

The Board of Directors

Item 6.4

Subject: Annual Complaints Report 2017/18
Date of Meeting: 3 July 2018
Prepared by: Lisa Gurrell, Patient & Family Support Manager
Presented by: Sue Pemberton, Director of Nursing & Quality
Purpose of Report: To Note

BAF Ref	Impact on BAF
1.1, 1.2	Assurance on effectiveness of the Trust's processes and procedures for managing complaints

1. Executive Summary

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.

In 2017-2018 the Trust received 50 formal complaints, of those 50, 48 were investigated, 2 did not go through for investigation as consent was not received from the relatives of patients raising the concerns on their behalf. This is a decrease of 20% compared to the previous year (60).

Of the 48 complaints investigated, 18 were fully upheld, 9 were partially upheld and 21 were not upheld (unfounded) and did not require action or learning.

The purpose of this paper is to provide the Board of Directors 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 making the concern and that our processes are in line with our Trust Policy, Making Experiences Count – NHS and Adult Social Care Complaints Process.

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 48 formal complaints of which 4 were graded low, 43 medium and 1 high.

All complaints were acknowledged within one working day.

The Trust will work 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 2017/18 LHCH cooperated on three occasions following a received request.

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. Two complaints related to End of Life Care.

3.2 Parliamentary Health Service Ombudsman Referrals (PHSO)

No complaints received in the timeframe have been referred to the PHSO for investigation.

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

All action plans identified through the investigatory process are presented by the responsible lead, at the Divisional Governance meetings. Any cross division 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.

3.4 Complaints Management – Quarterly Complaints Panels

To provide assurance to the Non-Executive Directors, Quarterly Complaints Panels continued to meet throughout 2017/18 and three panels were held. A panel for Quarter 4 was considered not required, as only 4 complaints were investigated for that time frame, only 1 of which was upheld.

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.

3.5 Complaints Satisfaction

All complainants are sent a complaints satisfaction survey approximately 8-12 weeks following closure of the complaint. This to allow sufficient time for complaints to see clarification or request a meeting.

Of the 40 surveys sent, 22 responses were received.

- 91% (20) received full compassionate support during the process 9% (2) did not wish to discuss in person
- 91% (20) said they would complain again if they needed to and would encourage others to do so 9% (2) disagreed
- 91% (20) found the process straightforward and felt that their complaint was handled fairly 9% (2) disagreed
- 78%(17) thought the response was open/honest and explained the action and learning 22% (5) disagreed

Some of the comments below have been included for information and assurance that patients and families were satisfied with the service and support they received:

- 'I felt listened to – thank you'
- 'Having dealt with the complaints process at another hospital, I already had pre-conceived ideas of how the matter would be dealt with and the outcome. It was a refreshing and pleasant surprise the manner in which my complaint was handled by the manager'
- 'Clear response, in plain English - thank you'
- 'I have no concerns at all about the complaints procedure at LHCH, in fact in my dealt in with the team I was more than satisfied with the outcome –well done'.
- 'Dealt with very well at the meeting and emotional – thanks again x'
- 'The tone of the written response, can be at times at the very least patronising'
- 'Nothing wrong with the complaints procedure'
- 'No concerns, I was fully informed throughout'
- No concerns, I was kept fully informed regarding the investigation and was assured that actions were identified to improve procedure'
- 'I will be attending clinic again soon, so will see if things have improved with the check in machine, if not I will complain again'.

4.0 Informal Concerns/Contacts

The Patient & Family Support Team received a total of 358 contacts in 2017/18, 153 of which were informal concerns and all successfully resolved before escalating to a formal complaint. Themes included communication shortfalls, car parking concerns, waiting list and appointment enquiries and waiting times.

5. Recommendations

The Board of Directors to receive assurance that the complaints process, management and procedure is 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.