

# **PALS & Complaints Service Improvement Report**

## **Q1 – 2020/2021**

Daniel Marshall – Complaints & Service Improvement Manager

# Q1 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. Due to the Covid-19 pandemic there was no report from Q4 of 2019/20 although the annual complaints report provides data for the whole of the last financial year.

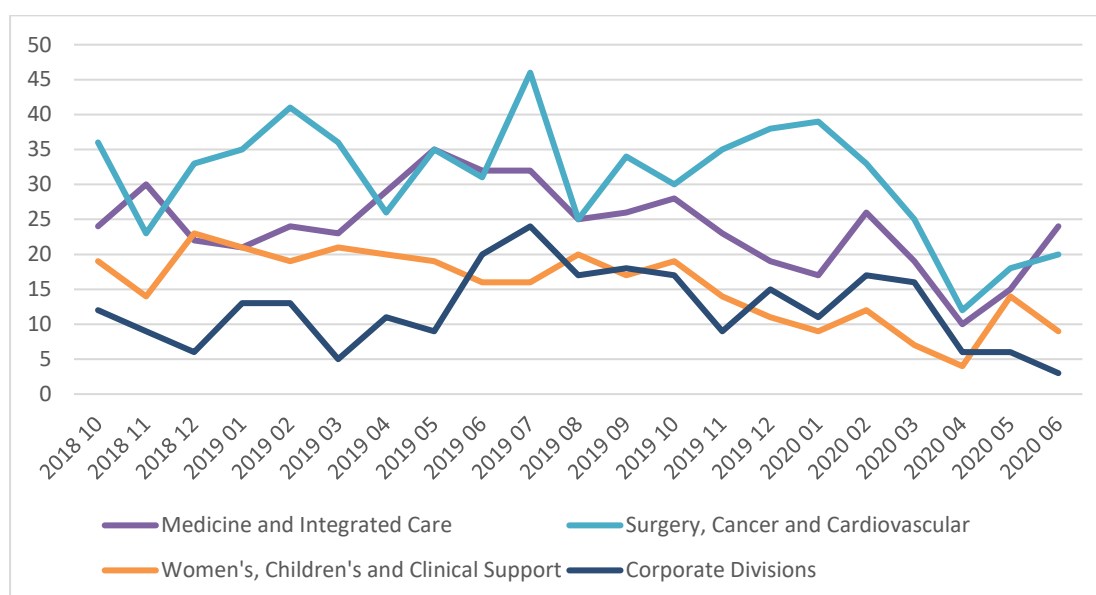
Data collected from complaints and PALS is analysed so that we can help identify themes and emerging trends from complaints as well as services which are struggling (see 1.10).

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

Trust wide Complaints 2019/2020				
	Q1	Q2	Q3	Q4
2019/2020 Complaints Total	290	300	267	231
2020/2021 Complaints Total	141			

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

\*3 complaints received for NWL Pathology during this period have not been included below due to the low number.



### 1.3 Acknowledgment rate:

All complaints received during Q1 were acknowledged within the three working days timescale for acknowledgment of receipt.

## 1.4 Themes & Trends

The table below provides a breakdown of the themes of complaints received across the Trust during the Quarter (for which 10 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	5	14	2	4	25
Values and behaviours	6	9	6	2	23
Other	10	5	0	1	16
Patient care	6	1	2	4	13
Communications	5	3	4	0	12
Clinical treatment	3	2	5	0	10
Appointments	2	4	4	0	10
Trust admin/policies/procedures including patient record management	1	3	4	0	8

## Medicine & Integrated Care

MAIN SUBJECT: Other		TOTAL : 10
Loss of/damage to personal property including compensation issues		9
Verbal abuse by patient		1

MAIN SUBJECT – Values & Behaviours		TOTAL : 6
Rudeness		3
Attitude of Medical Staff		1
Attitude of Nursing Staff		1
Physical Abuse/Assault By Staff (Inc Alleged)		1

MAIN SUBJECT: Patient Care		TOTAL : 6
Slips trips and falls – unwitnessed		1
Inadequate support provided		1
Inappropriate Care Setting		1
Care needs not adequately met		1
Acquired pressure ulcer (i.e. not present on admission)		1
Other		1

## Surgery, Cancer & Cardiovascular Services

MAIN SUBJECT – All Aspects of Clinical treatment		TOTAL : 14
Misdiagnosis		5
Poor clinical care		4
Poor day surgery		1
Lack of treatment		1
Ineffective treatment		1
Incorrect drugs given		1
Inadequate pain relief		1

MAIN SUBJECT – Values and Behaviours		TOTAL : 9
Attitude of Medical Staff		5
Attitude of Nursing Staff		4

MAIN SUBJECT – Other		TOTAL : 5
Loss of/damage to personal property including compensation issues		5

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

<b>MAIN SUBJECT - Values and behaviours (staff)</b>	<b>TOTAL : 6</b>
Failure to follow procedures	4
Attitude of Medical Staff	1
Attitude of Nursing Staff	1

<b>MAIN SUBJECT – Clinical treatment</b>	<b>TOTAL : 5</b>
Clinical Treatment - Obstetrics and Gynaecology	4
Other	1

## **Corporate & Private Patients**

<b>MAIN SUBJECT - All Aspects of Clinical treatment</b>	<b>TOTAL : 4</b>
Poor clinical care	3
Poor nursing care	1

<b>MAIN SUBJECT - Patient Care</b>	<b>TOTAL : 4</b>
Care needs not adequately met	3
Inadequate support provided	1

## **1.5 Healthcare Analysis Tool (HCAT)**

From 1 April 2020, all new complaints are being logged using the Healthcare Analysis Tool (HCAT), which has been developed in conjunction with the Patient Safety Translational Research Centre at Imperial College. HCAT is a method for systematically analysing complaints, and grouping key insights. The tool allows staff to reliably determine the problems reported in complaints at three-levels of specificity; to grade their severity, the harm caused to patients, and where in the hospital system problems occurred. The aim of this is to provide a much deeper layer of insight into the complaints we received than is possible using the current (KO41) system and it will change the way we report during 2020/21.

At present, we only have data for cases received in Q1 which is not enough to identify trends, but as it accumulates over time, it will become more meaningful and will be reported here.

## 1.6 Closed Complaints – Upheld/Not Upheld

169 complaints were closed during the quarter. This was lower than in previous quarters due to the Covid-19 pandemic. The table below shows how many were upheld, partially upheld or not upheld by Division. The percentage breakdown was as follows: Upheld: 34%, Partly Upheld: 16%, Not Upheld: 50%. This is in line with the percentages during previous quarters.

	Not Upheld	Partly Upheld	Upheld
Medicine and Integrated Care	26	11	8
Surgery, Cancer and Cardiovascular	33	17	15
Women's, Children's and Clinical Support	17	8	6
Corporate & PP	10	9	9
Totals:	86 (51%)	45 (27%)	38 (22%)

## 1.7 “You said, we did”

The following shows some of the feedback we received from our patients and what actions and learning have taken place as a result. Further information can be provided on request.

### Medicine and Integrated Care:

#### You said:

Two rings and dentures were removed from my late relative's body. When I contacted the hospital to arrange to collect them I was told they couldn't be found.

#### We did:

The nurse did not complete the appropriate property documentation and the rings were not taken to the Patient Affairs office for safekeeping, as they should have been. The nurse has been reminded of the process for safekeeping patient property and ensuring that they communicate information accurately both verbally and in writing.

**You said:**

I was not involved in the decision about where my parent would be sent on discharge. They have been discharged to a care home far from any relatives.

**We did:**

The Head of Discharge will remind the team about involving families in discharge planning. An apology has been offered to the family

**You said:**

I attended A&E with a relative and the receptionist spoke to us very rudely and they were deliberately slow.

**We did:**

The receptionist is new to the Trust and their role and may have been slower than usual to avoid making a mistake receptionist although we recognise that professionalism and kindness should be upheld at all times, regardless.

**Surgery, Cancer & Cardiovascular Services:**

**You said:**

I received a letter following my telephone appointment, but my gender is incorrect.

**We did:**

The Doctor concerned has apologised for referring to the patient as the incorrect gender in his clinic letter and for any upset caused. Reassurance given that there was no compromise in the care that the patient received and the letter was amended.

**You said:**

During an inpatient stay, I had no access to a BSL interpreter. As a result, I did not properly know what was wrong with me, what treatment he had, or how to take my medicine.

**We did:**

The complaints team shared information shared with the medical and nursing leads about how to meet the needs of deaf patients who use BSL. Apology and assurances given to the patient.

**You said:**

I found a generally poor attitude and unhappy and unwelcoming atmosphere when attending my pre-op assessment in the Mint Wing of St Mary's Hospital.

**We did:**

A reflection session with staff identified improvement works to be taken forward when the service is running more normally again.



## Women's, Children's and Clinical Support

**You said:**

I attended hospital for a blood test but was called the next day to say blood test results had been lost. I had to attend hospital again for second blood test. I was approached by a midwife who was rude, did not listen to any of my questions and seemed very unapologetic.

**We did:**

The midwife was rude and did not listen to the patient who was trying to explain her concerns about the impact of coming for another blood test. We have apologised and the midwife has reflected with her supervisor.

**You said:**

I received a letter for an appointment. When I attended I was told it was a telephone appointment. There was nothing stated on patient letter

**We did:**

The appointment had been booked by the outpatients service without consulting the respiratory service and so the wrong letter was sent to the patient. The service manager has reminded the relevant team members about our expectations around telephone appointments.

**You said:**

I did not feel supported enough when my baby who was been treated for jaundice by phototherapy treatment.

**We did:**

The midwife became aggravated and dismissed the mother's request to discuss the care plan. They inappropriately questioned the mother about her partner's support Midwife to reflect and learn from the complaint.  
New leaflet being made to support parents admitted overnight for phototherapy.

### 1.8 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.

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

Due to the Covid-19 pandemic the PHSO temporarily suspended its work during Q1. No new cases were taken on and no outcomes were received. Services restarted on 1 July 2020.

### 1.10 Complaints received during Q1 by Risk Grade

Division	Low	Moderate	Total
Medicine and Integrated Care	38	11	49
Surgery, Cancer and Cardiovascular	43	7	50
Women's, Children's and Clinical Support	27	0	27
Corporate	14	1	15
<b>TOTAL</b>	<b>122</b>	<b>19</b>	<b>141</b>

## **1.11 Update on actions and service improvements**

The Complaints & Service Improvement Manager carried out an initial piece of service improvement work related to the rollout of the Values and Behaviours programme to staff working at the Trust via Sodexo. This was very successful and was featured in an article in "Trust" the in house magazine focussed on Values & Behaviours.

On 1 April 2020, Sodexo staff transferred to become Trust employees. The Complaints & Service Improvement Manager will be carrying out a piece of work to find out the impact that this transfer has had on the impact of the Trust Values and Behaviours on these staff members, in particular, how they feel they are treated by colleagues.

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 join 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 is going to revisit this and the above improvement work during Q2 and an update will be provided in the next report.

### **Improvements already made in Q1 as a result of complaints feedback:**

In addition to the "You Said, We Did" section (1.6) above, the following is a selection of more significant service improvements that were made in Q1 following or linked with investigations into complaints:

#### **Medicine & Integrated Care**

- a. When the patient attended her appointment on 27 January, as per the paperwork they received, they were told her appointment was in February and to return then. However, the procedure went ahead as the patient explained they had already prepped for it. To prevent this happening again, the endoscopy service has raised a request to see if it is possible to have an override alert added when patients are being booked for incorrect dates on the electronic booking system.
- b. An A&E doctor thought a patient was drunk and did not assess the patient's head injury. The patient's discharge form stated that the patient was drunk which they were not. This prevented the patient from claiming sick pay through insurance. The ED team apologised for not identifying the head injury when the patient first presented as these were attributed to alcohol intake and intoxication. The doctor did not consider that a head injury had been sustained on the background of a less significant amount of alcohol. They have reflected on this and learnt from the feedback, which will help the doctor inform the treatment of patients with similar presentations in the future.

#### **Surgery, Cancer & Cardiology**

- c. A patient complained of the carelessness and negligence of a doctor, who scratched the patient's cornea whilst administering an Eylea injection. The patient felt that this happened because the consultation was rushed.

We apologised for the discomfort experienced by the patient due to corneal abrasion. Unfortunately, this can develop secondary to the use of povidone iodine, a strong disinfectant used as part of the procedure.

We explained that the patient may have perceived the procedure as rushed due to new guidelines in place to limit the amount of time that patients and clinicians are in such close proximity to minimise the risks associated with COVID-19.

However, the Doctor acknowledges that they should have explained this beforehand in order to ease the patient's worry. They apologise sincerely that this did not occur and will ensure that they have had this conversation with all patients in future

- d. After feedback from a family, the Critical Care team have reviewed the End of Life care (EOLC) being delivered during the Covid-19 pandemic and now discuss all EOLC patients at safety briefings to ensure families are well informed and the correct processes followed. A system to ensure consistent and informative updates are given via phone and video call by both the medical and nursing teams has been set up for families unable to visit. An audit is also being undertaken to see how well the team complies with this and to review the perception of relatives as to where further improvements can be made.

#### Transport/Renal

- e. A patient complained regarding their transport home from the renal unit at St Charles and how they felt there was no social distancing, putting them at risk of Covid-19. The guidelines limiting the number of passengers per vehicle were introduced after 28th March 2020. To protect patients and staff, Falck fitted temporary bulkheads to all of their vehicles, which physically separate the patient compartment from the drivers cab.

### **1.12 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 new 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 outpatients via mobile phones, tablets and computers. This is in addition to a paper version of the questionnaire that is sent to people who prefer that form of communication.

The Complaints Questionnaire was paused during Q1 due to the Covid-19 pandemic and has since restarted. Feedback will be shared in Q2.

## 2. PALS

PALS have continued to offer telephone and email support to patients and their families, although the impact of the temporary suspension of visitors has meant a significant initial reduction in contact. PALS are supporting families and patients to stay connected by working with the patient experience team to deliver personal messages and photographs to patients on the wards.

Throughout the pandemic, PALS are working in close collaboration with the Patient Affairs team providing support to bereaved families and supporting with the management of patient property. The current policy and process for managing patient property is being reviewed to ensure that we manage this better in future.

The future of the Patient Support Volunteers is unclear at present. The volunteers have all been working to support our staff and patients through these unprecedented times, delivering food and much needed supplies to our wards. Once we are through this period, the patient support volunteers' role will be reinstated. We are hoping this experience will enable us to increase recruitment across all sites.

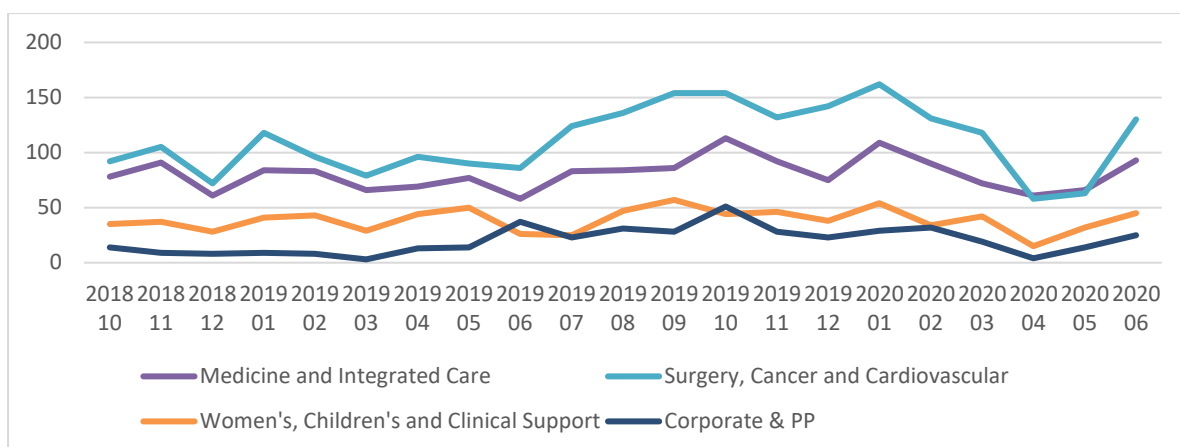
### 2.2 Total Number of cases received per quarter:

There were a total of 614 PALS concerns and informal complaints logged during the quarter. This was a temporary decrease due to the Covid-19 pandemics. 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>664</b>	<b>877</b>	<b>942</b>	<b>1041</b>
<b>2019/20 PALS Total</b>	<b>614</b>	<b>/</b>	<b>/</b>	<b>/</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 – Q1 informal complaints and queries by Subject and Division (not including 3 for NWL Pathology)

	Medicine and Integrated Care	Surgery, Cancer and Cardiovascular	Women's, Children's and Clinical Support	Corporate Divisions	Total
Advice/Information/Support	75	75	30	6	186
Appointments	51	72	17	1	141
Communications	19	30	8	4	62
Other	19	9	0	2	30
Trust admin/policies/procedures	16	22	9	11	30
Clinical treatment	7	10	6	1	24
Values and behaviours (staff)	7	4	9	1	21
Admissions and discharges	7	8	4	0	19
All Aspects of Clinical treatment	4	8	5	2	19
Transport (ambulances)	3	4	0	10	17
Patient care	6	1	1	1	9
Prescribing	4	5	0	0	9

<b>Facilities</b>	1	1	0	3	<b>5</b>
<b>Positive Feedback (PALS/COMP)</b>	0	2	2	0	<b>4</b>
<b>Access to treatment or drugs</b>	1	0	0	0	<b>1</b>
<b>Privacy, Dignity and Well-being</b>	0	0	1	0	<b>1</b>
<b>Staff numbers</b>	0	0	0	1	<b>1</b>