

Site	Division	Outcome code	Description	Outcome
Chelsea and Westminster Hospital	Corporate functions	Partially upheld	Staff not wearing face masks around the Hospital or had masks hanging around their neck.	<p>We noted that staff have spent a great deal of time reinforcing the key messages to wear a mask, to their staff. Formal communications and messages are circulated several times a week; walk a-rounds are undertaken by senior staff – including the Hospital Medical Director, Director of Nursing and Chief Exec and they expect Heads of Departments to support compliance with their teams.</p> <p>One measure they will be taking is to log details of staff that are not compliant so that action can be taken against multiple/repeat offenders</p>
Chelsea and Westminster Hospital	Clinical Support Services	Upheld	Patient unhappy that Phlebotomy and Pathology departments have no measures in place to ensure social distancing.	Informed we have started a Trust wide campaign to reinforce the mask wearing requirements for all staff (and visitors) entering the hospital, with stations at hospital entrances providing masks and hand gel. The Trust Executive Team, senior managers and matrons carry out frequent walks around to ensure that this guidance is being followed by staff and visitors.
Chelsea and Westminster Hospital	Clinical Support Services	Partially upheld	Issues raised regarding staff attitude, delayed wait for Sigmoidoscopy and lack of information of seriousness of	Apologies given with explanation for delayed wait for Sigmoidoscopy and explained when a patient opts for sedation, Fentanyl and Midazolam are generally used as standard practice across the United Kingdom.
Chelsea and Westminster Hospital	Clinical Support Services	Upheld	Father has several concerns regarding an appointment letter his son has received. Father believes the letter received is not "fit for purpose".	Apologies that the patient's yearly review scheduled for 6th April 2021 to 23rd June 2020 following an email exchange between patient's GP and Consultant. This should have been recorded on hospital-initiated cancellation but in error was recorded as a patient-initiated cancellation. We apologised that due to the introduction of CERNER are aren't able to notify family of patient's appointment as well as patient.

West Middlesex University Hospital	Clinical Support Services	Upheld	Issues raised regarding accidental air bubble injection during CTCAP with air in pulmonary artery.	Apologies given for the accidental air bubble injection during patient's CT scan. The following changes have been implemented - refresher training on loading or CT contrast pump injector, two radiographers now participate in the scanning of the patient and one radiographer attaches and primes the contrast injection. Radiographers have been reminded to review the volume of contrast loaded into the pump.
West Middlesex University Hospital	Emergency and Integrated Care	Partially upheld	Patient came to A&E following a fall from a ladder. A CT scan was done and then was discharged with a sling and prescription for pain killers. Patient went to St. Peter's hospital and ended up having to undergo surgery as he had severe injuries.	Patient was seen in ED and tests were completed - CT and X-ray. Team did not feel as though patient's injuries needed to be treated surgically and that the fracture could be treated conservatively. Patient was reviewed again in June to check whether the fracture was healing - patient decided to go to another Trust and have surgery. We apologised that the discharge letter was not offered to the patient before they left.
West Middlesex University Hospital	Emergency and Integrated Care	Partially upheld	We received a complaint about a lack of coordination, poor communication or no communication, advice and information when provided has been contradictory, some of the staff have not listened to the patient or her family and we have found it impossible to receive a comprehensive and detailed feedback of situation. There appears a complete lack of understanding that the patient is a frail 88 year old woman and the need for a coordinated strategy to	Apologies for lack of communication from ward and failure to answer ward phone. Visiting times regulated due to COVID-19 and visitors were not allowed. Issues surrounding discharge - Medication was not ready therefore discharge was postponed for which we apologised.

Chelsea and Westminster Hospital	Emergency and Integrated Care	Partially upheld	<p>Patient was admitted to Hospital due to pneumonia. Son has raised concerns that a male nurse on the ward made derogatory comments to the patient about her weight. Patient was also left in her faeces for hours despite using the call bell to alert staff. Patient has numerous bruises around her body.</p>	<p>Healthcare Assistant had used informal language when speaking to patient and has been asked to reflect on this. Comments about patient's weight were made by the doctor as he was trying to determine whether she gained more weight after taking insulin. Patients personal care was attended to and nurses have clarified that they have never left her in her own faeces for two hours. No reason found for patient bruising on her body. No incidents were reported or logged.</p>
West Middlesex University Hospital	Emergency and Integrated Care	Partially upheld	<p>Daughter has raised concerns regarding her mother's treatment whilst an inpatient. Patient is allergic to the contrast dye and the daughter informed staff of this but the dye was still used during her angiogram.</p>	<p>Procedures explained and that no dye was used. Patient suffered a further heart attack and a few days later sadly passed away. Medical team did what they could to treat the patient but her kidneys were also not functioning. she was reviewed by the renal team who did not think the patient was a good candidate for Dialysis as her heart function was not strong. Staff have been reminded to give patients their medication on time.</p>
West Middlesex University Hospital	Emergency and Integrated Care	Partially upheld	<p>Family have raised concern regarding communication issues with ward. Patient was discharged in just a gown. Patient sustained injury on her leg which was not dressed properly and family were not notified. Patient's dentures were also lost.</p>	<p>Concerns regarding communication- ward was communicating with patients' NOK but agree that they could have communicated more often given the patient's length of stay. ECG was completed before the patient was discharged home. Patient was discharged in hospital gown as she refused to change into her own clothing, therefore staff respected her wishes. We apologised for the missing dentures and have agreed to pay for replacement.</p>

West Middlesex University Hospital	Emergency and Integrated Care	Partially upheld	Daughter has raised concerns regarding patient's care whilst an inpatient. Patient had an unwitnessed fall and broke his neck. Issues regarding communication.	<p>Falls risk assessment was carried out for patient - identified as patient needing assistance of one person for transferring and walking. Patient often tried to climb out of his bed.</p> <p>Apology offered for not communicated clearly regarding why patient had multiple ward moves.</p> <p>Patient ended up falling out of bed even though he was put in a bay within sight of nursing bay. CT scans were performed.</p>
Chelsea and Westminster Hospital	Planned Care	Upheld	Patient unhappy of misdiagnoses of broken neck and lack of communication regarding cancellation of apt.	Apologies given for a breakdown in communication and process between hospital teams which led to an uncomfortable experience for patient waiting to be seen and diagnosed with a fracture. The team required advice from St Mary's Hospital prior to diagnosis. We also apologised for patient's inpatient experience due to noise on the ward and inappropriate application of medication.
West Middlesex University Hospital	Planned Care	Partially upheld	Issues raised regarding patient care, being given penicillin she is allergic to, lack in communication, empathy and staff attitude and behaviour.	Informed patient was prescribed and administered ciprofloxacin and not penicillin and apologies given that patient felt that staff did not show compassion.
West Middlesex University Hospital	Planned Care	Partially upheld	Patient was informed that she had kidney stone but following private appointment she was informed it was gallbladder stone. Was only given pain medication.	Consultant advised that conservative management was a viable treatment option in her case based on imaging and clinical indications. This meant medication and not for surgery at present.

Chelsea and Westminster Hospital	Planned Care	Upheld	Issues raised regarding COVID testing and subsequent streaming to ward, infection control issues and inadequate risk assessments on David Evans Ward also lack of cleanliness on Ron Johnson Ward.	Apologies for lack of communication regarding COVID results and lack of clarity regarding safety on the ward. We also apologised that another patient came into patient's bed space in the ward. We further apologised for the cleanliness standards and that more stringent audits will take place.
Chelsea and Westminster Hospital	Womens, Childrens, HIV, GUM and Dermatology	Upheld	Patient wants a clear explanation on why she was not contacted on day of her appointment and the days following. She does not accept the apology from the Doctor.	Human error, patient incorrectly was selected as seen. Apologies offered and they will now cross check with Doctors the Cerner records to make sure patients have been called.
Chelsea and Westminster Hospital	Womens, Childrens, HIV, GUM and Dermatology	Partially upheld	Patient had raised concerns about being locked out of their DrDoctor account and believed this breached protocol.	Patient was contacted by staff on receipt of patient's email providing her with name, designation and contact details, apologies offered if it was not made clear at the time. Other team members had witnessed the staff not being rude but patient being aggressive. Standard good practice for a welfare check to be made hence patient was contacted to confirm patients medication and whether they had informed their partner. Due to patient asking for contact to be terminated this resulted in account being locked.

<p>Chelsea and Westminster Hospital</p>	<p>Womens, Childrens, HIV, GUM and Dermatology</p>	<p>Partially upheld</p>	<p>Complaining about failings in obstetric and postnatal care at Chelsea and Westminster in 2019 that led to a postpartum haemorrhage 4 weeks after delivery as well as 2 hysteroscopic removals to remove 10cm+ of retained placenta.</p>	<p>Reassured Dr documented that she had checked the cavity of the uterus to ensure there was no placenta, which is her usual clinical practice. After the placenta is removed following a caesarean birth it is also checked by the midwife prior to disposal to ensure that no large areas are missing. The midwife documented the placenta was complete.</p> <p>Not reviewed by a consultant and this is not in keeping with the standard we expect and for this they apologise. They have recognised that a review by a senior clinician is important for women and it is now a mandatory part of their service that any woman readmitted must be reviewed by a consultant or senior reg.</p> <p>Developed an infection in the uterus after the caesarean, most likely due to either retained pieces of tissues which did not pass through your cervix or the placenta was adherent to the lining of the uterus. This led to an infection and ongoing inflammation.</p>
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<p>Chelsea and Westminster Hospital</p>	<p>Womens, Childrens, HIV, GUM and Dermatology</p>	<p>Partially upheld</p>	<p>Midwife was negligent and put both mother and baby's life at risk. She was informed in theatre had she waited another 10 minutes then baby would not have been alive.</p>	<p>Reassured when Pessary was inserted the baby's heart rate was normal and reassuring.  Midwife describes having regular contact with patient and has been documented on her records.  Apologies offered if Midwife did not communicate clearly that there will be a slight delay to see an obstetrician.  Explanation provided of what a category 3 C-section is.  Surgeon was spoken to and confirmed there was no concerns when performed C-Section.  Baby experienced bradycardia due to the anaesthesia as baby's heart rate was fine up until that point.  Apologies also offered for patient feeling Midwife did not treat her professionally or kindly.</p>
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<p>West Middlesex University Hospital</p>	<p>Womens, Childrens, HIV, GUM and Dermatology</p>	<p>Partially upheld</p>	<p>Staff had not read her file and no one seemed to take account of her feelings, pain or experience.  Saw three midwives yet none have check the progress of dilatation after being there a few hours.  Patient did not receive pain relief, and was taken to a room and left alone with no staff around for support. Her request to see a doctor was not met.  Doctor attended after patient explained about PPH and during birth of her 1st baby was Strep B positive.  No one had examined cervix since patient was 5+ cm a couple of hours prior and then tried to do this during contactions  Baby was born with cord around his neck, blue and unresponsive yet team stated everything was fine and "mum is ok. Paeds team arrived and managed situation and baby recovered  Parents not were not kept informed and baby was taken away for examination</p>	<p>The review of her maternity records and the documentation indicates that her care and the known risk factors were appropriately handed over and she and her baby received clinical care in accordance with local guidance, however it is acknowledged that the communication between herself and the midwives caring for her could have been improved and actions will be taken to ensure the midwives receive appropriate feedback in relation to this.</p>
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Chelsea and Westminster Hospital	Womens, Childrens, HIV, GUM and Dermatology	Partially upheld	<p>The treatment received whilst in our care was terrible, with many mistakes made and patient ended up catching a bacterial infection in the hospital and was treated for sepsis, resulting in being in hospital for an extended period of time. She has not mentally recovered from the experience. She made a complaint on the day she was leaving but no one has addressed this.</p>	<p>Usual practice is that the pessary would be opened into the sterile field using a non-touch technique then gloves must be worn for all vaginal examinations-apologies offered as Midwife failed to use gloves.</p> <p>Records show that that an obstetric review was requested by the midwife to discuss her findings on examination. However this was delayed as both doctors were in theatre dealing with an emergency at this time.</p> <p>Investigation shows that the hormone drip was administered as per protocol and would not have caused excessive bleeding. Consultant Microbiologist advised that this bacterial infection is not hospital acquired and that there was no delay in treatment of antibiotics.</p> <p>Investigation shows that the information on your discharge papers held electronically are consistent with information in your hospital records.</p> <p>Apologies offered for discharge process as they are usually efficient.</p>
Chelsea and Westminster Hospital	Womens, Childrens, HIV, GUM and Dermatology	Upheld	Complaint about a staff member's behaviour towards a visitor with a terminal health condition.	<p>Staff's response was that she is very apologetic to have impacted and upset him. She felt she was responding to and taking direction from the clinical staff to ensure visiting guidelines were adhered to. However, staff are now aware that allowances should have been made in circumstances where a visitor has a medical condition.</p>

<p>Chelsea and Westminster Hospital</p>	<p>Womens, Childrens, HIV, GUM and Dermatology</p>	<p>Partially upheld</p>	<p>Wants to make 3 official complaints.  1) Regarding care son received March: Child was overventilated. Were told notes would take 5 days took 8 weeks-notes were incorrect and have not heard anything since.  2) Management of chest drain was poor.  3) Medical records of son are largely incomplete.</p>	<p>The team had appropriately responded to a change in son's clinical condition and factoring in the changes made prior to that.</p> <p>Parents were concerned about son receiving extra fluids whilst being in a positive balance. Dr had reviewed this and reported that the clinical picture was not suggestive of excess fluid leaking to or compressing the lungs which they stated had occurred three days earlier. Son had received two boluses of saline and frusemide and his urine output increased. On December 30th A blood gas was performed and this was acceptable and son showed no signs of distress.</p> <p>Complained about poor care and a delay regarding the management of son's chest drain. Dr considered appropriate troubleshooting steps were undertaken to ensure that son remained stable, he was seen after the ward round of the intensive care babies.</p> <p>Son's management plan was carefully considered with a MDT approach involving surgeons, pharmacist, dietician and Radiology.</p> <p>Apologies offered for lack of communication.</p>
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<p>Chelsea and Westminster Hospital</p>	<p>Womens, Childrens, HIV, GUM and Dermatology</p>	<p>Partially upheld</p>	<p>Complaint about how the family were treated in Hospital.  1)Lack of communication  2)Rude staff  3)Staff using different excuses for one cause  4)Intimidating and trying to prevent family from leaving</p>	<p>Explanation provided as to why two blood samples were taken- one for instant results and another to send to lab for confirmation. Reassured baby will not be getting anaemia.</p> <p>Apologies offered for plan not being explained fully regarding the length of daughter's stay.</p> <p>Explanation also provided as to why the Covid swab was a weak positive result as it is hard to get a good sample on such a small baby.</p> <p>Reassured that the staff had not purposely locked the doors, the doors remained locked 24/7 for security reasons and can only be opened remotely. By the time staff came to open the door they had already left.</p>
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