

Liverpool Women's NHS Foundation Trust

Complaints Annual Report : 2018-19

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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 2018 to 31 March 2019. 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 2018 and March 2019
- Details of the areas of the Trust these complaints focus on
- The primary causes of complaints
- Future plans
- Lesson Learnt

The key findings in 2018-19 were:-

- There were 80 complaints received which has continued to decrease from the previous year
- The primary issue in the majority of complaints related to communication issues. Individual instances of these were noted a total of 124 times in the 80 complaints received.
- 70 complaints were resolved in the last year which includes complaints received in 2017/18

- Of the 70 complaints closed 15 complaints have been upheld, 15 complaints have not been upheld and 35 complaints have been partially upheld. 5 complaints were withdrawn.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 is need for a greater focus on the ability to evidence the changes that occur in practice from the Trust learning lessons from complaints. Current processes rely on anecdotal recording and there is a need to move to a more systematic approach.

Complaint Levels

The Trust received 80 complaints in 2018-19, which is lower from the previous year figure of 92.

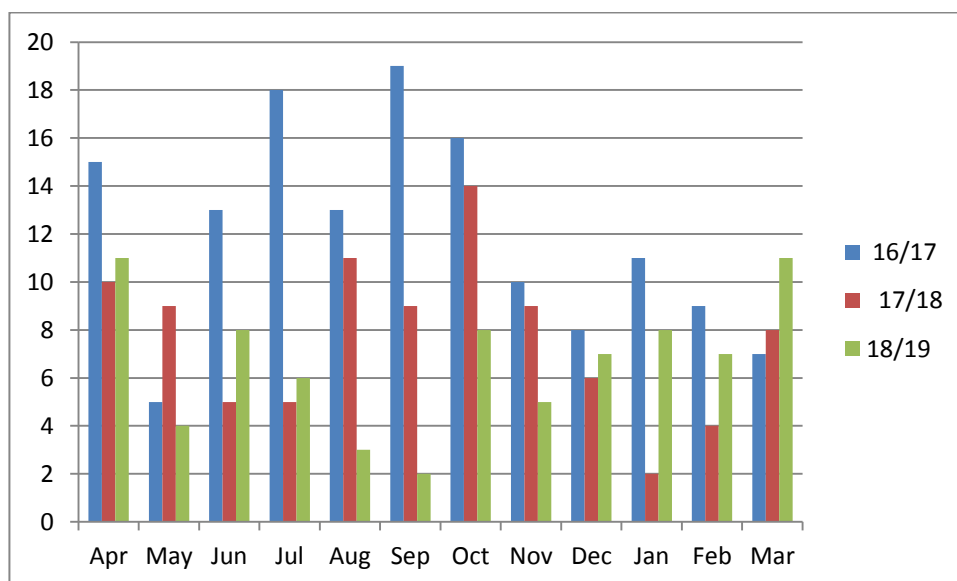


Figure 1: LWHFT Complaints comparison by month

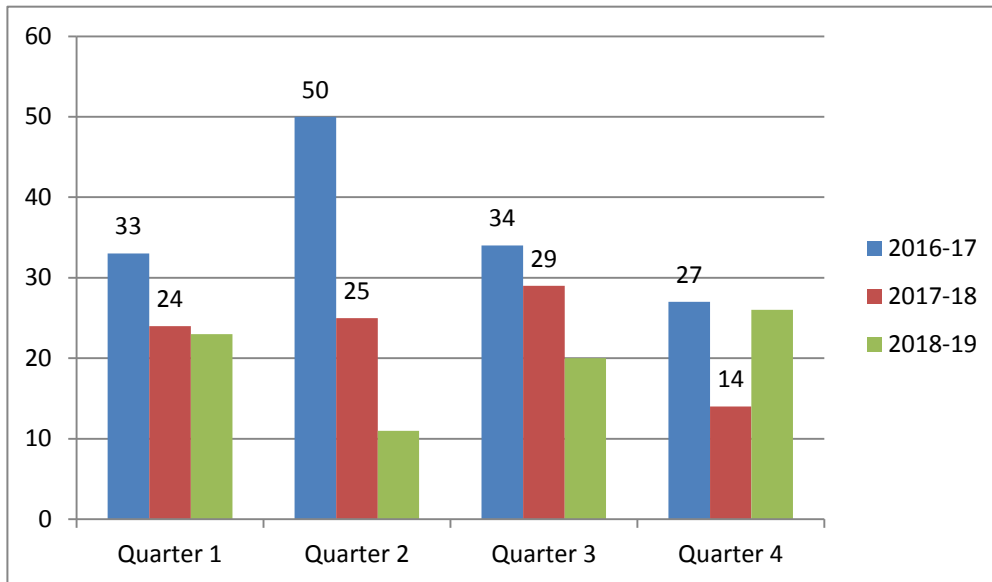
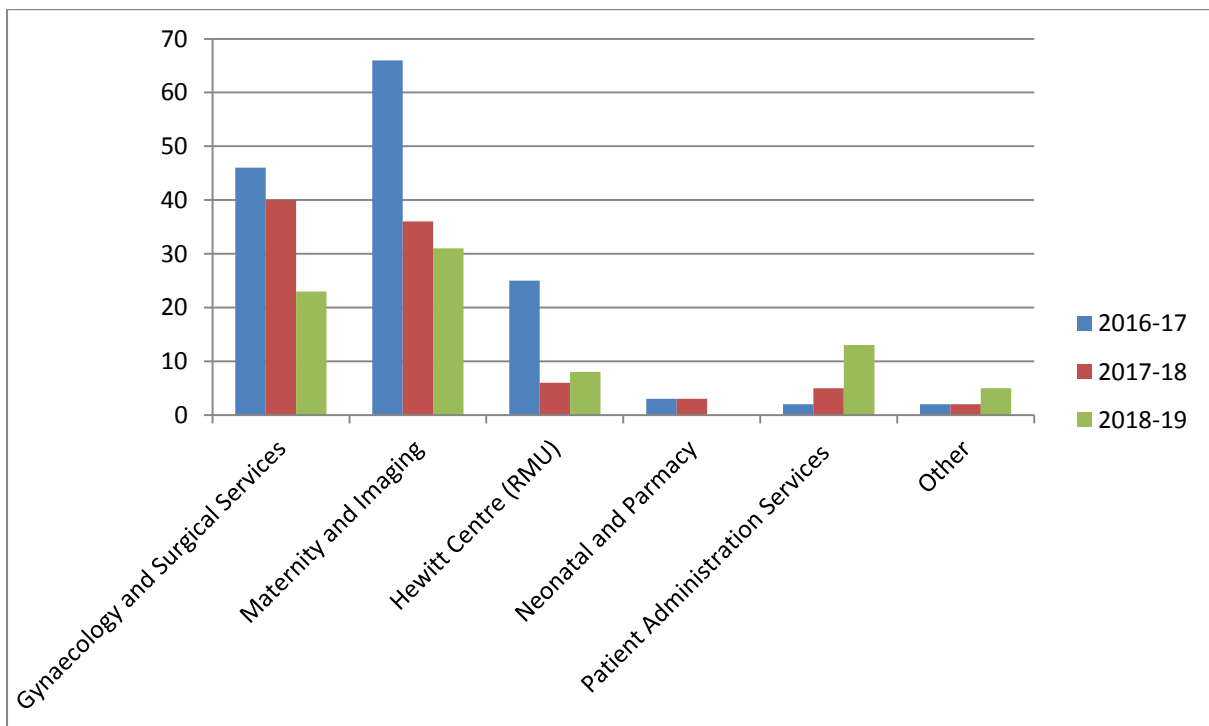


Figure 2: LWHFT Complaints by Quarter, yearly comparison

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 (67.5%) were attributed to either Gynaecology and Surgical Services or Maternity and Imaging, although this has reduced from 83% of total complaints in 2017-18. **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 5 complaints compared to the previous year. This is a result of some of the steps put in place 2017/18 such as increases in midwifery staff allowing the formal setting of midwifery staffing guidelines for each area, protecting 1:1 care in established labour. 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 had a notable decrease of 17 complaints compared to 2017-18 which shows the continuous trend in this area of reducing complaints. 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 2 complaints over this period, receiving a total of 8 for 2017-18. The Hewitt Centre are also using the PALS + model. 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 no complaints during 2017- 18. 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.

Figure 4 below builds upon the detail shown in Figure 3 by giving a breakdown of all complaints by department and also provides a comparison with the number of complaints received in 2016-17 and 2017-18. Any department with fewer than 4 complaints is not listed.

Complaints by Department

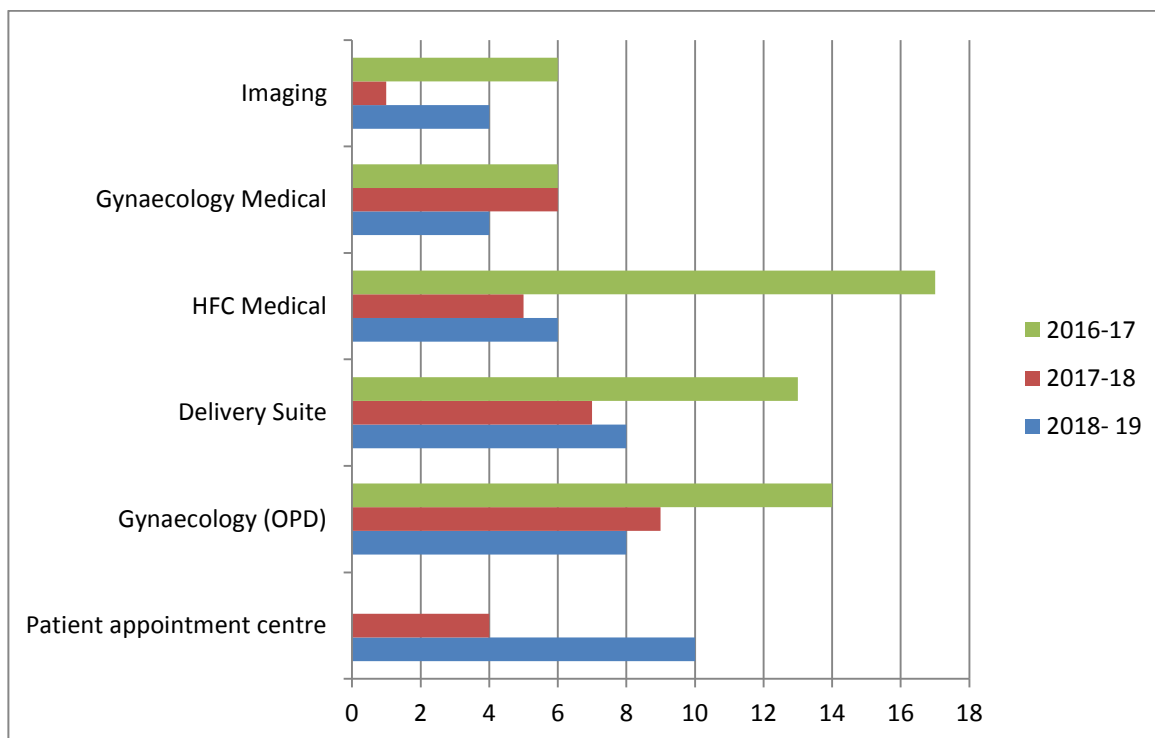


Fig. 4

There has been a noticeable increase in complaints regarding the Patient Appointment Centre. These have been identified during the year and actions put in place to address these. Imaging has seen an increase of 3 complaints for 2018-19

Other areas have seen no noticeable increase or decrease in complaints for the last 12 months.

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	Number of complaints containing category	% of complaint volume containing category
Communication	50	62.5%
Clinical Treatment	50	62.5%
Values & Behaviours	32	40%

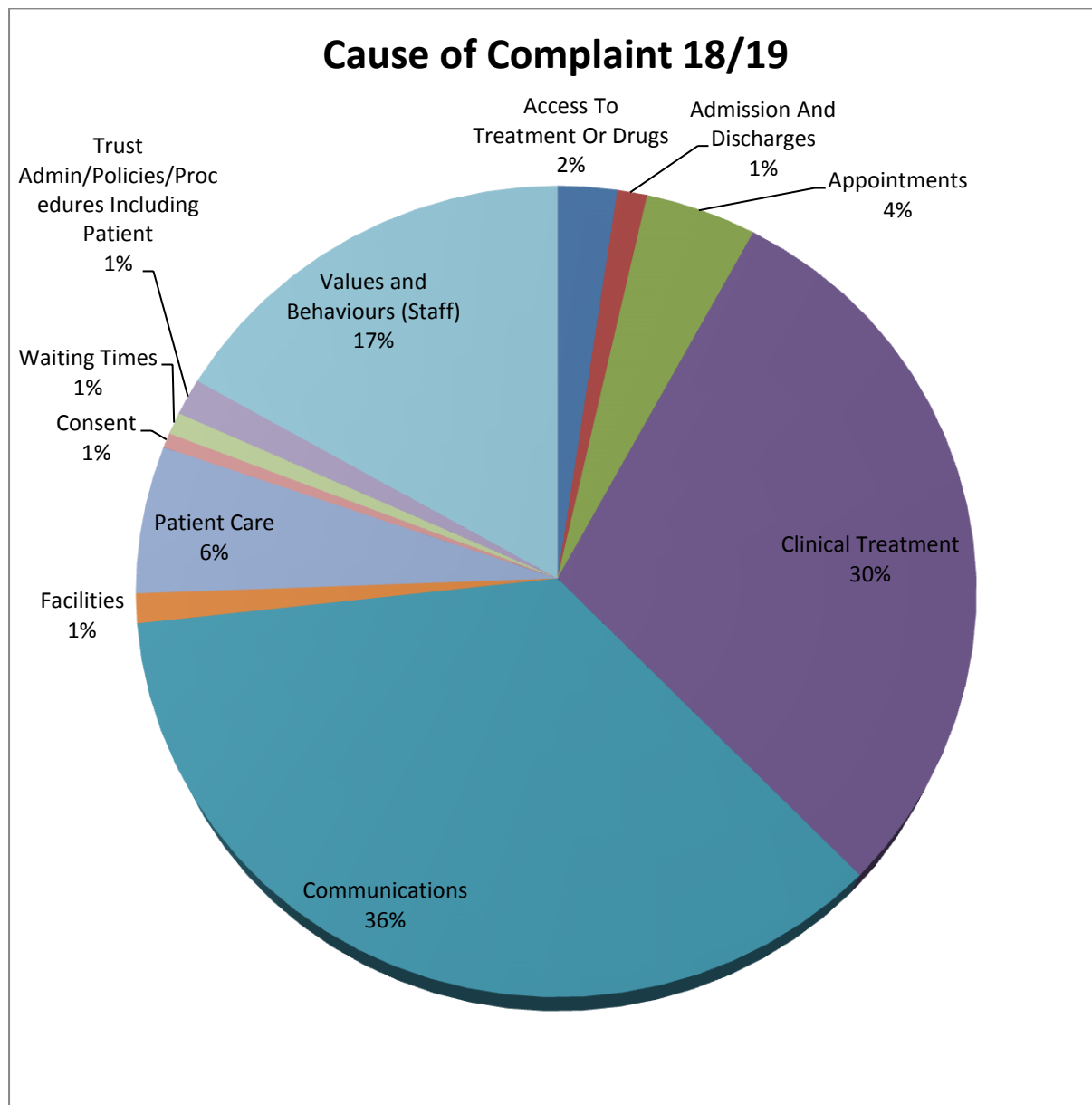
The table shows the numbers and percentage of complaints received by the Trust that contain these top 3 causes of complaints.

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.

Figure 6: Cause of 2018-19 Complaints

Following changes made to the reporting systems for 2018-19 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 now 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.



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. The analysis that follows uses the agreed timescale as the target for the complaints responded to during 2018/19.

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

	Total Number of complaints responses (2018 – 19)	Complaints responded to within agreed timescale (2018 / 19)	
		Number	%
Gynaecology	27	21	81%
Neonatal	0	0	100%
Maternity	26	21	81%
Imaging	2	2	100%
Hewitt Centre (RMU)	2	2	100%
Genetics	0	0	100%
Corporate	13	13	100%

The response rates for Gynaecology and Maternity have been reviewed. It has been identified that there are large variations in the internal processes used for completing complaint investigations in each area. To address this problem, a universal internal process has been designed. Supporting material, guidelines and tools have been created to assist

investigators during their investigation to ensure timely completion is achieved. To compliment this refresher training is also being offered to all investigators and we are continuing to attempt to expand the pool of trained investigators we can call upon.

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 2018-19 some examples of the lessons learnt and the actions taken are:

- The patient raised concerns the emergency buzzer located in the bathroom on Maternity Base was tied up and out of reach, a daily check of the buzzers and their accessibility was introduced on the ward to ensure patient safety in the event of a fall.
- A patient complained visiting times were not adhered to on Maternity Base and this had a negative impact on her stay on the ward. As a result The Communications Team advertised the visiting times via social media and community midwives now inform patients of the visiting times during the antenatal care. The visiting times are now highly visible in ward areas.
- A patient raised concerns about a nurse taking blood in the Gynaecology Emergency Department (GED) and the number of failed attempts. A new document was introduced in patient notes that indicates any failed attempts of taking blood to help identify any training needs that may be required.
- The patient raised concerns they were not informed of their care plan while admitted to Liverpool Women's NHS Foundation Trust. A new safety huddle template was developed to identify any deficits or known risks with regard to patient care.

- The patient raised concerns in relation to breastfeeding, she felt she was not supported and due to this decided to bottle feed her baby. Improvements were made to the Infant Team Referral process which included ensuring staff place all referrals on the electronic system.
- A patient was unhappy that she was not informed she could not check in for multiple appointments using the Self Check In kiosks and therefore had to check into the clinic at the Reception Desk, this led to a delay in being seen. A new sign was devised instructing patients if they have multiple appointments to check in at the Main Reception desk rather than using the Self Check In kiosks.
- The patient complained there was not sufficient information in relation to two different procedures. A leaflet containing information about both procedures to supplement the verbal information given to patients has been developed.
- A patient raised concerns that a consent form relating to a biopsy procedure was not clear (the information seemed very similar to another procedure which caused the patient to become confused about which procedure was being completed). The consent form was altered to include detailed information to ensure patients understand what procedure will be undertaken.

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.

Priorities for 2018-19

We have identified the need to refresh and reinvent that customer care offerings that are provided to staff here at the Trust. Staff at all levels deal with a busy workload every day and we need to 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. Patients have felt in a number of the complaints that our staff have not embodied the values of the Trust. The Trust is committed to support and develop all of our staff, across all areas and professions, to help them show these Trust important values on a consistent basis