

Learning from complaints: themes April 2021

Communication: absent or incorrect

Respect, caring and patient rights

Organisation process – bureaucracy,
waiting times, accessing care

Quality – clinical standard



You said “ I was expecting to fall asleep after having sedation ahead of an endoscopic procedure and requests leaflets be amended to reflect this is not the case.”

We did “Assurance given that leaflets clearly state “sedation given is unlikely to send you to sleep” and is given to ease discomfort.”

You said ““Please take some action regarding the lack of communication on your Older Persons wards. Given that frail older confused people are not allowed visitors for 3 days due to Covid restrictions, you can imagine my frustration at not getting through and being ignorant of their well-being”

We did “Apologised and offered reassurance that changes had been made to improve this service. The recruitment of additional clerical staff and adjusted routines put in place to ensure that phones are covered on the front desk at all times. All Multi-disciplinary teams have been reminded that they carry the same responsibility in ensuring relatives are updated as often as possible”

We encourage all staff to attend Customer care training and Conflict resolution

You said “My loved one’s property got lost during an admission on the Critical Care Unit.”

We did ” The ITU team use a Clinical Information System to document notes. They have formulated an electronic version of the property list which is automatically added when a patient is admitted and is a mandatory field to fill in. There are also now daily reminders on the nursing care plan to check property is documented, with a final reminder on discharge to fill in the property list on the 7 day Care Plan prior to transfer to the ward”

You said “cash was missing on my discharge.”

We did “apologised, reimburse for the lost property and reminded all staff of the importance of the transfer of property checklist .”