

Board of Directors (in Public)

Item 5.12*

Subject: Complaints Process Annual Review
Date of Meeting: Tuesday 27th July 2021
Prepared by: Laura Allwood, Patient & Family Support Manager
Presented by: Sue Pemberton
Purpose of Report: To Note

BAF Reference	Impact on BAF
BAF 1	None

Level of assurance (please tick one) <i>To be used when the content of the report provides evidence of assurance</i>					
✓	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. Executive Summary

The purpose of this paper is to provide the Committee with the assurance that the raising of concerns and complaints through the complaint process is monitored for its effectiveness and efficiency, whilst providing the upmost in compassion and understanding to those raising a concern/complaint. It is also to provide assurance that our processes are in line with our Trust. Policy, Making Experiences Count – NHS and Adult Social Care Complaints Process.

The Trust is committed to resolving any concerns at the earliest opportunity and this is often achieved through the patient, relative or carer discussing their concerns directly with the Patient and Family Support Team in the first instance.

This report outlines the complaints, informal concerns and compliments received during 1st April 2020 – 31st March 2021. In 2020-21 the Trust received 20 formal complaints which is a decrease of 42.85% compared to the previous year when 35 were investigated. This is due to proactive action at the earliest opportunity to review and resolve concerns raised. This dramatic decrease is

also due to the Covid-19 pandemic which has influenced the numbers of patients coming through the hospital.

In addition, the Patient & Family Support Team received 268 contacts, of which 150 were informal concerns and 118 were requests for information or advice. All informal concerns were successfully resolved by liaising or escalating to appropriate manager/divisional team.

Of the 20 complaints, all were acknowledged within 3 working days and 18 were responded to within the negotiated timeframe. Of the 20 complaints investigated, 1 was fully upheld, 4 were partially upheld and 13 were not upheld (unfounded) and did not require action or learning. 2 are still outstanding but are due to be completed within the timeframe. All of which were investigated, and responses provided.

Any learning and 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. All action plans were managed through the relevant Divisional Governance Committees.

There have been 75 compliments received in total this year. This represents the compliments received via the CEO, Patient and family support team 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 team managers, leaders and Consultants to be shared with the relevant teams.

2. Background

Liverpool Heart and Chest Hospital NHS Trust aims to deliver care, treatment and services to the highest standard. The Trust recognises that it can learn from all concerns and complaints received and thereby improve the quality of the care, for patients and their families.

The Trust has a policy – Making Experiences Count – NHS and Adult Social Care Complaints Process on which its complaints processes are based. All complaints received are reviewed by the Chief Executive, the Director of Nursing & Quality and the Deputy Director of Nursing. The Patient & Family Support Manager is the Trust's designated complaints manager and lead investigator.

3. Complaints

The Trust investigated 20 formal complaints of which 5 were graded low, 14 of which were graded medium and 1 was graded high. All complaints were acknowledged within three working days.

All complainants were contacted via telephone/email following receipt of the complaint, and this was followed by a letter.

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. In 2020/21 LHCH cooperated on seven occasions following a received request.

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 20	0	1	0	0
May 20	1	0	0	0
June 20	1*	1	0	1*
July 20	0	1	0	0
August 20	2	0	0	0
September 20	1	1	0	0
October 20	4	0	0	0
November 20	1	1	0	0
December 20	0	1	0	0
January 21	0	1	0	0
February 21	0	1	0	0
March 21	1	1	0	0
Total	11*	9	0	1

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

3.1 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; this can represent many different aspects of care received. No complaints related to End-of-Life Care.

3.2 Analysis of formal complaints received by division/service.

Corporate (0)	Clinical Services (1*) *Joint	Surgery (11*)	Medicine (9)
Nil	Care and treatment (1)	Diagnosis (2) Care and treatment (7) Discharge (1) Results/information (1)	Care and treatment (4) Communication/Administration (5)

3.3 Parliamentary Health Service Ombudsman Referrals (PHSO)

- One complaint referred to the Ombudsman from August 2019 (original complaint received by the Trust in October 2018 and dealt with by the complaints process) regarding the communication and care awaiting a TAVI. This was closed at the end of August 2020.
- Information request in November 2020, for a complaint case which was dealt with in October 2019. This case is still ongoing- all relevant information has been provided to the PHSO.

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

Every effort is made to address each issue highlighted within complaints to the satisfaction of the complainant, even if, after investigation, evidence reveals the allegations made in the complaint

were unfounded. Five complaints were considered upheld or partially upheld, meaning they required action and learning. Those complaints not considered upheld were offered apologies that they had caused to raise a complaint and a detailed explanation was provided in the written response.

The numbers of complaints upheld or partially upheld has decreased this year from 19 in 2019/20 to 6 in 2020/21.

All action plans identified through the investigatory process are presented by the responsible lead, at the 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 forms part of the organisational learning processes. Complaints' learning is shared via the Learning & Sharing agenda to ensure that learning is shared across the organisation.

3.5 Complaints Management – Quarterly Complaints Panels

To provide assurance to the Board of Directors, Quarterly Complaints Panels continued to meet throughout 2020/21. A panel for Quarter 3 and 4 has taken place and they agreed with the handling and outcome of the complaints. The purpose of this panel is to provide assurance that complaints are being managed robustly and effectively. This also demonstrates that lessons are being shared widely and embedded across the organisation.

4. Informal Concerns/Contacts

The Patient & Family Support Team received a total of 267 contacts in 20/21, 149 of which were informal concerns, and all successfully resolved before escalating to a formal complaint. In comparison to 19/20 this was lower, where we received 349 contacts in total and 203 informal concerns raised. We believe this is due to the covid 19 pandemic. Themes included: delayed appointments, delay in results, patient experience, administration errors and delays and communication issues.

5. Recommendations

The Board of Directors are asked to receive assurance that the complaints process, management and procedure is robust and monitored for effectiveness and is based upon the Trust policy, Making Experiences Count – NHS and Adult Social Care Complaints Process, with the sharing of learning from each complaint review, being disseminated within the appropriate divisions and teams.