

Council of Governors (in Public)

Item 7.3

Subject: Q3 Complaints Report 2017/18
Date of Meeting: 5th March 2018
Prepared by: Lisa Gurrell, Patient & Family Support Manager
Presented by: Sue Pemberton, Director of Nursing

1. Executive Summary

This report outlines the informal concerns and complaints captured in Q3, 1 October 2017 – 31st December 2017. The team received 87 contacts, 46 of which requested advice/information. Trends included; signposting, communication shortfalls and waiting times for procedures. In addition, 41 informal concerns were raised and trends included accessibility of appointments for ACHD, cancelled appointments and referral enquiries.

There were 16 formal complaints received, there was no trend in area or subject and all related to different time periods from preceding 12 months, with clinical care being the trend subject. Of the 16 complaints investigated, all were responded to within the negotiated time frame. Overall, 3 were upheld, 9 not upheld and 4 remain under investigation.

2. Background

The Liverpool Heart and Chest Hospital NHS Trust aims to deliver care and services to the highest standards and recognises that it can learn from the concerns and complaints received and thereby improve the quality of the care, patient experience and services that it provides. The Trust is committed to patients, their families and carers in presenting their concerns and complaints about its services and care provided

All formal complaints received are reviewed and signed by the Chief Executive, following the review by 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. Contacts/Informal concerns

Table1

Quarter 3 Contacts
87 contacts
46 – Requests for advice and information- Themes include: <ul style="list-style-type: none"> • Appointment enquiries • Access to health records
41 - Informal concerns - Themes include: <ul style="list-style-type: none"> • Accessibility of ACHD appointments • Waiting times for referrals/results • Car parking

3. Complaints

Table 2 below provides details of complaints received per month via division for Q3. Any action plans/learning is presented to the relevant committee as a separate agenda item by the divisional leads.

Number of complaints per month/division				
Total/month in brackets	Clinical Services	Corporate	Medicine	Surgery
Oct 17 (9)	3	1	3	2
Nov 17 (6)	1	0	2	3
Dec 17 (1)	0	1*	0	0*
Total (16)	4	2	5	5

*complaint involved both Corporate/Surgery

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

Ref:	Division	Summary of complaints - October	Status / Learning Outcomes
30	Surgery	Clinical Care – post op bleeding requiring re-sternotomy. Patient alleged this caused long term lung problems.	Closed – Not upheld
31	Surgery	Clinical care -post pneumonectomy patient developed further problems and is of the opinion there was a delay in referring to oncology services.	Closed – Not upheld
32	Medicine	Information- patient disagreed with some information contained in discharge letter.	Closed – Not upheld
33	Clinical Services	EOL care - patient took decision to cease treatment and support, son raised concerns regarding this.	Closed – Not upheld Ack. communication could have been better
34	Medicine	Clinical care delay in receiving results for venogram	Closed – Upheld
35	Clinical services	Clinical care - dialysis patient required post op bed in Arrowe Park, delay in repatriation and family state patient had a deteriorating condition during this delay. Joint complaint Arrowe Park leading	Closed – <u>partly upheld</u> with Arrowe park
36	Corporate	Cancellation of Appointment – due to systems error patient's appointment cancelled but was reviewed within 1.5 hours of appointment time. Requested travelling expenses from London.	Closed – Not upheld – expenses not provided
37	Clinical Services	Multiple Appointment Non-Attendances at community rehabilitation, then patient attended without a planned appointment and became aggressive with staff and raised a complaint.	Closed – Not upheld
38	Medicine	Clinical Care - patient transferred from IOM for ACS and died following return.	First response sent, further response required.
Complaints - November			
39	Surgery	Discharge transport arrangements/uncomfortable journey home patient went home in taxi provided by ambulance service.	Closed – Not upheld
40	Surgery	Clinical care patient described events during admission when he was confused post operatively which were unfounded.	Meeting planned 18.12.17 - Not Upheld
41	Surgery	Clinical care - relating to prescribing and monitoring of medication in 2012.	Closed – Not upheld Meeting held 29.12.17
42	Medicine	ACHD Appointments - ACHD appointment cancelled and	Closed – Upheld

		not rebooked.	
43	Clinical Services	Delay in waiting time in OPD and MRI not reported delay of 1.5 hours and MRI from week previously not reported on. Requested refund of parking.	Closed – Upheld Parking refunded
44	Medicine	Clinical care & Communication Delay in referral/process for an ICD/Pacemaker – patient admitted to another Trust and died.	Under investigation RCA completed
		Complaints – December	
45	Surgery	Delay in sending clinic letter patient received copy of clinic letter from June in December, and raised concerns regarding delay and content.	Closed – Upheld

3.1 Parliamentary Health Service Ombudsman (PHSO)

Nil to report

3.2 Meetings

During this period, 9 meetings were held with complainants for complaints submitted from Q3 and previous quarters, one was held at a patient's home.

In addition, 3 post bereavement meetings were also held with the Patient & Family Support Manager and relevant staff, all with beneficial outcomes for the families.

4. Recommendations

The Council of Governors are asked to receive the report and note that complaints management processes are robust within the organisation and action and learning is appropriately embedded and shared.