

EXAMPLES OF ACTIONS TAKEN AS A RESULT OF COMPLAINTS IN THE PAST THREE YEARS

These examples have been taken from reports made to the Health Authority in Portsmouth over the past three years.

April to June, 1998

1. Problems with aspects of nursing care on Wards in the General Surgical unit have been identified with the help of formal complaints. A new General Manager had taken over the unit, and she was able to use the complaints to address problems with particular members of staff.
2. An issue was raised with respect to ordering gluten-free food. There are stickers for menu cards for various special requirements, and new stickers are to be ordered to identify a gluten-free menu request card.
3. Re-surfacing work was carried out in St Mary's Hospital car park after a complaint was received from a lady who fell over.
4. A "safety-net" procedure was introduced by a Consultant Physician to avoid unsuitable cancellations being made from his clinics. This procedure was suggested to the Chairman of the Consultants & Specialists committee, for consideration by all Consultants in the Trust.
5. A complainant has provided leaflets for the Trust Security Department to put on the front windscreens of cars which are inappropriately parked in disabled car park spaces.
6. Discharge procedures have been re-enforced on a Ward where a Nurse had recently started work, and had implemented the system used in her previous employment in Canada. This related to the use of taxis to take a patient home on discharge, the cost of which is charged to the Trust, and is not paid by the patient.
7. Improvements have been identified in the incidence of pressure sores in patients of the General Surgical unit. Since the employment of a Tissue Viability Nurse, the incidence has dropped from 27% to 15.5%, and the unit is working towards the national guideline of 5% incidence.

July to September 1998

1. Following a complaint, a new Trust policy was created on the donation of organs after a patient has died. There previously wasn't a formal policy on this matter, so this has enabled the Trust to put an important document together.
2. Dermatology have also widened the range of patients who receive information leaflets to include Private Patients, so that they can ensure that all patients receive all advice on PUVA treatment.

Also, information was given to the Editor of a local Newsletter in a format which he could pass on to his readers, explaining how the new token system works in Queen Alexandra Hospital car park.

October to December 1998

1. Following a complaint from a pregnant lady about lack of specialised observation in A & E, foetal heart monitoring equipment has been purchased for A & E.
2. Although not as a direct result of one particular complaint, the Surgical Unit at QA have identified a need to review how their doctors and nurses can work more as a team, including communication and documentation issues which arise in a number of complaints. It is hoped that this review will bring about an improvement in patient care.

3. There is to be a review of the booking system used in the Fracture Clinic as part of the redevelopment of the Department, which it is hoped will greatly improve the service provided.
4. The Chief Executive has met with the Medical Director and representatives of the Orthopaedic and General Medicine Departments to look at the provision of care to patients on a Medical Ward who also have an Orthopaedic problem.

January to March 1999

1. As a direct result of a complaint, a supply of new feeder cups have been purchased for the medical wards at QA and St Mary's.
2. Also, it was identified that staff in a particular department at Queen Alexandra Hospital could have prevented a formal complaint being made if they had handled the situation differently. Training has been arranged for these staff to ensure they are courteous and responsive to patient concerns, have suitable telephone answering skills, and are able to deal with enquiries in an understanding and timely manner.
3. The same complaint identified a problem with clinic letters not being signed when a particular Consultant was on Leave. This problem has now been addressed, and a system introduced which includes identification of urgent letters, which are processed without delay.

April to June 1999

1. As a direct result of a complaint, the General Manager of the Surgical Department is reviewing the liaison between the two NHS Trusts about patients who have a known psychiatric condition who are being admitted as an elective case for surgery.
2. All complaints have been discussed with staff, and retraining has been arranged where this has been identified as being needed.
3. A patient who has been using the same tracheal tube for many years has had a tube custom-made, as his old tubes were no longer available.
4. Alterations made in the way in which two Consultant Physicians arrange their clinics, to minimise the effect of medical staff being on Leave. Buffer appointments being held for patients who have to be cancelled, so that they can be re-appointed soon, rather than wait till the next available appointment.

July to September 1999

1. As a direct result of a complaint, the Medical wards are actively looking for ways in which they can improve the support given to the families both prior to and following the death of a relation.
2. A couple did not want to know the result of a routine triple blood test, usually taken during early pregnancy. They were subsequently informed, because a midwife had failed to adequately document their wishes.

As a result the department have now designed a sticker to be attached to all medical notes which lists all the pertinent tests, with a section for 'declined' 'accepted' etc., so a recurrence of this incident will in future, be avoided.

Recommendations for October to December 1999

1. Patients who deteriorate while waiting in the community will now have a 999 ambulance requested by the bed bureau and patient to be admitted via Accident and Emergency.
2. Problem with contacting tissue viability nurse. Changes had been made to existing policy, so that patients are not left for too long when suffering from pressure sores
3. Elderly patient had two falls from bedside chair, on medical ward, following stroke. Difficult to avoid, because can't restrain patients, so investing in a different sort of chair.
4. Dialysis patient was dropped at home late at night, 200 yards approximately from front door. Driveway was unlit. Wife found him wandering around confused in the dark.
5. Taxi firms sent letter, giving recommendations on how to assist patients following discharge.
6. Relatives were experiencing long waits for documentation at Patient Affairs. New cards have now been produced requesting they ring before coming to the hospital to determine everything in order and to save them time.
7. Following drug error (double strength antibiotic given to young child) all medication on Saturdays now dispensed from main Pharmacy. Staffing level in Eye Department now increased on Saturdays.

January to March 2000

1. Two complaints about fractured hips being missed in A&E have resulted in the Consultant asking all junior doctors to be especially careful in checking for this injury in all elderly patients.
2. Arrangements were made for some patients to have their own nurse on the Ward to avoid the need for post-operative ITU care, following multiple cancellations of their operations.
3. An invoice for completing an HSA insurance form, sent in error, was cancelled, and the Trust Board decision not to charge for this was reiterated to staff.
4. A complaint about the toilet doors in temporary Ward accommodation led to a thorough check of all toilet and bathroom doors in the new ward and in the temporary accommodation.
5. In D Level Theatres a new system has been introduced to deal with problems on a daily basis through the use of a logbook and regular meetings.

July to September, 2000

ACTIONS :-

1. A patient wrote and complained about the way she is treated when she attends Hospital. She was given an appointment, and discussed her concerns with the Consultant in clinic.
2. Complaints about clinical care received by a patient have been investigated in full, and explanations given about the reasons for treatment decisions and the timing of the stages of treatment.
3. Husband's complaint about care received by wife when she attended A&E with a ruptured ectopic pregnancy has led to new junior doctors receiving additional induction about serious conditions and how to manage them.
4. As a result of the same complaint, the triage nursing staff have been reminded of the urgency with which a patient with a suspected ruptured ectopic pregnancy needs to be seen by the medical staff.
5. Another complaint was about the length of time that it took to receive test results. The results were sent to the patient's GP, and his outpatient appointment was expedited.
6. Complaints about cancellation of surgery, or long waiting times for surgery have been dealt with as quickly and sympathetically as possible, with up to date information given to the complainant.
7. Serious breach of cleaning procedure was identified in a complaint. Addressed with staff concerned, and re-training arranged.

Complaint made about the level of car parking charges levied. Explanation given about how this money is used, and very sorry they are upset by these charges.

October to December 2000

1. An anomaly in the grading of CT scans was noted between the Trust and Haslar. This has been raised as a risk issue, for action to be taken. A major risk review was subsequently carried out, and actions taken to avoid this in the future.
2. A large number of complaints about orthopaedic waiting times were dealt with sensitively and thoroughly, in a timely manner.
3. The threshold at which patients with suspected sub-arachnoid haemorrhage are referred to Neurosurgery at Southampton has been lowered, so that they are referred more often.
4. The Risk Department is holding an ongoing Serious Clinical Review into a patient's care, to pick out improvements for future practice. The relatives of the patient made a formal complaint.

FEB 2001 – Report to Clinical Governance Board

The Complaints dept. has recently reorganised and appointed a complaint manager to lead this busy service.

Over the past five years the number of formal complaints has risen gradually. In 2000 the Trust received an average of 12 formal complaints every week.

The number of verbal complaints has risen at approximately the same rate. In 2000 the department dealt with approximately 5 verbal complaints every week.

In the forthcoming year it planned to introduce a training package for senior nurse managers. The aim will be to empower nurses to deal with complaints, with the assistance of the complaints dept, closer to the source of the problem. This in turn will improve ownership of the specific issues and consequently lead to greater awareness of how to put right such matters and avoid repeat problems.

January to March, 2001

ACTIONS:-

1. An appointment was made for a complainant to discuss her medical concerns with a Consultant, instead of writing a letter responding to her complaint. In another case, the Consultant wrote a letter of explanation to the complainant directly.
2. In a particularly sensitive complaint about events after his wife had died, the complainant was contacted by telephone, and the process was explained to him. Verbal apologies were also expressed to him.
3. Problems have been identified with hospital transport for patients, leading to high level meetings to enforce the contract and try to ensure there are improvements in the service. Further training needs were identified for a member of staff in communication and appointment making. Training was arranged accordingly.