Heatherwood and Wexham Park Hospitals NHS Foundation Trust

Complaints Procedure

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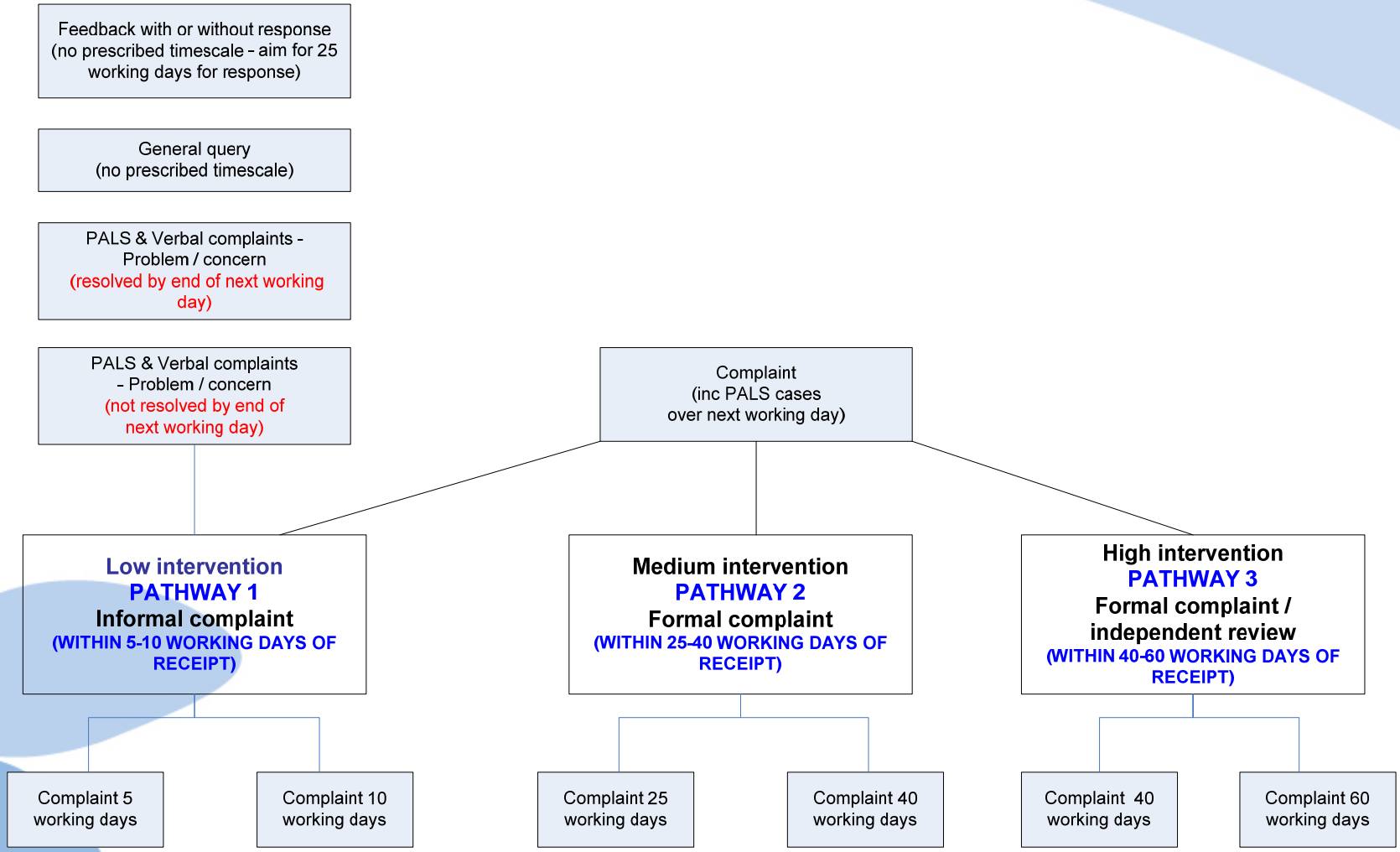
Overview & Scrutiny Committee
Royal Borough of Windsor and Maidenhead
8th March 2010

Change in legislation following 'Making Experiences Count' consultation

- People friendly service
- No more prescribed timescales
  - Other than acknowledge within 3 working days
- No clear definition between PALS and Complaints
- No exception for complaints making suggestion of a potential claim/compensation
- Aligning Health and Social care complaints

Heatherwood and Wexham Park Hospitals NHS Foundation Trust

PALS / Concerns / Complaints process



Complaint Process Pathway

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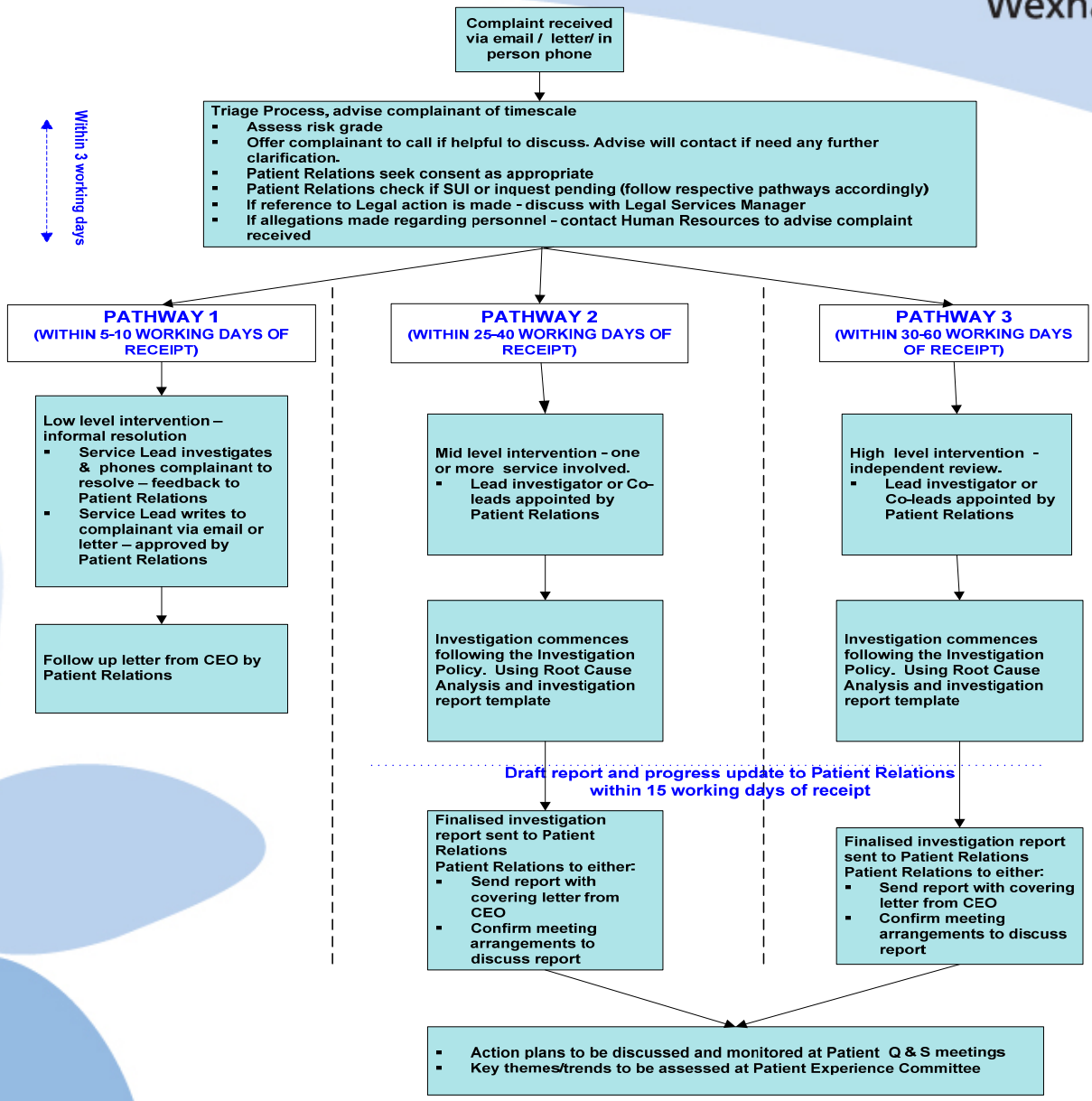

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ASSESSING HOW SERIOUS THE COMPLAINT IS

Heatherwood and Wexham Park Hospitals
NHS Foundation Trust

Step 1: Decide how serious the issue is

Seriousness	Description
Low	Unsatisfactory service or experience not directly related to care. No impact or risk to provision of care. **OR** Unsatisfactory service or experience related to care, usually a single resolvable issue. Minimal impact and relative minimal risk to the provision of care or the service. No real risk of litigation.
Medium	Service or experience below reasonable expectations in several ways, but not causing lasting problems. Has potential to impact on service provision. Some potential for litigation.
High	Significant issues regarding standards, quality of care and safeguarding of or denial of rights. Complaints with clear quality assurance or risk management issues that may cause lasting problems for the organisation, and so require investigation. Possibility of litigation and adverse local publicity. **OR** Serious issues that may cause long-term damage, such as grossly substandard care, professional misconduct or death. Will require immediate and in-depth investigation. May involve serious safety issues. A high probability of litigation and strong possibility of adverse national publicity.

DH Department of Health

Step 2: Decide how likely the issue is to recur

Likelihood	Description
Rare	Isolated or 'one off' – slight or vague connection to service provision.
Unlikely	Rare – unusual but may have happened before.
Possible	Happens from time to time – not frequently or regularly.
Likely	Will probably occur several times a year.
Almost certain	Recurring and frequent, predictable.

Step 3: Categorise the risk

Seriousness	Likelihood of recurrence				
	Rare	Unlikely	Possible	Likely	Almost certain
Low	Low				
		Moderate			
Medium					
			High		
High				Extreme	

EXAMPLES OF DIFFERENT TYPES OF INCIDENTS

Low	**(simple, non-complex issues)**	Delayed or cancelled appointments.
		Event resulting in minor harm (eg cut, strain).
		Loss of property.
		Lack of cleanliness.
		Transport problems.
		Single failure to meet care needs (eg missed call-back bell).
		Medical records missing.
Moderate	**(several issues relating to a short period of care)**	Event resulting in moderate harm (eg fracture).
		Delayed discharge.
		Failure to meet care needs.
		Miscommunication or misinformation.
		Medical errors.
		Incorrect treatment.
		Staff attitude or communication.
High	**(multiple issues relating to a longer period of care, often involving more than one organisation or individual)**	See moderate list.
		Event resulting in serious harm (eg damage to internal organs).
Extreme	**(multiple issues relating to serious failures, causing serious harm)**	Events resulting in serious harm or death.
		Gross professional misconduct.
		Abuse or neglect.
		Criminal offence (eg assault).

Complaint Investigation Report

Heatherwood and Wexham Park Hospitals NHS Foundation Trust

Patient: Mrs Carrie Moore
Ref: WP7956/D3547
Hospital No: 0097654
Complainant: Mr Barry Moore

Co-ordinating investigator(s):
Jerry Parker , Head of Security
Anna Setics, Lead midwife Inpatient services
Sarah Mop, Senior House Keeping Supervisor

Responses from (include job title):

Jerry Parker, Head of Security
Anna Setics, Lead midwife Inpatient services
Sarah Mop, Senior Housekeeping Supervisor

Evidence used for response (please list):

Patient's medical & nursing records
TPP 189 – Car Parking policy
Statement from Midwife

Brief synopsis of complaint:

• Husband came to visit wife and had difficulty parking. No parking spaces either inside or outside the hospital car park. Could only park on grass verge. Not enough parking spaces for visitors and outpatients on week days.
• Lack of care and support wife received in the Labour Ward on Friday (25th October 2009) following delivery of her baby.

Response to complaint:

Availability of car parking
I am sorry that on occasions you had difficulty finding a parking space and for the annoyance and distress this obviously caused you. The car parking system has been in place for approximately two years now and we have received some very positive comments, although we are aware that at certain times of the day the car parks can become very busy. Unfortunately we are constrained by planning restrictions from expanding the numbers of parking spaces and we are working hard to tackle these problems through other channels, involving a wide range of stakeholders, including the local authorities and transport providers. However we also have to work within the constraints of the environmental and green targets set by the Government. You do not mention which of the two public car parks you used but we have found in general that the spaces provided between them do meet the demand, given the high turnover in numbers through the day. Unfortunately, on some occasions when you visited it seems there were not sufficient spaces. I am extremely sorry for the added distress this caused to you and your family.
Action / Learning: •Car parking activity monitored and reviewed regularly
Patient moved post delivery
With regards to your wife being moved, it is usual practice to move a mother in the immediate period post delivery on to a ward bed as these are significantly more comfortable than the delivery beds. I appreciate that perhaps your wife did not feel up to moving and may have experienced difficulty in doing so due to the effects of the epidural and I apologise that this was not fully explained at the time. Unfortunately the pool room, as you have highlighted, is not designed to accommodate a bed and I agree that this was an inappropriate move due to difficulties associated with a limited space for which we apologise.
Action / Learning: •This has been discussed with the Labour staff from both a practical and a health and safety perspective.

Access to call bell
There is a call bell in the pool room but due to the location of the bed, the bell is not easily accessible. I apologise that the position of the call bell was not made known to you when Carrie was transferred to the room following her delivery.
Action / Learning: •Staff reminded to inform patients of the location of their nearest call bell.
Patient felt unsupported
I am sorry that a midwife was not allocated to care for your wife at the point of shift change and that she was left alone with no support for several hours. This is clearly unacceptable. An assessment of both mother and baby should have been undertaken in order to make a plan of care for the post natal period which would include plans for observations of both mother and baby. The Labour Ward was indeed extremely busy on the day in question. However there is a clear escalation policy in place to ensure that this situation does not occur and I have reminded the shift co-ordinators to ensure they are familiar with the policy and its requirements in order to avoid further recurrences. I appreciate this must have been a distressing time for you both at a time when you should have been enjoying the first few hours with your son. I can understand and appreciate why your wife felt she wanted to discharge herself from hospital and I am sorry that she did not receive the care and attention that is expected in the Unit. I understand Mary Christmas, Midwife acknowledged that Carrie had been unsupported and apologised at the time.
Action / Learning: •Letter shown and discussed with staff at ward meeting. •The escalation policy has been brought to the attention of all staff to ensure they are aware of the correct process to follow.
Request for fan not met & refreshments not offered
I am sorry that your request for a fan to make your wife more comfortable was not facilitated prior to your transfer to the postnatal ward and that your wife was not offered any refreshments post birth as it is usual to provide tea and toast if the clinical situation allows, which we can see from the notes was the case.
Action / Learning: •Staff reminded to offer tea and toast if allowed and to act upon requests or update the patient if the request cannot be met

How many complaints do we receive?

On average per month for 2009/10 we have received:

- 32 formal complaints
- 80-100 Patient Advice & Liaison (PALS) cases
- 42 verbal complaints
- 19 feedback & out of time complaints
- 500 compliments

On average per month we have:

- 8,300 Accident & Emergency attendances
- 20,800 Outpatient attendances
- 6, 000 Inpatient episodes

The Mid Staffordshire NHS Foundation Trust Inquiry

" If there is one lesson to be learnt, I suggest it is that people must always come before numbers. It is the individual experiences that lie behind statistics and benchmarks and action plans that really matter, and that is what must never be forgotten when policies are being made and implemented."

Robert Francis QC