

Complaint	Action/Learning
<p>1. During the first phase of the COVID-19 pandemic partners were not allowed to attend pregnant women at growth scans in the Antenatal Clinic. A complainant felt that the rule showed no consideration for a woman's potential anxieties around her pregnancy, especially those that had experienced issues with a previous pregnancy.</p>	<p>During the first phase of COVID-19 pandemic the Trust had to balance the safety of patients by limiting the numbers of people sitting in the Antenatal Clinic waiting area, and the Ultrasound staff by reducing the numbers of people in the scan rooms. As we developed greater understanding of Covid-19 and moved out of the initial crisis of COVID-19 we enabled partners of patients into the scan room in phases, firstly if there was some concern or anxiety regarding the pregnancy and then for the first and second trimester scans, commonly known as the Nuchal scan and the Anomaly scan.</p> <p>Where the sonography staff have been informed of any complication in a previous pregnancy, they were more flexible with their approach.</p>
<p>2. A complainant advised that during her pre-operative attendance, she agreed to participate in a research survey which would mean that she would be seen on the day of the surgery, one day post-surgery, three days post-surgery and then again at a later date to ascertain how her surgery had gone and how she was progressing afterwards. She did not see anyone regarding this survey since her pre-admission appointment and she felt disappointed with this after agreeing to take part.</p>	<p>Unfortunately the complainant was scheduled for admission for surgery at 6.30am which resulted in staff from the research team not being available at this time to enable the consent process to happen.</p> <p>As a consequence of this complaint, the process for approaching patients was amended; patients are now approached by the research team on the day of surgery rather than at pre-op assessment. Alternatively, if a patient has an early admission, or a member of staff from the research team is unavailable, a member of the anaesthetic team will see the patient to discuss the study and obtain consent.</p>
<p>3. A blood vessel was unintentionally punctured during a procedure. The patient recovered, however, this was a very distressing experience.</p>	<p>The procedure should have been performed using a contrast dye and CT imaging, however, the doctor proceeded without using the contrast dye. It was the opinion of a senior doctor at this Trust and an independent medical reviewer from an outside organisation that the complication was due to insufficient planning by the doctor performing the procedure.</p> <p>Since this incident, the procedure is now only performed by the lead consultant and another experienced doctor using the imaging guidance; this incident has been shared with the doctor who performed the procedure and will be shared with subsequent doctors who perform this procedure.</p>

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<p>4. Duty of candour was not performed and recorded when a diagnosis was missed.</p>	<p>The Trust has changed the duty of candour process since this incident and checks are made to ensure that the verbal and the written duty of candour has been performed. This is also reported at executive board level.</p>
<p>5. A complainant was unhappy with the care she received from a member of staff after her labour.</p>	<p>The staff member failed to demonstrate our Trust values and behaviours when caring for the complainant. The incident raised in the complaint was discussed with the member of staff, as part of a capability procedure, with the assistance of the Human Resources department. The capability procedure is designed to support staff and managers in dealing with problems regarding staff performance.</p>