

Board of Directors in Pubic

Item 5.5

Subject: Annual Complaints Report 2023/34
Date of Meeting: 30th July 2024
Prepared Laura Allwood Patient and Family Support Manager
Presented by: Joan Matthews Director of Nursing and Quality
Purpose of Report: To Note

BAF Reference	Impact on BAF
1	The Report provides assurance on the Complaint Handling Process

Level of assurance (please tick one) <i>To be used when the content of the report provides evidence of assurance</i>					
<input checked="" type="checkbox"/>	Acceptable assurance Controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/>	Partial assurance Controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/>	Low assurance Evidence indicates poor effectiveness of controls

1. Executive Summary

This report outlines the complaints, informal concerns and compliments received during 1st April 2023 – 31st March 2024. In this time frame 40 formal complaints were received.

There has been an increase compared to the previous year where we received 26 formal complaints. There have been certain pressures across the trust that have seen that number rise in particular, which will be discussed below. The trust continues to be proactive in trying to resolve complaints at the earliest opportunity.

In addition, the Patient & Family Support Team received 453 contacts, of which 260 were informal concerns and 193 were requests for information or advice. The previous year we

received 304 contacts, there has been a significant rise and these calls are mainly regarding waiting times for cardiac surgery. All informal concerns were successfully resolved by liaising or escalating to appropriate manager/divisional team- however, what we are finding is patients/families are getting in touch with the team over several months while they wait for surgery and ask for updates regularly.

All 40 formal complaints were acknowledged within 3 working days and 27 were responded to within the negotiated timeframe. 1 were fully upheld, 21 were partially upheld and 17 were not upheld (unfounded) and did not require action or learning. 1 is still outstanding and being investigated due to cross site involvement in the complaint.

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 68 compliments received in total this year. This represents the compliments received via the CEO, PFST, 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.

1. Complaints

The Trust investigated 40 formal complaints of which 21 were graded low, 16 of which were graded medium and 3 were graded as high.

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.

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 23	1	4	0	0
May 23	2	3	0	0
June 23	0	2	0	0
July 23	1	2	0	1
Aug 23	1	3	0	0
Sept 23	1*	2	1	0
Oct 23	1	0	0	0
Nov 23	2*	3*	0	0
Dec 23	2	3*	0	1*
Jan 24	0	2	0	0
Feb 24	0	0	0	0
Mar 24	3	1	0	0
Total	14	25	1	2

*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- which includes 6 being around cancellation of cardiac surgery and increased waiting times and some received in the earlier quarters around patient and families experience within the medicine division and a few regarding private care provisions; 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 (4)	Surgery (12)	Medicine (16)
Experience (1)	Care and treatment (1) Waiting times- radiology (1)	Care and treatment (6) Cancellation of cardiac surgery (6) Communication (2) Discharge (2) After care (1)	Care and treatment (12) Experience (5) Diagnostic (1) Admin (1) Private (3) Discharge (2) Medication (1) Communication (1)

2.3 Parliamentary Health Service Ombudsman Referrals (PHSO)

- 1) Case has not been upheld with the ombudsman – case has been closed by them on the 26/6/23- A formal complaint dealt with in January 2021 around why he was cancelled at a very late stage for an angiogram and the interpretation of an Xray. A second letter was then sent to the patient in March 2021 to formally close the complaint response and answer the few last queries the complainant had sent. Complaint file and patient records sent to the PHSO in May 2022.
- 2) Final Report received, and trust agrees with the final recommendations made by the ombudsman. £500 has been rewarded to the complainant, apology letter alongside action plan has been sent also to the complainant and to the ombudsman. **Partly upheld- final outcome.**
- 3) **Notification from the PHSO investigating a complaint-** Case from July 21, patient had a heart attack and went via the catheter lab and then had urgent cardiac surgery during the same admission. Sadly, the patient passed away following sudden deterioration on cedar ward. Several family meeting's took place, and a formal complaint process was undertaken. All medical records and complaints file sent to the PHSO in July 2023. Await outcome but likely to take time. A written letter from Dr Perry had to be sent to the family due to their aggression towards a member of the LHCH staff after one of the meetings. **Update- awaiting provisional report.**
- 4) **March 24- Formal complaint dealt with and closed in December 2023.** Patient was on ACU and issues raised around discharge process, district nurse involvement and

follow up plan. Full complaint folder and medical records sent in March 2023. **Await to hear if PHSO is taking the case on.**

2.4 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. Twenty-two 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.

2.5 Complaints Management – Quarterly Complaints Panels

To provide assurance to the Non-Executive Directors, Quarterly Complaints Panels continued to meet throughout 2023/24. 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.

3. Informal Concerns/Contacts

The Patient & Family Support Team received a total of 453 contacts in 23/24, 260 of which were informal concerns, and all successfully resolved before escalating to a formal complaint.

Themes included: waiting times and multiple cancellations/rescheduling of cardiac surgery the team have received around 60 contacts. Other include delayed/cancelled appointments (due to strike action), delay in results following various diagnostic tests, administration concerns around trying to contact secretaries, not receiving call backs and chasing up DVLA forms. We have seen a rise in patients stating to us the mental health effects this is having on them waiting for surgery and also how it is impacting their employment.

4. Recommendations

To receive assurance that the complaints process, management and procedure is robust and monitored for effectiveness and is based upon the Trust policy, Making Experiences Count – NHS and Adult Social Care Complaints Process, with the sharing of learning from each complaint review, being disseminated within the appropriate divisions and teams.