

Council of Governors

Item 11.3

Subject: Annual Complaints Summary 2022/23
Date of meeting: 6th June 2023
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Presented by: Sue Pemberton, Director of Nursing & Quality

BAF Reference	Impact on BAF
BAF 1	The paper provides assurance on a range of areas that contribute to patient experience.

Level of assurance (please tick one) <i>To be used when the content of the report provides evidence of assurance</i>					
<input checked="" type="checkbox"/>	Acceptable assurance Controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/>	Partial assurance Controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/>	Low assurance Evidence indicates poor effectiveness of controls

1.0 Executive Summary

This report outlines the complaints, informal concerns and compliments received from 1st April 2022 – 31st March 2023. In this time frame 26 formal complaints were received, in comparison to the previous year of 38 demonstrating an overall reduction of 30%. In the main, this reduction is due to the proactive nature of divisional and departmental leads seeking local resolution with the complainant.

In addition, the Patient & Family Support Team received 304 contacts, of which 206 were informal concerns and 98 were requests for information or advice. All informal concerns were successfully resolved by liaising or escalating to appropriate manager/divisional team.

All 26 formal complaints were acknowledged within 3 working days; 15 were responded to within the initially agreed timeframe and in 11 cases the timeframe for response was renegotiated to enable a thorough response to take place. Of the 26 formal complaints:

- 4 were fully upheld,
- 12 were partially upheld
- 9 were not upheld (unfounded) and did not require action or learning
- 1 is still outstanding and being investigated due to the complex nature of the complaint.

All identified learning with actions required were managed locally and included in the monthly divisional complaint's reports. Consultants also copy the Patient & Family Support Manager into any letters to patients following action taken. As per the Trusts Complaints Policy and Procedure all action plans are monitored until closed through the relevant Divisional Governance Committees.

There have been 72 compliments received in total this year. This represents the compliments received via the Chief Executive Officer (CEO), Patient Family Support Team, (PFST) follow up calls and some directly through to the ward. Every compliment received is responded to via email, phone call or letter. All compliments received are shared with the relevant team managers, leaders, and Consultants who then share within all of their respective teams.

2. Complaint

The Trust investigated 26 formal complaints of which:

- 5 were graded low,
- 15 of which were graded medium,
- 5 were graded high
- 1 extreme.

All complainants were contacted via telephone/email following receipt of the complaint, and this was followed by an acknowledgement letter, with a response date provided.

The Trust works in partnership with all other NHS organisations whereby care received within LHCH is highlighted as a concern as part of any complaint they receive.

Table 1 below provides details of complaints received per month via division year to date

Number of complaints per month/division				
Total/month in brackets	Surgery	Medicine	Corporate	Clinical Services
April 22	0	2*	0	2*
May 22	2*	1*	0	0
June 22	1*	3*	0	0
July 22	1*	1*	0	0
Aug 22	0	0	0	0
Sept 22	2*	1	0	1*
Oct 22	1*	4	0	1*
Nov 22	1	2	0	0
Dec 22	1	1*	1*	0
Jan 23	0	0	0	0
Feb 23	1	0	0	0
Mar 23	2*	1*	0	0
Total	12	16	1	4

*involved more than one division. Any action plans/learning is presented to the relevant committee as a separate agenda item by the divisional leads.

2.1 Subject Matter of complaints

All complaints are themed to ensure any trends emerging are identified and appropriate actions are in place. The overarching main theme is clinical treatment/care and private care provisions; this can represent many different aspects of care received. No complaints specifically related to End-of-Life Care.

2.2 Analysis of complaints received by division/service

Corporate (1)	Clinical Services (4)	Surgery (12)	Medicine (16)
Communication (1)	Care and treatment (2) Experience (1) Medication at discharge (1)	Care and treatment (4) Communication with staff (1) Discharge (3) Private patient care (2) Property (2)	Care and treatment (5) Discharge (2) Diagnosis (1) Admin (3) Experience (2) Private (3)

2.3 Learning from complaints that were upheld/partially upheld – requiring action

Every effort is made to address each concern highlighted within complaints to the satisfaction of the complainant, even if, after investigation, evidence reveals the concerns highlighted in the complaint could not be evidenced. Five complaints were considered upheld or partially upheld, meaning they required actions to prevent reoccurrence. Those complaints following investigation, and which were not considered upheld were offered apologies in their formal response.

All action plans identified through the investigatory process are presented at Divisional Governance meetings. Any cross-divisional actions or learning is also detailed in the report, and this enables each division to have a clearer understanding, of recurrent themes across the organisation. All learning that can be shared corporately will form part of the organisational learning processes. Complaints' learning is shared via the Learning & Sharing agenda to ensure that learning is shared across the Trust.

2.4 Complaints Review Panel

To provide assurance to Non-Executive Directors, quarterly complaints panels continued to occur throughout 2022/23. The purpose of this panel is to enable Non-Executive Directors an opportunity to challenge where necessary how the Trust has investigated and responded to each complaint this process gives assurance that complaints are being managed robustly and effectively. This also demonstrates that lessons are being shared widely and embedded across the Trust.

2.5 Informal Concerns/Contacts

The Patient & Family Support Team received a total of 304 contacts in 2022/2023, 206 of which were informal concerns, and all successfully resolved before escalating to a formal complaint. Themes included: waiting times for surgery and multiple rescheduling of cardiac surgery. Other include delayed appointments, delay in results, administration concerns around trying to contact secretaries.

3.0 Parliamentary Health Service Ombudsman (PHSO)

A formal complaint from October 2019 regarding the care and treatment around replacing an implantable cardioverter defibrillator, was closed by the Trust. The complainant contacted the PHSO. Further information requested was sent to the PHSO in November 2020. A letter drafted by Dr Morris was sent 16th March 2022. The PHSO have communicated to the Trust that a new case manager

has been appointed. Further information was requested regarding Trust policies and procedures in connection to monitoring devices, this information has been sent to the PHSO on 6th January 2023. The Trust is awaiting the PHSO final report.

A formal complaint was answered in January 2021 in connection to an angiogram procedure which was cancelled at a very late stage which included the interpretation of an X-ray. A second letter was sent to the patient in March 2021 to formally close the complaint response and answer the few last queries the complainant had requested. A complaint file and the patient records were sent to the PHSO in May 2022. A further request for any the previous X-ray images was received in November 2022, this request was actioned by the Radiology Imaging team. The Trust is awaiting the final report.

The Welsh Ombudsman requested information regarding a patient who had a thoracic procedure in August 2021. The Ombudsman have requested the clinical and nursing records, investigations and copies of all CT scans or other tests. This request is being actioned by the information governance team. The original complaint is not attributed to LHCH.

4.0 Summary

The Trust has seen a reduction in the number of formal complaints received with a reduction of 30% overall from 2021/2022. There have been many changes to how we communicate with patients and their families in the attempt to settle and resolve any concerns they have, at the earliest opportunity. The PFST assist patients and their families by ensuring any informal contact concerns outside of the formal route are expedited where necessary and resolved to the satisfaction of the complaint. The adherence to timeframes for resolution to concerns raised continues to be extremely positive with the PFST negotiating when the timeframe for completion of any investigation by the complainant is not practicable due to the level of investigation required.

5.0 Recommendation

The Council of Governors are asked to receive the report which provides assurance that the Trust complaints process, continues to be managed effectively in line with Trust's Complaint Policy,