

Liverpool Women's NHS Foundation Trust

Complaints Annual Report : 2021-22

Contents

Summary	3
Complaint Levels	4
Maternity Services	6
Gynaecology Services	7
Neonatal Services	8
Clinical Support Services (CSS)	8
Causes of Complaints	10
Timeliness of Complaints Response	13
Lessons Learnt	14
Access for Complainants	16
Duty of Candour	16
PALS	16
Compliments	17
Progress on priorities reported for 2021- 22	17
Priorities for 2022-23	17

Summary

This annual report provides an overview of complaints and feedback that Liverpool Women's NHS Foundation Trust (LWH) has received from patients, relatives and users from 01 April 2021 to 31 March 2022. The report is written in accordance with the NHS Regulations and is made available on the LWH 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 2021 and March 2022
- Details of the areas of the Trust these complaints focus on
- The primary causes of complaints
- Future plans
- Lesson Learnt

The key findings in 2021-22 were:-

- There were 54 complaints received which shows a slight increase from the 48 in the previous year as services have started to reopen.
- The primary issue in the majority of complaints related to Clinical Treatment. Individual instances of these were noted a total of 132 times in the 54 complaints received.

- The amount of Heads Of Complaint (HOC) per complaint received rose from an average of 5.3 HOC per complaint in 2020/21, to 6.8 HOC per complaint, which shows the concerns being raised cover a wider range of issues.
- 58 complaints were resolved in the last year which includes complaints received in 2020/21. This is an increase from 43 the previous year.
- Of the 58 complaints closed, 8 complaints have been upheld, 9 complaints have not been upheld and 39 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, 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 enhanced 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.
- Complaints received during 2021/22 have been seen to be wider ranging and including an increased number of HOC per complaint. This has therefore increased the complexity and responsiveness of the complaints. Despite this we have managed to resolve 15 more complaints during this year, more than the previous year.
- There continues to be a need to focus on evidencing and promoting the changes that occur in practice from the Trust learning lessons from complaints. New processes around action plan monitoring continue to be introduced but there is still room for improvement in the evidencing both internally and externally many improvements made from the feedback we receive.

Complaint Levels

The Trust received 54 complaints in 2021-22, which is higher from the previous year figure of 48.

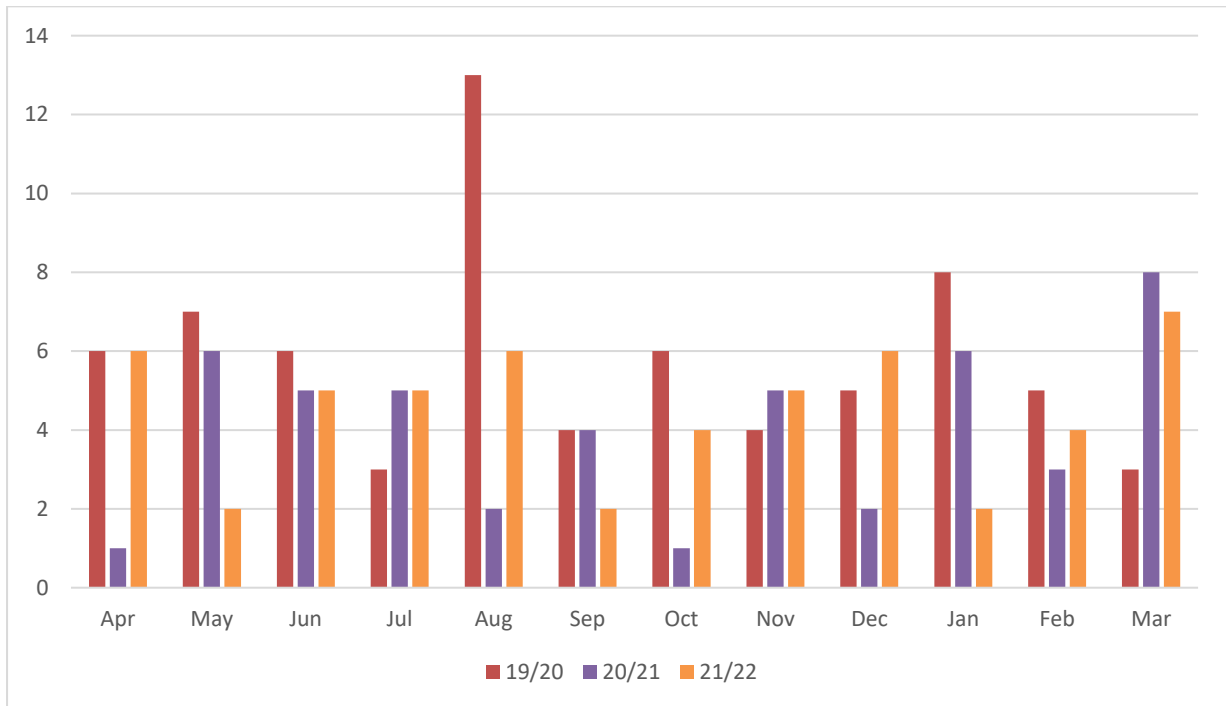


Figure 1: LWHFT Complaints comparison by month

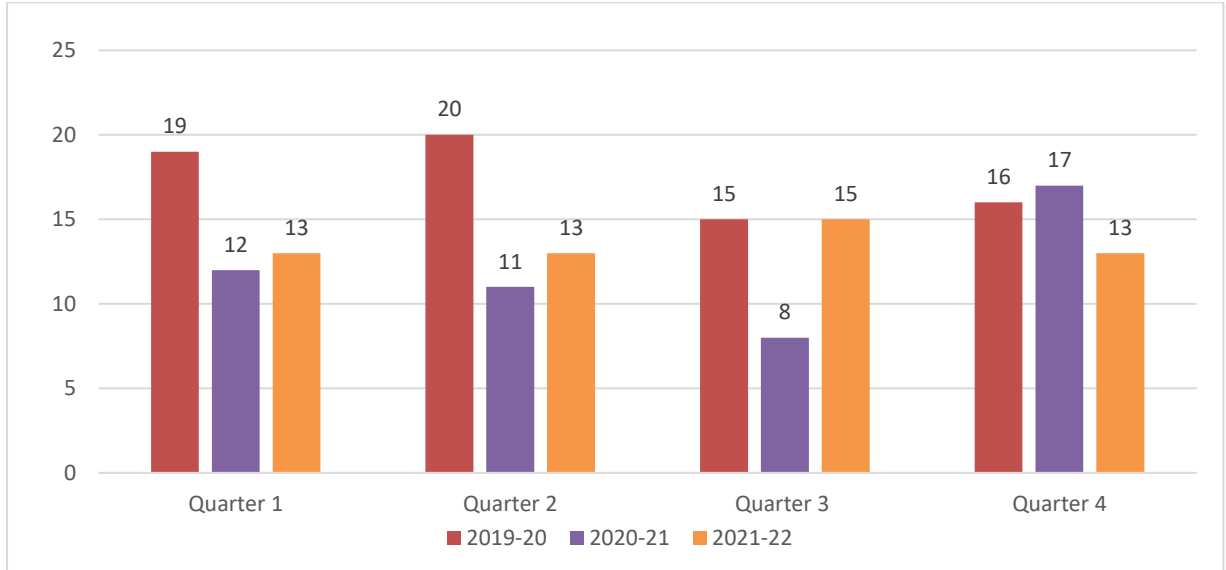
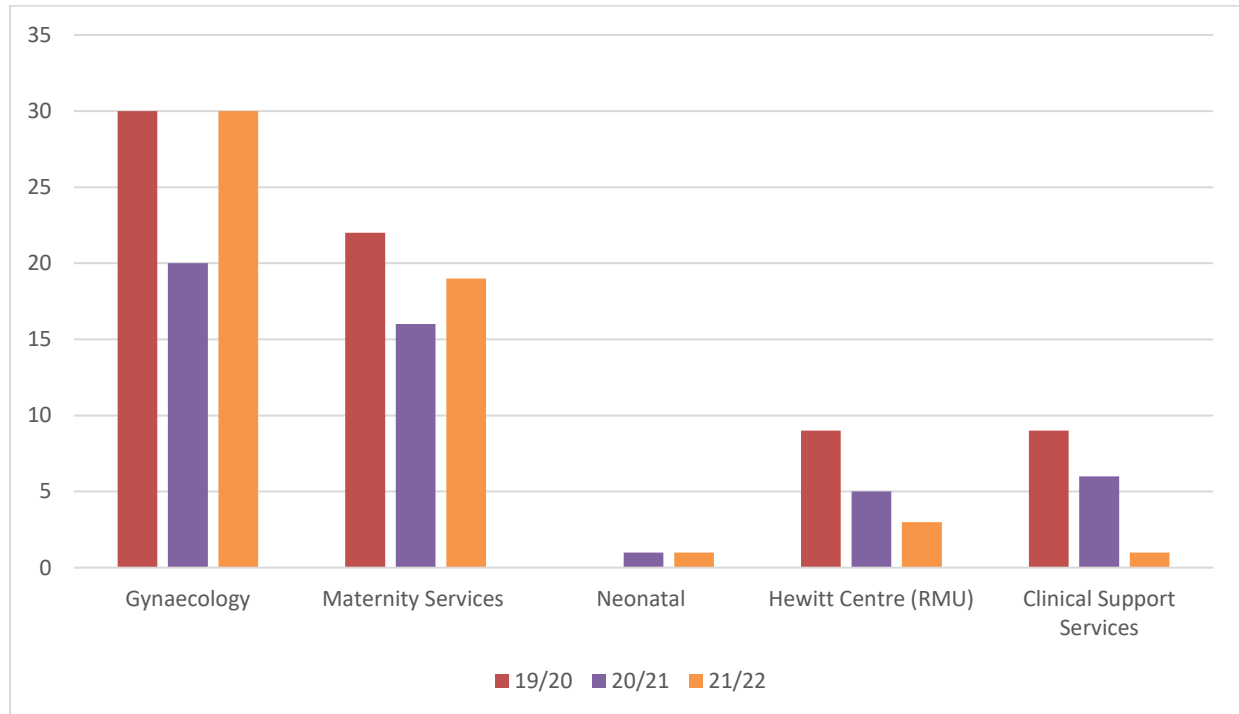


Figure 2: LWHFT Complaints by Quarter, yearly comparison

The Trust is committed to widening the number of channels through which patients can access the complaints arena. It continues to receive 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



*Clinical Support Services include: Genetics, Patient Admin Services, Imaging, Theatres and Pharmacy

Figure 3 gives a full breakdown of complaints with comparisons against the figures for the previous two 12-month periods. As would perhaps be expected the majority of complaints (90%) were attributed to either Gynaecology or Maternity Services, which is an increase from the 75% recorded for the total complaints the previous year. Although the main area of complaint is recorded in the table above, a complaint may have elements attributed to other services. These are recorded as Heads Of Complaint and recorded against those services to enable full review of the feedback concerned..

Maternity Services

Maternity has seen a slight increase in the number of complaints in 2021-22 by 3 as compared to 2020-21. The themes identified across these complaints are similar to those identified via the national Maternity Survey, which gives LWH the opportunity to benchmark against other organisations. In response to this, the Maternity Service Improvement Action Plan Task and Finish Group has been formed and the first meeting was held in May 2022. This group consists of representatives from the multidisciplinary team and will involve engagement and collaboration with service users, through the Liverpool Maternity Voices Partnership.

The following areas of key concern have been identified and will be prioritised by the group:

- Awareness of medical history antenatally and postnatally
- Patient information, support and connections and communications with the trust
- The discharge process
- Questions and de-briefing services
- Labour and birthing concerns
- Perinatal mental health support
- Infant feeding and breastfeeding support
- Language, diversity and inclusion

The suggested actions and strategies for improvement are based on innovative approaches to patient experience, service development and improvement, focusing on what matters most to our service users. The Family Health Division plan to review the complaints process for 2022-23 in response to the Ockenden review, published in March 2022.

Gynaecology Services have seen an increase of 10 complaints compared to 2020/21 following a sharp decrease in that year. This is a result of Gynaecology services continuing their recovery phase following the restrictions undertaken as a result of COVID-19. Many services were paused during 2020/21 and clinical interactions were restricted. Clinical Treatment is the main source of complaints made across the Trust and as services and clinical interactions have increased, the chances of a complaint being made also increases.

The division's responsiveness to complaints have been affected by the gap created by the resignation of the Governance coordinator, which lead to an unfilled vacancy for several months. The new coordinator has started in post recently and is expected that the division's responsiveness will improve.

Hewitt Fertility Centre(HFC) saw a decrease of 2 complaints over this period, receiving a total of 3 for 2021-22.

When a complaint is received from a patient, either formal or informal, it is important that feedback is given to staff and also the nature of the complaint is recorded. HFC is currently looking at many areas of transformation and improving patient pathways, experience and sharing lessons. These improvements involve a whole multi-disciplinary team approach and will be assessed throughout the year.

Part of the review and transformation is how HFC look at investigating complaints. As part of Quality and Risk identifying themes and acting on them to make improvements. Training on

complaints handling is also being implemented to help staff understand the time scales and the complaints process at HFC. Training will be aimed at all levels of staff.

In the previous year the unit received verbal feedback about the Nurse triage telephone system. A new system has been implemented at the Crown Street site and initial feedback is that it has made some improvements but more formal feedback from patients is needed. It is also part of the transformation work as to how this can be further improved to ensure patients are able to speak to someone at the unit in a timely fashion.

There has been a lot of analysis looking at medication and improving patient outcomes and pregnancy rates. This has taken a period of time and is a continuous process. Initial statistics have shown that some small changes have improved success rates within some of the treatment cycles. The implementation of multidisciplinary clinical team meetings has helped share knowledge and practice.

The continued implementation of the fertility system/ database IDEAS has seen the system being used more effectively and staff aiming to become paper light. There are still some elements that will be implemented over the next year, including a patient portal which will make communication more effective.

Neonatal Services

Neonatal have received 1 complaint during 2021-22. 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. All concerns are investigated, and timely feedback provided to families directly when any issues have arisen.

A family integrated care model has been embedded in the unit which has many documented benefits including increased parent satisfaction. The unit has developed a bespoke Family integrated care survey in recent months and are beginning to receive and collate valuable feedback which is displayed as 'you said, we did' on the unit.

The implementation of the 'Baby Steps' parent passport cards has proved extremely successful with parents and will be piloted across other neonatal units within the neonatal network. The passport cards have contributed to the successful implementation of family integrated care on the unit.

Clinical Support Services (CSS)

Clinical Support Services have received 1 complaint during 2021-22, which is a reduction of 5 received for the previous year. Although only 1 complaint was recorded were Clinical Support Services were the main area of complaint, due to the nature of the services under the Clinical

Support Services umbrella, there were elements of other complaints Clinical Support Services assisted with during the year. Concerns raised during the year centred on the process and procedures being undertaken in relation to the provision of a variety of appointments. As the Clinical Support Services division provide critical functions to other divisions, they continue to work hard to improve the experience for patients, in conjunction with these other divisions, in ways such as amending the letters sent to patients to eliminate confusion or trying to streamline communication channels to make them more effective.

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. The national complaint standards framework support this proactive method of addressing concerns raised.

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 LWH do for complaints.

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 2021/22

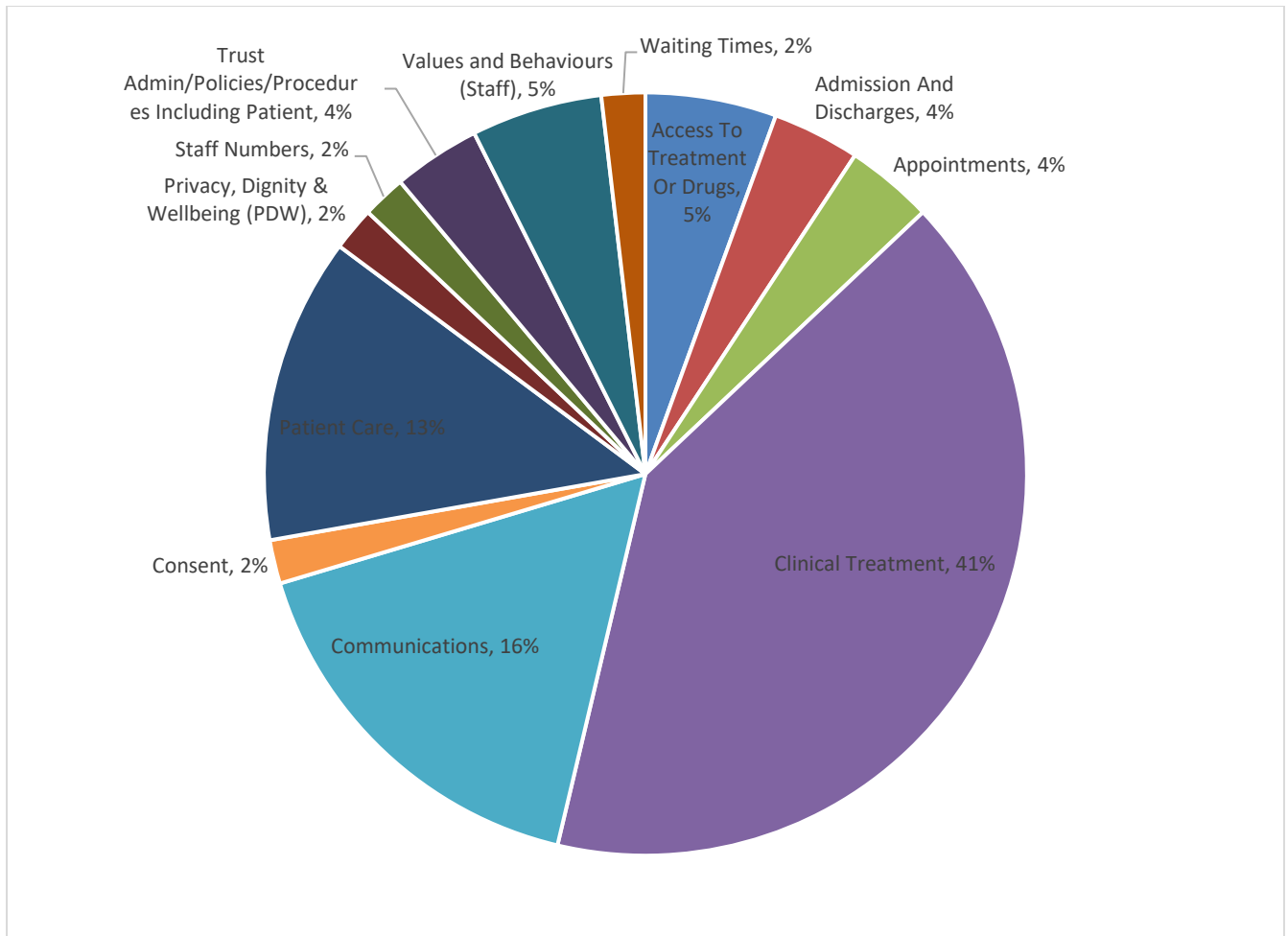
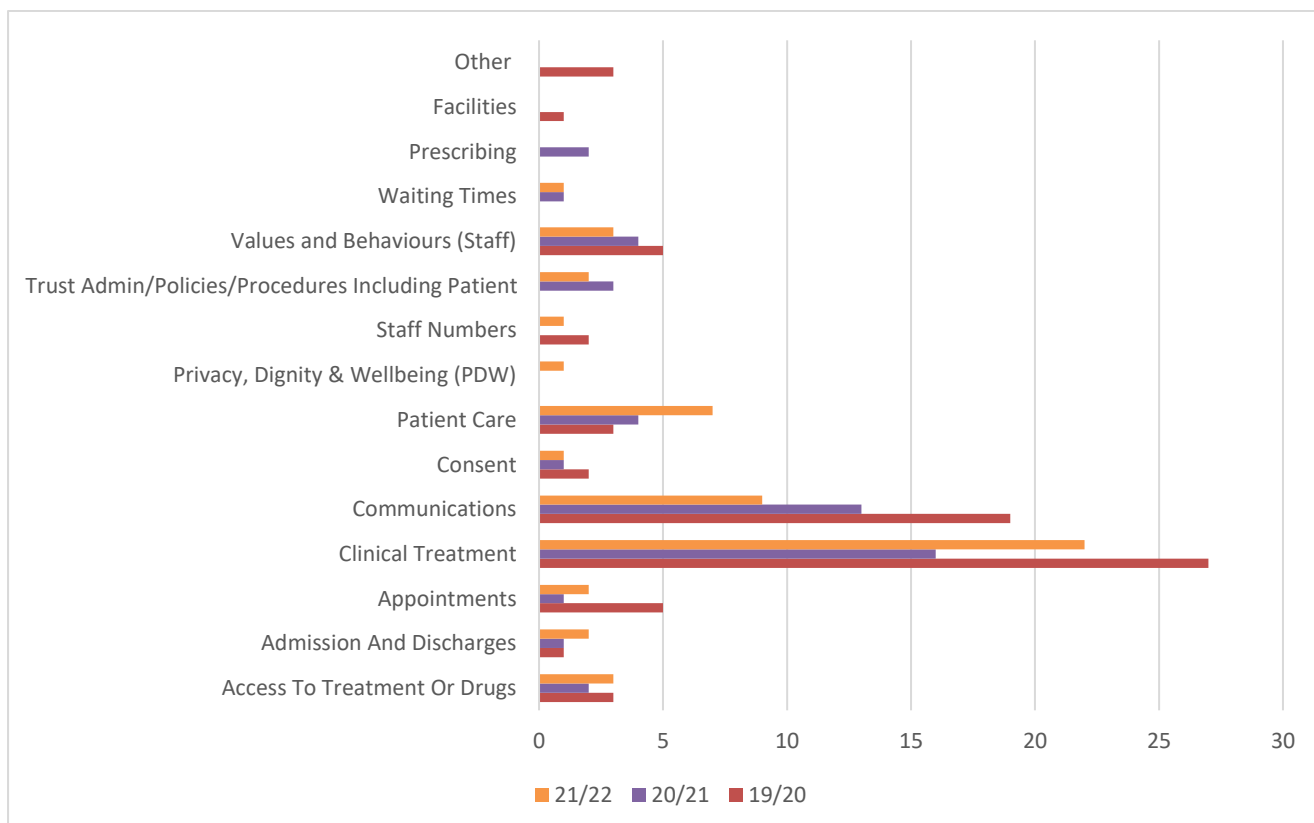


Fig. 5 Main category of complaints between 2019 - 2020 and 2021-22



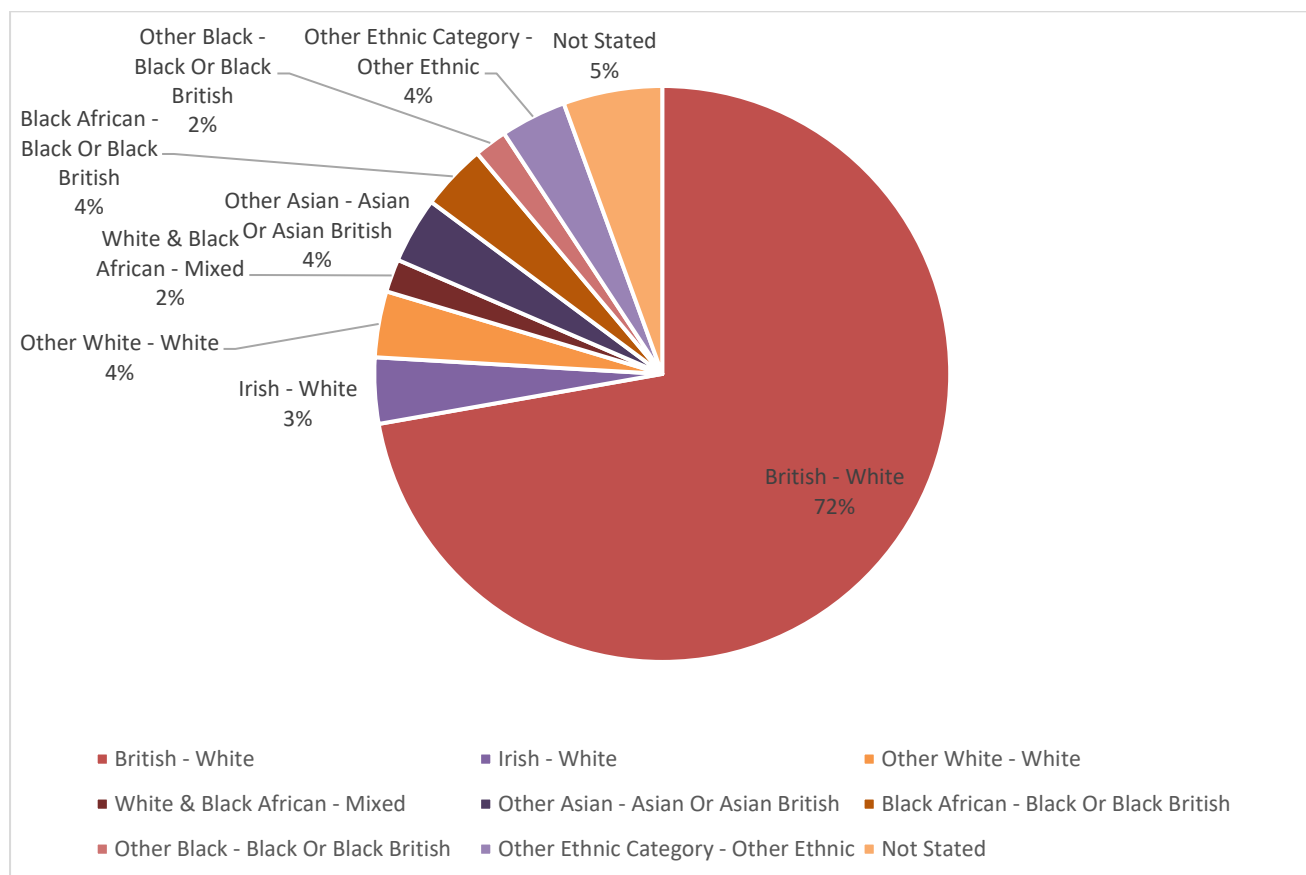
For the ease of reporting in this report the categories in Figures 4 and 5 are assigned based on the main issue and department recorded only. Reporting in the Trust does cover all issues raised in the complaint and the departments these concerns are raised against, allowing for more in depth analysis.

The main recorded issue relates to Clinical Treatment, accounting for 40% of main causes recorded. 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 quarter the Patient Involvement and Experience Subcommittee receives a report detailing the themes from Complaints and PALS concerns. The Chairs report from Patient Involvement and Experience Subcommittee is received at the Quality Committee.

Patient Involvement and Experience Subcommittee make recommendations to address any particular themes or trends that reoccur and progress on these are reported to Patient Involvement and Experience Subcommittee at agreed intervals until completion.

Ethnicity of complainants in 2021/22



The percentage of complainants recorded as “British – White” in 2021/22 has increased from 62% in 2020/21 to 72% this year. Although, in 2020/21 BAME complainants made up 10% of the complainants recorded, in 2021/22 this has increased also to 16%. These increases are a result of improved data collection in the patient record and more consistent recording of ethnicity which has seen the 21% of complaints in 2020/21 having a “not recorded” status being eliminated by this improvement.

72% of complainant’s being noted as “White – British” tracks with our patient population data which shows 75% of patients receiving care during 2021/22 were “white”.

Assessing the cause of Complaints

Following changes made to the reporting systems more accurate reporting of the total concerns that are raised in a whole complaint are able to be identified. The total number of causes of a complaint usually exceeds 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 has also enabled identification of the outcome of each of the individual HOC 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

LWH Policy for Managing Complaints & Concerns states that all complaints should be acknowledged within 3 working days. The complaints policy, which was developed in 2017, and reviewed and updated in 2020, 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.

2021/22 was a challenging year for adherence to complaint timescales with the overall compliance figure being 50%. Complaints received during 2021/22 have been seen to be more wide ranging and including an increased number of HOC per complaint. This has therefore increased the complexity and responsiveness of the complaints. Despite this LWH have managed to resolve 15 more complaints during this year than the previous year.

Significant strain of staff resources has also had an impact on complaint responses. It has affected the availability of senior staff members to conduct the required investigations and also the availability of staff to contribute and provide evidence towards these.

As the number of overall complaints is not significant, any missed timescale has a significant impact on the overall compliance figures in this area. To provide support and oversight in this area, weekly meetings continue to take place with the Deputy Director of Nursing and Midwifery with the Heads of the individual Divisions. Here they give updates on the progress of their ongoing complaints. These updates are then reported to Executive Directors where

any potential delays are highlighted. This approach was successful in monitoring response rates in 2019/20 and it is anticipated that this will have the same effect.

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 a key aim of every complaint investigation. Improvements in this area will be one of LWH Key Priorities for 2022/23.

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 2021 - 22 some examples of the lessons learnt and the actions taken are:

Issue identified/ Lesson Learnt by Investigation	Action Details
Physiotherapy appointment cancelled in error as staff member was unsure of referral process.	A standard operating procedure (SOP) compiled to instruct staff how to make a direct referral to another healthcare provider.
Patient unclear on procedure undertaken and description in consent.	Gynaecology & Fertility Division reviewed the Consent Process to ensure procedure specific consent forms are in place to avoid any confusion.

Falls assessment not reassessed weekly and no falls reassessment following fall.	Ward Managers now ensure that falls assessments are repeated weekly on patients and in the event of any change in the patients ability or they fall, documentation in care notes supports nursing interventions to reduce further risk.
A copy of a letter from theatre should be sent to the HFC for information.	This issue was raised with the theatres department to ensure there is a process in place that this occurs routinely.
Incorrect use of ERA test results.	Whilst the departmental Standard Operating Procedure MED- SOP-80 was clear that the ERA test should not be carried out for use in a fresh cycle, this has now been updated and is even more explicit with regards the recommendations for use of the ERA test.
Delay in surgical diagnosis in pregnancy.	A formal review of care was carried out and that learning is shared amongst medical and midwifery staff. This case has been presented at the LWH multi-disciplinary morbidity meeting to highlight the way in which the patient presented and opportunities for earlier diagnosis. Lesson of the week shared prior to formal review.
Epidural not checked.	Inspection of Epidural catheter is added to the Trust Guardian system, as a reminder to staff to inspect the Epidural site.
Lack of information given to patient on discharge.	Discharge videos to be created for patients to watch prior to discharge and available on LWH intranet.
There was a delay of at least a week in diagnosing non-continuing pregnancy or miscarriage.	MDT review undertaken to reflect on what could have been done differently to improve this (or other similar) experience.
There were delays and communication issues with the lab regarding the cytogenetics and karyotype testing.	A clearer SOP agreed with the cytogenetic lab about the processes for requesting, carrying out and reporting of respective tests.
Patient unaware that trainee would be present or involved in her Novasure procedure - Trainee did not complete introductions prior to procedure.	It is good practice for trainees to introduce themselves to patients prior to being involved with their surgery albeit under consultant supervision.

	Discussion with all trainees undertaken to highlight this issue.
--	--

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. LWH are constantly continuing to improve access to information for patients on a range of patient experience initiatives, including complaints, this 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 LWH 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 promote the PALS and PALS+ service which continues to see a robust number of contacts

2021/2022 has seen 2514 PALS cases raised with the Patient Experience Team.

Compliments

The Trust continues to report on the number of compliments that the Trust receives which are collected from several sources. Patient Experience Team oversees the triangulation of compliments to feed into one report. The compliments are shared with the relevant teams at the Trust. In 2021/2022 there were 143 compliments formally registered through the Patient Experience Team.

Progress on priorities reported for 2021- 22

The review has been completed into the changes suggested to the complaint standards and any amendments to the procedures or processes have been undertaken.

The aim of improving the ability to evidence the changes that occur in practice from complaints is continuing. Lessons learnt are shared more widely in both the Integrated Governance Report on the quarterly updates to the Patient Involvement and Experience Subcommittee.

Priorities for 2022-23

Continued focus on adherence to adhering to the agreed response timeframes. To help achieve this the Patient Experience Team will conduct a review of the divisional investigation capacity will be undertaken and any gaps identified will be addressed. The aim is to have a robust group of investigators to support this process and ensure that the capacity can cope with unexpected absences which has hampered the effectiveness during 2021/22

The aim during 2022/23 is to use the national and local Health Inequalities data in conjunction with the equality monitoring data obtained from complainants to help us identify any areas that need addressing and put actions in place to tackle this.

One identified theme from complaints and other general patient experience data, is the issues people face what trying to contact the Trust via telephone. These relate to both the clinical and administration lines. Technical software was introduced during 2021/22 to help identify and monitor this information. During 2022/23 robust procedures to actively monitor and report on performance in this area need to be introduced. To support this, processes and procedures will need to be created to proactively put in to place contingencies when service issues are identified.

During 2022/23 we will explore the different options available to provide an additional communication training offering to staff. Working with the Training Department, Patient Experience Team, and the various divisions the aim is to offer this to staff either on a voluntary basis to help their personal development and if any training needs are identified during a complaint investigation.

As things start to return to normal following the pandemic, during 2022/23 we will be reintroducing the facilities to enable complaints to be raised on a face-to-face basis where required.