MPMorgan

Notes on Communication and Complaints

Communication

The trust has sought to improve all aspects of its communication systems: with patients, users and carers; with its own staff and with external stakeholders and partner organisations, with varying degrees of success.

Nurses on the wards, and their managers, appeared to be very aware of the need to inform patients and relatives of impending changes in the condition of patients and in the care plan. We were told that the results of MDT patient reviews were conveyed to relatives, and patients themselves where possible, as a matter of course, and their views would then be incorporated into the plan. The effect of this [on patients and users perceptions of potential outcomes], is to a great extent, dependent on the skill of doctors and nurses in listening and in communicating difficult information, and so results must vary somewhat. However, the trust is providing training in this, and a clinical manager [Philip Beed] told us that he works alongside his nurses to observe their practice and to coach them in the desired behaviour.

Everyone seemed to attribute the situation concerning Mrs Code A and similar complainants, to a failure in communication, leading to differing perceptions of potential outcomes of care. Therefore, efforts to resolve this, have focused on improving the way in which treatment decisions are shared and discussed, in order to better manage patient and carer expectations.

Other information for patients, ie leaflets and guidelines, appeared to be freely available on the wards, thought information on the trust's complaints system, was not very prominent.

I don't think we were provided with evidence that some of the more innovative ways of communicating with patients and carers to involve them in service planning, - focus groups, search conferences, users groups etc. were in use on the wards we looked at, though I think we were told that these techniques were applied in mental health. Some people in the trust, must therefore, have skills that could be drawn on.

Communication between the trust management and its staff appeared to be working relatively well, as most staff interviewed, felt they were informed about what was happening in the trust. I also asked questions about whether people felt apprised of developments in their profession, and again, most answered positively.

It did also feel as though management was held in high regard by trust staff, and many people spoke of ease of access to the CE and other directors.

Communication with external partners was said to be improving, and the present situation did not appear to be adversely affecting patient care. There were usual problems of discharge, but they did not seem to be generated by any failure in communication, being more a function of capacity within social services.

Complaints

The trust appeared to have a relatively robust complaints system, though as mentioned above, information on how to go about complaining, was not very prominently displayed in ward areas. We were given examples of where practice had changed as a result of a complaint.

The main feature of note was that the CE told us that he does see all written complaints himself, and signs response letters. He also intervenes in complex situations, where he can offer a personal touch. His success in helping to negotiate resolution with particularly aggrieved patients or relatives was mentioned [and obviously valued] by a number of senior staff.

In respect of the complaint in question [the Mrs Code A one], we did, towards the end of the week, get more of a sense of what the trust's response had been in terms of its rather 'light touch' investigation. I felt more reassured that they probably had acted appropriately given the information they had at the time [although Philip Beed reported to us that he thought the relatives would invoke the law]. The trust believed for a considerable period of time, that they were handling a simple complaint.

It is rather more difficult to understand why the pulling of records by the police did not spark a bit more panic, but maybe Max's personal life had a bearing on his response at the time. It was also explained that even when the police requested patient records, the matter was

handled by Max and the Quality team, who did not appreciate that there could be implications for nursing as well. We were informed [by Eileen], that this would not happen now, because as well as complaints being dealt with more holistically, she sees them herself to look for issues that may have a bearing on nursing practice.