

Council of Governors Item 9.3

Subject: Annual Complaints Summary 2021/22
Date of meeting: 7th June 2022
Prepared by: Laura Allwood, Patient & Family Support Manager
Presented by: Sue Pemberton, Director of Nursing & Quality

1. Executive Summary

This report outlines the complaints, informal concerns and compliments received during 1st April 2021 – 31st March 2022. In this time frame 38 formal complaints were received.

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 319 contacts, of which 207 were informal concerns and 112 were requests for information or advice. All informal concerns were successfully resolved by liaising or escalating to appropriate manager/divisional team.

Of the 38 complaints, all were acknowledged within 3 working days and 15 were responded to within the negotiated timeframe.

Of the 38 complaints investigated, 2 were fully upheld, 12 were partially upheld and 21 were not upheld (unfounded) and did not require action or learning. 3 are still outstanding and being investigated.

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 89 compliments received in total this year. This represents the compliments received via the Chief Executive, 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. Complaint

The Trust investigated 38 formal complaints of which 10 were graded low, 17 of which were graded medium, 10 were graded high and 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. In 2021/22 LHCH cooperated on eight 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 21	1	0	0	0
May 21	0	2	1	0
June 21	1	3	0	0
July 21	2*	4	0	0
Aug 21	4*	0	0	1*
Sept 21	2	0	0	1
Oct 21	1	0	0	0
Nov 21	2	0	0	0
Dec 21	1	0	0	0
Jan 22	1*	3*	0	1
Feb 22	1*	3*	0	1*
Mar 22	2	4*	0	1*
Total	18*	19*	1	5*

*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; 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 (5*)	Surgery (18*)	Medicine (19*)
Admin/communication (1)	Diagnosis and treatment (2) Blood administration (1) Experience (2)	Clinical care and treatment (13) Communication with staff (1) Delays (1) Discharge (2) Diagnosis (1)	Care and treatment (10) Discharge (2) Communication (3) Diagnosis (2) Admin (2)

2.3 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. 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 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. Complaints' learning is shared via the Learning & Sharing agenda to ensure that learning is shared across the organisation.

2.4 Complaints Review Panel

To provide assurance to the Non-Executive Directors, Quarterly Complaints Panels continued to meet throughout 2021/22 and three panels were held. A panel for Quarter 3 and 4 took place on the 1st of April 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.

2.5 Informal Concerns/Contacts

The Patient & Family Support Team received a total of 319 contacts in 21/22, 207 of which were informal concerns, and all successfully resolved before escalating to a formal complaint. Themes included: delayed appointments, delay in results, patient experience, administration errors and delays and communication issues.

3.0 Parliamentary Health Service Ombudsman (PHSO)

- February 2022- Information request for a complaint that was dealt with in 2020 regarding a patient where the daughter claims that the Trust incorrectly discharged her father and ignored her request for a larger pair of stockings for her father to wear. Nursing records and discharge summary were supplied.
- March 2022- Formal complaint dealt with in 2019/20, around medical staff not correctly replacing an Implantable cardioverter defibrillator (ICD) in Jan 2019 and correct checks not made. Patient had to have a further procedure in April 2019 after complications from the first operation and further delays from being seen in clinic in June 2019. The patients relative referred this to the Ombudsman, and information was requested in November 2020. In March 2022 LHCH were sent the provisional report and following this a reply has been sent to the Ombudsman as the medicine division are not in agreement with what has been proposed by the Ombudsman. The Trust is awaiting a response.

4.0 Summary

The Trust has effective processes in place to manage patient and family complaints and concerns in line with the Trusts complaint policy. All complaints are thoroughly investigated, and good communication is established with all complainants throughout the process. The learning from complaints is shared through the appropriate governance structures Trust wide.

4.0 Recommendations

The Council of Governors are asked to receive the report and receive assurance that the complaints process, management, and procedure is robust and monitored for effectiveness and is based upon the Trust's Complaint Policy.