## LEVEL III / II / REQUEST FOR INFORMATION

## **COMPLAINTS ACTION LOG**

Log No: **EH0347** 

LOG NO: EI	0347							
Date Receive	d: 22 February 200	)6	Leaflet sent?	YES / NO				
Name/Address of Complainant:  Mr W Sole			Complaint on behalf of: WILLIAM V MOWLE (dec'd) Father-in-law					
Cod	le A		- Care/tre	mplaint: ord, St.Mary's Hospital eatment provided prior to s death				
Telephone:	Officer		PCT / Service:					
Investigating								
Lesley Hur	nphrey		Elderly Medic	cine				
Tel. No.	edgement Letter Sent:	Dr	aft required by:	Date Final Letter Due to be Sent:				
	Feb 06		8 Mar 06	22 Mar 06				
Date:	Action Taken:							

#### IN CONFIDENCE



### COMPLAINT (A RED PERIL) URGENT ACTION PLEASE

East Hampshire, Fareham and Gosport **Primary Care Trusts** 

22 February 2006

TO:	Lesley Humphrey		DATE: 2	22 February 2006				
FROM:	Marion Wood		TEL NO:	Coc	le A			
COMPLAINA		Mr W Sole, 53 Newco Re: MR WILLIAM VAI						
Received via	(please state) F	PATIENT / RELATIVE	/ <del>MP / GP / OTH</del>	I <del>ER</del> :			•••••	
Date received	at PCT office:	22 Feb 06	Date acknowled	dged:	22 Feb	06		
Please invest	gate the compla	aint (correspondence	provided) and su	upply a	draft le	tter to me via	email fo	

DATE:

Issues to be addressed include:

10 questions listed on letter of complaint

the Chief Executive's signature by: Wednesday 8 March 2006

Due to the content of the complaint, the correspondence has also been shared with the following for their comments:

Please keep me informed if you forward this complaint to a third person for investigation. If you are unable to adhere the above deadlines please let me know (with the reason) so I can explain the reasons for the delay to the Complainant.

Under the NHS Complaints Procedure Legislation, the PCT has a responsibility to acknowledge the letter within 2 working days and for the Chief Executive to respond fully within 20 working days. The PCT is performance managed on these standards.

Reporting - Anonymised data is used by the PCT for governance and risk management purposes and reported to the Board. Please email the following information to the complaints manager; this is necessary to fulfil our accountability arrangements:

What lessons have been learnt from this incident/complaint?

Acute, but non stroke ward staff can fail to realise that stroke is a medical emergency

• What action was or is to be taken to reduce the likelihood of this occurrence happening again:

Action(s):	By Whom:	Target date for completion:
1) Review and revise the guidance on the management of acute stroke, with particular emphasis on clinical observation in the very early acute phase.  Guidance must meet the needs of non stroke acute wards	Jane Williams (Nurse Cons)	28/4/06
Clinical care planning and observation etc of Mr Mowle to be discussed with Sister Pearson	Lyn Wedlake, in discussion with Jane Williams	21/4/06

	IN CONFIDENCE							
and SSN Kingston, to identify and address learning needs								
3) Ward staff to be reminded that food and fluid records must be kept up to date at all times and not left to the end of the shift	Sister Pearson	10/4/06						
Do you need to raise an incident reporting form? (YES / NO) : Number:  If YES, please provide a copy								
Please e-mail draft response let	ter and completed Complaints A	Action Form (Red	Peril) to Marion					
Wood, Complaints/PALS Assista								
For PCT use only: Action progress monitored:								
Final Report to Board:	Closed:							

#### IN CONFIDENCE



**Primary Care Trusts** 

# COMPLAINT (A RED PERIL) URGENT ACTION PLEASE

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East Hampshire, Fareham and Gosport

TO: Lesley Humphrey DATE: 22 February 2006 FROM: TEL NO: Code A Marion Wood COMPLAINANT DETAILS: Mr W Sole, 53 Newcome Road, Fratton, Portsmouth PO1 5DR Re: MR WILLIAM VALENTINE MOWLE (dec'd | Code A |) Received via (please state) PATIENT / RELATIVE /MP / GP / OTHER: Date received at PCT office: 22 Feb 06 Date acknowledged: 22 Feb 06 Please investigate the complaint (correspondence provided) and supply a draft letter to me via email for the Chief Executive's signature by: Wednesday 8 March 2006 Issues to be addressed include: 10 questions listed on letter of complaint Due to the content of the complaint, the correspondence has also been shared with the following for their comments: Please keep me informed if you forward this complaint to a third person for investigation. If you are unable to adhere the above deadlines please let me know (with the reason) so I can explain the reasons for the delay to the Complainant. Under the NHS Complaints Procedure Legislation, the PCT has a responsibility to acknowledge the letter within 2 working days and for the Chief Executive to respond fully within 20 working days. The PCT is performance managed on these standards. Reporting - Anonymised data is used by the PCT for governance and risk management purposes and reported to the Board. Please email the following information to the complaints manager; this is necessary to fulfil our accountability arrangements: What lessons have been learnt from this incident/complaint? • What action was or is to be taken to reduce the likelihood of this occurrence happening again: By Whom: Target date for completion: Action(s): Do you need to raise an incident reporting form? (YES / NO) : Number:..... If YES, please provide a copy Please e-mail draft response letter and completed Complaints Action Form (Red Peril) to Marion Wood, Complaints/PALS Assistant, E mail address: Code A THANK YOU For PCT use only: Action progress monitored: ..... Final Report to Board: ...... Closed: ...... Closed: .....