

Care at the end of life: Unlocking the learning in letters of formal complaint

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The Royal Wolverhampton NHS Trust



Walsall Healthcare NHS Trust



An introduction to our organisation

The Royal Wolverhampton NHS Trust:

- Provides a comprehensive clinical portfolio of community, secondary and tertiary services
- Serves an ethnically diverse population of 450,000 people
- Has a workforce of around 9,500 staff, covering more than 350 different roles
- Our Patient Experience Enabling Strategy (2022 -2025), supports and empowers all staff to put the patient experience at the heart of everything they do





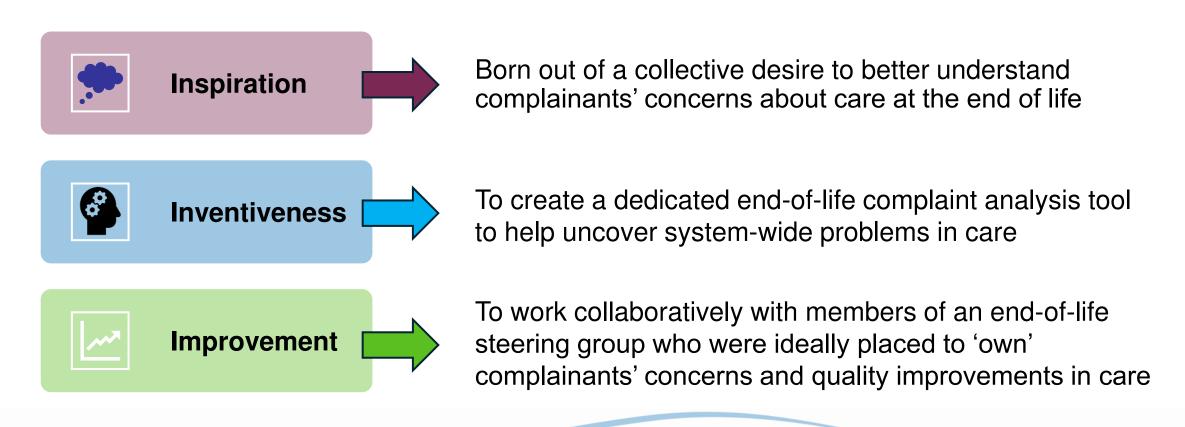
Background to our project

- At the heart of the NHS Complaint Standards is incentive to create 'a just and learning culture'
- This includes a movement away from a blame culture to alternatively embracing feedback as a welcomed and valuable source of learning
- Effective methods for analysis and reporting are critical to uncovering the possibilities for organisational development



Our commitment to learning

Embedded into our project were three important elements for creative learning and problem-solving



Why end-of-life care?

- A recurring theme in the casework of the PHSO
- Known variations in service provision and standards
- High on the UK policy agenda
- A drive for reform underpinned by a national framework for local action



How was the project carried out?

- A service evaluation using existing data
- Involved the use of a published healthcare complaints analysis tool (Gillespie & Reader, 2015) in conjunction with framework analysis (Ritchie & Spencer, 2002)
- Our focus was on the pre-and post-death information, care and support experienced by an adult patient and/or their family

Stage 1
Preliminary
work

Analysed 29 letters of formal complaint, received Apr-Dec 2020

Aim - To develop an initial template of end-of-life care concerns

Stage 2
Pilot work

Analysed a further 30 letters of formal complaint, received Jan-June 2021

Aim - To pilot test the face validity of the template when used as a coding and categorising scheme

3 Domains	7 Problem categories
Clinical problems	Quality Safety
Management problems	Environment Institutional processes
Relationship problems	Listening Communication Respect & patient rights

HCAT domains and problem categories provided a theoretical framework to guide the analysis

Stages of care	
Admissions	Operation/procedures
Examination/diagnosis	Discharge/transfers
Care on the ward	Unspecified or others

During preliminary work, each concern was mapped to the HCAT stage of care criterion

Source: Gillespie & Reader (2015)

Outcomes

Collectively, the outcomes of our preliminary and pilot work informed the structure of a dedicated End-of-Life care Complaint Analysis Tool (ELCAT) and an accompanying toolkit comprising:

Three domains and seven problem categories, informed by the work of Gillespie and Reader (2015)

A template of 25 originally derived end-of-life care concerns (subcategories) and accompanying exemplar indicators that serve as a guide to the analyst

Replaced the 'stages of care' with new descriptors to holistically reflect the context of end-of-life care concerns

An example from the template of end-of-life care concerns

Domain	Problem category	Subcategories of end-of-life care concerns	Exemplar indicators
Relationship problems Communications Communications	Communication	Quality	Unclear, confusing, contradictory, incorrect, not explained, not contacted, not updated, absent, unfeeling
		Unmet information needs	Diagnosis, prognosis, treatment, patient status, guidance/policies/ procedures, unanswered questions

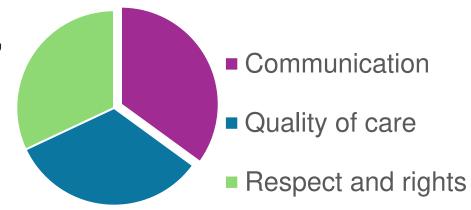
Measuring success and impacts

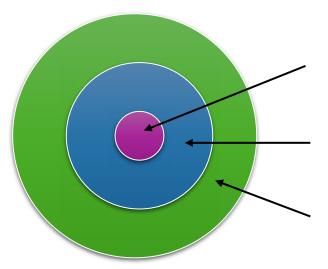
Reducing complaints and Routine formal complaints Precise information learning from them are kev descriptive data measures of succes enable to presentation our Patient Experie table and graph form Enabling Strategy (2) 2025) Informed improvements in the patient and family experience of arning through end-of-life care A developed gulation of of system-w ata with other received and separately dedicated s reaved family feedback

Informing and influencing service improvement

In our 3-year complaint data set (2020-2023), communication problems dominated

Three responsive and targeted initiatives are in progress:





The development of a compassionate communication charter, spearheaded by the Patient Experience team

A review of the daily interdisciplinary morning huddle to assess updates with the grieving family

A quality improvement project to address family members' identified need for accessible telephone enquiries

Acknowledged limitations



Local service evaluation based on formal complaint data within one organisation



The 59 letters of concern (project data) were received during the COVID-19 pandemic, although the nature of concerns has remained stable in the post-crisis and recovery period



Further research including reliability and validity testing is required to determine the consistency, accuracy and user acceptability of end-of-life care complaints analysis tool and its results



ELCAT

End-of-Life care Complaint Analysis Tool

Understanding patient and family concerns in letters of formal complaint

A Toolkit



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Conclusions

A systematic approach to analysing and reporting complainants' experiences of end-of-life care has the capacity to support:

- ✓ Organisational learning
- Quality monitoring
- ✓ Bespoke service improvements



Let's turn our complainant's concerns into compliments

'It was so delicately afforded and facilitated and respected that it's just so comforting, with a healing type of approach, of empathy and support throughout'

Bereaved family member

Let's unlock the learning in letters of formal complaints



For further information about our project, please look out for our forthcoming journal publication. Walker W. and Dowling A. Unlocking the learning in formal complaints: the development of an end-of-life care complaint analysis tool. *British Journal of Healthcare Management* (In Press).

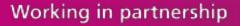


Thank you for listening

We sincerely acknowledge Dr Alex Gillespie and Dr Tom Reader, developers of The Healthcare Complaints Analysis Tool. Their work and kind permissions were invaluable to the development and design of our end-of-life care analysis tool.

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