

Meeting on 10/11/10 at Queen Alexandra Hospital.

Present:

Julie Dawes, Chief Nurse

Karen Flynn, Patient & Customer Services Manager

Allison Stratford, Associate Director of Communications & Engagement,

Cllr Lynne Stagg

Presentation with figures showing number and category of complaints

The new procedure for dealing with complaints started in September 2009 and has partly accounted for the reduction but there has been a genuine reduction. Staff can meet people away from QA if it would be upsetting for them e.g. in bereavement cases. Complainants can meet Patient Advice and Liaison Services (PALS) in person or phone in privacy. Recently the Ombudsman examined complaints where it was felt that they had not been handled properly. Out of 47 complaints the Ombudsman only took on two; one was not pursued; the Ombudsman asked QA to pursue the other and was satisfied with the result. Complaints can be partially upheld. There were 90 "second bites" out of 1,200 complaints.

All Clinical Service Centres receive monthly reports on complaints in their areas. Top five themes are clinical treatment (by far the biggest), cancelled/ delayed outpatient appointments, cancelled/ delayed inpatient appointments, staff attitude, admission/ discharge/ transfer arrangements. These are similar to other hospitals.

All complaints received are acknowledged within three days (since April 2009). Some complaints are addressed to individuals which makes them hard to track eg if someone is on holiday. Sometimes complaints are received from relatives but QA can only take action with the patient's consent which can cause delays.

Some complaints refer to several matters eg treatment and food. These complaints are not treated separately but are based on the main complaint. In theory QA only deals with complaints concerning treatment within the last six months but in some cases they will go beyond that. There are a few vexatious complaints, mostly low level.

If someone wants to sue this is treated differently and is dealt with by the legal team. In some cases if a complaint is being investigated it may impede the legal case. Some legal cases last for years. As well as negligence people can sue for lost earnings. Staff can use their discretion in matters like replacing lost glasses; the cost comes out of departmental budgets.

Serious incidents e.g. broken bones after falling are investigated and reviewed objectively, whether or not the person complains.

All staff are expected to be professional. Dealing with complaints and concerns is part of the job, however trivial they may seem to staff. Dealing with complaints is covered during staff induction training seen as Continued Professional Development.

QA receives more plaudits than complaints; some letters of thanks come with cheques for the Rocky appeal.

Several factors affect complaints: generational change where people who are grateful for treatment are dying out and will be replaced by generations who are more demanding (QA had a session on this recently as it will be a challenge); litigation culture; people's expectations are higher; longer stays complaints gradually decrease as patients recover; in the ED/ MAU there are not many complaints as patients are there for a very short time. Will the clinical thresholds (discussed at HOSP on 23/09/10) lead to more complaints?

Each month the Board receives a quality report. Information on patient satisfaction is drawn from all sources eg PALS, LINKs, patient experience, surveys, questionnaires for a detailed quarterly analysis. The highest satisfaction ratings are cancer 85% and inpatient 81%, which is a big increase. The mortality rate is one of the best in the country. Questionnaires can be completed on touchscreen stands and on paper; they are part of the discharge procedure but not as many are completed as QA would like.