

Quarter 1 2017 / 2018 complaint summaries					
Case Summary Number	Date complaint closed	Outcome	What happened?	What we found	Putting it right
1	31 May 2017	Partially upheld	Concerned that Doctor caused damage to their nose; and Consultant said they could not have operation. Felt that Nurses treated them with a lack of respect and were intimidating.	That there was some uncertainty regarding when the damage originally occurred and that the treatment options available were limited due to the underlying health conditions. Nurses had not clearly communicated the rationale for escalation to senior staff.	A full explanation and apology was provided for the lack of clear communication. The Chief Executive offered to meet with complainant to fully discuss the issues raised in more detail.
2	31 May 2017	Partially upheld	Unhappy with constant cancellations of appointments at last minute, appointment has been cancelled several times meaning complainant waited over 7 months for an appointment. Receives text messages with appointment times at really short notice.	Due to a lack of Medical staff, appointments were cancelled at short notice due to the need to cover emergency clinics and theatre schedules.	Explanation and apologies given, and recognition of the distress this had caused in the ongoing monitoring of condition. Advised that medical cover has since improved, and that lessons have been learnt by staff in the appointments team to ensure patients are informed more promptly and when contacting patients they provide detailed information on the reason the cancellation is necessary.
3	2 June 2017	Partially upheld	Felt that patient was discharged with no care package in place. Lack of nutritional support for renal diet. Lack of support with hygiene needs. Lack of clinical	Extra support was require on discharge and this was not clearly communicated to patient and information provided was confusing. There was a failure to explain the menu cards to the patient,	Apology for the overall patient experience and lack of dignity and respect was provided and an explanation of the discharge and Menu card process. Staff have all been made aware of the need to their improve communication regarding Menu cards and discharge planning. Since the complaint was made, the Ward has

			testing to aid diagnosis, and poor links between Trust departments.	which led to a lack of nutrition. There were no tests undertaken which should have been carried out to aid diagnosis. No evidence was found regarding lack of support with hygiene needs, but apology for any failures was given.	implemented a process to ensure at least 2 hourly comfort checks are carried out on all patients.
4	5 June 2017	Partially upheld	Lack of support and miscommunication from 111 service regarding provision of asthma medication. Incorrectly sent to ED, resulting in the inability to get medication.	111 Clinician incorrectly placed call to the advice list not GP appointment. Advice should have been given to attend the nearest open pharmacy. Due to the waiting in time in the GP out of hour's service, there was a delay in being seen, which resulted in pharmacy being closed once prescription issued.	Apology and explanation was given. Staff have reflected on the feedback and will ensure that 111 clinicians know they can send patients direct to pharmacies in cases such as these.
5	12 June 2017	Partially upheld	States that since hernia operation in July 2015, patient has suffered with chronic pain and distress. Alleges that following further surgery patient was told that a suture was a 'foreign body' and had been removed	Post-operative chronic pain is a known complication in hernia surgery. Follow-up appointments and tests were undertaken to check cause of pain following initial surgery. Recognised that in secondary surgery it is likely that he 'foreign body' was the	Explanation provided in relation to operation. Apology given if for communication failure at time of initial surgery, and assurance given that the surgery was undertaken in operating theatre.

				remnant of residual absorbable suture.	
6	14 June 2017	Partially upheld	Unhappy that ever since having a knee replacement in February 2016 patient had not been well. Feels that the infected lung was acquired in hospital. Felt that nobody told them the patient was dying.	Patient suffered a post-operative infection and developed a deep vein thrombosis, all known complications from surgery. All of which was documented on consent form and explained prior to surgery. There was no link from surgery to the sad passing of the patient. Documentation was found to evidence that regular communication was made with patient's family regarding their deterioration.	Apologies and condolences provided. Explanations provided and assurance that operation was not linked to patient death. Apology given that the communication was not clear enough with family. Offer of meeting with staff given in final response to discuss further.
7	26 June 2017	Partially upheld	Concerns raised about the attitude and behaviour of the doctor in an outpatient appointment.	Doctor recalled consultation with patient, but was not aware of making derogatory comments or displaying poor behaviour.	Explanation of the consultation provided an apology given for any miscommunication or offence caused, which was not the intention of the doctor. To provide reassurance regarding on-going clinical care a new appointment was made for the consultant to review the patient, and an offer of a meeting to discuss the complaint was offered.