

# COMPLAINTS, LITIGATION INCIDENT AND PALS (CLIP) REPORT

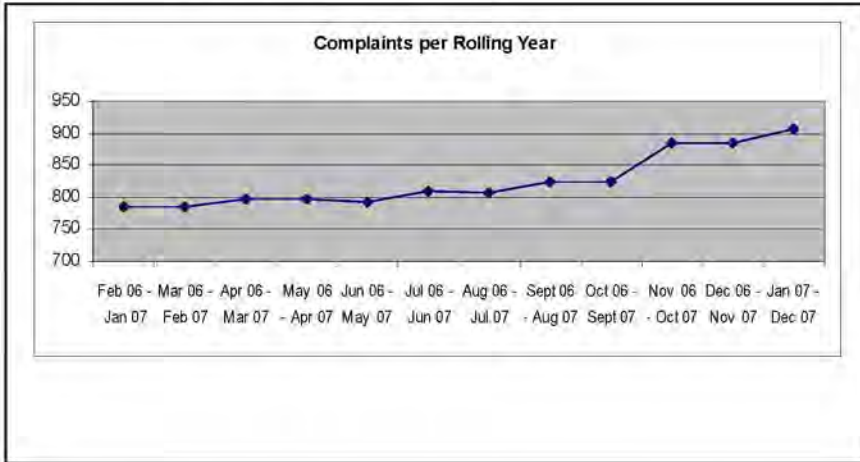
**Code A**

**Head of Risk Management, Complaints &  
Legal Services  
Mar 2008**

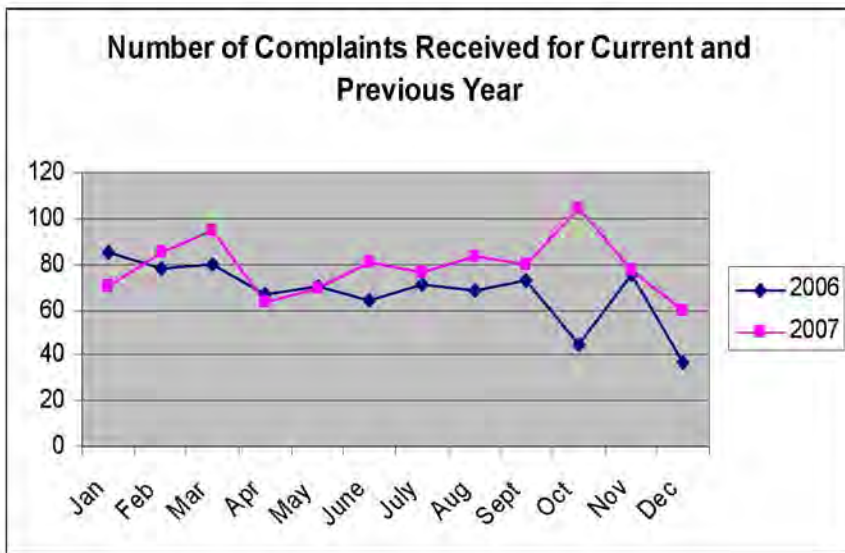
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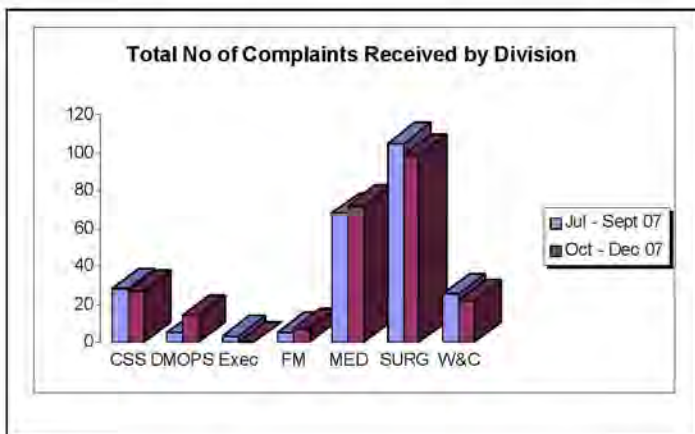
**COMPLAINTS – Aggregated Report**



The number of complaints received per year has increased slightly to 824; previously 804

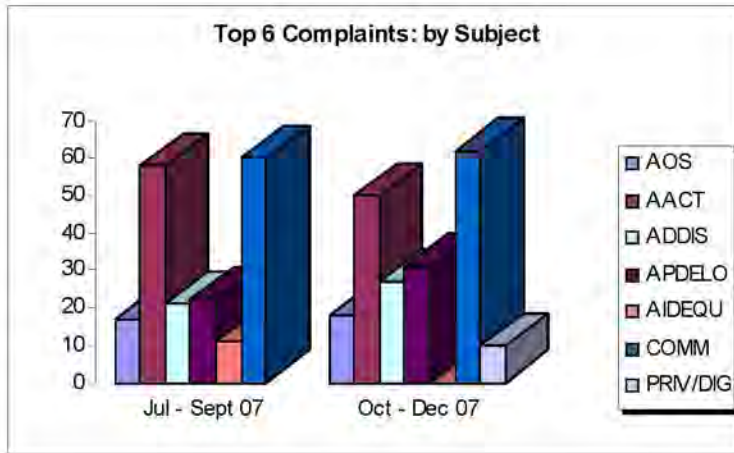


The number of complaints received ranges from 60 per month to 104, with an average of 78 per month for the reported year 2007, compared to 74 per month for the year 2006



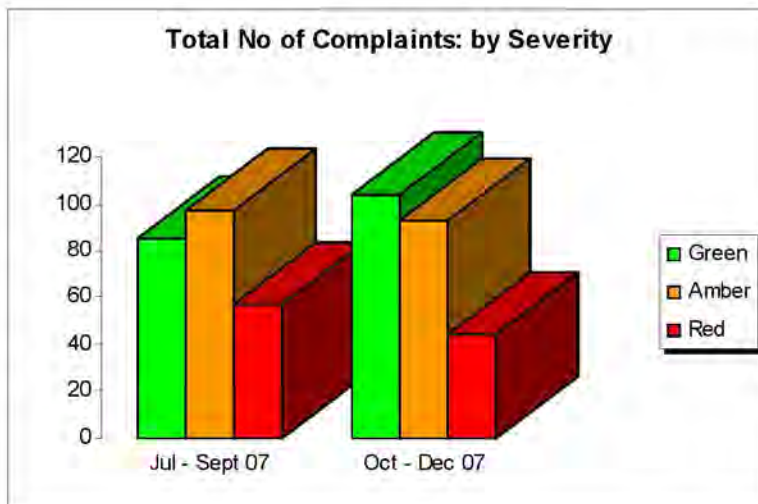
It should be noted that no complaints were received by MOD

	Jul – Sept 07	Oct – Dec 07
Medicine	0.16%	0.17%
Surgery	0.14%	0.13%
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
PRIV/DIG	Privacy and Dignity

For the quarter October to December 2007 the top 6 complaints as a percentage of the total complaints received were as follows: 7% for AOS, 21% for AACT, 11% for ADDIS, 13% for APDELO, 26% for COMM, 4% PRIV/DIG. The remaining complaints received form the balance of 21%. Whilst the subject of the top 3 complaints remains the same, it should be noted that communication is now the top complaint.



	Jul - Sept	Oct - Dec 07
Green	85	104
Amber	97	93
Red	57	44

Please note: it is suggested that the increase in the number of complaints triaged green is due to a change of management structure at Trust Headquarters, which means no complaints are handled by the Executive Team but are instead, and in line with the Complaints Handling Policy, sent directly to the Complaints Team for processing.

**Time taken to close complaints**

	Jul		Aug		Sept		Oct		Nov		Dec	
	No	%	No	%	No	%	No	%	No	%	No	%
Complaints received	76		83		80		104		77		60	
Acknowledged within 2 working days	76	100	83	100	80	100	104	100	77	100	60	100
Total Closed within 25 working days	59	<b>78</b>	68	<b>82</b>	65	<b>81</b>	89	<b>89</b>	69	<b>90</b>	49	<b>82</b>

## Backlog – the current situation

Days over	Now Closed	Reasons for Delay	Days over	Still Open	Reasons for Delay
1-10	15	13 Late responses 2 Pressure of work	1- 10	1	Waiting for approval from Trust solicitor
11-20	3	2 Late responses 1 Delay in gaining approval	11-20	3	2 Late responses 1 Meeting
21-30	4	1 Meeting 3 Late responses 1 Complex case	21 -30	Nil	
31-40	2	2 Complex case	31- 40	Nil	
41-50	Nil		41 – 50	Nil	
50+	Nil		50+	Nil	

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

	1 July 04 – 30 Sept 07	1 July 04 – 31 Dec 07
Number of PHT complaints referred to HCC	112	114
Number of PHT responses sent to HCC	112	114
Number of PHT outstanding responses to HCC	0	0
Outcomes		
Number referred back for further local resolution	88	88
Number requiring no further action by PHT	19	20
Number for which PHT still awaiting comment from HCC	3	4
Number rejected by HCC	2	2

### Please Note:

We have been notified that 2 additional complaints have been referred to the HCC in this reporting period.

## LITIGATION

### Claims Closed

OCTOBER					
Date of Incident	Division	Specialty	Synopsis	Outcome	Comments
01/04/2000	Surgical	ENT	Delay in treating ear problem from 2000 onwards. Insufficient follow-up after left mastoidectomy in July 2002, which led to infection and development of polyps requiring further surgery and resulted in hearing loss and discharge from the Royal Navy	Dropped	Independent expert concluded treatment appropriate
19/02/2004	Surgical	Ortho	Claimant underwent total right knee replacement under Netcare surgeons 19/02/04. Following operation he continued to suffer pain and discomfort and although he had follow-up appts through the Netcare team in Portsmouth, no investigations or treatments were given.	Dropped	Review of Netcare initiative. Consultants now closely monitored with work integrated into departmental. CVs checked by Trust Consultants. In this case no details of post-op problems, as he was a Plymouth patient.
24/05/2004	Surgical	Anaesth	Claimant underwent a prostatectomy on 25 August 2004. He was given an epidural for the pain: claimed that subsequent poor pain management led to atrial fibrillation	Dropped	No action required: treatment appropriate
16/06/2004	Surgical	Gastro	Claimant alleged there was a failure to monitor her accurately postop and to recognise the damage to her bile duct -> peritonitis and pancreatitis.	Dropped	Whole episode review: treatment appropriate
01/07/2004	W&C	Child	Alleged failure in diagnosis: originally thought to be asthma, not now the case	Dropped	Whole episode review: treatment appropriate

01/07/2004	W&C	Gynae	Claimant not tested for Chlamydia prior to HSG treatment. This caused the Chlamydia to disseminate more widely and patient now required IVF	Settled for £50,000	Fertility clinic now does Chlamydia test on all women due to have an intervention. Any symptoms appropriately treated
06/09/2004	FM	Estates	Whilst using the lift, there was a loud bang, lift stopped suddenly. Claimant jarred her neck and back and right foot, breaking her ankle	Settled for £9,250.00	Lift repaired
01/02/2005	Surgical	Gastro	Claimant may have developed a vascular necrosis to both hips, as a result of steroid treatment given for ulcerative colitis: alleged delay in diagnosis and treatment	Dropped	Whole episode review: treatment appropriate
13/03/2007	FM	Estates	Claimant fractured her ankle whilst walking through unlit car park	Dropped	Now a Carillion claim
<b>NOVEMBER</b>					
08/07/2002	W&C	Obs/mat	Claimant underwent C-section in July 2002, developed MRSA and has been unwell since	Dropped	Whole episode review: treatment appropriate
01/11/2002	Surgical	Ortho	Concerns raised about management and treatment of infected leg	Settled for £50,000	Trust conceded that antibiotics were ceased too soon but claimant would still have required considerable debridement, so settlement less than that sought
01/11/2002	Medicine	Gen Med	Claimant alleged that serum sodium was elevated too rapidly, which resulted in neurological damage and Central Pontine Myelinolysis	Settled for £75,000	As a result of this SUI, Trust protocol on correct replacement of electrolytes has been written
06/12/2002	W&C	Gynae	Claimant sterilised in 2002 but became pregnant in 2003	Settled for £31,000	At re-sterilisation op it was identified that clip used in 1 <sup>st</sup> op was not placed on narrowest part of the tube. Discussed with surgeon involved
11/12/2002	Medicine	Oncology	Thrush of the genital area diagnosed as side-effects of Tamoxifen causing 4 months of unnecessary pain and suffering	Settled for £750	Consultant has identified a change in practice.
07/12/2003	Surgical	Ortho	Patient still suffering pain and disability undertaken by Netcare	Settled for £47,000	Agreed that hip prosthesis was inserted in sub-standard fashion. Review of Netcare initiative. Consultants now closely monitored with work integrated into departmental.
09/05/2004	Surgical	Ortho	Claimant sustained a fracture: attended hospital for treatment and alleged was infected with MRSA	Dropped	No concerns about treatment provided
31/02/2005	W&C	Gynae	Claimant alleged failure to repair rectocele and to treat urinary incontinence	Dropped	Whole episode review: treatment appropriate
<b>DECEMBER</b>					
09/03/2004	Surgical	Anaes	Claimant admitted to BUPA hospital as NHS patient for routine trans-urethral resection of prostate. Alleged that spinal anaesthetic was administered incorrectly causing excessive loss of spinal fluid -> severe headaches for a time afterward	Settled for £3,500	NHSLA settled the case without admission of liability. Although Consultant had explained the risk, it was not documented. Currently anaesthetic CD reviewing practice
01/08/2004	Surgical	Ortho	Alleged failure to properly manage left leg fracture.	Dropped	No concerns about treatment provided
16/09/2004	Surgical	Gen Surg	Claimant committed suicide on surgical ward at QAH	Dropped	We believe the claim is being pursued against the PCT in respect of psychiatric input to care provided. PHT is currently reviewing its process for accessing psychiatric services
10/11/2004	Medicine	ED	Alleged failure to diagnose pelvic fracture following admission to ED	Settled for £1,250	With hindsight condition was underestimated. However, only difference made was short period of additional pain.
16/12/2004	Surgical	Ortho	Claimant having shower without assistance: handrail but no anti-slip mat. Claimant slipped and sustained injury to knee, requiring knee replacement	Dropped	No concerns about treatment provided



15/07/200	W&C	Obs/Mat	Unnecessary C-section	Settled for £20,000	No change of practice; scan was performed prior to C-section but there was a delay prior to procedure and baby changed position during the delay.
16/09/2005	Medicine	ED	Failure to diagnose pulmonary embolus	Settled for £10,000	Failure by ED SHO to follow standard protocol for this condition
17/08/2006	Surgical	Ortho	Following surgery to right hip, claimant was put on machine to mobilise leg to specified angle. After 36 hours, it was noticed that he had a wound across his right buttock, which left permanent scar	Settled for £3,300	Requirement for ortho dept to review CPM machines, to see if any are faulty
15/11/2007	Medicine	ED	Claimant attended ED with right arm injury and was given general advice. Re-attended: referred for x-ray, shoulder dislocated	Settled for £1,600	Junior doctor missed the dislocation:

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

Claim Date	Division	Specialty	Synopsis
<b>OCTOBER</b>			
01/10/2007	Medical	ED	Alleged misdiagnosis of fracture to right arm
29/10/2007	Medical	Critical Care	Claimant given noradrenaline bolus instead of propofol – subsequently died
30/10/2007	Medical	Gen Med	Alleged delay in replacing feeding tube
22/10/2007	Surgical	Urology	Alleged delay in operation -> permanent catheter
30/10/2007	Surgical	Ortho	Patient unhappy with treatment and went privately. Now claiming cost of operation
17/10/2007	W&C	Child	Alleged failure to promptly diagnose meningococcal meningitis
25/10/2007	W&C	Gynae	Alleged mismanagement of laparoscopic hysterectomy -> bladder damage
<b>NOVEMBER</b>			
08/11/2007	Medical	Cardio	Alleged internal bleeding resulting from catheter insertion: continues to have pelvic discomfort
28/11/2007	Medical	Gen Med	Alleged re-hydration concerns, following bout of C Diff
01/11/2007	Surgical	Urology	Alleged poor control of blood pressure following diagnosis of polycystic kidneys
06/11/2007	Surgical	ENT	Cleft palate present since birth: discovered whilst undergoing tonsillectomy age 14
08/11/2007	Surgical	Ortho	Alleged delay in diagnosing epidural haematoma following thrombolytic treatment for MI
15/11/2007	Surgical	Ortho	Alleged negligently performed total hip replacement by SA Medics
27/11/2007	W&C	Gynae	Claimant re-admitted following hysterectomy. Damage to ureter identified and treated, together with right-sided ovarian cyst
28/11/2007	W&C	Obs Mat	Alleged heart attack following birth in 2007, of which she was unaware
<b>DECEMBER</b>			
07/12/2007	Medical	Gen Med	Alleged lumbar puncture headache post procedure: claiming loss of earning
19/12/2007	Medical	MAU	Alleged long delay in diagnosis
21/12/2007	Medical	Cardio	Alleged failure in delay in referral -> private treatment
07/12/2007	Surgical	Rheum	Alleged failure to diagnose disc problems in back
07/12/2007	Surgical	HNU	Alleged foreign body left insitu following administration of I/V drugs
13/12/2007	Surgical	Ortho	Alleged suffered burn following ortho procedure
19/12/2007	Surgical	Gen Surg	Alleged developed pressure sore whilst on ward
21/12/2007	Surgical	Ortho	Alleged short leg following hip replacement
24/12/2007	Surgical	Urology	Alleged procedure carried out against claimant's wishes

### Total claims received

	Oct – Dec 06	Oct- Dec 07
Potential clinical negligence	18	25
Employer liability	11	2
Public liability	1	0
<b>TOTAL</b>	<b>30</b>	<b>27</b>

### Inquests

	Oct – Dec 06	Oct- Dec 07
Coroner request for report	37	42
Staff required to attend inquest	5	11

The number of potential claims remains steady with no significant increase.

There has been a small increase in inquests for the 2007 quarter in question with more staff being required to attend inquests.

## Small Claims

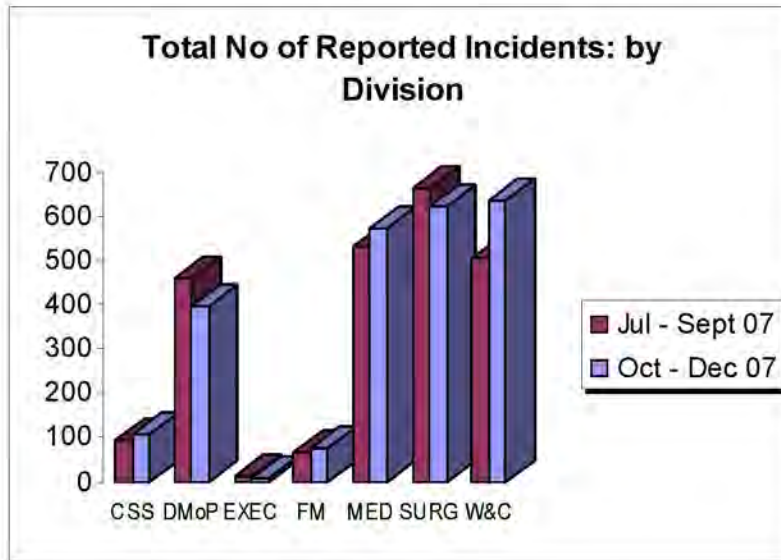
<b>CLAIMS PAID</b>	
<b>October - December 2007</b>	
<b>SURGICAL</b>	
Dentures	260.00
Glasses (repair)	175.00
Clothing	20.00
Travel reimbursement/parking	17.00
Jewellery	20.00
<b>TOTAL</b>	<b>£492.00</b>
<b>MEDICAL</b>	
Clothing	20.00
Dentures	194.00
Jewellery	150.00
House Keys	26.00
<b>TOTAL</b>	<b>£390.00</b>

<b>CLAIMS NOT PAID: October - December 2007</b>		
<b>Amount</b>	<b>Items</b>	<b>Reason for non-payment</b>
20.00	Watch	Patient deceased
3.50	Parking	Delay in seeing Consultant
25.99	Shoes	Staff reported missing shoes. However, left in cupboard so declined
24.99	Shoes	Staff reported missing shoes. However, left in cupboard so declined
<b>£74.48</b>		

Total small claims paid = £ 882.00  
 Total small claims not paid = £ 74.48



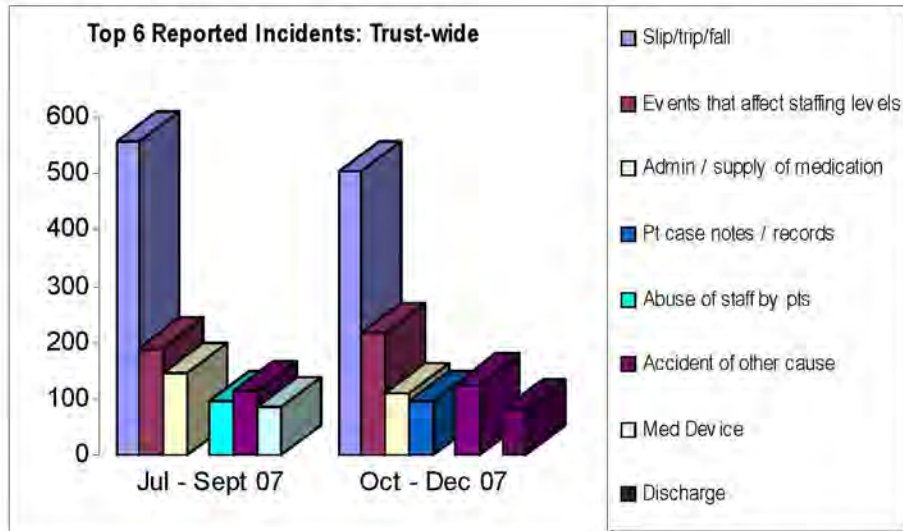
### INCIDENTS – Aggregated Report



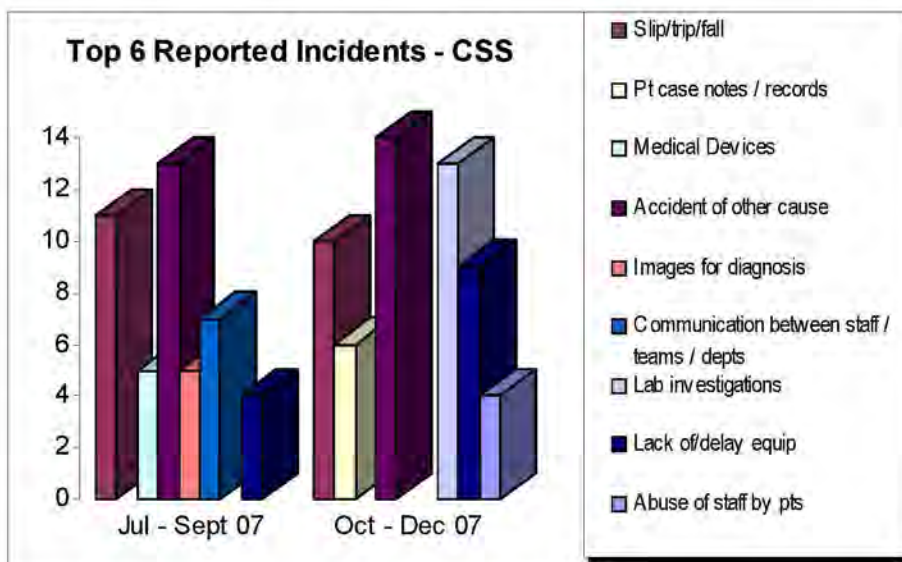
A total of 2432 incidents were reported in the quarter Oct - Dec 07 compared to 2334 in the previous quarter

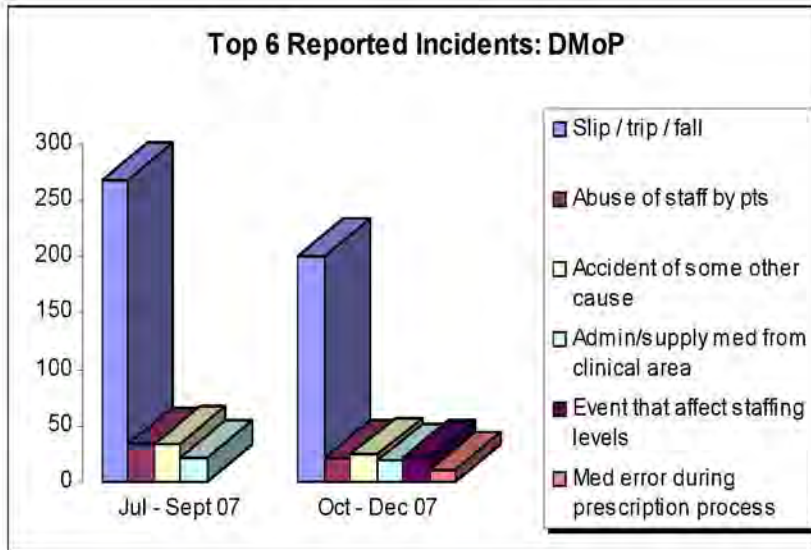
#### Reported Incidents as Percentage of Clinical Activity

	Jul - Sept 07	Oct - Dec 07
Medicine	1.3	1.3
Surgery	0.9	0.8
W&C	3.1	3.8



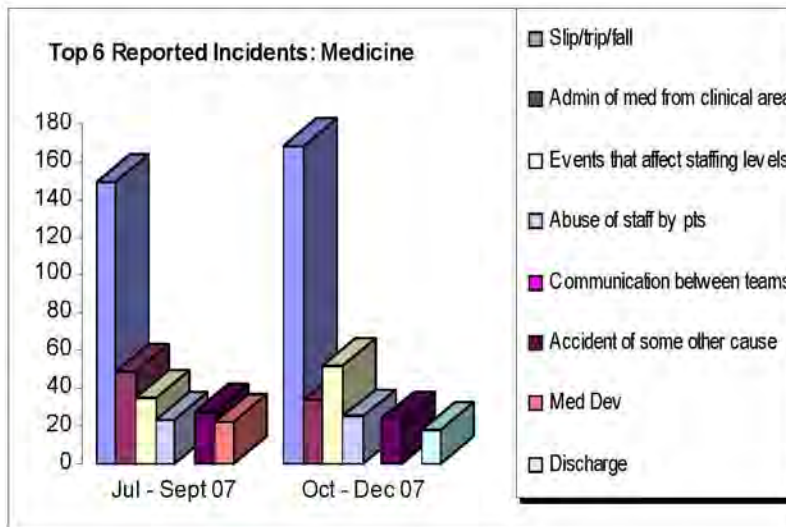
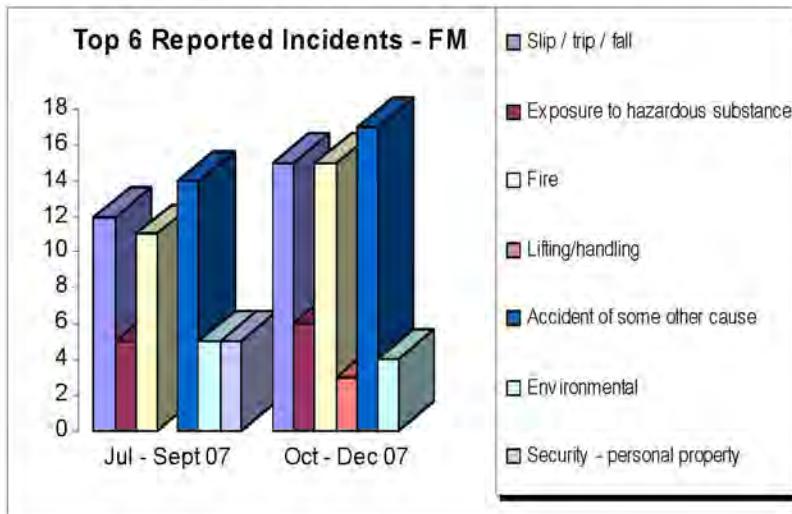
The graph opposite demonstrates that the top 6 reported incidents have remained largely similar over the two quarters.





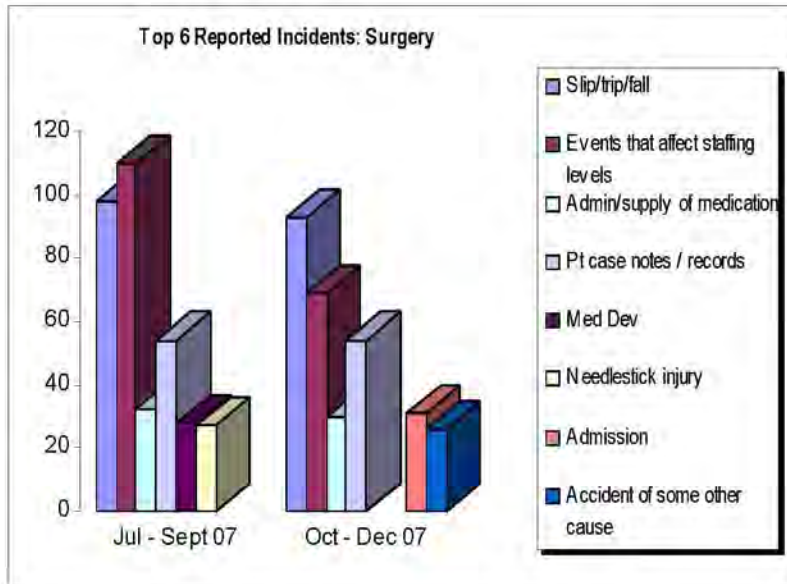
These graphs demonstrate that slips/trips/falls has been the most reported incident in both quarters.

No graph has been produced for the Executive Division, as there were only 8 reported incidents



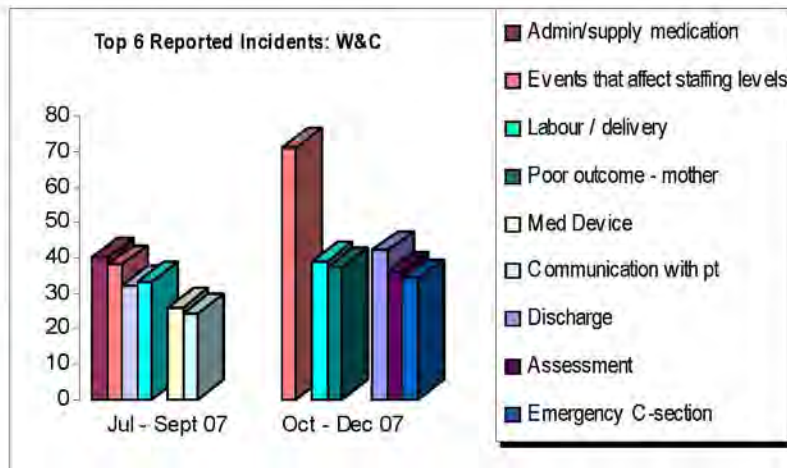
Slips/trips/falls and medication errors remain two of the top three reported incidents.

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

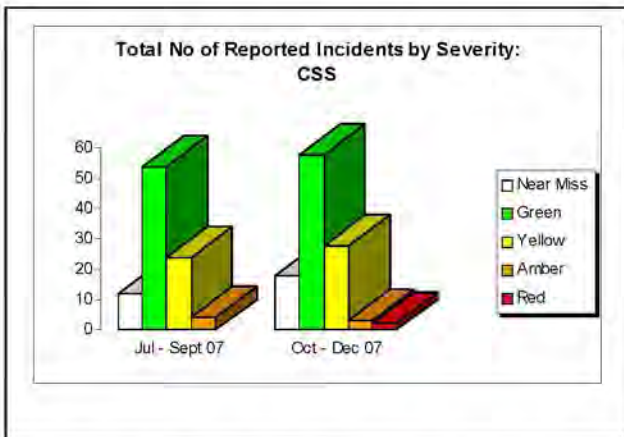
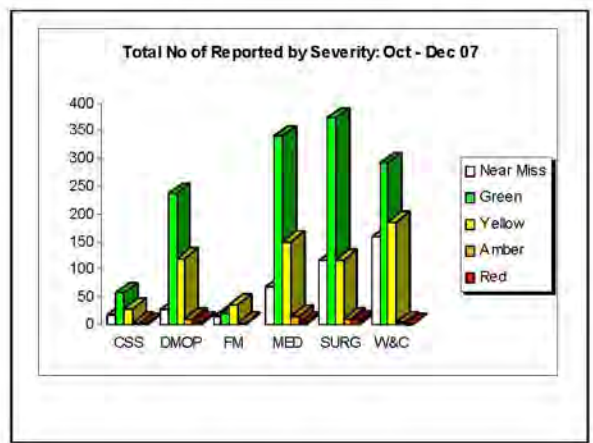
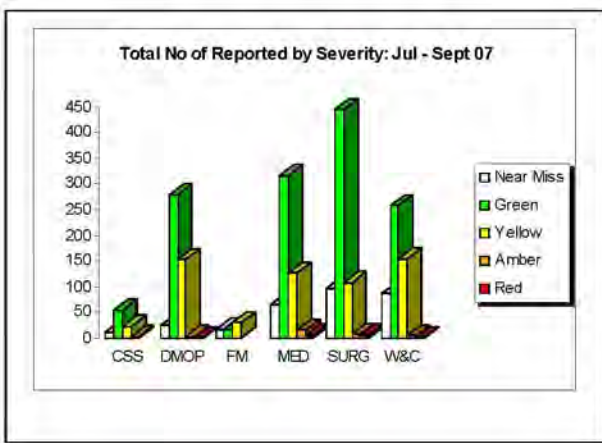


Slips/trips/falls remain the top reported incidents in both quarters.

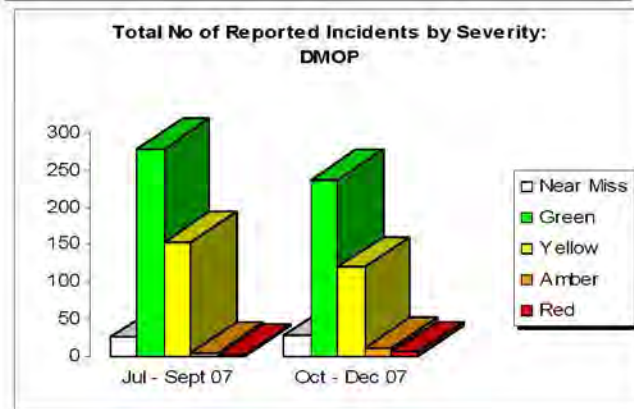
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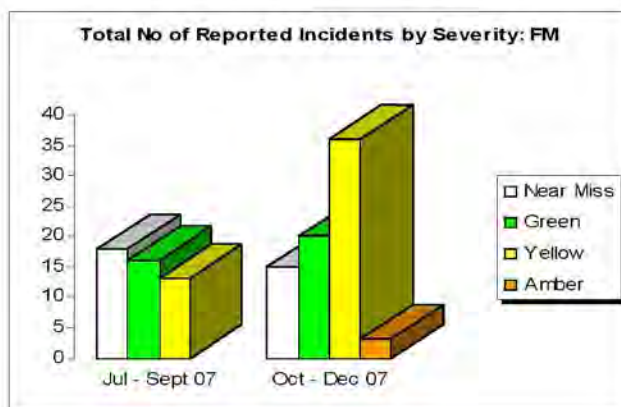




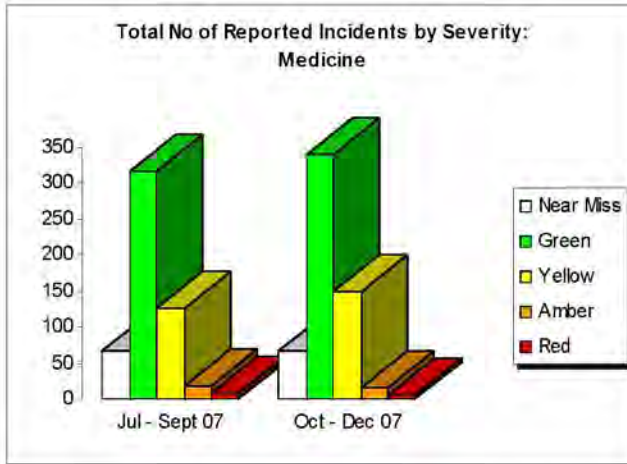
	Jul - Sept 07	Oct - Dec 07
Total reported incidents	94	109
Red	0	2
Amber	4	3
Yellow	24	28
Green	54	58
Near Misses	12	18



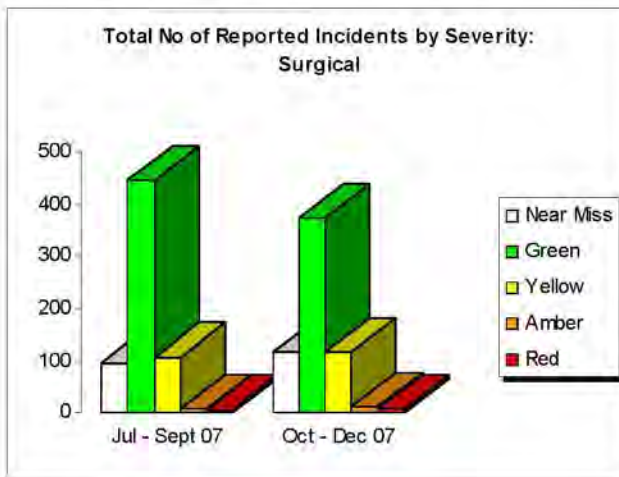
	Jul - Sept 07	Oct - Dec 07
Total reported incidents	463	399
Red	2	5
Amber	4	11
Yellow	153	119
Green	279	237
Near Misses	25	27



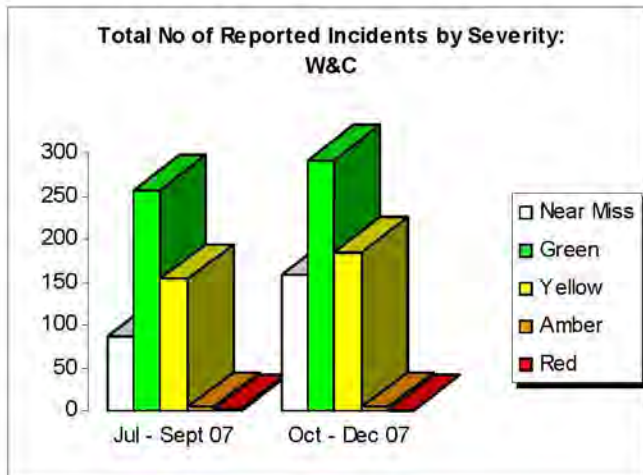
	Jul - Sept 07	Oct - Dec 07
Total reported incidents	64	74
Red	0	0
Amber	0	3
Yellow	30	36
Green	16	20
Near Misses	18	15



	Jul - Sept 07	Oct - Dec 07
Total reported incidents	533	577
Red	7	5
Amber	17	16
Yellow	127	149
Green	316	340
Near Misses	66	67



	Jul - Sept 07	Oct - Dec 07
Total reported incidents	664	625
Red	7	8
Amber	8	11
Yellow	108	117
Green	444	373
Near Misses	97	116



	Jul - Sept 07	Oct - Dec 07
Total reported incidents	505	640
Red	2	1
Amber	5	4
Yellow	154	185
Green	257	292
Near Misses	87	158

## 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

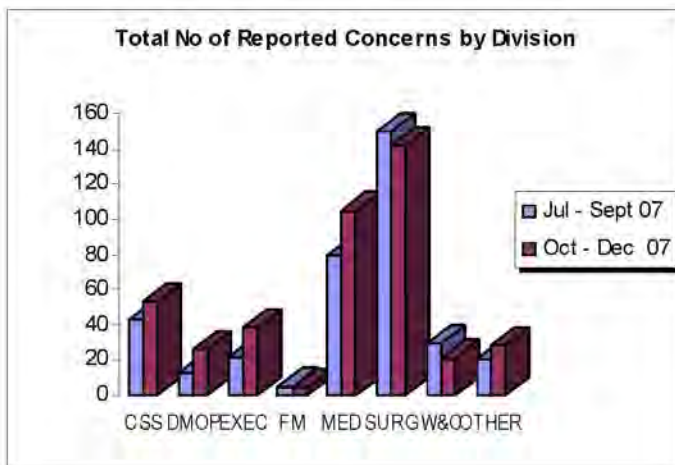
<b>July – September 07</b>		<b>October - December</b>	
<b>Division</b>	<b>Brief Summary</b>	<b>Division</b>	<b>Brief Summary</b>
DMOPS	1 x MRSA	CSS	1 x MRSA
DMOPS	Problem with PEG feeding -> pt died	CSS	Serious staff misconduct
Medical	3 x MRSA	DMOPS	5 x MRSA
Medical	SCAST invoking operational directive	Medical	3 x MRSA
Medical	Medication error: pt died	Medical	Delay in ECG: pt died, not directly linked to lack of ECG
Medical	Allegation of sexual assault	Medical	Delay in admission to Respiratory High Care: pt died
Medical	Transfer from ED -> DCCQ: died 10 mins after arrival	Surgical	5 x MRSA
Surgical	4 x MRSA	Surgical	Inappropriate outlier to DSU: lack of equipment and patient's condition deteriorated. Stabilised and transferred to RHCU
Surgical	Death of pt post-colonoscopy	Surgical	Missed long-term steroids: peri-arrest but recovered
Surgical	Pt received wrong unit of blood: unharmed	Surgical	Stolen lap-top
Surgical	Pt died post surgery: developed renal failure		
W&C	1 x MRSA		
W&C	Inappropriate admission to gynae: pt died		

## PATIENT ADVICE AND LIAISON SERVICE

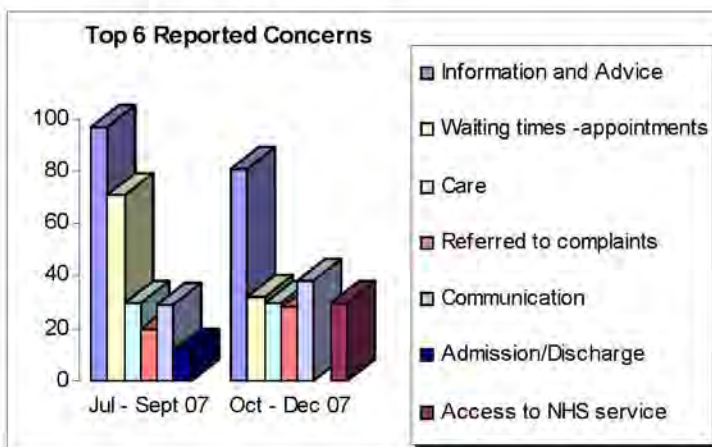
PALS continues to play a significant role in the patient and relative experience within the Trust, with 418 concerns being reported this quarter, against 362 the previous quarter, demonstrating an increase of 15%



This figure represents a 15% increase on the previous quarter



Of the Reported concerns	Jul - Sept 07	Oct - Dec 07
CSS	43	53
DMoP	13	26
Executive	22	39
Medical	79	105
Surgical	150	142
W & C	29	21
Other	21	28



Top 6 Reported Concerns	Jul - Sept 07	Oct - Dec 07
Admission/Discharge	12	-
Care	30	30
Communication	29	38
Referred to Complaints	20	28
Information & Advice	97	81
Waiting Times	71	32
Access NHS Service	-	30

PALS have dealt with many varied calls and emails from patients, carers, relatives and members of the public, requesting information and advice. Examples are as follows:

- ∞ Request for advice for arrangements following a relative's death
- ∞ Staff nurse requested information on how to obtain an interpreter
- ∞ Information requested on working as a volunteer
- ∞ Nurse requested list of accommodation details for relatives
- ∞ Client unhappy with care: requested information on how to change hospitals
- ∞ Query as to whether a hospital issued prescription could be 'filled' at a local pharmacy



- ∞ Enquiry into the records and burial place of a stillborn baby from 30 years ago

### Health Information Centre

Information is not available for the previous or the complete quarter October to December 2007, due to the Health Information Centre remaining closed until 22 October 2007.



### 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.

Ward/Dept	No	Ward/Dept	No
ED	29	HNU	93
Alton Wards	41	Labour Ward	20
Child Health	32	MAU	35
Coronary Care	19	Maternity	140
DCCQ	32	NICU	75
Dermatology	60	Onc/Haem	65
DMOPs	229	Orthopaedics	9
D Wards	174	Plastics	25
Exton 3	30	Radiology	9
F Wards	322	Radiotherapy	254
G Wards	34	Renal	60
General Surgery + SAU	200	Respiratory High Care	26
Gynaecology	16	Rheumatology	41
		Y wards RHH	130
<b>TOTAL</b>	<b>2,200</b>		

Even this snapshot demonstrates that the Trust received far more plaudits than complaints in this quarter 241 complaints compared to 2200 plaudits.

## ORGANISATIONAL LEARNING

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

### Complaints

- ∞ Any changes in practice in the medical division will be brought to the Clinical Governance meeting on a monthly basis and a quarterly report will be posted on the Intranet
- ∞ All alcohol gel dispensers checked 2/3 times a day in General Surgery and Surgical Assessment Unit
- ∞ Snack boxes available in the central kitchen out of hours: no longer wait delivery by porters
- ∞ Additional staff available weekday mornings in HNU, to facilitate and support smooth throughput of emergency patients
- ∞ Ward de-cluttering and purchase of cupboards for storage of linen
- ∞ Pre-operative assessment form updated in Day Surgery

### Incidents

- ∞ Falls representative now appointed to Head & Neck Unit
- ∞ Review of hyperglycaemic protocols
- ∞ Trust-wide standards on fluid management to be developed
- ∞ Separate drip stands for inotropes in DCCQ
- ∞ Refined medical equipment competencies in DCCQ
- ∞ Infusion bolus practice to include checking labelling on syringe/infusion bag
- ∞ Development of I/V competency for new DCCQ nurses

### PALS

- ∞ Patient appointment letter for radiotherapy amended

## RECENT AND FUTURE DEVELOPMENTS

- ∞ Tim Robinson has been appointed as the lead for Public and Patient Involvement and PALS
- ∞ PALS have a new telephone liaison officer
- ∞ Patient survey conducted in rheumatology
- ∞ Day Room upgraded on HNU: new furniture and TV
- ∞ Audit of "Speaking valves for laryngectomy patient clinic" undertaken: has reduced the number of clinics required and improved the service for patients.
- ∞ Two members of the risk management team have undertaken an NVQ in customer care