MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Professor Cheryl Lenney – Chief Nurse
Paper prepared by:	Sue Ward, Deputy Chief Nurse Debra Armstrong, Assistant Chief Nurse
Date of paper:	April 2018
Subject:	Complaints Report - Quarter 4 2017/18
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support • Resolution • Approval
Consideration of Risk against Key Priorities:	Patient & Staff Experience
Recommendations:	To note the content of the report and the progress of the Complaints Transformation Programme.
Contact:	**Name**: Debra Armstrong – Assistant Chief Nurse (Quality and Professional Practice) **Tel:** 0161 276 5061

Manchester University NHS Foundation Trust (MFT) Complaints Report 1st January – 31st March 2018

1. Executive Summary

1.1 Members of the Group Board of Directors are asked to note the Quarter 4, 2017/18 complaints report for Manchester University NHS Foundation Trust, covering the period 1st January – 31st March 2018.

1.2 This report provides an overview of the Complaints and PALS performance for Quarter 4 of 2017/18. Where data in not available for all areas, this is indicated within the report.

1.3 During Quarter 4 of 2017/18, work continued to be undertaken to integrate complaints functions and develop a single set of performance metrics for MFT. This will enable full comparisons to be made between the Hospitals/Managed Clinical Services (MCS) across the Group from Quarter 1 2018/19.

1.4 During Quarter 4 of 2017/18, a total of 420 formal complaints were received. This compares to 333 complaints received in Quarter 1, 400 complaints received in Quarter 2 and 408 received in Quarter 3 2017/18. There was a 2.9% increase in formal complaints (increase of 12 in number) received in Quarter 4, compared to Quarter 3 2017/18, which is within normal variation.

1.5 The largest numerical increase in complaints over this period was in Manchester Royal Infirmary which had an increase of 14 cases (+14%), 12 cases of which related to the Division of Medicine and Community Services. The largest decrease in complaints from Quarter 3 to Quarter 4, 2017/18 was for The Royal Manchester Children's Hospital which had a reduction of 19 cases (-38.8%).

1.6 There was a reduction (negative) in the proportion of complaints closed within 25 working days, with 26.4% of the total complaints closed in Quarter 4 compared to 37.9% of the total closed in Quarter 3. Additionally, there was an increase (negative) of 12.3% of the proportion of cases closed at 41 days or more days between Quarter 3 and Quarter 4 of 2017/18. Numerically this equates to an increase (negative) of 14 cases.

1.7 At the end of Quarter 4, there were 351 unresolved formal complaints. The unresolved complaints comprised 165 (47%) which had been registered between 0-25 days, 77 (22%) between 26-40 days and 109 (31%) had been registered for 41 or more days.

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 98.5% compliance with this Key Performance Indicator during Quarter 4 of 2017/18. This equates to 7 complaints relating to Wythenshawe Hospital that were acknowledged outside the target.

1.9 The Corporate Patient Services Team continues to work with Hospital/Managed Clinical Services (MCS) 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 report and plans for continued integration, transformation and devolution of the responsibility for complaints management processes to Hospital/MCS Chief Executives from 1st April 2018.

2. Overview of Quarter 4 Performance

PALS

2.1 During Quarter 4 (01/01/18 – 31/03/18) a total of 1,460 PALS concerns were received. This compares to 1,425 concerns received in Quarter 3; this equates to a 2.5% increase in concerns compared to Quarter 3, 2017/18. Numerically this equates to an increase of 35 PALS 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 4 amount to 3,926, compared to 3,107 in Quarter 3. The PALS reception staff based within Manchester Royal Infirmary are now able to answer low level queries and concerns in real time, which could previously have been escalated as a PALS concern. The PALS team is supported by Volunteer Way Finders who are allocated to the MRI entrance to assist patients and visitors to locate the ward or department they require.

2.3 As appropriate and in agreement with the complainant, PALS concerns can be escalated to formal complaints or formal complaints can be de-escalated to PALS concerns. Historically, data has not been collected for Wythenshawe and Withington Hospitals regarding escalated or de-escalated cases. However, recording of this information will commence with the implementation of the new Trust Safeguard Ulysses Complaints Module for new PALS and complaints cases from April 2018/19.

2.4 At the Oxford Road Campus and Trafford Hospital, 32 PALS cases were escalated for formal investigation during Quarter 4, compared to 26 PALS cases being escalated during Quarter 3. Cases are in the main escalated due to the complexity of the complaint received and following discussion with the complainant to advise that formal investigation needs to be undertaken.

2.5 Conversely, 4 formal complaint cases were de-escalated during Quarter 4, compared to 2 cases being de-escalated during Quarter 3.

2.6 The Hospital with the highest number of PALS concerns raised during Quarter 4, 2017/18 was Wythenshawe Hospital, with 404 cases (followed by Manchester Royal Infirmary with 396 cases, which equates to 28.0% and 27.1% respectively of the PALS cases received.

2.7 The majority of PALS contacts during Quarter 4, 2017/18 related to the Outpatient areas, which accounted for 776 (53.2%) of the 1,460 contacts received. This compares to 154 (10.5%) concerns raised during Quarter 4 in relation to the Inpatient areas.

2.8 **Table 1** shows the timeframes in which PALS concerns have been resolved during the previous four Quarters.

Table 1: Closure of PALS concerns within timeframes.

	Quarter 1, 2017/18		Quarter 2, 2017/18		Quarter 3, 2017/18		Quarter 4, 2017/18	
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	Number of cases resolved within timeframe	Percentage of cases closed within timeframe
0-5	716	52.1%	909	58.2%	949	53.2%	900	62.5%
0-7	867	63.1%	1063	68%	1107	62.1%	1075	74.6%
8-14	329	23.9%	320	20.5%	281	15.8%	292	20.3%
15+	178	13%	180	11.5%	394	22.1%	74	5.1%

2.9 In Quarter 4, 2017/18 the number of cases taking longer than 14 days to close decreased by 320 cases to 74. This represents an 81.2% decrease (positive) in the number of long-standing cases. There has been a significant improvement in PALS performance at Wythenshawe Hospital, since new systems and processes have been introduced as part of the alignment of services and this is reflected in the improved Quarter 4 performance.

Formal Complaints

2.10 During Quarter 4 of 2017/18, a total of 420 formal complaints were received. There was a 2.9% increase in formal complaints (increase of 12 in number) received in Quarter 4, compared to Quarter 3, 2017/18. This variation is within normal variation and is closely monitored by the Assistant Chief Nurse (Quality and Professional Practice).

2.11 The largest numerical increase in complaints over this period was in Manchester Royal Infirmary which had an increase of 14 cases (+14%), 12 cases of which related to the Division of Medicine and Community Services. The largest decrease in complaints from Quarter 3 to Quarter 4, 2017/18 was for The Royal Manchester Childrens Hospital which had a reduction of 19 cases (-38.8%). 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 4 of 2017/18, there were 164 complaints made relating to Inpatient services and 156 in relation to Outpatient services. For Inpatient services, this represents an increase of 10.8% compared to Quarter 3 (148) and for Outpatient Services, this represents a reduction of 23.9% compared to Quarter 3 (205).

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 98.5% compliance with this Key Performance Indicator (KPI) during Quarter 4, 2017/18, compared to 95.6% compliance in Quarter 3. The 1.5% of complaints in Quarter 4 that where acknowledged outside the target timeframe equates to 7 complaints. All of these complaints relate to Wythenshawe Hospital. Systems have now been reviewed and improvements made to ensure complaints are acknowledged within the expected timeframe.

Current Complaints

2.14 At the end of Quarter 4, there were 351 unresolved formal complaints compared to 283 unresolved at the end of Quarter 3. This numerical increase of 68 unresolved complaints equates to a 24% increase (negative) at the end of Quarter 4, compared to the end of Quarter 3. The 351 unresolved complaints comprised 165 (47%) which had been registered between 0-25 days, 77 (22%) between 26-40 days and 109 (31%) had been registered for 41 or more days.

2.15 Historically, cases over 41 days old relating to the Oxford Road campus and Trafford Hospital 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 the Oxford Road campus and Trafford Hospitals unresolved at 41 or more days; at the end of Quarter 4, 2017/18 there were 35. However, this is an increase of 12 cases compared to the end of Quarter 3, 2017/18 when there were 23 complaints that remained unresolved at 41 or more days.

2.16 The accountability for complaints management and monitoring has been fully devolved to the Hospital Chief Executives during Quarter 4, 2017/18 and the historic corporate KPI meeting was stood down towards the end of Quarter 4. Performance and management is devolved the Hospital/MCS CEOs and is now being monitored at Group level via the Accountability Oversight Framework (AOF).

2.17 The oldest complaint case closed during Quarter 4 was registered at Wythenshawe Hospital. The case was re-opened on 22nd January 2016 and the case was 496 days old when it was closed on 9th January 2018. An initial investigation and response was provided to the complainant in February 2014; however, the complainant remained dissatisfied. The Wythenshawe Hospital team responded to the areas of outstanding concerns and undertook two further investigations and two further responses were provided to the complainant during 2014 to 2015. , In January 2016 the complainant contacted the Patient Experience Team at Wythenshawe Hospital advising that they remained dissatisfied. Unfortunately, due to an administration oversight within the Patient Experience Team at Wythenshawe Hospital at the time, the further complaint was not identified until work was undertaken to centralise the complaints function and an investigation into the complainant's outstanding concerns was only initiated in December 2017, with a final written response being provided to the complainant in January 2018.

2.18 Wythenshawe Hospital had the highest number of unresolved cases at the end of Quarter 4 with 144 open cases; of these 42 (29%) were within 0-25 days, 28 (19%) were between 26-40 days old and 74 (51%) were over 41 days old. A detailed analysis of all complaints received prior to 1st April 2018 has been completed by the PALS team and the Director of Nursing for WTWA and focused work is being undertaken to address the identified backlog.

Resolved Complaints

2.19 **Table 2** provides a comparison of formal complaints resolved within each timeframe from Quarter 1 to Quarter 4, 2017/18.

Table 2: Comparison of formal complaints resolved by timeframe

	Quarter 1 2017/18	Quarter 2 2017/18	Quarter 3 2017/18	Quarter 4 2017/18
Formal complaints resolved	357	366	404	295
Resolved in 0-25 days	143 (40%)	138 (37.7%)	153 (37.9%)	78 (26.4%)
Resolved in 26-40 days	102 (28.6%)	113 (30.9%)	128 (31.7%)	88 (29.8%)
Resolved in 41+ days	112 (31.4%)	112 (31.4%)	115 (31.4%)	2 3.7%)

2.20 The proportion of cases resolved within 0-25 working days decreased from Quarter 3 to Quarter 4, 2017/18 by 11.5% (negative). There was also a reduction of 1.9% (negative) in the number of cases resolved between 26-40 days, between Quarter 3 and Quarter 4, 2017/18. There was an increase (negative) in the number of cases resolved at 41+ days of 12.3%, 14 in number.

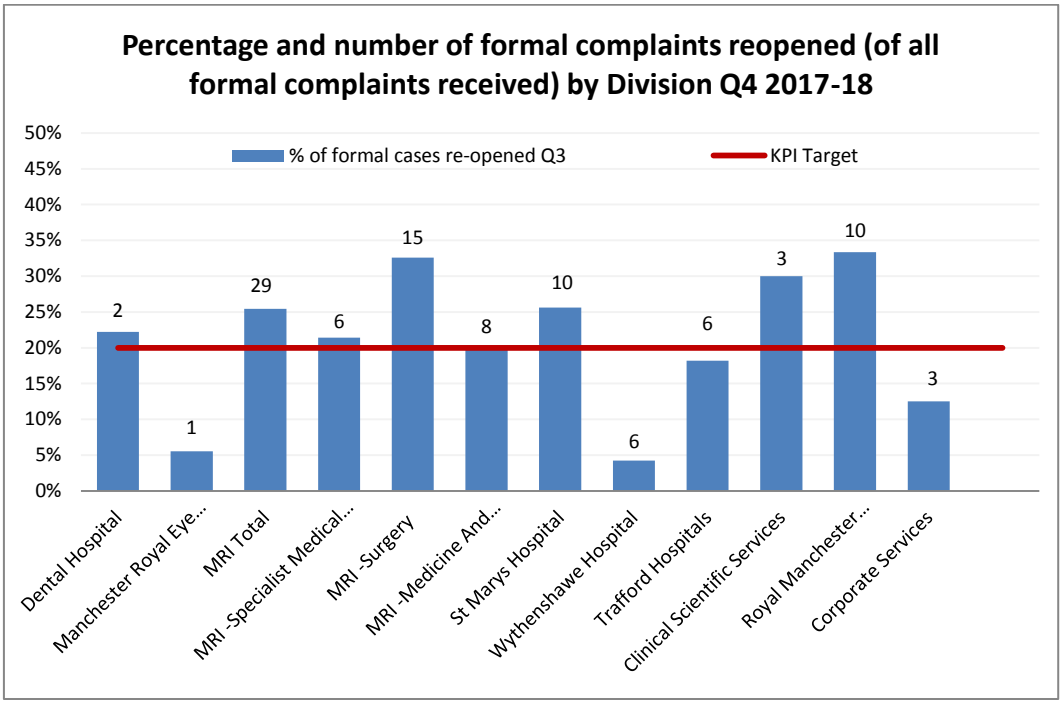
2.21 The Board of Directors were advised in the Quarter 3 Complaints Report of the anticipated increase in the number of cases resolved in 41+ days in Quarter 4. This was primarily due to the identification of system issues and an unplanned and significant reduction in the number of PALS staff available 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 continue to be reflected in future Quarterly Complaints Reports.

Reopened Complaints

2.22 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 Quarter 4 of 2017/18 was 70 (16.7%). This compares to 86 (21.0%) in Quarter 3, 2017/18.

2.23 **Graph 1** illustrates Hospital/MCS and Divisional performance against this threshold in Quarter 4, 2017/18. Manchester Royal Eye Hospital (6%) Division of Medicine and Community Services (20%), Wythenshawe (4%), Trafford (18%) and Corporate Services (13%) all demonstrated performance at or below the 20% threshold (positive) during Quarter 4, 2017/18. All other Hospital/MCSs were above the threshold. It should be noted, however, that small fluctuations in the total number of complaints received in a Hospital/MCS can result in large percentage changes for those with overall low numbers of complaints.

Graph 1: Percentage and number of re-opened Formal Complaints (Quarter 4, 2017/18).



Trust-Wide Compliments

2.24 The registration of compliments received by the Group Chief Executive is managed by the PALS Team and the Hospital/MCS Management Teams manage registration of locally received compliments on the Safeguard Complaint Management System. All responses are managed locally by the Hospital/MCS teams and signed off by the CEO

2.25 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/ MCS. The number of compliments registered during Quarter 4 of 2017/18 was 224. This compares to 199 in Quarter 3, 2017/18. This represents an increase of 25 (12.6%) between Quarter 3 and Quarter 4, 2017/18.

Table 3: Distribution of Compliments received from Quarter 1, 2017/18 to Quarter 4, 2017/18.

	Number of Compliments received by Division				
Hospital/MCS	**Division**	**Q1**	**Q2**	**Q3**	**Q4**
	Division not recorded	33	26	20	9
CSS	Clinical Scientific Services	31	11	4	4
Corporate	Corporate Services	2	1	0	2
MREH/UDHM	University Dental Hospital of Manchester	1	5	0	0
	Manchester Royal Eye Hospital	4	14	7	12
RMCH	Royal Manchester Children's Hospital	2	11	3	5
St. Mary's	St Marys Hospital	4	18	6	8
MRI	Specialist Medical Services	31	11	6	11
	Medicine And Community Service, MRI	17	15	40	43
	Surgery, MRI	10	12	25	36
Wythenshawe, Trafford, Altrincham and Withington	Trafford and Altrincham Hospitals	89	28	19	15
	Wythenshawe and Withington Hospitals	35	26	69	79
	Total	**259**	**178**	**199**	**224**

3.0 Care Opinion and NHS Choices feedback

3.1 Care Opinion (previously 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 Care Opinion and NHS Choices responses by category; positive, negative and mixed positive and negative comments, are detailed in **Table 4** at Hospital/MCS and Divisional level.

3.3 The Care Opinion and NHS Choices feedback demonstrates that approximately two thirds of the overall comments (65.9%) received in Quarter 4 (2017/18) were positive. This represents an improvement compared to Quarter 3 (2017/18) when the overall positive comments represented 56.8% of the total. Negative comments equate to 25.0% of the overall total received during Quarter 4 (2017/18), which compares to 27.3% during Quarter 3 (2017/18). Mixed responses relate to 9.1% of comments.

Table 4: Number of Care Opinion/NHS Choices postings by division in Quarter 4, 2017/18.

Number of Postings received by Division (Q4)			
Hospital/ Managed Clinical Service	**Positive**	**Negative**	**Mixed**
Clinical Scientific Services	1	0	0
Corporate Services (Estates and Facilities)	0	1	0
Dental Hospital of Manchester	3	2	1
Manchester Royal Eye Hospital	4	0	0
MRI - Medicine And Community Service (MRI)	7	2	2
MRI - Specialist Medical Services (MRI)	2	1	0
MRI Surgery (MRI)	4	2	0
MRI Total	13	5	2
Royal Manchester Children's Hospital	1	0	1
St Marys Hospital	6	2	0
Trafford Hospitals	11	9	2
Clinical Support Services, Wythenshawe and Withington	3	0	1
Scheduled Care (Maternity), Wythenshawe and Withington	0	0	0
Scheduled Care (Surgery), Wythenshawe and Withington	7	0	0
Unscheduled Care, Wythenshawe and Withington	9	3	1
WTWA Total	30	12	4
Overall Total	**58**	**22**	**8**

3.4 **Table 5** provides three examples of the feedback received and the subsequent responses posted on Care Opinion and NHS Choices websites by the Trust during Quarter 4, 2017/18.

Table 5: Example of NHS Choices/Care Opinion Postings and Reponses

Quarter 4, 2017/18: CSS, DMACS and Surgery, Manchester Royal Infirmary (MRI)
My partner was admitted through A&E on Sunday 11th March, with sepsis and was found to have a perforated bowel. We cannot thank the staff in A&E, radiology, ESTU and especially ward 11. The care and respect we both received was without a doubt exceptional, everything was done efficiently, with dignity and respect and we were kept informed at all times exactly what was happening and what to expect. From the portering staff right through to the surgeons the care was fantastic! Exceptional thanks and praise goes to the staff nurses and the lovely student nurses on Ward 11. ESTU, you were amazing, so efficient and professional and a credit to your manager and the hospital too! Thank you HDU and theatres for keeping me updated on my partners condition whilst he was a patient with yourselves. Last but not least a big huge thank you to the surgeon and his wonderful team for saving my partners life! Although I am a member of nursing staff at MRI and have been for almost 20 years, I was so very humbled and proud of the respect, professionalism, kindness and efficiency we experienced from everyone we dealt with during a very scary experience, cannot thank everyone enough!! Keep up the fantastic work!
Response
Thank you for taking the time to share your feedback via the NHS Choices website. We were pleased to read that you had a positive experience at Manchester Royal Infirmary and that you felt that the standard of care, provided to your partner, was to an exceptional and efficient standard. We understand that this must have been a very worrying time for you and your partner, so we were especially pleased that you felt treated with respect and dignity and that you were kept well informed throughout this difficult time. It is always good to receive feedback which highlights the hard work and compassion of our staff. We will ensure that your feedback is passed on to the staff involved in your partner's care in the Accident and Emergency Department, the Emergency Surgical Trauma Unit (ESTU), the High Dependency Unit (HDU) and Ward 11. Once again thank you for taking the time to share your comments.
Quarter 4, 2017/18: University Dental Hospital of Manchester (UDHM)
Last week I attended Manchester Dental Hospital for two wisdom teeth removing. I was a nervous wreck and opted for sedation. From the minute I stepped into the door for my first appointment to discuss treatment late last year, I was amazed with how friendly and helpful every single member of staff was. The actual procedure itself was amazing, the staff made me feel calm, discussed everything in length, even held my hand during the procedure - I cannot thank them all enough. It's unfortunate that we are quick to complain when things don't go quite right, but never take the time to give credit where it is due. I really hope you can pass on my thanks to the dental hospital in Manchester. The work they do although stretched is remarkable.

Response
Thank you for posting you kind comments on the NHS Choices website. We were pleased to read that you had a positive experience at the University Dental Hospital of Manchester. We were especially pleased that you found our staff to be friendly and helpful and that they were able to help to put you at ease, before and during you treatment. It is always good to receive feedback which highlights the hard work and compassion of our staff. We will ensure that your feedback is passed on to the Matron of the Dental Hospital so that she can share your comments with the wider team.
Quarter 4, 2017/18: Scheduled Care, Wythenshawe Hospital
Dignity, respect, inclusion, empathy they have it all. My mother was brought in following a heart attack on 1st February. Sadly she passed away on 7th February on the coronary care unit. My sister and I were included in all decision making. The care given to my mother and to ourselves was faultless. Sadly we here such terrible stories of NHS failures. The staff at this hospital could be faulted on nothing. Words cannot express our gratitude to every single member of staff we came into contact with. I sincerely wish to offer our thanks to every individual staff member.
Response
Thank you for taking the time to share your feedback via the NHS Choices website. Firstly, please accept our sincere condolences for the loss of your Mother. We were pleased to read that you and your family felt included in all decisions relating to your Mother's care, whilst she was an inpatient at Wythenshawe Hospital. We were especially pleased that you felt the care provided was faultless and that our staff were able to support your family during this difficult time. It is always good to receive feedback which highlights the dedication and empathy of our staff. Thank you again for taking the time to share your experience at this sad time. We will ensure that your feedback is passed on to the Head of Nursing so that it can be shared with the team on the Coronary Care Unit.

4. Themes from Complaints and PALS contacts

4.1 In Quarter 4, the medical staffing group were cited in 31.8% of all PALS contacts, compared to 31.6% in Quarter 3, 2017/18. This group was also cited in 36.5% of formal complaints in Quarter 4, compared to 46.7% in Quarter 3, 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.

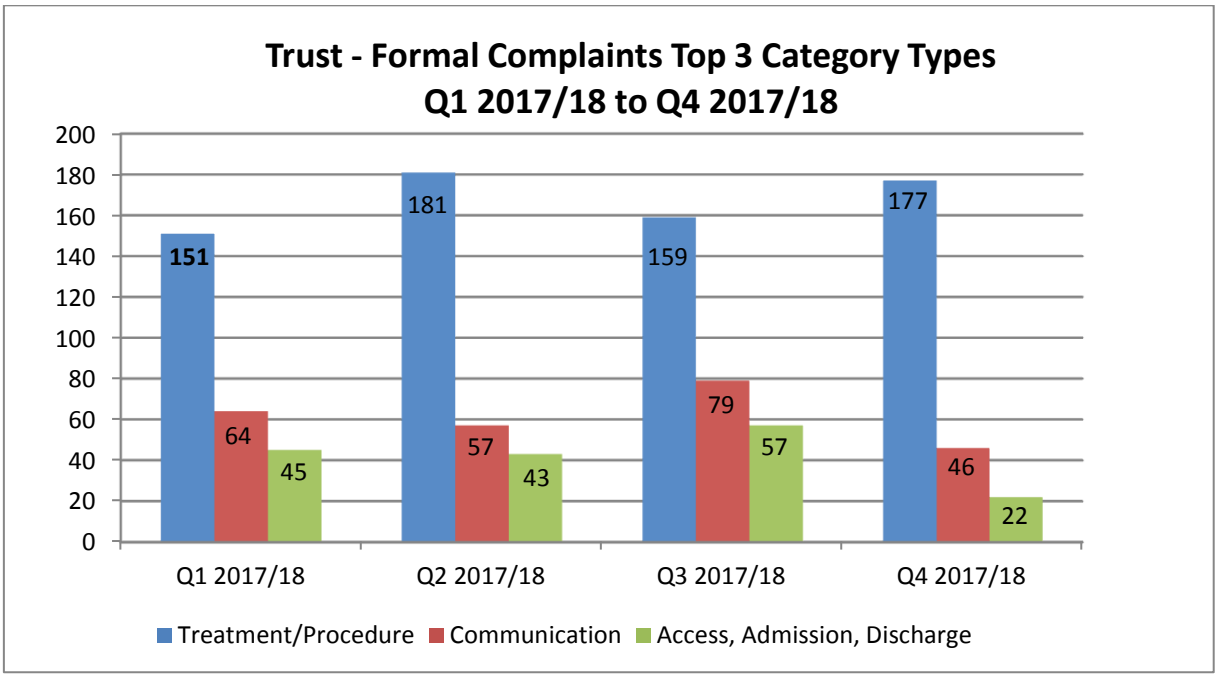
4.2 The Trust-wide top three category types for Formal Complaints in Quarter 2, 2017/18 to Quarter 4, 2017/18 are shown in **Table 6** and in **Graph 2** below.

Table 6: Top 3 Formal Complaints Themes (Quarter 2 compared to Quarters 3 and 4)

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Treatment/Procedure:	151	181	159	177
Communication:	65	57	79	46
Access, Admission, Discharge:	45	43	57	22

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 1- Quarter 4, 2017/18)



4.4 **Theming Complaints**

During Quarter 1, 2018/19 following implementation of the new Safeguard Complaints Management module for MFT, it was planned to theme complaints to the Trust Values. As the MFT Trust Values are still in development, complaints will be matched to the ***What Matters to Me*** Patient Experience Themes; Communication, Environment, Organisational Culture, Professional Excellence, Leadership and Employee Wellbeing during 2018/19. These themes have emerged from extensive patient and staff engagement and matching complaints to these themes will provide alignment with existing improvement activity linked to the What Matters to Me themes.

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 twice during Quarter 4, 2017/18. The Manchester Royal Eye Hospital (MREH), University Dental Hospital of Manchester (UDHM) and the Division of Medical Specialties, Manchester Royal Infirmary (MRI) presented a case at the January 2018 meeting and Trafford Hospitals presented a case at the March 2018.

5.2 The learning identified from the cases 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 3, 2018/19 the Terms of Reference for the Complaints Scrutiny Review Group were reviewed and amended to reflect the MFT hospital/MCS structure and to establish the meeting as the Group Complaints Scrutiny Group.

Table 7: Actions identified at the Trust Complaints Scrutiny Committee during Quarter 4 of 2017/18.

Division/ Hospital	Learning	Actions
MREH	Waiting time unclear within Emergency Eye Department (EED).	▪ Whiteboard introduced to clearly display waiting times. ▪ Staff actively informing patients of waiting times within EED
	Difficulty in contacting Emergency Eye Department (EED) by telephone.	▪ Phone line usage to be audited.
	Short notice cancellation of Out Patient Appointment.	▪ Clear process for booking further appointments communicated to A&C staff ▪ Bespoke Customer service Training undertaken
UHDM	Poor written and verbal communication	▪ #hellomynameis campaign re-launched at ACE day. ▪ Re-iteration of standards of communication at induction.
	Managing patient expectations Post-Graduate service	▪ Leaflet devised regarding Post-Graduate treatment by students (qualified dentists). ▪ Consent form devised in collaboration with University of Manchester.
SMS, MRI	Breakdown in communication and processes within Endoscopy Department	▪ Investment made to improve capacity of Department including employment of a consultant and 3x SpR level doctors, A&C staff and specialist nursing team. ▪ The Endoscopy Department refurbishment has now been completed.
Trafford Hospital	Ineffective communication in specific Patient Booklet.	▪ Review and amend wording in specific Patient Booklet ▪ Guidelines to be reviewed and reissued

	Multiple cancellations of complex orthopaedic patient's operations	▪ Review of complex patient pathway ▪ Review of escalation process for multiple cancellations
	No record of intimate swab being taken in patient's medical records	▪ Ensure staff aware of necessary documentation standards for intimate swab
	Difficulty with transportation of notes across sites	▪ Review of transportation of notes across sites to be undertaken in collaboration with Medical Records Department

6. Parliamentary and Health Service Ombudsman (PHSO)

6.1 The Trust had 26 cases under the review of the Parliamentary and Health Service Ombudsman at the end Quarter 4, compared to 32 under review at the end of Quarter 3. 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 31st March 2018

Hospital/MCS Division	Case/s	Progress
CSS	1	Investigation on-going – Awaiting draft report
RMCH	1	Investigation on-going – Awaiting final report
MRI	11	Investigations on-going – Awaiting draft report
MREH	1	Investigation on-going – Awaiting draft report
SMH	2	Investigations on-going – Awaiting draft report
UHDM	1	Investigation on-going – Awaiting draft report
WTWA	9	Investigations on-going – Awaiting draft report (8 cases) – Awaiting final report (1 case)
Total	**26**	

6.2 The PHSO closed 8 cases in Quarter 4; of these cases 3 cases were partially upheld and 5 cases were not upheld, indicating that these complaints were managed effectively by the Trust. The PHSO advised the Trust to award compensation to one of the complainants to the value of £250.

Table 9: PHSO closed cases in Quarter 4 2017/18 presented by outcome.

Division/ Hospital	Outcome	Date original complaint received	PHSO Rationale/ Decision	Recommendations
RMCH	Not Up-held	07/07/2015	No failings found	None
MRI - DMACS	Partly Up-held	18/09/2014	Failings in care and treatment	Provide a full acknowledgement of and apology for the distress and failings identified in the report caused. Prepare an action plan to address the failings identified in the report.
MRI - DMACS	Not Up-held	16/12/2015	No failings found	None
MRI - Surgery	Partly Up-held	15/03/2017	Failings in care, treatment and communication	Provide a full acknowledgement of and apology for the impact of the failings identified in the report. Explain what actions have been taken to address the failings that the PHSO identified.
MRI - Surgery	Not Up-held	05/01/2017	No failings found	None
WTWA - TGH	Not Up-held	24/03/2016	No failings found	None
WTWA - TGH	Partly Up-held	15/12/2016	Failings in care	Provide a full acknowledgement of and apology for the impact of the failings identified in the report.

				Paying £250 in recognition of additional and prolonged pain.
WTWA – Wythenshawe Hospital	Not Up-held	Not available	No failings found	None

7. Learning from Feedback

Implementing Learning to Improve Services

7.1 All Hospitals/MCSs regularly receive their complaint data and review the outcomes of complaint investigations at their Quality and Safety or Clinical Effectiveness Committees. Learning is disseminated through Hospital/MCS divisional structures as well as through Trust-wide communications media and alerts. **Table 10** demonstrates how learning from a selection of complaints has been applied in practice to contribute to continuous service improvement within the Hospitals/MCSs.

Table 10: Examples of the application of learning from complaints to improve services during Quarter 4 2017/18

Hospital/MCS	Learning & Improvements
CSS	**Critical Care: Communication** A patient's sister complained about the difficulties she experienced in contacting the Nurse who was caring for her brother on ICU to enquire about her brother's condition. Upon first calling reception, the patient's sister was told by the Ward Clerk to ring back in 20 minutes, when she did call back she was advised that she would be transferred to the nurse, but during the transfer the call was disconnected. The complainant rang back again and was transferred directly through to the Nurse in Charge on their Vocera badge (a hands-free communication device). The Nurse in Charge stopped the discussion mid conversation due to confidentiality reasons, she was told to call back on a certain number, which was also engaged when she rang it. When the patient did speak to the Nurse she explained that she has a strained relationship with her brother and his girlfriend, and asked for a message to be passed on, which she feels was relayed incorrectly and inappropriately, causing the relationship between the patient's girlfriend and his family to break down further. The complainant advised that she felt there was a lack of empathy from the Nurse in what was an already difficult situation.

	As a direct result of the complaint the following actions were taken: ▪ The senior nursing team have ensured that the Ward Clerk Team are fully aware of how to transfer a telephone call, and also reminding them of their responsibility in reporting possible faults that are identified. ▪ The Ward Clerk Team has been advised that asking a relative to call back in twenty minutes is unacceptable, except in the most extreme of circumstances. ▪ The senior nursing team have ensured that the receptionist does not transfer enquiries through to the Nurse in Charge via Vocera to ensure confidentiality at all times. ▪ The concerns raised by the complainant were shared with all nursing and clerical staff across the units to minimise the risk of a similar issue occurring in future. **Radiology: Communication** A patient complained regarding the lack of compassion she received from a Sonographer when having her 5 week scan. The patient advised that the Sonographer did not greet her husband, offer her a chaperone or provide her with any privacy to undress. The patient also complained that when discussing the scan, the Sonographer spoke to the patient in an insensitive manner. Improvements: ▪ The Sonographer has reflected on the comments and will ensure that she communicates effectively with patients, at what is an already stressful time for them ▪ The Sonographer now always greets whoever accompanies the patient ▪ The patient is always offered a chaperone and the privacy of a curtain to undress
MRI - DMACS	**Urgent Care:** A recent complaint was received that questioned whether staff knew about the Emergency Medical Information facility function on mobile telephones.

	The complaint concerned a patient who had collapsed in Manchester and was brought into the Emergency Department (ED) in a cardiac arrest. Unfortunately as the patient was not conscious at that time, the ED team had to contact Greater Manchester Police (GMP) to request next of kin information, which led to a delay in the family being contacted. The patients' family were eventually contacted via the GMP, however very sadly, by the time they arrived at the hospital their relative had died of an undiagnosed cardiac condition. Whilst the complaint did raise some clinical questions, the family wanted to know if the ED team knew about the function available on most mobile telephones that involves being able to access Emergency Medical Information, which is inclusive of next of kin details. The contact card can be accessed even when the phone is locked and usually includes important information such as patient details, next of kin details, medical history, allergies and blood type. It is up to the mobile phone owner to set up this card and in this instance there was one available on the patients' mobile phone. The family expressed their belief that had the ED team known about this function, and then they may have been contacted sooner and possibly would have to the hospital in time. It was identified while this function was known about by some staff who had used this facility on their own phones, it was not widely known about and the ED Team had not considered this function as a mechanism for establishing patients next of kin in emergency situations. In view of this, communication has been issued across the Emergency Department and across the Manchester Royal Infirmary. Wider communication has also been issued across the organisation via staff net and shared with key individuals within teams for the information to be cascaded to all front line staff. The Trust has also shared the information with the North West Ambulance service, at the request of the family as it is recognised that they too could use this mobile telephone function. The Division continues to promote this mobile phone function via as many routes as possible. The steps to locate the information are very simple and include: ▪ Press home on the iPhone to enter the passcode section ▪ Press Emergency in the bottom left ▪ Press Medical ID. If the information has been stored, it will show DOB, medical conditions, allergies, medications, and emergency contacts. To create your own Medical ID, open Health and tap Medical ID > Edit. Enter your emergency contacts and health information like DOB, blood type etc. Turn on Show When Locked to make your Medical ID available from the Lock screen.
MRI - SMS	**Gastroenterology Department: Poor Customer Care** A patient contacted the Gastroenterology Department by telephone to enquire when he would receive an appointment to see his Consultant. The patient left a message initially on the Department answer phone requesting someone to call him back.

	When did not receive a response he contacted the Department on another number that had been provided, but the telephone was not answered. On the third attempt using a different number he spoke to a Secretary who refused to pass on his message to the Consultant and was told he would have to wait until his appointment was due for scheduling. The concerns raised by the patient were investigated, an apology was given to the patient and all members of the Clerical Team have undergone refresher training in Customer Care Practice and reminders given in regards to responding to answerphone messages. **Renal Department: Poor Customer Care** A lady contacted the Renal Department to inform them that her husband had died. The Trust Electronic Patient Safety Record was not updated and an appointment letter was subsequently sent out. The lady was understandably upset when she received the letter and contacted the Renal Department again and felt that the person who took the call did not understand the distress receiving the letter had caused her. Unfortunately, the individual member of staff who spoke to the lady could not be identified. As such all of the clerical staff within the team who have direct contact with patients and the public have attended a refresher course for Customer Care Practice and have discussed the importance of sensitive communication with both patients and relatives.
MRI - Surgery	**Head & Neck: Cancelled Outpatient Appointments** A patient attended the ENT Outpatients Department in June 2017 and was due to have a 3 month follow up appointment scheduled. The patient was sent a series of outpatient appointments and attended clinic on at least three occasions only to find that the clinic had been cancelled but that this had not been communicated to the patient. **Findings** Administrative staff logged the follow up appointments incorrectly onto the PAS system and the IT system had the incorrect day logged for correct clinic. **Lesson Learnt** ▪ The Head & Neck Management team have implemented a new Standard Operating Procedure (SOP) which includes escalation to a member of the Management team, if any patients are about to receive their second appointment cancellation. The Management team member will review the patient's case to ensure that there is as little delay and inconvenience to the patient as possible.

	Emergency Surgical Trauma Unit (ESTU): Poor Ward Cleanliness and Staff Attitude A patient was admitted to the Emergency Surgical Trauma Unit and was stayed for just over a week. The patient noticed sweet wrappers under beds which had not been cleared for days. The patient reported that toilets were not clean resulting in a physiotherapist cleaning the toilet before helping the patient to use the toilet and that the domestic staff were surly and rude. The patient also reported that the blinds on the window beside patient's bed were broken and the seal to the window was broken causing a draught to the patient. **Findings** Matron for ESTU contacted Facilities Management and they together undertook a review of the unit and found that the unit fell below Trust cleanliness standards. Actions as a result of the complaint and the joint review: ▪ A process of escalation has been developed for staff when they identify issues with cleanliness ▪ The identified Domestic staff are to attend Customer Care Training. ▪ Matron and Sodexo to undertake regular joint monitoring walk rounds to review cleaning standards ▪ ESTU is also reviewed regularly as part of the Divisional Infection Control Walk Rounds led by the Head of Nursing and Consultant lead for Infection Control.
MREH	**Ward 55: Handover Process** A patient with Type 1 diabetes was scheduled for surgery. The surgery had been scheduled to ensure the patient had fully recovered prior to their wedding, which was planned a few months following surgery. On arrival at the Hospital the patient's blood sugars were low. The patient's partner could not locate a nurse on the ward and so approached and informed the Ward Clerk asking for a nurse to review the patient as a matter of urgency. As all of the nursing staff were participating in the shift handover the Ward Clerk did not inform a Nurse and the patient had a hypoglycaemic episode, resulting in the patient's surgery being cancelled.

	As a direct result of the complaint the following actions were taken: ▪ The Handover Process was reviewed ▪ A Registered Nurse now remains on the ward during the Handover, to deal with any clinical concerns immediately ▪ The Ward Clerks have been advised that if a clinical concern is identified to them that they must hand this over to a nurse immediately.
RMCH	**Theatre: Pressure Sore** A complaint was received from a patient who developed a pressure sore during an operation that lasted over 9 hours. The patient was transferred to theatre and was placed on the operating table, which had a pressure relieving mattress in place, and the patient's head was placed on a 'Gel Head Ring'. Other pressure relieving aids were also routinely applied to common pressure point areas; including protective wool padding to patient's arms, gel arm protectors, gel pads placed under the patient's heels and cushion placed behind knees. During the operation the patient was required to remain lying on her back to enable the surgeon to perform the surgery (donor kidney transplant). There was nothing documented in the patient's notes to suggest that there was any redness or swelling to any of the pressure points noted during the patient's stay in Theatre. Despite all routine precautions being taken the patient reported that a pressure sore had developed on her head. An incident was reported and investigated. As a result, theatre staff are exploring alternative head pressure relieving devices to ensure that the best pressure relieving aids are used to prevent this type of incident happening again.
St Mary's Hospital	**Emergency Gynaecology Unit** The loss of a pregnancy in the first 12 weeks is sadly common, although repeated miscarriage affects about only 1% of couples. Women who experience 3 or more miscarriages are referred to the Recurrent Miscarriage Clinic where couples are seen to arrange an initial investigation into the possible reasons for the miscarriage and an individualized care plan is developed. The support and help the staff provide at this very distressing time is key to the physical and emotional recovery of the women and the staff on the Emergency Gynaecology Unit receive a high number of compliments for the compassionate and considerate care they provide.

	However a recent complaint highlighted that new staff members to this area require a high level of supervision and training to ensure their knowledge, skills and behaviours are correct. The Ward Manager agreed an action plan with the family and has ensured that the member of staff involved has: ▪ Reflected on her Communication skills and she will ensure that patients and their partners are provided with information appropriately and in a compassionate manner, ensuring the patient and their partners have understood the details discussed during appointments, at this highly emotional time. ▪ Reviewed the training already provided and ensure a 3 month period of supervision to support the member of staff and develop her ability to provide a personalised and holistic approach to her care. A similar complaint from the Early Pregnancy Unit at Wythenshawe Hospital focused on the attitude of an experienced member of staff and again the importance of empathetic and respectful engagement with the families in our care were highlighted. A period of reflection and review of the Trusts Behavioural Framework has been undertaken with the staff involved.
WTWA - Trafford	**Dermatology; Post Minor Surgical Procedure Advice** A review of concerns raised in relation to Dermatology services at Trafford Hospital identified the following areas for improvement: ▪ Communication/advice regarding arrangements about stitch removal and what should happen following minor surgical procedures. ▪ Patients have difficulty contacting Dermatology services to follow up on test results/biopsy. The following actions were identified and put into place to address the concerns raised. ▪ The Consultant Dermatologists and Dermatology Nurse Specialists who perform minor operations were reminded of the importance of ensuring patients are advised to contact their own GP in the first instance, to arrange removal of sutures. If GP Practices do not offer this service then patients are advised to contact the Dermatology Department at Trafford Hospital to arrange removal or attend their local Walk in Centre.

	▪ All dermatology staff were instructed to ensure that any written discharge information contains correct and appropriate information for the procedure which has been undertaken. ▪ Dermatology Secretarial cover was put into place to cover for staff absences and ensure that patient's calls were answered in a timely manner.
Wythenshawe Hospital	**Scheduled Care: Cardiothoracic** A complainant was concerned that after repeatedly asking nursing staff to speak to a doctor this was not facilitated, despite their attempts. Specifically, the complainant want to know: ▪ Why were nursing staff unable to arrange a meeting with medical staff? ▪ Why did it take repeated asking and escalation before this was acted on? ▪ Why was it that the only way to speak to a doctor was to attend the morning ward rounds? **Findings** ▪ The investigation confirmed that the nursing staff did document within the nursing notes that a doctor did speak with the complainant, however the doctor's name or grade was not documented and the context of the conversation was also not documented. ▪ The Ward Manager apologised that the staff on the ward failed to escalate concerns about the request to see a doctor. ▪ The incorrect advice was offered to the family in regards to having to attend the morning Ward Rounds to see or speak to a senior doctor. **The following actions were taken immediately following the complaint:** ▪ Management teams were made aware that processes to improve access to medical staff out of hours needed to be promoted ▪ The complaint was used as means of educating ward staff and was utilised as part of the safety huddle to raise awareness around the need to address and action family concerns ▪ Information for families has been made more readily accessible in regards to raising concerns both at ward level and at a more senior level within the Hospital ▪ Ward staff were made aware of how to escalate concerns to senior medical staff out of hours and how these should be documented within the patient records ▪ Following each weekend the Matron discusses with the Ward Team any outstanding issues that have not been resolved.

8. Developments and Service Improvements

8.1 Benefits of the New MFT Ulysses System

A new single Ulysses System has been implemented across the Trust to support effective and efficient management of complaints and PALS concerns. The Customer Service Module of the MFT Ulysses System captures and tracks the receipt of Complaints/PALS concerns.

The MFT Ulysses system has been tailored and configured to meet the specific needs of the single hospital service, which provides a single streamlined clinical governance process across all Hospitals/MCSs using the same data sets. The single database is now accessible for all staff across all Hospitals/MCSs within MFT and will enable more robust data sharing throughout the Trust.

The new system will only contain new data as it is not technically possible to migrate the data from the previous Ulysses modules to the new system. In the period of transition both previous Ulysses systems are being utilised in addition to the new system, until all cases received prior to April 2018 are closed.

The new system will assist in the ability to provide more effective and efficient group wide, Hospital and Managed Clinical Service data analysis. This in turn will support monitoring and management of clinical governance services throughout the Trust. It will also be of great value with the development and design of specific service reports needed at all levels within the Trust.

8.2 Single Hospital Service and the Post Transaction Implementation Plan (PTIP)

A detailed Quality, Patient Experience and Complaints work plan (PTIP) designed to support the integration and development of the Trust complaints and PALS processes and services is in place. This plan is led by the Assistant Chief Nurse (Quality and Professional Practice) and includes policy development, implementation of a single electronic complaints management system and reporting processes, devolution of complaints management to hospitals/MCSs, further development of processes to support the sharing of learning from complaints, development of MFT patient information materials and the development of training materials and programmes for staff involved in complaints management.

In accordance with the PTIP, work continued during Quarter 4 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 continued to face staffing challenges during Quarter 4, 2017/18 and integrated management arrangements continued to provide resilience to the service. As described in Section 2 of this report, the backlog of cases continues to be addressed. Complainants have been kept informed of any delays and the Assistant Chief Nurse (Quality & Professional Practice) has met with the CCG Quality Lead during Quarter 4, 2017/18 to provide assurance on the plans for improvement in performance.

During Quarter 4, 2017/18 aspects of the complaints management process continued to be devolved to the Hospital/ MCS Senior Leadership teams in terms Quality Control and Hospital Chief Executives sign off of complaint responses.

As the Trust provides services across multiple sites it is important that patients, relatives and carers wishing to raise a concern/complaint know how and who to contact and that in line with the principles set out in *'My Expectations'*[1], complainants find making their complaint simple. To provide ease of access to the PALS service the team are in the process of developing a single point of access to the service via one telephone point, one email point and one postal point.

During Quarter 4, 2017/18 the progress made against the milestones set out in the PTIP has continued to be monitored by the Single Hospital Service Post Transaction Implementation Clinical Governance and Risk Steering Group, chaired by the Chief Nurse. This group was disestablished in March 2018 following a review of reporting arrangements for all work streams and confirmation that the work of the group has now been embedded into the MFT committee structure.

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 in April 2018.

8.4 **Complainant's Satisfaction Survey**

The Complaints Satisfaction Survey is based upon *'My Expectations'* and has been developed by the Picker Institute. It is currently sent to complainants from the Oxford Road Campus and Trafford Hospital; however this will be expanded to cover all MFT complainants during Quarter 1, 2018/19. Since implementation, the response rate for the new survey has consistently been between 23-29%. Quarter 4 however has seen a significant increase in responses to surveys with a response rate of 54%.

8.5 Survey results for Quarter 4 of 2017/18 indicate:

- 51% of complainants felt the outcome of their complaint was explained to them in a way that they could fully understand.
- 80% of complainants stated that they had a single point of contact at the Organisation(s) complained to and they knew who to approach if they had any questions.
- 61% of complainants felt they were updated regularly about what was happening with their complaint.
- 79% of complainants felt they received an acknowledgement within an acceptable timeframe
- 50% of complainants said they received the outcome of their complaint within the given timescales

[1] https://www.ombudsman.org.uk/sites/default/files/Report_My_expectations_for_raising_concerns_and_complaints.pdf

- 8.6 Comments received during Quarter 4, 2017/18 include the following:

- 'The complaints process was ok, it just took longer than expected and I also had to keep checking with PALS where it was up to and whether it was progressing, but overall it was very good and my Case Manager was very helpful'

- 'I don't think anything could have been done better after my complaint was raised; the necessary appointments were made for me and this gave me the peace of mind I needed, thank you'

- 'A response by email would have been sufficient'

9. Equality and Diversity Monitoring Information

9.1 **Table 11** provides Equality and Diversity information gathered from complainants for Quarter 4 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 ongoing from 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 11: Quarter 4, 2017/18 Equality and Diversity monitoring information

Disability	
Yes	29
No	42
Not Disclosed	349
Total	**420**
Disability Type	
Learning Difficulty/Disability	0
Long-Standing Illness Or Health Condition	13
Mental Health Condition	5
No Disability	42
Other Disability	0
Physical Impairment	11
Sensory Impairment	0
Not Disclosed	349
Total	**420**
Gender	
Male	158
Female	239
Transgender	1
Not disclosed	22
Total	**420**
Sexual Orientation	
Heterosexual	65
Homosexual / Gay Man	2

Lesbian / Gay Woman	1
Do not wish to answer	4
Not disclosed	348
Total	**420**
Religion/Belief	
Buddhist	0
Christianity (All Denominations)	41
Do Not Wish To Answer	3
Muslim	4
No Religion	24
Other	0
Sikh	0
Jewish	0
Hindu	0
Not disclosed	348
Total	**420**
Ethnic Group	
White – British	105
White – Irish	3
White - Other	6
Asian or Asian British - Bangladeshi	0
Asian or Asian British - Indian	0
Asian or Asian British - Pakistani	5
Asian or Asian British – Other Asian	1
Black or Black British - Caribbean	4
Black or Black British – African	2
Mixed – White and Asian	0
Mixed - White and Black Caribbean	1
Mixed – Other Mixed	3
Any other ethnic group	0
Do not wish to answer	2
Not stated	288
Total	**420**

10. Recommendation

10.1 Good progress continues to be made to deliver the Post Transaction Implementation Plan in order to integrate and develop MFT complaints systems and processes. The Group Board of Directors is asked to note the content of the Quarter 4, 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.