

TRUST BORD MEETING – March 2010

Title of the Paper:	Complaints	
Agenda item:	43/10	
Author:	David McNeil, Director of Communications & Corporate Affairs	
Trust Objective:	<i>Objective 1 – Patient Safety</i>	
Key issues The report provides a summary of the kinds of complaints received by the Trust and the actions taken to improve services as a direct result of complaints.		
Risk Implications for the Trust <i>(including any clinical and financial</i>		Mitigating Actions (Controls):
Level of Assurance that can be given to the Trust Board from the report [significant, sufficient, limited, none]: Significant		
Links to Key Line of Enquiry (KLOE 1 - 5) N/A		
Legal Implications: None noted at this time		
Recommendation to the Trust Board: The Trust Board members are asked to note the report		

Public Board Meeting, 25 March 2010

Complaints Review

Presented by: **David McNeil, Director of Communications & Corporate Affairs**

1. Purpose

This report provides a summary for the Board of the types of complaints received and the issues that are raised. It also examines the learning that the Trust takes from these complaints to prevent reoccurrence.

2. Summary of Complaints

2.1 In January 2010 the Board received a paper outlining the changes that had been introduced to the complaints process (paper 18/10). The Board requested to see details of the types of complaints received, the key themes and the actions taken as a result of complaints.

2.2 Each quarter the Trust prepares a Complaints, Litigation, Incidents and PALs (CLIP) report that identifies the main themes from the complaints in the quarter under discussion. The quarter three CLIP report has been provided for the March Board meeting for information and highlights the main complaint themes as:

- Clinical treatment
- Staff attitude
- Admissions, discharge and transfer arrangements
- Communication and information to patients

Example 1: A Patient suggested that admission times be staggered on all day lists. It was agreed to determine list order with the relevant consultant 24-48 hrs prior to operating day and is being trialled in General Surgery.

2.3 These themes can also be cross referenced to the outcomes identified in the National In-Patient surveys and the more localised surveys that have been undertaken.

2.4 Breaking these themes down by staffing groups allows for an increased understanding of the main issues of concern. There are also complaints about some of the systems and processes within the Trust. For example, there are concerns about the delays in dispensing medicines for people to take home and the delays that can occur in relation to discharge planning and working with

other agencies. Complaints have also been received with regard to the process of outpatient and elective surgery booking.

Example 2: Following a complaint about a process in radiology, all reports that indicate that a patient has an infection or requires antibiotics will be faxed to GP surgeries

2.5 As described in the January Board paper, the Trust has established a much more robust process for ensuring that actions identified from complaints are followed up and properly documented. For each complaint an action plan is prepared by the Division, which is then signed off by the Divisional Board once the action has been taken and completed.

Example 3: Following a complaint, a decision was made that a particular room would no longer be used for patients who needed to be hoisted from wheel chairs onto the examination couch as the room was considered to be too small.

Conclusion

2.6 Whilst every complaint is taken seriously and steps taken to remedy the individual's concerns, it would be wrong to assume that the Trust only receives complaints. All wards and departments receive regular thank you letters and cards from patients, which are displayed on notice boards in the individual areas. Increasingly patients and relatives have been writing to the Chief Executive to express their satisfaction with the services offered and to praise the professionalism of the staff.

2.7 It is also worth noting that, although it is important to take seriously the complaints that are received and to learn the lessons that arise from them, the Trust receives complaints from less than 1% of the total patients seen in any one year. This does not mean that only a small number of people have concerns about the services we provide, however, it hopefully demonstrates that for the majority of people they are happy with the level of service, care and treatment that the Trust offers.

3. Recommendation

3.1 The Board are asked to receive this report and note the examples of complaints and the learning the Trust has taken to improve the services.

David McNeil

Director of Communications and Corporate Affairs

March 2010