

Council of Governors (in Public)

Item 9.3

Subject: Q4 Complaints & Annual Complaints Summary 2018/19
Date of meeting: Tuesday 4th June 2019
Prepared by: Lisa Gurrell, Patient & Family Support Manager
Presented by: Sue Pemberton, Director of Nursing & Quality

1. Executive Summary

In 2018-19 the Trust received 36 formal complaints, all of which were investigated and responses provided. This is a decrease of 26.5% compared to the previous year when 49 were investigated. This is due to proactive action at the earliest opportunity to review and resolve concerns raised. This report outlines the complaints, informal concerns and compliments received in Quarter 4, 1st January 2019 – 31st March 2019. The Trust received a total of 13 formal complaints for Q4 making a total of 36 YTD. A trend relating to concerns/complaints relating to delays in appointments/receiving results for diagnostic tests in radiology was noted. Of the 13 formal complaints 5 were upheld requiring action and learning and 8 not upheld meaning no actions or learning was identified. Two formal meetings were held.

In addition, the Patient & Family Support Team received 64 contacts, of which 34 were informal concerns and 34 were requests for information or advice. All informal concerns were successfully resolved by liaising or escalating to appropriate manager/divisional team.

Any learning and actions required were managed locally and included in the monthly divisional complaints 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.

During Q4, there were 27 written compliments via the CEO or Patient & Family Support Team commending the care, services and staff. This outweighed the number of complaints received.

2. Contacts(PALS)/Informal concerns

Table1

| |
|---|
| Quarter 4 Contacts - Total = 64 |
| 30 – Requests for advice and information- Subjects include: <i>Request for information, change of details, parking queries, discharge queries, signposting.</i> |
| 34 - Informal concerns – Subjects include: <i>Communication issues, Appointment delays, Facilities issue for inpatient, Referral queries, Waiting times, Access to health records, Waiting time for results, ACHD appointment queries.</i> |

3. Complaints

Table 2 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 18 | 3 | 1 | 0 | 2 |
| May 18 | 0 | 0 | 0 | 0 |
| June 18 | 1 | 1 | 0 | 1 |
| July 18 | 1 | 0 | 0 | 1 |
| August 18 | 1 | 0 | 0 | 1 |
| September 18 | 0 | 0 | 0 | 0 |
| October 18 | * | 2* | 1 | 2 |
| November 18 | 0 | 0 | 3 | 0 |
| December 18 | 1 | 1 | 0 | 0 |
| January 19 | 4 | 1 | 1 | 0 |
| February 19 | 1 | 3 | 0 | 1 |
| March 19 | 0 | 1 | 0 | 1 |
| Total | 12 | 10 | 5 | 9 |

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

Table 3 below shows the complaints received in Q3 and learning outcomes per division.

| Ref: | Division | Q4 Summary of complaints | Outcome |
|------|--------------------|--|------------------------------------|
| 24 | Medicine/Corporate | Car parking – relative of Cystic Fibrosis patient incurred a fine as parked in disabled bay without a badge and disputed this. | Closed – Not Upheld |
| 25 | Surgery | Clinical Care – patient developed post-operative infection in leg at surgical site and surgical clip used to seal the ends of blood vessels and designed to remain in body, had migrated which can happen. | Closed – Not Upheld |
| 26 | Surgery | Discharge/Clinical care – family dissatisfied with discharge process. Patient moved to family room in gown and unwell. Antibiotics not prescribed prior to discharge. Patient died two days after discharge in RLBHHT – family unaware that she was nearing end of life. | Closed – Upheld Action Plan |
| 27 | Medicine | Clinical care – patient underwent ASD closure and did not get outcome he had hoped for. | Closed – Not Upheld |
| 28 | Surgery | Discharge/Clinical care – patient moved to family room prior to discharge, not all medicines included in bag. | Closed – Upheld Action Plan |
| 29 | Surgery | Clinical care – patient had thoracic surgery in 2017 and had complications requiring further procedure in 2018. | Closed – Not Upheld |
| 30 | Surgery | Clinical care – Joint complaint with RLBHHT/Marie Curie. Patient developed pain/complications following thoracic surgery. | Closed – Not Upheld |
| 31 | Medicine | Clinical care – Joint with Manchester – ACHD service/treatment plan. Patient attended LHCH for OPD but was of the understanding this was for a procedure. | Closed – Partly Upheld |
| 32 | Medicine | Delay in Results – patient incurred delay in spiro/CT results being sent to GP as part of Healthy Lung Project. | Closed – Upheld Action Plan |
| 33 | Medicine | Clinical care – patient underwent ablation and wife queried why condition deteriorated. | Closed – Not Upheld |
| 34 | C.Services | Diagnostic results - delay in sending CT results to external referring consultant. | Closed – Upheld Action Plan |
| 35 | C.Services | Diagnostic results - patient had MRI scan and results sent to wrong referring consultant in error. Patient felt staff were not as concerned as they should have been when error was noted. | Closed – Upheld Action Plan |
| 36 | Medicine | Communication – patient referred to Knowsley CVD clinic and unhappy because had to walk to the venue and was elderly/breathless. Not happy as rehab was not in clinical setting. | Closed – Not Upheld |

3.1 Parliamentary Health Service Ombudsman (PHSO)

There are no complaints currently under investigation.

3.2 Complaints Review Panel

In Q4 a panel was held and complaints including investigations, responses and action plans were reviewed from Q3 by two of the Non-Executive Directors. They were assured that the investigations were comprehensive and assured that complaints management was robust and did not request to review any of the complaints further.

3.4 Complaints Summary 2018-19

In 2018-19 the Trust received 36 formal complaints, all of which were investigated and responses provided. This is a decrease of 26.5% compared to the previous year when 49 were investigated. This is due to proactive action at the earliest opportunity to review and resolve concerns raised.

Of the 36 complaints investigated, 14 were fully upheld, 7 were partially upheld and 15 were not upheld (unfounded) and did not require action or learning. 4 meetings were held. One complaint was accepted for investigation even though this was 2 years after the 12 months' timeframe. Of the 36 complaints, 34 were responded to within the negotiated timeframe, and two required an agreed extension, one of which was the complaint that was accepted out of time.

No complaints were referred to the Parliamentary Health Service Ombudsman within the twelve month period.

4.0 Recommendations

The Council Of Governors are asked to receive the report and the content receive assurance that the complaints process, management and procedure is robust and monitored for effectiveness and is based upon the Trust's Complaint Policy, with the sharing of learning from each complaint review, being disseminated within the appropriate divisions and teams.