Portsmouth Hospitals NHS
NHS Trust

COMPLAINTS, LITIGATION INCIDENT AND PALS (CLIP) REPORT

Code A

Head of Risk Management, Complaints & Legal Services

Sept 2007

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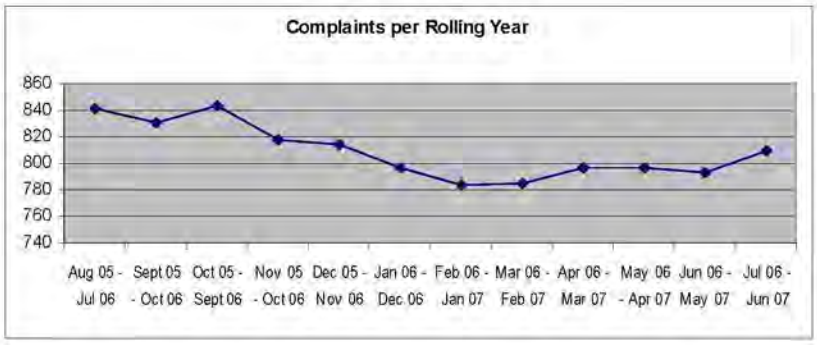
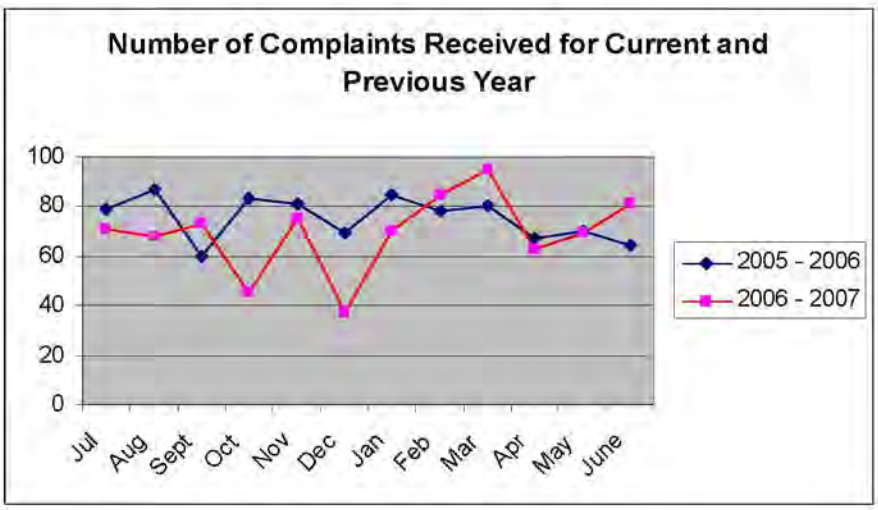
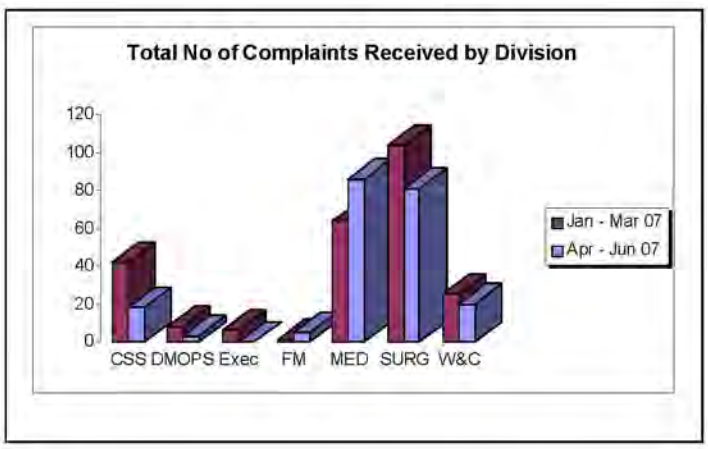
COMPLAINTS – Aggregated Report



The number of complaints received per year has again decreased slightly to 809: previously 820



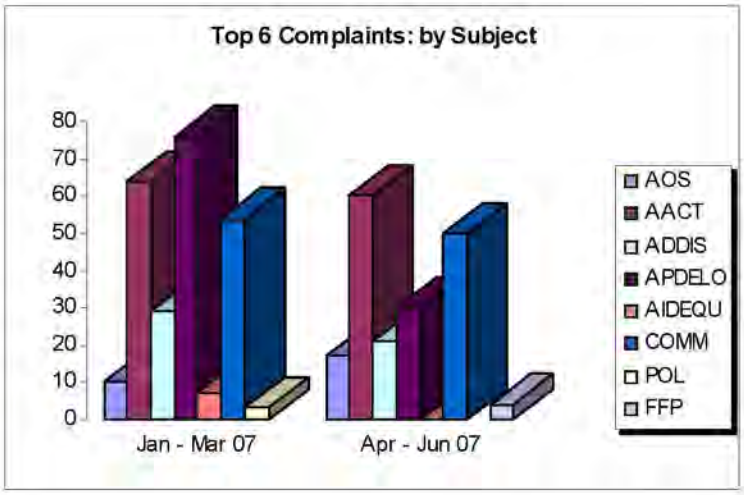
The number of complaints received ranges from 37 per month to 95, with an average of 69 per month for the reported year 2006/07, compared to 75 per month for the year 2005/06



It should be noted that no complaints were received by MOD

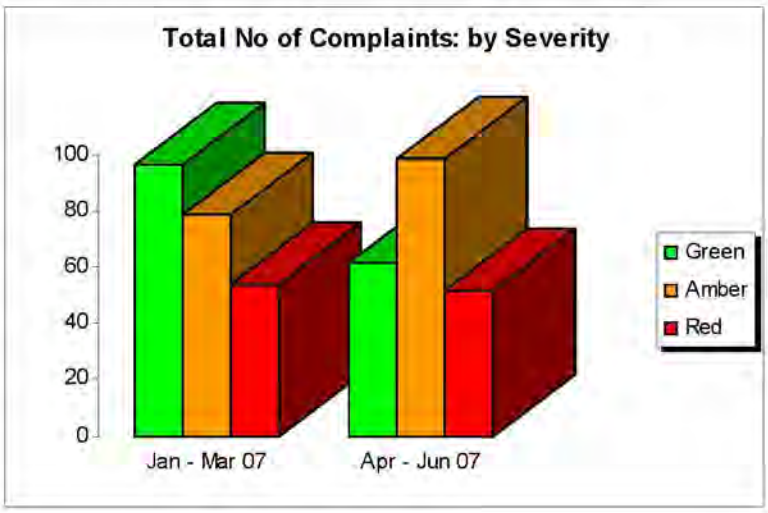
Complaints as a Percentage of Clinical Activity

	Jan- Mar 07	Apr - Jun 07
Medicine	0.15%	0.16%
Surgery	0.12%	0.11%
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
FFP	Failure to follow agreed procedures

For the quarter April to June the top 6 complaints as a percentage of the total complaints received were as follows: 7% for AOS, 28% for AACT, 10% for ADDIS, 13% for APDELO, 23% for COMM, 1% for FPP. The remaining complaints received form the balance of 18%.



	Jan – Mar 07	Apr – Jun 07
Green	97	62
Amber	79	99
Red	54	52

Time taken to close complaints

	Jan		Feb		Mar		Apr		May		June	
	No	%	No	%	No	%	No	%	No	%	No	%
Complaints received	70		85		95		63		69		81	
Acknowledged within 2 working days	70	100	85	100	95	100	63	100	69	100	81	100
Total Closed within 25working days	58	**83**	65	**76**	72	**76**	50	**79**	56	**81**	69	**85**

Backlog – the current situation

Days over	Now Closed	Reasons for Delay		Days over	Still Open	Reasons for Delay
1–10	19	13 Late signing 4 Late responses 2 Delay in gaining approval		1– 10	Nil	
11-20	11	7 Late responses 2 Complex complaints 2 Late signing		11-20	1	Meeting arranged
21-30	3	3 Late responses		21-30	Nil	
31-40	1	1 Late response		31-40	1	1 Late response
41-50	Nil			41-50	Nil	
50+	Nil			50+	Nil	

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

	1 July 04 – 31 Mar 07	1 July 04 – 30 Jun 07
Number of PHT complaints referred to HCC	103	104
Number of PHT responses sent to HCC	103	104
Number of PHT outstanding responses to HCC	0	0
Outcomes		
Number referred back for further local resolution	50	70
Number requiring no further action by PHT	12	13
Number for which PHT still awaiting comment from HCC	39	18
Number rejected by HCC	2	2

Please Note:
We have been notified that only one additional complaint has been referred to the HCC in this reporting period.

Health Service Ombudsman

We have been required to provide information on one complaint during this quarter. The Ombudsman has taken the very unusual course of investigation this complaint without it having been reviewed by the Healthcare Commission, due to its age and its complexity; several different health bodies have been complained about and there are multiple heads of complaint

LITIGATION
Claims Closed

Date of Incident	Division	Specialty	Synopsis	Outcome	Comments
APRIL					
14/11/01	Surgical	GenSurg	Alleged bile duct perforated during surgery	Settled for £50,000	Independent expert report obtained: shared with consultant
16/02/04	Surgical	Ortho	Alleged poor treatment of fractured wrist -> permanent scar	Settled for £5,000	Case reviewed - NFA
10/08/04	Surgical	Ortho	Failure to set broken arm correctly	Dropped	Treatment reviewed - appropriate
17/11/04	W&C	Obsmat	Delay in suture of perineal tear, requiring further, ongoing treatment	Settled for £9,000	New training equipment purchased. Monthly ½-day training sessions – midwives to attend 1 per year
25/07/05	Surgical	Ortho	Patient allegedly discharge with pressure sores	Settled for £1,000	Awareness of good tissue viability practice ongoing
05/09/05	Medicine	Emerg	Failure to recognise fracture of left tibial plateau	Settled for £500	Junior Dr misinterpreted x-ray; is aware of error
18/05/06	Surgical	Urology	Tissuing following transfusion went unnoticed	Settled for £2,000	Case reviewed - NFA
MAY					
06/02/95	W&C	Obsmat	Brain damaged sustained during birth at the Grange	Settled for £2.75m	Incident 12 years ago: skills drills now regularly undertaken
01/01/96	Surgical	Ortho	Alleged failure to diagnose O/A	Dropped -> complaint	Response sent 15/11/06, no further contact
08/07/97	W&C	Obsmat	Alleged cerebral palsy	Dropped	Independent expert felt obstetric management was good
01/07/03	Surgical	Ortho	Alleged delay in treating giant cell tumour + unnecessary arthroscopy	Settled for £11,690	Consultant agreed arthroscopy was unnecessary + diagnosis should have been made earlier
19/11/03	Surgical	Ortho	Back pain following THR by Netcare	Settled for £20,000	Whole episode review: prosthesis used too small, implanted at wrong angle + poor fixation
13/01/04	Surgical	Ortho	Alleged failure to appropriately treat non-union of scaphoid fracture by Netcare (Plymouth patient)	Dropped	Whole episode review - treatment appropriate
17/01/04	Surgical	Ortho	Alleged mobility problems following THR by Netcare	Dropped	Whole episode review – treatment appropriate
28/06/04	Surgical	Ortho	Alleged inappropriate treatment of compartment syndrome	Dropped	Treatment reviewed – NFA, treatment appropriate
25/01/05	Surgical	GenSurg	Wound leaked postop -> MRSA	Dropped	Treatment reviewed – NFA, treatment appropriate

JUNE					
29/01/03	Surgical	GenSurg	Contracted MRSA following bowel surgery	Dropped	Treatment reviewed – NFA, treatment appropriate
01/02/03	Medical	Renal	Alleged incorrect insertion of dialysis line -> massive haematoma, nerve damage + need for plastic surgery	Settled for £80,000	Expert report felt all treatment appropriate but higher than appropriate dose of heparin exacerbated haematoma
05/09/03	Surgical	Anaes	Alleged delay in siting epidural -> pain	Settled for £4,500	Senior assistance should have been summoned
09/09/03	Surgical	GenSurg	Exploratory surgery revealed testicle in abdomen – removed without permission	Settled for £35,000	Treatment reviewed – registrar aware of error
03/10/03	Surgical	Ortho	Alleged problems following THR by Netcare	Dropped	Whole episode review – treatment appropriate
09/10/03	Surgical	GenSurg	Alleged that use of VAC dressing -> amputation	Dropped	Treatment reviewed – NFA, treatment appropriate
29/10/03	Surgical	Ortho	Two hip dislocations following Netcare op	Dropped	Whole episode review – treatment appropriate
31/03/04	W&C	Gynae	Alleged failure of ToP -> D&C -> punctured womb -> hysterectomy without consent	Dropped	Treatment reviewed – NFA, treatment appropriate
01/05/04	Surgery	GenSurg	Development of pressure sores	Settled for £15,500	Lack of risk assessment + care plan. Changes to practice since 2004
25/02/06	JW&C	Obsmat	Alleged delay in diagnosing ruptured appendix	Dropped	Treatment reviewed – NFA, treatment appropriate

Potential Claims (i.e. request for copy records from solicitors, who are investigating potential claims against the Trust)

Claim Date	Division	Specialty	Synopsis
APRIL			
17/04/07	FM	HotQAH	Claimant's face and teeth injured by food trolley being pushed round corner by porter
05/04/07	Medical	Neurol	Alleged delay in diagnosing spinal tumour -> serious disability due to paralysis
02/04/07	Surgical	Ortho	Claimant admitted to RHH in Nov 06 for hip surgery: solicitor's letter lists 10 issues re standard of care
13/04/07	Surgical	GenSurg	Alleged incorrect prescription of Voltarol following removal of stone from bile duct
02/04/07	W&C	Obsmat	Following birth of stillborn child family told baby was a boy. Funeral was held but family subsequently told child was a girl. Headstone, birth certificate had to be changed
26/04/07	W&C	Child	Alleged failure to diagnose diaphragmatic hernia -> brain damage
26/04/07	W&C	Gynae	Concerns regarding post-op care following hysterectomy
26/04/07	W&C	Gynae	Alleged failure to diagnose vasa praevia
26/04/07	W&C	Gynae	Alleged failure to warn of risks when using forceps
MAY			
01/05/07	CSS	Path	Incorrect hypothyroidism blood result
03/05/07	Medical	Emerg	Alleged misdiagnosis of fracture following fall
18/05/07	Medical	Emerg	Alleged failure to diagnose spinal abscess -> possibility of being wheel-chair bound for life
25/05/07	Medical	Emerg	Alleged mismanagement and incorrect diagnosis following a fall
29/05/07	Surgical	MaxFax	Alleged whiplash to neck, following collapse of examination chair
JUNE			
05/06/07	Medical	Emerg	Treatment to right hand
18/06/07	Medical	Renal	Claimant tripped over haemodialysis chair
25/06/07	Medical	GenMed	Drain inserted following hysterectomy snapped inside wound and required surgical removal
06/06/07	Surgical	Ortho	Full details not yet available. Pt had TKR in Nov 03
15/06/07	W&C	Gynae	Cerebral haemorrhage following forceps delivery

Total claims received

	Apr – Jun 06		Apr – Jun 07
Potential clinical negligence	17		19
Employer liability	5		6
Public liability	1		1
TOTAL	**23**		**26**

Inquests

	Apr- Jun 06		Apr – Jun 07
Coroner request for report	50		51
Staff required to attend inquest	7		22

The number of potential claims for the quarter April to June 2007 shows a slight increase on the corresponding quarter last year.

The number of coroner's requests for reports for the quarter April to June 2007 remains virtually the same as in the corresponding quarter last year although the number of staff required to attend inquests has increased dramatically.

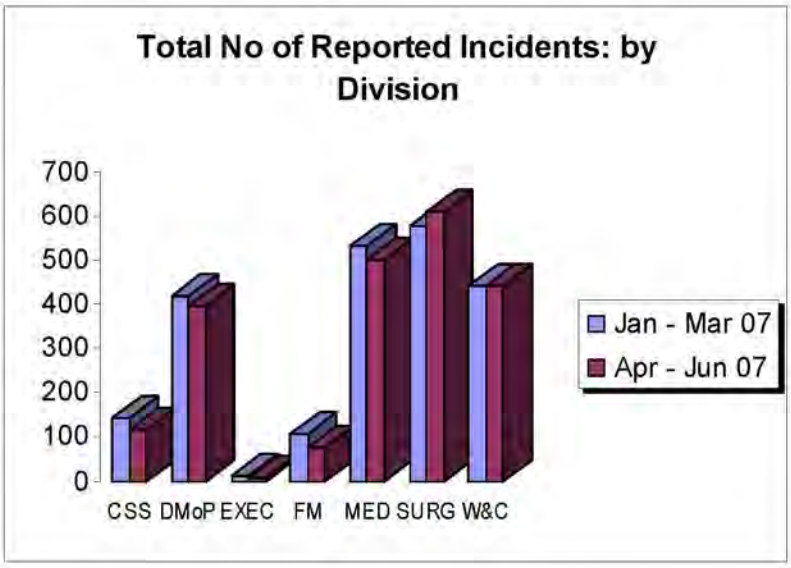
Small Claims

CLAIMS PAID	
April – June 07	
SURGICAL	
Other (clothing etc)	55.00
Dentures (x 2 sets)	483.00
Travel expenses (wrong appt date/venue given)	3.60
TOTAL	**£540.60**
MEDICAL	
Glasses	90.00
TOTAL	**£90.00**
DEPT OF ELDERLY MEDICINE	
Glasses	176.00
Dentures (x 3 sets)	1,129.00
TOTAL	**£1,305.00**

CLAIMS NOT PAID: April – June 07		
Amount	**Items**	**Reason for non-payment**
15.56	Parking + 1 hr loss of pay	Request made for proof of earnings loss – not received
300.00	Dentures	Brought in by relatives. Staff not informed – Trust no liable
140.00	Glasses	Pt left them on bedside whilst he went out – Trust not liable
300.00	Dentures	Brought in by relatives. Staff not informed – Trust not liable
137.00	Glasses	Claim by staff member. Glasses left in filing tray over weekend – Trust not liable
260.00	Dentures	Declined – patient deceased
£1,152.56		

Total small claims paid = £1,305.00
Total small claims not paid = £1,152.00

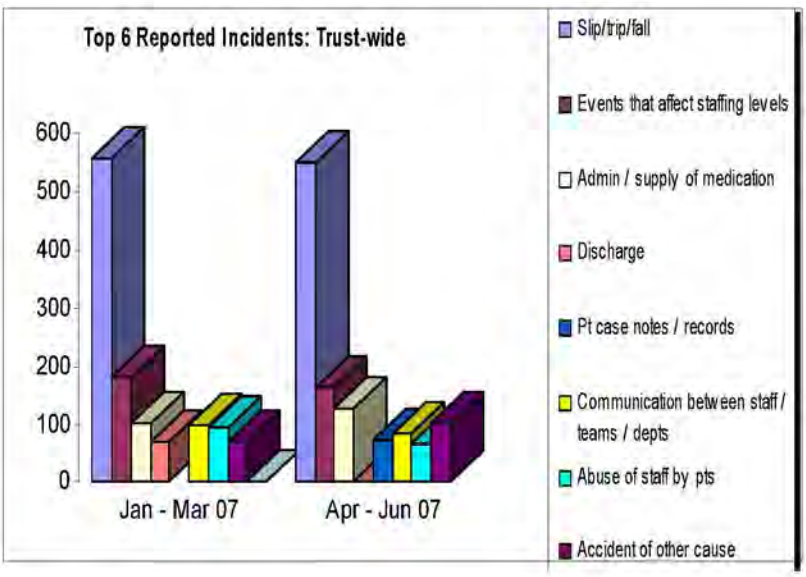
INCIDENTS – Aggregated Report



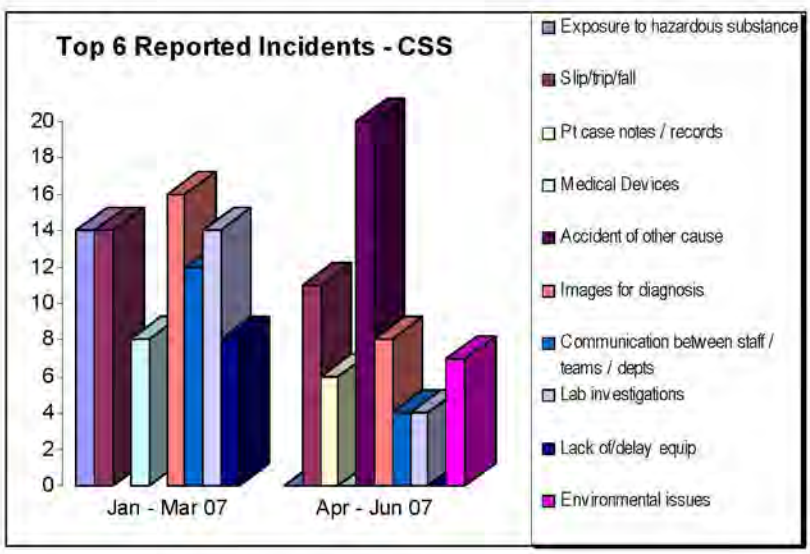
A total of 2153 incidents were reported in the quarter Apr - Jun 07 compared to 2239 in the previous quarter

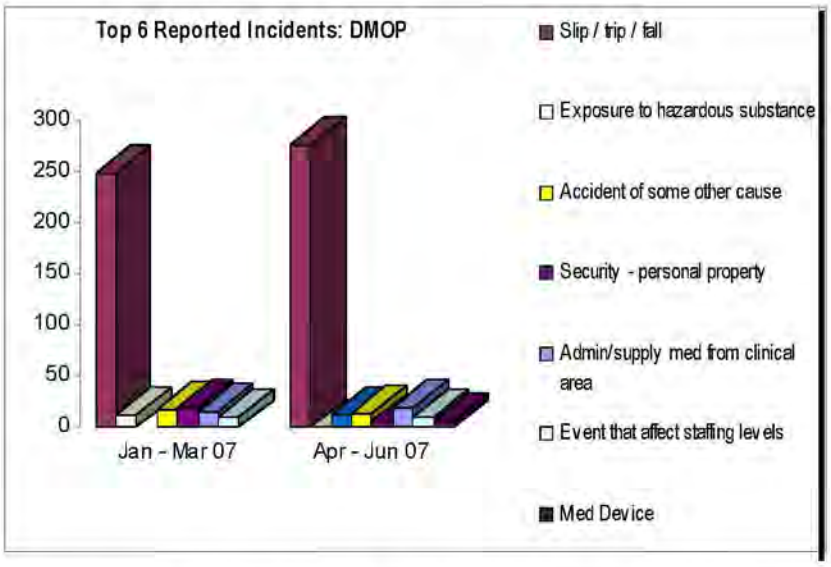
Reported Incidents as Percentage of Clinical Activity

	Jan – Mar 07	Apr – Jun 07
Medicine	1.3	1.2
Surgery	0.7	0.9
W&C	2.7%	2.7



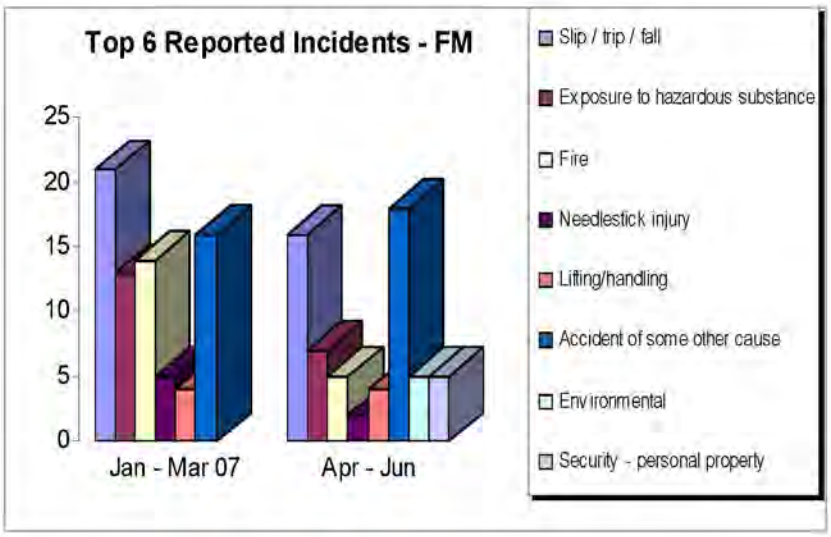
The graph opposite demonstrates that the top 10 reported incidents have remained largely similar over the two quarters.

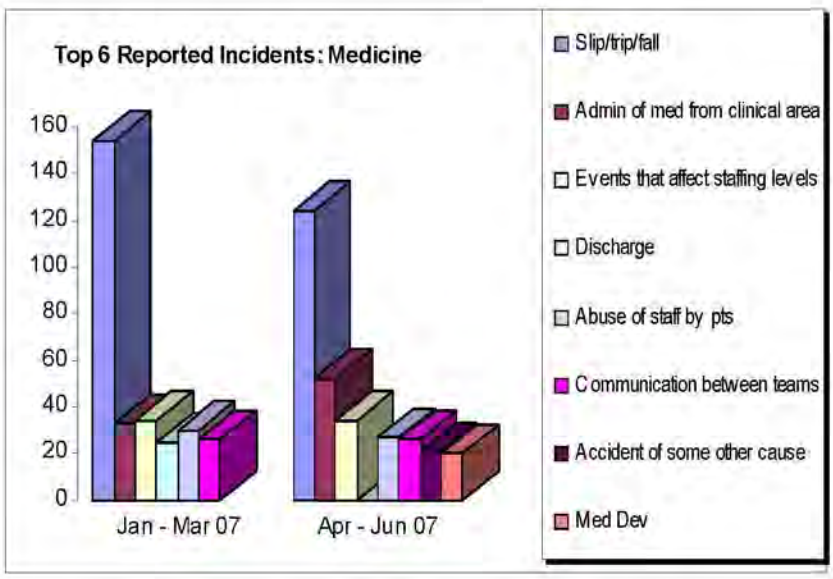




These graphs demonstrate that slips/trips/falls has been the most reported incident in both quarters.

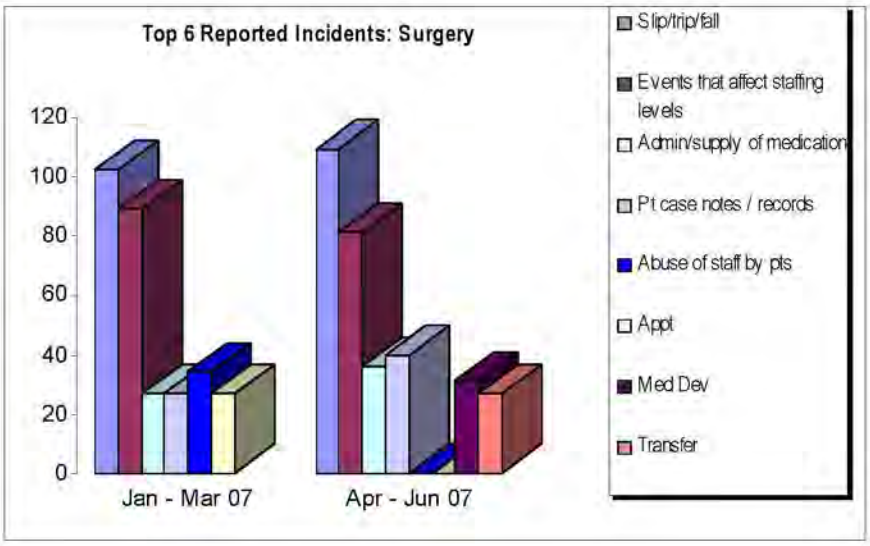
No graph has been produced for the Executive Division, as there were only 7 reported incidents, two of which were fire related.





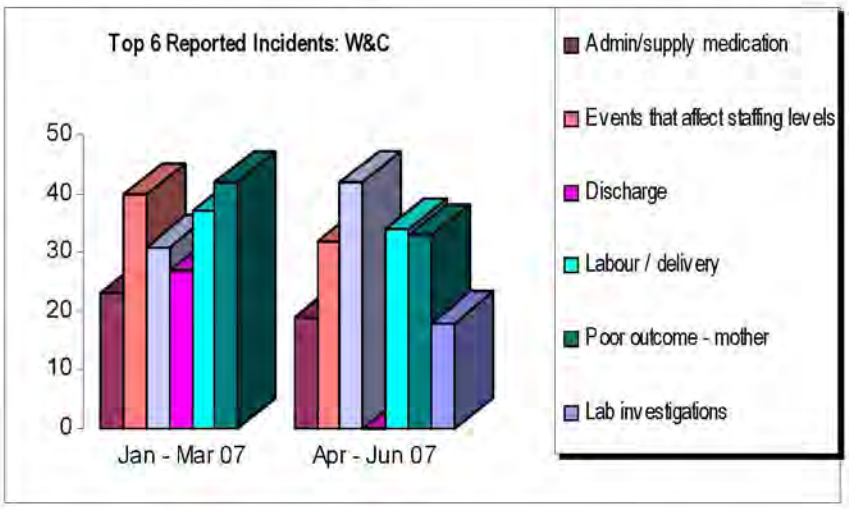
Slips/trips/falls and medication errors remain two of the top three reported incidents.

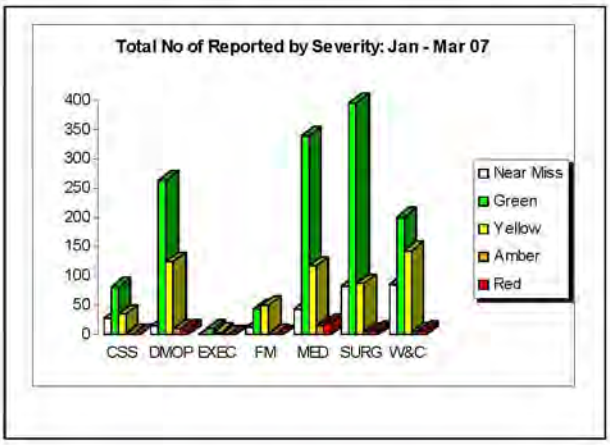
It is interesting to note that slips/trips/falls and medication errors were also the top two reported in the six previous quarters

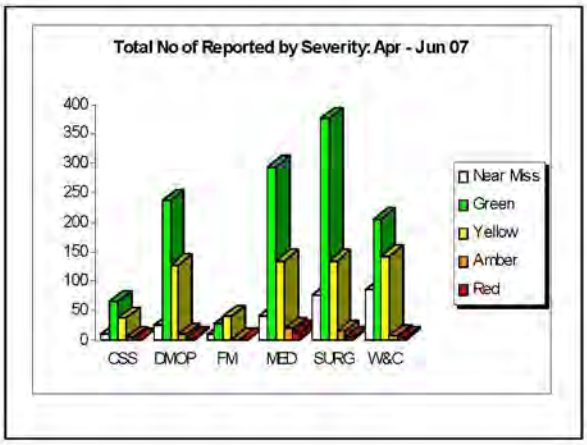


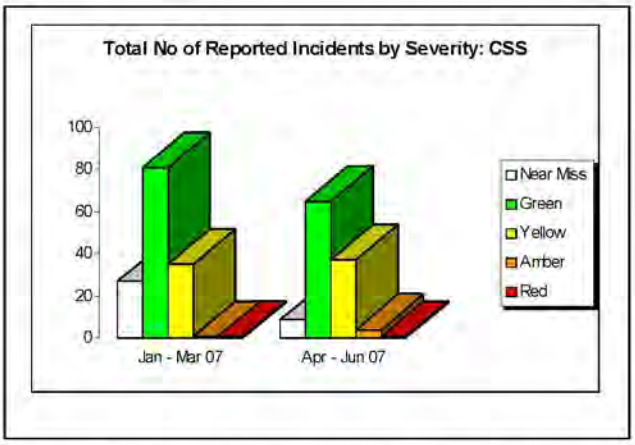
Slips/trips/falls remain the top reported incidents in both quarters.

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

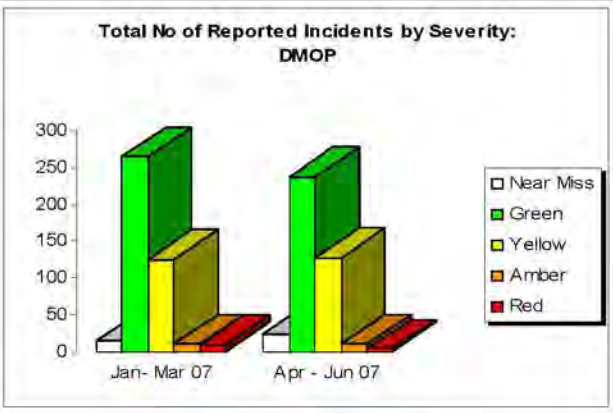




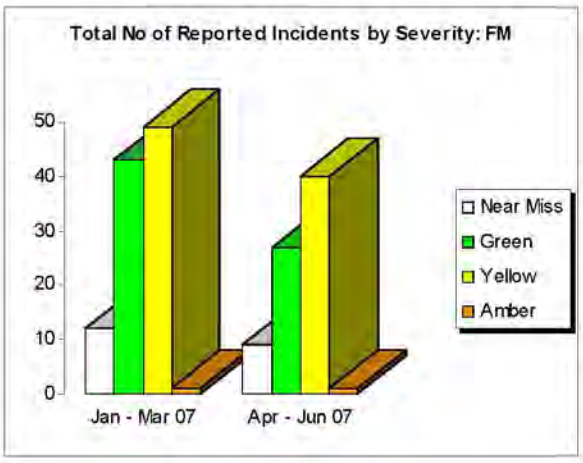




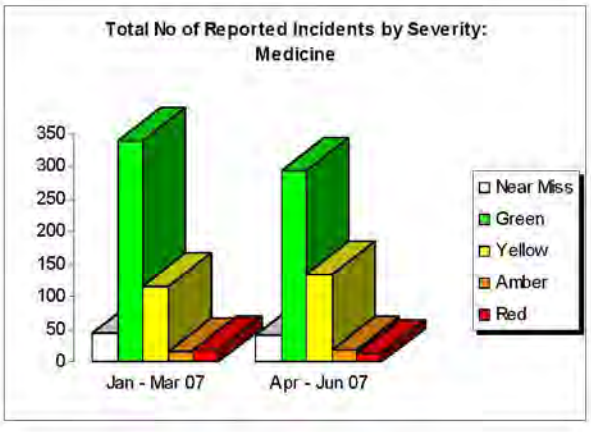
	Jan – Mar 07	Apr – Jun 07
Total reported incidents	145	116
Red	1	1
Amber	1	4
Yellow	35	37
Green	81	65
Near Misses	27	9



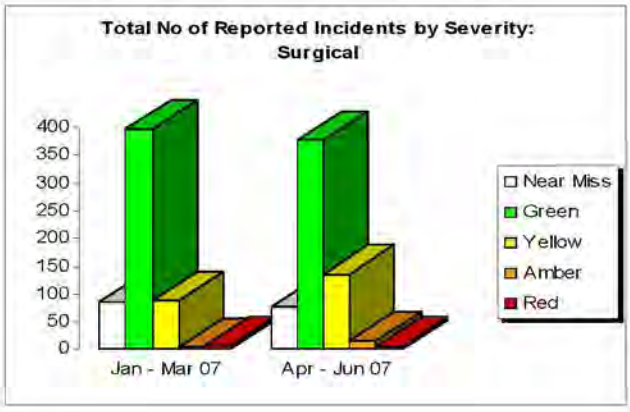
	Jan – Mar 07	Apr - Jun 07
Total reported incidents	420	399
Red	8	3
Amber	9	9
Yellow	125	127
Green	264	236
Near Misses	14	24



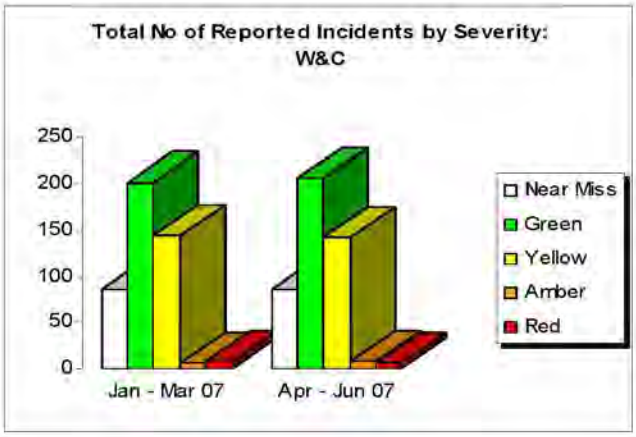
	Jan – Mar 07	Apr - Jun 07
Total reported incidents	105	77
Red	0	0
Amber	1	1
Yellow	49	40
Green	43	27
Near Misses	12	9



	Jan – Mar 07	Apr – Jun 07
Total reported incidents	534	500
Red	19	13
Amber	15	19
Yellow	117	134
Green	340	293
Near Misses	43	41



	Jan – Mar 07	Apr – Jun 07
Total reported incidents	579	610
Red	7	5
Amber	5	15
Yellow	144	135
Green	201	376
Near Misses	86	76



	Jan – Mar 07	Apr - Jun 07
Total reported incidents	443	444
Red	7	5
Amber	5	7
Yellow	144	142
Green	201	205
Near Misses	86	85

SERIOUS ADVERSE EVENT SUMMARY

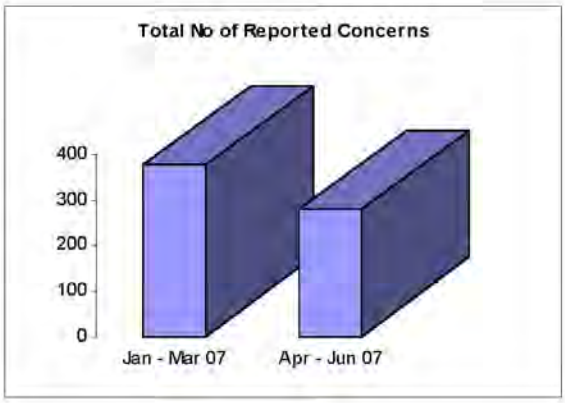
A Serious Adverse Event is one which, for whatever reason, is classified as major or catastrophic: commonly known as a 'red' incident. They are classified as major/catastrophic according to outcome, number of patients involved, effect upon Trust services or litigation costs.

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

January – March 07			**April – June 07**	
Division	**Brief Summary**		**Division**	**Brief Summary**
DMOPS	8 x MRSA		CSS	Alleged assault by staff on patient
Medical	15 x MRSA		DMOPS	2 x MRSA
Medical	Pt given air instead of oxygen - no adverse outcome		DMOPS	Pt died following a fall
Medical	Pt died following discharge from ED		Medical	10 x MRSA
Medical	Violent attack by pt on staff		Medical	Misfiling of ECG -> cardiac arrest -> died
Medical	Pt received rapid correction of sodium levels		Medical	Unsafe transfer of respiratory patient
Surgical	3 x MRSA		Medical	Inappropriate treatment for oncology patient
Surgical	Pt receiving NG feed -> vomited -> died		Surgical	4 x MRSA
Surgical	Pt died following left total hip replacement		Surgical	Pt died following right total hip replacement
Surgical	Pt died following hip surgery		W&C	5 x MRSA
Surgical	Pt received wrong unit of blood			
W&C	5 x MRSA			
W&C	Child protection folder went missing temporarily			
W&C	Client 5 days postop -> cardiac arrest -> recovered well			

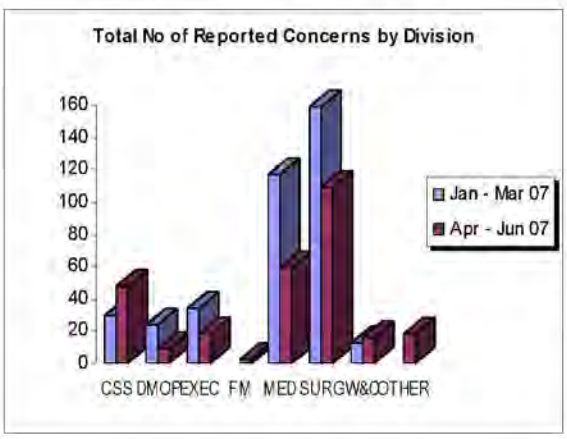
PATIENT ADVICE AND LIAISON SERVICE

PALS continues to play a significant role in the patient and relative experience within the Trust, with 279 concerns being reported this quarter, against 377 in the previous quarter, demonstrating a decrease of 26%.



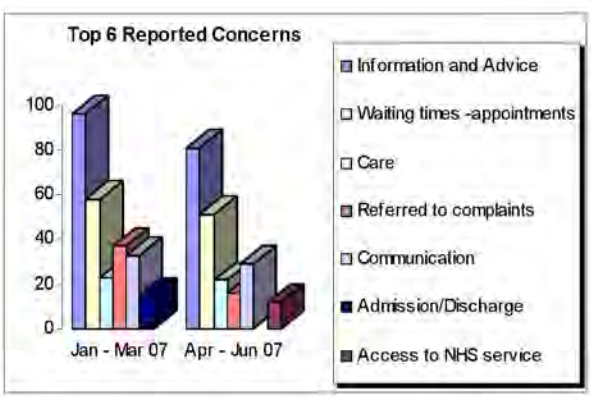
A total of 279 concerns were brought to the attention of PALS in the quarter Apr - June 2007

April	= 85
May	= 86
June	= 108



Of the Reported concerns

	Jan – Mar 07	Apr – June 07
CSS	29	48
DMoP	24	9
Executive	34	18
Medical	117	59
Surgical	159	109
W & C	12	16
Other		18



Top 6 Reported Concerns

	Jan – Mar 07	Apr – Jun 07
Admission/Discharge	15	0
Care	23	22
Communication	33	29
Referred to Complaints	37	16
Information & Advice	96	81
Waiting Times	58	51
Access NHS Service		12

Care

- Patient contacted PALS regarding the possibility of having cataract at an alternative hospital
- Patient unhappy about delays in admission and frequent bed moves: meeting arranged with consultant
- Patient unhappy that her confidentiality was breached when door left open during consultation at RHH

Communication

- A client with learning difficulties utilised the PALS service to enable completion of a PHT survey form from the Diabetes Centre
- Problem with 'Patientline' phone unit resolved when PALS contacted the engineer
- Client provided with information on the Braille Translation Service
- An interpreter provided for patient on Ward F3
- Client requested information on how patients with hearing impairment could access NHS services

Complaints Referrals

- Advice requested on how to make a complaint regarding the behaviour of a PHT doctor
- Complaint received regarding alleged misdiagnosis of ankle fracture.

Information and Advice

- Several enquiries regarding opening times for phlebotomy and imaging departments
- Query regarding charges for use of hydrotherapy pool.
- Query regarding PHT mobile phone usage policy

Waiting Times

- Concern from relative of patient whose angiogram appointment had been cancelled more than once.
- Assistance requested in obtaining a date for aortic aneurysm surgery

A total of 522 contacts were made with the HIC at QAH this quarter, compared to 511 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	33		MAU	30
Alton Wards	35		Maternity	170
			Max-Fax	6
Child Health	23		NICU	46
DCCQ	50		Onc/Haem	60
Dermatology	82		Other	47
DMOPs	132		Pain Clinic	11
D Wards	195		Plastics	28
E3	97		Radiology	7
ENT	8		Radiotherapy	120
F Wards	40		Renal	60
G4	43		Respiratory High Care	42
General Surgery	200		Rheumatology	18
Gynaecology	19		Radiology	13
HNU	54		Urology	9
TOTAL	**1,668**			

Even this snapshot demonstrates that the Trust received far more plaudits than complaints in this quarter. 213 complaints compared to 1668 plaudits.
The category 'other' refers to those plaudits received in the Chief Executive's office. They comprise a number of wards who receive one or two plaudits each but when aggregated demonstrate a considerable number: 47.

ORGANISATIONAL LEARNING

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

- Facilities in Day Surgery at SMH now made available to ensure that relatives can remain with patients once the admission process has been completed
- Improvements to audit trail e.g. with regards to returning patient calls
- Administrative staff have attended customer care training
- Introduction of formal evening multi-disciplinary handover at Royal Hospital Haslar
- Central admission area being trialled for breast lists with improved access to IT and communications
- New pager system introduced at Royal Hospital Haslar which allows for contact when staff off-site
- Ongoing scenario training introduced at Royal Hospital Haslar with regard to the recognition of the deteriorating surgical patient: this is compulsory for all nurses on the Haslar site
- Clear signage on all lavatory doors to ensure patients and visitors use appropriate facilities
- Patient slides now stored appropriately to facilitate correct manual handling activity
- Improved patient privacy and dignity by removal of parallel bars from main corridor to 5-bedded bay
- Improved patient privacy and dignity by the allocation of a dedicated room for waiting and preoperative assessment
- Improved discharge processes to facilitate more effective patient flow
- All laparascopic patients whose surgery will take in excess of 30 minutes to be supplied with Flotron boots
- A considerable amount of work being undertaken to improve the processes with regard to outlying patients
- Review of systems for the administration of multiple infusions
- Improved checklist in cardiac catheterisation laboratory to ensure accurate recording of central clinical issues e.g. delivery of drugs
- All nursing and technical staff in the cardiac catheterisation laboratory have been empowered to request confirmation/clarification that any important step in a procedure has been completed
- Mobile phones numbers of key Southampton personnel are kept immediately available in cardiac catheterisation laboratory, to obviate the need to page them via hospital switchboard

RECENT AND FUTURE DEVELOPMENTS

- Set up of dedicated waiting areas in Head and Neck for admissions and those waiting for assessments and treatment: this improves the previous situation when patients had to wait in the corridor
- Improved privacy and dignity for patients, as a result of larger emergency Head and Neck assessment and treatment areas separated from other rooms
- Improved privacy and dignity for patients in Head and Neck by having a separate room for individual patient consultations
- All equipment is now stored appropriately in Head and Neck, reducing clutter and improving cleanliness
- Royal Hospital Haslar ecently reached the semi-finals of the Cleaner Hospital award
- MRSA screening is now being undertaken for elective patients.
- Random hand-washing inspections are undertaken to support compliance with the 'Naked Below the Elbow' policy
- Following recent trials arranged by PALS within the Audiology Department, an additional 15 vibrating pagers have been purchased for hard of hearing patients.