

# **PALS & Complaints Service Improvement Report**

## **Q4 – 2021/2022**

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# Q4 PALS & COMPLAINTS SERVICE IMPROVEMENT REPORT

## 1. Purpose of Report

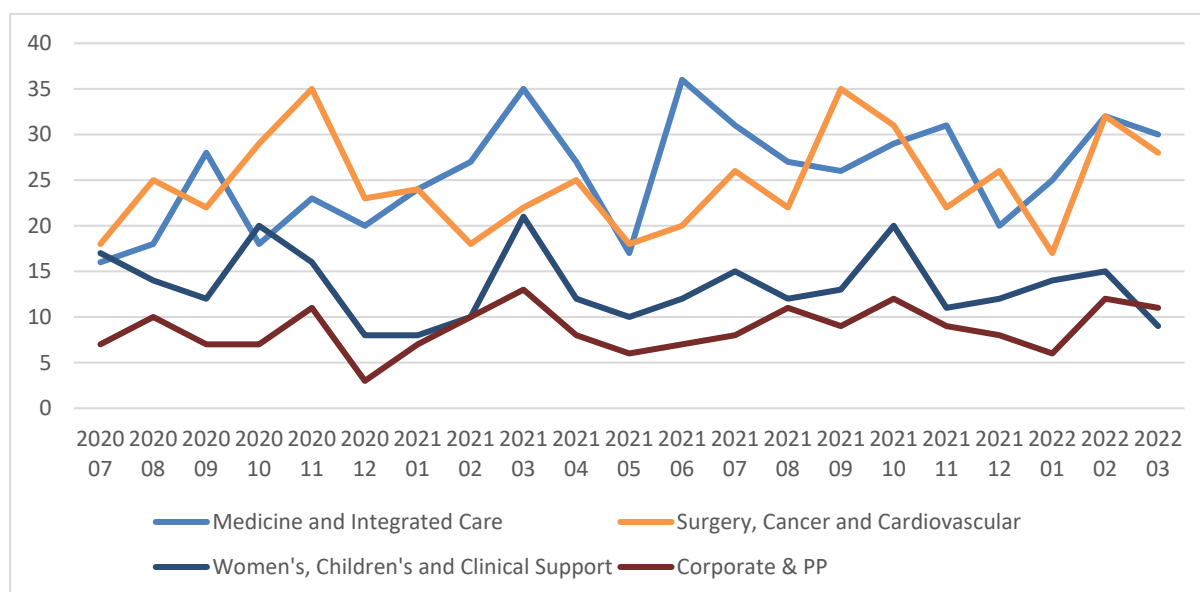
This report provides an update on numbers, themes and learning from formal complaints and PALS feedback.

Data collected from complaints and PALS is analysed so that we can help identify themes and emerging trends from complaints as well as services that are struggling (see 1.10).

### 1.1 Total Number of formal complaints received per quarter:

Trust wide Complaints 2019/2020				
	Q1	Q2	Q3	Q4
<b>2020/2021 Complaints Total</b>	141	199	219	222
<b>2021/2022 Complaints Total</b>	202	236	237	233

### 1.2 Complaints received per month by Division over last 18 months\*:



\*Excluding 1 for NWL Pathology recorded during the period.

### 1.3 Acknowledgment rate:

The NHS Complaints regulations require us to acknowledge receipt of formal complaints within 3 working days. Unfortunately six complaints received during Q4 were acknowledged outside the three working days timescale for acknowledgment of receipt, although this was an improvement on Q3 when 11 were late. We have now fully recruited to the admin team and expect to continue to return to full compliance with this target. The complainants affected received an apology and an explanation for the delay.

## 1.4 Themes & Trends

The table below provides a breakdown of the themes of complaints received across the Trust during the Quarter (for which 15 or more complaints have been received). This is followed by a deeper dive in to the top themes (highlighted for each Division in yellow). Further information on the other themes is available if required:

SUBJECT/DIVISION	Medicine and Integrated Care	Surgery, Cancer and Cardiovascular	Women's, Children's and Clinical Support	Corporate & PP	Total
All Aspects of Clinical treatment /Clinical Treatment	22	22	15	5	64
Communications	14	9	6	4	33
Appointments	7	21	2	1	31
Values and behaviours (staff)	14	2	7	3	26
Admissions and discharges	8	5	2	0	15

## Medicine & Integrated Care

MAIN SUBJECT: All aspects of clinical treatment		TOTAL : 22
Lack of treatment		5
Poor clinical care		4
Misdiagnosis		3
Ineffective treatment		2
Incorrect drugs given		1
Clinical Treatment - Accident and Emergency		3
Clinical Treatment - General Medicine		3
Other		1

MAIN SUBJECT: Communications		TOTAL : 14
Communication with relatives/carers		5
Communication with patient		4
Conflicting information		2
Inadequate information provided		2
Breaking bad news		1

MAIN SUBJECT – Values and behaviours (staff)		TOTAL : 14
Attitude of Nursing Staff		7
Attitude of Medical Staff		5
Rudeness		2

## Surgery, Cancer & Cardiovascular Services

MAIN SUBJECT – All Aspects of Clinical treatment		TOTAL : 22
Poor clinical care		5
Clinical Treatment - Surgical group		5
Misdiagnosis		3
Infection following surgery		2
Lack of treatment		2
Poor day surgery		2
Poor nursing care		1
Clinical Treatment – Anaesthetics		1
Results not available		1

<b>MAIN SUBJECT – Appointments</b>		<b>TOTAL : 21</b>
Appointment Cancellations		14
Appointment delay (inc length of wait)		3
Appointment - availability (inc urgent)		2
Appointment booking system (including Chose and Book)		1

<b>MAIN SUBJECT – Communications</b>		<b>TOTAL : 9</b>
Communication with patient		3
Communication with relatives/carers		3
Inadequate information provided		1
Insufficient information provided		1
Patient not listened to		1

### **Women’s, Children’s, and Clinical Support**

<b>MAIN SUBJECT - All Aspects of Clinical treatment</b>		<b>TOTAL: 15</b>
Poor clinical care		5
Lack of treatment		2
Misdiagnosis		2
Poor nursing care		2
Clinical Treatment - Radiology		2
Did not see Consultant		1
Refused treatment		1

<b>MAIN SUBJECT – Values and behaviours (staff)</b>		<b>TOTAL: 7</b>
Rudeness		3
Attitude of Medical Staff		2
Physical Abuse/Assault By Staff (Inc Alleged)		1

<b>MAIN SUBJECT – Communications</b>		<b>TOTAL: 6</b>
Communication with patient		2
Inadequate information provided		2
Communication with GP		1
Delay or failure to receive scans / x rays		1

### **Corporate & Private Patients**

<b>MAIN SUBJECT – All Aspects of Clinical treatment</b>		<b>TOTAL:5</b>
Poor clinical care		3

Inadequate pain relief	1
Appointment error	

<b>MAIN SUBJECT – Communications</b>		<b>TOTAL: 4</b>
Communication with patient		2
Inadequate information provided		2

<b>MAIN SUBJECT – Values &amp; Behaviours (Staff)</b>		<b>TOTAL: 3</b>
Other		2
Attitude of Nursing Staff		1

## 1.5 Closed Complaints – Upheld/Not Upheld

204 complaints were closed during the quarter, slightly up on the 199 cases closed in the previous quarter. The table below shows how many were upheld, partly upheld or not upheld by Division. The percentage breakdown was as follows: Upheld: 24%, Partly Upheld: 25%, Not Upheld: 51%. This is broadly in line with previous quarters.

	<b>Closed Stage 1 - Not Upheld</b>	<b>Closed Stage 1 - Partly Upheld</b>	<b>Closed Stage 1 - Upheld</b>
<b>Medicine and Integrated Care</b>	34	21	17
<b>Surgery, Cancer and Cardiovascular</b>	42	11	11
<b>Women's, Children's and Clinical Support</b>	25	8	12
<b>Corporate &amp; PP</b>	38	32	26
<b>Totals:</b>	<b>104 (51%)</b>	<b>51 (25%)</b>	<b>49 (24%)</b>

## 1.6 Recording actions and learning from complaints

The Complaints team records actions and learning from complaints in the “Actions” section of DATIX. This allows them to be allocated to the Governance Leads and/or other relevant members of staff within the Divisions, ensuring that they take better ownership and responsibility for learning in their own areas.

A summary of the actions is shared at the Divisional and Directorate Quality and Safety Meetings by the Patient Complaints Investigators and the Complaints & Service Improvement Manager.

## 1.7 Summary of Parliamentary & Health Service Ombudsman (PHSO) cases

The PHSO did not share the outcome of any independent reviews of complaints during Q4.

## 1.8 Complaints received during Q4 by Risk Grade

	Low	Moderate	High	Total
Medicine and Integrated Care	79	8	0	87
Surgery, Cancer and Cardiovascular	72	5	0	77
Women's, Children's and Clinical Support	37	3	0	38
Corporate & PP	28	1	0	29
Totals:	216	17	0	233

\*plus one low risk for NWL Pathology

## 1.9 Update on actions and service improvements

The Complaints & Service Improvement Manager is also developing links with his counterpart at Chelsea & Westminster NHS Foundation Trust with visits to each other's Trusts taking part in early 2020. There was a plan to arrange a joint workshop between the two complaints teams to consider closer joint working, but this has been postponed due to the Covid-19 pandemic. The Complaints & Service Manager spoke again with his counterpart at Chelsea & Westminster during Q4 and have agreed to rearrange this as a virtual session later in 2022.

The Complaints & Service Improvement Manager is also working with the Outpatients Improvement Programme on implementing the CQC Accessible Information Standard (AIS). The standard sets out our standards for communicating with patients who have disability related needs, for example BSL, braille, large print. The new AIS options have now been built into Cerner and this will go live in May 2022. The Complaints & Service Improvement Manager is supporting with the training and education of staff around the rollout and ensuring that its use is embedded and sustained. The project is also being supported by a Communications update and crib sheets have been prepared for staff.

The final update relates to how we record the details of the complaints we receive. At present, we do not have a workable process in place for recording protected characteristics (as defined by the Equality Act). This means that we do not have enough information to know if the people raising complaints about care provided by the Trust reflect the make-up of the communities we serve. The Complaints & Service Improvement Manager has worked with the patient experience team to develop an online tool to collect this information. This has now been launched an initial results will be shared in this year's annual report.

Finally, in response to the Ockenden report we will be working with the Women's & Children's Quality and Safety Group to explore how we might involve the Maternity Voices Partnership more in the complaints process following.

### **Improvements already made in Q4 as a result of complaints feedback:**

The following is a selection of more significant service improvements that were made or are planned in Q4 following or linked with investigations into complaints:

#### Medicine & Integrated Care

- We found that we had accidentally discharged a patient to the wrong care home and offered unreserved apologies for this. The Matron sincerely apologises for the concern and upset caused as a result of this incident. As a team the ward staff have learned from this error and now ensure that if patients are going to a new home address, the staff check with the Social Workers and the Discharge team to ensure that the correct address is documented in the patient's notes and transport booked to the right address.
- We received a complaint about the attitude of a renal doctor. We apologise that the doctor failed to introduce themselves to the patient and was not wearing her required name badge. The clinical lead has reminded the doctor of our expectations in this regard. Further information provided in terms of how the doctor and their team will use the complaint for learning moving forwards.
- A patient experienced difficulties getting through to anyone by phone or a call back following his enquiry on arrangements for their endoscopy appointment. When the pre-procedure medication arrived it was for a scan procedure rather than an endoscopy. We upheld the complaint and confirmed that a number of projects are currently being run to improve the Endoscopy service including: Pre-assessment clinics for Endoscopy, COVID-19 swab appointments being booked by the Endoscopy team and centralising the Endoscopy administration team.

#### Surgery, Cancer & Cardiology

- A patient raised concerns regarding an inaccurate medical report and how to get it corrected. The doctor produced a clinical letter that contained many inaccuracies in relation to a patient they were supporting. The letter has since been corrected, we apologised, and the doctor will reflect on the accuracy of all of their clinical entries going forward.
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- A patient raised concerns regarding their vascular appointment and how it was cancelled due to the scanner being broken. They were particularly upset that they were not informed in advance. Appointment schedulers working within the vascular department have been spoken to in relation to the importance of altering the appointment status on Cerner. In this example a patient's status was not changed to 'cancelled' and thus no letter was received so they attended the appointment even though it had been cancelled. In addition, they were later discharged as no show which has been corrected.
- The patient had an operation 28 October 2021 and was taken to ITU, when a nurse noticed that there was an injury to their arm. A consultant came by and took a picture of the arm. Following up from this the patient was told that this will be investigated and they would receive a report, however no contact was made. The identification of an extravasation injury must be escalated to the plastics team for immediate review. In this example there was a delay of over a week and the severity of the extravasation injury significantly developed. This has been passed to the Patient Safety Team by complaints for an incident investigation.
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#### Women's, Children's and Clinical Support

- The patient complained to highlight the failures in post-surgery treatment and delays she experienced when delivering her son as an emergency caesarean, in both Queen Charlotte's and St Mary's Hospitals. There were failures in post-surgery treatment and delays during the patient's emergency caesarean. Our investigation found that the procedure for transferring women in labour from one site to the other was not followed and this resulted in the patient having to make her own way to St Mary's Hospital, and enduring a long wait in Triage for a bed. What should have happened is that the



consultant obstetrician at Queen Charlotte's and Chelsea Hospital should have been informed of the proposal to transfer the patient, and he or she would have contacted their counterpart at St Mary's Hospital and documented a clear plan of care. We should then either have arranged transport, or ensured that the patient was content to use her own transport, and she would have been admitted directly to the Labour ward on arrival. This has been fed back to the team and reviewed for learning.

- A patient was concerned that there is no distinction made between women who have tried drugs at some point in their lives, and those who are problematic drug users, when accessing antenatal care. She objected to some of the references to drug use that are noted on her records. We recommended changes including encouraging staff to make more accurate and detailed records, and a reminder to seek consent for urine tests.
- A patient experienced difficulties contacting anyone to arrange their pre-surgery tests and did not get a call back. We upheld the complaint as we identified issues with answering/returning calls, sharing changes in practice, conflicting communications, and in the manner of the receptionist.

## 1.10 Complaints Questionnaire

The Complaints & Service Improvement Manager developed a complaints questionnaire to be sent to complainants six weeks after we have resolved their complaint. These help us to continually improve our complaints handling by identifying the strengths and weaknesses in our process. It will also allow us to measure our success in achieving the metric of "Overall satisfaction with complaints handling" for which we have set ourselves a target of 70%.

The team uses a tool called "Snap Surveys" which allows feedback to be obtained from our patients via mobile phones, tablets, and computers.

The Complaints Questionnaire was paused at various periods during the COVID-19 pandemic and was restarted in Q4, online only. We aim to restore the postal survey in Q1 of 22/23. The recent feedback has raised some themes that the team will be discussing in further depth. Examples of these are:

- **Keeping people updated.** Some complainants told us that they did not feel that we kept them updated throughout the complaints investigation process.
- **Methods of responding.** Some people told us that rather than a written response they would have preferred a discussion with a relevant senior person responsible for the service complained about.
- **Explaining findings.** Some complainants told us that they found the outcomes of our investigations 'one-sided' and that we had taken at face value the comments of staff without sufficient challenge or explanation of why this was.

## 2. PALS

### 2.1 Service Update

There are currently no changes with the delivery of PALS services at present. The service continues to be extremely busy with the same themes being raised, mainly Appointments.

We now have a small number PALS volunteers at St Marys Hospital, they are volunteering in ED, Maternity and some of the surgical wards. The PALS Manager is looking to increasing the number of volunteers in ED, and the service also has a volunteer who is volunteering in our Learning Disability team

Changes under consideration/planned for the future are: getting PALS officers back on site, re-opening of the PALS front line service, PALS managing lost property and an increase of PALS volunteers. More details of these changes will be reported on in Q4.

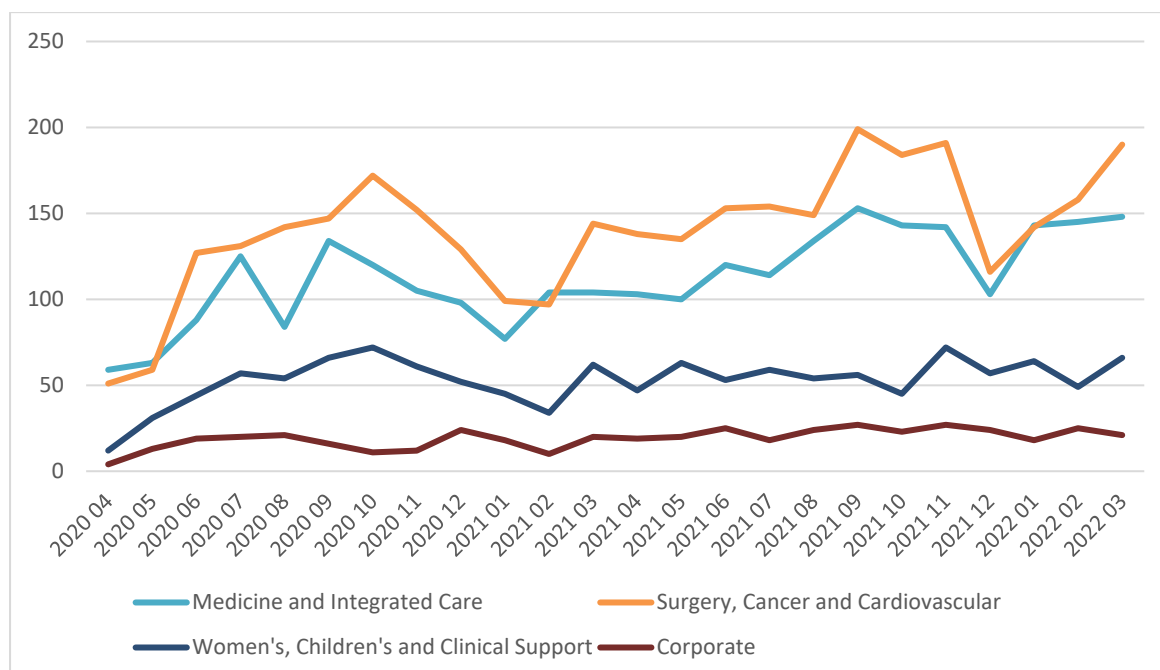
## 2.2 Total number of cases received per quarter:

There were a total of 1187 PALS concerns and informal complaints logged during the quarter an increase in the number received during the previous quarter. PALS continues to provide excellent support in ensuring that low-level issues are resolved before they are allowed to escalate into formal complaints.

	Q1	Q2	Q3	Q4
<b>2019/20 PALS Total</b>	<b>614</b>	<b>1020</b>	<b>1010</b>	<b>827</b>
<b>2020/21 PALS Total</b>	<b>999</b>	<b>1183</b>	<b>1129</b>	<b>1187</b>

The tables below give a further breakdown of the nature of the cases PALS have been dealing with:

## 2.3 PALS cases received per month by Division over time:



## 2.4 PALS Themes & Trends – Q4 informal complaints and queries by Subject and Division for subject areas with 10 or more cases

	Medicine and Integrated Care	Surgery, Cancer and Cardiovascular	Women's, Children's and Clinical Support	Corporate	Total
Appointments	136	206	72	0	414
Communications	99	94	34	4	235
Transport (ambulances)	4	5	2	39	89
Clinical treatment	42	30	15	0	87
All Aspects of Clinical treatment	23	32	9	2	68
Other	30	21	5	3	62
Values and behaviours (staff)	15	20	15	2	54
Admissions and discharges	17	25	1	0	43
Trust admin/policies /procedures	18	12	9	2	43
Access to treatment or drugs	10	23	7	0	40
Facilities	3	2	0	11	27
Waiting times	11	8	3	0	22
Patient care	11	0	3	0	14
Prescribing	6	4	2	0	12