

**QUALITY ASSURANCE COMMITTEE**

<b>AGENDA REFERENCE:</b>	<b>QAC/25/05/036</b>			
<b>SUBJECT:</b>	<b>Complaints Annual Report 2024/25</b>			
<b>DATE OF MEETING:</b>	<b>13 May 2025</b>			
<b>ACTION REQUIRED:</b>	The members of the Quality Assurance Committee are asked to note the contents of this paper			
<b>AUTHOR(S):</b>	Nicola Edmondson, Associate Director of Governance/ Amy Smith, Complaints Liaison Lead			
<b>EXECUTIVE DIRECTOR SPONSOR:</b>	Ali Kennah, Chief Nurse			
<b>LINK TO STRATEGIC OBJECTIVE</b>	SO1: We will ... Always put our patients first delivering safe and effective care and an excellent patient experience.			
<b>EQUALITY CONSIDERATIONS: (Please select as appropriate)</b>	Please indicate who is impacted by the equality considerations:	<b>Patients</b> √	<b>Workforce</b> √	<b>Public</b> √
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	<b>Yes</b>	<b>No</b>	<b>N/A</b> √
		Further Information / Comments:		
<b>EXECUTIVE SUMMARY:</b>	<p>This report provides assurance to Quality Assurance Committee (QAC) that complaints are managed effectively and where deficits are identified there is identified learning and associated actions for improvement. This annual report includes a summary of formal complaints raised by patients or their relatives in the financial year 2024/25, with comparisons to the previous financial year, 2023/24, where appropriate.</p> <ul style="list-style-type: none"> <li>• There were 310 complaints received in 2024/25, an increase of 59 (23.5%) complaints compared to 2023/24 where 251 were received.</li> <li>• Urgent and Emergency Care received the highest number of complaints in 2024/25 (80, 25.8%), followed by Surgical Specialties (19.4%) and Women's and Children's (56, 18.1%).</li> <li>• There were 304 complaints closed in 2024/25, an increase of 50 (19.7%) complaints compared to 2023/24 where 254 were closed.</li> <li>• In 2024/25 the majority of complaints were partially upheld (147, 48.4%), followed by not upheld (131, 43.1%) and upheld (26, 8.6%). This is presently determined by the Head of Complaints/Complaints Liaison Lead following review of the response. From May 2025 this will be agreed by the Chief Nurse.</li> <li>• There were 2 PHSO investigations started in 2024/25 and 7 closed. At the time of reporting on 16 April 2025, there are 5 PHSO investigations ongoing.</li> </ul>			

	<ul style="list-style-type: none"> <li>• There were 1620 PALS concerns received in 2024/25, a decrease of 55 (3.3%) concerns compared to 2023/24 where 1675 were received.</li> <li>• Surgical Specialties received the highest number of concerns in 2024/25 (483, 29.8%), followed by Medical Care (261, 16.1%) and Urgent and Emergency Care (261, 16.1%).</li> <li>• The average response time between a PALS concern being received and being closed by the Team for 2024/25 is 4 days. Although this falls slightly outside WHH internal response target of 3 days, the updated Complaints Policy reflects that some PALS concerns require a review of service/care required, or that concerns may apply to multiple departments. The response target timeframes have therefore been adjusted to reflect this complexity. A response period for a simple concern will remain at 3 days, with a complex response period being 20 working days. The policy is expected to be ratified in Q1.</li> <li>• Following ratification of the revised policy and associated processes the expectation is that the number of open complaints will be reduced, with a focus on new complaints being dealt with where possible via the PALS processes, enabling a timely response and early learning and improvements.</li> <li>• The number of reopened complaints received has increased from 10 in 2023/24 to 33 in 2024/25, note these were not all dissatisfied complaints. Of the 10 reopened in 2023/24, 4 complainants had raised additional questions and 6 were dissatisfied as they challenged the response. Of the 33 reopened, 14 complainants had raised additional questions which they wished to seek answers to, 10 requested a meeting to discuss the response and 9 complainants were dissatisfied as they challenged the response.</li> <li>• This increase is felt to be due to WHH amending the complaint letter response template to actively encourage complainants to come directly back to the Complaints Team in the first instance, should they have any further questions or wished to meet to discuss their response further. This change has enabled the team to successfully resolve further queries/concerns and is reflected in the reduction of the number of PHSO cases opened for further resolution; during 2024/25, WHH started 2 PHSO investigations, compared to 8 in 2023/24.</li> </ul>		
<b>PURPOSE:</b> (please select as appropriate)	<b>Approval</b>	<b>To note</b> √	<b>Decision</b>
<b>RECOMMENDATION:</b>	The Quality Assurance Committee are asked to note the contents of this 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: <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i></b>	Choose an item.	
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full	
<b>FOIA EXEMPTIONS APPLIED: <i>(if relevant)</i></b>	Section 22 – information intended for future publication	

## QUALITY ASSURANCE COMMITTEE

<b>SUBJECT</b>	<b>Complaints Annual Report 2024/25</b>	<b>AGENDA REF:</b>	<b>QAC/25/05/036</b>
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### 1. Background/Context

Warrington and Halton Teaching Hospitals NHS Foundation Trust is committed to providing high standards of patient centred care by listening to the views and opinions of patients and their families and responding with positive action.

The purpose of the Annual Complaints Report is to satisfy the requirements of the NHS constitution (2023) and the Parliamentary and Health Service Ombudsman, NHS complaints standards (2022). The report provides analysis of formal complaints identifying themes and trends to support learning and associated improvements.

WHH recognises that there are times when its actions do not meet the expectations of those that use our services. When that happens, WHH 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.

WHH 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 can 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 team always aims 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 experiences for the people who use services as well as for the staff delivering the service.



In accordance with the NHS Complaints Standards 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 always expected from all staff 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.
- We aim to resolve complaints as part of local resolution (first stage of the national complaints procedure) wherever possible.
- Complainants receive a meaningful apology when appropriate.
- The team will identify appropriate learning and implement change as the result of a complaint where appropriate.
- The Complaints Team 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.

WHH has reviewed the complaints policy to ensure adherence to all elements of the new standards.

### Complaints Monitoring

The Complaints Handling Team report Complaints management assurance into the Patient Safety and Clinical Effectiveness Sub Committee (PSCESC). Learning is reported into the Patient Experience and Inclusion Sub-Committee and is shared in the Quarterly Learning from Experience (LFE) Report, presented at the Quality Assurance Committee (QAC).

## 2. Key Elements

During the last financial year work has focused on:

- Maintaining the timeliness of responses to complainants.
- Working collaboratively with Care Groups and associated Clinical Business Units (CBUs) to improve standards of care and the production of high-quality complaints responses.
- Ensuring visibility to support the clinical teams in the provision of timely responses to Patient Advise and Liaison Service (PALs) concerns.
- Offering all complainants a meeting with appropriate teams as a first line response.
- 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.
- Reviewing the Complaints Policy. It is expected that the number of open complaints will be reduced, with any new complaints being dealt with where possible by the PALS Team.
- Reviewing the compliments module within the Risk Management System, Datix

The successes in 2024/25 have included:

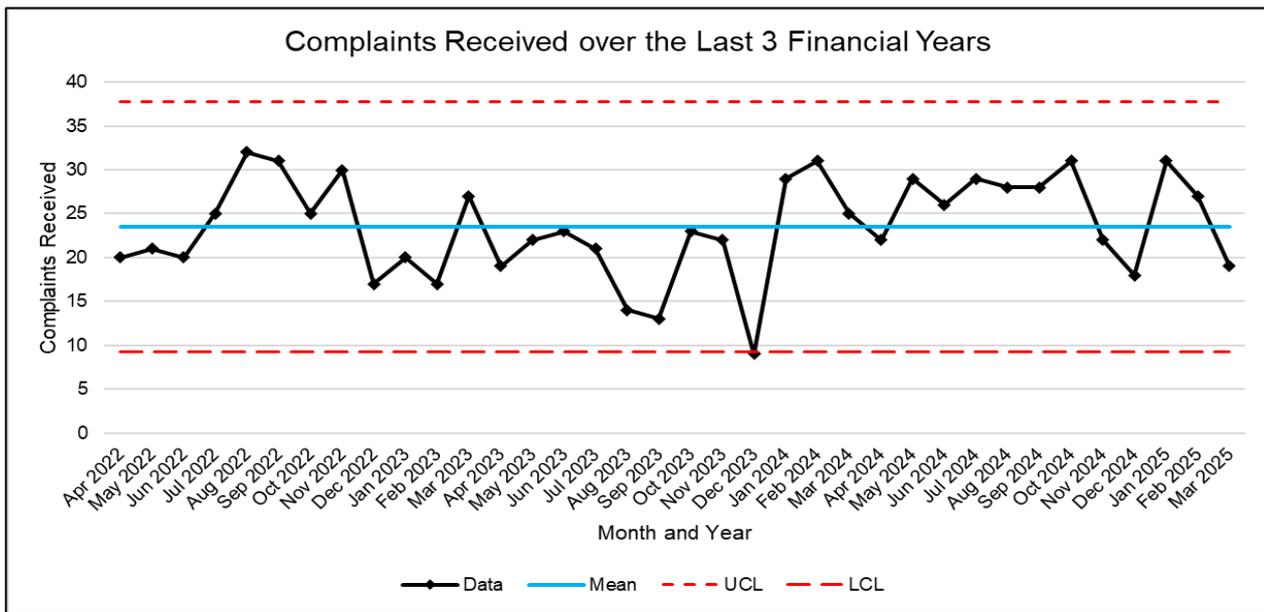
- Timeliness of complaints has consistently exceeded WHHs target of 90%.
- WHH has continued to have 0 breached complaints throughout the reporting period.
- The PALS service has continued to provide timely responses to concerns, with the average response time being 4 days. Although this falls slightly outside WHH response target of 3 days, the updated policy reflects that that some PALS concerns are more complex requiring a review of service/care required, or that concerns may apply to multiple departments. The response target timeframes have therefore been adjusted to reflect this. A response period for a simple concern will remain at 3 days, with a complex response period being within 20 working days. The policy is expected to be ratified in Q1.
- Working collaboratively with the 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. This is something that has been implemented in April 2025 and has already shown to be a positive in helping improve the way we support patients and complainants..
- During 2024, the complaint letter response template has been updated to actively encourage complainants to come directly back to the Complaints Team in the first instance, should they have any further questions or wished to meet to discuss their response further. This change has enabled the teams to successfully resolve further queries/concerns and is reflected in the reduction of the number of PHSO cases opened for further resolution; during 2024/25. The WHH started 2 PHSO investigations, compared to 8 in 2023/24.
- 3 members of the Complaints Team have completed the Gateway Training & Consultancy Ltd, Systems Based Approach to learning from Patient Safety Incidents and the NHS Complaints Summit, improving complaints handling insight through the NHS complaints standards. This training has supported the Complaints Resolution Officers in the effective management of complaints handling.
- During Quarter 1 of 2025, the action plan template within the complaint's module on Datix will be aligned to incident management system, with a stronger focus on improvement. This will strengthen the quality of action plans created following complaints. This will also allow the ability to ensure actions are completed and closed. Complaints learning is monitored via Patient Experience and Inclusion Subcommittee to ensure improvements are made.
- A review of the complaints and PALS categories within Datix will be undertaken during Quarter 2 of 2025, this will enable enhanced insights into potential themes and opportunities for learning as currently the themes are too broad.

## **2.1 Complaints Received**

There were 310 complaints received in 2024/25. This is an increase of 59 (23.5%) complaints received compared to 2023/24 where 251 complaints were received. In 2024/25, WHH received an average of 26 complaints per month, compared to 21 in 2023/24. October 2024 and January 2025 had the highest received complaints in 2024/25 with 31. The complaints received showed normal variation in 2024/25 with no outliers.

The Complaints Team has worked hard to ensure that concerns are resolved at local level, via PALS enabling a timely response to resolution. The PALS team are alternating time between the office and clinical areas, to enable increased visibility and support at ward level.

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 Complaints Received by Theme

Formal complaints can be received for a variety of reasons. The table below identifies the primary themes of complaints received in 2024/25 compared to 2023/24.

Primary Theme	2023/24	2024/25	Change
Clinical Treatment	149	231	+82
Attitude and Behaviour	25	19	-6
Communication (Oral)	19	18	-1
Admissions/Transfers/Discharge Procedure	12	13	+1
Personal Records	2	6	+4
Date for Appointment	12	5	-7
Communication (Written)	3	4	+1
Patient Privacy/Dignity	2	4	+2
Failure to Follow Agreed Procedures	2	3	+1
Bed Shortages	1	2	+1
Premises	3	2	-1
Complaint Handling	0	1	+1
NHS Board Purchasing	0	1	+1
Telephone	1	1	0
Aids/Appliances/Equipment	1	0	-1
Competence	11	0	-11
Consent to Treatment	2	0	-2
Patient Property/Expenses	3	0	-3
Shortage/Availability	2	0	-2
Test Results	1	0	-1

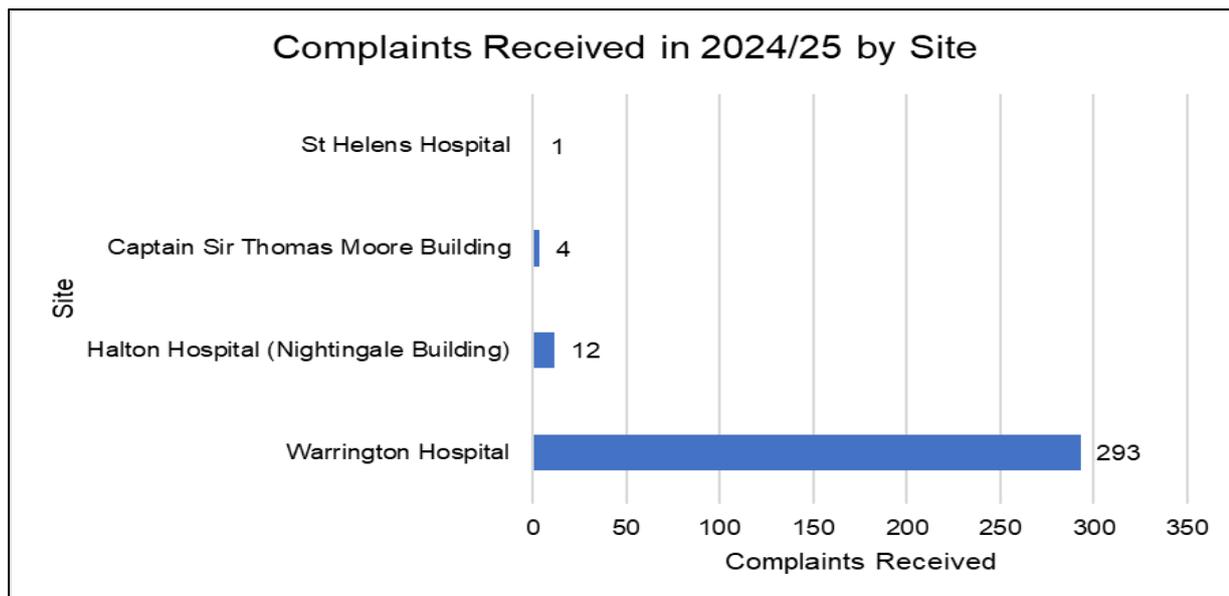
Clinical Treatment was the top reported primary theme for both 2024/25 (231) and 2023/24 (149), showing an increase of 82 (55%) complaints received in 2024/25 compared to the previous financial year. Attitude and Behaviour was the second highest primary theme with 19 received in

2024/25 and 25 in 2023/24, a decrease of 6 (24%). This was then followed by Communication (Oral) with 18 received in 2024/25 and 19 received in 2023/24, a decrease of 1 (5.3%) complaint.

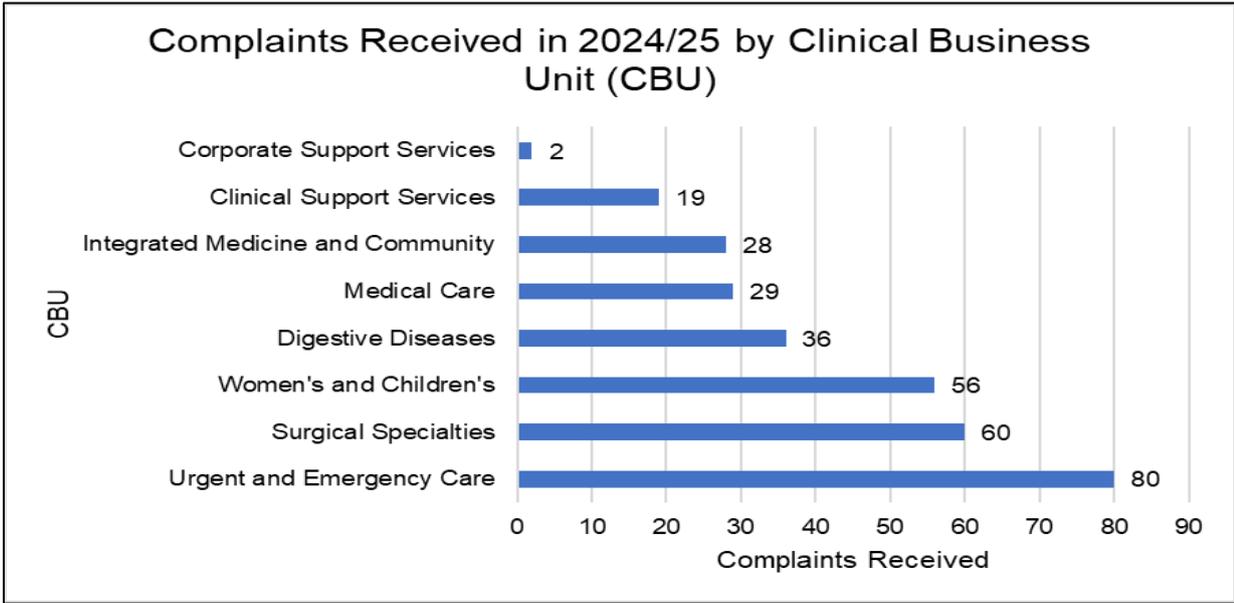
A review of the complaints and PALS categories within Datix will be undertaken during Quarter 2 of 2025, this will enable enhance insights into potential themes and opportunities for learning.

### 2.3 Complaints Received by Areas

Consistent with previous financial years, in 2024/25 the majority of complaints were reported under the Warrington Hospital site (293, 94.5%). This is expected as this is the largest site across WHH with more services and acute care delivery, including the Emergency Department.

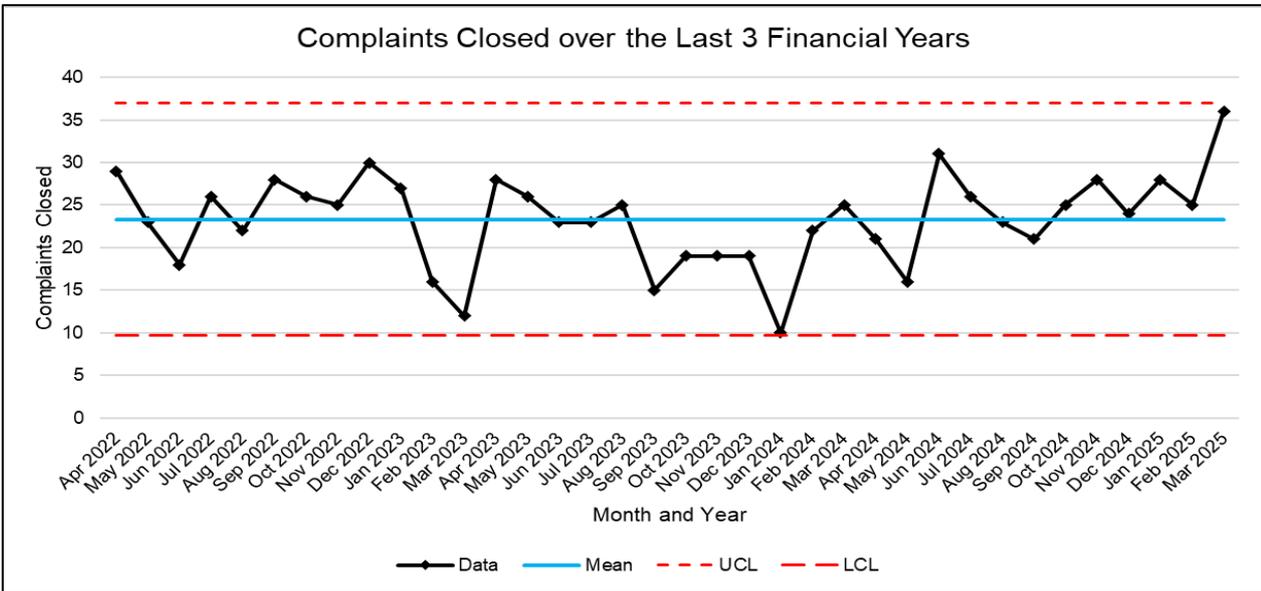


Urgent and Emergency Care received the highest number of complaints (80, 25.8%), followed by Surgical Specialties (60, 19.4%) and Women’s and Children’s (56, 18.1%). This is the same top 3 Clinical Business Units (CBUs) as 2023/24, where Urgent and Emergency Care received 73 (29.1%) complaints and Surgical Specialties and Women’s and Children’s both received 45 (17.9%) complaints. Within Urgent and Emergency Care in 2024/25, there were 67 (83.8%) complaints reported under Emergency Medicine, 12 (15%) reported under Acute Medicine and 1 (1.3%) reported under Patient Flow.



### 2.4 Closed Complaints

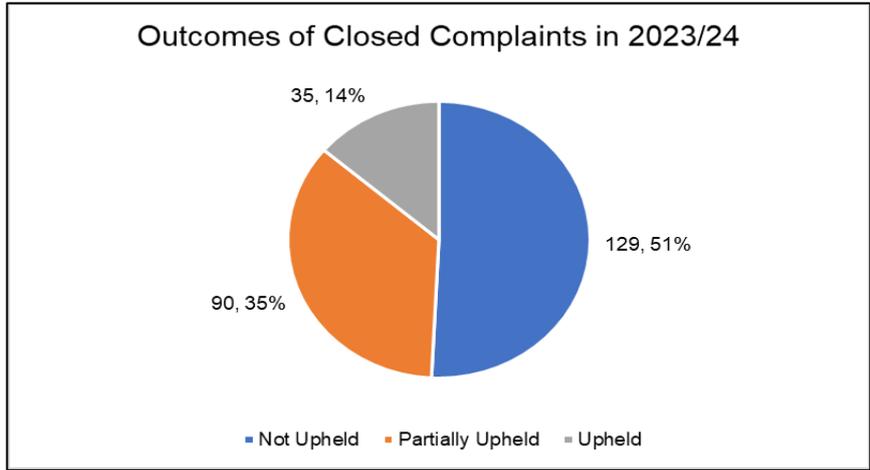
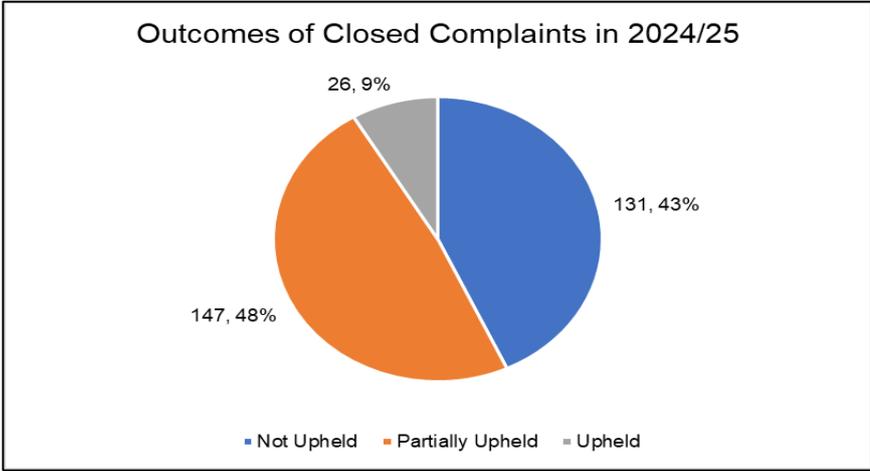
There were 304 complaints closed in 2024/25 (note the difference in complaints closed to complaints received is due to the closing of complaints from a different financial year). This is an increase of 50 (19.7%) complaints closed compared to 2023/24 where 254 complaints were closed. This is consistent with the rise in complaints received between the two financial years and shows that WHH is closing complaints at a consistent rate to the complaints being received.



### 2.5 Complaint Outcomes

Once a complaint has concluded, either following a local resolution meeting or once a formal written response has been sent, to the complainant 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 some aspects of the case are upheld, but the main issues are not.

In 2024/25, there were 26 upheld complaints, compared to 35 in 2023/24. This is a decrease of 9 (25.7%) upheld complaints. There were 131 complaints not upheld in 2024/25, compared to 129 in 2023/24. This is an increase of 2 (1.6%) complaints not upheld. 147 complaints were partially upheld in 2024/25, compared to 90 in 2023/24. This is an increase of 57 (63. %) partially upheld complaints. This shows a change between the financial years, with most complaints closed in 2023/24 being not upheld compared to 2024/25 where the majority were partially upheld.



**2.6 Timeliness of Responding to Complaints**

WHH continue to maintain a 100% compliance rate for complaints closed within the timeframe.

**2.7 Referrals to Parliamentary Health Service Ombudsman**

Complainants dissatisfied with the 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. In addition, in instances where WHH has thoroughly investigated and responded to a complaint and the complainant remains dissatisfied as a last resort the team would signpost the complainant to the PHSO.

The PHSO will consider the complaint file and medical records together with any other relevant information. The PHSO may decide not to investigate further, and no action will be required from WHH. Alternatively, recommendations might be made for WHH to consider. The PHSO may decide to conduct a full investigation which might result in WHH 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.

WHH started 2 PHSO investigations during 2024/25, compared to 8 in 2023/24.

Date Investigation Started	Number of Cases
August 2024	1
January 2025	1

The PHSO have concluded 7 investigations within 2024/25, compared to 3 in 2023/24.

PHSO Outcome	Number of Cases
Partially Upheld	3
Upheld	2
Not Upheld	2

At the time of reporting on 16 April 2025, WHH has 5 ongoing PHSO complaints.

## 2.8 Learning from Complaints (examples)

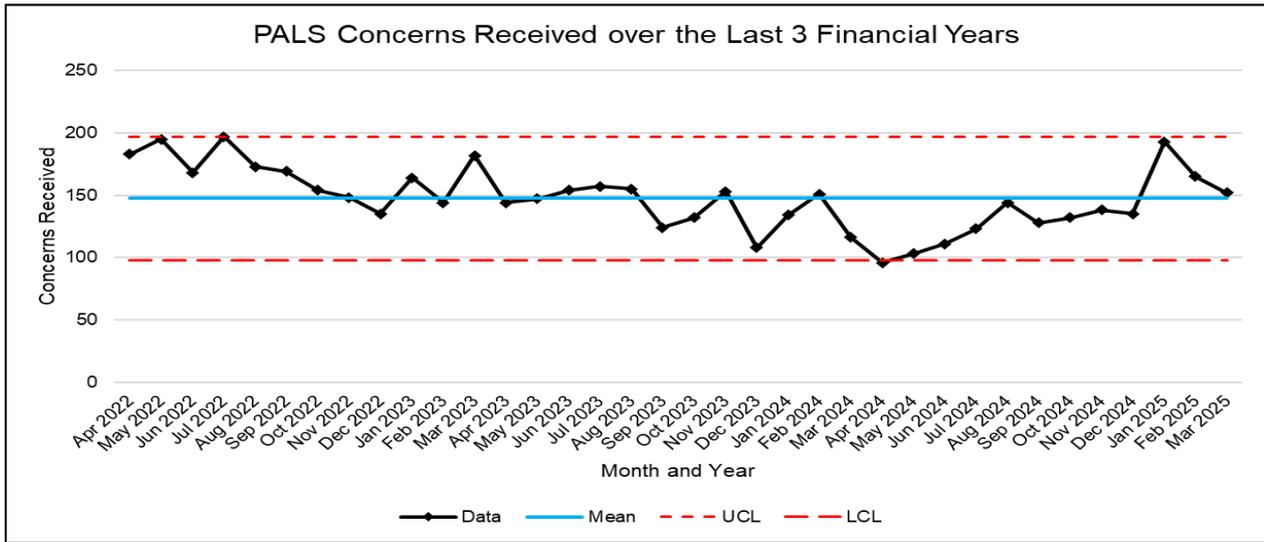
You Said....	We Did....
Patient awaiting emergency surgery and procedure was not routinely given an anaesthetic information leaflet to make them aware of what to expect.	The Anaesthetic Team have changed their routine processes. The Trauma Co-ordinators now provide patients who are receiving an emergency anaesthetic with information leaflets.
Patient suffered a delay in awaiting Hydroxycarbamide prescription as a request sent to their GP was not received	The Haematology Team have changed their policy for Hydroxycarbamide prescriptions by transferring all prescriptions to the Haematology Service so that GPs will no longer have to prescribe this medication to patients. This new process allows the Consultant/Nurse to receive a notification that the patient's medication supply is due to run out and this will prompt for a blood test to be arranged prior to issuing a new prescription
Staff had been unaware on how to support a patient with a British Sign Language (BSL) interpreter whilst on Ward C20. The patient felt vulnerable and anxious as was unaware of information regarding care.	Matron has created prompt cards for all staff on Ward C20, which includes advice on how to seek support for BSL interpreters for patients. This has also been shared in a poster that has been displayed around Ward C20, GAU, Staff Rooms, and Ward Clerk areas.
Patient who had learning disabilities and autism attended ED. Mum felt that the patient's needs were not met and that more should have been	The family of the patient have been invited to contribute to the consultation pathways regarding hospital passports for patients with learning disabilities. Staff within the Emergency Department have also been reminded of the importance of

done to make reasonable adjustments.	scanning health passports onto patients' electronic records.
Patient was given another patients medications on discharge from the discharge lounge.	Following on from this incident, a new checklist and process has been implemented, to ensure all patients' medication is checked thoroughly before a patient is discharged from the Discharge Lounge. The checklist is audited daily to ensure standards are being maintained. For wider learning, the checklist has also been highlighted on the Discharge Lounge Daily Safety Brief to ensure that this does not occur again.
Family of deceased patient were provided with incorrect information regarding the Mortuary opening times, which caused a lot of distress to the family.	The Mortuary opening times have been printed onto a laminated poster and is now displayed in a visible area for staff in the Emergency Department, for when they are supporting bereaved families.
Concerns were raised for the ward environment on A10, and this was not supportive for patients who are admitted there for long inpatient stays.	The Ward Manager has since made improvements for patient experience whilst on the ward. This includes a television in the waiting area, radios, books and magazines to provide stimulation to patients.
A patient raised concerns that she had been unable to identify who each staff member was from their uniform and this had caused confusion as to who was seeing to her.	The Community Midwifery Team have developed a new patient information leaflet, which includes information on all staff members within the team and what their roles entail.
Inadequate mouthcare was provided to a patient during end-of-life care. This led to distress and discomfort for the patient and lack of dignity in his last days of life.	Ongoing Learning with the Nursing Team has been carried out by the Matron, to ensure patients are provided with appropriate and adequate mouthcare, to improve standards of care for our patients.
Signs of domestic abuse were missed by staff during a patient's labour, which left patient feeling vulnerable and unsupported.	Matron has now arranged for all midwives to attend further safeguarding training to detect early signs of domestic abuse. WHH has a new Independent Domestic Violence Advisor commencing in post in May 2025.

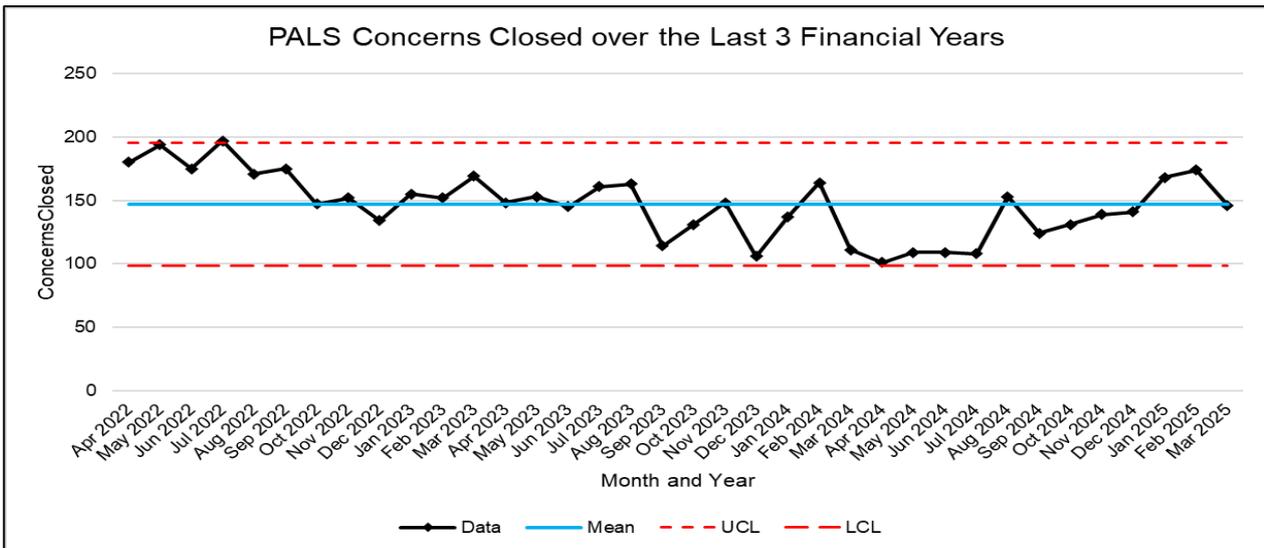
## 2.9 Patient Advice and Liaison Service (PALS)

There were 1620 PALS concerns received in 2024/25. This is a decrease of 55 (3.3%) concerns received compared to 2023/24 where 1675 concerns were received. In 2024/25, WHH received an average of 135 concerns per month, compared to 140 per month in 2023/24. Though concerns received across the financial year generally show normal variation, in 2024/25 there was an extreme value noted in April 2024 where the number of concerns received (96) was below the lower control limit. January 2025 had the highest received concerns in 2024/25 with 193 concerns

received, this links to the complaints data where January 2025 was one of the highest reporting months for complaints received in 2024/25.



There were 1603 PALS concerns closed in 2024/25. This is a decrease of 78 (4.6%) concerns closed compared to 2023/24 where 1681 concerns were closed. This is consistent with the decrease in concerns received between the two financial years.

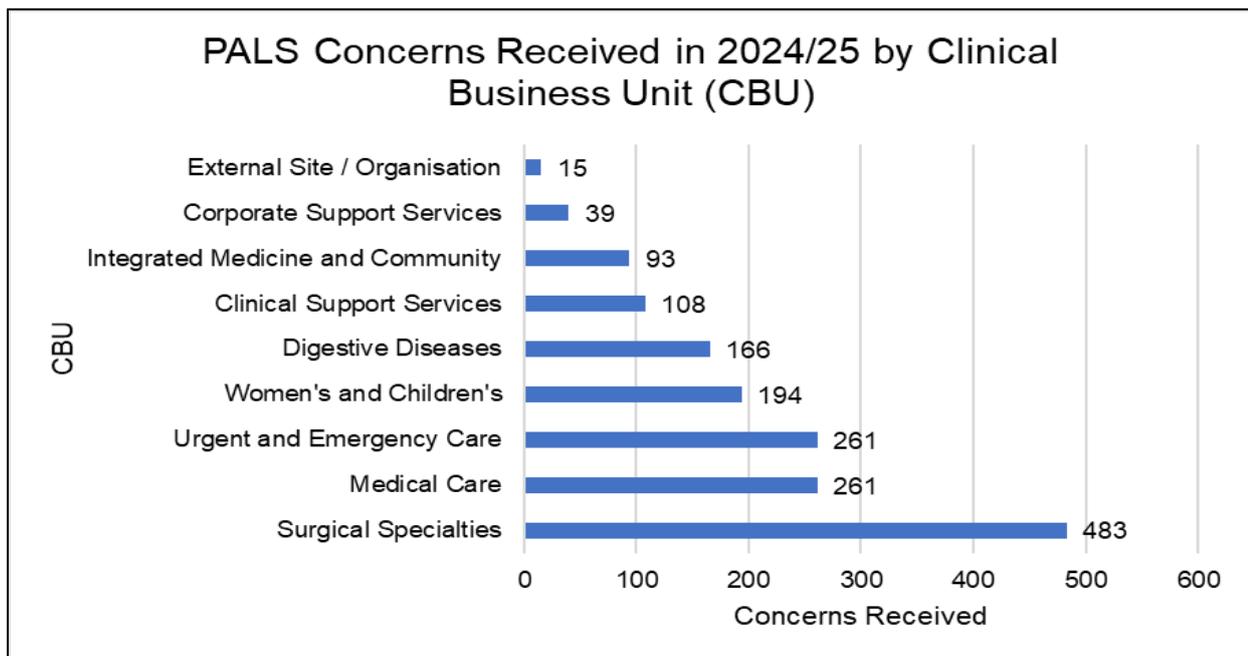


The table below identifies the primary themes of concerns received in 2024/25 compared to 2023/24.

Primary Theme	2023/24	2024/25	Change
Clinical Treatment	347	476	+129
Date for Appointment	345	306	-39
Attitude and Behaviour	193	191	-2
Test Results	81	128	+47
Communication (Oral)	235	120	+115
Communication (Written)	130	104	+26
Admissions/Transfers/Discharge procedure	77	73	+4

Patient Property/Expenses	84	54	+30
Date of Admission/Attendance	50	43	+7
Telephone	23	34	-11
Personal Records	26	28	-2
Premises	32	18	+14
Aids/Appliances/Equipment	11	9	+2
Patient Privacy/Dignity	7	9	-2
Catering	3	5	-2
Failure to Follow Agreed Procedures	0	4	-4
Patient Status	3	4	-1
Bed Shortages	1	3	-2
Shortage/Availability	0	3	-3
Outpatient and Other Clinics	2	2	0
Policy and Commercial Decisions of NHS Board	1	2	-1
Cleanliness/Laundry	2	1	+1
Competence	10	1	+9
Complaint Handling	0	1	-1
NHS Board Purchasing	2	1	+1
Mixed Accommodation	1	0	+1
Mortuary/Postmortem Arrangements	1	0	+1
Transport	8	0	+8

Clinical Treatment continues to be the top reported primary theme across both financial years. There was an increase in Clinical Treatment concerns received in 2024/25 (476) compared to 2023/24 (347) of 129 (37.2%) concerns. Date for appointment was the second highest primary theme with 306 received in 2024/25 and 345 received in 2023/24, a decrease of 39 (11.3%) concerns. In 2024/25 this was followed by Attitude and Behaviour (191), whereas in 2023/24 this was Communication (Oral) (235).



Surgical Specialties received the highest number of concerns (483, 29.8%), followed by Medical Care (261, 16.1%) and Urgent and Emergency Care (261, 16.1%). Surgical Specialties also received the highest number of concerns (382, 22.8%) in 2023/24. However, this was then followed by Urgent and Emergency Care (288, 17.2%) and Women's and Children's (223, 13.3%). Within Surgical Specialties in 2024/25, the 3 specialties which received the highest number of concerns were ENT (144), Urology (129) and Trauma and Orthopaedics (128).

PALS provide a real time response following receipt of a concern, and the engagement and relationship between the PALS Team and the CBU's is positive which enables timely responses.

The PALS Team have increased their visibility within the hospital ward areas, to support the clinical teams in the provision of a timely response to PALS concerns.

### **3. Recommendations**

The Quality Assurance Committee are asked to note the contents of this report.