

Council of Governors (in Public)

Item 11.2

Subject: Q2 Complaints Report 2024/25
Date of meeting: 3rd December 2024
Prepared by: Laura Allwood Patient & Family Support Manager
Presented by: Joan Mathews, Director of Nursing, Quality & Safety

1. Executive Summary

The purpose of this report is to provide an update on the numbers of formal and informal concerns received into the Trust. The report will provide an overview of contacts made to the patient and family support team for either advice or information.

Within quarter one (1st July-30th September) the Trust received a total of:

- 3 formal complaints
- 66 contacts comprising of- 53 informal concerns - 13 requests for information or advice.
- 9 compliments by letter or e-mail received (all shared with the appropriate teams)

The 3 formal complaints received in this quarter are all closed, and all not upheld. Regular communication is had with the complainant to ensure they are kept up to date with progress being made.

There has been a reduction in informal concerns due to the timely intervention for local resolution from the ward managers, matrons, and divisional directors of nursing at the time the concern is raised. The matrons hold drop-in clinics where families are welcome to come along and discuss any concerns they may have. This has also been reflective within our formal complaint's in Q1 and 2 as concerns are being dealt with in a timely manner.

2. Contacts - Informal concerns, Advice & Information

66 Informal Concern Themes

Subjects include:

- Surgery- 10 contacts made regarding waiting times for cardiac surgery- cancellations on the day of admission for 2 patients.
- Surgery- awaiting telephone appt and did not receive.
- Cardiac surgery- lack of follow up- telephone appt couldn't go ahead as number incorrect.
- Clinical questions following pre- op review and poor experience with secretary.
-Terminology in clinic letter
- Unhappy with surgical post discharge outpatient appointment and had a reaction to a medication post discharge and was taken to A+E- may lead to formal.
- 1 thoracic- patient had PET scan and awaiting results and outcome of MDT- had been advised 2 weeks but was now 4 weeks.
- EPRO issues- lack of follow up issues since PPM Dec 23.
- Cardiology- Wants a sooner appt due to increase in symptoms. TAVI- referral delay the pathway.
- Long time waiting for cardiology consultant in OPD and then saw the registrar and was unhappy.
- Awaiting DC cardioversion- only seen early July. Referral declined and wanted review by another cardiologist. Complex HF patient- unclear plan regarding medication.
- Cardiology- lack of follow

<p>-Other hospital won't do tests as requested in letter by LHCH- reassured patient of plan</p> <p>-await result from stress scan and worsening symptoms after heart attack</p> <ul style="list-style-type: none"> • Medicine- Chasing genetic testing for children, LINQ device length of time waiting for removal. • Medicine- Chasing 12-month ICC appt- admin service can't book until 6 weeks prior- patient constantly chasing. • Family chasing review by cardiology consultant as worsening symptoms and A+E visits for the patient. • ACHD- Not happy with service however under transplant service now and genetic counsellors- confirmed appt. <p>-Patient was unsure what was said in clinic around waiting times.</p> <p>-Waiting for surgery since Feb 2023.</p> <ul style="list-style-type: none"> • Cedar- patient and partner unhappy with certain aspects of care and staff experience- dealt with by the WM. • Results- chasing ecg results from 6 weeks prior. • Referral chasing referral into EP team. • DVLA- chasing forms to be signed by consultant. • Ambulance- patient complained to Welsh ambulance regarding awaiting transfer from LHCH- timeline given of information. • Wrong number in the letter regarding closure of robotic service. • Had an ablation and was not visited by the consultant the next day. • Respiratory patient – delay in cardiac follow up after admission. • Birch- patient complained noise and inappropriate language used by patients and self-discharged. • ACU- Not happy with the discharge feels home circumstances were not taken into consideration and was not happy with the nurse.
<p>13 Advice/Information</p> <p>Subjects include:</p> <ul style="list-style-type: none"> • Chasing clinic letter • Property request • Chasing surgery- given date- complex surgery • Chasing CT/monitor results from 1 month previous • Advice around procedures • Leaflet review. • Enquiry around waiting list. • Consultant requested bereavement information pertaining to a community death. • PM report request from family. • Appointment enquiries. • THLC- Patient called and unable to work out text message or what to do next- service to call the patient.
<p>Higher Level Concerns:</p> <ul style="list-style-type: none"> • EPRO- administration issues- patient raised concerns via MP. Longer surgical waiting times and patient believes that this was due to the administration issues that has caused these delays. Letter completed and closed.

3. Complaints - Table 2 below provides details of complaints per month via division year to date

Number of complaints per month/division				
Total/month in brackets	Surgery	Medicine	Corporate	Clinical Services
April 24	0	0	0	0
May 24	1	0	0	0
June 24	1*	2*	0	0
July 24	2	0	0	0
Aug 24	0	1	0	0
Sept 24	0	0	0	0
Oct 24				
Nov 24				
Dec 24				
Jan 25				
Feb 25				
Mar 25				
Total	4	3	0	0

*joint within LHCH

Table 3 below shows the complaints received in Q2 formal complaints and learning outcomes per division.

Q1 Complaints			
3	Medicine/Surgery	JOINT- SALFORD- Lots of concerns around yearly checks and if should have been referred sooner to LHCH. When referred to LHCH there was a delay in getting the patient a cardiac surgeon due to retirement and delay in being seen in clinic. Patient unfortunately passed away at home before cardiac surgery.	Open- under investigation. Salford are taking longer to provide response.
4	Medicine	Unhappy with the consultation with the nurse specialist, felt was not listened to and taken seriously when discussing side effects of the medication.	Closed- partly upheld
Q2 Complaints			
5	Surgery	Issues around 2 nd admission for infective endocarditis- operation was high risk. Concerns raised around the ethical decisions around offering the surgery.	Closed – not upheld
6	Surgery	JOINT- LED by MWL- Potential lung cancer and query in spine. Had certain tests and then told not lung cancer.	Closed- not upheld
7	Medicine	JOINT-LED by MWL 1 Question- Why was my husband diagnosed with COPD at the beginning of 2021 / 22? We said he did not suffer from this and that it was the heart failure diagnosed in 2005 that was causing him the problems. Why was this? The latest x-ray showed no COPD. I have been informed that it was Dr Wat who diagnosed the COPD.	Closed – not upheld

Key: Upheld = complaints considered well founded – requiring action/learning **Partly upheld** = action may be required for part of the complaint **Not upheld** = following investigation no

evidence found to substantiate complaint, but acknowledgement of disappointment given and apologies where necessary

3.1 Parliamentary Health Service Ombudsman (PHSO)

No enquiries during quarter 2.

3.2 Complaints Review Panel

The non-executive review panel meeting for Q2 took place on the 15th October 2024 and they were satisfied with the complaint process and responses.

3.3 Medical Examiner concerns raised

All deaths are scrutinised by the ME/MEO, any that raise any concerns are highlighted to Mr Manoj Kuduvalli and Dr James Greenwood along with the Joan Matthews DON.

In Q2, 2 deaths were highlighted with specific concerns that were found in the scrutiny of the notes.

3.4 Bereavement meetings

The trust hosts family bereavement meetings, the consultants often write to patients' families to offer these types of meetings as we find talking through what happened can help families come to terms with the loss of a loved one. Also, these are offered to families who may want to raise some concerns or issues in a way to reduce formal complaints and following our culture of being open and honest. The feedback we receive from families who attend these type of meetings is very positive, and they are very thankful to the consultants and staff involved for giving up their time to meet them and usually answers lots of questions they have and they are reassured by the end of the meeting.

Q1	0
Q2	3
Q3	
Q3	

4.0 Recommendations

The Council of Governors are requested to note the report and the content.