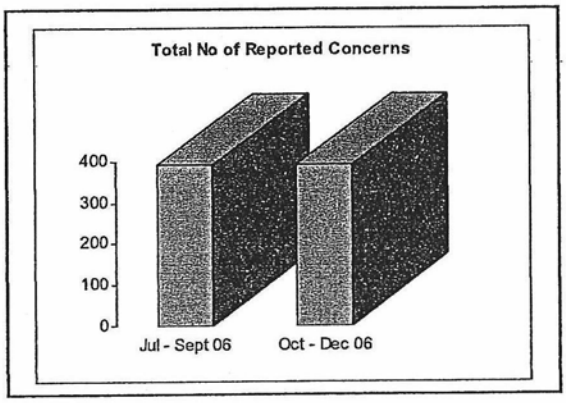
July – September 06			October – December 06	
Division	**Brief Summary**		**Division**	**Brief Summary**
FM	MRSA		DMOPS	2 x MRSA
Medicine	Pt humidifier contained chlorhexidine instead of water		Medicine	Pt died whilst allegedly waiting for ambulance
Medicine	8 x MRSA		Medicine	7 x MRSA
Surgical	3 x MRSA		Surgical	10 x MRSA
W&C	Baby born in poor condition but discharged homed 6 days later		W&C	Post-delivery heart attack
			W&C	Failure in crash bleep process
			W&C	Complications with delivery

Full details of investigations, outcomes and recommendations are held in the Risk Management Department

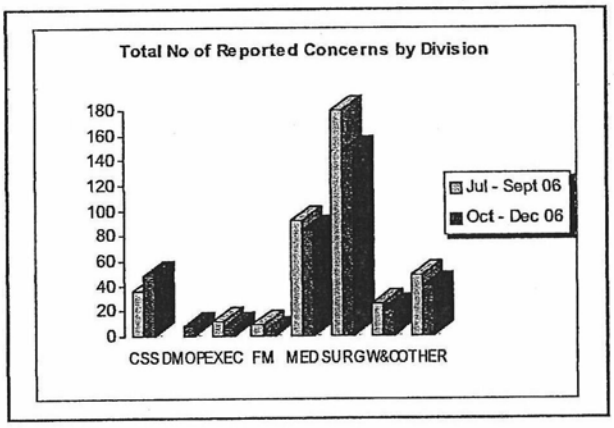
PATIENT ADVICE AND LIAISION SERVICE

PALS continue to play a significant role in the patient and relative experience within the Trust although the level of referrals has increased by 49% for this reported quarter.

The PALS administration Hub takes calls from clients across the local health economy (East Hants PCT/Fareham & Gosport PCT cluster, Portsmouth Hospitals NHS Trust and Portsmouth City Health Trust) and disseminates the referral as appropriate to the relevant PCT or Trust. The operating Hub for the PALS district network provides a seamless service to the public and took a total of 817 calls in this reported quarter.

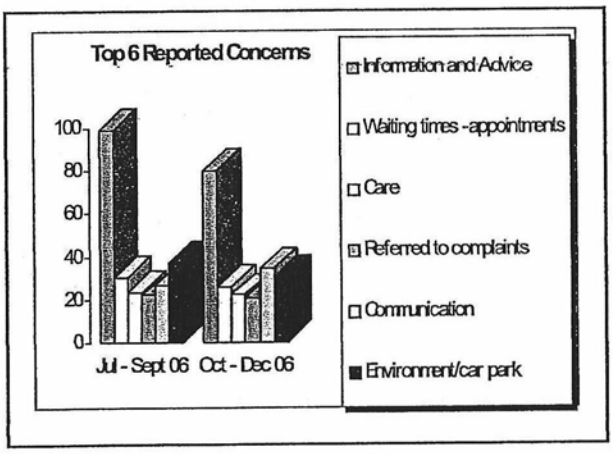


A total of 392 concerns were brought to the attention of PALS in the quarter October – December 2006, the same as in the previous quarter



Of the reported concerns

	Jul – Sept 06	Oct - Dec 06
CSS	29	48
DMOP		8
Executive	11	7
FM	4	4
Medicine	99	84
Surgery	87	148
W&C	19	22
Other	15	32



Top 6 reported concerns

	July – Sept 06	Oct – Dec 06
Information and advice	52	80
Waiting times (appt)	29	26
Waiting times (treatment)	18	
Care	24	22
Access to NHS	16	
Environment/car park		30
Referred to Complaints Dept	22	21
Communication	22	34

Information and Advice
PALS have dealt with many calls from patients, carers and next of kin requesting information and/or advice, including:

- How to access personal effects for an unconscious patient in the Department of Critical Care
- The likelihood of contracting C. Difficile
- How to obtain copies of medical records
- How to obtain specific government guidelines
- The opening times of the hearing aid repair clinic
- Information regarding sexual protection

Waiting Times – Appointments
Patients are still concerned that they appear to be waiting too long for an appointment or treatment in a variety of specialties. However, there has been a 13% reduction in such concerns in the quarter October to December 2006 and all those patients who contact PALS received an appointment within the appropriate timeframe.

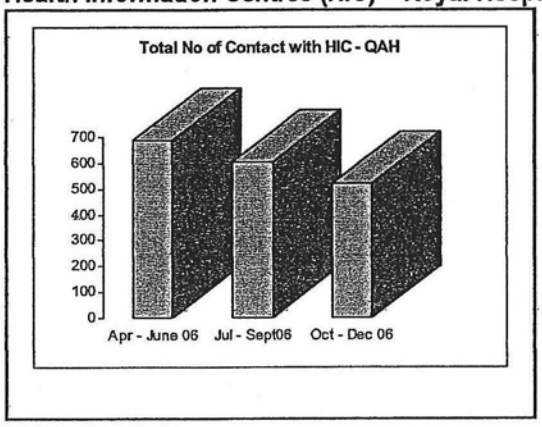
Communication
A number of concerns were raised about the difficulty of achieving telephone contact with some departments and, at times, patients have not had proposed investigations due to failure to act upon referrals. Some relatives and carers have also commented on the lack of information or the provision of conflicting advice.

Care
A number of concerns about care have been raised: these ranged from waiting too long for pain relief to staff being unable to answer call bells within an adequate period of time.

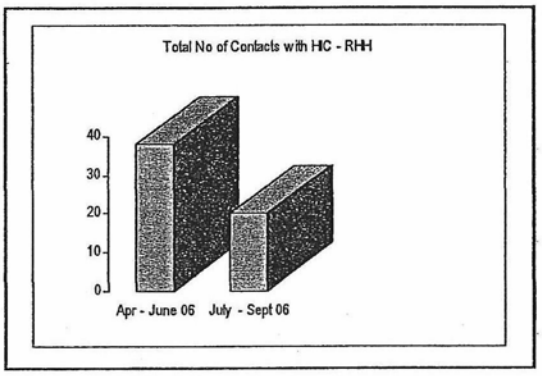
Complaints Referrals
The number of PALS concerns referred to the Complaints Department has risen over the year and PALS have assisted complainants with putting their complaints in writing.

Environment, Access and Parking
The number of concerns raised about these issues comes second only to the general category of 'information and advice'. For example the slope to the Rheumatology Department is too steep for ease of access for disabled patients; this has been addressed with Facilities Management who consider the gradient of the slope to be in line with current regulations. There are currently no plans to alter the gradient but some service users have offered to become involved in future planning and development in order that potential difficulties can be identified earlier. Some concerns were raised over signage but this has already been addressed and improvements introduced. Other concerns raised were in connection with broken parking meters in the area of the North Building. Again, this has been addressed and contingency plans were introduced by which administrative staff could advise patients accordingly and prevent problems.

Health Information Centres (HIC) – Royal Hospital Haslar (RHH) and Queen Alexandra Hospital (QAH)



A total of 522 contacts were made with the HIC (QAH) in the quarter October - December 06, compared to 607 in the previous quarter.



The HIC (RHH) is no longer manned due to staff shortages within the PALS. There are, therefore, no figures for this reported quarter: a total of 20 contacts were made with the HIC (RHH) in the previous quarter.

PLAUDITS

The recording of plaudits continues to provide the Board with a more balanced representation of patient opinion on the services provided and it is unfortunate that not all specialties have the resources to capture the number of plaudits received – as positive gestures clearly continue to be far greater than the number of complaints received. However, all plaudits received by the Chief Executive and by the Complaints Team are recorded and the surgical division should be congratulated for the work they have done, and propose to do, in collecting information with regard to their plaudits.

Ward/Dept	No		Ward/Dept	No
A&E	26		HNU	102
Alton Wards	60		MAU	25
DCCQ	35		Maternity	454
DMOPs	178		NICU	45
D Wards	202		Onc/Haem	90
F Wards	43		Radiology	25
General Surgery	252		Renal	95
Gynaecology	20		Respiratory High Care	19
TOTAL	**1726**			

Even this snapshot demonstrates that the Trust received far more plaudits than complaints in the combined quarters July to September and October to December 2006.
269 complaints compared to 1726 plaudits

ORGANISATIONAL LEARNING

Changes made or to be made in the light of complaints, incidents and PALS include:

Complaints

- New gowns and nightwear introduced into the surgical division, greatly improving privacy and dignity
- New waiting area on Ward E2 with comfortable patient chairs, which prevents patients having to wait in the corridor
- Welcome leaflets placed on vacant beds in the surgical division to ensure patients have useful information on arrival
- 'Comments' cards re-introduced into the surgical division, to encourage patient/relative/carer feedback

Incidents

- Waste management audit undertaken in the surgical division to establish staff knowledge of waste disposal/requirements for further training
- Practicalities of utilising 'Patient Line' to inform patients of the correct route(s) for waste disposal is being explored
- A 'Controlled Drug Nightly Check' has been introduced on 'D' level to address previous issues identified as a result of incident reporting/serious untoward incident investigation
- Septic shock to become the subject of an obstetric 'drill' practice
- Work continues on the framework for the management of patients with mental health problems and other challenging behaviours

PALS

- A new advertisement board has been erected at the main entrance and services have also been advertised on several levels at QAH, as the result of a local resolution meeting
- Changes have been made to the way pain relief is provided on one ward: the ward now follows the Liverpool Care Pathway and specific members of staff have been nominated to ensure daily checking and ordering of drugs.

RECENT AND FUTURE DEVELOPMENTS

- Reports on complaints, litigation, incidents and PALS now incorporate information received from the Division of Medicine for Older People
- Risk management and complaints handling training for F1 doctors has now been expanded to include F2 doctors
- A Security Liaison Group was introduced to address some of the far-reaching security issues identified through complaints, claims and incidents
- The Risk Management Department hosted an Inter-professional Learning Group, which undertook an audit into the culture of incident reporting across the Trust; their report is available from the Risk Management Department
- Graham Sutton, Associate Medical Director, has agreed to take on the responsibility as Trust Lead for further developing the Policy and Training associated with Consent
- PALS are in the process of undertaking an Audit for Patient and Public Involvement Activities to ensure the Trust remains responsive to the needs and wishes of the local population
- PALS are now providing feedback on the patient experience via additional reports to the Trust's 'Challenging Behaviour Group' and to Disablement Services
- PALS have improved liaison with both the Trust's Chaplaincy Team and Equality & Diversity Group with a view to implementing additional facilities for bereaved relatives and patients with hearing problems. A full report on these two important aspects of PALS work will be included in the next CLIP report.
- PALS now have a presence in the PALS/Health Information Centre at the front entrance QAH, to enable easier access to the PALS service
- An 'Essential Trainers' Group was introduced in July 2006 to provide a forum and focus for Trust providers of statutory and mandatory training and to ensure that the organisation meets training demands derived from statute, regulation and policy.
- The policy for the Management of Complaints and Plaudits was revised to include new target guidance, guidance on writing statements and the support to be provide during an investigation by the Healthcare Commission and/or the Health Service Ombudsman
- The Consent to Treatment Audit has been completed and can be accessed via the Clinical Audit website