

Liverpool Women's NHS Foundation Trust

Complaints Annual Report : 2017-18

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Summary

This annual report provides an overview of complaints and feedback that the Trust has received from patients, relatives and users from 1 April 2017 to 31 March 2018. The report is written in accordance with the NHS Regulations and is made available on our website.

2017/18 saw the introduction of a completely revised complaint policy which brought a new way of working with both patients and investigating officers to reach a satisfactory conclusion. The new policy:

- Complies with its legal obligations for complaint handling as set out in the relevant statutory regulations
- Promotes best practice in complaint handling consistent with the national strategic objectives of 'My Expectations'
- Provides a non-discriminatory and accessible complaints process which addresses the needs of people with legally protected characteristics
- Encourages the early resolution of patient concerns before the need to make a complaint arises
- Encourages early intervention when complaints arise and promotes local and informal resolution wherever possible
- Provides a quality complaint handling service when patient dissatisfaction is referred to the Patient Experience Team
- Produces investigation reports that clearly set out relevant findings, conclusions and recommendations
- Provides a decision (adjudication) letters to complainants that clearly explain the outcome (upheld or not) and action being taken to address identified failings
- Uses information from complaints ('lessons learnt') to inform and help shape our future service delivery

Complaints are a valuable source of information on the quality of service the Trust is providing. This report looks at complaints in an effort to understand the factors that may lead to them, what can be done to address these factors, and whether the Trust's response to complaints can be deemed to be both appropriate and sufficient.

Making a complaint is never easy and it is important that there is an effective and sympathetic process for dealing with complaints. Those who complain should feel that they have been listened to and that learning has taken place. The Trust continues to work hard to ensure that its complaint process is personal and responds to the needs of the individual to

ensure that their experience is listened to and put right simply and quickly. This philosophy aligns with the Health Service Ombudsman's Principles of Good Complaints Handling which promotes a customer focused complaints system.

The report provides:-

- A summary of complaints received between April 2017 and March 2018
- Details of the areas of the Trust these complaints focus on
- The primary causes of complaints
- Future plans
- Lesson Learnt

The key findings in 2017-18 were:-

- There were 92 complaints received which has decreased significantly from the previous year
- The primary issue in the majority of complaints related to clinical treatment and care. These accounted for 41 of complaints received.
- 92 complaints were resolved in the last year which includes complaints received in 2016/17
- Of the 92 complaints closed 17 complaints have been upheld, 24 complaints have not been upheld and 49 complaints have been partially upheld. 2 complaints were withdrawn.

The primary conclusions of the report are:-

- There are well established mechanisms to capture the experience of patients and their families in order to drive continuous improvement. These include the "Friends and Family" patient feedback programme, use of information gathered through complaints and PALS, information gathered from Care Opinion, and listening to patient stories at the start of the monthly Trust Board meeting. All patient experience is used to motivate and drive service improvement.
- The changes introduced with the new policies and procedures for dealing with complaints and concerns are having a positive impact for both patients and the Trust. By implementing the PALS+ model patients are able to access appropriate and timely responses to their concerns.
- There is need for a greater focus on the ability to evidence the changes that occur in practice from the Trust learning lessons from complaints.

Complaint Levels

The Trust received 92 complaints in 2017-18, which is lower from the previous year figure of 144.

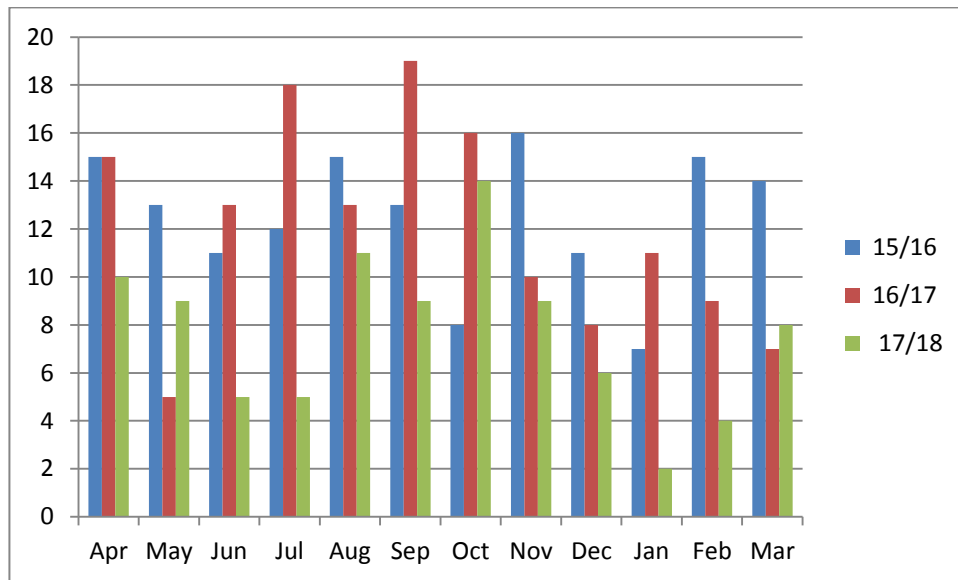


Figure 1: LWHFT Complaints comparison by month

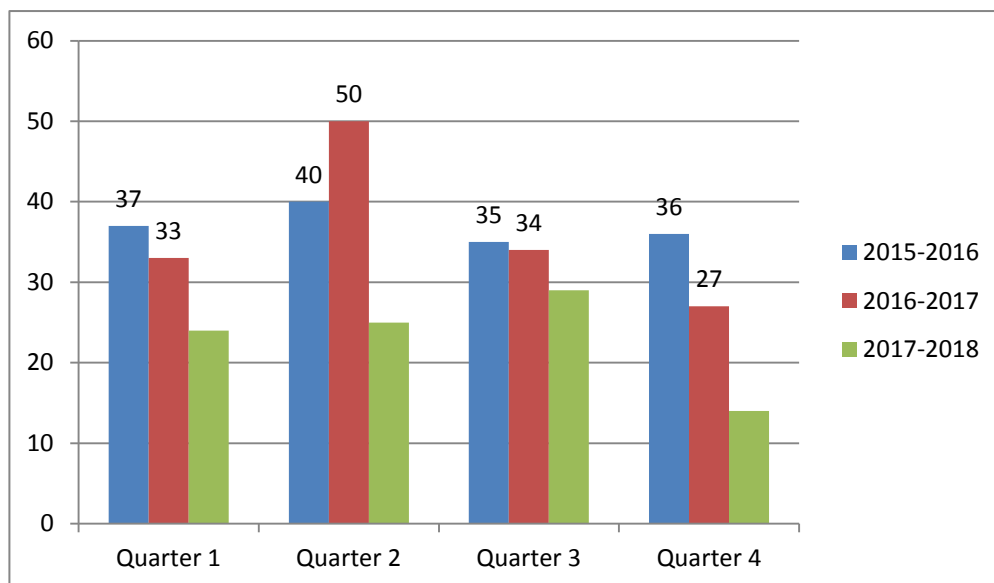
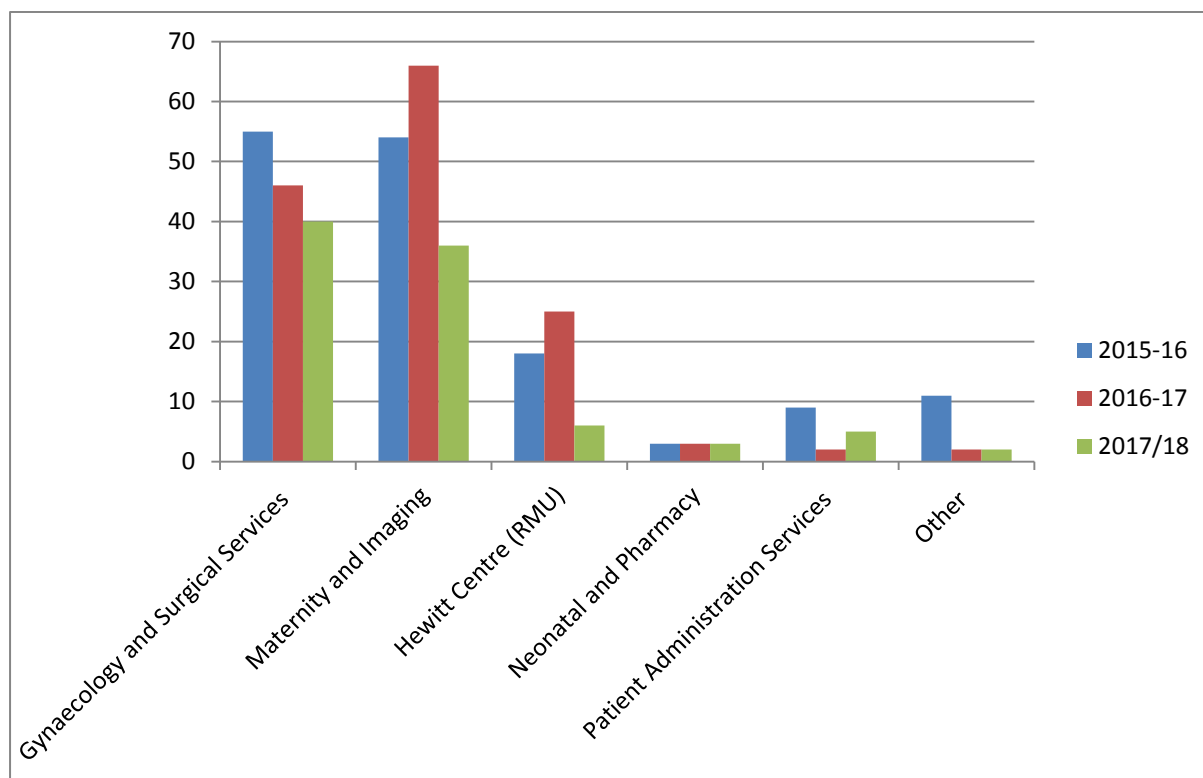


Figure 2: LWHFT Complaints by Quarter, yearly comparison

The Trust is committed to widening the number of channels through which patients can access the complaints arena. It increasingly receives feedback via Care Opinion websites and its Twitter and Facebook accounts which can in turn be registered formally.

Nevertheless the specifics of all complaints are continually analysed to ensure problem areas are identified with appropriate actions drawn up and implemented to effect change.

Figure 3: Complaints Breakdown by Service



As would perhaps be expected the vast majority of complaints (83%) were attributed to either Gynaecology and Surgical Services or Maternity and Imaging. **Figure 3** gives a full breakdown of complaints with comparisons against the figures for the previous two 12-month periods.

Maternity & Imaging Services had a substantial decrease of 30 complaints compared to the previous year. This is a result of some of the steps put in place 2016/17 such as increases in midwifery staff allowing the formal setting of midwifery staffing guidelines for each area, protecting 1:1 care in established labour. The PALS + model which has been supported by senior midwives and clinical staff has also greatly helped with this reduction. The PALS+ model puts patients, with concerns and queries, in touch with senior members of the department who can listen, discuss and address these issues in a positive and dynamic way. This provides timely and personal resolutions for patients and strengthens the relationships with the Trust.

The division is continuing to work hard to engage with women and families at all points through their pregnancy and birth journey, so women feel able to discuss issues with the

clinical teams. They are responding to all feedback from families via the Friends and Family Test with ideas on how we can improve our maternity service. The maternity department is also engaging with providing feedback directly to patients via Care Opinion when any issues have arisen.

Gynaecology & Surgical Services had an overall decrease of 6 complaints compared to 2016-17 which shows the continuous trend in this area of reducing complaints. Like the Maternity department, the Gynaecology department are making effective use of the PALS + model to address concerns at an early stage and provide that personal interaction with the person raising the concern. Providing swift resolution to these concerns and putting in any actions that are needed. They are responding to all feedback from families via the Friends and Family Test and also providing feedback directly to patients via Care Opinion when any issues have arisen

Hewitt Fertility Centre saw a decrease of 19 complaints with a total of 6 received compared to 25 in 2016-17. The Hewitt Centre are also using the PALS + model and this has contributed to the reduction we have seen. Hewitt Fertility Centre are responding to all feedback from families via the Friends and Family Test and also providing feedback directly to patients via Care Opinion when any issues have arisen

Neonatal Services

Neonatal received 3 complaints during 2017/18 which is the same as 2016/17. This is testament to the proactive steps taken by the department to address concerns at an early stage with the families who they strive to create positive and open relationships with. Neonatal Services are responding to any feedback from families via the Friends and Family Test and also providing feedback directly to patients via Care Opinion if any issues have arisen. The Neonatal unit have also purchased a local feedback tool that is accessed via a tablet that is provided to the families whilst on the unit and reviewed regularly across the unit.

The 92 complaints received by the Trust during 2017-18 were spread across 35 departments within the Trust. However, the 9 departments receiving the most complaints account for 64 % of the total.

PALS +

The changes introduced with the new policies and procedures for dealing with complaints and concerns are having a positive impact for both patients and the Trust. By implementing

the PALS+ model it has given us the opportunity to address patients concerns in a proactive and dynamic way. We put the patient in contact with senior medical, nursing, midwifery and operational staff to discuss the concerns raised, answer questions they have and find a rapid solution to assist the patient.

It is not for the member of staff to go immediately and speak to the patient, but for PALS to arrange a suitable method of contact with the patient for these conversations to take place. It would not be the member of staff whom the issue was about who would make this contact. These conversations would usually occur after some initial fact finding reviews had taken place to understand the full circumstances around the issues. This contact may be face to face, by phone, email or letter, whichever is most suitable for the person’s needs.

All PALS+ concerns are recorded and any learning or improvements identified in this process are detailed. Appropriate action plans are then put in place to address these in the same way we do for complaints.

Figure 4 below builds upon the detail shown in Figure 3 by giving a breakdown of all complaints by department and also provides a comparison with the number of complaints received in 2015 – 16 and 2016 - 17. Any department with fewer than 4 complaints is not listed.

Complaints by Department

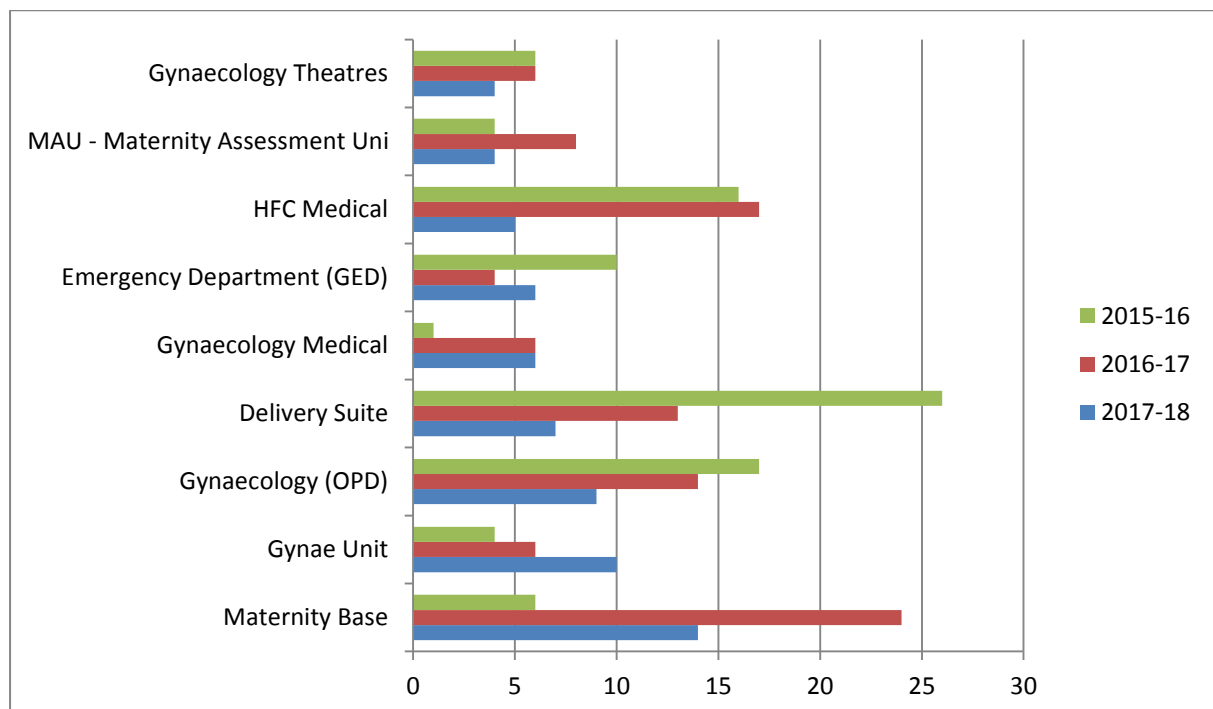


Fig. 4

There has been a noticeable decrease in complaints for the Maternity Base where the number has reduced from 24 in 2016/17 to 14 in the most recent 12 months. This reduction in overall Maternity complaints has also been reflected in the reduction in Delivery Suite complaints from 13 in 2016-17 to 7 for this current year. This shows the excellent work undertaken by the staff in addressing concerns before they escalate is having a positive impact across the division.

Other significant decreases are noticeable in the HFC (Hewitt Fertility Centre) Medical and Gynaecology Outpatients that have both seen a decrease of complaints in the past twelve months.

The Gynaecology Unit is the only area in the chart that has seen an increase in complaint numbers from the previous year. The reasons for this has been identified and they are

- Since the Gynaecology redesign and the removal of separate wards, all complaints are now combined under this heading, rather than being split over individual areas.
- A required improvement in the miscarriage pathway has been identified and is currently being addressed. Although the pathway covers many departments across the Trust, the concerns are identified and raised when the pathway reaches the Gynaecology unit, but then may not necessarily originate there following investigation.

It should be noted that where a specific department has not been identified the complaint has been recorded within a generic Maternity or Gynaecology category.

Causes of Complaints

Each complaint received is often multi-faceted with concerns expressed about a number of aspects of the patient's experience of our Trust. This is particularly true of inpatient concerns which may cover the multi-disciplinary team and relate to events over a short or extended period of time. With this in mind a great deal of thought goes into how complaints are categorised to ensure it is appropriate to the concerns raised.

Figure 5 shows the causes of the complaints by category. The main complaint categories are:

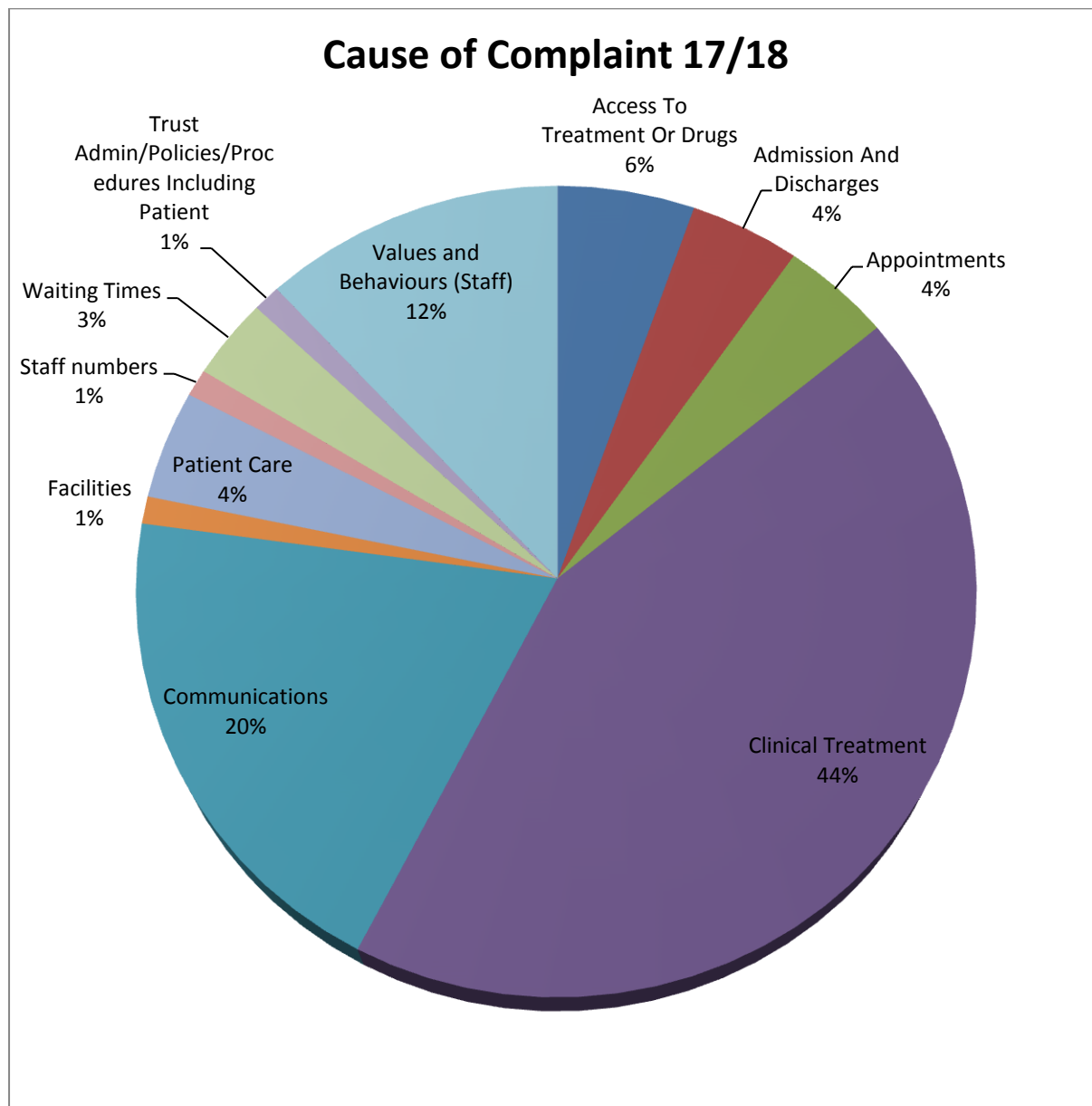
Category	Numbers			% of complaint volume		
	2016-2017	2017-2018	+/-	2016-2017 %	2017-2018 %	+/- %
Medical Treatment	58	40	-18	40%	44%	+4%
Values & Behaviours	16	11	-5	11%	12%	+1%
Communication	19	18	-1	13%	18%	+5%

The comparison table shows the numbers of complaints in all areas has reduced which is expected as the total volume has decreased significantly. As the overall total volume of complaints has reduced that has meant the percentage of the complaint volume taken up by these areas has increased as the table shows.

Each month the Experience Senate receives a report detailing the themes from Complaints and PALS concerns. The Chair report from the Experience Senate is received at the Quality Committee

The Experience Senate make recommendations to address any particular themes or trends that recur and progress on these are reported to the senate at agreed intervals until completion.

Figure 6: Cause of 2017-18 Complaints



Timeliness of Complaints Response

The Liverpool Women’s Policy for Managing Complaints & Concerns during 2017-18 states that all complaints should be acknowledged within 3 working days. The new complaints policy which was developed in 2017 has removed the previously specified rigid timescale to ensure a more patient centric personalised response target for the Trust to adhere to. The Trust commits to providing a written response within a timeframe agreed with the patient. Should an investigation take longer than expected or become more complex during the

investigation process, this timescale is discussed with the patient and a revised timescale is agreed upon. The analysis that follows uses the agreed timescale as the target for the complaints responded to during 2017/18.

Figure 7 shows the Trust's compliance against the agreed response time.

	Total Number of complaints responses (2017 – 18)	Complaints responded to within agreed timescale (2017 / 18)	
		Number	%
Gynaecology	36	29	81%
Neonatal	3	3	100%
Maternity	37	36	97%
Imaging	4	4	100%
Hewitt Centre (RMU)	8	7	88%
Genetics	3	3	100%
Corporate	5	5	100%

The response rates for Gynaecology have been reviewed. It has been identified that there is a higher majority of Gynaecology complaints that require medical investigation which was only able to be gained from a small group of trained Medical Staff. We have committed to expanding this resource with further training. Maternity, who had a response rate of 76% last year have increased significantly over the past year.

A complaint often requires co-operation across services or involves multiple departments. The impact of investigating concerns across services and departments can build delays into the responses. These are often outside the control of the department the complaint is recorded against; in these instances it is important that the complainant is kept informed.

Responding quickly is a key factor in the Trust ensuring its complaints process remains personal and responsive to the needs of the individual. Ensuring the experiences of those contacting the Trust are listened to and put right is central to the Health Service

Ombudsman's Principles of Good Complaints Handling which promotes a customer focused complaints system. A response to all complaints that is speedy, simple and details clear findings, conclusions and recommendations is the aim of every complaint investigation.

Lessons Learnt

Repairing relationships is the primary focus of complaint handling. An investigation is concerned with establishing the facts in order to reach a judgment in the matter of complaint and organisational learning is a by-product of the activity. The trust is committed to implementing the learning and recommendations from every complaint where improvements have been identified and recommended.

During 2017/18 some examples of the lessons learnt and the actions taken are:

- Concerns were raised by an external agency who deal with refugee and asylum seekers, of various issues the women who link with them have and were experiencing through their journey through their pregnancy and labour. Many of these related to unscheduled attendances and difficulties getting common messages across between patients and staff members, both clinical and non-clinical. To address this, a series of care cards were developed in conjunction with the external agency which contained common, basic questions and responses in the patients language on one side and the English translation on the other. Distributed by the external agency, the patients are able to bring these with them during their attendances, both planned and un-planned, and have the ability to get across quick and simple messages and questions, without the need for an external interpreter for every interaction. This also gives the women a sense of independence and enables quick action if they are able to highlight any problems immediately.
- A treatment pathway and facilities review was instigated by the Gynaecology department following complaints raised by patients experiencing a miscarriage. The Patient Experience Team is working with the Gynaecology team to address the issues identified in the investigation reports to improve the experience for all women.

Access for Complainants

The Trust is committed to allowing access to its complaints system to all its patients. The Trust and its Patient Experience Team aim to increase confidence of our patients by having a flexible approach to resolving concerns. There is extensive work with staff on the wards and in departments to help prevent complaints by listening to and responding when things can be put right.

When further support is needed the Trust aims to ensure that the complaints process is signposted locally so that patients know how or where to complain. Constantly continuing to improve access to information for patients on a range of patient experience initiatives, including complaints, is a key focus for the Trust following the Francis Report.

The predominant methods for making a complaint remains by letter, email, or by telephone, but by signposting other options such as the Trust's website, social media and Care Opinion websites we ensure that patients are given a choice.

Where contact is initially made in person or by telephone, the Patient Experience Team supports the complainant in registering their concerns formally with the Trust.

Duty of Candour

The Duty of Candour was applied appropriately to the complaints that were received.

PALS

The Trust is continuing to develop the PALS and PALS+ service which has seen a large increase in the number of contacts and is continuing to rise. This has seen a reduction in the number of formal complaints received by the Trust as detailed in this report.

Compliments

Since April 2016 there has been full reporting on the number of compliments that the Trust receives which are collected from several sources. Previously compliments have not been collated in one area and the Patient Experience Team now oversees the triangulation of compliments to feed into one report. The compliments are shared with the relevant teams at the Trust.

Priorities for 2018/19

2018/19 sees the introduction of a new module of the complaints recording system. This will allow Investigators to work directly on the system and have the ability to create a robust repository of evidence to support their investigation. This new module will also enable more detailed collection of Lessons Learnt data by providing a method of recording this as the investigation progresses and at completion. Training commenced in 2017/18 and will continue throughout 2018/19.