Gloucestershire Hospitals
NHS Foundation Trust

Annual Complaints Report 2022/2023

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Contents

Executive summary

In accordance with the NHS Complaints Regulations (2009) this report sets out a detailed analysis of the number and nature of complaints received by Gloucestershire Hospitals NHS Foundation Trust during the 2022/2023 financial year.

In summary:

- 989 complaints were received by the Trust during 2022/2023 giving an average of 82 complaints per month. This number compares to 869 during 2021/2022; an average increase of 10 complaints per month.

- 96% of the time, acknowledgements were sent within the national target of 3 days. 100% was not achieved due to administrative pressures within the complaints team. A generic automatic email response is in place.

- 16% of responses were sent within agreed timescales; this is a decrease of 6% on the previous year (22%). See Section 6.

- During 2022/2023 the Trust had 2 complaints referred to the Parliamentary and Health Service Ombudsman (4 in 2021/22). During 2022/23 a decision was received for 3 cases. Two were not upheld and one partially upheld.

- Divisions continue to ensure that actions (one or more) are identified for every upheld and partially upheld complaint. The Complaints Department endeavour to record each of those actions (and responsible lead) on the action module of Datix. The use of this module provides Divisional Governance Teams the ability to run reports providing oversight and the ability to monitor and assure those actions.

- In March 2022, lead investigators were allocated to assist with the investigation of complaints. This change in process was introduced in order to reduce the administrative burden of complaint management whilst improving the oversight of senior leaders within the Division, thereby enhancing the quality of the Trust's response and increasing opportunities for learning and improvement. Whilst this change in process has been embedded throughout 2022-2023, the benefit of it has not yet shown in response rate figures as these have continued to be adversely affected by increased numbers of complaints and workforce issues that have equated, through the majority of the year, to a shortfall of between 37 and 74 hours per week.

- In February 2023, following a period of 15 months of reduced staffing due to workforce issues the Complaint Department became fully staffed. This improvement in workforce enabled the Complaint Department to return to the more effective and efficient case management model; where allocation of new complaints to a designated Complaint Manager (with administrative support) takes place. It is hoped that this personalised

approach to complaint management will provide a more positive experience for the service user and an improvement in response rates over the coming financial year

- The Complaint Department continue to identify complaints that meet the criteria for moderate harm and Serious Incidents, referring those to both SI Panel and Safety Experience and Review Group (where SI criteria are met). Where complaints do meet moderate harm or SI Criteria, the B7 Patient Safety Investigation Manager (Complaints) undertakes a comprehensive investigation that meets the required standard for moderate harm and SI investigation processes. This approach continues to reduce duplication, increase efficiency, improve staff and patient experience (of multiple investigation processes), whilst maintaining maximum opportunity for learning and improvement.

- The Head of Complaints is contributing to the Trust's Patient Safety Incident Response implementation plan so as to ensure a consistent and collaborative approach with the management of complaints and patient/family engagement. Themes from complaints received in 2022-2023 have been incorporated in the thematic analysis of incidents, claims and staff feedback.

- This Annual Complaints report will be published on the Trust website as required to meet our quality reporting requirements for the Quality Account.

1. Accountability for complaints management

The Board of Directors has corporate responsibility for the quality of care and the management and monitoring of complaints received by our Trust. The Chief Executive has delegated the responsibility for the management of complaints to the Director of Quality & Chief Nurse.

The Complaints Department sits within the Patient Investigation and Learning Team and is managed by the Head of Claims, Complaints and Patient Safety Investigations, reporting to the Quality Improvement and Safety Director. The Head of Claims, Complaints and Patient Safety Investigations is responsible for ensuring that:

- All complaints are fully investigated appropriate to the complaint
- All complaints receive a comprehensive written response from the Chief Executive or their nominated deputy in their absence
- Complaints are responded to within local standard response times of 35 or 65 days
- Where the timescale cannot be met, an explanation is provided and an extension agreed
- When a complaint is referred to the PHSO, all enquiries are responded to promptly and openly

The complaints team consists of 1WTE Band 7 Patient Safety Investigation Manager (Complaints), 1.8 WTE Band 6 Complaints Managers; 1 WTE Band 5 Assistant Complaint Manager who are responsible for the coordination of staff investigating and the final response to the complainant, supported by 1WTE band 4 and 1WTE band 3 administrators. The administrative function is further supported by the Band 7, Family Liaison and Investigation Co-ordinator. In response to increasing numbers of complaints throughout 2021- 2022 and 2022/2023, an additional B3 administrator is currently being recruited.

2. Complaints reporting

In 2022/2023, the Quality Improvement and Safety Director reported the following information to the Quality and Performance Committee monthly:

- Number of written complaints received per 1000 episodes of care and broken down by division
- Number of PHSO cases received during the quarter and the resolution during that quarter of any existing cases

Divisional Quality Leads receive a monthly report from the Patient Investigation and Learning Team comprising; new complaints, complaints overdue, new Letters of Claim, moderate and serious incidents.

The Annual Complaints Report will be received by the Quality and Performance Committee and this report will be published in the public domain via the Trust website.

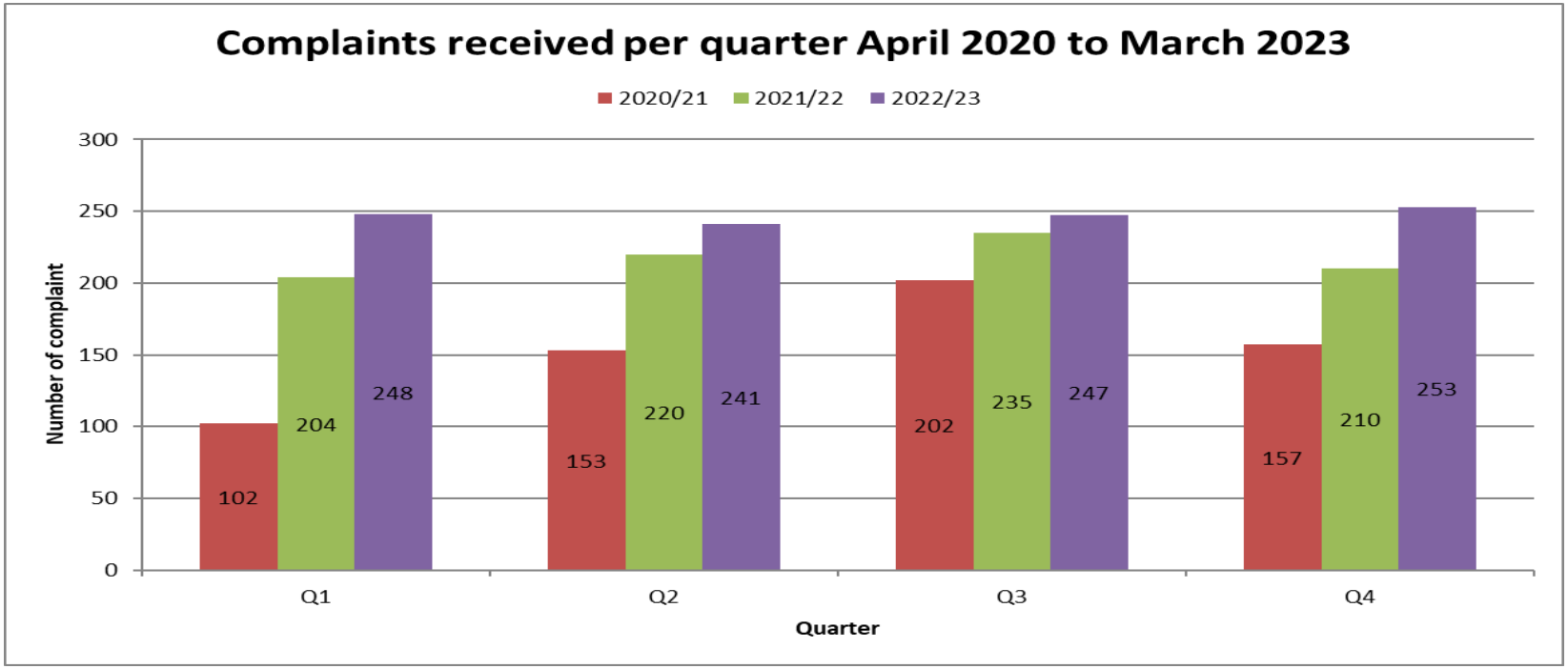
The Safety and Experience Review Group will continue to monitor action plans arising from serious complaints and those reported to the PHSO on a monthly basis. Action plans are developed with the Division\Specialty and form most of the change and learning required within the departments.

3. Total Complaints Received in 2022/23

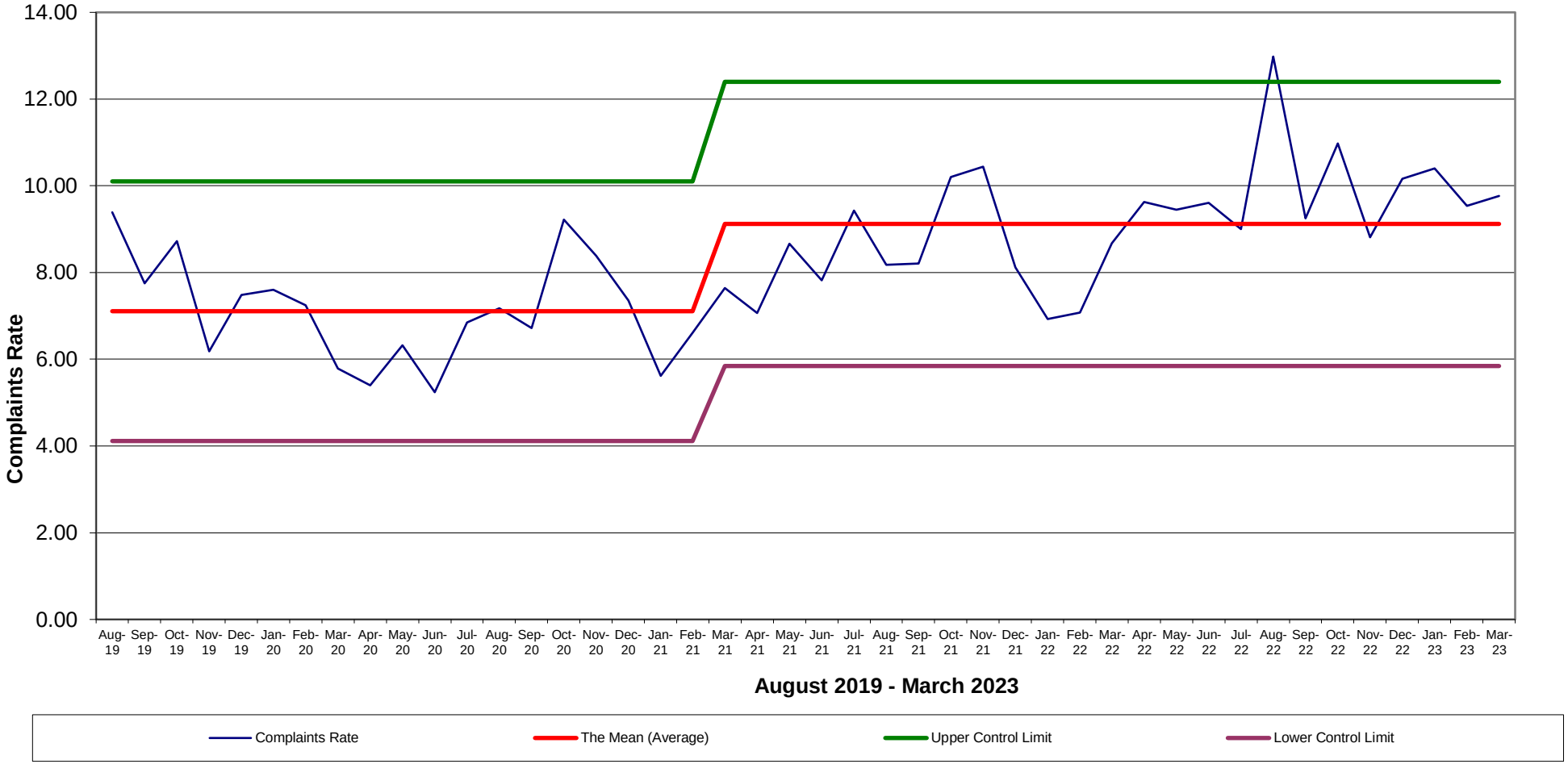
During 2022/23 the Trust received a total number of 989 complaints which equates to an average of approximately 19 complaints received per week. There has been an average increase of 10 complaints a month, 2.5 complaints per week when compared to the 2021/2022.

Figure 1 below provides a breakdown of the number of complaints received per quarter over the last three financial years.

Figure 1



Trust Complaints Rate - Per 10000 contacts -March 9.77
Annual 1011 - ave 84 per month (2021-22 - 71 per month)



3.1 Complaints by Division

Table 1 below shows the number of complaints received by each of the Trust's divisions compared with the previous year. Directional arrows indicate change compared to the previous fiscal year.

Division	Complaints 2022/2023	Complaints 2020/2021
Corporate	36 ↓	37
Diagnostics & Specialties	83 ↑	77
Estates & Facilities (GMS)	22 ↑	18
Medicine	440 ↑	398
Surgery	275 ↑	232
Women & Children	133 ↑	107
TOTAL	**989**	**869**

Table 1

As the data demonstrates, complaint numbers have increased across all Divisions, with the exception of the Corporate Division. Percentage increases across Surgery and Medicine are comparable.

In order to support the processes in place for medical staff and junior doctors our complaints are broken down by staff group. The three groups receiving the majority of complaints during 2022/2023 are Medical (1092), Nursing (968) and Clinical Support (222). These figures represent the number of issues, rather than number of complaints so totals are higher than total complaints received.

The number of complaints involving nursing staff in 2021/2022 saw the largest increase in this category. In 2022/2023, the number of complaints involving nursing staff has however decreased.

Complaints involving senior medical staff are recorded and doctors must submit this information for review and discussion at their appraisal. Complaints involving junior doctors are highlighted to the Deanery for further consideration with the doctor's educational supervisor.

4. Outcomes

Table 2 below demonstrates the breakdown, by quarter, of complaint outcomes during 2022/2023.

Outcome	Q1	Q2	Q3	Q4	2022/2023 Total
Upheld	60	54	69	42	**225**
Partially	66	58	50	41	**215**
Not Upheld	109	107	92	73	**381**
Not Closed	13	22	36	97	**53**
Total	248	241	247	253	**989**

Table 2

The outcome is determined by the division and/or CEO indicating if the complaint is considered to be:

Upheld: If a complaint is received which relates to one specific issue, and substantive evidence is found to support the complaint, then the complaint should be recorded as upheld.

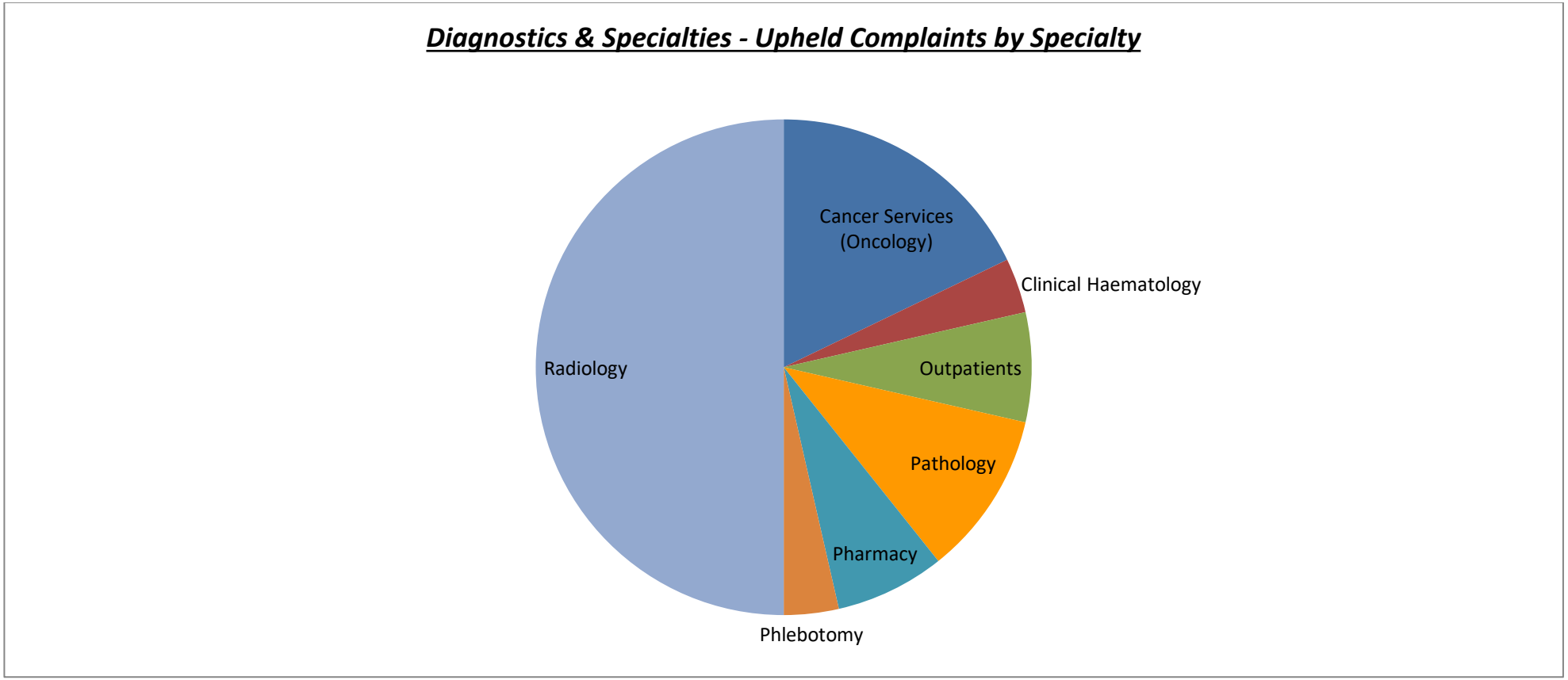
Not upheld: Where there is no evidence to support any aspects of a complaint made, the complaint should be recorded as not upheld.

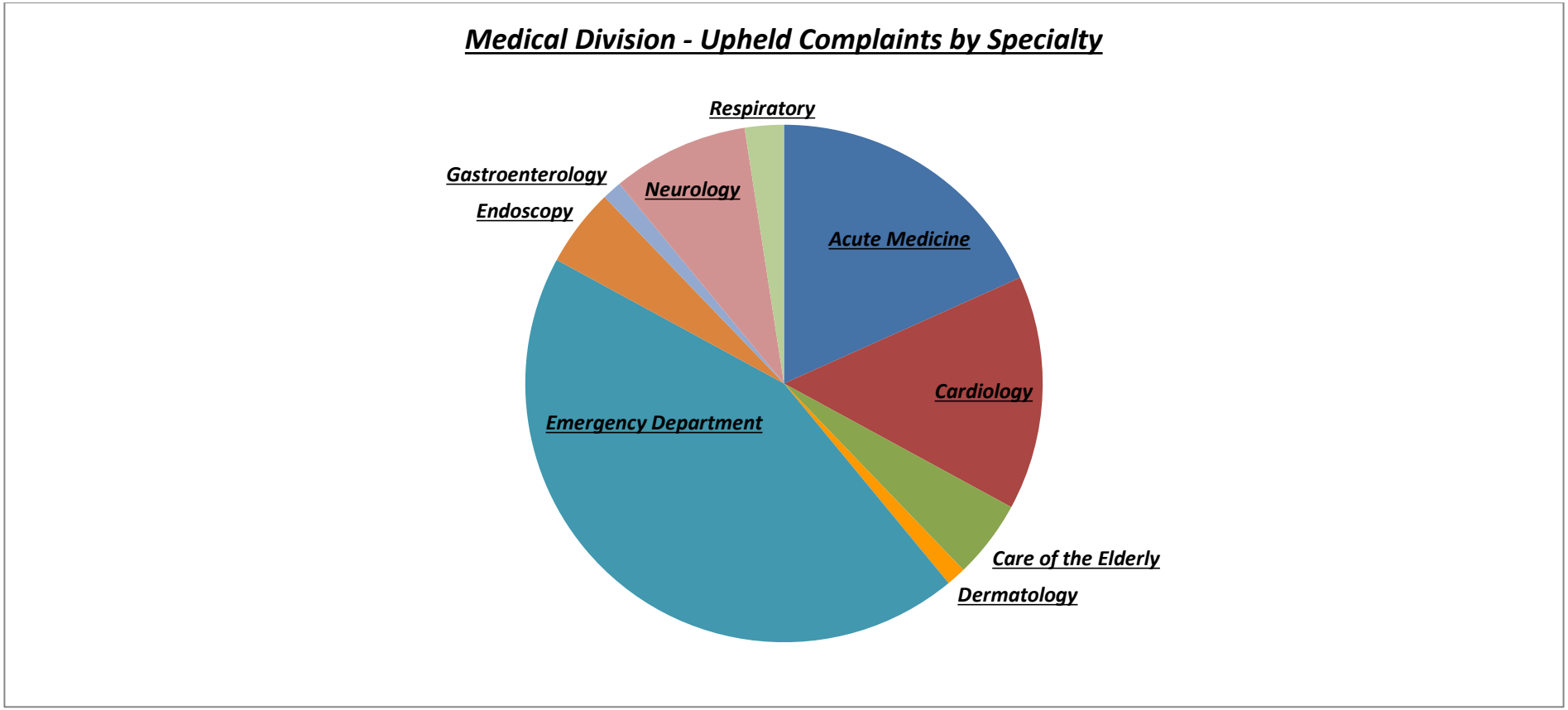
Partially upheld: Where a complaint is made about several issues, if one or more of these, (but not all), are upheld then the complaint should be recorded as partially upheld.

23% of closed complaints were upheld in 2022/2023. This represents a 1% decrease in the percentage number of upheld complaints in 2021/2022. 22% of complaints were considered to have been partially upheld in 2022/2023, representing a 10% decrease in the partially upheld complaints in 2021/2022. 36% of complaints were considered not upheld in 2022/2023. When compared with the percentage number of complaints not upheld in 2021/2022, a decrease of 1% is noted.

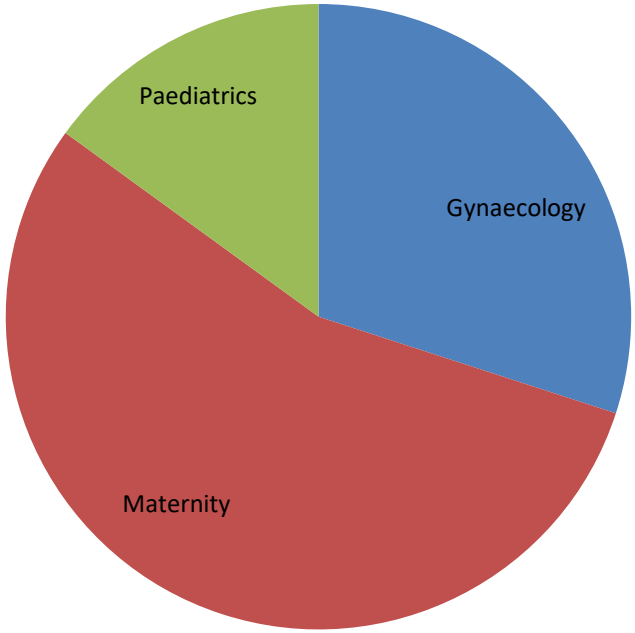
Upheld Complaints by Specialty

The following graphs demonstrate the breakdown of upheld complaints by specialty.

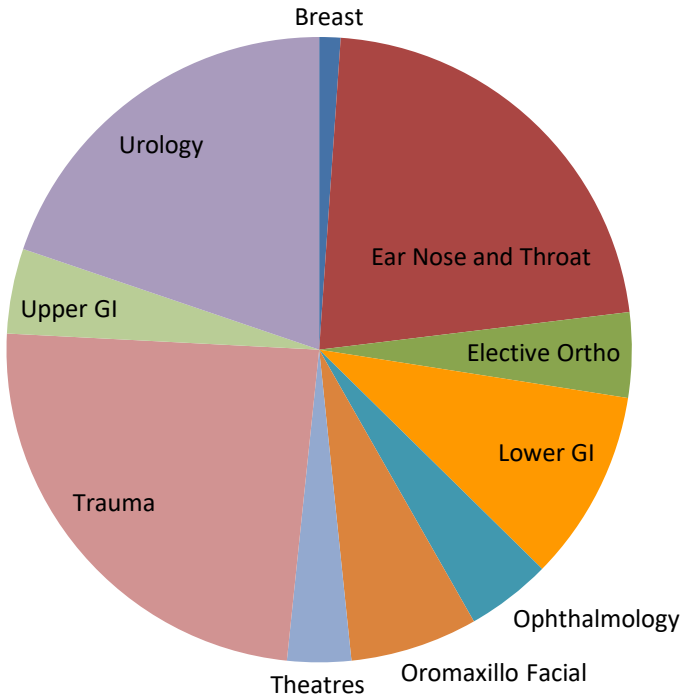



Medical Division - Upheld Complaints by Specialty
Respiratory
Gastroenterology
Neurology
Endoscopy
Acute Medicine
Cardiology
Emergency Department
Care of the Elderly
Dermatology

Womens & Childrens - Upheld Complaints by Specialty



Surgical Division - Upheld Complaints by Specialty



5. Complaint Themes

Table 3 below identifies the themes and trends from our complaints; the top 5 themes are highlighted along with a directional arrow to denote the change on the previous year.

Complaint Theme	Total complaints 2022/2023	Total complaints 2021/2022	Total complaints 2020/2021
Clinical Treatment (Medical)	631 ↑	603	384
Access to Treatment or drugs	33 ↑	8	20
Admissions, Discharge and Transfers	168 ↓	183	114
Appointments	176 ↑	107	77
Communications	451 ↓	480	297
Consent to treatment	5 ↓	15	19
End of Life care	14 ↑	11	3
Facilities	62 ↓	84	49
Integrated care	1 ↓	4	2
Patient Care (including nutrition and hydration)	379 ↑	347	226
Prescribing errors	43 ↑	41	24
Privacy, Dignity and Wellbeing	77 ↑	39	22

Restraint	2 ↑	1	2
Staffing Numbers	30 ↑	9	2
Transport	0	0	1
Trust Administration	79 ↑	63	46
Values and Behaviour	285 ↓	393	227
Waiting Times	53 ↓	100	19
Other	15 ↓	18	23

Table 3

Please note complaints can involve multiple themes, hence the disparity between issues and numbers of complaints.

5.1 Top Five Themes

1. Clinical treatment (medical)
2. Communications
3. Patient Care
4. Values & Behaviour
5. Appointments

Whilst the top five themes (set out above) remain largely consistent with the top five themes in 2021/2022, it is of note that concerns relating to admissions, discharge and transfer no longer feature in this top five. Appointments do however feature in this top five. The number of complaints relating to communication and values/behaviour have also decreased in number when compared to 2021/2022.

5.2 Categories of Complaint Increasing

The ***"Clinical Treatment***" category relates to service user concern with diagnosis, access to and timeliness of treatment and complications following surgery. 2022/2023 saw a minor increase in the number of concerns reported in this category and is of note given that 2021/2022 saw a significant increase in the number of concerns raised in this category.

The "***Patient Care"*** category covers much of the general nursing care, including providing help to eat meals if needed, answering the call bell, responding to the needs of the patient, providing help with washing and personal hygiene. 2021/2022 saw a significant increase in the number of concerns raised in this category, compared to a moderate increase in this category in 2022/2023.

Complaints relating to **"Appointment times"** increased considerably in 2022/2023. This category of complaint had also increased considerably in 2021/2022. It had been decreasing in the preceding three years. This category of complaint commonly relates to administration of appointment letters, including not being sent/ received or not sent in a timely way. Review of complaints within this category in 2022/2023 notes concerns relating to delayed appointments, late cancellation of appointments and waiting lists.

Complaints relating to ***"Staffing levels"*** have increased considerably in 2022/2023. Whilst the actual numbers complaint making reference to staffing levels remain low; 30; it is noteworthy that 2021/2022 saw 9 complaints make reference to staffing levels and only 2 in 2020/2021.

Complaints relating to "***Access to treatment***" have increased in 2022/2023. Review of the issues raised in this category of complaint indicate that concerns have related to referrals from primary care being declined and delays to specialist review.

Complaints relating to "***Privacy, Dignity and Wellbeing"*** have increased in 2022/2023. The concerns in this category of complaint typically relate to the dignity element of it and in respect of nurses and healthcare assistants. Review of complaints received in the category indicates a number of concerns with specific reference to an absence of consideration of service user's privacy and dignity.

5.3 Categories of Complaint Decreasing

Concerns reported in the *"**Communications"*** category generally relate to communication between staff and patients or staff and relatives/ carers/ visitors. This can include a lack of communication, incorrect method of communication, and timeliness of communications. The Trust saw a significant increase in this category in 2021/2022; during which time patients/relatives continued to express concern about lack of communication on wards closed due to COVID outbreaks. The decrease in number in 2022/2023 is noteworthy. We continue to see concerns relating to inadequate communication during lengthy admissions, difficulties with speaking with staff on the telephone and receiving updates on patient conditions, particularly where patients are subjected to multiple ward moves.

2021/2022 saw a significant increase in the number of concerns raised in the **"Values and Behaviour"** category. Concerns raised in this category had also increased in 2020/2021. The decrease in the number of concerns raised in this category in 2022/2023 is noteworthy and perhaps evidence of improvement in staff attitude, kindness and compassion.

The category of "***Admissions, discharge and transport"*** generally relate to concerns over discharge from hospital. In 2021/2022 patient's/their relatives continued to raise concerns in respect of their inability to cope at home following discharge resulting in re-admission to hospital within a short period of time and delayed/lack of transport following discharge from hospital. There has been a decrease in the number of concerns reported in this category in 2022/2023. Review of the complaints received in this category indicate that the majority of concerns relate to timeliness of discharge and an absence of appropriate arrangements in place on discharge. There are fewer complaints relating to admission to hospital and transport.

Complaints in relation ***to "Consent to treatment"*** have decreased significantly in 2022/2023 when compared to 2021/2022. Review of the 5 complaints received in this category confirms that concerns have related to an absence of consent for COVID 19 testing, a lack of sufficient information upon which consent to proceed was given and imposed Consultant rather than midwifery care.

6. Performance in Responding to Complaints

In addition to monitoring the number of complaints received by our Trust we also monitor our performance against nationally and locally set timescales (3 working days for an acknowledgement – nationally set and 35 or 65 working days for a response – locally set).

Guidance from the Parliamentary and Health Service Ombudsman recommends that a Trust must investigate a complaint 'in a manner appropriate to resolve it speedily and efficiently and keep the complainant informed'. Therefore when a response is not going to be completed in the set timeframe then an explanation must be given, by the Trust, to the complainant and a new timeframe agreed.

Table 4 below shows the breakdown of response within 35 or 65 working days by Division and demonstrated by quarter through 2022/2023

	Q1	Q2	Q3	Q4	YTD Rate
Corporate	17%	22%	50%	36%	33%
D&S	24%	6%	6%	39%	20%
E&F	0%	0%	11%	33%	14%
Medicine	13%	10%	15%	17%	14%
Surgery	11%	11%	20%	30%	18%
W&C	6%	9%	13%	19%	12%
Total	13%	10%	17%	24%	16%

Table 4

The complaints process is such that the impact of a significant event features in response statistics some months after the event itself. The continued decline in response rates in 2022/2023 is explained in part by significant workforce issues across the complaint team. In summary the workforce issues were such that the complaint department were operating without a WTE B3 and B4 for a considerable period of time, whilst also managing both short and long term sickness across the team. In addition, the number of complaints were increasing whilst clinical and nursing staff continue to manage competing clinical priorities alongside their responsibilities within complaint investigation.

The month on month increase in numbers of complaints, alongside the reduction in workforce and consequent adverse impact on response times has been reported by the Quality Improvement and Safety Director through appropriate committees. Funding for an additional B3 administrator was approved in August 2023 and recruitment is underway.

The following actions continue to be taken in response to the reduction in complaint response times:

- Regular reports sent to DDQN's highlighting overdue complaints.
- Staff who had not been able to respond to complaints were chased after 5 days, their service line management team copied in at 10 days, both chased again at 15 days and any delay over 15 days was escalated to the Head of Complaints who chased directly, copying in the Divisional Management team, thereafter.
- The Head of Complaints met weekly with the Complaint Department; during which a weekly plan for each Complaint Manager and the Assistant Complaint Manager was agreed. Priorities were discussed and barriers to the previous weeks agreed work plan, reviewed. This weekly meeting remains in place while backlogs are worked through.
- The Head of Complaints met separately (weekly) with Complaints Managers so as to ensure support, advice and guidance in specific response to reported feelings of being overwhelmed by the inability to meet the standard and quality these staff members wished to provide.
- In March 2022, clinical (Governance or Specialty lead Consultants) and Nursing (Matrons) lead investigators were allocated to assist with the investigation of complaints. This change in approach occurred at the start of the 2022/2023. It was introduced in order to reduce the administrative burden of complaint management whilst improving the oversight of senior leaders within the Division, thereby enhancing the opportunity for learning and improvement. Given the backlog of overdue complaints from 2021/2022, together with the continuing increase in the number of complaints the real time benefit of this change in approach has yet to be seen in response rates. The new process also took some time to embed across Divisions.
- In February 2023, following a period of 15 months of reduced staffing due to workforce issues the Complaint Department became fully staffed. This improvement in workforce enabled the Complaint Department to return to the more effective and efficient case management model; where allocation of new complaints to a designated Complaint Manager (with administrative support) takes place. It is hoped that this personalised approach to complaint management will provide a more positive experience for the service user and an improvement in response rates over the coming financial year.

The Complaints Department monitor the reasons for not meeting the target and those are set out in Table 5, below.

	Q1	Q2	Q3	Q4	YTD Rate
Annual Leave	0%	0%	2%	1%	1%
Complaints Department	8%	6%	8%	9%	7%
Clearing process	20%	29%	33%	42%	29%
Receipt of Consent	0%	0%	0%	0%	0%
Health Records availability	0%	0%	0%	0%	0%
Division	63%	60%	50%	46%	56%
Other Division	8%	3%	5%	1%	5%
Other Organisation	0%	1%	1%	2%	1%
Executive Team	1%	0%	0%	0%	0%

Table 5

Table 5 demonstrates that delays in receiving information required from the relevant Division (so nursing and clinical comment) as well as delays in the clearing (senior management sign off) process continue to be the main barriers to providing our response within the agreed (35 or 65 working day) deadline.

The most commonly cited reason for staff delaying responses to complaints is the inability to access patient health records within timescales required. The implementation of EPR will help long term with this and the Complaint Department do offer to scan and send hard copy records to clinicians if required.

In order to support Divisions with improving their response rates, the Complaints Department:

- Send monthly reports to the Divisional Directors of Quality and Nursing and Chief's of Service highlighting delays.
- Utilise an enhanced escalation process for clearing with the Divisional Chief Nurses and thereafter after the Director of Quality/Chief Nurse and CEO.
- A maximum 65 day response rate for serious complaints (in conjunction with/agreement with the patient/carer/NOK).

In addition to the above the Head of Complaints is working with DDQN's to agree alternative approaches to clearing within the Division; reducing the number of staff and time taken to complete this element of the complaint investigation process.

7. Complainant Satisfaction with Complaint Response

Our Trust currently uses three measures to assess the satisfaction of the complainant with their final response, these are:

- Comebacks: where a complainant submits further questions or correspondence requiring further investigation and response. There were 64 comebacks received during the year (7% of all complaints received). This represents a decrease of 2% on the previous year.
- Meetings: where a complainant requests to meet with staff to ask additional questions, or discuss the content of their response. There were 12 meetings held with complainants. This represents a slight decrease on the previous year and a potential indication that whilst responses are delayed, an increased proportion of service users are satisfied with the initial written response.
- Parliamentary and Health Service Ombudsman (PHSO): where a complainant refers the matter to the PHSO for independent review. There were 2 cases referred by complainants to the PHSO during the year. This is a decrease on the previous years (4 in 2021/2022 and 15 in 2020/2021).

8. Parliamentary and Health Service Ombudsman (PHSO)

2 cases were referred to the PHSO during 2022/23. A decision has been received during the year on 3 cases (decisions may relate to cases referred in the previous year). 1 was not upheld and 2 were partially upheld. The PHSO do not inform us of complaint referrals that do not meet their threshold and are, therefore, not formally investigated through the second stage resolution process.

All cases referred to the PHSO are monitored by the Safety and Experience Review Group (SERG). This group has responsibility for signing off actions plans for partially upheld and upheld cases before they are returned to the PHSO. All action plans are developed by the relevant division. SERG is used as a mechanism to cascade any learning to other areas.

The Complaints Department continue to:

- Improve personal contact between the service user and Complaint Manager (telephone and meeting) in order to better understand the rationale for the complaint upon receipt of it.
- Ensure that complex (serious) complaints are identified early on and agreement reached to undertake a 65 working day investigation. A complaint's complexity will not always relate to the perceived or alleged adverse effect on the patient. The complexity for example may be in the number of specialties involved in the patient's treatment pathway and may require multiple staff to investigate and respond to the patient's concerns.
- Provide Complaints Managers protected time to review complaints referred to the PHSO so as to ensure that the PHSO are informed, early on, of the Trust's position and findings within our local investigation.

- Encourage Complaints Managers to develop relationships with PHSO case handlers where complaints referred to them are complex and/or vexatious.

The continued decline in the number of complaints referred to the PHSO is an indicator that these steps, despite the challenges faced in complaint management as described above, are having a positive impact on resolution of concerns.

9. Learning from Complaints

The Patient Investigation and Learning Team continue to contribute to the Trust's Quality Strategy and Quality Framework, particularly in relation to learning from complaints, claims and Patient Safety Incidents (SI and Moderate Harm).

In terms of action currently taken;

- An investigation report style (similar to that of moderate harm and Serious Incident reports) with recommendations for learning is completed for relevant serious complaints. A report is not used where a formal report structure may be unhelpful to the complainant. Where the issues are significant, the Complaint Investigation Report is referred to the Safety Experience and Review Group who review the recommendations/actions and decide whether the same require monitoring and assurance through SERG or can be passed back to the Division to be monitored/assured by their local governance structure.
- Divisions have signed up to ensuring that actions (one or more) are identified for every upheld and partially upheld complaint.
- The Complaints Department are recording each of those actions (and responsible lead) on the action module of Datix. The use of this module will enable Divisional Governance Teams to run reports providing oversight and the ability to monitor and assure those actions.
- The Complaints Department are notifying Divisional Risk Managers and Quality Leads of themes/trends as they arise and therefore in real time. A Datix is being raised so that the theme can be reviewed and where possible, action taken to address it.

The following provides a snapshot of learning from complaints:

Summary	
Pt told to stop meds prior to appt which was subsequently cancelled but pt not aware until he arrived. Patient suffered a stroke.	
Findings	**Action taken**
There was a communication breakdown in informing the patient about cancelled and rescheduled appointments and the	The clinical and operational (administrative) leads (managers) will together review and refine the roles and responsibilities of administrative and clinical staff and the information and advice given to patients when it may be necessary to move or cancel a scheduled procedure.

alterations required to anticoagulant medication.	They will aim to ensure that any staff involved in prostate biopsy booking assist patients to obtain the most appropriate advice in regard to their anticoagulants or antiplatelets medication, including a discussion with or a referral to clinicians for further advice as needed.

Summary	
Patient developed a PE post C Section. Patient suggests she was told by community midwife that she needed heparin injections and did not receive them.	
Findings	**Action taken**
Patient did not need heparin as guidelines as had changed. Not all staff were aware of changes to guidelines. Patient should have been given compression stockings. No documentary evidence that they were provided. Unable to determine with certainty whether stockings would have prevented the PE	Staff have been reminded of the update to VTE policy in the unit weekly newsletter "ward words of the week".

Summary	
Patient admitted due to unwitnessed fall, & #NOF - deteriorated and died – family concerned dehydration was a contributory factor & concerned that patient neglected at times and not given dignified nursing care while she was recovering from her fractured neck of femur. Pt had advanced dementia & contacted Covid.	
Findings	**Action taken**
Increased NEWS score, was not adequately escalated Pt's bloods not monitored as was deemed 'medically stable. Need a defined standard and/or departmental policy for monitoring bloods	• Junior doctors to escalate any oral intake of less than 500mL of fluids to a senior for review. • The junior doctor who saw the patient on 21 April has undertaken refresher training regarding escalation of high NEWS.

as practice varies among CoTE consultants. Dietetic service requires additional support to be able to provide the quality of service that the Trust strive for. The Trust are aware of staff shortages nationally within Dietetics and this is on the Trust risk register.	• A care of the elderly consultant governance meeting took place in December 2022 to discuss implementation of a policy on monitoring bloods of patients deemed medically fit for discharge, as there is currently a broad range of practices • The risk to patients due to the overcrowding in the ED remains on the Trusts risk register and measures are being taken to address the situation. This includes extensive building work currently underway to improve the ED facilities.

Summary	
Patient informed staff of penicillin allergy, but was given penicillin during procedure	
Findings	**Action Taken**
Doctor did not follow standard protocol Complaint upheld and apology given to the patient	Department discussed case at Monthly Cross County Clinical Governance Meeting, each Anaesthetist to be reminded that all local anaesthetic cases that require an Anaesthetist need a full WHO check undertaken before any injection is undertaken.

Summary	
Patient sent incorrect preparation medication prior to a scan of the bowel. Procedure cancelled	
Findings	**Action Taken**

Patient was admitted for a virtual colonoscopy which is unusual and the ward doctors prescribed standard bowel preparation. Complaint upheld and apology given to the patient.	All juniors made aware of the standard pre-procedure bowel preparation for in-patient virtual colonoscopies, colonoscopies and surgery.

Summary
Male sonographer present when patient was having a trans-vaginal ultrasound scan. Lack of privacy in the area.

Findings	**Action Taken**
Patient should have been offered a chaperone and a gown. Complaint partially upheld and apology given to the patient.	All Sonographers updated about the appropriate use of chaperones and that policy is also to provide a gown or sheet for the patient to ensure they are fully covered, not a large incontinence pad. It has been reiterated that chaperones need to be a female, for female patients and that they should be introduced and stand at the side of the top of the bed. This will enable them to support the patient if required and also be in a place where patient modesty is best maintained. Some of the screens within the scanning rooms were improved. At time of complaint the department were moving to a new area at GRH, where curtains and screened changing facilities will become standard.

Summary
Chest drain entered lung instead of pleural cavity

Findings	**Action Taken**

This was a rare but recognised complication. Medical team had appropriate experience and took the appropriate steps to minimise the risk of complications. However, there was a missed opportunity to have identified the problem prior to administering intrapleural fibrinolytics into the chest drain, and the possibility of a misplaced drain should have been considered earlier when there were complications following the procedure. Complaint upheld and apology given to the patient.	In light of these findings, Trust guidelines amended to state that where a chest drain has drained minimal or no fluid, a CT scan should be performed to confirm drain position prior to administering intrapleural fibrinolytics. Trust guidelines also amended to ensure, the use of real-time ultrasound guidance in cases where a chest drain is required, but it is not possible to aspirate fluid with the trocar needle during insertion.

Summary	
Patient presented in adrenal crisis- the alert was set to Trak but not transcribed over to Sunrise EPR. If unable to communicate her issues – concerns re if staff would be made aware.	
Findings	**Action Taken**
Upheld	Risk register updated Action set for patient safety team to ensure transfer over IT have now made available on EPR

Summary

Patient to communicate verbally on day surgery unit	
Findings	**Action Taken**
Upheld.	Communication boards and books sourced for day surgery unit.

Summary	
Complaint from same sex couple re the lack of diversity in the discharge video from maternity.	
Findings	**Action Taken**
Feedback to the couple with an offer to participate.	Working group to look at and make alterations to the video to be more inclusive.

10. Looking Forward

Gloucestershire Hospitals NHS Foundation Trust continues to be proactive in its management of its complaints process despite challenging times. It is of note that the Trust have continued to see an increase in new complaints through 2022/2023.

The following represent the objectives of the Complaint Department for 2022/2023:

1. To clear existing backlogs and improve response times.

2. To continue to contribute to the quality and frequency of reports (data/themes/trends) to Divisional Quality Teams, through the Patient Safty Incident Response Plan and Quality Strategy.

3. To continue with support, training and roll out of the new Datix Cloud software, thereby enabling specialty leads and general managers to easily access key information relating to complaints.

4. Make use of professional training for complaints managers via the Ombudsman as part of the Complaints Standard Framework.

5. Align the requirements of the Complaints Standard Framework with the Patient Safety Incident Response Framework (PSIRF); making use of the After Action Review process to improve service user engagement in our approach to investigation and learning.

6. Update the Trust Complaint Policy so as to ensure it is consistent with requirements of the PSIRF and PHSO Complaint Standard Framework (completion date March 2024)

7. Consider (through consultation with the Quality Improvement Academy and Divisional Quality Teams) the publication of upheld/partially upheld complaints on the Trust website. This could be achieved through anonymous case reports and/or a “you said, we did” page on the Trust website that sets out changes made recently and the Trust’s overall approach to improvement.

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Date: September 2023