

# Liverpool Women's NHS Foundation Trust

Complaints Annual Report : 2015-16

## **Contents**

<b>Summary .....</b>	<b>3</b>
<b>Strategic Context .....</b>	<b>4</b>
<b>Complaint Levels .....</b>	<b>4</b>
<b>Location of Complaints .....</b>	
<b>Causes of Complaints .....</b>	<b>7</b>
<b>Timeliness of Complaints Response.....</b>	<b>8</b>
<b>Access for Complainants.....</b>	<b>10</b>
<b>Key Priorities for2016/17.....</b>	<b>10</b>
<b>PALS.....</b>	<b>11</b>
<b>Compliments.....</b>	<b>11</b>

## Summary

This annual report provides an overview of complaints and feedback that the Trust has received from patients, relatives and users from 1 April 2015 to 31 March 2016. 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 2015 and March 2016
- Details of the areas of the Trust these complaints focus on
- The primary causes of complaints
- Future plans

The key findings in 2015-16 were:-

- There were 148 complaints received, a 20% decrease from the previous year
- The vast majority of complaints related to medical treatment and care
- A new Trust policy was implemented in November 2015. Prior to this date all complaints were routinely upheld. Since the implementation of the new policy 8 complaints have been upheld, 12 complaints have not been upheld and 8 complaints have been partially upheld

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 Patient 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 148 complaints in 2015-16, a decrease of 20% compared to 2014-15's figure of 185. It is worth noting that there has been a significant decrease in the number of official complaints received and this is due in part to the increased activity in PALS

The increase is shown in **Figure 1** and **Figure 2**

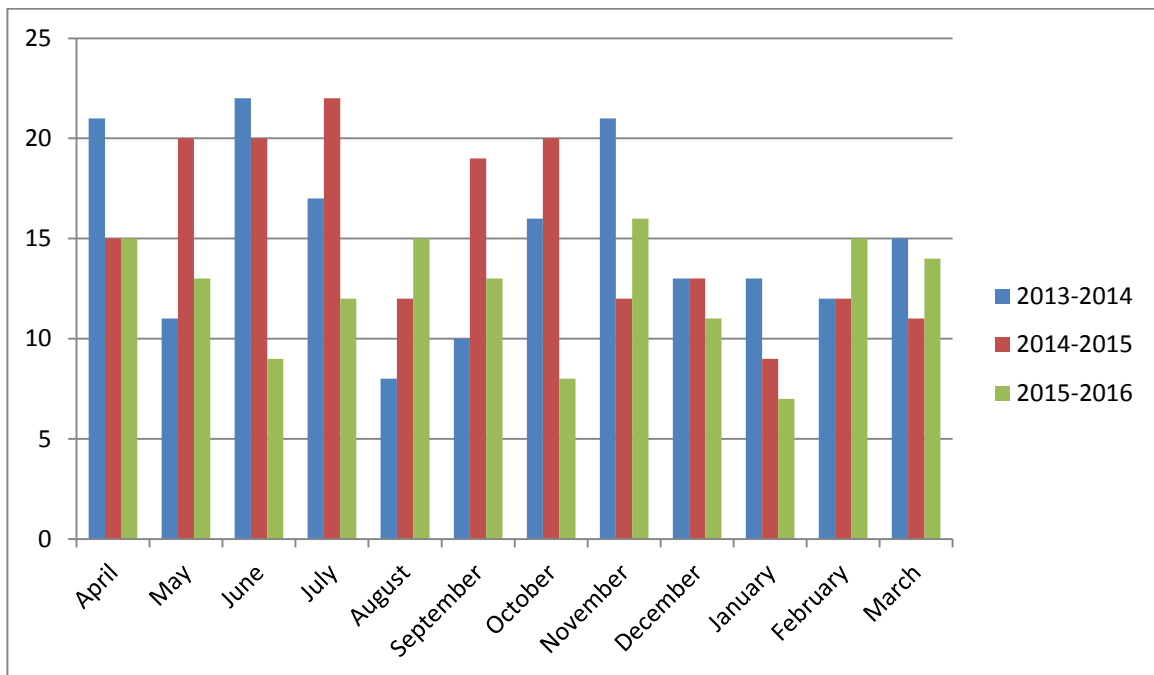
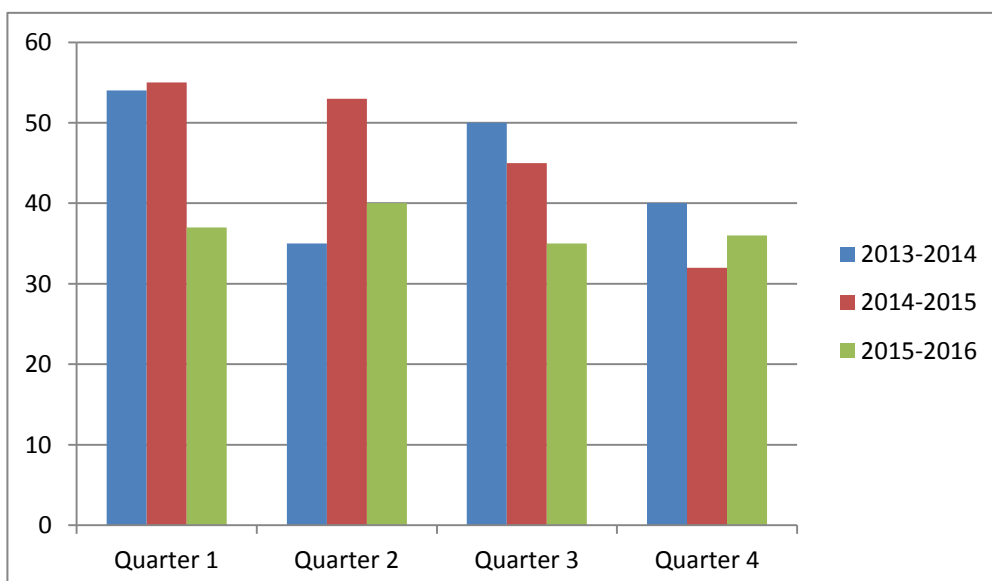


Figure 1: LWHFT Complaints by Month – Apr 13 to Mar 16



**Figure 2: LWHFT Complaints by Quarter – Apr 13 to Mar 16**

It is important to review the numbers of complaints the Trust receives in comparison to its peers. **Figure 3** gives details of the complaints received by Liverpool Women’s alongside the numbers received by Birmingham Women’s. Also given is the percentage change seen by each in the most recent year for which figures are available.

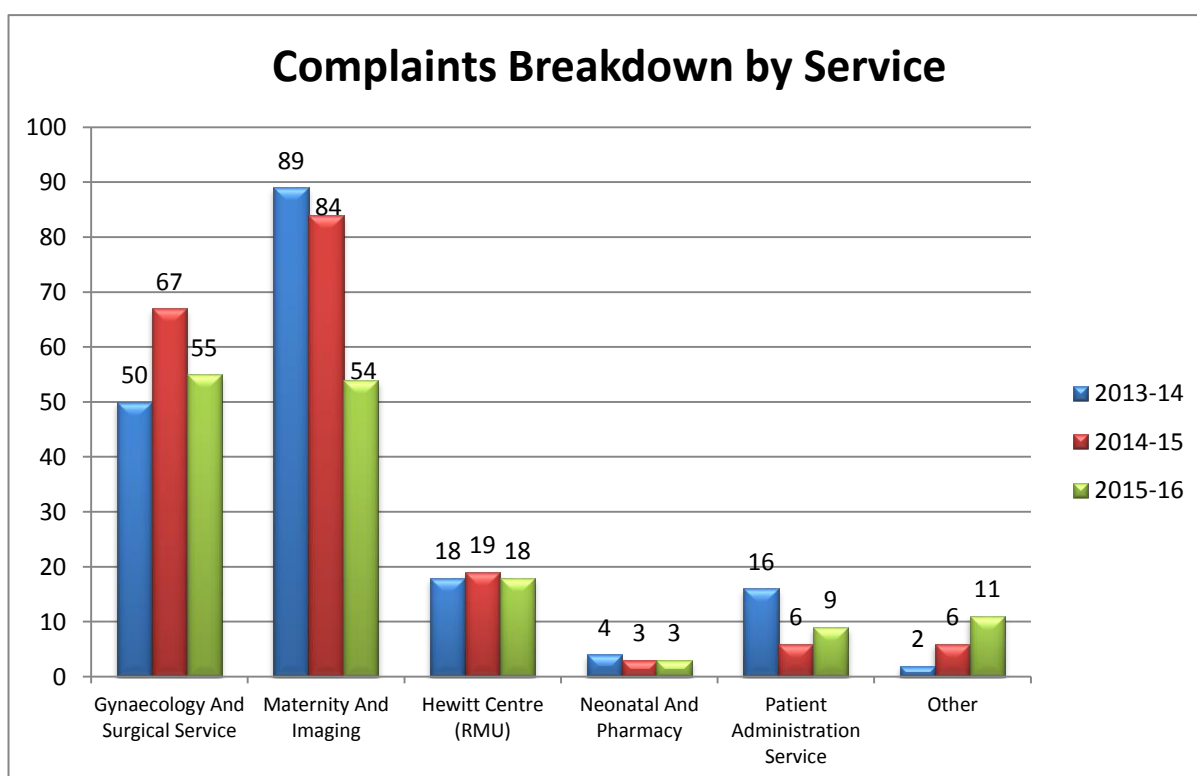
	2013-14	2014-15	2015-16	% Change
Liverpool Women's	179	185	148	-20%%
Birmingham Women's	146	140		-4%

**Figure 3: Complaints Comparison**

These will be closely monitored to ensure that Liverpool Women’s does not appear out of step with its most comparable Trust.

The Trust does not necessarily regard the 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 Patient 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 4: Complaints Breakdown by Service**



As would perhaps be expected the vast majority of complaints (73%) were attributed to either Gynaecology and Surgical Services or Maternity and Imaging. **Figure 4** gives a full breakdown of complaints with comparisons against the figures for the previous two 12-month periods.

**Maternity & Imaging** had an overall decrease of 35% in complaints compared to the previous year which is a significant reduction. In response to the increase in complaints in the previous reporting period, the increase in midwifery staff allowed the formal setting of midwifery staffing guidelines for each area, therefore as well as protecting 1:1 care in established labour, the department provided midwifery to woman ratios on postnatal wards in line with national nursing recommendations.

The maternity division has strived to provide women and families with direct contact to a senior clinician when problems have arisen. The division has worked 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 have also responded to all feedback from families with ideas on how we can improve our maternity service and how we communicate these changes to women and families accessing our service.

The Head of Midwifery has said that they are committed as a clinical division to reducing complaints further in the forthcoming year

**Gynaecology & Surgical Services** had an overall 17% decrease in complaints compared to 2014-15 which is a significant reduction.

The Matron for Gynaecology comments: “It is encouraging to see a reduction in complaints. Since the 2nd September 2015 there has been a daily Matron presence on the inpatient areas during the week. This offers the opportunity for patients to speak to a senior member of the Trusts nursing team, whilst also providing visible leadership to the teams. During these visits the Matron has acted upon feedback from patients and wherever possible endeavoured to de-escalate and manage any concerns or issues. “

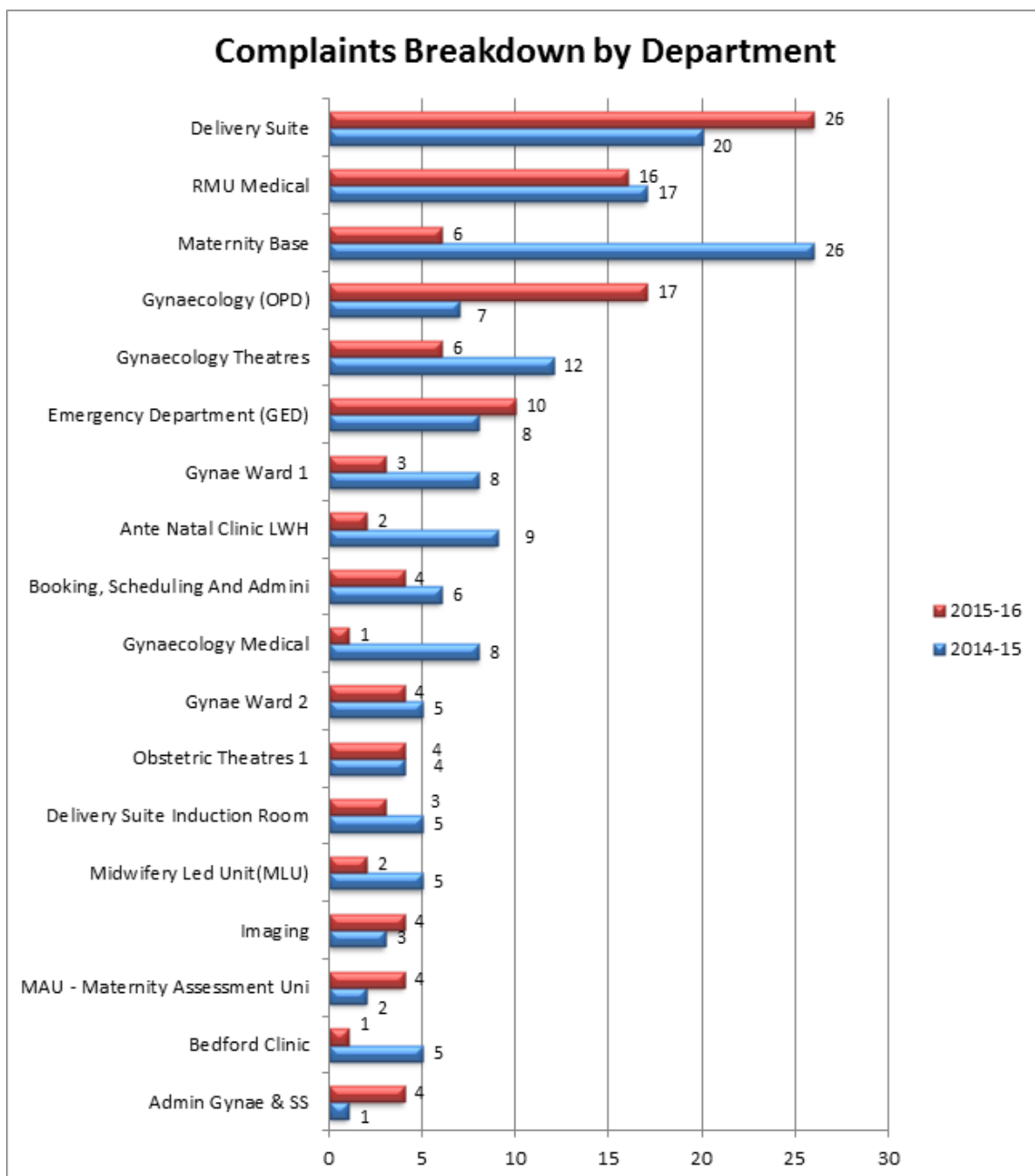
**Hewitt Fertility Centre** saw a decrease of 5% in complaints with a total of 18 received compared to 19 in 2014-15.

**Booking, Scheduling & Administration** appear on the graph to have seen an increase in complaints. This is still however significantly fewer than the number received in 2013-14

The 148 complaints received by the Trust during 2015-16 were spread across 19 departments within the Trust. However, the 6 departments receiving the most complaints account for 56% of the total.

**Figure 5** below builds upon the detail shown above in Figure 4 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.

**Figure 5**



There has been a slight increase of complaints in the Delivery Suite where the number has risen from 20 in 2014/15 to 26 in the most recent 12 months. There has been a significant decrease on Mat Base seeing complaints fall from 25 in 2014-15 to 6 in 2015-16.

Gynaecology Outpatients has seen an increase of complaints in the past twelve months rising from 7 in 2014-15 to 17 in 2015-16. In contrast the Gynaecology Wards have both seen a decrease in complaints in 2015-16.

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 6** shows the causes of the complaints by category. The main complaint categories are :

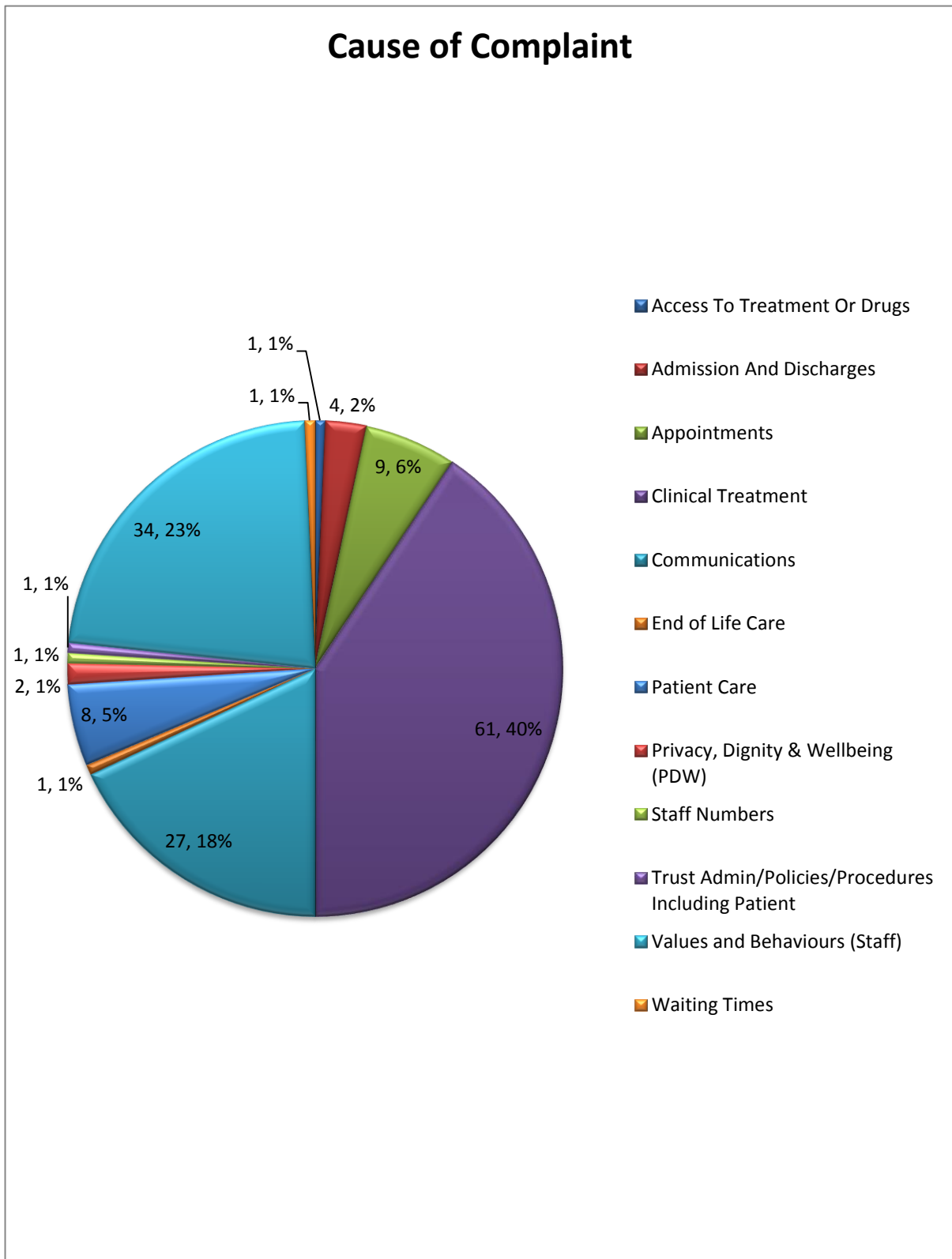
Category	2014-2015	2015-2016	+/-	2014-2015 %	2015-2016 %	+/- %
Medical Treatment	98	61	-37	53%	41%	-12%
Values & Behaviours	15	34	+19	8%	23%	+15%
Communication	21	27	+6	11%	18%	+7%

The comparison table shows Communication and Values & Behaviours have increased by a combined percentage of 22% and a total of 25 complaints over the 2015-2016 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 2015-16 Complaints**

## Timeliness of Complaints Response

The Liverpool Women's Policy for Managing Complaints & Concerns states that all complaints should be acknowledged within 3 working days. It then commits to providing a written response within a maximum of 45 working days. The analysis that follows uses this maximum of 45 working days as the target for all complaints recorded.

**Figure 7** shows the Trust's compliance against the 45 working day response time.

	Total Number of complaints received (2015 – 16)	Complaints responded to within 45 days (2015 / 16)		Average Response Days (2015 – 16)
		Number	%	
Booking, Scheduling And Administration	9	9	100%	22
Genetics	5	5	100%	17.4
Governance	5	5	100%	36.4
Gynaecology And Surgical Services	55	27	50%	51.1
Hewitt Centre (RMU)	18	16	88%	31.7
Maternity And Imaging	54	32	60%	41.2
Neonatal And Pharmacy	3	2	66%	51.3

**Figure 7: Response Times to Complaints by Department**

The department with the most number of complaints, Gynaecology, 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 outlines clear and implemented remediation measures should be the aim of every complaint investigation.

## **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 patient 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.

## **Priorities for 2016/17**

In 2015 a report with recommendations was received from an external care quality professional. The recommendations were to redefine the complaints policy and procedure and to develop a training programme for all staff involved in complaints investigations and complaints response letters to ensure that responses are balanced, objective and impartial.

The training programme was delivered in-house to ensure that our staff members are fully equipped and supported to improve the quality of their investigations.

The Complaints policy was reviewed and ratified by the Governance and Clinical Assurance Committee in September 2015 and the new complaints process was fully rolled out in November 2015. An evaluation of the process will be undertaken in Spring 2016 following engagement with staff and with patients that have complained under the new process.

The aspiration of the Patient Experience Team is to promote a more balanced view of feedback, identifying ways to improve the patient experience. Learning from feedback where a patient perceives that the organisation has done well gives us the ability to improve our provision of care in the future. To date, the collation of information has been limited to enable a focus on concerns and complaints. We acknowledge a need for a greater focus on the collection of positive feedback in 2016–17 which will be shared with the Trust to encourage best practice working.

## **PALS**

Work will continue 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**

From April 2016 there will be 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 will now oversee the triangulation of compliments to feed into one report. The compliments are shared with the relevant teams at the Trust.