



Liverpool Women's
NHS Foundation Trust

Liverpool Women's NHS Foundation Trust

Complaints Annual Report: 2022-23



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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 2022 to 31 March 2023. 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 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 2022 and March 2023
- Details of the areas of the Trust the complaints focus on
- The primary causes of complaints
- Future plans
- Lesson Learnt

The key findings in 2022-23 are: -

- There were 77 complaints received which shows an increase from the 54 the previous year.
- The primary issue in the majority of complaints related to communication. Individual instances of these were noted a total of 197 times in the 77 complaints received.
- The number of Heads of Complaint (HOC) per complaint received decreased slightly from an average of 6.8 HOC per complaint in 2021-22 to 6.1 HOC per complaint which shows the concerns being raised cover a wide range of issues.

- 66 complaints were resolved in the last year which includes complaints received in 2021-22. This is an increase from 58 the previous year.
- Of the 66 complaints closed, 5 complaints have been upheld, 8 complaints have not been upheld and 44 complaints have been partially upheld. 9 complaints were withdrawn.

The primary conclusions of the report are: -

- There are well established mechanisms to capture the experience of patients and their families 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. There has also been a lot more involvement and engagement with the communities that we serve and listening events have been held with both local and city-wide groups, these include the hard-to-reach groups with protected characteristics. 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 can access appropriate and timely responses to their concerns.
- Complaints received during 2022-23 have continued to see a wide-ranging number of HOC per complaint. This is most evident in the complaints received from private patients within the Hewitt Fertility Centre, where concerns spanning several years have been brought into the overall complaint. Despite this LWH have managed to resolve 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 have been introduced which show positive improvements, and in 2023-24 a Trust level KPI has been introduced to monitor this.

Complaint Levels

The Trust received 77 complaints in 2022-23, which is higher from the previous year figure of 54.

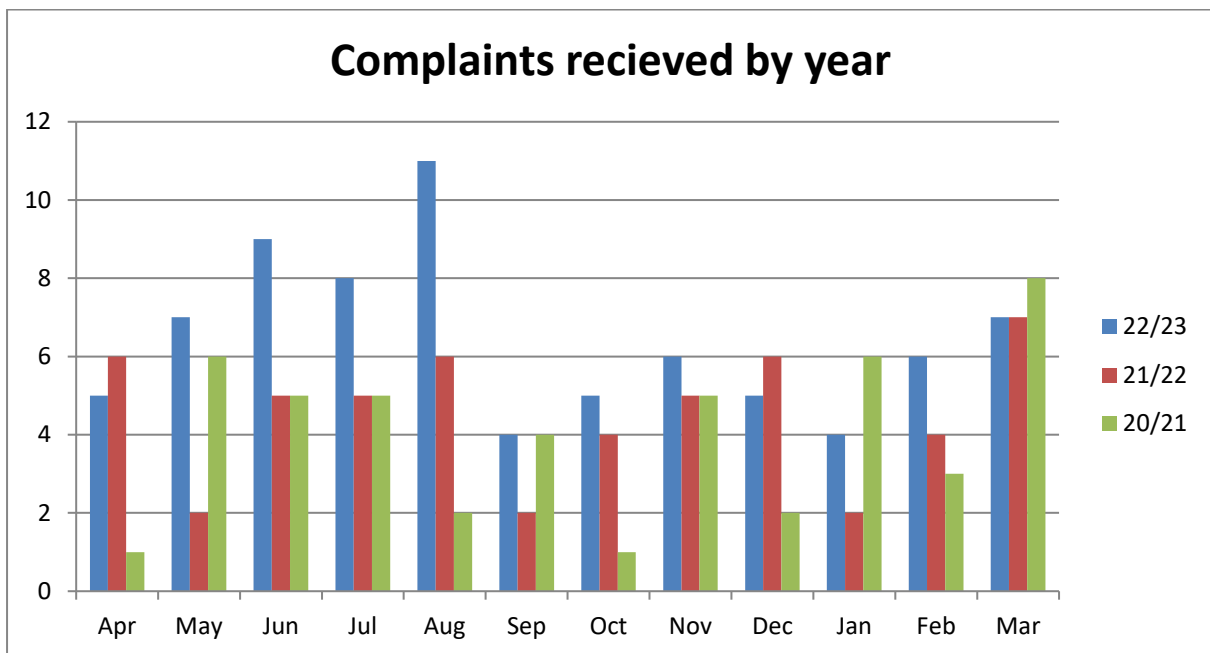


Figure 1: LWHFT Complaints comparison by month

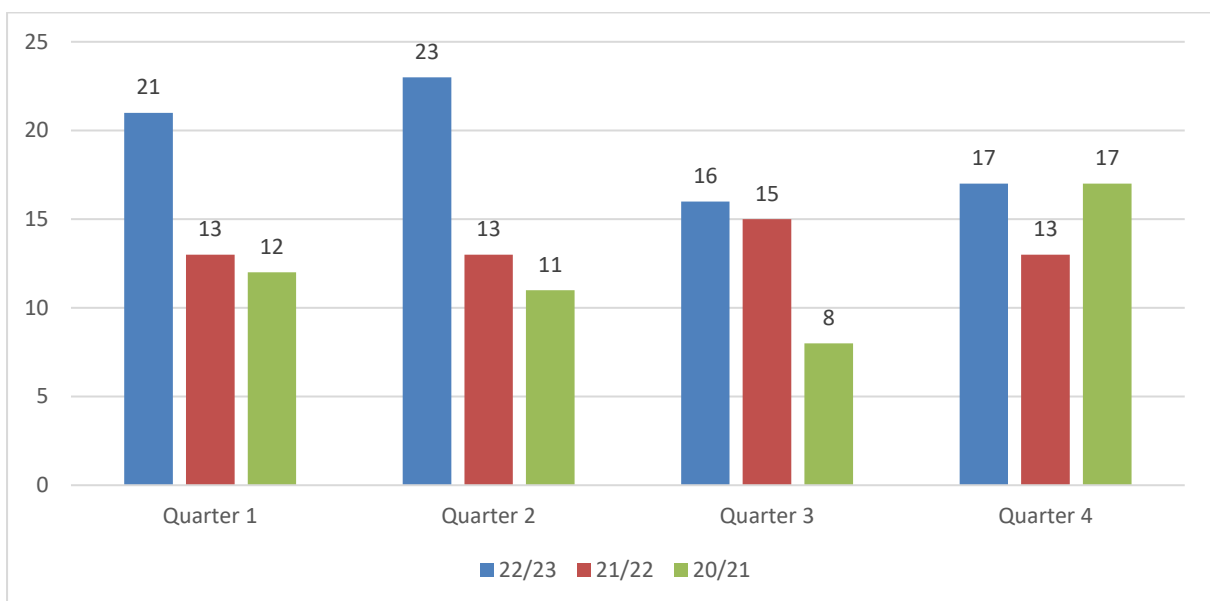
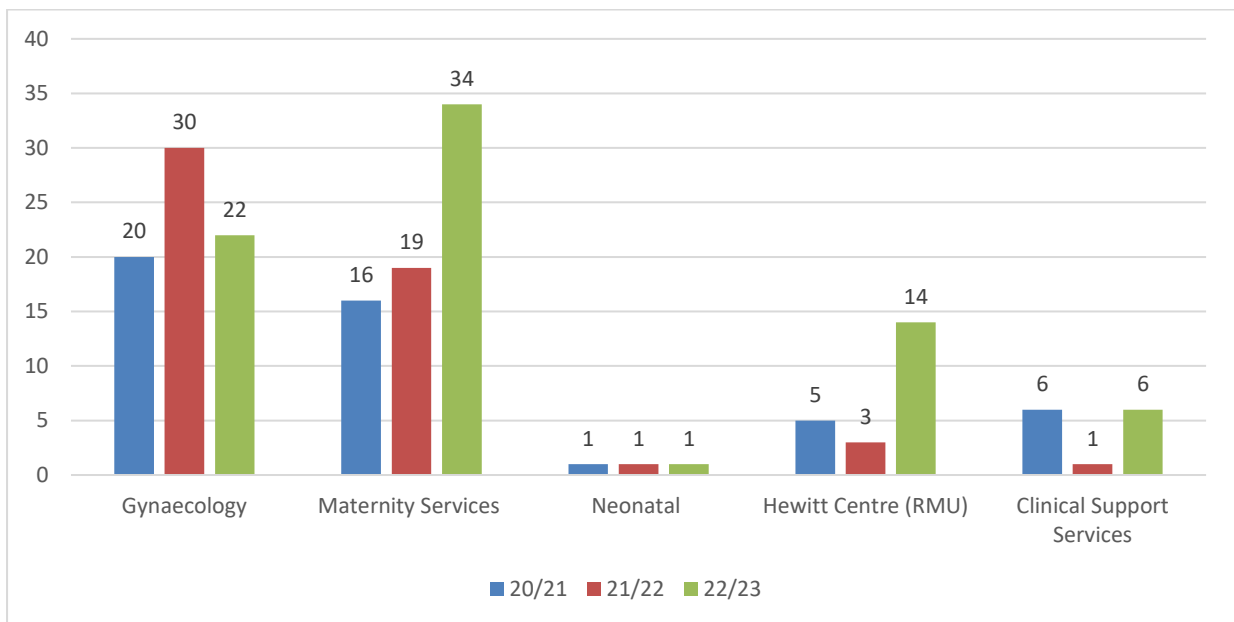


Figure 2: LWHFT Complaints by Quarter, yearly comparison

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 most complaints (73%) were attributed to either Gynaecology or Maternity Services, although this is a decrease from the 90% 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

There has been an increase in the number of complaints in 2022-23 by 15 as compared to 2021-22. The themes identified across these complaints are like those identified via the national Maternity Survey (2022), which gives LWH the opportunity to benchmark against other organisations. In response to this, the Maternity Transformation Board has four pillars which include improvement groups focusing on achieving sustained change in the Maternity Assessment Unit, Midwifery Led Unit, Induction of Labour and on the Maternity Ward. The improvement groups are clinically led and supported by the operational team and consist of representatives from the multidisciplinary team, with engagement and collaboration of service users, through the Maternity Voices Partnership (MVP).

Focus and drive is being applied to the following areas of concern which also featured as areas requiring improvement in the CQC patient survey 2022:

- Delays in Triage in the Maternity Assessment Unit.
- Information for women and their partners whilst undergoing Induction of Labour.
- Delays in the process of Induction of Labour

- Being left alone in labour at a time when it worried patients.
- Timely administration of analgesia (pain relief) following giving birth.
- Provision of support and access to support on the maternity ward after giving birth.
- Postnatal information whilst in hospital.
- Delay in discharge from hospital after giving birth.
- De-briefing service.

Improvements achieved February-April 2023:

- 98.48% women who attend the Maternity Assessment Unit were seen and triaged within 30 minutes, with the average triage time being 11 minutes.
- Pilot project in place for 2 months on the Maternity Ward allowing birthing partners to visit over a 24hs period.
- 4hourly medication rounds on the Maternity ward.
- Introduction of a midwife working twilight shifts to complete Newborn examination (NIPE) this allows for early discharge the following day.
- MVP undertook 15 steps assessment on Mat Base on the 30th April 23, with positive findings.
- Plans in place to implement midwife facilitated discharge which will support timely discharge for all women from the Maternity ward; this will be implemented from the 7th July 2023.
- Postnatal patient information is in the process of being revised in partnership with the MVP.
- Increase in the midwifery and maternity support workforce with the implementation of a supernumerary shift leader on the MAU and maternity ward.

Workstream 1 of the Maternity Transformation Board focuses on the Ockenden Report (2022), progressing to ensure implementation of all essential actions, one of which is to include the MVP in review of the complaints process.

Gynaecology Services

There has been a decrease of 8 complaints compared to 2021-22, seeing complaint numbers returning to similar levels as 2020-21. The reduction of complaints is multifaceted as the sharp increase the previous year was largely influenced by the recovery phase undertaken post COVID 19 in which clinical interactions were restricted. Despite this the Division have also taken several steps to ensure actions implemented for learning following a patient complaint are shared at department level and utilised as part of Safety and Governance huddles as well as local 'you said' 'we did'.

The Leadership team have dedicated their time to ensure each department displays visible signage for patients to contact the Department Matron should they feel any element of care they received is lower than the standard Gynaecology aspire to deliver, strengthening visibility and responsiveness to our patients. Complaints highlighting service delivery, related appointment and access difficulties have formed part the Divisions Improvement actions regarding waiting list management and access / admissions centre processes.

Hewitt Fertility Centre (HFC)

There was a substantial increase of 11 complaints over this period, more than quadruple the previous year, receiving a total of 14 for 2022-23.

When a complaint is received from a patient, either formal or informal, it is important that feedback is given to staff and 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 coming year. Ten members of senior staff have been trained across all disciplines but predominantly scientific and HFC will continue to expand this across the other specialities. The quality of the reports returned by some staff have been commended for their detail and summaries. Regular meetings take place between the Quality manager and the Patient Experience Team to help with complaints and PALS issues, to ensure patients have a satisfactory resolution.

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. Many of the Heads of Complaint are aimed at communication and this will be the focus for HFC for the coming year. The implementation of the 'patient portal' for HFC patients will impact on this greatly.

In the previous year the unit received verbal feedback about the Nurse triage telephone system. The system is now embedded but HFC still face issues with regards to this. Again the 'patient portal' will have a positive impact on this.

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, HFC have also upgraded to version 7 of IDEAS to enable further progress.

Further work continues with pathway reviews for NHS and self-funding patients for the clinical transformation group.

Neonatal Services

Neonatal have received 1 complaint during 2022-23, this is consistent with the numbers received in the previous 2 years. 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 and the unit has received green FiCare accreditation, by the NWNODN which has many documented benefits including increased parent satisfaction. The unit has developed a bespoke discharge survey where we receive and collate valuable feedback which is displayed as 'you said, we did' on the unit.

The 'Baby Steps' parent passport cards continue to be extremely successful with parents and have been shared 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 6 complaints during 2022-23, which although is an increase of 5 on 2021-22, these numbers have returned to the levels seen in 2020-21. The CSS Division covers various departments in the Trust. These complaints were recorded as covering Theatres, Imaging, and some of the associated Administration functions. Due to the nature of the services under CSS, there were elements of other complaints CSS 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 CSS provide critical functions to other Divisions, they continue to work hard to improve the experience for patients, in ways such as developing improved patient information leaflets and reviewing digital solutions that could possibly be implemented to make services more efficient.

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 LWH the opportunity to address patients concerns in a proactive and dynamic way. The patient is put 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 with the concern raised. The national complaint standards framework supports 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 several aspects of the patient's experience of LWH. This is particularly true of inpatient concerns which may cover the multi-disciplinary teams 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 2022/23

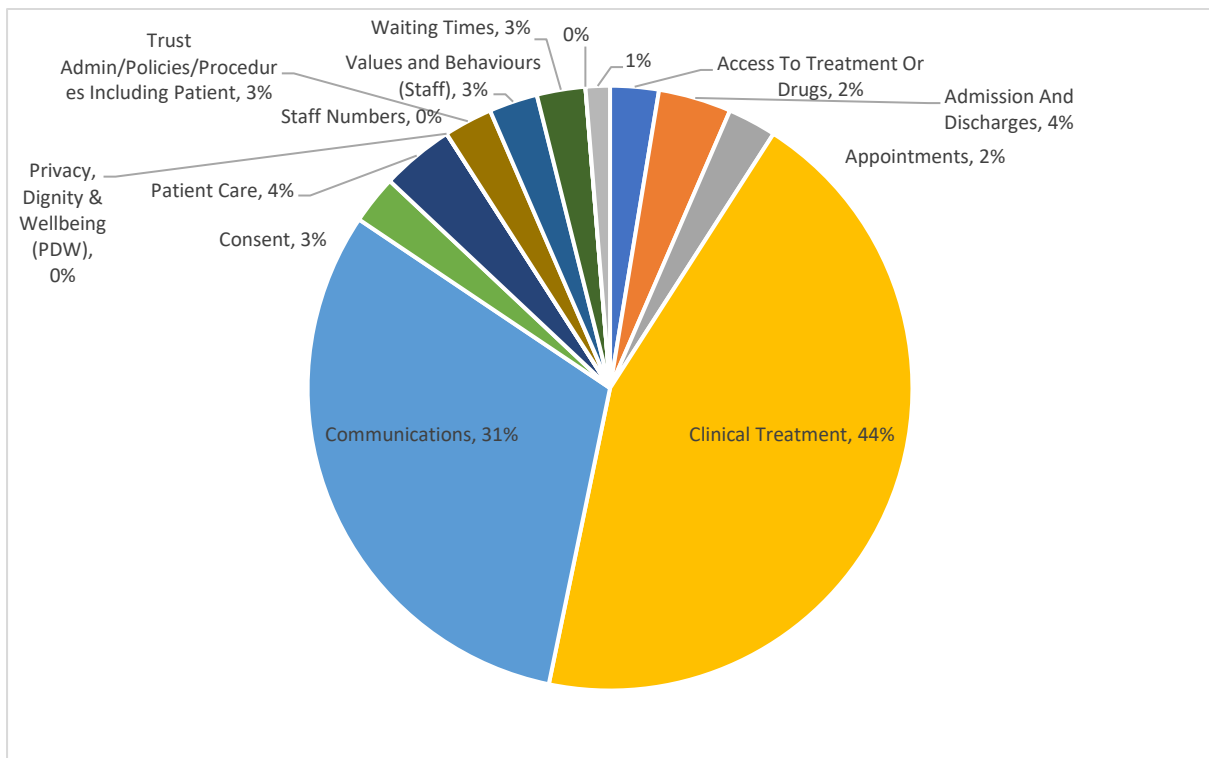
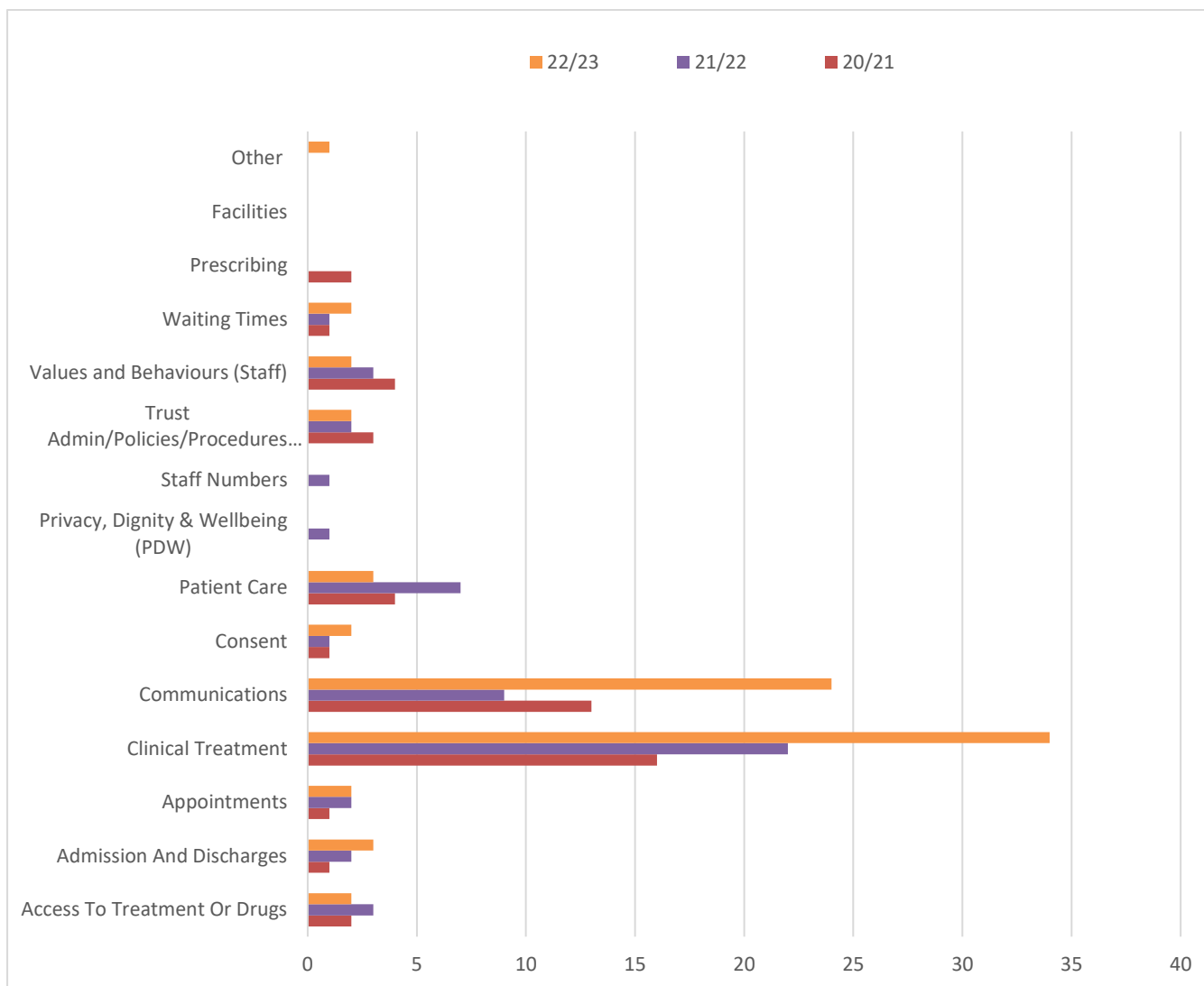


Fig. 5 Main category of complaints between 2020-21 and 2022-23



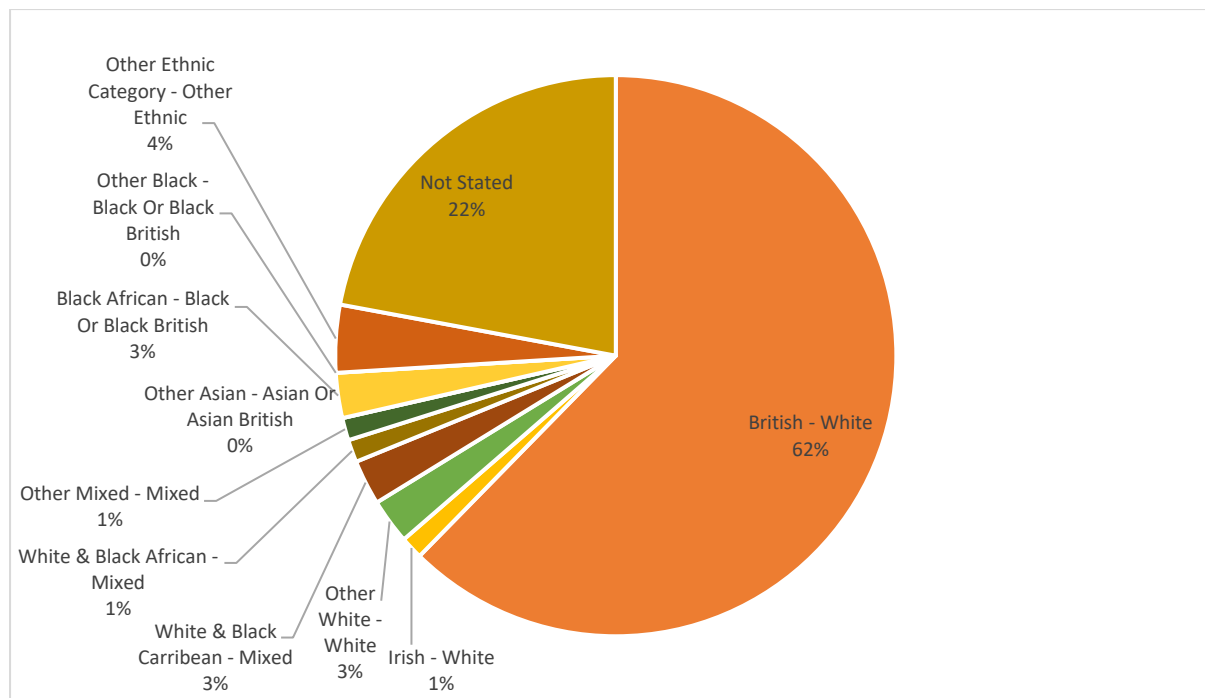
For the ease of reporting in this report the categories in Figures 4 and 5 are assigned based on the main issue and department recorded only. Reporting in the Trust does cover all issues raised in the complaint and the departments these concerns are raised against, allowing for more in depth analysis.

The main recorded issue relates to Clinical Treatment, accounting for 44% 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 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 2022-23



The percentage of complainants recorded as “British – White” in 2022/23 has decreased from 72% in 2021-22 to 62% this year. In 2021-22, complainants from racially minoritised groups (Previously referred to as BME/BAME) made up 16% of the complainants recorded, in 2022-23 this has decreased to 12%.

LWH patient population data for 2022-23 shows the main ethnicity of patients treated during the year is recorded as white, with this group making 73% of the overall population, which compared to 62% of the complainants contacting LWH being recorded as white.

LWH would expect to see the percentage of people from various recorded ethnicities who complain, to largely mirror the overall patient population treated that year. For example, if you saw a significantly higher or lower percentage of complaints from a particular ethnic group, then that may point to issues such as service provision/design or barriers being placed in the way of raising concerns. However, what LWH have seen in the data from 2022-23 is a significant rise in complainants’ ethnicity not being stated/recorded. This rose from 5% in 2021-22, to 22% in this reporting year. The complaint ethnicity data is obtained from the central patient record held by LWH. This issue is being addressed on a wider Trust level to improve

the overall ethnicity recording for all patients and as such should produce more comprehensive patient monitoring data.

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 can 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 LWH can clearly see 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.

2022-23 continued to show challenges regarding adherence to complaint timescales with the overall compliance figure being 53%, which is a slight improvement on the 50% recorded in 2021-22, however not at the level LWH aim for. Complaints received during 2022-23 have continued to see a wide-ranging number of HOC per complaint. The increased number of complaints has placed a higher demand on the Investigating Officer resource available over the year. As a result, 48 additional Investigating Officers were trained during the year to assist in the increased demand and provide further resilience in the years ahead. Despite this LWH have managed to resolve 8 more complaints during this year than the previous year.

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 and the Heads of Divisions. Updates on the progress of ongoing complaints are discussed. These updates are then reported to Executives Directors if any potential delays are highlighted.

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 2023-24.

Lessons Learnt

Repairing relationships is the primary focus of complaint handling. An investigation is concerned with establishing the facts 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 2023-24 some examples of the lessons learnt, and the actions taken are:

| Issue identified/ Lesson Learnt by Investigation | Action Details |
|---|---|
| There is no Standard Operational Procedure (SOP) in relation to escalation for call handlers to clinicians. | A senior member of the Access Team devised an SOP based on escalation of phone calls to clinicians. |

| | |
|---|---|
| Patient's observations not carried out during long wait for bed/surgery | Comfort checks introduced into the Admissions Lounge to identify if patients have any pain or discomfort, observations are conducted and to check that the patient does not need anything to support them through the waiting period. |
| There was lack of practical, emotional, and mental support for parents whose baby is admitted to the Neonatal unit. | Parents whose baby is admitted to the neonatal unit are offered psychologist support as well as photographs, visits, and regular updates. |
| Mandatory VIP assessments of cannulas were not routinely undertaken. | 'Lesson of the Week' with reference to Mandatory VIP assessments communicated to all staff within maternity |
| Policy for the use of interpreters does not include British sign language interpreters or the process required to secure bookings | BSL in no in the Interpreter policy and detail the steps to be undertaken to secure a booking. |
| There is no SOP outlining a minimum contact schedule for the Honeysuckle team and detailing documentation of contacts. | Honeysuckle team developed a comprehensive SOP outlining the support to be offered, which will standardise the expected care given and a minimum number of contacts for pregnancy losses and stillbirths. |
| No SOP with regards to blood results, with clear guidance in relation to parameters and ranges for preoperative nurses to adhere to, in relation to contacting patients and their G.P to advise them accordingly. | Blood results SOP to be created and ratified by CSS Divisional Governance Meeting |

Access for Complainants

The Trust is committed to allowing access to its complaints system to all patients. The Trust and the Patient Experience Team aim to increase confidence of 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 being responsive when issues need to 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 method 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

2022-2023 has seen 2265 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. The 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 2022-2023 there were 127 compliments formally registered through the Patient Experience Team.

Progress on priorities reported for 2022- 23

Focus continued during 2022-23 on improving adherence to complaint timeframes and whilst there has been a small improvement during the year, work towards the end of 2022-23 is showing an upturn in the trajectory. The number of investigators was increased as planned and has helped create a more robust resource in several areas.

During 2022-23 complaints and wider patient feedback has linked in with various other work going on across the trust focussing on national and local Health Inequalities and improvements.

Work continues to be undertaken to improve the telephone answering performance and service provided to patients. During quarter 2 and 3 of 2022-23, improvements to the Maternity Assessment Unit telephone answering process were introduced. This was based on the feedback patients had provided. Data was made more readily available to the leaders responsible for the Gynaecology Emergency Department so they can be sighted on the real time performance and challenges with those patient lines. There are improvements still needed and that is why this continued into our priorities for 2023-24.

During 2022-23 the organisational development department introduced a “customer care” course to assist with communication skills for staff.

In quarter 2 2022-23 LWH reintroduced facilities to enable complaints to be raised on a face-to-face basis where required. This has been a welcome reintroduction.

Priorities for 2023-24

Focus on adhering to agreed response timeframes will continue to be a priority for LWH. The Patient Experience Team have put in additional steps in the complaints process in Q1 2023-24 to support with the improvements needed.

The Patient Experience Team will be working with the Divisions to address the issues of the clinical and administration telephone lines. This continues to be a challenge so intelligence from the complaints will be able to help shape and improve the performance in this area.

There will also be a focus on building capacity and improvements within the Hewitt fertility Centre to deal with the upward trend of complaints received. This includes the development of a Refund Policy that will help in determining when a complainant should be given a refund.