

Date of meeting: Tuesday 3rd December 2019
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Presented by: Joan Mathews Deputy Director of Nursing & Quality

1. Executive Summary

This report outlines the informal concerns and complaints captured in Q2, 1st July – 30th September 2019. The Trust received a total of 10 formal complaints for Quarter 2.

The team received 79 contacts, 43 of which were informal concerns (16 of which were higher level) and requests for information or advice. No trend in subject, area or operator was noted.

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.

The 16 higher level informal concerns which required a more in-depth investigation/meeting/written/verbal response in order to reach a resolution.

Of these 16 higher level concerns, 2 were provided with a written response by letter others received an email/verbal response, 2 meetings were held and 4 the ward manager's from the areas that the concern occurred from spoke directly to the patient and their families to resolve. All actions/learning were shared at divisional governance.

There were 10 formal complaints received in Quarter 2. There was no trend in area or subject of complaint and all related to different time periods from preceding 12 months.

Of the 10 formal; complaints 1 were partially upheld requiring action and learning, 7 not upheld meaning no actions or learning was identified. 2 were upheld both ACHD related-action plans have been completed and discussed at divisional meetings to improve the service.

During Q2, 26 written compliments via the CEO or Patient & Family Support Team commending the care, services and staff. This outweighed the number of complaints received.

2. PALS Contacts - Informal concerns

Table1

Quarter 2 Contacts - Total = 79	
43 – Informal Concerns – themes	<ul style="list-style-type: none"> • Delays – in waiting for tests and referrals to other areas/getting information from another Trust • Appointments – waiting times/cancelled appointments/long wait once in OPD • ACHD- Long wait for appointments • Dates for surgery delay- cancelled operations numerous times/awaiting initial dates • Surgical ward- discharge processes- IOM patient, food package contents
36 - Advice & Information - Subjects include:	<ul style="list-style-type: none"> • Access to own health records :i.e. test results and images • Several Information requests i.e.: about hospital, surgical waiting times, referral process • Appointment enquiries –delay in waiting for appointments to be made • Translation enquiry • Patient story enquiry • Car park query • Saving plastics waste enquiry
16 Higher Level Informal Concerns in-depth investigation which prevented escalation to a formal complaint included: <ul style="list-style-type: none"> • Concerns raised within a bereavement meeting- acted upon quickly by the surgical division • Several ACHD concerns- a data breach/long delays in waiting for appointments/referred to wrong consultant • Discharge processes within a few areas-not related issues all resolved swiftly by the wards • 1 MP letter- appointment was able to be brought forward • Deaf awareness- meeting was held to improve the Trusts processes • Family experience in Cath lab • Delay in operation dates, cancelled on numerous occasions then consultant on leave <p>This demonstrates that the proactive approach prevents the escalation to a formal complaint and a timely resolution for patients and families.</p>	

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
July 19	0	2	0	0
Aug 19	2	0	1	0
Sept 19	0	4	0	1
Total	2	6	1	1

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 Q2 and learning outcomes per division.

Ref:	Division	Q2 Summary of complaints	Outcome
01	Medicine	Clinical care - patient attended cardiology OPD in January - arranged stress echo/CT angiogram. In May patient had MI and admitted to local hospital. Patient invited to attend for PCI but patient was in local hospital and had stents inserted. OPD in May and consultant unaware of MI and patient feels this could have been avoided.	Not upheld - closed
02	Medicine	Clinical care - care and treatment for ACHD patient - complaint relates to lack of communication/ delay between all four trusts involved in patients care.	Upheld- closed- action plans and learning within divisions
03	Corporate	Communication- patient complained around communication from admin team - PA to Dr Modi and process of referral to another trust.	Partially upheld- action plan and learning within divisions
04	Surgery	Clinical care and referral for surgery - No complaints directly with LHCH but requested input	Not upheld- closed
05	Surgery	Clinical care - patient underwent lung resection for cancer in January 2019 and multiple complaints regarding post op care/treatment/deterioration	Not upheld- closed
06	Medicine	Clinical care ACHD service - communication/delay in providing date for surgery.	Not upheld- closed
07	Medicine	Waiting times/Communication ACHD appointments	Upheld- closed- action plan and learning within divisions
08	Medicine	Clinical care/Treatment patient with ICD - wife/patient were unaware that he was EoL	Not upheld-closed
09	Clinical services	Care - patient complained that Radiographers did not x-ray body part that he requested but went from the request from GP. Patient verbally abusive to staff in radiology/LG	Not upheld- closed
10	Medicine	Clinical care- patient underwent procedure in July 2018 concerns related to procedure outcome and pain. Re-referred and waiting times/concerns re-appointment not seen by consultant	Not upheld- closed

Once all complaints are closed for Q2 the data/summary of learning is published on the Trust's website.

3.1 Parliamentary Health Service Ombudsman (PHSO)

PHSO requested information in August regarding a patient who was awaiting a TAVI and was provided with TED stockings then developed necrotic toes following discharge. They were later diagnosed with peripheral vascular disease. This was dealt with as a formal complaint in November 2018. All information was sent on the 7.10.19. No further update has been received.

3.2 Complaints Review Panel

In Q2 a panel was held and complaints including investigations, responses and action plans were reviewed from Q4 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 require reviewing any of the complaints further.

4. Recommendations

The Council of Governors are asked to receive the report and the content and be assured that the Trust has a robust complaints management process in place and all actions and learning from both informal and formal complaints are discussed at both divisional and organisational level.