

## **Council of Governors (Public)**

### **Item 8.4**

**Subject:** Annual Complaints Report 2015/16  
**Date of meeting:** 13<sup>th</sup> June, 2016  
**Prepared by:** Lisa Gurrell - Patient and Family Support Manager  
**Presented by:** Sue Pemberton - Director of Nursing and Quality

#### **1. Executive Summary**

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 and their families/carers in presenting their concerns and complaints about its services and care provided. The importance of a proactive, efficient and effective complaints management in the NHS and at this Trust is recognised at the highest level and this is reflected in legislation and national policy which the Trust endeavors to apply in its complaints policy and procedure.

All staff are encouraged to resolve concerns and complaints raised by patients, relatives and their carers in the first instance. When complaints are received by the Chief Executive or escalated to the Patient and Family Support team, their role is to act as facilitators, to resolve the concerns or complaint quickly, efficiently, and as fairly as possible.

The purpose of this report is to present the findings on complaints activity, trends and learning from 1st April 2015 to 31st March 2016 inclusive and to provide assurance to the Board that the complaints process in Liverpool Heart and Chest Foundation Trust is in line with our Trust policy.

#### **2. Background**

The Department of Health published the Local Authority Social Services and NHS Complaints Regulations 2009, which is a single complaints system across health and social care services in England. This system does not differentiate between informal and formal complaints and the guidance advises that all complaints are to be dealt with, within the same process. The Trust's Policy for 'Making Experiences Count – NHS and Adult Social Care Complaints Process' was

ratified by the Patient Experience Committee in June 2009 and outlines the process the Trust will undertake to properly manage complaints.

Complaints can be received in writing, via email, verbally, or in person. There is information about how to raise a concern or make a complaint on the Trust's website. Poster and leaflets are also available around the Trust advising patients and their families how they can raise the concerns and who to contact this includes details of the Patient & Family Support Team and Chief Executive.

All complaints received are reviewed by the Chief Executive and Director of Nursing & Quality. The Patient & Family Support Manager is the Trust's designated complaints manager and lead investigator. During the investigation of complaints, the lead investigator extrapolates any clinical incidents or harm caused from complaints. These are highlighted to the Risk Manager and Head of Corporate Nursing, to ensure appropriate incident reporting and investigation has occurred.

Following receipt, all complaints are shared with the relevant divisional management team. If a complaint received relates to the care provided at end of life, this is immediately escalated to the Director of Nursing, who is the appointed Board Member responsible for overseeing these complaints. This is in line with a recommendation made by the Minister of Care and Support in July 2013, following the independent review of the Liverpool care Pathway. In the time period for this report, only one complaint related to end of life care, however, this was not the main subject matter of the complaint.

All complaints are graded upon receipt by the Patient and Family Support Manager, who is the designated complaints manager to determine the complexity and severity of the complaint see Appendix 1, which is the guidance used for complaints grading. If a higher level of investigation is required for example a root cause analysis investigation or if the complaint is deemed a serious untoward incident (SI), the Head of Corporate Nursing will advise and initiate this. The grading can change following the investigation and outcome of the complaint.

The investigation is then determined on the severity of the complaint. This guidance has been developed taking into account the categories of complaints received and their severity over the last few years.

During the investigation staff involved in the patient's care and/or treatment are required to provide written information, this can include timelines and/or statements and may be required to meet with the investigation lead. The Ward Manager/Head of Department and/or relevant clinician are asked to investigate and collate the information relating to the complaint. This information has to be provided within a specific timeframe. Over the last year staff have demonstrated good engagement and co-operation during complaints investigations, although a number of complaint response dates did require to be renegotiated due to delays in receiving responses from the divisions and/or if the complaint proved complex, requiring further investigation or input from other disciplines.

If a complaint is made verbally and is resolved to the complainant's satisfaction no later than the next working day or within an agreed timeframe, these are not required to be dealt with under the complaints regulations and are recorded as a concern. The Patient & Family Support Team record all contacts and concerns,

together with any relevant action or learning that has occurred. These are reported to the relevant divisions on a monthly and quarterly basis. A number of informal meetings were facilitated by the team with patients and medical staff, some following bereavement and others wanting clarity on concerns or conditions. All were resolved satisfactorily.

### 3. Complaints

The Trust received a total of 65 complaints between 1st April 2014 and 31st March 2015. This is a 25% increase in comparison to the 52 complaints received the previous year. The reason for the increase may be attributable to more awareness raising using posters throughout the Trust and new information booklets. In addition, the information on the website has been reviewed to include the Chief Executives contact details.

The table below shows the numbers and categorization of complaints over the past three years. This shows that the numbers of complaints relating to clinical care year on year remain between 36 and 40 per annum but in the last 12 months. Within the clinical complaints there have been no particular themes identified. In the last year there were five complaints relating to waiting times and communication whilst patients were waiting for treatment and three complaints relating to consultations.

Year	Annual number of complaints	Top Themes
2013/14	70	Clinical Care (40) Discharge Process (6) Communication (7) End of Life Experience (2) Medication errors (3)
2014/15	52	Clinical care (34) Communication Clinical/Administration (10) Staff Attitude (2) Car Parking (2) Delay in clinic (1) Fall (1) Other (2)
2016/17	65	Clinical Care (36) Pain Management (2) Communication (6) Waiting time/communication (5) Discharge (3) Unsatisfactory Consultation/Staff attitude (3) Car Parking Charges (2) Information/facilities (2) Confidentiality (1) Other (5)

Two of the complaints in 15/16 were joint complaints and required input from another NHS organisation, two of these another organisation led on the complaint with input from LHCH. Two complaints were received from solicitors acting on behalf of patients.

The table below details the numbers of complaints received per month, by grade and response performance.

Month	Number received	Graded Low	Graded Medium	Graded High	Number Timeframe Re-negotiated	Responded to within agreed timeframe (including
Apr 15	6	0	6	0	3	6
May 15	7	1	5	1	0	7
Jun 15	6	1	3	2	3	6
July 15	4	1	3	0	1	4
Aug 15	6	0	5	1	4	6
Sep 15	2	1	1	0	0	2
Oct 15	7	0	7	0	2	7
Nov 15	5	0	5	0	4	5
Dec 15	5	2	3	0	1	5
Jan 16	4	0	4	0	3	1*
Feb 16	5	0	5	0	3	1*
Mar 16	8	4	4	0	3	3*
Total	65	10	51	4	27	60*

One complaint received was initially graded extreme but this downgraded High following the outcome of the investigation.

At the time of producing this report:

- \*5 complaints were still under investigation
- 100% of complaints were acknowledged within 3 working days
- 100% of complaints were responded to within the negotiated timeframe, although for 27 of the complaints, the investigations took longer than initially anticipated and complainants agreed to an extended response date.
- All complaint responses were reviewed and signed by the Chief Executive.
- All complaint responses were written in plain English and were open and honest in line with the statutory Duty of Candor. At one of the planned meetings of the complaints that are not closed, the complainant has requested that their solicitor is present, demonstrating compliance with Duty of Candour.
- 9 complainants expressed dissatisfaction or requested further information following their response.
- All complainants are asked their preference of meeting venue, i.e. at the

hospital or in their own home

- All complainants are invited to meet with staff involved in the complaint and 12 formal meetings were held involving the complaints received in the 12 month period. Three of these meetings were held off site, three at the complainant's home and the other at a venue near the complainant's home. Following another complaint meeting with a family the Chief Executive visited the patient at home to offer assurance and a personal apology.
- A further 4 meetings are planned, one in a venue near the complainant's home.
- Following meetings, complainants are sent a detailed written account of the meeting and details of any learning. Two of the meeting responses contained illustrations to support explanations provided at the meeting.

### **3.1 Learning from Complaints - Upheld Requiring Action**

Every effort is made to address each issue of complaints to the satisfaction of the complainant, even if after investigation evidence reveals the allegations made in the complaint are unfounded. All complainants are always offered apologies and detailed explanations.

- 29 of the 60 closed complaints were considered upheld have valid issues requiring actions and lessons to be learnt.
- 11 of the 60 closed complaints were considered to be partially upheld, indicating that some of the issues raised required action or learning.
- 19 action plans were produced and presented to the relevant Governance Committees. Each action plan was monitored until the actions were completed. All complaint were offered an apology and invited to meet with staff if they felt this would be beneficial.
- Immediate action or remedy was taken for all the other complaints found upheld or partially upheld not requiring an action plan, actions included:
  - Unsatisfactory consultations discussed with individuals by Consultant or Associate Medical Directors - patients offered apologies/further appointment
  - Improvements made in clinic set up for adult congenital service and improvements made to cross trust MDT to ensure information is received and recorded in LHCH in a timely manner
  - Improvements in communication with family members
  - Apology given for waiting time/cancellation of surgery and provided with further date

- Draft action plans have been produced for the 4 complaints with meetings pending. These will be finalised following the meeting as there may be further learning following discussions at the planned meetings.

Action plans arising from complaints are agreed by the divisional teams. All action plans are required to include the issue, objective, outcome and detail evidence of how the issues have been shared with teams/divisions and the wider organisation. Divisions are required to demonstrate learning from actions taken from complaints and to provide action plans. The action plans are presented by the responsible lead at the Divisional Committee meetings.

Any cross division actions or learning is also detailed in the report and this enables each directorate 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, as part of the Trust Operations Board.

These actions were shared at Divisional Governance via the monthly complaints report, although formal action plans were not produced.

### **3.2 Subject Matter of complaints**

The top themes of complaints were as follows. These include all complaints, those requiring action and those when no action was required:

Clinical Care (36)  
 Pain Management (2)  
 Communication (6)  
 Waiting time/communication (5)  
 Discharge (3)  
 Unsatisfactory Consultation/Staff attitude (3)  
 Car Parking Charges (2)  
 Information/facilities (2)  
 Confidentiality (1)  
 Other (5)

### **3.3 Parliamentary and Health Service Ombudsman Referrals (PSHO)**

In the time period, one complaint was referred to the PHSO from the Medical

Division. The Trust were asked to investigate one further issue in March 2016, in relation to discharge planning and a further response was sent to the complainant and the PHSO. No further correspondence or communication has been received from either party to date. A report was presented to the Board of Directors in May 2016, providing more detail in relation to this complaint.

### **3.4 Learning from Complaints over last 12 months**

For one of the complaints graded high and as part of the investigation a higher level of investigation was carried out. The learning's are listed below:

- Improved communication processes on ward to promote timely communication with patients/families
- Amendments to site map/information for patients
- Staff attitude addressed with medical staff by Associate Medical Directors
- Improvements to communication for patients awaiting surgery
- Improvement in documentation and communication
- Adherence to policy/procedures by nursing staff including clear/accurate documentation in electronic records and appropriate use of equipment
- Improvements to pain management including, patients provided with laminated sheets explaining pain relieving drugs and process. Pain audit commenced
- Improvements in electronic patient records as part of on-going reviews of cycle of change for system to prevent loss to follow up in outpatient/diagnostics
- Streamlined process for reporting results and processing referrals
- Improvements to discharge process
- Improvements to transfer of patients to Isle of Man, in partnership with Noble's Hospital
- Improvements in nursing documentation to accurately reflect care delivery
- Accurate recording of comfort checks
- Ensure accurate counseling of patients requiring anticoagulants

## **4. Complaints Management**

Efficient and effective complaints management is a vital part of clinical and non-clinical risk management. This contributes to the continual improvement of patient safety and care.

All complainants were asked how they would like their concerns responded to and their preferred response type was adhered to. When the subject of the complaint is sensitive, complainants are encouraged to meet with staff, even if they have requested an initial written response. Complainants are invited to meet with staff either at the Trust and asked their preference of where they would like to meet.

The Quarterly Complaints Review Panel continued to meet throughout 2015/16 and four panels were held and during this process. The purpose of this panel, is to provide assurance to Non-Executive Directors that complaints are being managed effectively, and that lessons are being shared widely, and embedded in the organisation. The Non- Executive Directors provided positive feedback on this process, and agreed this offered assurance of effective

complaints management and that learning is embedded across the organisation.

### **Contacts/Concerns**

As all complaints have been responded to within the negotiated timeframe and all learning from complaints is discussed in full at the Governance Committee Meetings. This demonstrates excellent complaints management in the first instance as the Trust receive on average 40 contacts to the Patient & Family Support Team per month. All contacts are triaged and managed accordingly to prevent these concerns or contacts leading to a complaint. Some of these enquiries and concerns take considerable time to investigate and respond to but this time is well invested as this prevents formal complaints.

The Trust received **311 contacts** from patients/families/carers in the year and **112 of these raised concerns** which were resolved before escalation into a formal complaint.

- 212 contacts from patients, families and carers in Q1&2
- 199 contacts from patients, families and carers in Q3 & 4

#### **Top themes from contacts:**

- Support/advice/information for patients and families
- Enquiries relating to parking including disabled and charges
- Enquiries relating to waiting times for surgery/procedures
- Enquiries relating to appointments/ waiting times

#### **Top Themes from concerns raised include:**

- Waiting time & communication whilst awaiting surgery
- Cancelled dates for surgery/ re-arranged surgery
- Waiting times for appointments
- Shortfalls in communication

Patients, families and carers are also encouraged to share their comments on our comments/concerns/compliments forms which can be posted in post boxes across the Trust or completed and returned via the free post address. All the comments received contained positive comments and >1% suggested improvements. These comments were one-off individual concerns with no common themes.

## **5. Recommendations**

The Council of Governors are asked to receive assurance that complaints management is robust and proactive and that all complaints are investigated appropriately and lessons are learnt.