



Mersey and West Lancashire
Teaching Hospitals
NHS Trust

2023-24 Complaints and PALS Annual Report

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1. Introduction

The annual complaints report satisfies the requirements of the NHS complaints procedure in England (effective from 1 April 2009). It analyses and identifies trends in the occurrence of complaints and the activity relating to formal complaints and PALS contacts received in the period covering the past financial year.

Mersey and West Lancashire Teaching Hospitals NHS Trust (the Trust) came into existence on 1 July 2023 following the amalgamation of St Helens and Knowsley Teaching Hospitals NHS Trust (STHK) and Southport and Ormskirk Hospital NHS Trust (S&O). The Trust is committed to providing high standards of person-centred care, but recognises that there are times when the care provided may not meet the expectations of patients and carers. The Trust encourages a culture that seeks and uses people's experience of care to improve quality and welcomes comments, compliments, complaints and concerns. We recognise that by listening to people about their experiences, staff can learn new ways to improve and prevent the same issues from happening in the future. Also, it enables us to make improvements in the areas that patients, their relatives and carers say matter most to them. In line with our core values we are kind, we are open, and we are inclusive. Our approach to dealing with complaints reflects these core values.

The Trust takes patient and carer complaints extremely seriously. Staff work hard to ensure that any concerns are acted on as soon as they are identified and that there is a timely response to rectify any issues that are raised either at a local level, through the Trust's two site specific PALS Teams, or through the Chief Executive process where anyone with concerns or feedback can make contact directly via the dedicated email address (formerly askann@sthk.nhs.uk, updated in December 2024 to askrob@sthk.nhs.uk), by letter or by telephone to the executive offices. Matrons, ward and departmental managers are available for patients and their carers to discuss any concerns and to provide timely resolution to ensure patients receive the highest standards of care. Each area has a patient experience notice board to highlight how patients and carers can raise a concern and this is also included on the information table placemats available for patients in some areas. At times, however, patients and their carers may wish to raise a formal complaint, which is thoroughly investigated so that complainants are provided with a comprehensive written response. Complaints leaflets are available across the Trust, including an easy read format, and information on how to make a complaint is also available on the Trust internet and in alternative formats and languages if required.

In accordance with the NHS complaints procedure, the annual complaints report is made available to the public on request. The Trust acknowledges that, as a new organisation, it is limited in the extent to which it is able to compare its current performance to previous performance.

2. Overview of complaints

For simplicity, and where possible, figures below are provided for the legacy Trusts for quarter 1 and for the entirety of MWL for the rest of 2023-24. Historic data for the legacy trusts is contained in appendices at the end of this document.

In quarter 1 2023-24, S&O received 39 new first stage complaints that were opened for investigation and STHK received 54. For the remaining three quarters MWL received 327 1st stage complaints, leading to a total of 420 for the financial year.

The previous annual numbers of first stage complaints received for the 2 Trusts are set out below:

Annual number of first stage complaints received

	2019-20	2020-21	% change	2021-22	% change	2022-23	% change	2023-24	% change
STHK	325	251	22% decrease	269	7% increase	211	22% decrease	246	17% increase
S&O	254	213	16% decrease	272	28% increase	243	11% decrease	174	28% decrease
Combined total	579	464	20% decrease	541	17% increase	454	16% decrease	420	8% decrease

MWL received 8% fewer first stage complaints in 2023-24 than in 2022-23, with a significant reduction in S&O complaints and an increase in the number for STHK.

In Q1 2023-24, there were six complainants at STHK who were dissatisfied with the initial response and raised a stage two complaint. In the same period, S&O had 3 reopened complaints. Since 1 July 2023, MWL have received 36 second stage complaints, which is an increase on the previous year. In response to the increased number of second stage complaints received, the Trust undertook a review in August 2023 to identify if there were any common themes. The clearest theme was delayed responses to 1st stage complaints, with just under 50% of 2nd stage complaints having breached the original 1st stage timescale. In response to this, the Trust now sends out a letter at day 55 indicating that the response may be delayed if it is anticipated the deadline may breach.

In total, STHK received 65 complaints (including second stages, out of time complaints, complaints primarily against other organisations) in Q1. S&O received 42 formal complaints (including reopened complaints). Since 1 July 2023, MWL has received a total of 397 complaints including 2nd stage/reopened, out of time and joint complaints.

Number of new complaints received by quarter in 2023-24

Indicator	2023-24	2023-24	2023-24	2023-24
	Q1	Q2	Q3	Q4
Total number of new complaints	STHK - 54 S&O - 39 Total - 93	101*	96*	130*

*MWL combined data

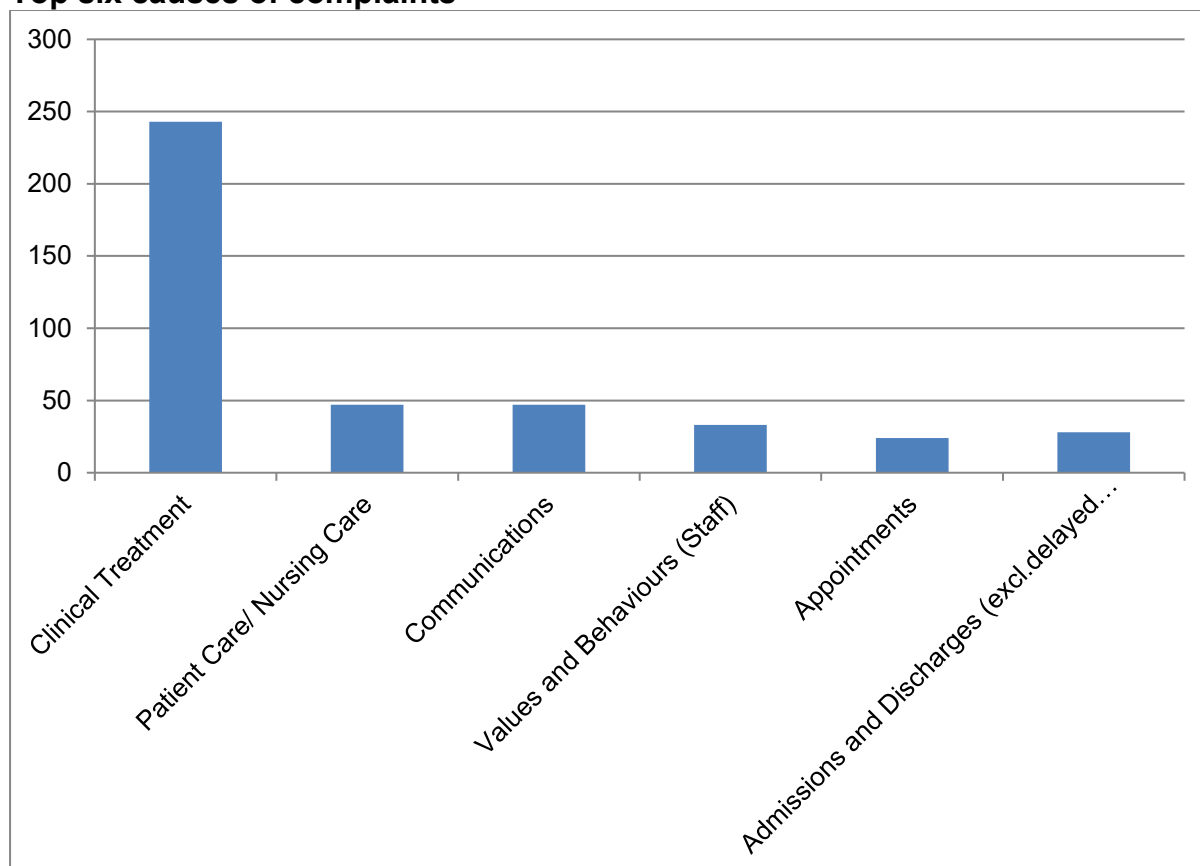
2.1. Cause of complaints

Formal complaints can be made for a number of reasons. From 1st April 2015, the

Department of Health implemented a standardised coding system for the reporting of complaints.

Chart 1 below highlights the top six themes for complaints in 2023-24. Clinical care is by far the highest cause of complaints across both legacy sites. Communications, Values and Behaviours of staff, and appointments appear in the top 5 across the entire trust. The S&O sites did not report and issues regarding Patient Care/Nursing Care. We anticipate that this is due to the way the complaints are recorded, rather than a complete absence of complaints involving those elements of care.

Top six causes of complaints



2.2. Where complaints come from

Sources of complaints by group business line

	2023/2024
Medical Care Group (STHK)	156
Surgical Care Group (STHK)	107
Clinical Support Services (STHK)	23
Community Services (STHK)	22
Medicines Management (STHK)	2
Estates and Facilities (STHK)	1
Information Governance (STHK)	1
Nursing, Governance, Quality & Risk (STHK)	1
Urgent Care (S & O)	85

Planned Care (S & O)	43
Women & Children's (S & O)	35
Clinical Support Services (S & O)	2
Integrated Governance & Quality (S & O)	1
Trust wide - Multiple CBU's (S & O)	2
Total	481

The totals include some complaints which were not primarily against the Trust, but required a response to some elements in order to support a complaint response being led by another organisation. Medical Care Group at STHK, and Unplanned Care at S&O (both of which are responsibility for their Emergency Departments) have the greatest number of complaints, reflecting high levels of activity.

2.3. Complaint outcomes

Once a complaint has concluded, the outcome will be recorded in line with the findings of the investigation. A complaint will be “upheld”, “upheld in part” or “not upheld”. Below are the figures for those complaints that have concluded since the merger of the Trusts.

	23/24 Q2	23/24 Q3	23/24 Q4	Percentage
Not Upheld Locally	27	37	20	84 (26.75%)
Partially Upheld Locally	47	57	64	168 (53.5%)
Upheld Locally	25	22	15	62 (19.75%)
Total	99	116	99	314

In an effort to ensure consistency of approach, the Head of Complaints considers all complaints and makes a recommendation regarding the complaint outcome. This can then be cross checked against the conclusion of the Director of Nursing, Midwifery and Governance, who has the final say on the outcome of the complaint.

2.4. Timeliness of Complaints Responses

In an effort to ensure consistency across the whole Trust all complaints received on or after 1 July 2024 were given a timescale of 60 working days for a response. This meant there were a number of legacy complaints with different timescales for completion, which in turn led to a period of overlap where 2 sets of complaints were due for completion at the same time. This corresponded with the winter period when there is traditionally more pressure on services, and less availability of staff time to concentrate on answering complaints.

In addition, the Trust decided not to extend the timescale for responses (which is permitted within the 2009 NHS Complaints regulations) except in exceptional circumstances, in order to provide a truer picture of performance. This has led to an apparent decrease in performance (particularly against previous STHK response figures) across the year. The Trust appointed a dedicated Head of Complaints, who commenced in post on 25 March 2024, with part of that role dedicated to improving the timeliness and quality of complaint responses.

1st stage complaints response times in 2023-24

Indicator	2023-24	2023-24	2023-24	2023-24
	Q1	Q2	Q3	Q4
Total number of new complaints	93 STHK - 54 S&O - 39	101*	96*	130*
Response to first stage complaints within agreed timescale – target 90%	STHK - 72.9% S&O 55%	75%*	60.3%*	53.5%*

*combined MWL data

The Trust acknowledged 100% of complaints within 3 working days (an NHS national target) during 2023-24 and has maintained this for the last 5 years.

2.5. Assurance, learning from complaints and service improvements

In keeping with the Trust's vision to provide 5 star patient care, it remains extremely important that the Trust continues to learn from complaints and that this is reflected in service improvements. Below are some of the key lessons and changes from the last financial year:

- **Nutrition and Hydration** - Omission in fluid balance chart completion will be shared with wider ward team. Staff will be reminded of the requirements surrounding the completion of fluid balance charts so that an accurate record can be maintained of all fluid input and output. Ward undertook weekly fluid balance compliance audits and these results were shared with the ward team at the daily safety huddles and ward meetings
- **Nutrition and Hydration** – Ensuring all staff are trained in the use of eating and drinking needs assessment and patients to have this completed on admission to the ward. This tool identifies if patients require assistance - e.g. opening packets/removing lids or additional assistance
- **Support to new mothers** - Introduced a specific referral form for staff to fill out and send to the community office when a woman is identified out of hours as requiring a visit. This formalises the process and will avoid missed visits for women in the future
- **Incorrect information regarding medication** - Department manager reviewed and amended the current advice leaflets. The new paperwork was shared with wider endoscopy team to ensure it was implemented
- **Poor documentation** - undertaking monthly audits (10 sets of notes) to ensure high standard of records are being maintained. This specific audit looked at post procedure instructions being clearly documented and communicated to patients
- **Missed/delayed investigations** – Implementation of a weekly tracking list to flag any outstanding inpatient fluoroscopy examinations and expedite appointments
- **Discharge of vulnerable patients** – Ensuring the involvement of family in discharge process e.g. dementia advocate and ensuring the Dementia Passport is completed

2.6. Parliamentary and Health Service Ombudsman (PHSO)

Complainants dissatisfied with the Trust’s complaint response have the right to ask the PHSO to consider their case. However, the complainant must be able to provide reasons for their continued dissatisfaction (in writing) to the PHSO. The Trust may also refer the complainant to the PHSO if they feel that the response has been thoroughly investigated and responded to.

The PHSO will consider the complaint file, medical records and any other relevant information as necessary. The PHSO may decide not to investigate and no further action will be required from the Trust or, alternatively, make recommendations for the Trust to consider. The PHSO may decide to conduct a full investigation, which might result in the Trust being required to make an apology, pay compensation and/or produce an action plan outlining changes to be made to rectify the situation and prevent further occurrences.

The PHSO appears to currently be operating with a substantial backlog. In some cases the Trust has been asked to provide information in relation to preliminary enquiries, but has not received any further correspondence for over 12 months.

2.6.1. PHSO preliminary enquiries

Across the entirety of MWL there were 15 provisional enquiries during 2023-24. 6 related to the former STHK sites, and 9 to the former S&O sites. Of these 15 provisional enquiries 13 have been closed with no further investigations. 1 is still being looked into by the PHSO and a decision is anticipated once they have obtained specialist input.

2.6.2. PHSO formal investigations

Of the 15 provisional enquiries, 1 new formal investigation was commenced in 2023-24 and one previous investigation concluded in 2023-24.

PHSO – Formal Investigations 2023-2024

Description	Main Subject (KO41A)	PHSO Decision	Outcome
Patient feels she is being pressurised to take medication during her pregnancy despite her midwifery team being aware of her phobia of needles. Patient feels staff where not respecting her human rights and her right to refuse medication and using social services as a threat.	Communication	Ongoing investigation	

Description	Main Subject (KO41A)	PHSO Decision	Outcome
Complainant dissatisfied with overall care and treatment. Concerns relate to length of waiting list for planned procedure, treatment pathway and pre-op issues, problems encountered relating to change of consultant, decisions made by a clinician, cancellation of surgery, length of time waiting for staff to contact with information regarding their treatment plan, inadequate medication/pain relief following surgery, post op complications and lack of discharge paperwork.	Waiting times	Partially upheld.	Financial payment awarded for post op pain issues. Apology for additional pain, distress, and distrust experienced as a result of not receiving appropriate pain relief after surgery.

2.7. Complaints satisfaction survey

In the past the Trust has experienced low completion rates for the complaints satisfaction survey, therefore, the questionnaire was reviewed and amended to try and focus on questions which needed direct feedback, rather than those that could be objectively checked elsewhere. This was trialled at the former STHK sites initially commencing on 1st October 2023, with the new style survey being sent to each complainant who received a response, including all stages and out of time responses. This report covers the completed satisfaction survey questionnaires received by the Trust from 1 October 2023 to 31 March 2024. During this period the Trust signed off 142 complaints for STHK. 9 completed questionnaires were received. This is a response rate of **6.34%**.

The survey highlighted areas where improvements could be made, including making the complaints leaflet more informative, ensuring complainants were aware that making a complaint would not negatively affect their ongoing care and providing regular communication about progress with the complaint.

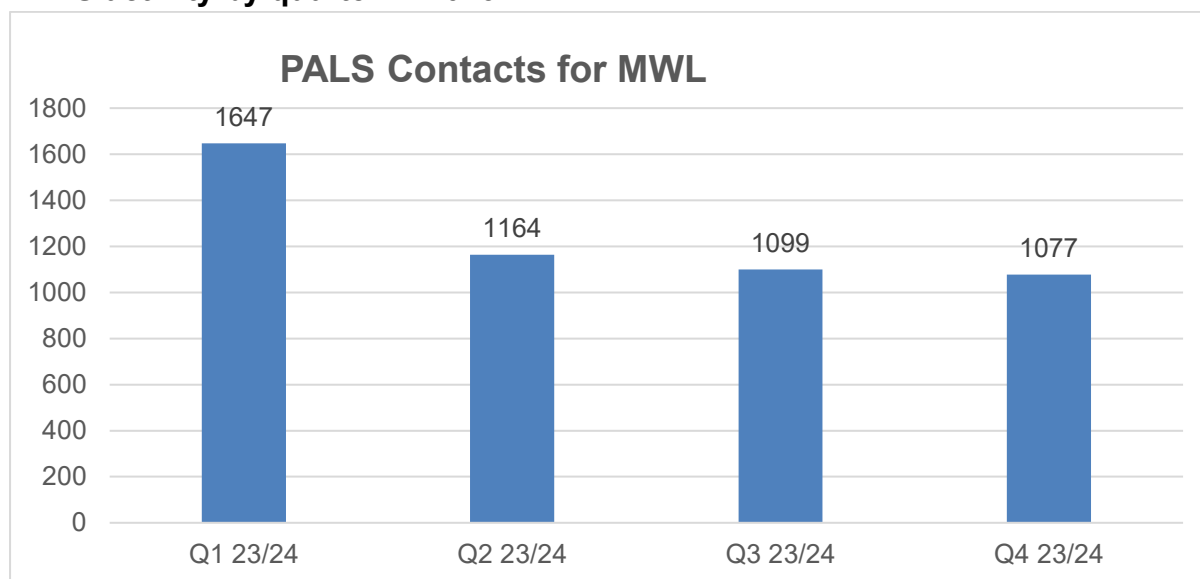
The Trust will look at updating the satisfaction survey before rolling out across all sites, as well as reviewing if it could be completed using alternative technology. We will also be reviewing the leaflet in order to ensure it better meets the needs of complainants, providing regular updates on progress with the complaint and ensuring patients and carers are confident when complaining that their care will not be adversely affected.

3. PALS overview

The Patient Advice and Liaison Service (PALS) provides impartial advice and assistance in answering questions and resolving concerns that patients, their relatives, friends and carers might have when accessing the NHS services provided by the Trust. The team will listen to concerns, queries and suggestions and provide

advice and support to patients, their families and carers. The service helps to resolve problems quickly by liaising and working closely with the relevant teams.

PALS activity by quarter in 2023-24



*Data for Q1 is based on combined total of STHK and S&O.

There were 4,987 PALS enquiries (not including basic signposting) from 1 April 2023 to 31 March 2024.

3.1. PALS activity by Care Group/Clinical Business Unit

Not all PALS contacts are for specific Care Groups or Business Units; however, the chart below highlights the spread of contacts where this is specified. There will be some issues where it is not possible to ascertain a specific department/division.

	2023/2024
Medical Care Group (STHK)	1439
Surgical Care Group (STHK)	1053
Clinical Support Services (STHK)	112
Community Services (STHK)	57
Health Informatics/ Health Records (STHK)	5
Estates and Facilities (STHK)	22
Nursing, Governance, Quality & Risk (STHK)	61
Finance (STHK)	1
Medicines Management (STHK)	8
Urgent Care (S & O)	473
Integrated Governance & Quality (S & O)	440
Planned Care (S & O)	338
Women & Children's (S & O)	177
Non Trust Location (S & O)	79
Clinical Support Services (S & O)	55

Estates & Facilities (S & O)	41
Human Resources (S & O)	14
Finance (S & O)	5
Medical Director (S & O)	3
Trust wide - Multiple CBU's (S & O)	1
Performance Division (S & O)	1
Total	4385

3.2. Subject of PALS contacts

The top 5 subjects that were raised within these PALS enquiries are shown below.

STHK:

1. Communications
2. Admissions and discharges (excluding delay due to care package)
3. Appointments
4. Clinical Treatment
5. Waiting Times

S&O

1. Clinical Care
2. Communication
3. Values/behaviours and attitude
4. Length of waiting time for appointments
5. Discharge

As the data recorded within PALS for STHK and S&O is not the same, due to different recording systems, it is difficult to make direct comparisons.

4. Access for Complainants

The Trust's Managing Complaints, Concerns and Compliments Policy aims to make patients and their representatives feel comfortable and supported in making their complaints. The latest version of the Policy has been amended to place greater emphasis on ensuring everyone can access the complaints process, regardless of any communication issues. Leaflets and posters highlighting the various methods for raising concerns are left on wards and departments to ensure patients or their representatives are aware of the options available for raising complaints. Enquiries, feedback and complaints information is also available on the Trust's website in addition to an online complaint form.

5. Conclusion

MWL has achieved total compliance of 52.7% against the timescale of 60 working days from quarter 2 to quarter 4 2023-24. The Trust is working hard to reduce the time taken to respond to complaints, including the appointment of a dedicated Head of Complaints, recirculation of the guidance on drafting and quality checking of statements and complaint responses, offer of training on statement writing to new

divisions and discussions with divisions about appropriate resources for complaints within their new structures.

The timeliness of acknowledging complaints within 3 working days has remained consistent with all complaints being acknowledged within 3 working days for the last five years.

The PALS Team continue to resolve the vast majority of concerns at a local level, without the need to escalate to a formal complaint.