

# Liverpool Women's NHS Foundation Trust

Complaints Annual Report : 2019-20

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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 01 April 2019 to 31 March 2020. The report is written in accordance with the NHS Regulations and is made available on our website.

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 2019 and March 2020
- Details of the areas of the Trust these complaints focus on
- The primary causes of complaints
- Future plans
- Lesson Learnt

The key findings in 2019-20 were:-

- There were 70 complaints received which has continued to decrease from the previous year.
- The primary issue in the majority of complaints related to Clinical Treatment. Individual instances of these were noted a total of 118 times in the 70 complaints received.
- 81 complaints were resolved in the last year which includes complaints received in 2018/19.

- Of the 81 complaints closed 12 complaints have been upheld, 12 complaints have not been upheld and 54 complaints have been partially upheld. 3 complaints were withdrawn.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, listening to patient stories at the start of the monthly Trust Board meeting and National and local patient surveys. 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 continue to have 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 continues to be is need for a greater focus on the ability to evidence the changes that occur in practice from the Trust learning lessons from complaints. New processes continue to be introduced but there is room for improvement in the evidencing both internally and externally of the many improvements made from the feedback we receive.

## Complaint Levels

The Trust received 70 complaints in 2019-20, which is lower from the previous year figure of 80.

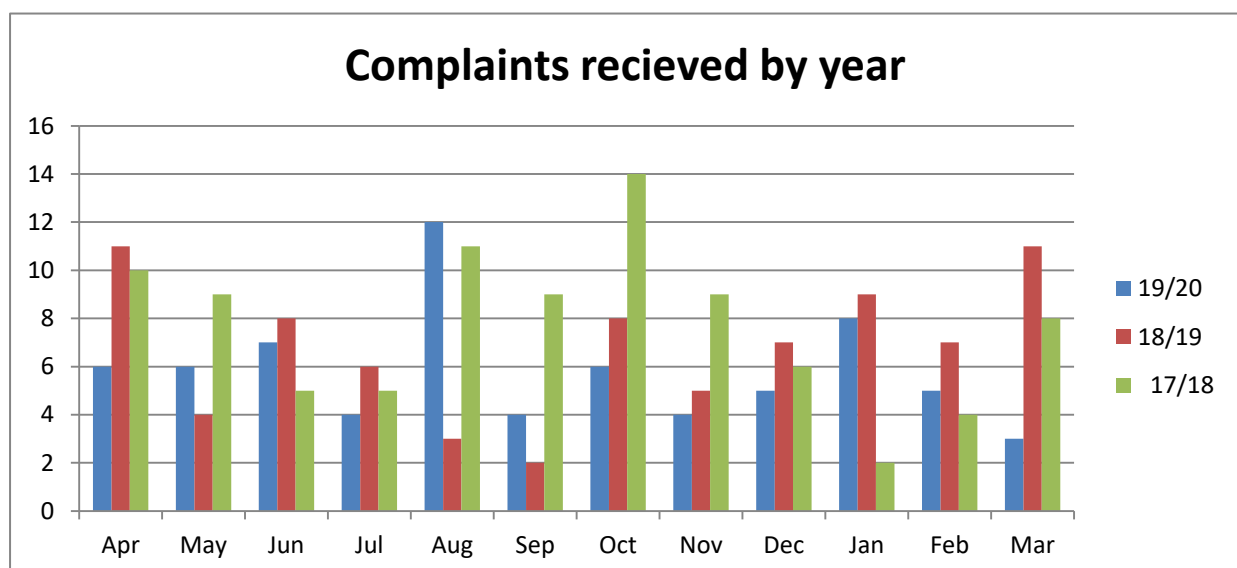
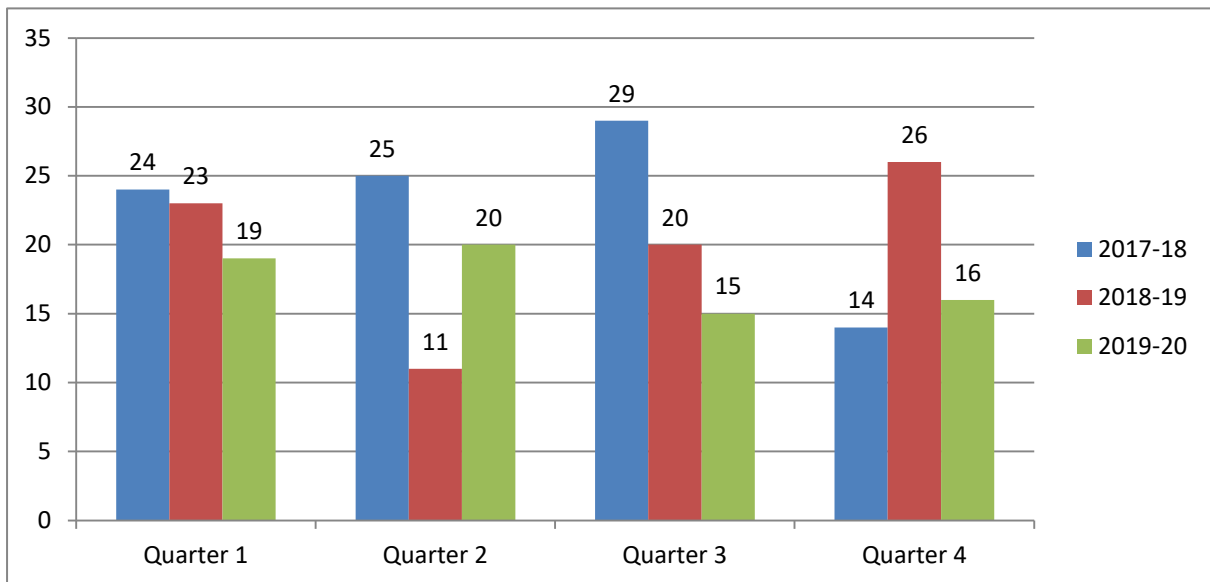


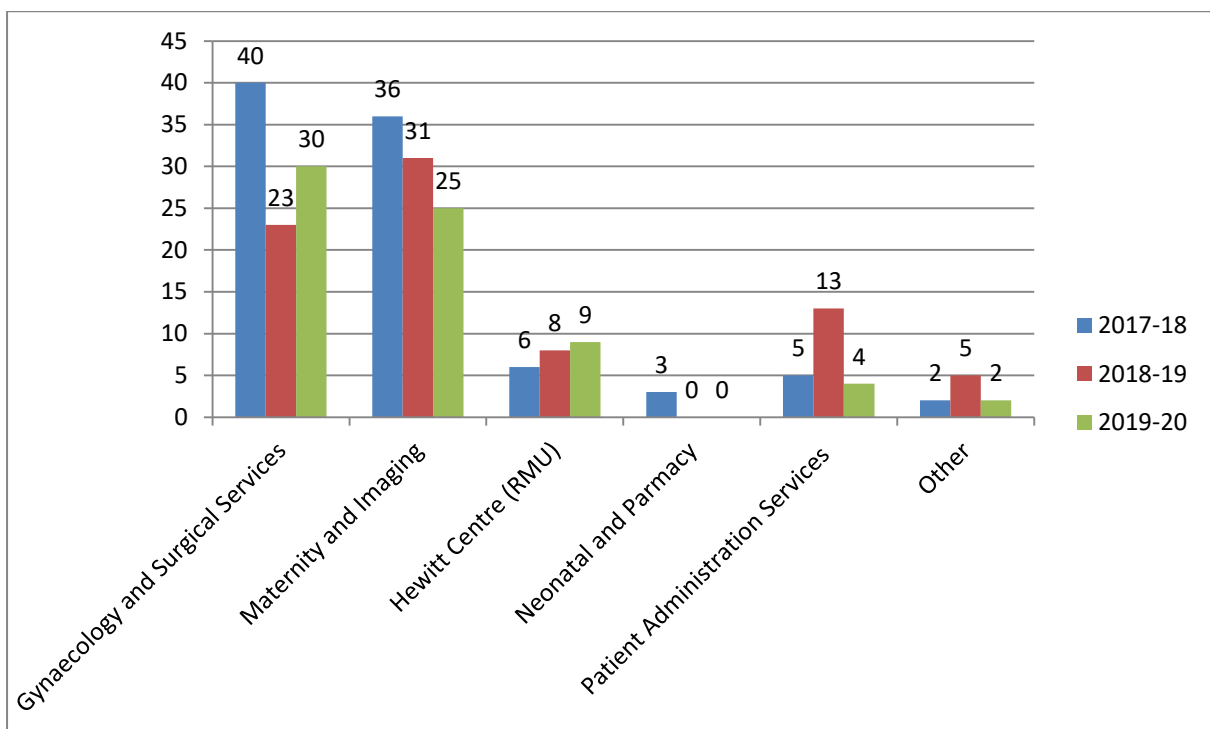
Figure 1: LWHFT Complaints comparison by month



**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 majority of complaints (78.5%) were attributed to either Gynaecology and Surgical Services or Maternity and Imaging, although this has increased from 67.5% of total complaints in 2019-20. **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 continued the trend of decreasing complaints with a decrease of 6 complaints compared to 2018-19. This is a result of some of the steps put in place this year, such as removing the discharge lounge from the Maternity ward following negative feedback from patients. Patients are now discharged from their allocated bed minimising disruption and helping the patients feel secure. The PALS + model which has been supported by senior midwives and clinical staff has also greatly helped with this continued 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 and work hard on implementing actions from the National Maternity Survey.

***Gynaecology & Surgical Services*** have seen an increase of 7 complaints compared to 2018/19, although this figure is still below the complaint numbers for 2017/18. One contributing factor for this small rise were difficulties faced by the area in relation to appointment timescales. Staffing pressures connected to some critical roles resulted in longer than anticipated waiting times for some patient's appointments. Actions have been undertaken to address this in the latter part of 2019/20 which have addressed the issues identified. The continued review and improvements for crucial pathways and procedures, such as the Miscarriage pathway, continue to have a positive impact and reduce the concerns raised in these areas. 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 and work hard on implementing actions from the National Inpatient and Cancer Survey.

***Hewitt Fertility Centre*** saw a slight increase of 1 complaint over this period, receiving a total of 9 for 2019-20. Complaints for the Hewitt Fertility Centre often contain issues that relate to eligibility for funding of fertility cycles. Funding Criteria rules are set by each Clinical Commissioning Group and adhered to by the Hewitt Fertility Centre. The Hewitt Centre are also using the PALS + model. The 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 have again received no complaints during 2019-20. This is continued 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 “Fabio the Frog” feedback system in place, 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.

### ***PALS +***

The PALS+ model continues to be utilised for dealing with complaints and concerns and is 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.

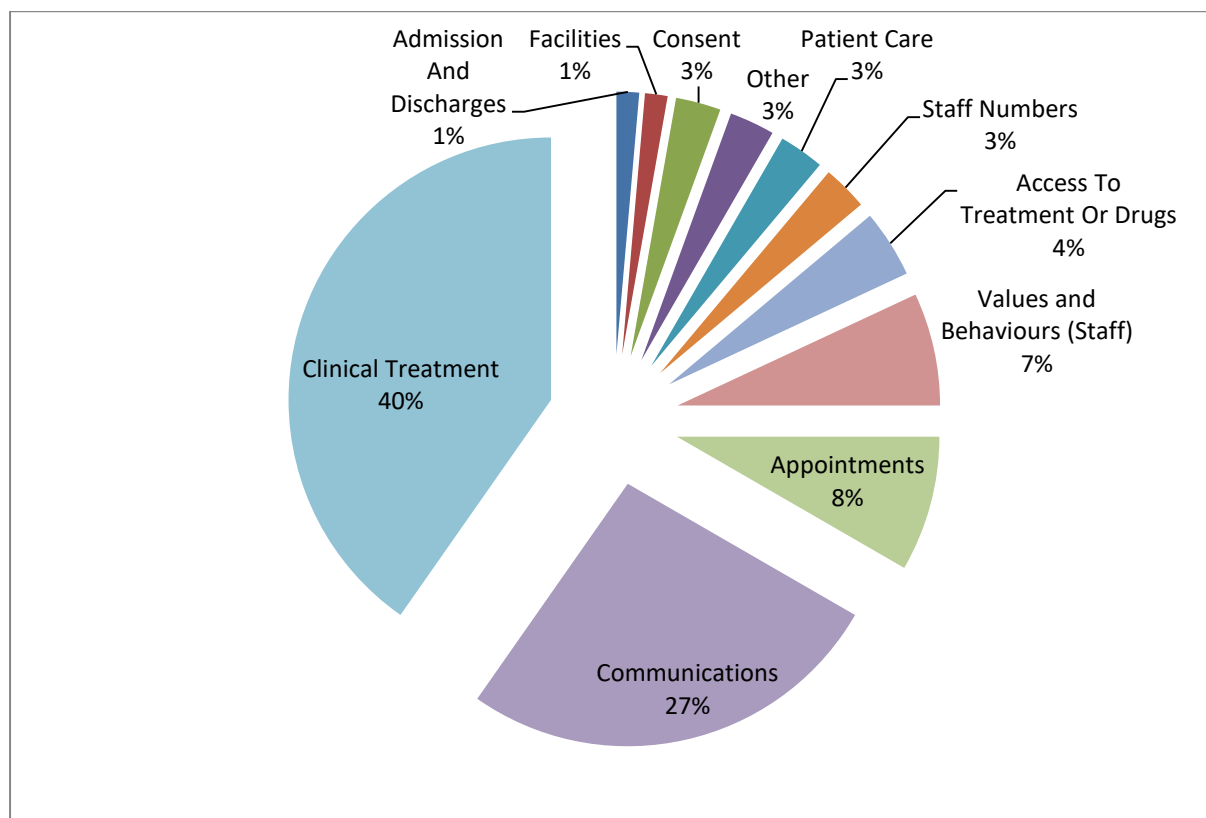
All PALS+ concerns are recorded and any learning or improvements identified in this process are detailed. Appropriate action plans are then put in place to address these in the same way we do for complaints.

During 2019-20 the PALS + model has been presented to the Regional Strategic Development Partnership and discussions underway with other organisations on how they can implement similar models in other areas. The PALS + Model has also been presented at the Healthwatch England Board meeting where the feedback was very positive and complimentary on how the Trust is providing individual choices to people who raise concerns.

## Causes of Complaints

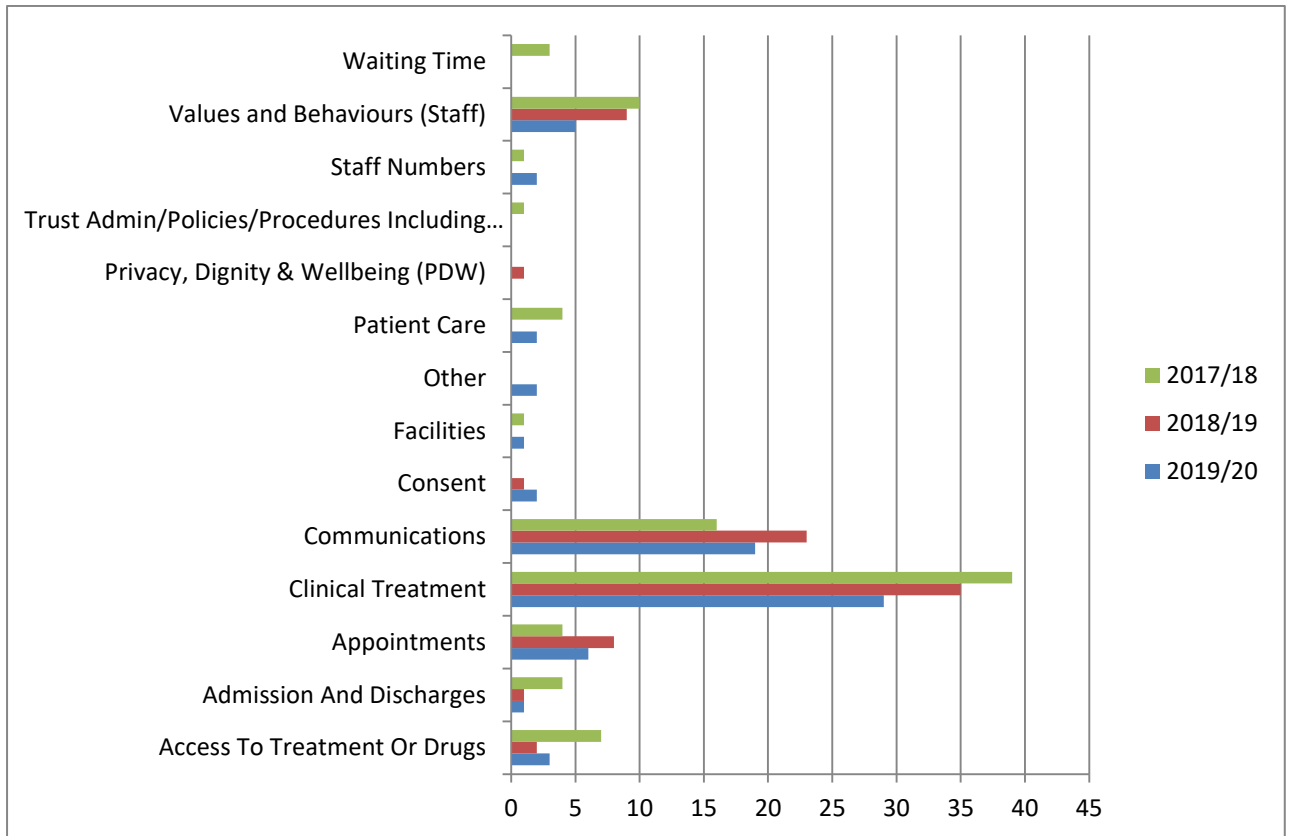
Each complaint received is often multi-faceted with concerns expressed about a number of aspects of the patient's experience of our Trust. This is particularly true of inpatient concerns which may cover the multi-disciplinary team and relate to events over a short or extended period of time. With this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

**Fig 4. Main Complaint Category 2019-20**





**Fig. 5 Main category of complaints between 2017-18 and 2019-20**



For the ease of reporting in this report the categories in Figures 3, 4 and 5 are assigned based on the main issue and department raised only. Reporting in the Trust does cover all issues raised in the complaint and the departments these concerns are raised against, allowing for more in depth analysis.

There has been a continued decrease in complaints where the main recorded issue related to Clinical Treatment. Due to the complexity and range of issues included in this area there is no one action that can be put in place to address this. All issues identified after investigation have been addressed with an appropriate action plan to facilitate improvement.

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.

## Cause of 2019-20 Complaints

Following changes made to the reporting systems for 2019-20 more accurate reporting of the total concerns that are raised in a whole complaint are now able to be identified. The total number of causes of a complaint usually exceed the overall total number of complaints received. This is because all complaints are multifaceted and identify various areas of concern that need review and investigation. For example a patient may raise 4 allegations in their complaint of communication issues. Under the new reporting regime each instance will be noted and recorded as 4 separate causes of the complaint.

Improved reporting for 2019 – 20 has also enabled identification of the outcome of each of the individual “head of complaint” reviewed during the complaint investigation. This is particularly useful in partially upheld complaints where we can see clearly the areas for improvement.

## Timeliness of Complaints Response

The Liverpool Women's NHS Foundation Trust Policy for Managing Complaints & Concerns states that all complaints should be acknowledged within 3 working days. The 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.

It has been a challenging year for adherence to complaint timescales with the overall compliance figure being 58%. As the number of overall complaints reduce, any missed timescale has a significant impact on the overall compliance figures in this area. As this compliance issue was highlighted during the year various contributing factors were identified and processes put in place to address this issue. Some of these were:

- The complaints procedures have clear guidance on how and when to request an extension to a complaint timescale, which includes agreement with the complainant. It was identified that the facility was not being used correctly or in a timely manner. The processes have been reiterated and further guidance provided.
- Weekly meetings now take place with the Director of Nursing and Midwifery where the Heads of the divisions give updates on progress of their ongoing complaints. This update is then reported to Executives Directors on a weekly basis where any potential delays are highlighted.
- Internal investigation processes have been reinforced within the divisions in conjunction with the Patient Experience Team.
- Complaints Investigation refresher courses have been undertaken to provide support to the various staff who undertake investigations.

These actions during the year have taken effect with monthly response compliance in Quarter 4 of 2019/20 regularly achieving 100% compliance.

It is acknowledged 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 2019 - 20 some examples of the lessons learnt and the actions taken are:

Issue identified/ Lesson Learnt by Investigation	Action Details
Inadequate information given to parent/patient about the passing of meconium and signs of obstruction	Work undertaken to improve advice given to patients/parents about the passing of meconium and signs of obstruction. This includes improvement of the referral process for babies who have not passed meconium within 48 hours. This information and advice was then cascaded to midwives who were involved in the patients care as well as the Community Midwives Team.
Staff did not comply with the "hello my name is" campaign.	Work has been undertaken to ensure all members of staff have been provided with a lapel name badge and wear this in accordance with the LWH 'Dress code policy'. All staff have a name badge to wear in addition to their lanyard.  A lesson of the month was disseminated across the Trust to re-iterate and remind all staff about this important form of communication. All PC's in the Trust have been displaying the 'Hello My Name Is' campaign.

Patient was not signposted to MAU or community midwife for care and treatment when she experienced problems in the post-natal period.	A review of the discharge process was undertaken to ensure all women are aware that community midwives are available for advice and support following discharge and that the MAU is available 24/7 for any advice.
Patient was given information about Medihoney in MAU (Maternity Assessment Unit) and asked to consider purchasing product to aid with wound healing.	Review was undertaken to see if a stock of Medihoney should be purchased and dispensed to patients if required. Medihoney now carried as a stock item on MAU since week commencing 23/9/19
Patient attended for administration of Fragmin injection but there was no plan/system in place for staff to follow when a patient requires Fragmin and has been discharged from the ward	A formal process has been developed for women who require planned appointments to receive Fragmin injections following discharge. Women unable to self-medicate Fragmin or have access to relative to assist can have appointments for Fragmin injection. Midwife completing postnatal discharge to book all appointments.
Patient husband not informed she had been transferred to the Gynaecology Unit following an ambulatory procedure due to a complication.	Patient pathway amended to include patient transfer pathway and notifications. The new pathway was presented at the senior nurse meeting 06/01/2020.
Patient was requested to provide duplicate blood samples	Emergency room manager has reviewed collection of samples and identified process improvements needed.
Failure to communicate that a potential complication of the procedure is ongoing retained products.	A review was undertaken to ensure risks of ongoing retained products of conception are included in EUA consent form. A Reminder to trainees at in house teaching about including ongoing RPOC on consent form was also given.
Patient was not offered access to fans during her stay to keep her comfortable.	Information provided to all staff on maternity base should a patient require a fan
Substandard letters being sent out from the Antenatal Clinic when results of investigations require treatment.	Review of sent letters undertaken and new minimum standards for correspondence advised to all required staff.
Process for collection of prescriptions from Antenatal Clinic was confusing and there is potential for delay due to process	Review of this process for collection was undertaken with the pharmacy and clinic staff to produce clearer instructions. New process in place as a pilot, prescriptions posted out with the letters and collection from pharmacy
Pillow supply for patient use within the induction suite was deemed to be inadequate	New orders of pillows were undertaken to increase supply in case of high demand to ensure all patients have the number of pillows they want to make themselves comfortable.

## **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. We are 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, Healthwatch 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.

## **Progress on priorities from 2019-20**

For 2019 - 20 we identified the need to refresh and reinvent that customer care offerings that are provided to staff here at the Trust. As Staff at all levels deal with a busy workload every day and we needed to move forward and equip them with the knowledge and skills to address difficult and challenging situations in a safe, professional and caring manner that is in line with the Trust values.

We took the first steps to do this by investing in SAGE & THYME Training during 2019/20. SAGE & THYME Training teaches clinical and non-clinical staff at all levels, evidence-based communication skills to provide person-centred support to someone with emotional concerns using the SAGE & THYME model. The Trust has upskilled current members of staff to become accredited SAGE & THYME trainers to enable continuous provision of this course to all members of staff who need it.

A bespoke Customer Care workshop was also created aimed at our initial contact non clinical staff. This covered members of the access teams and receptionists. The initial session was completed in February 2020 with a further 7 sessions planned.

## **Priorities for 2020-21**

The continued need to improve our customer care offering will move onto the next stage. The Trust has invested in SAGE & THYME Training and the accredited trainers are in place. The first sessions were due to take place late 2019/20 but were postponed when it became apparent the COVID-19 restrictions would not enable the course to be completed in the planned manner. As the situation evolves we are aiming to facilitate these session which are due to take place in early 2020/21. The bespoke Customer Care Workshop is planned to recommence in 2020/21 due to similar restrictions in place with the SAGE & THYME training. The opportunities for providing virtual training packages for both offerings are also being explored to meet these restriction requirements.

In addition, continued focus on adherence to complaint timescales will continue to be a priority for 2020/21 with the steps put in place that have seen improvements in the latter part of 2019/20 continuing, with the aim of being over 90% compliant for 2020/21.

Work will continue on improving the ability to evidence the changes that occur in practice from complaints. Focus for this year will be developing robust and consistent mechanisms that these lessons learnt can be shared to a wider audience on a consistent basis. To do this work will be undertaken to ensure we fully utilise the electronic systems currently available.