

# MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

## BOARD OF DIRECTORS

<b>Report of:</b>	Professor Cheryl Lenney – Chief Nurse
<b>Paper prepared by:</b>	Sue Ward, Deputy Chief Nurse Debra Armstrong, Deputy Director of Nursing (Quality) Stephen Hodges, Head of Patient Services Caron Lappin, Acting Director of Nursing, Wythenshawe
<b>Date of paper:</b>	February 2018
<b>Subject:</b>	Quarter 3 Complaints Report
<b>Purpose of Report:</b>	Indicate which by ✓ <ul style="list-style-type: none"> <li>• Information to note ✓</li> <li>• Support</li> <li>• Resolution</li> <li>• Approval</li> </ul>
<b>Consideration of Risk against Key Priorities:</b>	Patient & Staff Experience
<b>Recommendations:</b>	To note the content of the report and the progress of the Complaints Transformation Programme.
<b>Contact:</b>	<u>Name:</u> Debra Armstrong – Deputy Director of Nursing (Quality) <u>Tel:</u> 0161 276 5061

## **Manchester University NHS Foundation Trust (MFT) Complaints Report October 1<sup>st</sup> – December 31<sup>st</sup> 2017**

### **1. Executive Summary**

- 1.1 Members of the Group Board of Directors are asked to note the Quarter 3, 2017/18 complaints report for Manchester University NHS Foundation Trust, covering the period 1<sup>st</sup> October 2017 – 31<sup>st</sup> December 2017.
- 1.2 This report provides a Trust-level overview of the Complaints and PALS performance for Quarter 3 of 2017/18. Where data is not available for all areas, this has been indicated. Where this report refers to Q2 (or earlier) data for the Trust, this is an amalgamation of the legacy Trust's (CMFT and UHSM) data.
- 1.3 During Quarter 3 2017/18, work continues to be undertaken to integrate the Trust's complaints functions and develop a single set of performance metrics. This will enable full comparisons to be made between the Hospitals/Managed Clinical Services (MCS) across the Group.
- 1.4 During Quarter 3 of 2017/18, there were a total of 408 formal complaints received. This compares to 333 complaints received in Quarter 1 and 400 complaints received in Quarter 2, 2017/18. There was a 2% increase in formal complaints (increase of 8 in number) received in Quarter 3 compared to Quarter 2, 2017/18, which is within normal variation.
- 1.5 The largest numerical increase in complaints over this period was in the Royal Manchester Children's Hospital which had an increase of 13 cases (+36.1%). The largest decrease in complaints from Quarter 2 to Quarter 3, 2017/18 was Manchester Royal Infirmary which had a reduction of 23 cases (-19%).
- 1.6 There was a 0.2% increase (positive) in the proportion of complaints closed within 25 working days, with 37.9% of the total complaints closed in Quarter 3 compared to 37.7% of the total closed in Quarter 2, 2017/18. This compares to 40% in Quarter 1, 2017/18. There was a decrease (positive) of 1% of the proportion of cases closed at 41 days or more days between Quarter 2 and Quarter 3, 2017/18. However, numerically this equates to an increase (negative) of 8 cases.
- 1.7 At the end of Quarter 3, there were 283 unresolved formal complaints. The unresolved complaints comprised 115 (40.5%) which had been registered between 0-25 days, 68 (24%) between 26-40 days and 100 (35.5%) had been registered for 41 or more days. There is no comparison date for Quarter 2, 2017/18 relating to 'current complaints' as this information is collected in real-time and was not routinely collected by UHSM pre-merger. Direct comparisons for MFT will be made from the Quarter 4, 2017/18 Complaints Report.
- 1.8 The NHS Complaint Regulations (2009) stipulate that complaints must be acknowledged in writing no later than 3 working days after the complaint is received. The Trust achieved 95.6% compliance with this Key Performance Indicator during Quarter 3 of 2017/18. This equates to 20 complaints that were acknowledged outside the target at Wythenshawe Hospital.
- 1.9 The Patient Services Team continues to work with Hospital and Divisional Teams across the Trust to identify and develop service improvements informed by complaints; details are discussed in Section 8 of this report.

- 1.10 The Group Board of Directors is asked to note the information within the reports and plans for continued integration and devolution of the processes from April 1st 2018.

## 2. Overview of Quarter 3 Performance

### PALS

- 2.1 During Quarter 3 (1/10/17 – 31/12/17) there was a total of 1,425 PALS concerns received. This compares to 1,562 concerns received in Quarter 2; this equates to an 8.8% decrease in concerns compared to Quarter 2, 2017/18. Numerically this equates to a decrease of 137 concerns.
- 2.2 Following the relocation of the PALS office within MRI and the opening of the PALS reception desk, there have been a significant number of patients and visitors requiring general assistance and wayfinding at this location. The enquiries and wayfinding contacts for Quarter 3 amount to 3,107 to the PALS reception desk at MRI. Reception staff are now able to answer low level queries and concerns in real time, which could previously have been escalated as a PALS concern.
- 2.3 As appropriate and in agreement with the complainant, PALS concerns can be escalated to formal complaints or formal complaints de-escalated to PALS concerns. Historically, data has not been collected for Wythenshawe and Withington Hospitals regarding escalated or de-escalated cases. However this will commence with the implementation of the new Safeguard Complaints Module for the Trust during 2018/19.
- 2.4 At the Central site, there were 26 PALS cases escalated for formal investigation during Quarter 3, compared to 60 PALS cases being escalated during Quarter 2. Cases are in the main escalated due to the complexity of the complaint received and following discussion with the complainant advising that formal investigation needs to be undertaken.
- 2.5 Conversely 2 formal complaint cases were de-escalated during Quarter 3 compared to 7 cases being de-escalated during Quarter 2.
- 2.6 The Hospital with the highest number of PALS concerns raised during Quarter 3, 2017/18 was Wythenshawe with 414 cases (29%), followed by the Manchester Royal Infirmary with 396 cases (27.8%).
- 2.7 The majority of PALS contacts during Quarter 3, 2017/18 related to the Outpatient areas, which accounted for 991 (69.5%) of the 1,425 contacts received. This compares to 260 (18.2%) concerns raised during Quarter 3 in relation to the Inpatient areas.
- 2.8 **Table1** shows the timeframes in which PALS concerns have been resolved during the previous three Quarters.

**Table 1:** Closure of PALS concerns within timeframes.

	Quarter 1, 2017/18	Quarter 2, 2017/18	Quarter 3, 2017/18
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Days to close	Number of cases resolved within timeframe	Percentage of cases closed within timeframe	Number of cases resolved within timeframe	Percentage of cases closed within timeframe	Number of cases resolved within timeframe	Percentage of cases closed within timeframe
0-5	716	52.1%	909	58.2%	949	53.2%
0-7	867	63.1%	1063	68%	1107	62.1%
8-14	329	23.9%	320	20.5%	281	15.8%
15+	178	13%	180	11.5%	394	22.1%

- 2.9 In Quarter 3, 2017/18 the number of cases taking longer than 14 days to close increased by 214 cases to 394. This represents a 119% increase in the number of long-standing cases and is due to 341 long-standing cases identified at Wythenshawe Hospital being closed during Quarter 3. There has subsequently been significant improvement in PALS performance for Wythenshawe Hospital and this will be reflected in the Quarter 4 performance.

### Formal Complaints

- 2.10 During Quarter 3 of 2017/18, there were a total of 408 formal complaints received. There was a 2% increase in formal complaints (increase of 8 in number) received in Quarter 3 compared to Quarter 2, 2017/18. This variation is within expected limits and is closely monitored by the Head of Patient Services.
- 2.11 The largest numerical increase in complaints over this period was in the Royal Manchester Children's Hospital which had an increase of 13 cases (+36.1%). The largest decrease in complaints from Quarter 2 to Quarter 3, 2017/18 was for Manchester Royal Infirmary which had a reduction of 23 cases (-19%). It is important to note that where a relatively small number of complaints are received, large percentage variations can be caused by relatively small numerical fluctuations.
- 2.12 During Quarter 3 of 2017/18, there were 148 complaints made relating to Inpatient services and 205 in relation to Outpatient services. For Inpatient services, this represents a reduction of 4.5% compared to Quarter 2 (155) and for Outpatient Services, this represents a reduction of 14.2 % compared to Quarter 2 (176).
- 2.13 The National Statutory Requirement for the acknowledgement stage of formal complaints handling, according to the NHS Complaints Regulations (2009), is to acknowledge 100% of all complaints no later than 3 working days after the complaints are received. The Trust achieved 95.6% compliance with this Key Performance Indicator (KPI) during Quarter 3, 2017/18. The 4.4% that were acknowledged outside the target timeframe equates to 20 complaints. All of these complaints relate to Wythenshawe Hospital. Systems have since been reviewed and improvements made to ensure complaints are acknowledged within the expected timeframe.

### Current Complaints

- 2.14 At the end of Quarter 3, there were 283 unresolved formal complaints. The unresolved complaints comprised 115 (40.5%) which had been registered between 0-25 days, 68 (24%) between 26-40 days and 100 (35.5%) had been registered for 41 or more days. There is no comparison data for Quarter 2, 2017/18 relating to 'current complaints' as this information is collected in real-time and was not routinely collected for Wythenshawe and Withington Hospitals pre-merger. Direct comparisons for MFT will be made commencing from Quarter 4, 2017/18.
- 2.15 All formal complaints over 35 days old are subject to an internal KPI meeting within Patient Services; over 41 day cases have historically been discussed weekly within

the divisions at the Central Site and performance is now monitored via the Trust Assurance Oversight Framework (AOF) for all Hospital sites.

- 2.16 The historic UHSM and CMFT monitoring processes have continued during Quarter 3 to ensure a continued focus on performance during the integration of the complaints processes. At Wythenshawe Hospital, all formal complaint response times have been monitored through a monthly complaints panel chaired by the Director of Nursing and Medical Director and also through Divisional performance reviews held monthly and attended by the senior divisional teams. Monthly complaint reports are also discussed at the Clinical Standards Sub-Committee which is chaired by the Director of Nursing
- 2.17 Historically, cases over 41 days old relating to Central and Trafford Hospitals have been subject to a fortnightly Complaint Key Performance Indicator (KPI) meeting, chaired by the Chief Nurse or Deputy Chief Nurse on her behalf and attended by the Hospital Chief Executives or Divisional Directors. Notably, prior to the commencement of the performance meeting in the former CMFT, in November 2015, there were 76 complaints relating to Central and Trafford Hospitals unresolved at 41 or more days; at the end of Quarter 3, 2017/18 there were 23 complaints that remained unresolved at 41 or more days. This is a decrease of 14 cases compared to the end of Quarter 2, 2017/18, when there were 37 cases unresolved at 41 or more days.
- 2.18 The accountability for complaints management and monitoring will be fully devolved to the Hospital Chief Executives during Quarter 4, 2017/18 and the historic corporate KPI meeting will be stood down. Performance will be monitored at Group level via the Assurance Oversight Framework (AOF).
- 2.19 The oldest complaint case closed during Quarter 3 was registered at Wythenshawe Hospital. The case was opened on 13<sup>th</sup> March 2017 and the case was 170 days old when it was closed on 13<sup>th</sup> November 2017. An initial response was sent to the complainant in January 2017. However, the complainant remained dissatisfied which involved a further investigation by the Wythenshawe Hospital team. Unfortunately, due to an administration oversight within the Patient Experience Team at Wythenshawe Hospital the investigation was not initiated until September 2017 and the complainant was not provided with a written response to their outstanding concerns until November 2017. Systems have subsequently been reviewed and improvements made to prevent a recurrence of such an error.
- 2.20 Wythenshawe Hospital had the highest number of unresolved cases at the end of Quarter 3 with 89 open cases, of these 9 (10%) were within 0-25 days, 16 (19%) were between 26-40 days old and 63 (71%) were over 41 days old.

### **Resolved Complaints**

- 2.21 **Table 2** provides a comparison of formal complaints resolved within each timeframe from Quarters 1, 2017/18 to Quarter 3, 2017/18.

**Table 2:** Comparison of formal complaints resolved by timeframe

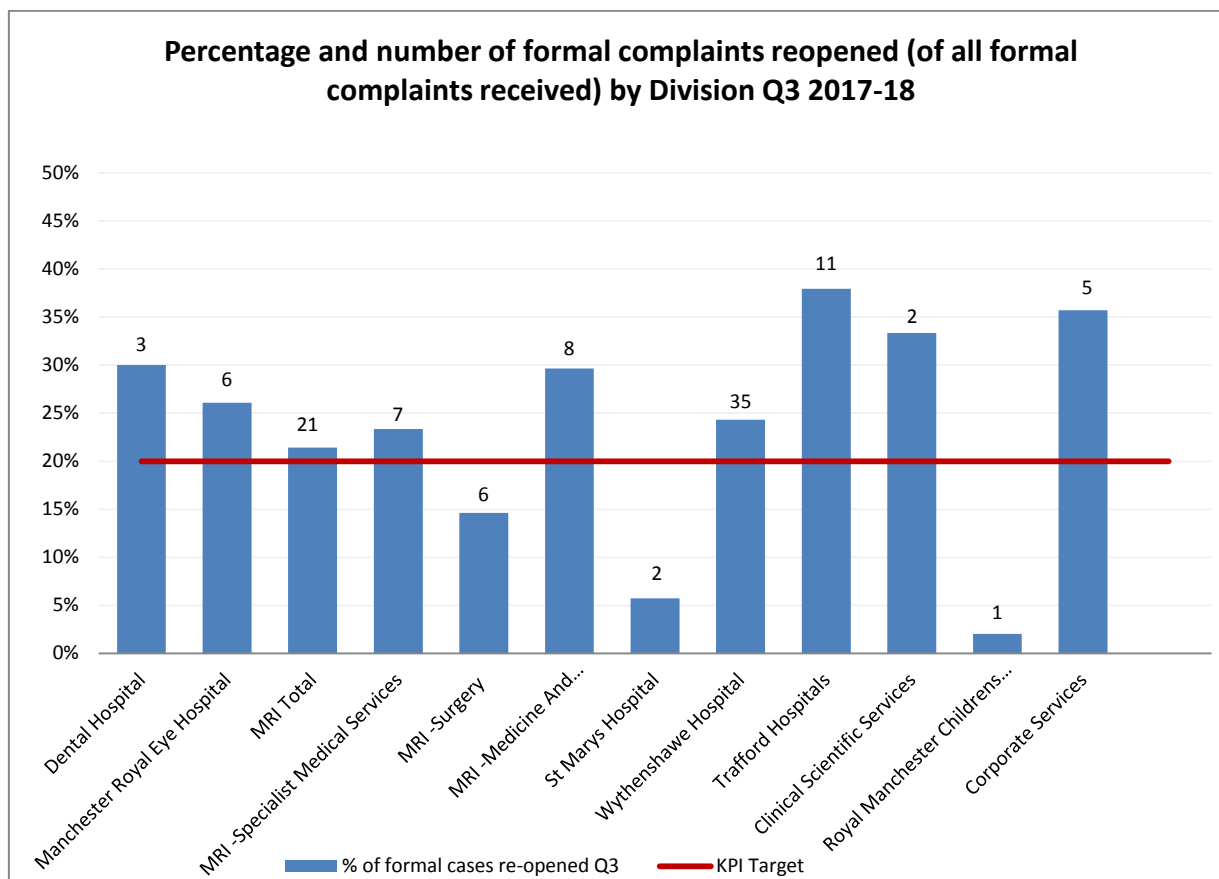
	Quarter 1 2017/18	Quarter 2 2017/18	Quarter 3 2017/18
Formal complaints resolved	357	366	404
Resolved in 0-25 days	143 (40%)	138 (37.7%)	153 (37.9%)
Resolved in 26-40 days	102 (28.6%)	113 (30.9%)	128 (31.7%)
Resolved in 41+ days	112 (31.4%)	115 (31.4%)	123 (30.4%)

- 2.22 The proportion of cases resolved within 0-25 working days increased from Quarter 2 to Quarter 3, 2017/18 by 0.2% (positive). There was also a reduction of 1% (positive) in the number of case resolved between at 41+ days, between Quarter 2 and Quarter 3, 2017/18.
- 2.23 During Quarter 4, 2017/18, it is anticipated that the number of cases resolved at 41+ days will increase. This is primarily due to the identification of system issues and an unplanned and significant reduction in the number of PALS staff available to support the management of complaints relating to Wythenshawe Hospital. The issue has been identified, immediate action has been taken and an Improvement Programme developed and implemented. Progress updates will be reflected in future Quarterly Complaints Reports.

### Reopened Complaints

- 2.24 Re-opened formal complaints are used as a proxy indicator to measure the quality of the initial response. In the first instance, an internal tolerance threshold of 20% has been agreed by the Chief Nurse. The number of formal complaints re-opened (dissatisfied) during the Quarter 3 of 2017/18 was 86 (21%). This compares to 82 (20.5%) in Quarter 2, 2017/18.
- 2.25 **Graph 1** illustrates Hospital/Divisional performance against this threshold in Quarter 3, 2017/18. The Division of Surgery - MRI (15%); St. Mary's Hospital (6%) and Royal Manchester Children's Hospital (2%) all demonstrated performance below the 20% threshold (positive) during Quarter 3, 2017/18. All other Hospital Sites were above the threshold. It should be noted, however, that small fluctuations in the **total number** of complaints received in a Hospital can result in large percentage changes for those sites with overall low number of complaints.

**Graph 1:** Percentage and number of re-opened Formal Complaints (Quarter 3, 2017/18).



### Trust-Wide Compliments

- 2.26 The registration of compliments received by the Group Chief Executive is managed by the PALS Team and the Hospital management teams manage registration of locally received compliments on the Safeguard Complaint Management System. All responses are managed locally by the Hospitals and signed off at Director level.
- 2.27 The Trust receives many compliments from patients, their families and friends and action continues to be undertaken to increase recording of such invaluable feedback. **Table 3**, below, shows the numbers of compliments registered for each Hospital/ Division. The number of compliments registered during Quarter 3 of 2017/18 was 199. This compares to 178 in Quarter 2, 2017/18. This represents an increase of 21 (11.8%) between Quarter 2 and Quarter 3, 2017/18.

**Table 3:** Distribution of Compliments received from Quarter 4, 2016/17 to Quarter 3, 2017/18.

Hospital/MCS	Number of Compliments received by Division				
	Division	Q4	Q1	Q2	Q3
	Division not recorded	30	33	26	20
CSS	Clinical Scientific Services	8	31	11	4
Corporate	Corporate Services	1	2	1	0
MREH/UDHM	University Dental Hospital of Manchester	3	1	5	0
	Manchester Royal Eye Hospital	13	4	14	7
RMCH	Royal Manchester Children's Hospital	8	2	11	3
St. Mary's	St Marys Hospital	8	4	18	6
MRI	Specialist Medical Services	14	31	11	6
	Medicine And Community Service, MRI	35	17	15	40
	Surgery, MRI	7	10	12	25
Wythenshawe, Trafford, Altrincham and Withington	Trafford and Altrincham Hospitals	91	89	28	19
	Wythenshawe and Withington Hospitals	47	35	26	69
	<b>Total</b>	<b>265</b>	<b>259</b>	<b>178</b>	<b>199</b>

### 3.0 Patient Opinion and NHS Choices feedback

- 3.1 Patient Opinion and NHS Choices are independent healthcare feedback websites whose objective is to promote honest and meaningful conversations about patient experience between patients and health services.
- 3.2 The number of Patient Opinion and NHS Choices responses by category; positive, negative and mixed positive and negative comments, are detailed in **Table 4**.
- 3.3 The Patient Opinion and NHS Choices feedback demonstrates that more than half of the overall comments (56.8%) received during Quarter 3 of 2017/18 were positive. This represents an improvement compared to Quarter 3, 2016/17 when the overall positive comments represented 46.4% of the total. Negative comments equate to 27.3% of the overall total received during the third quarter of 2017/18, which compares to 41.4% during Quarter 3, 2016/17. Mixed responses relate to 15.7%.



**Table 4:** Number of Patient Opinion postings by division in Quarters 3, 2017/18

Number of Patient Opinion Postings received by Division (Q3)			
Hospital/Managed Clinical Service/Division	Positive	Negative	Mixed
Corporate Services	0	0	0
Clinical Scientific Services	2	1	1
Manchester Royal Eye Hospital	3	0	1
Dental Hospital	2	0	0
MRI - Medicine and Community Service	1	1	1
MRI - Specialist Medical Services	4	1	3
MRI - Surgery	3	2	1
Royal Manchester Children's Hospital	1	0	0
St Marys Hospital	3	4	3
Trafford and Altrincham Hospitals	6	8	1
Wythenshawe and Withington Hospitals	29	9	4
<b>Total</b>	<b>54</b>	<b>26</b>	<b>15</b>

3.4 **Table 5** provides three examples of the feedback received and the subsequent responses posted on Patient Opinion and NHS Choices websites during Quarter 3, 2017/18.

**Table 5:** Example NHS Choices/Care Opinion Postings and Responses

Quarter 3, 2017/18 Manchester Royal Infirmary
<p>"Anonymous" gave Manchester Royal Infirmary a rating of 5 stars - TIA Consultant - exceptional service. We would like to convey our extreme gratitude and overwhelming satisfaction following a very stressful week due to our father's ill health following an accident in Pakistan where he suffered a fracture following collapse. The consultant we saw today was exemplary in their conduct and examination, the consultant was efficient, thorough and very reassuring. The consultant from the TIA clinic C saw my 74 year old father and dealt with him in a very professional, patient and compassionate manner - making my father feel very much at ease and heard, my father felt that he was in the best hands despite all our fears and anxieties. The consultant is a valuable asset to the trust and should be recognised and commended for their outstanding approach to patient care. We had a very negative experience with the MRI 6 years ago when we lost our mother but I can honestly say that this consultant has restored our faith in this hospital today - they arranged all the relevant tests quickly so that we could leave the hospital feeling safe and confident in his care. I will be writing to this Dr personally to convey my family's thanks and gratitude. The consultant did not rush the consultation and took a lot of time, effort and care to collate a comprehensive history of events to make a precise and defined diagnosis. Patients seldom send thanks and are quick to complain when things go wrong, I felt compelled to send this positive review in light of today's experience. Visited in October 2017. Posted on 31 October 2017</p>
Response

Thank you for taking the time to post your kind comments on the NHS Choices website. We were pleased to read of your satisfaction in the way that the Consultant treated your father, particularly in the way he conducted himself in a professional, efficient and very reassuring manner. We were also pleased to note that the Consultant made your father feel at ease, that he felt he was in the best hands and that this alleviated your fears and anxieties. We will ensure that your feedback is passed on to the Division of Medicine and Community Services so that it can be shared with the consultant.

#### **Quarter 3 2017/18, Wythenshawe Hospital**

Ear, Nose and Throat Clinic review. I attended the clinic on Monday 20<sup>th</sup> November 2017. I had been referred by my GP as I was experiencing Tinnitus. The nurses on the clinic reception were helpful, pleasant and informative. Before seeing a doctor my hearing was tested and the nurse explained each step of the procedure very well. I then went in to see a doctor who first of all asked me if it was OK for a trainee nurse to sit in on the consultation and I said this was OK. The doctor then asked me a series of what I thought were very meaningful questions and not just an exercise in ticking boxes. We discussed my tinnitus and my slight loss of hearing and at all times the doctor's manner and explanations were given in a very professional manner and with the correct degree of empathy. The doctor said that they wanted me to have a scan of my ear and would mark their request as urgent. At the end of the consultation I felt assured that my case was in excellent hands and the Doctor said an appointment would be made after the scan and they would then discuss the results with me. This doctor is a perfect example of the professional expertise and customer care and satisfaction that is provided by our NHS. I returned home and within minutes received a call from the cardiac centre and I am having my scan this Friday morning. My overall experience can be justifiably described as our NHS at its very best.

#### **Response**

Thank you for taking the time to post your feedback on the NHS Choices website. Please accept our apologies for our delayed response to your comments.

We were pleased to read that you found our staff to be helpful and pleasant. We were especially pleased that you received a good standard of information and that you were provided with personalised care. We were also pleased that our staff showed empathy whilst providing your care, as this is one of the core values of our Trust. It is always good to receive feedback which highlights the dedication and consideration of our staff. It was good to know that you left your consultation feeling assured and confident that you were in good hands. We will pass your kind comments on to the Deputy Head of Nursing so that it can be shared with the team in the Ear, Nose and Throat Department.

#### **Quarter 3, 2017/18, Trafford General Hospital**

Had surgery on ankle.

From start to finish the staff were friendly proficient and professional. From the consultant, ward nurse and all other departments' staff. Even the theatre nurses put me at ease. I had a really bad experience in my previous surgery and was very apprehensive but felt safe and secure with the person who booked me in to theatre.

I cannot put into words how wonderful the anaesthetist and their assistant were in explaining every step of procedures and comforting me with their continual presence throughout and thorough understanding of how I was feeling made the experience so much less traumatic for me. Even the recovery team were attentive and offered post op advice. This department is special and has a work ethic and care commitment second to none. Thank you for restoring my faith.

Visited in October 2017. Posted on 04 October 2017

### Response

Thank you for your comments posted on the NHS Choices website regarding your care following ankle surgery at Trafford General Hospital. It was very kind of you to write and compliment the staff as it is good to receive positive feedback which reflects the hard work and dedication of our staff.

We were sorry to learn that you had a less than satisfactory experience in respect of a previous surgery. It is reassuring therefore to hear that all of the teams involved in caring for you following your ankle surgery were friendly and professional, from the Consultant and Ward Staff to the staff member who booked you into theatre.

Your comments have been passed to Mrs Stirrup, Matron for Surgery at Trafford General Hospital. Mrs Stirrup will ensure that your comments are passed on to the Anaesthetist and the theatre team so that the support they offered you and the positive effect it had upon you is recognised. Please be assured that Mrs Stirrup will share your comments with all of the staff who were involved in your care, which will be much appreciated.

## 4. Themes from Complaints and PALS contacts

4.1 In Quarter 3, the medical staffing group were cited in 31.6% of all PALS contacts, compared to 34.9% in Quarter 2, 2017/18. This group was also cited in 46.7% of formal complaints in Quarter 3, compared to 56.1% in Quarter 2, 2017/18. Recording limitations prevent further analysis of this data to determine whether these references relate to specific grades of medical staff. Actions in relation to this trend are undertaken on a case by case basis by the relevant Hospital/MCS. In addition, the Customer Services Manager provides educational input with regard to customer service and complaints management to the New Consultants Programme.

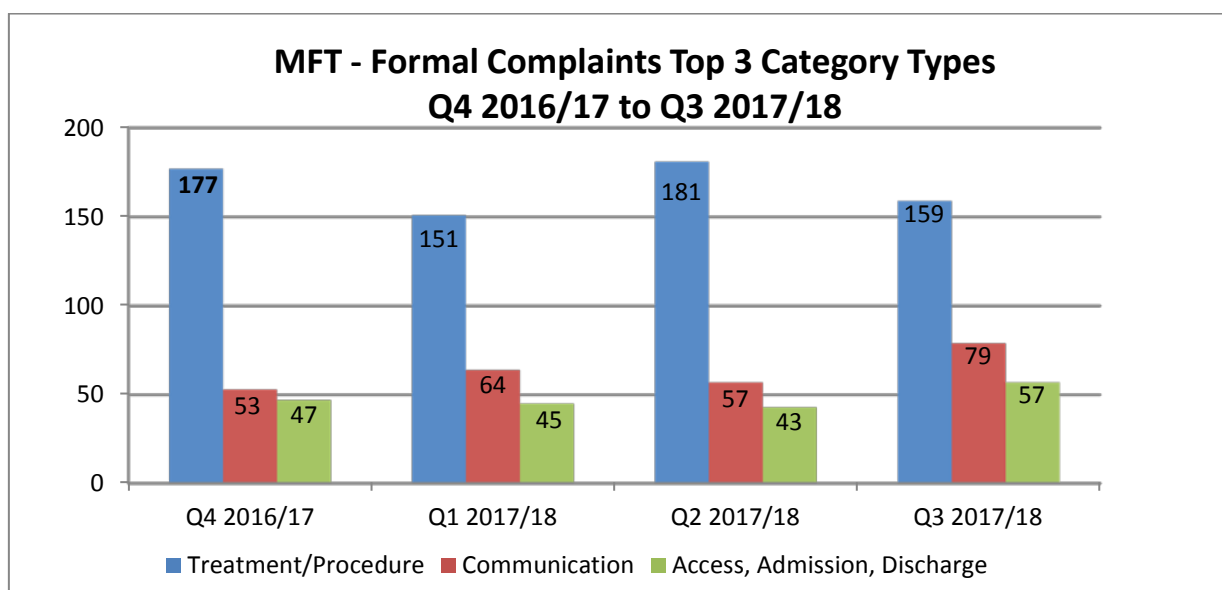
4.2 The Trust-wide top three category types for Formal Complaints in Quarter 4, 2016/17 to Quarter 2, 2017/18 are shown in **Table 6** and in **Graph 2** below.

**Table 6:** Top 3 Formal Complaints Themes (Quarter 1 compared to Quarters 2 and 3)

	Quarter 1	Quarter 2	Quarter 3
<b>Treatment/Procedure:</b>	151	181	159
<b>Communication:</b>	65	57	79
<b>Access, Admission, Discharge:</b>	45	43	57

4.3 Treatment/Procedure, Communication and Access, Admission and Discharge categories are all consistently within the top 3 category types for Formal Complaints.

**Graph 2: Formal Complaints – Top 3 Categories (Quarter 4, 2016/17 to Quarter 3, 2017/18)**



#### 4.4 Theming Complaints based on the Trust Values and Behaviours

During Quarter 1, 2018/19 following implementation of the new Safeguard Complaints Management module for MFT, the theming of complaints to Trust Values will be implemented across the Trust, and will capture information in relation the MFT Values that are currently under development.

### 5. Complaints Scrutiny Committee

- 5.1 In accordance with the agreed schedule, the Complaints Scrutiny Committee, which is chaired by a Non-Executive Director, met once during Quarter 3, 2017/18. The Division of Surgery, MRI presented a case at the November 2017 meeting. The Division of Medicine and Community Services, MRI was also due to present a case at this meeting, however MRI suffered an emergency power cut and as a result, the senior team could not attend the meeting. This has subsequently been re-scheduled.
- 5.2 The learning identified from the case presented and the actions discussed and agreed at the meeting are outlined in **Table 7**. Transferable learning from complaints is identified and shared through this committee.
- 5.3 During Quarter 1, 2018/19 the Terms of Reference for the Complaints Scrutiny Review Group will be reviewed to reflect the MFT hospital/MCS structure.

**Table 7:** Actions identified at the Trust Complaints Scrutiny Committee during the Quarter 3 of 2017/18.

Hospital/Division	Learning	Actions
Division of Surgery, MRI	Communication. Managing expectations of relatives better	<ul style="list-style-type: none"> <li>Meeting with and providing regular updates to families proactively.</li> <li>Providing key contact details to families.</li> <li>Divisional reports re: cancellations and patients awaiting emergency theatre to be circulated to teams.</li> </ul>
	Management of emergency operating lists and coordination of emergency theatre	<ul style="list-style-type: none"> <li>Theatre coordinator posts recruited to and to commence in post in January 2018.</li> </ul>

## 6. Parliamentary and Health Service Ombudsman (PHSO)

- 6.1 The Trust had 32 cases under the review of the Parliamentary and Health Service Ombudsman at the end Quarter 3, compared to 30 under review at the end of Quarter 2. **Table 8** provides details of the progress of each PHSO case and shows the distribution of PHSO cases across the Hospitals/MCSs.

**Table 8:** Overview of PHSO Cases open as at 31<sup>st</sup> December 2017

Hospital/MCS/ Division	Case/s	Progress
CSS	2	Investigations on-going – Awaiting draft report
RMCH	2	Investigations on-going – Awaiting draft report
SMS, MRI	3	Investigations on-going – Awaiting draft report
DMACS, MRI	3	Investigations on-going – Awaiting draft report
Surgery, MRI	5	Investigations on-going – Awaiting draft report
MREH	1	Investigations on-going – Awaiting draft report
TGH	4	Investigations on-going – Awaiting draft report
Wythenshawe	12	Investigations on-going – Awaiting draft report
<b>Total</b>	<b>32</b>	

- 6.2 The PHSO did not close any cases relating to Manchester University Foundation NHS Foundation Trust, or the two legacy Trusts during Quarter 3, 2017/18.

## 7. Learning from Feedback

### Implementing Learning to Improve Services

- 7.1 All Hospital management teams regularly receive their complaint data and review the outcomes of complaint investigations at local Quality or Clinical Effectiveness Committees. **Table 9** demonstrates how learning from a selection of complaints has been applied in practice to contribute to continuous service improvement within the Trust's services.

**Table 9:** Examples of the application of learning from complaints to improve services during Quarter 3

Hospital/MCS/ Division	Learning & Improvements
<b>CSS</b>	<p><b>Nuclear Medicine:</b></p> <p>A patient complained about the service they received when attending for a heart scan. They noted that the member of staff involved did not introduce themselves at the start of the procedure and came across as rude during the conversations with the patient. At the end of the test the patient was not shown back to the changing room but left outside the scan room to find their own way back to get changed.</p> <p>On investigation the department identified that this complaint related to a member of agency staff. Following the complaint, the member of staff involved was made aware of our expected standards of care. However, the concerns raised as part of this complaint led the department to review the agency induction to ensure details of the expected standard of care are included. The review identified that whilst the Nuclear Medicine Team expected a level of professionalism in qualified agency staff, clear guidance was not provided as part of the induction process.</p> <p>The concerns raised by the patient were also used at an anonymous team training session to stimulate discussion within the team regarding the level of care staff are expected to provide for patients, where this situation had failed to meet these standards and to help staff reflect on other situations that may lead to a similar failure.</p> <p><b>Radiology:</b></p> <p>The mother of a child under the care of the Speech and Language Team (SALT) contacted PALS to express her concerns regarding several issues with her son's care.</p> <p>One of her concerns related to the length of time her son waited for a Videofluoroscopy (VF) examination. This test is performed in the Children's X-ray Department by a Consultant Radiologist and a Speech and Language Therapist. The child's mother had been informed at an outpatient clinic appointment that she would receive an appointment for the VF within 6-8 weeks. However, after 8 weeks she had not received this appointment, which is when she contacted PALS.</p> <p>If a patient is deemed clinically urgent to undergo a VF examination they are appropriately prioritised, unfortunately due to a national shortage of Consultant Radiologists there is currently a longer than normal wait for VF examinations. However whilst the SALT team prioritise and appoint patients for VF examinations, informing the Radiology Department which patients are to be booked into the session, they did not previously explain the current expected waiting times to patients.</p> <p>As a result of this complaint, the SALT team now contact the Radiologist if they have a patient who requires an urgent appointment. There is also a Duty Radiologist available every day for advice. In addition Radiology and the SALT team liaise closely to ensure the SALT team are aware of any staffing issues and can ensure patients are fully informed regarding the current waiting times, therefore managing patient and carer expectations.</p>

DMACS, MRI	<p><b>Urgent Care:</b></p> <p>A review of complaints received relating to the Emergency Department, Acute Medical Unit, Ambulatory Care Unit and Walk In Centre in the Division of Medicine identified an emerging theme of poor communication, as the following examples demonstrate:</p> <ul style="list-style-type: none"> <li>▪ <b><i>‘Why did the receptionist snigger when answering questions?’</i></b> and, <b><i>‘Is it acceptable for the nurse to say ‘don’t be so rude?’</i></b></li> </ul> <p>As a direct result of the investigations into the concerns raised within these complaints, the following actions have been taken:</p> <ul style="list-style-type: none"> <li>▪ Complaint letters are shared at staff huddles in a morning, with the aim that staff understand the impact of their behaviour</li> <li>▪ Complaint themes and trend reports are discussed at Divisional meetings</li> <li>▪ Individuals mentioned in a complaint have the opportunity to discuss and reflect on their actions with their line manager to identify areas for improvement</li> <li>▪ All staff are reminded of the Trust’s Values and Behaviours and Customer Service training is available for all staff.</li> <li>▪ Complaints are monitored and trends are reviewed with managers if a pattern is seen to be occurring.</li> </ul>
MREH	<p><b>Reviewing Systems within the MREH to inform external hospitals of Doctors’ leave:</b></p> <p>A complaint was received from a patient who received an Ophthalmic Outpatient Appointment at Altrincham General Hospital.</p> <p>On the day of the appointment, the patient experienced a long delay waiting to be seen for their clinic appointment, only to be told that one of the doctors who was scheduled to be in clinic, was actually away on annual leave and that the clinic’s clerical staff had unfortunately not been informed and therefore the number of patients scheduled to be seen in the clinic had not been reduced.</p> <p>Upon investigation, it was apparent that the consultant concerned had informed the relevant staff by email that he intended to take annual leave on the day on question. Unfortunately, the member of staff responsible for circulating this information had overlooked the Consultant’s leave form and did not circulate this to all clinical areas, which would have automatically resulted in the staff reducing the number of patients to be seen in this particular clinic.</p> <p>The system for receiving and recording doctor’s annual leave has now been reviewed by the MREH Hospital Management Team to reduce the risk of this type of incident recurring.</p>

RMCH	<p><b>Wrong Site Procedure:</b></p> <p>A patient was admitted for a tonsillectomy. In addition to their procedure, there were four other children on the planned theatre list who were scheduled to undergo surgery. The theatre list was manually transcribed on to the theatre whiteboard to complete the team brief which was undertaken before the list commenced, using the details transcribed on to the whiteboard (not checked against the theatre list).</p> <p>The patient was transferred to theatre and after relevant checks, was anaesthetised. During the <b>'Time Out'</b>, the surgeon read the procedure from the whiteboard while the Operating Department Practitioner checked this against the consent form. The discrepancy between the whiteboard (which detailed insertion of grommets and tonsillectomy) and the consent form (for tonsillectomy only) was not noted at this point.</p> <p>Grommets were inserted before commencing a tonsillectomy. While undertaking paperwork the Scrub Nurse noticed the discrepancy, the error was realised and a decision taken to remove the grommets. The parents of the child were informed of the error.</p> <p>Upon investigation, it was found that:</p> <ul style="list-style-type: none"> <li>▪ The procedure was transcribed from the theatre list to the whiteboard incorrectly as insertion of grommets and tonsillectomy; this procedure was planned for the child immediately after this patient.</li> <li>▪ The Team Brief was undertaken purely against the whiteboard and this was not checked against the theatre list.</li> <li>▪ The <b>'Time Out'</b> was undertaken without all staff members having sight of the consent form to check against.</li> </ul> <p>Following this incident a number of actions were identified:</p> <ul style="list-style-type: none"> <li>▪ The processes around Safe Surgery should be reviewed and improved (in particular within the Paediatric Theatre setting) consideration should be given to how effective the barriers in place are.</li> <li>▪ Prior to any Surgical procedures and before patients have been prepared and draped, the surgeon, the scrub nurse and anaesthetist must view the consent form against the patient's identification bracelet simultaneously.</li> <li>▪ Surgery cannot commence until this has been completed and the 3 checkers agree it is the correct patient and the correct procedure.</li> </ul>
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<b>SMS, MRI</b>	<p><b>Surgery Delay and Poor Communication:</b></p> <p>A complaint was received from the wife of a patient regarding a significant delay in surgery along with issues around poor communication from the surgical team.</p> <p>Delays in progressing the patient's assessment for surgery were multifactorial, related to the complexity of his co-morbidities and also organisational factors, including lack of communication with the patient and lack of internal escalation regarding progressing the patient to a decision about whether to proceed with surgery. The patient and his wife were clear that he was awaiting surgery, however from an organisational perspective the surgeon had not agreed the next steps, and this was not communicated to patient and his wife.</p> <p>The patient was removed from the cardiac surgery waiting list as a decision had not been reached on surgery.</p> <p>The patient had trouble hearing the telephone and did not routinely answer telephone calls with 'caller ID' withheld/not displayed.</p> <p>Key findings: the process of the preparation for each patient prior to their admission for cardiac surgery required change. The changes include the development of a clearly defined process for each patient's journey from the initial appointment to surgery, with formal managerial support for monitoring and review of patients on the waiting lists.</p> <p>Communication guidance will be produced for when patients are not able to be contacted by telephone.</p>
<b>St Mary's Hospital</b>	<p><b>Listening and Responding. Positive communication:</b></p> <p>The Ward Manager for the Midwifery Led Unit (MLU) shared the story of one patient's disappointing experience of the maternity pathway. The story was disclosed through the Tell us Today / local resolution route and an action plan was drawn up between the patient and the Ward Manager. The Patient's story and the actions were shared with the senior Nursing and Midwifery team at the Saint Mary's Professional Forum and a PowerPoint presentation developed for dissemination to all wards.</p> <p>This was the woman's first pregnancy and she had planned as natural a birth as possible. During her pregnancy she was advised that baby wasn't growing quite as expected and the Consultant recommended induction of labour. The patient wanted to leave this for a further week but felt she didn't have a choice as any other option was to put her baby at risk. The patient told us that she felt she wasn't given enough information about the Induction of labour and that when she was admitted she felt more like a protocol rather than an individual. The woman wanted to use the birthing pool but due to the rapid advancement of her labour, the lady was quickly transferred to the labour ward and her birth plan was not discussed with her. The woman went on to have a normal birth but had to go to theatre for a repair of a 3<sup>rd</sup> degree tear and was separated from her baby for a short period. The woman remembers her postnatal care as a series of conflicting advice from caring midwives but that in reality she feels her birth experience was not what she had wanted or expected.</p>

	<p>The concerns raised by this patient have culminated in the team at St Mary's Hospital developing the following Action Plan:</p> <ul style="list-style-type: none"> <li>▪ To share the woman's story, experience and feelings with staff at St Marys. Staff have been asked to reflect and consider their own practice and how they communicate with the women and families in their care</li> <li>▪ The Ward manager has provided positive feedback to the staff recognised by the woman that have provided good care.</li> <li>▪ The Directorate will review the practice of keeping the baby with mum for repair of a 3<sup>rd</sup> degree tear if possible.</li> <li>▪ Training and improving skills and competencies: Full Obstetric Anal Sphincter Injuries (OASIS) Care Bundle has been widely disseminated and a team established to champion compliance and to ensure accurate data and therefore contribute to best practice guidelines for the future.</li> </ul>
<b>Surgery, MRI</b>	<p><b>Poor Nursing Care and Communication with the Patient's Family:</b></p> <p>A patient was admitted to the Emergency Surgical Trauma Unit (ESTU) following a road accident, which left the patient with multiple serious injuries that included a broken neck, a shattered shoulder, and a broken left leg. The patient required several transfers to and from Wythenshawe Hospital for wound debridement and skin grafting by the Plastic Surgery Team.</p> <p><b>The family of the patient raised concerns regarding Communication, dehydration, malnutrition and pressure sores.</b></p> <p>On investigation it was noted that the patient had a number of risk factors that placed them at higher risk of pressure sore development; such as being over the age of 70, being confined to bed after surgery, urinary incontinence, bowel incontinence and a poor appetite.</p> <p>Unfortunately, the patient's nursing documentation in respect to the recording of pressure area care contained some inconsistencies regarding the nursing staff's description of the patient's skin condition during their stay, which varied from documenting a Grade 1 to Grade 2 pressure ulcer.</p> <p>The patient was noted to have had numerous transfers to and from other Hospitals. On each occasion the patient arrived back to the MRI, staff reassessed the patient's skin condition. However, it was found on transfer back to the MRI, and also during the patient's early inpatient stay, that medical illustrations of the patient's pressure ulcers were not requested and undertaken as routine.</p> <p>The patient was turned regularly, but this became increasingly difficult due to the placement of the patient's leg in a frame.</p> <p>Unfortunately the accountability review (investigation and action plan) into the patient's pressure ulcers was not shared with the family following the presentation of the patient's case to the corporate nursing team at the Pressure Ulcer Accountability Meeting in June 2017.</p>

Due to the patient's poor nutritional status they were referred to the dietician and assessed. Nutritional advice and support for the patient during their stay was obtained. The patient was prescribed nutritional supplements and their weight was recorded as an estimated weight, an accurate weight was not recorded on admission due to the patient's injuries. Following this the patient's weight was measured on an approximate monthly basis.

#### **Lessons Learnt:**

Following the in-depth investigation into the concerns raised the Division have implemented the following actions:-

#### **Communication:**

- The need for being open with families was recognised along with the need to ensure the duty of candour is upheld. The investigation and action plan that was instigated to ensure learning within the nursing and multi-disciplinary team report was sent to the patient's family from the Division of Surgery under a separate cover from the complaint response letter.

#### **Pressure Sore Care:**

- The need for pressure sore accountability. An action plan was instigated within the nursing and multi-disciplinary team, to ensure lessons were learnt from this patient's experience.
- An anonymous report in relation to this case investigation was presented at the ESTU Ward Meeting in July 2017 to assist in the education of staff and support prompt escalation.
- ESTU has introduced Tissue Viability ward rounds 3 times a week involving the nursing teams; these were implemented by the end of January 2018 and this action will support staff to develop a more effective method of identification, treatment and review of patients at risk of developing pressure ulcers.
- A bespoke training programme for the ward staff regarding consistency in recognition of skin integrity and assessment of pressure damage was introduced, to improve the accuracy of future assessments.
- Continuing education in relation to accurate incident reporting has been implemented to ensure processes are followed to ensure correct incident reporting of existing and deterioration of Pressure Ulcer damage.
- A clear process for medical illustration requests has been implemented to ensure that this takes place to record pressure ulcers and this is now clearly documented on handover.
- A review of all bedside folders was undertaken to ensure visual tools are available in the notes for the nursing team, and to provide further education for the teams to be implemented by the end of January 2018.

	<ul style="list-style-type: none"> <li>A review of the education and processes for faecal/urinary continence management for elderly patients is to be implemented once a new Incontinence Nurse has been appointed.</li> </ul> <p><b>Nutrition:</b></p> <ul style="list-style-type: none"> <li>The importance of a patient's weight being regularly and accurately measured and to improve current processes weigh beds have been introduced on the ESTU to ensure all patients are weighed as per trust policy.</li> <li>ESTU undertook a review of the process for patients who are at risk and who require repeated surgery to be assessed for enhanced nutrition between operations. This is an ongoing process to ensure development and improvement to support nutritional need and build up prior to the recovery period.</li> </ul>
<b>Trafford Hospital</b>	<p><b>Care and Treatment</b></p> <p>A complaint was received from a patient who had undergone revision knee surgery at Trafford Hospital. Due to comorbidities, the patient was then admitted to HDU. On arrival on to the Unit he was found to have blistering on the skin of his leg which was thought to have occurred due to antiseptic solution seeping under the theatre drape and tourniquet.</p> <p><b>Improvement:</b></p> <p>Theatre staff have been instructed to check patients' skin integrity following completion of surgery and note any changes on the Skin Integrity Observations section on the Theatre Care Pathway checklist.</p> <p>Trafford Hospital are undertaking a Theatre lead clinician and Pharmacy audit of the use of Chlorhexidine to ensure that it is being used appropriately in theatre and within guidelines.</p>
<b>UDHM</b>	<p>A patient was referred to RMCH for tooth removal in August 2017.</p> <p>The letter sent to the patient confirming the date of surgery had the incorrect day on it, the letter said that the surgery was to take place on Wednesday 15<sup>th</sup> August 2017, rather than the correct date of Tuesday 15<sup>th</sup> August 2017 at TGH. Enclosed within the letter were some instructions regarding fasting prior to surgery.</p> <p>The patient followed the instructions in the letter which said the patient could eat before 7.30am. When they arrived at TGH they were told the surgery could not go ahead as the patient had eaten that morning and they were sent home.</p> <p>They then received a phone call at 10.05 am that day from the patient services team at the UDHM to say that there was a cancellation that day on the afternoon theatre list and to attend the RMCH for the patient's surgery and to keep the patient nil by mouth. Patient arrived at RMCH at 11.30 am, 10 minutes after arriving whilst waiting in the waiting room the patient's mother received a phone call to confirm that the consultant could not do the procedure and the patient would need to go home.</p>

	<p>The reason for the cancellation at RMCH was that the time slot allocated on the list was too short for the time needed for the patient's surgery.</p> <p><b>Lessons Learned :</b></p> <p>As a result of this complaint the following actions have been taken :-</p> <ul style="list-style-type: none"> <li>▪ The RMCH Patient Services team are to thoroughly check appointment letters for surgery to ensure the days/dates are correct. An elective booking team is now in place at the UDHM that facilitate, book and contact patients (previously different members of the patient services team could book GA patients, whereas now there is a dedicated team to do this so there is less room for error and this is managed and monitored by the Elective Booking Team Leader).</li> <li>▪ Separate instruction letters have been devised for each site (TGH and RMCH) and each session (whether it be a morning or an afternoon list) to avoid this happening in the future. These letters were rolled out in November 2017.</li> <li>▪ A discussion should have took place with the surgeon, Dr Barry prior to offering the patient a place on the list at RMCH that afternoon. In future, authorisation is required by the Assistant Directorate Manager before any patient is moved onto a different list at short notice (ADM to discuss with the surgeon in the first instance, which did not happen here to check patient suitability).</li> </ul>
<p><b>Estates and Facilities</b></p>	<p><b>Car Parking</b></p> <p>A number of complaints have highlighted communication issues regarding the newly implemented car parking system in Grafton Street Multi Storey car park.</p> <p>In response, the Facilities Management Team have reviewed the current signage provision, increased the signage in several locations and are currently reviewing the design and content of a further 20 signs.</p>
<p><b>Wythenshawe Hospital</b></p>	<p><b>Unscheduled Care: Medical Specialties</b></p> <p>A complainant alleged that a member of staff breeched their right to confidentiality.</p> <p><b>Questions identified within the complaint:</b></p> <ul style="list-style-type: none"> <li>▪ Why task someone on their first day to speak with patient on the Telephone?</li> <li>▪ Who was delegated to supervise the apprentice?</li> <li>▪ What training had the apprentice had regarding Caldicott, Information Governance and the important of confidentiality?</li> <li>▪ Too much information was given. The conversation should have ended when the apprentice realised that the patient was not there. No further Information should have been divulged.</li> </ul>

	<p><b>Response to the complaint:</b></p> <p>As part of the investigation it was confirmed that the clerk should have documented that confirmation had been received. If this documentation had been completed then no further telephone call would have been necessary, the mistake was due to a human error.</p> <p>The knowledge and abilities of the junior member of staff were unknown when they were delegated the task of telephoning patients. The junior member of staff lacked understanding of the protocols and the importance of maintaining confidentiality, due to being new in post.</p> <p>Due to this incident the booking clerk will not be telephoning patients until further training has been provided.</p> <p>The Management Team recognised the need to ensure all new staff are provided with the appropriate support and training before being asked to carry out work in the department, with immediate effect. All new staff within the department will receive an induction and an assessment prior to allocation of work, with regular appraisals to identify gaps in knowledge and understanding.</p> <p><b>The following actions were taken immediately following the Complaint:</b></p> <ul style="list-style-type: none"> <li>▪ The Management Team were made aware that work is to be appropriately delegated to staff according to their abilities and skill set.</li> <li>▪ An Incident report was submitted to ensure that the senior management team were made aware of this Data Protection Breach.</li> <li>▪ The booking clerk had been alerted to the error and the importance of maintaining confidentiality.</li> <li>▪ The booking clerk has been informed to ensure that the correct person is spoken to before imparting any information that may compromise confidentiality.</li> <li>▪ The booking clerk has been stopped from contacting patients to confirm appointments, until further training provided.</li> <li>▪ The booking clerk has completed the mandatory Caldecott training course.</li> </ul>
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## 8. Developments and Service Improvements

### 8.1 Parliamentary and Health Service Ombudsman visit.

The Trust was approached by the PHSO's office, advising that Professor Behrens, the newly appointed Parliamentary and Health Service Ombudsman, would like to visit the newly formed Manchester University NHS Foundation Trust, as part of a series of visits to trusts to learn about NHS delivery, the current challenges faced by the sector and to hear views from the service regarding any improvements that could be made at the PHSO's office.



The Trust responded positively and arranged for Professor Behrens to visit on 19<sup>th</sup> October 2017. During the visit Professor Behrens met with Professor Cheryl Lenney, Group Chief Nurse, Sue Ward, Deputy Chief Nurse and Debra Armstrong, Deputy Director of Nursing (Quality).

He then went on to meet with the Corporate Complaints team to discuss their experience of the complaints process and visited Ward 45 to discuss patient experience. Professor Behrens completed his visit by meeting with Karen Connolly, Divisional Director, at St. Mary's Hospital to discuss the Hospital's complaints management process.

Professor Behrens and his team expressed their gratitude for the visit and were complementary in relation to Trust's performance in relation to complaints management.



**Picture 1:** Professor Rob Behrens, Parliamentary and Health Service Ombudsman pictured with (L to R) Debra Armstrong, Deputy Director of Nursing (Quality), Sue Ward, Deputy Chief Nurse and Professor Cheryl Lenney, Group Chief Nurse

## 8.2 Single Hospital Service

Work continued during Quarter 3 of 2017/18 to align the complaints processes of the legacy trusts to ensure Manchester University NHS Foundation Trust maintains compliance with the NHS Complaints regulations (2009).

The Formal Complaints service based at Wythenshawe Hospital faced a number of unplanned staffing challenges during Quarter 3, 2017/18. As a result integrated management arrangements were promptly enacted to provide resilience to the service. The temporary reduction in staffing resulted in a backlog of cases that is currently being addressed. Throughout this period, Complainants have been kept informed of any delays in their cases and the Deputy Director of Nursing (Quality) and Head of Patient Services will meet with the CCG Quality team during Quarter 4, 2017/18 to provide assurance on the plans for improvement in this area.

During Quarter 3 and 4, 2017/18 some aspects of the complaints management process have been devolved from Corporate services to the Hospitals and Managed Clinical Services. This includes delegation of the Quality Control process and Chief Executive's sign off of complaint responses to Hospital Chief Executives.

### 8.3 Educational Sessions

Following on from previous successful educational sessions for frontline staff, further Complaints Educational Sessions are being planned for 2018/19. This will include the provision of Writing Complaints Responses course for the relevant staff at Wythenshawe Hospital.

### Complainant's Satisfaction Survey

8.4 The Complaints Satisfaction Survey is based upon the '*My Expectations*'<sup>1</sup> paper and has been developed by the Picker Institute. It is currently sent to complainants from the Central and Trafford Hospitals; however this will be expanded to cover all Trust complainants during Quarter 1, 2018/19. Since implementation, the response rate for the new survey has consistently been between 23-29%. This represents a significant improvement when compared to the response rate of the previous satisfaction survey which had an 8% response in Quarter 2, 2016/17.

8.5 Survey results for Quarter 3 of 2017/18 indicate:

- 96% of complainants understood their right to take their complaint further if they were not satisfied with the outcome.
- 87% of complainants felt the outcome of their complaint was easy to understand.
- 79% felt updates regarding their complaint were personal.
- 76% of complainants felt their complaint was handled professionally by the organisation.
- 73% of complainants felt confident to complain again if needed.
- 69% of complainants felt they received an acknowledgement within an acceptable timeframe.
- 62% of complainants felt they received their complaint within the agreed timescale.

8.6 Comments received during Quarter 3, 2017/18 include the following:

- "It worked well, changes made and improvements achieved."
- "Good actions following complaint."
- "The speed of response was positive."
- "I got upset when I was trying to explain what the problem was, but put at ease by the person I was talking to."
- "The complaint was fully investigated and promise of remedial action."
- "The reply I received was very well written. The person had obviously looked into the questions I raised and were able to give a full comprehensive report I feel my knowledge about my care has improved."
- "Response to initial complaint was timely."
- "Response time was very quick."
- "I would like to say my complaints have been done very well..."
- "Very friendly staff who showed an understanding to my worries."
- "The person who wrote the original summary of my complaint did a good job."

<sup>1</sup> [http://www.ombudsman.org.uk/\\_\\_data/assets/pdf\\_file/0007/28816/Vision\\_report.pdf](http://www.ombudsman.org.uk/__data/assets/pdf_file/0007/28816/Vision_report.pdf)



## 9. Equality and Diversity Monitoring Information

- 9.1 **Table 10** provides Equality and Diversity information gathered from complainants for Quarter 3 of 2017/18. The collection of Equality and Diversity data has improved since the introduction of the new Complaints Satisfaction Survey, however it is clear that this is not consistent across all Hospitals/MCSs. Work will be undertaken in Quarter 4, 2017/18 and Quarter 1, 2018/19 to improve the quality of this data across the Trust.
- 9.2 As this dataset becomes more representative of the complainant population, it is anticipated that it will enable Patient Services to monitor whether any specific patient group is making a disproportionate number of complaints, or if any group is under-represented, thereby enabling the Trust to ensure services are fair and equitable.

**Table 10:** Quarter 3, 2017/18 Equality and Diversity monitoring information

<b>Disability</b>	
Yes	22
No	29
Not Disclosed	357
<b>Total</b>	<b>408</b>
<b>Disability Type</b>	
Learning Difficulty/Disability	0
Long-Standing Illness Or Health Condition	10
Mental Health Condition	2
No Disability	0
Other Disability	3
Physical Impairment	4
Sensory Impairment	2
Not Disclosed	387
<b>Total</b>	<b>408</b>
<b>Gender</b>	
Male	177
Female	225
Transgender	1
Not disclosed	5
<b>Total</b>	<b>408</b>
<b>Sexual Orientation</b>	
Heterosexual	43
Gay man	3
Bisexual	1
Do not wish to answer	5
Not disclosed	356
<b>Total</b>	<b>408</b>
<b>Religion/Belief</b>	
Buddhist	0
Christianity (All Denominations)	42
Do Not Wish To Answer	5
Muslim	4
No Religion	18
Other	1

Sikh	0
Jewish	4
Hindu	1
Not disclosed	333
<b>Total</b>	<b>408</b>
<b>Ethnic Group</b>	
White – British	91
White – Irish	3
White - Other	6
Asian or Asian British - Bangladeshi	1
Asian or Asian British - Indian	2
Asian or Asian British - Pakistani	7
Asian or Asian British – Other Asian	2
Black or Black British - Caribbean	4
Black or Black British – Other Black	4
Mixed – White and Asian	1
Mixed - White and Black Caribbean	1
Mixed – Other Mixed	3
Any other ethnic group	1
Do not wish to answer	0
Not stated	282
<b>Total</b>	<b>408</b>

## 10. Recommendation

- 10.1 The Group Board of Directors is asked to note the content of the Quarter 3, 2017/18 Complaints Report and the on-going work of both the Corporate teams and the Hospital/MCS teams to ensure that the Trust is responsive to concerns raised and learns from patient feedback in order to continuously improve the patient's experience when accessing services or when raising complaints, concerns or providing complimentary feedback about the Trust's services.