AIMS For a better birth...

Complaints are heard

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Journal Editor *Vicki Williams* reports on some actions taken in response to complaints

AIMS has heard good things about one MSLC which receives regular reports on complaints and are involved in the process of responding to them. An annual report is produced and complaint statistics are analysed. AIMS is privileged to be able to share in some of this work.

Trends

It is not always possible to identify a single main issue within a complaint since most are multi-faceted. This does make trend analysis more difficult. The following areas of complaint were noted, in order of frequency:

- Attitude of midwife or doctor
- Lack of pain relief
- Care in labour
- Lack of 1:1 care and continuity of carer in labour
- Lack of postnatal support
- Protocol not followed
- Poor breastfeeding support and information
- Lack of or poor information
- Delay in treatment
- Poor communication
- Lack of privacy
- Poor hygiene
- Error with investigation results and drug error

Reopened complaints

The reasons the initial responses were not felt to be satisfactory were varied, but included complaints where the complainant disputed the midwife's version of events; new concerns being added to a previous complaint; complainants who remained unhappy with the actions and decisions taken by staff despite the previous response explaining the rationale for these actions and the complainant asking for clarity or further information on points which had previously been addressed. All reopened complaints were dealt with by the complaints team with the result that no referrals for independent review by the Healthcare

Commission were received during the reporting year.

Meetings offered

In response to some complainants, meetings were offered in the first instance rather than the usual written response. Policy states that complainants should be offered meetings where possible, however, the number of issues, healthcare providers and areas concerned in many obstetric complaints mean that a meeting is not always appropriate as not all the issues could be addressed and feedback from a wider range of staff is required.

Actions taken as a result of complaints

Women who complain are invited to become involved as lay representatives on the MSLC as this is a useful way of women using their own experiences to highlight areas for improvement within the service.

As a result of the complaints received there have been changes to policy and practice. Updated information leaflets and guidelines for giving information over the telephone have been produced.

Complaints concerning the attitude or clinical practice of a midwife were dealt with on an individual basis with the relevant Supervisor of Midwives and any further training needs were addressed. Ongoing reminders to all staff are given by ward managers at staff meetings that a small number of complaints continue to highlight poor staff attitude as a cause of concern. A number of initiatives have been put in place to address this issue.

In areas where the complaint needs to be addressed by other depar tments, these are jointly addressed.

Antenatal clinics and appointments are being reorganised to make the process work better for women and to make best use of clinician time.

Increased sensitivity in the care of women whose babies have died is being implemented and alternative places of care are being offered.

Senior staff attended a study day on the importance of good communication and the impact of poor communication with emphasis on improving and challenging those behaviours which result in a negative patient experience. Weekly protected teaching sessions covering a variety of topics are allocated for all staff.

As a method of informing staff of the impact their actions and decisions had on one woman, it was decided that a case review of the events which occurred during her labour would be presented as part of the weekly protected teaching programme for all staff. Whilst each midwife tried to care appropriately for this woman it was felt that the impact of a visual representation of her experience and movement throughout the unit would be a powerful way to demonstrate the overall lack of continuity of care and would make staff think carefully how such situations could be avoided in the future.