

Board of Directors Public Item 4.3

Subject: Annual Complaints Report 2024/25
Date of Meeting: 10th June 2025
Prepared by: Laura Allwood, Patient & Family Support Lead Nurse
Presented by: Joan Matthews DoN and Quality
Purpose of report: To Note

BAF Ref	Impact on BAF
1	N/A

Level of Assurance (please tick) To be used to provide the Board / Committee with a guide on the extent of assurance and evidence of assurance provided within the report		<input checked="" type="checkbox"/>
Level of Assurance	Description	
High	There is a strong system of internal control which has been effectively designed to meet the system objectives, and that controls are consistently applied in all areas reviewed.	<input type="checkbox"/>
Substantial	There is a good system of internal control designed to meet the system objectives, and that controls are generally being applied consistently.	<input checked="" type="checkbox"/>
Moderate	There is an adequate system of internal control, however, in some areas weakness in design and/or inconsistent application of controls puts the achievement and some aspects of the system objectives at risk.	<input type="checkbox"/>
Limited	There is a compromised system of internal control as weaknesses in the design and / or inconsistent application of controls puts the achievement of the system objectives at risk.	<input type="checkbox"/>
No	There is an inadequate system of internal control as weaknesses in control, and/or consistent non-compliance with controls could/has resulted in failure to achieve the system objectives.	<input type="checkbox"/>

1. Executive Summary

This annual report will focus on the Trust complaint processes which details numbers of formal complaints, informal concerns and compliments received during 1st April 2024 – 31st March 2025. In this time frame 21 formal complaints were received, compared to 40 the previous year. Clinical teams continue to be proactive in trying to resolve complaints at the earliest opportunity and dealing with them informally.

The Patient & Family Support Team received:

- 374 contacts, (previous year 453)
- 274 were informal concerns (previous year 260)
- 100 were requests for information or advice. All informal concerns were successfully resolved by liaising or escalating to appropriate manager/divisional team.

All 21 formal complaints were acknowledged within 3 working days and 10 were responded to within the negotiated timeframe

- 12 were partially upheld,
- 8 were not upheld (unfounded)
- 1 upheld.

Any learning and actions required were managed locally and included in the monthly divisional complaint's reports. All action plans were managed through the relevant Divisional Governance Committees.

Compliments

There have been 49 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.

2. Complaints

The Trust investigated all the 21 formal complaints of which:

- 10 - were graded low (complaints raised that are non-complex issues).
- 9 - of which were graded medium (complaints relating to service or if experience is below reasonable expectation but not causing lasting problems).
- 2 - were graded as high (complaints relating to a single or multiple issue relating to a period of care, or when service or experience is below reasonable expectation and may have caused lasting problems).

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.

- complaints received with 21 progressing to formal response

* those stated being across more than one division

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	2*	2*	0	0
July 24	2	0	0	0
Aug 24	0	1	0	0
Sept 24	0	0	0	0
Oct 24	3*	1*	0	1
Nov 24	1*	1	0	1*
Dec 24	1	0	0	1
Jan 25	1	1*	0	1*
Feb 25	1	1	0	0
Mar 25	1	1	0	0
Total	13	8	0	4

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

Clinical Services (4)	Surgery (13)	Medicine (8)
Care and treatment (3) Diagnosis (1)	Care and treatment (4) Cancellation of cardiac surgery and waiting times (4) Fall (1) Communication (2) Appointments (1) Diagnosis (1) Communication (2)	Care and treatment (3) Experience (1) PP- care and treatment (1) Diagnosis (1) Admin (1) ACHD referral (1)

2.3 Parliamentary Health Service Ombudsman Referrals (PHSO)

- Q1- PHSO requested the complaint folder from LHCH from a formal complaint we dealt with in April/May 2023. Complaint folder sent to them on the 2nd May 2024. The Trusts awaits a formal response to ascertain if the PHSO will be taking the case through their investigatory processes.
- Q2- No enquiries

- Q3- Formal complaint dealt with in 2023 and early 2024- wife of the deceased patient has approached PHSO. No provisional report sent but issue around the use of a diuretic on discharge has been raised with us. Senior review sought as PHSO are asking for apology, learning to be implemented and potential compensation. Under review.
- Q4- Senior review sought as PHSO are asking for apology, learning to be implemented and potential compensation. Update Q4- the complainant refused to accept the compensation set by the PHSO and wanted to seek independent advice. The letter of apology and learning was completed and signed by the medical director- case was closed by March 2025.

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. 9 complaints were considered 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 2024/25. 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.

3.0 Informal Concerns /Contacts

The Patient & Family Support Team received a total of 374 contacts in 24/25, 274 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 how it is impacting their employment.

4. Conclusion

The Paper has outlined the Trusts process for responding to formal, informal complaints and concerns raised by patients and their families. The clinical teams continue to address all informal concerns at the point of them being raised at ward /departmental level. It is hoped the appointment of an urgent patient coordinator that the urgent at home initiative will have a direct impact on those concerns received in relation to waiting times for surgery etc. going forward.

5. Recommendations

- The Board of Directors is asked to receive assurance that the complaints process, and procedure is robust and monitored for effectiveness in line with the NHS and Adult Social Care Complaints Process
- Sharing of learning from each complaint review, being disseminated within the appropriate divisions and teams.