

Liverpool Women's NHS Foundation Trust

Complaints Annual Report : 2016-17

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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 2016 to 31 March 2017. 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 we have 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 2016 and March 2017
- Details of the areas of the Trust these complaints focus on
- The primary causes of complaints
- Future plans
- Lesson Learnt

The key findings in 2016-17 were:-

- There were 144 complaints received which is lower from the previous year
- The primary issue in the majority of complaints related to medical treatment and care. These accounted for 58 of complaints received.
- 162 complaints were resolved in the last year which includes complaints closed from 2015/16

- Of the 162 complaints closed 25 complaints have been upheld, 41 complaints have not been upheld and 93 complaints have been partially upheld. 3 complaints were withdrawn.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, 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.
- There is a need for a greater focus on, and ability to evidence, changes in practice and the Trust learning lessons from complaints.

Complaint Levels

The Trust received 144 complaints in 2016-17, which is lower from the previous year figure of 148.

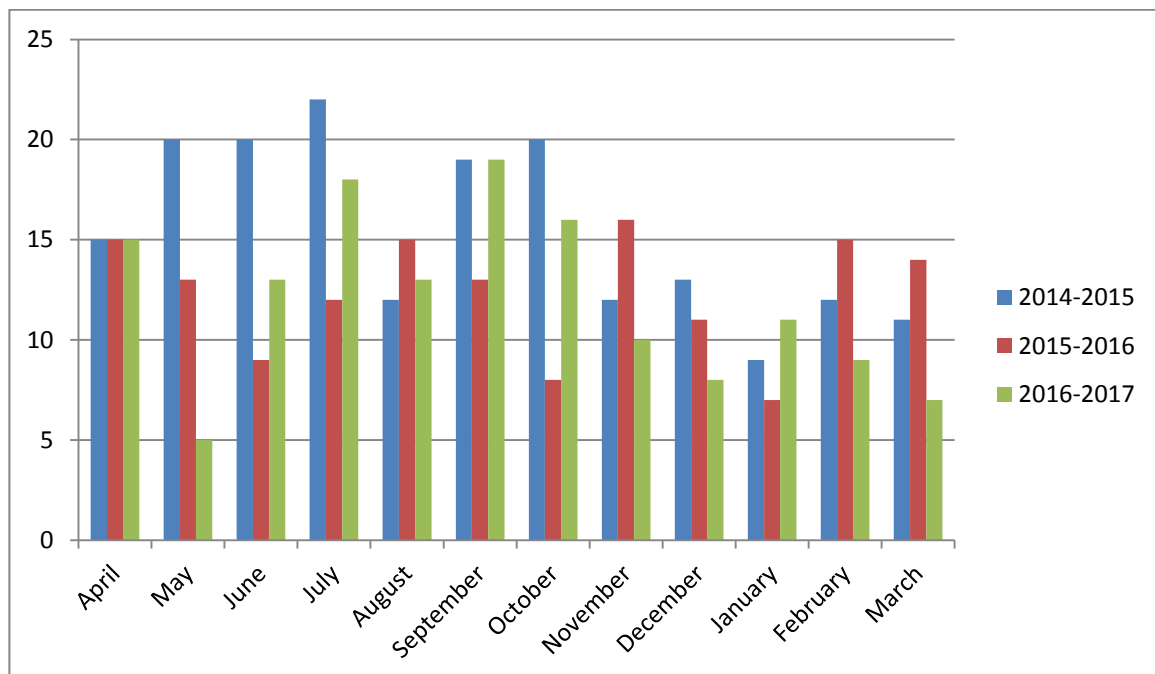


Figure 1: LWHFT Complaints by Month – Apr 16 to Mar 17

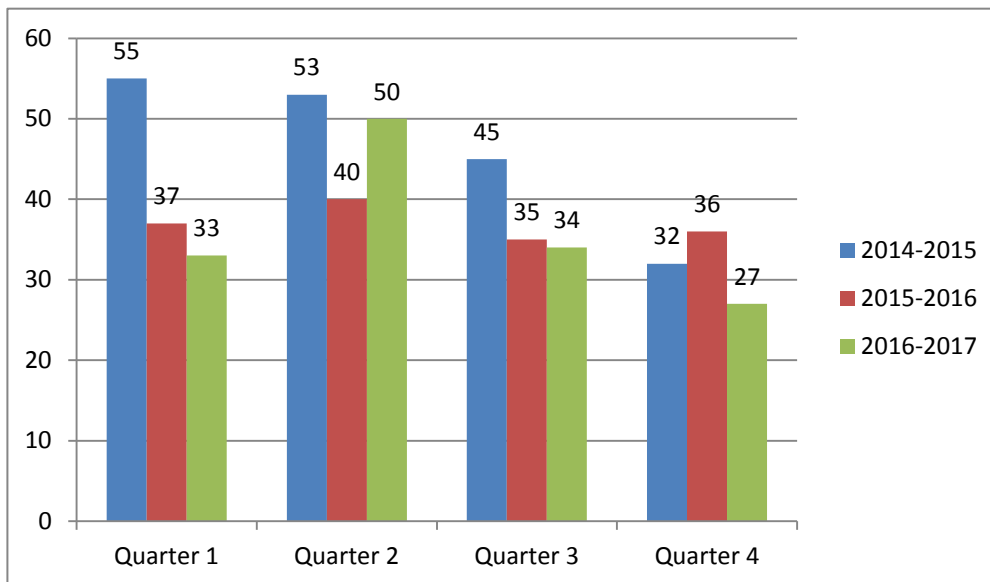
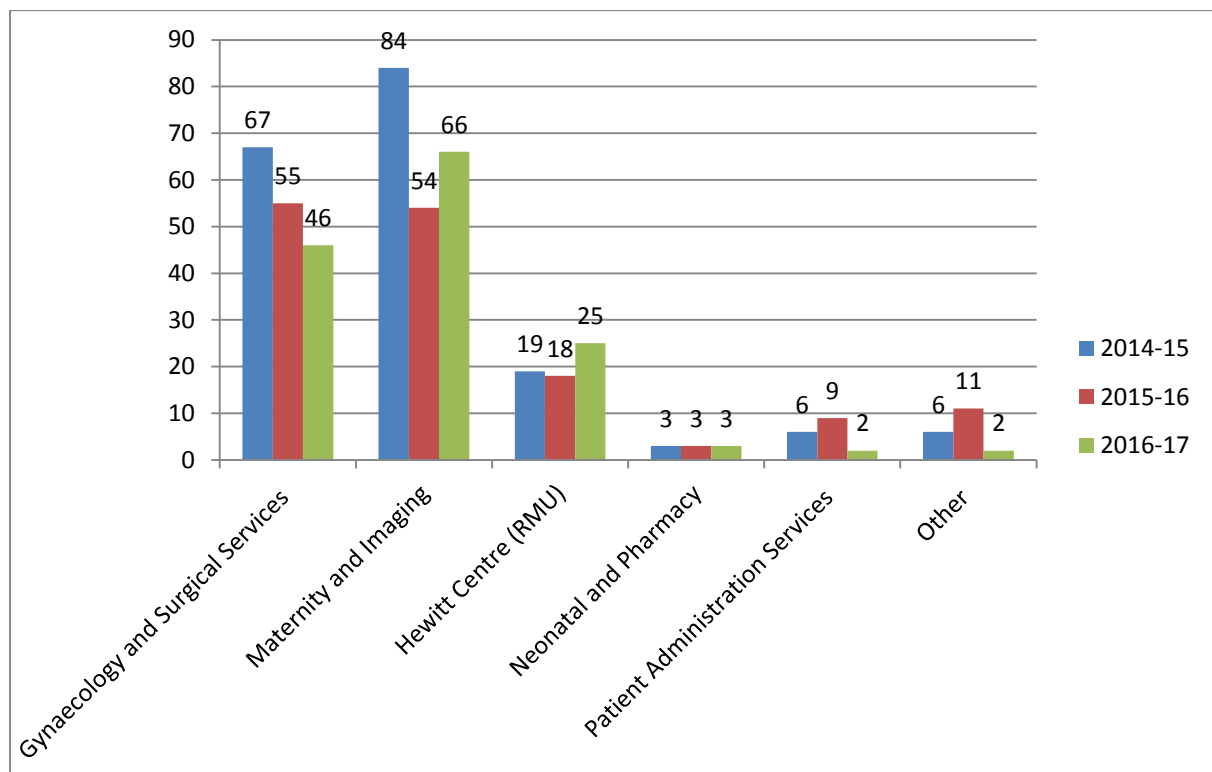


Figure 2: LWHFT Complaints by Quarter – Apr 16 to Mar 17

The Trust does not regard any increase in complaints as a negative sign. It 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 (77%) 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 an overall increase of 12 complaints compared to the previous year but still below the higher levels in 2014-15. In response to the increase in complaints in that previous reporting period, increases in midwifery staff allowed the formal setting of midwifery staffing guidelines for each area, protecting 1:1 care in established labour. The department continue to provide midwife to woman ratios on postnatal wards in line with national nursing recommendations.

The maternity division is striving to provide women and families with direct contact with senior members of the team when problems have arisen. The division is working 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 9 complaints compared to 2015-16 which shows the continuous trend in this area of reducing complaints. Like the Maternity department, the Gynaecology department are striving to provide women and families with direct contact with senior members of the team when problems have arisen. 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

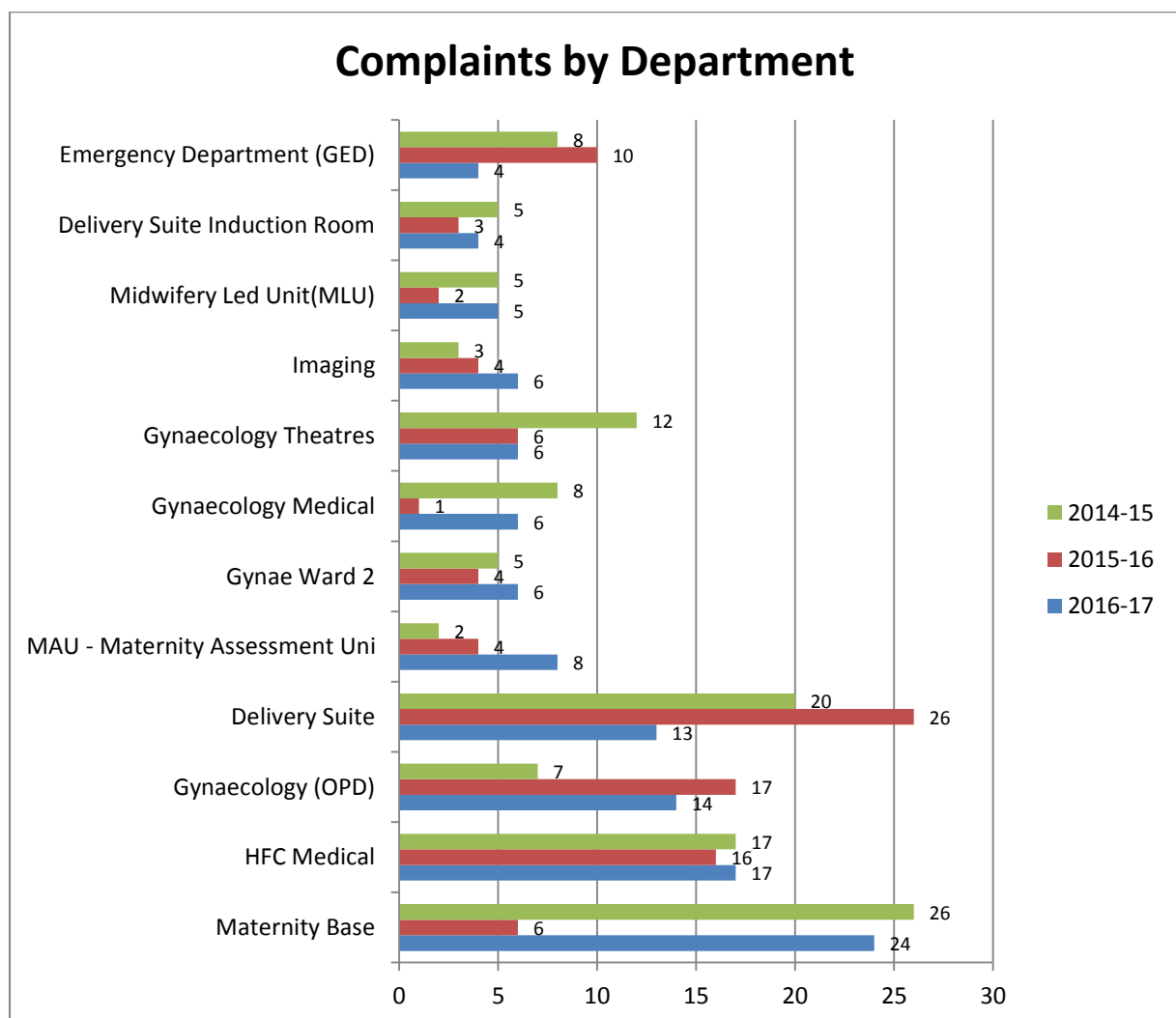
Hewitt Fertility Centre saw an increase of 7 complaints with a total of 25 received compared to 18 in 2015-16. Although there was an increase there is no clear theme or trend for this. Hewitt Fertility Centre are responding to all feedback from families via the Friends and Family Test and also providing feedback directly to patients via Care Opinion when any issues have arisen

Neonatal Services

Neonatal received 3 complaints during 2016/17 which is the same as 2015/16. This is not noted in the above graph as they received less than 4. Neonatal Services 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

The 144 complaints received by the Trust during 2016-17 were spread across 36 departments within the Trust. However, the 6 departments receiving the most complaints account for 56% of the total.

Figure 4 below builds upon the detail shown above in Figure 3 by giving a breakdown of all complaints by department and also provides a comparison with the number of complaints received in 2014-15. Any department with fewer than 4 complaints is not listed.



There has been a large increase of complaints in the Maternity Base where the number has risen from 6 in 2015/16 to 24 in the most recent 12 months. This is following a significant decrease during 2014-15. This has been counter balanced by a reduction in Delivery Suite

complaints of 13 from 2015-16. This shows the complaints are being generated further down that particular pathway and this is being reviewed in greater depth to ascertain any root cause for this shift.

Gynaecology Outpatients has seen a decrease of complaints in the past twelve months from 17 in 2015-16 to 14 in 2016-17. We have also seen a decrease of 6 in the complaint numbers from Gynaecology Emergency Department

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:

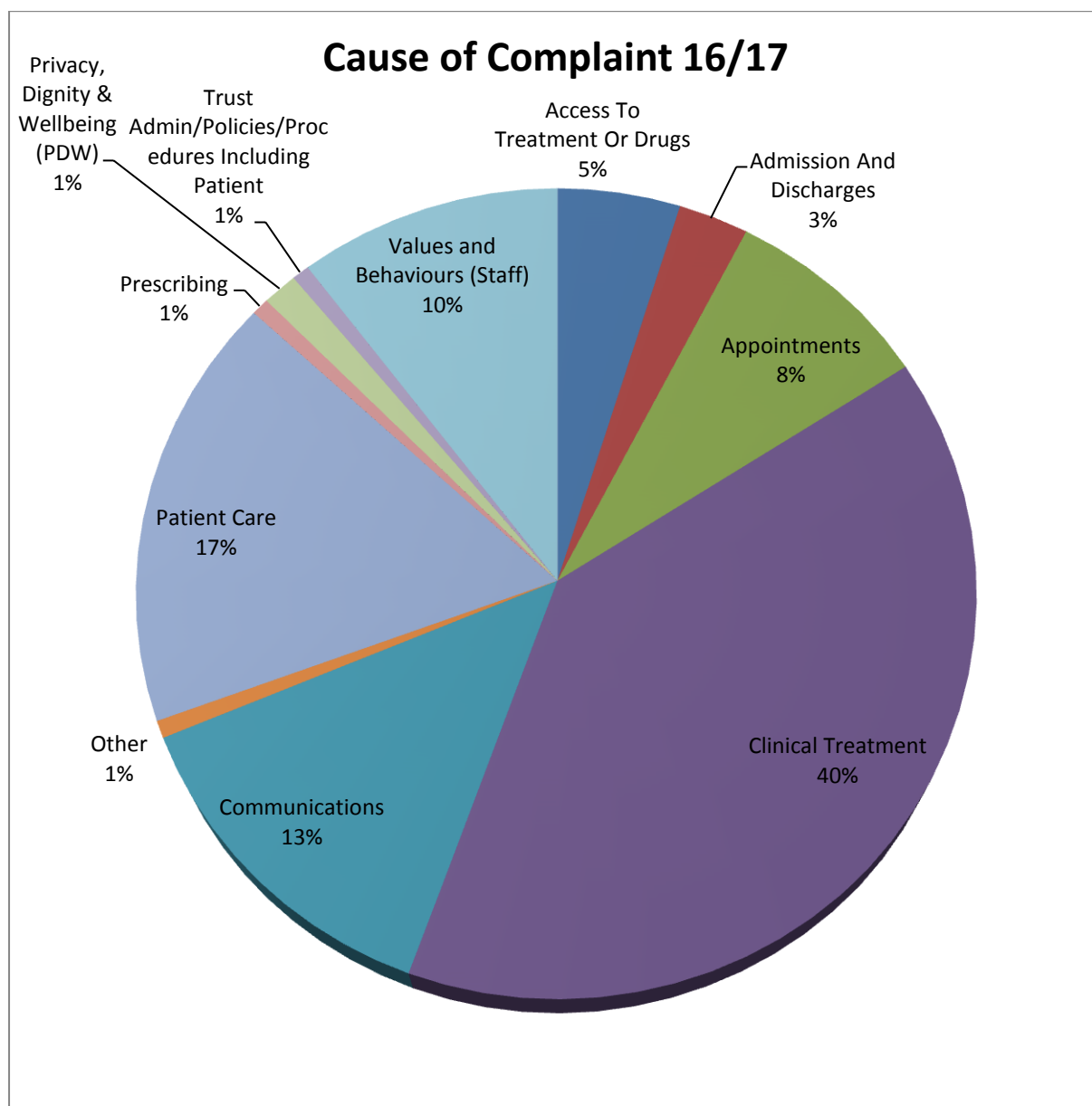
Category	2015-2016	2016-2017	+/-	2015-2016 %	2016-2017 %	+/- %
Medical Treatment	61	58	-3	41%	40%	-1%
Values & Behaviours	34	16	-18	23%	11%	-12%
Communication	27	19	-8	18%	13%	-5%

The comparison table shows Communication and Values & Behaviours have decreased by a combined percentage of 17% and a total of 26 complaints over the 2016-2017 period.

Each month the Experience Senate receives a report detailing the top three themes from Complaints and PALS concerns. The Chair report from the Experience Senate is received at Governance and Clinical Assurance Committee (GACA)

The Experience Senate make recommendations to address any particular themes or trends that recur.

Figure 6: Cause of 2016-17 Complaints



Timeliness of Complaints Response

The Liverpool Women’s Policy for Managing Complaints & Concerns during 2016-17 states that all complaints should be acknowledged within 3 working days. It then commits to

providing a written response within an agreed timeframe with a usual maximum of 45 working days, but this may be agreed as a shorter or longer timescale, in conjunction with the patient, based on the complexity of the complaint. The analysis that follows uses the agreed timescale as the target for the 162 complaints responded to during 2016/17. The new complaints policy which was developed in 2017 has removed this specified timescale to ensure a more patient centric personalised response target for the Trust to adhere to.

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

	Total Number of complaints responses (2016 – 17)	Complaints responded to within agreed timescale (2016 / 17)	
		Number	%
Gynaecology	51	44	86%
Neonatal	3	2	66%
Maternity	68	52	76%
Imaging	4	3	75%
Hewitt Centre (RMU)	24	23	96%
Genetics	3	3	100%
Corporate	6	5	83%

The department with the most number of complaint responses, Maternity, was also the department in which compliance with the target response time was the lowest.

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 should be 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 2016/17 some examples of the lessons learnt and the actions taken are:

- Regional pathways for referrals and guidance on identification of Tongue Tie being developed due to feedback from mothers in complaints about their experience. The investigation identified inconsistencies and lack of guidance available.
- Patient Experience induction training redesigned to include more information and guidance on what causes complaints and broader communication advice. This is in response to feedback from various complaints regarding failures in basic communication techniques such as setting expectations and influencing perceptions.

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. Improving 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 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 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 service which has seen a large increase in the number of contacts and is continuing to rise. It is anticipated that this, in turn, will see a further reduction in the number of formal complaints received by the Trust

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 2017/18

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

- Comply with its legal obligations for complaint handling as set out in the relevant statutory regulations
- Promote best practice in complaint handling consistent with the national strategic objectives of 'My Expectations'
- Provide a non-discriminatory and accessible complaints process that addresses the needs of people with legally protected characteristics
- Encourage the early resolution of patient concerns before the need to make a complaint arises
- Encourage early intervention when complaints arise and promote their local and informal resolution wherever possible
- Provide a quality complaint handling service when patient dissatisfaction is referred to the Patient Experience Team

- Produce investigation reports that clearly set out relevant findings, conclusions and recommendations
- Provide decision (adjudication) letters to complainants that clearly explain the outcome (upheld or not) and action being taken to address identified failings
- Use information from complaints ('lessons learnt') to inform and help shape our future service delivery

Training on this policy commenced in 2016/17 and will continue throughout 2017/18. The training programme is being delivered by an external complaints consultant to ensure that our staff members are fully equipped and supported to provide consistent and robust investigations.

During 2017/18 the patient experience team are continuing to implement the Patient Experience walk-about. These are to make contact with the patients and their families and receive feedback, both positive and negative and see if there is any assistance we can provide immediately as part of the “nip it in the bud “ initiative. During 2017/18 the Trust will also be involving our Volunteer workforce in these walk-about along with some of the Trust Governors. The walk-about will also be used to promote the Care Opinion feedback website and encourage people to use this to tell us their story and enable us to provide any assistance the patient or family may need in doing this. The aim of this work is to try and tackle issues before they become bigger problems and give people the opportunity to provide feedback which can lead to change without the need of going through the complaint process.