Gloucestershire Hospitals NHS
NHS Foundation Trust

Managing Complaints Regarding COVID 19

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LISTENING HELPING EXCELLING IMPROVING UNITING CARING BETTER FOR YOU

Overview

- Bringing together complaints, claims and patient safety investigators to streamline investigations and responses (GHNHSFT approach)
- Complaint Themes - Covid-19 (delayed treatment)
- Responding to complaints regarding Covid-19
- What are the standards of care by which we will judge ourselves?
- Investigating nosocomial transmission of Covid-19

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Patient Investigation and Learning Team (PILT)

- The Patient Investigation and Learning Team have been formed through the amalgamation of the previous Claims, Patient Safety Investigation and Complaints Departments with a single admin hub, providing a centralised platform for investigation, resolution, learning, family liaison and staff support across the Trust.

- The team is comprised of 3 x lawyers, 3 x Patient Safety Investigators, 3 x Complaints Managers, a Family Liaison Officer and Investigation Co-ordinator and x 5 admin staff.

We Do:

- Investigate and Resolve Complaints
- Investigate Moderate and Serious Harm Incidents, providing recommendations for learning
- Investigate and resolve clinical negligence and personal injury claims

We Don't:

- Investigate minor, moderate or serious clinical risks
- Investigate concerns or information requests that can be managed by PALS
- Legally represent staff acting in their private capacity

Benefit of Centralised Investigation Team

- Provides a platform for centralised administration, reducing duplication
- Provides a greater support network and training facility for Investigators
- Enables streamlining of investigation across each process
- Enables early assessment of a suitably proportionate response
- Provides for more effective data collection and thematic analysis of trends thereby enhancing the opportunity to learn from issues identified through each investigation
- Improves Patient/Complainant Experience by providing easier communication within and transition between multiple investigation processes
- Improves support available to staff involved in a clinical incident, complaint and claim

Learning

- Recommendations for learning are generated from each upheld and partially upheld complaint, patient safety investigation and claim. Those recommendations will largely have been proposed by clinical staff involved with the investigation
- For moderate harm investigations, recommendations are progressed and monitored through Divisional Governance arrangements
- For Serious and permanent harm, recommendations, resultant action and evidence of the same are monitored through the Safety, Experience Review Group who report to Board level Quality Delivery and Performance Committees

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Complaint Themes – COVID 19

- Failure of or delay in testing (first wave)
- Failure to test prior to discharge to care home/patient's home
- Visiting Restriction and lack of communication
- Delayed follow up/outpatient investigations
- Inadequate Infection Control (patient observations)
- Cancellation of elective procedures
- Nursing Care/Communication
- Hospital Acquired Transmission

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Responding to Complaints re: COVID 19 Immediate Considerations

- Early assessment of complexity in order to set service user expectation for response date
- Impact of national pause or any specialty specific, existing backlog
- Obtain and utilise knowledge of service line pressures and cohorts of significantly affected staff
- Early identification of heightened anxiety, frustration amongst staff and refer for support
- Build relationship of trust and support with service user

**Consider impact of COVID 19 even where this may not be a specific issue raised. The adverse affect may not be obvious.*

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Responding to Complaints re: COVID 19 Investigation

- ***Standardise***; keep informed of service positions, modify responses/templates accordingly, consider adopting consistent cohort of specialty specific staff
- ***Contextualise;*** complaint responses, ensure clinical responses reference appropriate timeframes and guidance/policy available within that timeframe
- ***Summarise;*** CQC inspections/findings, previous audits, reviews, outbreak reports
- ***Personalise***; ensure individual experience and impact is however investigated and addressed

Standard of Care Applicable

- Can only be judged on information/guidance/testing capacity available at the time
- References: PHE/NHSE/I/Royal Colleges/HSIB/GIRFT
- Standard of care during first wave may be different to second and will be in any third
- Consent conversations (for elective procedures) may need to make reference to HAI COVID 19
- Important to achieve the correct balance; a response will require individualised investigation and empathy whilst contextualising the emergency nature of the NHS response

Investigating HAI COVID 19 – GHNHSFT Approach

- Countywide Serious Incident Declared
- Individual Investigations by each Trust (Acute/Community/MH)
- Proactive approach re: Duty of Candour
- Cross referencing of affected patients with SJR/Complaint/Moderate and Serious Harm Investigations already undertaken
- Acute Trust: x 2 Investigation reports – Scheduled and Unscheduled Care
- Six month timescale for completion
- Offer to share investigation report with all affected patients/NOK
- Complaints; individual analysis of transmission by IPC explained. Offer to share investigation report when complete.