

Appendix 3 – Learning from Complaints

Directorate: Acute & Diagnostics

Key Complaint Issues: Clinical Treatment

What happened?

Since opening the Combined Assessment Unit (CAU) in December of 2017, it was evident through patient complaints, exit blocking from the Emergency Department (ED) and an over filled waiting area in CAU, that patient flow was sub optimal.

Discussions with the surgeons at the surgical meeting identified the requirement to have a dedicated area to cohort the surgical patients in CAU. This was straight forward to implement the changes after discussions with the SCN in CAU, the lead surgeon for SAU and the CSM.

Nursing staff and the CSM visited another CAU at Ayr Hospital to gain knowledge and information sharing. This took planning and working with High Wood Health to make the environmental changes to adapt the Capacity Manager's office into test of change NTA area.

What went well?

A dedicated Surgical Assessment Area defined in Pod A of CAU, allocating 8 surgical assessment spaces. This provided us to cohort surgical patients.

Nurse triage area (NTA)

Communications between ED and CAU coordinators improving

What, if anything, could we improve?

Future plans to exchange hospital beds in CAU to patient trolleys

Place CAU on a local 4 hour target

Aim to improve discharges directly from CAU back to usual place of residence/care home – current performance is 41%.

What have we learnt?

Understanding of each other's department in ECC (ED & CAU).

Close working relationships with SAS & GPs required promoting patient flow.

Patient information prior to attending CAU would inform patients what to expect when attending for assessment.

What actions are planned or have been taken?

1. Improve communication and co-ordinated working practices between ED and CAU
2. Dedicated surgical assessment area identified
3. Improved communications with Scottish Ambulance Service (SAS)
4. Nurse Led Triage Area (NTA) identified
5. Patient information literature in progress
6. Close working and improved communications with Support Services supporting patient flow

Care Assurance Learning Summary

Key Complaint Issues: Clinical Treatment

What happened?

As part of the Care Assurance process, patients are asked about their experience on the ward. This feedback showed that across many ward areas in DGRI, patients were complaining about the quality of the cups of tea.

What went well?

- Excellence in Care Lead fed patient feedback to the catering department.
- The Catering department through the Catering Dietician implemented a test of change on a couple of wards.
- Patients liked the new tea bags.
- Catering Department have changed supplier of tea bags
- The new tea bags are being rolled
- Patient feedback through Care Assurance is shared with the Menu and Delivery and with the Food and Hydration strategic group

What, if anything, could we improve?

What have we learnt?

- It's important to ensure that relevant teams are aware of the patient feedback gathered through the Care Assurance process.
- Considering other people's perspectives is vital in order to improve patient's experiences.
- Small tests of change are safe, non expensive and don't intrude in patient care

What actions are planned or have been taken?

1. Excellence in Care Lead to continue to give feedback on all matters relating to food fluid and hydration to the Catering Dietician.

Directorate: Acute & Diagnostics

Key Complaint Issues: Complaint Handling

Datix Reference: 5520

SPSO Ref: 201800972

What happened?

Patient was admitted to DGRI following vomiting and congestive cardiac failure. Patient was transferred to a cottage hospital for further rehabilitation and then discharged to a care home.

Patient's daughter submitted a complaint to DGRI but the patient's daughter had concerns with response and escalated to the SPSO. The SPSO has highlighted the specific concerns regarding the response as:

- Concerns with the tone of the response
- Concerns that the response did not reasonably address the complaints raised
- Concerns with the time taken to respond
- Concerns with the efforts to communicate the response
- Concerns with the failure to call the patient's daughter back when promised

Findings

These are the findings to each of the specific concerns listed:

- **Concerns with the tone of the response:**
The patient's daughter found the tone of our response to be inappropriate and upsetting. We strive to provide a person centred approach to our responses and it is disappointing to find that we did not achieve that and in fact caused further distress to the patient's daughter.
- **Concerns that the response did not reasonably address the complaints raised:**
Our responses did not reasonably address all of the points raised. Evidence that these areas have been addressed with our teams will be provided separately as per the full SPSO action plan.
- **Concerns with the time taken to respond**
The response was issued within the 20 working days timescale as per the Complaints Handling Procedure (CHP). However as an acknowledgement letter was not issued as per the CHP, the patient's daughter was not aware of the timeframe we were working towards. This should not have happened..
- **Concerns with the efforts to communicate the response**
The patient's daughter had asked for the response to be issued as soon as possible as she wanted her father to hear the response before he passed away. On being advised that the letter was awaiting signing, she asked if the letter could be read to her over the telephone but this request was declined. It is recognised that there may have been anxieties about reading out an unverified letter but it would have been reasonable to explain that changes might be made and read the letter as long as it was understood to be a draft. Failure to do so is recognised as showing a lack of compassion.
- **Concerns with the failure to call the patient's daughter back when promised**
There is no record to indicate that a phone call had been promised. At this point not all communications were logged.

What have we learnt?

We are continually reviewing our complaints handling process and this feedback has given us the opportunity to reflect and learn from a number of areas;

- Language used in our response letters
- Ensuring that all points of complaint are answered appropriately
- Timescales are adhered to
- Clear and regular communication with complainants

Our aim is to provide a quality and meaningful complaints procedure experience with regular contact with our complainants, however we have not yet reached that standard for all of our complaints.

From this particular complaint it is clear that the content and language of our response was unacceptable with specific complaints not being fully addressed. We do ask ourselves 'would I be happy to receive that response?' and 'does this address all points of complaint?' when looking at our letters, and it is not always clear what level of detail is needed or wanted, however regular communication with complainants would aid a better understanding of what is required, and this is an area we wish to improve upon.

All complaints should be acknowledged as per the CHP in a timely manner. Improved communication as above, will help in this area.

All feedback received by the Acute & Diagnostic Services Directorate is now shared with the management team in order to triage and appropriately assign each case. Weekly meetings are held with the management team to track the progress of responses and this allows the opportunity for escalation if challenges are identified.

What actions are planned or have been taken?

1. Learning from this complaint will be shared with the relevant staff; the Senior Charge Nurse and Nurse Manager assigned to this case (in relation to addressing each point of complaints), by way of distribution of this learning summary.
2. We will explore where learning summaries are shared, this will include a variety of forums, for example SNAG (Senior Nurses Acute Group), SMT's (Speciality Management Teams), AMB (Acute Management Board)
3. A change in personnel within the Patient Experience Team has allowed a refocus on complaint handling, with support from the management team, including regular contact and updates.
4. All communications with patients / families is now logged on Datix.
5. The Patient Experience Team now has a weekly meeting with the General Manager, Lead Nurse and Associate Medical Director to review all complaints.
6. All complaints are reviewed by and signed off by an appropriate senior manager.
7. Complaints database to include response dates to ensure timely feedback.

As a result of this complaint were any services – CHANGED IMPROVED
WITHDRAWN

Directorate:	Acute & Diagnostics
Key Complaint Issues:	Clinical Treatment
Datix Reference:	5520 SPSO Ref: 201800972

What happened?

It was found that during the patient's admission, the following failures occurred:

- Fluid balance charts were not completed appropriately, with family finding that they needed to prompt staff to complete these charts
- The patient experienced a fall which was not recorded or followed up when the family raised this with staff
- The patient developed a pressure ulcer which was not identified until transfer to another hospital

Findings

The completion of fluid balance charts was vital to the patient's wellbeing and the daily monitoring of his underlying kidney condition. The patient was on a restricted fluid intake due to fluid retention but with inaccurate records staff were unable to recognise that his weight gain was due to fluid retention, not oral intake.

- Following the patient's fall, there was no entry in his notes, no Datix report logged, and it would appear that no 'post fall bundle' was completed, all of which should have been completed as per our fall risk assessment guidance.
- The grade 1 pressure ulcer was identified on transfer to a community hospital but there was no entry of this being identified on the ward prior to his transfer. It was also found that the risk assessment to determine the risk of developing a pressure ulcer was not completed correctly, with the patient being assessed at a lower risk than he should have been. The risk assessment did not include the patient's oedema, organ failure and suspected bowel cancer and palliative status. This resulted in the patient not receiving the appropriate level of skin checking and prevention required to prevent a pressure ulcer from developing. Additionally, the pressure ulcer was graded as 1, whereas the patient's skin was broken and therefore this should have been assessed as a grade 2.

What actions are planned or have been taken?

The Board has a local Care Assurance process, which incorporates a number of national HIS standards including the care of older people in hospital, fluid and nutrition, falls and pressure ulcer standards. Within our main hospital, Dumfries and Galloway Royal Infirmary, Care Assurance standards are reviewed in all but one inpatient ward (Combined Assessment). They are also reviewed in our Community Hospitals, including Kirkcudbright. The Board currently has a plan to roll out a local Care Assurance programme across all of our hospitals. Care Assurance standards are reviewed at three levels:

Level 1 – Performed twice per week by Senior Charge Nurses and Band 6s.

Level 2 – Performed once a month by Nurse Managers.

Level 3 – Performed twice per year as an unannounced visit by someone independent of the ward.

Findings and improvement plans are discussed through various forums with assurance sought formally through our Health Care Governance Committee.

What actions are planned or have been taken? cont....

Compliance with HIS standards is also measured by HIS and their inspection reports are available

here: http://www.healthcareimprovementscotland.org/system_pages/published_resources_search.aspx?f=5%3a308&town=dumfries&q=

In response to this complaint, the concerns raised within were discussed at nurse handover huddles. These meetings are not currently minuted and therefore there is no evidence to demonstrate this took place. The Lead Nurse has shared with her team the importance of recording such discussions and teams are now encouraged to take a brief note of topics discussed and agreed actions.

Fluid Balance

Since this complaint, we have introduced a new fluid balance chart with training provided to staff by one of our Specialist Nurses. The new chart and training was trialed in the ward concerned with this complaint



Daily Adult
Intravenous Subcuta

A fluid balance guidance chart is now included in every patient's notes



Fluid balance
volumes pg2 version

Falls

Falls have been discussed at Nurse Quality and Safety Meetings



Nursing Safety and
Quality Meeting - 6 Ju



Nursing Safety
Meeting - 7 Nov 2018

Skin Health

A Tissue Viability Nurse has commenced post and has been tasked with reviewing the compliancy of skin bundles and our equipment to aid skin health. This work is in the very early stages. Progress and findings will be fed back to the Nurse Quality and Safety Meeting.

Directorate: Women & Children's Services
Key Complaint Issues: Staff attitude and behaviour
Datix Reference: 6125

What happened?

The woman and her partner had contacted the Maternity Assessment Unit as she felt she was in labour. Following assessment the midwife felt that the woman was not in established labour but in the latent phase of labour and the best course of action would be for her to return home which she did and presented for a second time to MAU as her contractions were increasing. Again she was advised to go home but declined due to the distance and to avoid a repeat of her previous labour where she had gone home and delivered very soon after arriving back at the hospital. The couple felt unsupported in their care and felt that the midwife present at the delivery was not prepared as she did not believe the woman was in labour.

What went well?

The woman and her partner were provided with one to one care when she was in established labour.

What, if anything, could we improve?

Communication could be improved particularly around listening and shared understanding.

The care of women in the latent phase of labour could be improved.

What have we learnt?

We need to improve listening skills of midwives and ensuring that the women have a shared understanding of decisions being made and agreed.

We need to review the guidance for latent phase of labour.

What actions are planned or have been taken?

1. The maternity service plan to work with organisational learning and development to provide interactive sessions to address attitudes and behaviours.
2. Senior Charge Midwives have been asked to review how midwives are allocated to care for women not in established labour but staying within the hospital environment for reassurance.
3. Monitoring of guidance relating to the latent phase of labour.