

**QUALITY ASSURANCE COMMITTEE**

<b>AGENDA REFERENCE:</b>	<b>QAC/23/06/129</b>
<b>SUBJECT:</b>	<b>Complaints Annual Report 2022/23</b>
<b>DATE OF MEETING:</b>	13 <sup>th</sup> June 2023
<b>AUTHOR(S):</b>	Layla Alani, Director Governance, Deputy Chief Nurse Nicola Edmondson, Associate Director of Governance
<b>EXECUTIVE DIRECTOR SPONSOR:</b>	Kimberley Salmon-Jamieson, Chief Nurse & Deputy Chief Executive
<b>LINK TO STRATEGIC OBJECTIVE:</b>	SO1: We will... Always put our patients first through high quality, safe care and an excellent patient experience.
<b>EXECUTIVE SUMMARY</b>	<p>This annual report includes a summary of formal complaints raised by patients or their relatives between 1 April 2022 and 31 March 2023.</p> <ul style="list-style-type: none"> <li>• 285 new complaints were received during the reporting period, a decrease of 4 (289).</li> <li>• 2011 PALS enquiries were received (4% decrease from 2021/22 when PALS received a total of 2091 enquiries).</li> <li>• Overall, in 2022/2023 the Trust has maintained a position of a higher number of PALS rather than complaints evidencing active management of concerns with resolve.</li> <li>• Urgent and Emergency Care received the highest number of complaints followed by the Women’s and Childrens Business Unit. This is not uncommon as these are areas of high clinical risk, with high activity and acuity. Urgent and Emergency Care reported an increase from 95 complaints reported in 2021/22 to 97 in 2022/23 (2%).</li> <li>• During the reporting period the Women’s and Childrens Clinical Business Unit reported:             <ul style="list-style-type: none"> <li>- Increase from 31 complaints to 55 (77%)</li> <li>- Highest number in Maternity 27 (49%)</li> <li>- Gynaecology 20 (37%)</li> <li>- Increase in the number of PALS received, from 214 to 257 (20%). 147 relate to gynaecology and 69 (31%) relate to maternity (28%).</li> </ul> </li> </ul> <p>A deep dive is being undertaken by the Clinical Business Unit for both PALS and complaints.</p> <p>At the time of writing the report within the Clinical Business Unit 13 complaints have not been upheld, 28 partially upheld and 6 upheld.</p> <ul style="list-style-type: none"> <li>• The Trust closed 261 complaints.</li> <li>• The percentage of upheld complaints (9%) reduced from 26% in 2021/22</li> <li>• The majority of complaints were partially upheld (49%). A static position compared to the previous reporting period.</li> </ul>



	<ul style="list-style-type: none"> <li>The percentage of complaints not upheld improved from 26% to 42%.</li> <li>Following triage, 18 complaints were considered to be Serious Incidents (8 – static position) or Concise Investigations (10 - increase of 4).</li> <li>42 complaints are open at the time of reporting (30 May 2023), with no breached timeframes throughout the reporting period.</li> <li>The Trust received 5 PHSO notifications during 2022/2023, 2 of which remain under investigation. The PHSO have concluded four investigations within the reporting period. 2 were not upheld and 2 were partially upheld.</li> </ul>			
<b>PURPOSE: (please select as appropriate)</b>	Information	Approval	To note X	Decision
<b>RECOMMENDATIONS:</b>	The Quality Assurance Committee is asked to note the report.			
<b>PREVIOUSLY CONSIDERED BY:</b>	<b>Committee</b>	Choose an item.		
	<b>Agenda Ref.</b>			
	<b>Date of meeting</b>			
	<b>Summary of Outcome</b>			
<b>NEXT STEPS:</b> <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i>	<b>Submit to Trust Board</b>			
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release in Full			
<b>FOIA EXEMPTIONS APPLIED:</b> <i>(If relevant)</i>	Section 22 - Information intended for future publication			

## Quality Assurance Committee

<b>SUBJECT</b>	Complaints Annual Report	<b>AGENDA REF:</b>	QAC/23/06/129
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### 1. BACKGROUND

Warrington and Halton Teaching Hospitals NHS Foundation Trust is committed to providing high standards of patient centred care utilising the views and opinions of patients and their families.

The purpose of the annual complaints report is to satisfy the requirements of the NHS complaints procedure in England, effective from 1 April 2009. The report provides analysis of formal complaints identifying themes and trends to support further learning.

The Trust recognises that there are times when its actions do not meet the expectations of those that use our services. When that happens, the Trust has a policy which sets out a procedure to ensure that we listen and respond to complaints and concerns from patients, their relatives and carers.

The Trust understands that by listening to people about their experience of our services, staff can learn new ways to improve, and prevent the same issues from happening in the future. By seeking, monitoring and acting upon feedback, we are able to make improvements in areas that patients, their relatives and carers say matter most to them.

Effective complaints handling is a cornerstone of patient experience and the Trust aims at all times to provide local resolutions to complaints taking all complaints seriously. By listening and responding to complaints we aim to remedy the situation as quickly as possible and ensure that the individual is satisfied with the response they receive. The learning from complaints is used to improve services for the people who use them as well as for the staff working in them.



In accordance with the NHS complaints procedure, the annual complaints report is made available to the public. It is publishable as part of the Freedom of Information Act publication.

### **1.1 Principle of Application**

- Complaints and concerns will be dealt with in a fair, flexible and conciliatory manner, encouraging open communication between all parties.
- High standards of conduct are expected from all staff at all times to ensure that service users/representatives will be treated respectfully, courteously and sympathetically.
- The requirement to maintain confidentiality during the complaints process will be absolute (unless indicated otherwise).
- All patients and their families will be advised how they can raise a concern or make a formal complaint via information leaflets available on all wards and clinical service units and the internet.
- All people who make complaints will be advised of the various independent support agencies that are available to assist them in making their complaint.
- As far as possible, people who make complaints will be involved in decisions about how their complaints are handled and considered.
- The Trust will aim to resolve complaints within the Trust as part of local resolution (first stage of the national complaints procedure) wherever possible.
- Complainants receive a meaningful apology when appropriate.
- The Trust will identify appropriate learning and implement change as the result of a complaint where appropriate.
- The Trust will co-operate with other organisations when a complaint involves other outside organisations.
- No person who makes a complaint will be discriminated against on the grounds of religion, gender, race / ethnicity, disability, age or sexual orientation or because they have made a complaint.

### **1.2 NHS Complaints Standards 2022**

In December 2022, the NHS Complaint Standards set out how organisations providing NHS services should approach complaint handling. The standards apply to NHS organisations in England and independent healthcare providers that deliver NHS-funded care. The Complaint Standards support organisations to provide a quicker, simpler and more streamlined complaint handling service. They have a strong focus on:

- Early resolution by empowered and training.
- All staff, particularly senior staff, regularly reviewing what learning can be taken from complaints.
- How all staff, particularly senior staff, should use this learning to improve services.

The focus referenced within these standards will continue to be progressed in 2023/2024. As part of the complaints work plan an 'Access Line' for use predominantly out of hours will

be piloted and implemented to further support early resolution, improve patient experience and reduce clinical risk.

### 1.3 Complaints Monitoring

The complaints team report learning into the Patient Experience Sub-Committee each month. Learning is also shared in the quarterly Learning from Experience report presented at the following committees:

- Patient Safety and Clinical Effectiveness Sub Committee.
- Quality Assurance Committee.
- Clinical Quality Focus Group (PLACE).
- Complaints Quality Assurance Group, led by the Trust Chairman.
- Council of Governors also receive updates on complaints.

The Complaints Quality Assurance Group, led by the Trust Chairman meets monthly. Assurances are provided with detailed learning on a cyclical basis from Clinical Business Units with full discussion regarding specific complaints. The Head of Complaints, Claims and PALS also presents a Trustwide overview for assurance detailing the number of complaints received, the location of complaints and any themes and trends identified.

## 2. KEY ELEMENTS

During the last financial year work has focused on:

- Maintaining the timeliness of responses to complainants.
- Working collaboratively with CBUs to improve standards of care and the production of high quality complaints responses.
- To ensure a timely response to PALS concerns.
- All complainants to be offered a meeting with appropriate teams as a first offer.
- Improving the sharing of learning from complaints and compliance of actions arising through the quarterly audits provided to the Quality Assurance Committee. Complaints handlers continue to meet with the CBU senior management teams weekly with dissemination of actions to the CBU teams.
- Triangulation of the themes of complaints and PALS concerns alongside incidents and claims to provide greater focus for improvement.

The successes in 2022/23 have included:

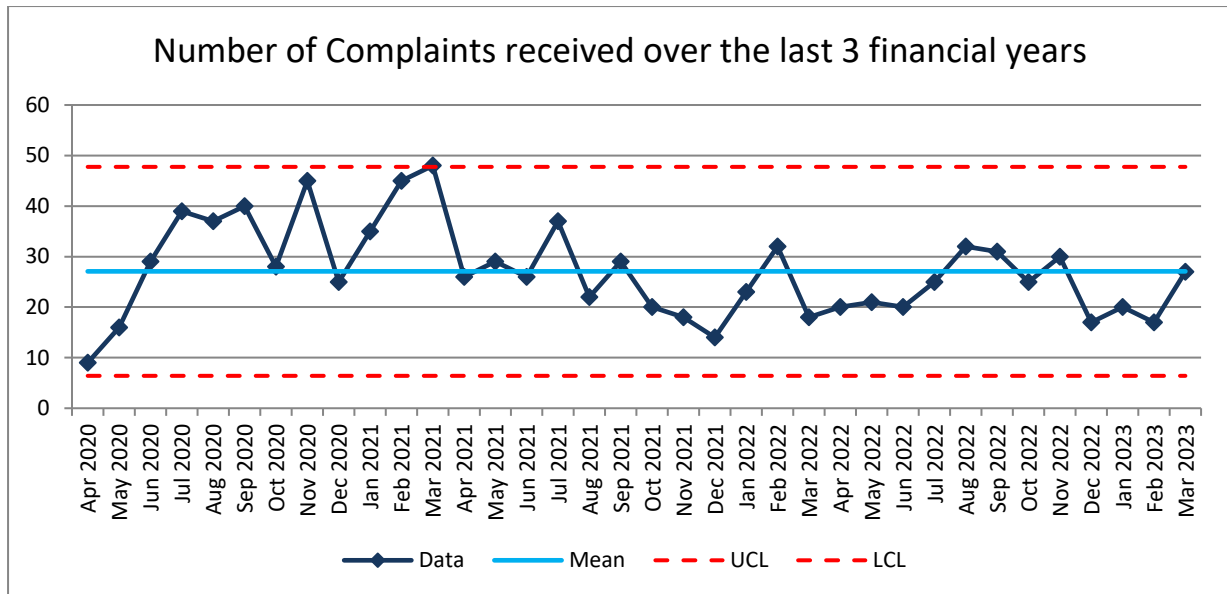
- Timeliness of complaints has consistently exceeded the Trust's target of 90%.
- WHH has continued to have 0 breached complaints throughout the reporting period.
- The PALS service continued to provide timely responses to concerns, with the average response time being 3 working days, which is line with the Trust's response target of 3 days.
- Working collaboratively with the Trust's Patient Experience and Inclusion Team to identify what matters most to our patients and considering how the PALS and Complaints Team can continually improve services for our patients and their loved ones.
- The Trust Quality Assurance Group has continued to meet since being established in July 2017. Led by the Trust Chairman, the Complaints Quality Assurance Group ensures all Clinical Business Unit (CBU) leads present a complaint and discuss their processes for complaints handling and learning.
- The number of reopened complaints received reduced from 42 in 2020/21 to 24 in 2021/22. In 2022/23 this reduction has remained static (24).



*We are guests in our patients' lives*

## 2.1 Complaints received

285 complaints were received during the reporting period, a decrease of 4 from the previous year (289). The graph below details the number of complaints opened from 1 April 2022 to 31 March 2023. In 2022/2023 the Trust received an average of 24 complaints per month. This was the same as the average for 2021/22. In August 2022, the Trust received the highest number of complaints for the 2022/23 financial year (32). The number of complaints received remains within normal variation. NB: the Trust has worked hard to ensure that concerns are resolved at local level, via PALS enabling a proactive response to resolution. All complainants are offered a meeting in person with the clinical teams to ensure that the opportunity for full discussion is made available to all.



## 2.2 Complaint themes

Formal complaints can be received for a variety of reasons. The table below identifies the themes noted for the reporting period with 2021/22 data displayed for comparison.

Theme	2022/2023	2021/2022	Change
Clinical treatment	190	137	53
Attitude and behaviour	30	56	-26
Communication (oral)	23	38	-15
Admissions / transfers / discharge procedure	13	34	-21
Date for appointment	7	10	-3
Communication (written)	4	2	2
Personal records	4	4	0
Bed shortages	2	0	2
Patient privacy / dignity	2	2	0
Patient property / expenses	2	1	1
Premises	2	0	2
Cleanliness / laundry	1	1	0
Competence	1	0	1
Date of admission / attendance	1	1	0
Failure to follow agreed procedures	1	0	1
Outpatient and other clinics	1	0	1
Shortage / availability	1	1	0
Patient status	0	1	-1
Policy & commercial decisions of NHS board	0	1	-1
Test results	0	2	-2

The most common cause for people to complain was associated with clinical treatment or care provided. When comparing the percentage of complaints relating to clinical treatment from 2021/22 to 2022/23, there has been a 39% increase in the percentage of complaints received relating to this theme. This is reflective of challenges experienced with the continued high number of patient attends, high patient acuity and waiting times, partially contributed to by the number of patients considered to have no criteria to reside.

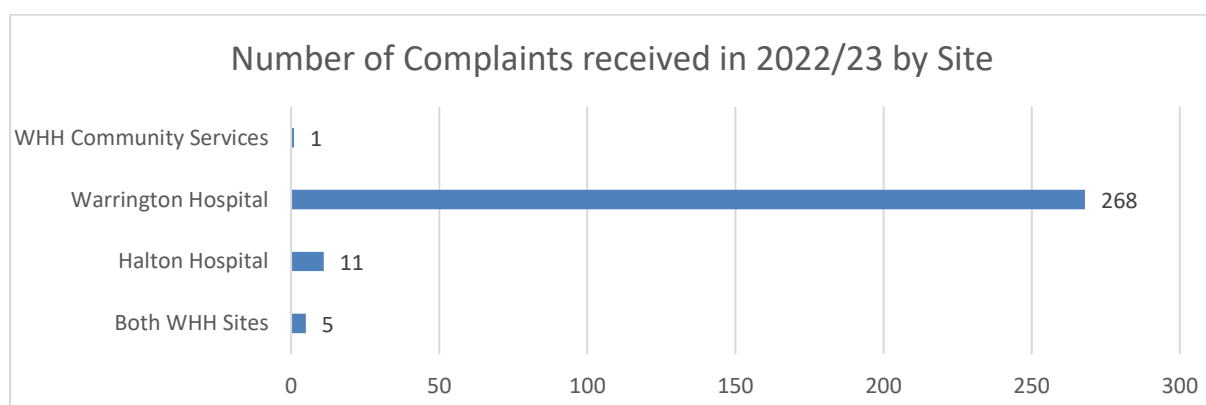
In 2022/23, the percentage of complaints relating to attitude and behaviour as the primary theme has reduced significantly by 46% (56 in 21/22 vs 30 in 22/23), and the percentage of complaints relating to communication (oral) as the primary theme has reduced by 39% (38 in 21/22 vs 23 in 22/23). Some examples of improvement impacted by learning are outlined in section 2.7.

The Complaints and PALS team work closely with the Patient Experience and Inclusion Team. Further improvements will be supported by the revised Patient Experience Strategy 2023 – 2025 which will work to ensure that we place the quality of patient experience at the heart of all we do where “seeing the person in the patient” is our norm by ensuring positive first and lasting impressions. This strategy will build on achievements and focus on four strategic objectives:

- Communication.
- Actively listen and learn from lived experience.
- Communicating in a way that people understand.
- Utilising a shared care approach to learning.

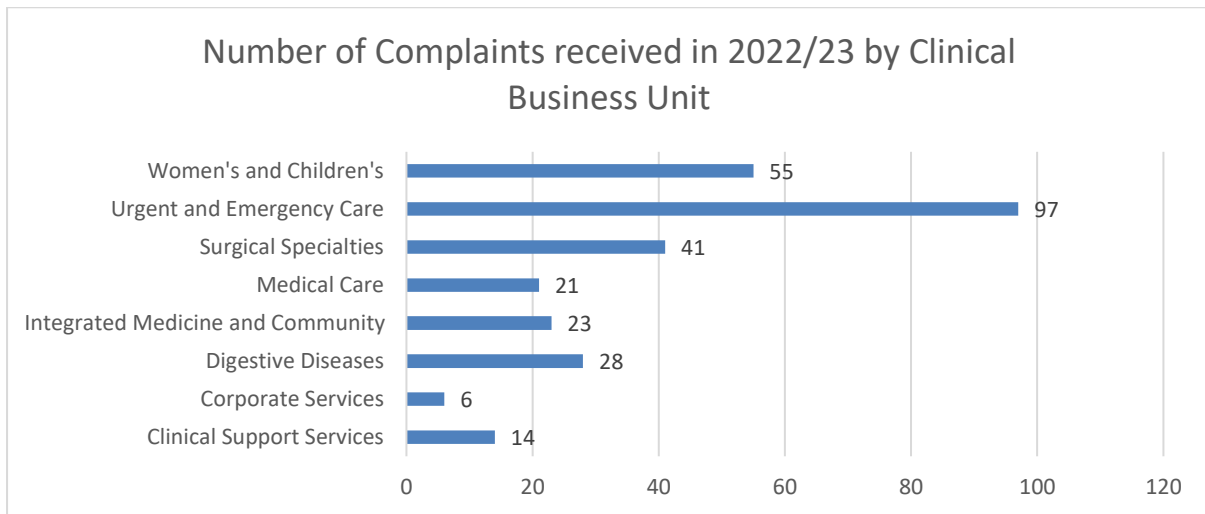
### 2.3 Complaints received by Locations/Service

The graph below details that the Warrington hospital site reported more complaints (268) than the Halton site (11). This is to be expected as it is the larger site with significantly more activity and acute care delivery also housing an Emergency Department



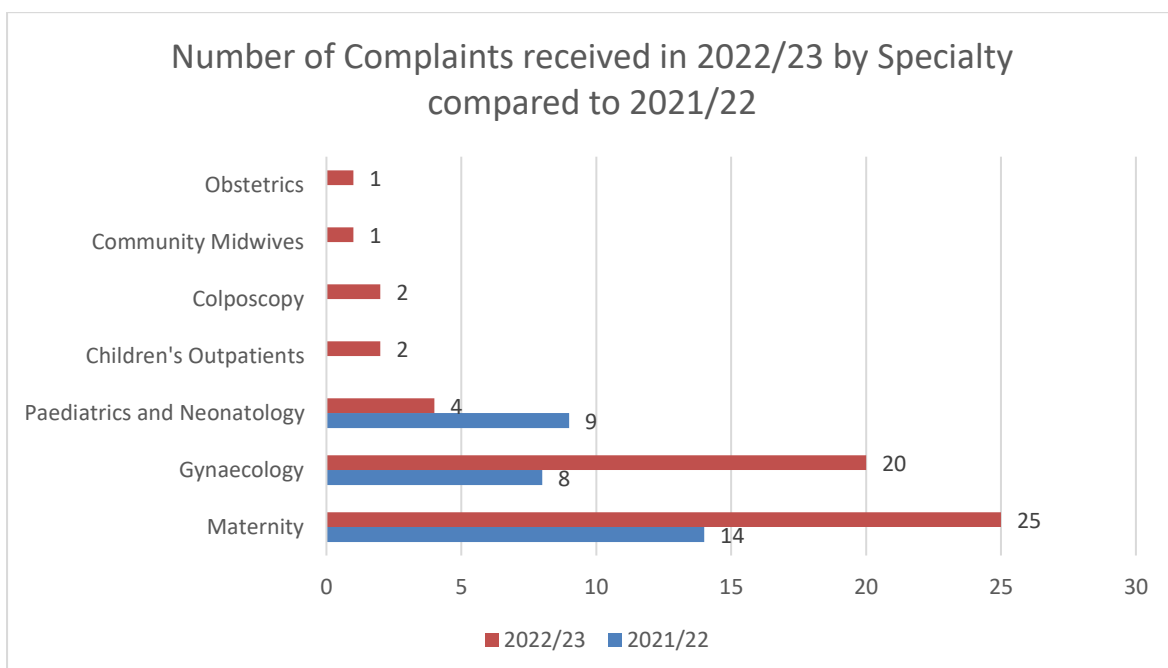


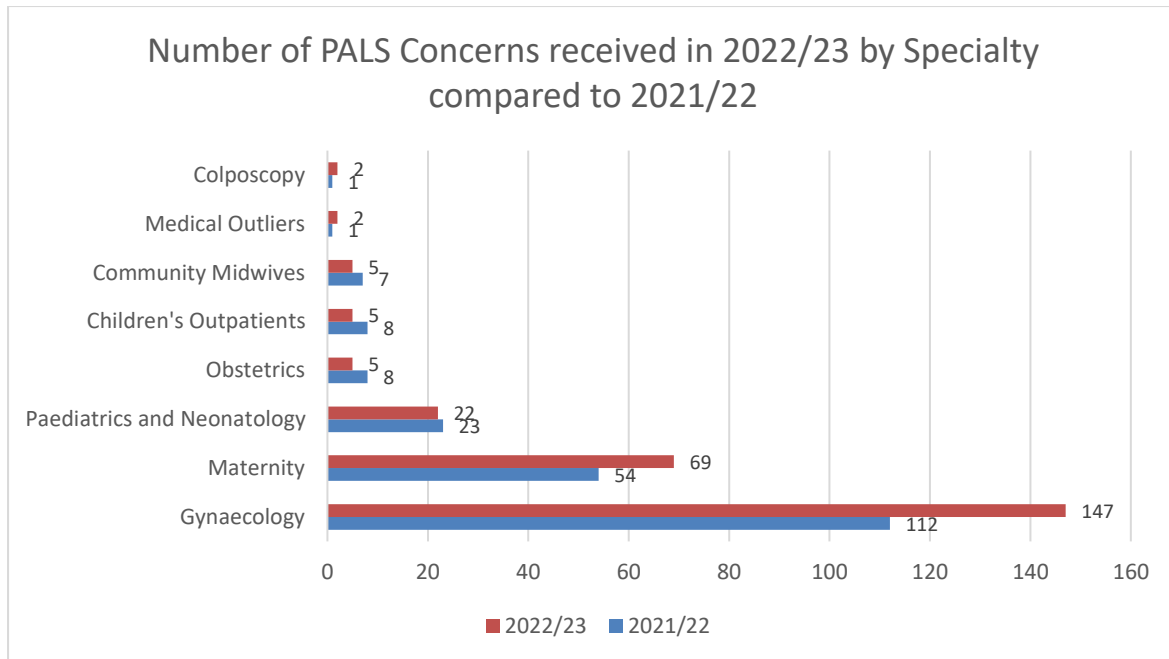
The following graph details the 285 complaints received by the Trust in the reporting period by Clinical Business Unit (CBU) and Trust wide service:



Urgent and Emergency Care received the highest number of complaints followed by the Women's and Childrens Clinical Business Unit. When comparing 2021/22 data to complaints received from 2022/23 for Urgent and Emergency Care, there was an increase from 95 complaints reported in 2021/22 to 97 in 2022/23 (2%).

When comparing 2021/22 data to complaints received from 2022/23 for Women's and Childrens, there was an increase from 31 complaints reported in 2021/22 to 55 in 2022/23 (77%). In 2022/23 the highest number of complaints were received in Maternity (27) (49%) and Gynaecology (20) (37%).





During the reporting period there was an increase from 214 PALS reported in 2021/22 to 257 in 2022/23 (20%), within the Women's and Children's Clinical Business Unit. In 2022/23 the highest number of PALS were received in Gynaecology (147) (31%) and Maternity (69) (28%).

On 17th May 2023 the acting head of midwifery reviewed all open complaints and PALS from March 2023 to 13 May 2023. There were no new themes or trends identified. The majority of the PALS concerns relate to gynaecology referencing delays in appointments and clinical pathways. A gynaecology recovery plan is in place and will be monitored via the Patient Safety and Clinical Effectiveness Sub Committee. For completeness, the Clinical Business Unit are undertaking a deep dive on all complaints and PALS received during the reporting period.

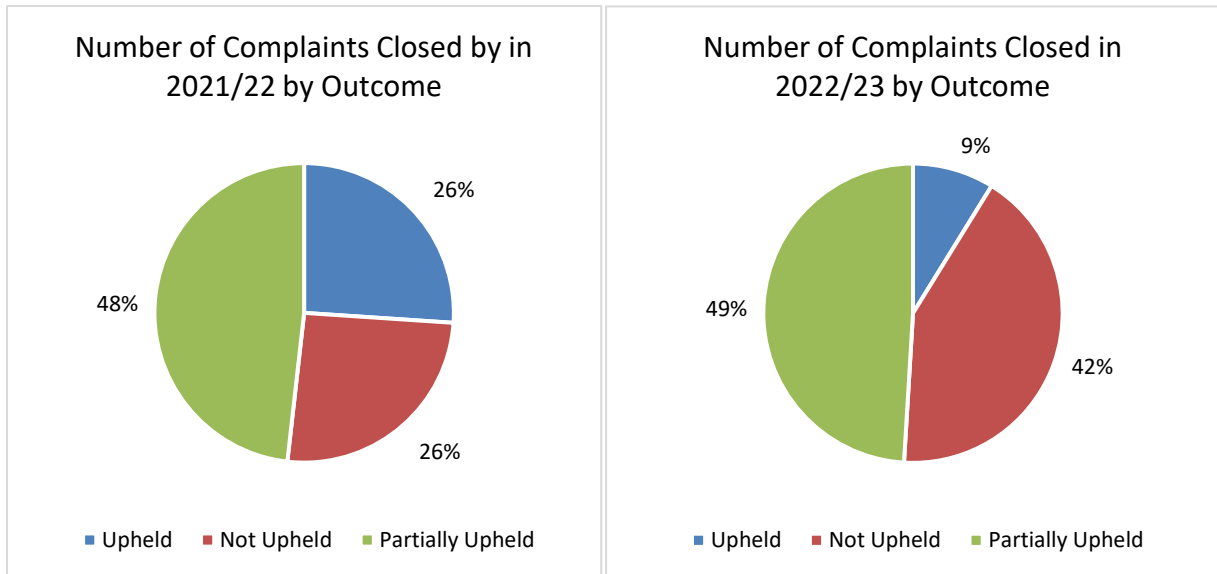
## 2.4 Complaints Outcomes

Once a complaint has concluded (either following a local resolution meeting or once a formal written response has been sent) the outcome is recorded in line with the findings of the investigation. Upheld complaints are those where the concerns raised have been found to be valid. Not upheld complaints are those where the investigation has not found any deficiency in the care, treatment or service provided. Partially upheld complaints are those where aspects of the case are upheld, but the main issues are not.

The chart below shows the outcome of closed complaint during the reporting period:

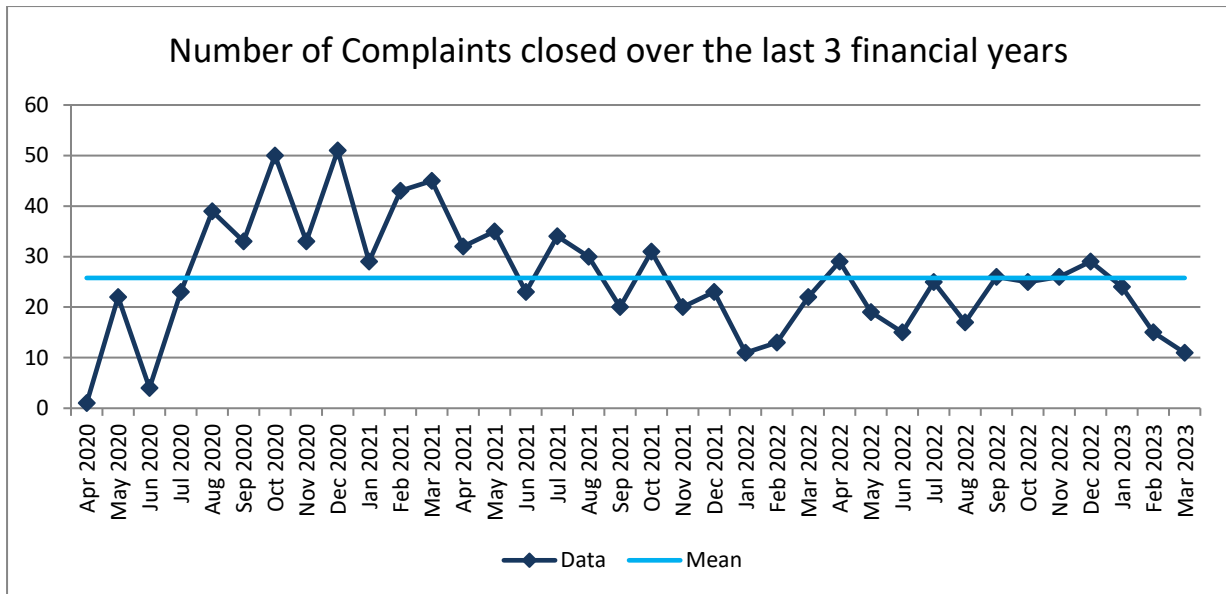
- The percentage of upheld complaints was lower in the 2022/23 reporting period (9%) than in the 2021/22 reporting period (26%).
- The majority of complaints in the reporting period were partially upheld (49% -static position).
- The percentage of not upheld complaints has improved (42%) when compared with the 2021/22 reporting period (26%).

The increase in complaints not upheld and the decrease in complaints upheld indicates that, complaint investigations are concluding that care provision has been appropriate albeit with learning identified.



### 2.5 Complaints Resolved

The Trust closed 261 complaints (this is due to closing those that were received in the previous reporting period). The graph below shows the closed complaints over time.



### Timeliness of responding to complaints

Within the reporting period, the Trust had 0 breached complaints.

CBU	2022									2023		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Clinical Support Services	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Digestive Diseases	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Estates and Facilities	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Human Resources	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Integrated Medicine and Community	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medical Care	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Surgical Specialties	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Urgent and Emergency Care	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Women's and Children's	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>Grand Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

### 2.6 Referrals to Parliamentary Health Service Ombudsman

Complainants dissatisfied with the Trust's response have the right to ask the Parliamentary Health Service Ombudsman (PHSO) to consider their complaint. However, the complainant must be able to provide reasons for their continued dissatisfaction (in writing) to the PHSO. The Trust may also refer the complainant to the PHSO if they feel that the response has been thoroughly investigated and responded to.

The PHSO will consider the complaint file, medical records and any other relevant information, as necessary. The PHSO may decide not to investigate further and no action will be required from the Trust. Alternatively, recommendations might be made for the Trust to consider. The PHSO may decide to conduct a full investigation which might result in the Trust being required to make an apology, pay compensation and / or produce an action plan to describe what actions are planned to rectify the situation and prevent further occurrences.

The Trust received 5 PHSO notifications during 2022/2023, 2 of which remain under investigation. The PHSO have concluded 4 investigations within the reporting period. 2 were not upheld and two were partially upheld.

- a) One case was partially upheld as the Ombudsman found failings relating to not requesting blood culture tests when sending the patient’s blood samples for testing . No further action was recommended.
- b) The second case related to communication, in that that WHH did not inform the daughter of her parent’s placement on a Covid-19 ward. A letter of apology was shared and an action plan put in place. All actions have been completed.

The Ombudsman found no impact occurred as a result of these two points for learning.

The Trust currently has 4 ongoing PHSO complaints 2023/2024.

## 2.7 Learning from Complaints

You Said....	We Did....
A Doctor was late to clinic due to having to attend a remote MDT meeting off site which overran.	A room has now been allocated for doctors to attend remote meetings. This reduces the need for commuting between sites (where appropriate) and the risk of clinic starting late if the MDT meeting overruns.
A patient raised concerns about the communication between staff on different units. The patient felt that staff on the maternity ward were not always fully aware of the plan in place for babies being cared for on the neonatal unit.	A new process was implemented whereby midwives from the maternity ward now attend the neonatal daily patient reviews, to ensure staff on both wards are aware of the plans of care for mothers and babies.
A medication error occurred whereby a patient was accidentally prescribed an incorrect (too low) dose of his Parkinson’s medication.	The concerns were shared with the Doctor involved for individual learning. The concern was also shared with the Trust’s Lead Clinical Education Pharmacist, who has recorded a training session for junior doctor induction on accurate drug history taking which will be

	disseminated to all junior doctors at their induction to the Trust. The concern has also been included in the Safer Times Prescriber newsletter.
The Patient's son had concerns regarding a delay in his father's death being referred to the Medical Examiners and a cause of death being issued. He also had concerns regarding a lack of communication from the Bereavement Office.	Following receipt of this complaint the Head of Patient Experience and Inclusion met with the Medical Examiner's Office to discuss how the Bereavement and Medical Examiner team could work together to provide a more efficient service for bereaved families. This resulted in joint escalation processes to ensure greater efficiency. A digital referral form was implemented in January 2023 to promote accessibility and reduce the risk of delays. Within the Bereavement Office an improved structured routine has been agreed with tasks being allocated to individual team members at the beginning of each day to ensure greater accountability.
The Patient had concerns about the communication and unclear explanations of staff regarding the loss of her baby.	A sequence of weekly simulation training for all nursing staff and healthcare assistants on Ward C20 was implemented. The training consists of an hour-long session to educate staff on how to effectively discuss pregnancy loss with patients and their partners and how to actively manage and support patients who are experiencing the trauma of the loss of their baby. The training will also advise staff on how to support patients and their partners through post treatment care.
The Patient's mother had concerns that her husband and son were left waiting at the triage window with no communication.	It was identified that at the time of the patient's attendance, the triage navigation window was closed. In response to this concern, the signage at the window was reviewed and further information has been displayed with clear information as to where patients need to report to upon arrival in the department.

## 2.8 Patient Advice and Liaison Service (PALS)

During the reporting period, PALS received 2011 enquiries - a 4% decrease from 2021/22 (2091 enquiries).

The below graph shows the variance between PALS received each month in 2021/22 against those received for each month in 2022/23.

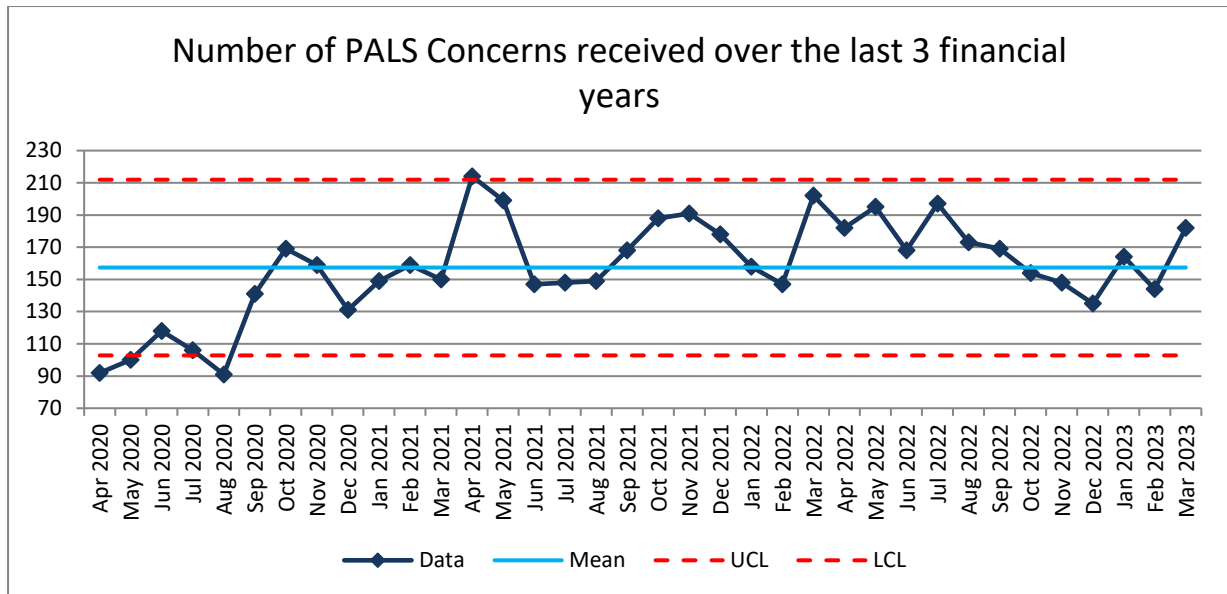


Table 2 below show the top themes for PALS during the 2021/22 and 2022/23 reporting periods.

**Table 2:**

Theme	2022/2023	2021/2022	Change
Date for appointment	421	235	186
Clinical treatment	410	402	8
Communication (oral)	338	611	-273
Attitude and behaviour	173	233	-60
Communication (written)	120	179	-59
Patient property / expenses	114	98	16
Test results	99	40	59
Admissions / transfers / discharge procedure	98	104	-6
Date of admission / attendance	65	45	20
Telephone	54	3	51
Personal records	30	42	-12
Premises	29	32	-3
Patient privacy / dignity	26	27	-1
Aids / appliances / equipment	9	9	0
Bed shortages	4	6	-2
Cleanliness / laundry	4	4	0
Outpatient and other clinics	4	1	3
Catering	3	2	1
Failure to follow agreed procedures	3	7	-4
Mortuary / post mortem arrangements	2	1	1
Shortage / availability	2	2	0

Transport	2	1	1
Patient status	1	1	0
Competence	0	1	-1
Complaint Handling	0	1	-1
Consent to treatment	0	2	-2
Policy & commercial decisions of NHS board	0	0	0

Dates for appointment is the highest theme which is triangulated alongside complaints data in terms of wait times. This applies to both waiting lists and delays within departments as a result of continued high patient attends, the number of patients with no criteria to reside and high patient acuity. Whilst there has been an increase in the number of PALS received for this theme, there has been a reduction in the number of formal complaints received. PALS provide a real time response and when a PALS concern is received relating to an appointment issue, PALS work directly with the appointments team/CBU to ensure early resolution.

Clinical Treatment is the second highest theme and there has been an increase in numbers received across both PALS and complaints again, impacted by operational challenges previously described in this report. There has been a decrease in the number of PALS received for communication and attitude and behaviour, this decrease is also reflected in the in the number of formal complaints received.

### 3. RECOMMENDATIONS

The Quality Assurance Committee are asked to note the report.