

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

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| Report of: | Cheryl Lenney - Chief Nurse |
| Paper prepared by: | Debra Armstrong – Assistant Chief Nurse, Quality and Professional Practice Sue Ward – Deputy Chief Nurse |
| Date of paper: | June 2018 |
| Subject: | Annual Complaints Reports 2017/18 for former CMFT and UHSM (1 st April to 30 th September 2017) and MFT (1 st October 2017 to 31 st March 2018) |
| Purpose of Report: | Indicate which by ✓ <ul style="list-style-type: none"> • Information to note ✓ • Support • Resolution • Approval ✓ |
| Consideration of Risk against Key Priorities | Patient and Staff Experience |
| Recommendations | The Board of Directors is asked to note the content of this report, the work undertaken during 2017/18 and, in line with statutory requirements, provide the approval for the report to be published on the Trust website. |
| Contact: | Name: Debra Armstrong, Assistant Chief Nurse, Quality and Professional Practice Tel: 0161 276 5061 |

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

1. Executive Summary

- 1.1 The Trust adheres to the Statutory Instruments No. 309, which requires NHS bodies to provide an annual report on the Trust's complaints handling, which must be made available to the public under the NHS Complaint Regulations (2009)¹. This annual report reflects all complaints and concerns made by (or on behalf of) patients of the current and legacy Trusts, received between 1 April 2017 and 31 March 2018.
- 1.2 On 1st October 2017 Manchester University NHS Foundation Trust (MFT) was established following the merger of Central Manchester University Hospitals NHS Foundation Trust (CMFT) and the University Hospital of South Manchester NHS Foundation Trust (UHSM).
- 1.3 Extensive work has been undertaken during 2017/18 to develop the complaints systems and processes for the newly formed Manchester University NHS Trust. This report celebrates some of those achievements and improvements, whilst acknowledging there are further improvements still to be realised in the newly established Trust.
- 1.4 Throughout the report the term **Complaints** is used to describe formal complaints requiring a response from the Chief Executive and the term **Concerns** is used to describe informal contacts with Patient Advice and Liaison Service (PALS), which require a faster resolution to issues that may be resolved in real time.
- 1.5 The report refers to the Oxford Road Campus, which includes Manchester Royal Infirmary (MRI), Manchester Royal Eye Hospital (MRI), Saint Mary's Hospital (SMH), Royal Manchester Children's Hospital (RMCH), University Dental Hospital of Manchester (UDHM) and other divisions in legacy CMFT, such as Research and Innovation and Estates and Facilities. When the term Trafford Hospitals is used in relation to the former CMFT, this refers to Trafford General Hospital and Altrincham Hospital.

2. Summary of Activity

- 2.1 Comparative data is provided within the report compared to the previous year's performance. During 2017/18, the quality of complaints data reporting has continued to improve. However caution should be applied to attempting direct comparison of the data from the two former Trusts, as the data collection is extracted from different versions of the Ulysses Safeguard Complaints Management System for each legacy Trust.
- 2.2 Where data is provided that is pre-merger (October 2017), this has been aggregated from the legacy Trusts' datasets to provide a direct MFT comparison. Where it is either not possible, or if the data of the legacy organisations was significantly different and would be normalised if aggregated the data has been displayed separately. It is therefore important that the data is presented separately to prevent the aggregated figures disguising any areas of concern or high performance.
- 2.3 Due to the nature of complaints processes and management, the data fluctuates from day to day as complaints progress through the process and this can influence the numbers reported within any one reporting period. Small variances within monthly, quarterly and annual reporting are therefore expected and accepted.

¹The Local Authority Social Services and National Health Service Complaints (England) Regulations (2009). Available from: http://www.legislation.gov.uk/ukxi/2009/309/pdfs/ukxi_20090309_en.pdf

- 2.4 The number of PALS concerns received in 2017/18 by the former Trusts and MFT was 5,831. This represents a decrease of 207 compared with 6,038 received in 2016/17. This equates to a decrease of 3.4% in the number of PALS concerns received during the last year.
- 2.5 There has been an overall decrease in the number of formal complaints in 2017/18, with a total of 1,572, which is 54 less than the 1,626 formal complaints received in 2016/17. This represents a **3.3% reduction** in the number of Formal Complaints received during the last year.
- 2.6 As a measure of performance against organisational activity, the number of formal complaints must be considered in context. The following table (**Table 1**) shows the number of formal complaints in the context of Inpatients, Outpatients and Emergency Department attendances for 2017/18 for former CMFT and UHSM to 30th September 2017 plus MFT from 1st October 2017 to 31st March 2018 compared to 2017/16 former CMFT plus former UHSM complaints and activity data.

Table 1: Complaints received in context of activity

| | | 2016/17 | 2017/18 |
|--------------------------|------------------------------------|-----------|-----------|
| Inpatient Episodes | Formal Complaints received(FC) | 705 | 603 |
| | Finished Consultant Episodes (FCE) | 417,749 | 423,559 |
| | Rate of FCs per 1000 FCEs | 1.69 | 1.42 |
| Out-patient Appointments | Formal Complaints received (FC) | 685 | 691 |
| | Number of appointments | 2,352,688 | 2,417,358 |
| | Rate of FCs per 1000 appointments | 0.29 | 0.29 |
| A&E Attendances | Formal Complaints received (FC) | 106 | 117 |
| | Number of attendances | 408,697 | 406,512 |
| | Rate of FCs per 1000 attendances | 0.26 | 0.29 |

- 2.7 The average age of formal complaint cases for the Oxford Road Campus and Trafford Hospitals (which include Trafford General Hospital and Altrincham Hospital) at the 31st March 2018 was 27 working days. This compares to 29 working days as at 31st March 2017, 33 working days as at 31st March 2016, 43 working days at 31st March 2015 and 63 working days at 1st April 2014; which demonstrates **positive progress** with regard to the timeliness of investigations and responses to complainants.

For Wythenshawe and Withington Hospitals the average age of formal complaint cases as at 31st March 2018 was 49 working days. This compares to 52 working days as at 31st March 2017, 50 working days as at 31st March 2016, 52 working days at 31st March 2015 and 53 working days at 1st April 2014.

- 2.8 The Trust has an internal target of no more than 20% of unresolved cases being over 41 days old at any one time. At the end of March 2018 for the Oxford Road Campus and Trafford Hospitals, 31% of cases were over 41 days. This compares to 23.0% at the end of March 2017, 26% at the end of March 2016 and 48% at the end of March 2015. All cases over 41 working days old continue to be escalated within the relevant Hospitals/Managed Clinical Services and assurance is provided via the Accountability Outcomes Framework (AOF).

For Wythenshawe and Withington Hospitals, 78% of cases were over 41 days old at the end of March 2018. A detailed breakdown of previous financial years' performance is not available for Wythenshawe and Withington Hospital.

- 2.9 The average response rate for patients and carers raising a concern through the PALS at the Oxford Road Campus and Trafford Hospitals was 6.8 days during 2017/18, compared with 6 days during 2016/17, 6 days during 2015/16 and 11 days at the end of Quarter 4, 2014/15. The average response rate for patients and carers raising a concern through the PALS at Wythenshawe and Withington Hospitals was 8.5 days during 2017/18, compared to 15 days in 2016/17.
- 2.10 There has been an improvement in performance in relation to the acknowledgement of complaints within 3 working days (which is a statutory requirement) at the Oxford Road Campus and Trafford Hospitals. Throughout 2017/18, 100% has been continuously achieved. This compares to 99%-100% during 2016/17 and 95%-100% during 2015/16. For Wythenshawe and Withington Hospitals the performance was 87.5% for 2017/18 compared to 89.6% during 2016/17. This performance was due to 66 cases at Wythenshawe and Withington Hospitals that were not acknowledged within the 3 day timescale. The overall MFT performance in relation to the acknowledgement of complaints within 3 working days during financial year 2017/18 was 95.8%. Following the establishment of MFT, performance in this regard has improved and the Trust has been 100% compliant since 1st April 2018.
- 2.11 The Parliamentary and Health Service Ombudsman (PHSO) represents the second and final stage of the NHS complaints process and the Trust has worked with the PHSO to satisfactorily resolve the referrals to the PHSO during the year.
- 2.12 The PHSO closed 15 cases pertaining to the Trust between 1st April 2017 and 31st March 2018; of these; 1 (6%) complaint was upheld, 4 (27%) were partly upheld and 10 (67%) were not upheld. The details of each PHSO case are set out in this report (as detailed in Section 13). This compares to 31 cases closed in 2016/17 when 3 complaints were upheld, 7 cases were partly upheld and 20 cases were not upheld. At 31st March 2018 there were 26 cases under investigation by the PHSO.
- 2.13 Scheduled Care at Wythenshawe Hospital received the highest number of Formal Complaints with 16.5% (260 out of a total of 1,572). This compares to 282 (17.3%) Formal Complaints received in 2016/17, which is a reduction of 22 cases.
- The Division of Surgery in Manchester Royal Infirmary received the highest number of PALS concerns with 12.4% (721 out of a total of 5,831). This compares to 797 (13.2%) PALS Concerns received in 2017/18, which is a reduction of 76 cases.
- 2.14 The oldest case recorded during the year was received by 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.

3 Complaints Scrutiny Group

- 3.1 The Complaints Scrutiny Group demonstrates Board level engagement and assurance regarding complaints handling through the Non-Executive Chair. This role is complemented by other core group members, which includes Trust Governors, an Associate Medical Director, Assistant Chief Nurse (Quality and Professional Practice) and Customer Services Manager. The group met six times in total during 2017/18 and reviewed twelve presented cases involving all operational divisions within legacy CMFT. At each meeting one complaint for each participating division was reviewed, including an evaluation of the effectiveness of actions taken and a progress review of any actions from the previous occasion the division attended the meeting.

- 3.2 As part of the Single Hospital Service Integration the Terms of Reference for the Complaints Scrutiny Group have been reviewed and as agreed by the Trust's Quality and Safety Committee will have a Group-wide remit reviewing complaints across all MFT Hospitals/ MCSs going forward.

4 Complaints Improvement Programme

- 4.1 The Assistant Chief Nurse (Quality and Professional Practice) continues to work with the Customer Services Manager, the PALS and Complaints Team and Hospital/ Managed Clinical Services (MCS) Chief Executives, Directors of Nursing/ Midwifery, Divisional Directors and Complaints Coordinators to continue making improvements to the management of PALS and Complaints within the Trust.

- 4.2 Significant improvements delivered in 2017/18 include:

- **Parliamentary and Health Service Ombudsman visit**
Professor Behrens, the newly appointed Parliamentary and Health Service Ombudsman visited the newly established Manchester University NHS Foundation Trust on 19th October 2017. His visit was 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.
- **Single Hospital Service**
During Quarter 3 and 4 of 2017/18 work continued to align the complaints processes of the legacy trusts to ensure Manchester University NHS Foundation Trust maintained compliance with the NHS Complaints Regulations (2009). Aspects of the complaints management process were devolved from Corporate Services to the Hospitals and Managed Clinical Services (MCSs).
- **New MFT Ulysses System**
A new single Ulysses System was implemented across the Trust during Quarter 4 of 2017/18, which enabled the Customer Service Module of the MFT Ulysses Safeguard System to capture and track the receipt of Complaints and PALS concerns.
- **Staff Support**
In order to support the health and wellbeing of the PALS team, formal staff support sessions were piloted during Quarter 1, 2017/18. The sessions are facilitated by the Trust's Staff Support Service and offer staff the opportunity to talk with trained counsellors and psychologists about some of the cases they found difficult or challenging to manage. Further sessions are planned and will continue during 2018/19.
- **Education**
Further educational sessions were held for staff who manage complaints. These sessions have specifically focussed on the PHSO processes and the development of handling verbal complaints.
- **Complaints Triage**
The revised Complaints Triage Process was implemented at the legacy Central Manchester University Hospitals NHS Foundation Trust on 1st April 2017. This assigns a more robust timeframe to those complaints that are inherently complex in nature, and enables the Complainant to have a more realistic timeframe in which their complaints will be answered. The triage process has been rolled out Trust-wide from 1st April 2018.

5 Learning

- 5.1 This report details examples of learning and change as a direct result of feedback received through complaints and concerns. Examples of learning from complaints have been published in each Quarter during 2017/18 as part of the Quarterly Complaints Report.

6 People

- 6.1 The Trust is grateful to those patients and families who have taken the time to raise concerns and acknowledges their contribution to improving services, patient experience and patient safety.
- 6.2 The Group Board of Directors is asked to note the content of this report and in line with statutory requirements provide approval for it to be published on the Trust's website.



Picture 1: Observations for Discharge, Ward 76

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1. Statement

- 1.1 The Trust adheres to the Statutory Instruments No. 309 which requires NHS bodies to provide an annual report on its complaints handling, which must be made available to the public under the NHS Complaints Regulations (2009)¹. This annual report reflects all complaints and concerns made by (or on behalf of) patients of the Trust, received between 1 April 2017 and 31 March 2018.

2. Introduction

- 2.1 On 1st October 2017 Manchester University NHS Foundation Trust (MFT) was established following the merger of Central Manchester University Hospitals NHS Foundation Trust and the University Hospital of South Manchester NHS Foundation Trust.
- 2.2 This Annual Report demonstrates the progress made to develop the complaints systems and processes for the newly established Manchester University NHS Foundation Trust. This report celebrates some of the achievements and improvements of both legacy Trusts and the newly established organisation, whilst acknowledging there are further improvements still to be realised in the newly merged Trust.
- 2.3 Throughout this report the term **Complaints** is used to describe formal complaints requiring a response from the Chief Executive and the term **Concerns** is used to describe informal contact with PALS requiring a faster resolution to issues that may be resolved in real time.
- 2.4 The report refers to the Oxford Road Campus, which includes Manchester Royal Infirmary (MRI), Manchester Royal Eye Hospital (MRI), Saint Mary's Hospital (SMH), Royal Manchester Children's Hospital (RMCH), University Dental Hospital of Manchester (UDHM) and other divisions in legacy CMFT, such as Research and Innovation and Estates and Facilities. When the term Trafford Hospitals is used this refers to Trafford General Hospital and Altrincham Hospital.
- 2.5 Comparative data is provided within the report compared to the previous year's performance. During 2017/18, the quality of complaints data reporting has continued to improve. However caution should be applied to attempting direct comparison of the data from the two former Trusts, as the data collection is extracted from different versions of the Ulysses Safeguard complaints management system for each legacy Trust.
- 2.6 Where data is provided that is pre-merger (October 2017), this has been aggregated from the legacy Trusts data sets to provide a direct MFT comparison. Where it is either not possible, or if the data of the legacy organisations was significantly different and would be normalised if aggregated the data has been displayed separately. It is therefore important that the data is presented separately to prevent the aggregated figures disguising any areas of concern or high performance.
- 2.7 Due to the nature of complaints processes and management, the data fluctuates from day to day as complaints progress through the process and this can influence the accuracy of the numbers reported within any one reporting period. For example, complaints may be withdrawn, de-escalated, deemed to be out of time or consent not received. Small variances within monthly, quarterly and annual reporting are therefore expected and accepted.

3. Overview of Activity

3.1 The number of PALS contacts received for 2017/18 was 5,831, which is 207 less than the number received in 2016/17 (6,038). This shows a 3.4% reduction in the number of PALS concerns received during the last year. **Graph 1** provides the number of Trust-wide PALS contacts received by month for the financial year 2017/18.

Graph 1: Number of PALS contacts (by month) for 2016/2017, Trust-wide

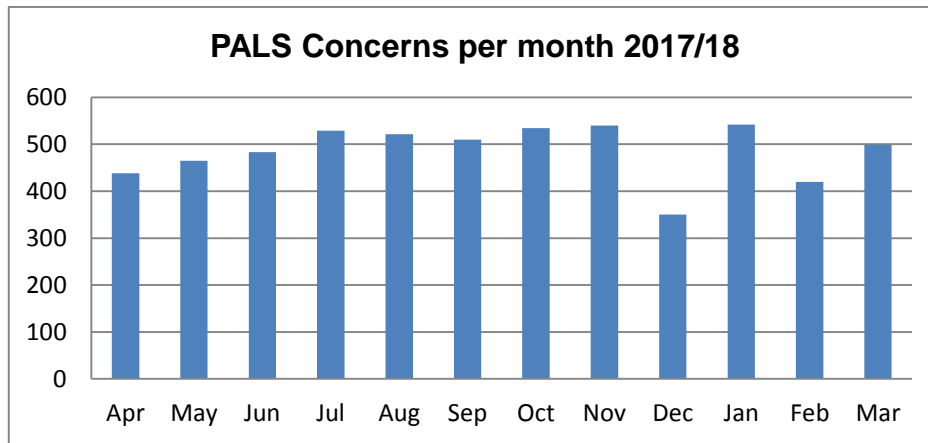


Table 2: Number of PALS contacts by Hospital/Managed Clinical Service/Division (5 year trend), Trust-wide

| Hospital/MCS/Division | 2013/14 | 2014/15 | 2015/16 | 2016/17 | 2017/18 |
|---|----------------|----------------|----------------|----------------|----------------|
| Oxford Rd Campus/ Trafford Hospitals | | | | | |
| Not stated/General Enquiry/Non-CMFT | 53 | 37 | 51 | 100 | 116 |
| Clinical Scientific Services (CSS) | 107 | 112 | 158 | 171 | 183 |
| Corporate Services | 173 | 154 | 179 | 251 | 208 |
| University Dental Hospital of Manchester (UDHM) | 156 | 175 | 130 | 181 | 216 |
| Division of Medicine and Community Services, MRI | 256 | 301 | 361 | 364 | 307 |
| Division of Specialist Medical Services, MRI | 374 | 468 | 576 | 556 | 664 |
| Division Of Surgery, MRI | 598 | 825 | 914 | 797 | 721 |
| Manchester Royal Eye Hospital (MREH) | 378 | 355 | 361 | 412 | 394 |
| Royal Manchester Children's Hospital (RMCH) | 648 | 601 | 663 | 671 | 563 |
| Saint Mary's Hospital | 271 | 242 | 280 | 296 | 357 |
| Trafford Hospitals | 430 | 304 | 465 | 564 | 549 |
| Research & Innovation | | | | | 1 |
| Oxford Rd Campus/ Trafford Hospitals Total | 3,444 | 3,574 | 4,138 | 4,363 | 4,279 |
| | | | | | |
| Wythenshawe and Withington Hospitals | 2013/14 | 2014/15 | 2015/16 | 2016/17 | 2017/18 |
| Unassigned Wythenshawe | 111 | 220 | 324 | 455 | 323 |
| Clinical Support Services | 96 | 137 | 161 | 186 | 220 |

| | | | | | |
|--|--------------|--------------|--------------|--------------|--------------|
| Corporate | 36 | 55 | 45 | 93 | 100 |
| Scheduled Care | 294 | 399 | 412 | 572 | 497 |
| Trust wide | 2 | 0 | 1 | 9 | 31 |
| Unscheduled Care | 213 | 324 | 304 | 360 | 381 |
| Wythenshawe and Withington Hospital Total | 752 | 1,135 | 1,247 | 1,675 | 1,552 |
| MFT Total | 4,196 | 4,709 | 5,385 | 6,038 | 5,831 |

- 3.3 The Division of Surgery in Manchester Royal Infirmary received the highest number PALS concerns with 12.4% (721 out of a total of 5,831). This compares to 797 (13.2%) PALS Concerns received in 2016/17 which is a reduction of 76 cases. St.Mary's Hospital showed the largest percentage increase from 296 concerns raised in 2016/17 compared to 397 concerns in 2017/18. This equates to an increase of 20.6%.
- 3.4 All PALS concerns are RAG rated upon receipt based on the severity of the initial details of the concerns raised.
- 3.5 **Table 3** indicates the number of MFT contacts by risk rating grade. No PALS concerns were graded as red (catastrophic) in 2017/18.

Table 3: 2017/18 MFT PALS contacts by risk grading, Trust-wide

| Category | 2013/14 | 2014/15 | 2015/16 | 2016/17 | 2017/18 |
|----------------------------------|--------------|--------------|--------------|--------------|--------------|
| Not graded, escalated or enquiry | 30 | 346 | 336 | 400 | 371 |
| White | 1214 | N/A | N/A | N/A | N/A |
| Green | 2257 | 3522 | 3958 | 4463 | 4490 |
| Yellow | 502 | 720 | 975 | 1089 | 830 |
| Amber | 188 | 116 | 113 | 83 | 140 |
| Red | 5 | 5 | 3 | 3 | 0 |
| Total | 4,196 | 4,709 | 5,385 | 6,038 | 5,831 |

- 3.6 The 2017/18 total of PALS concerns does not include those cases that were escalated for formal investigation (these are reported in the formal complaints section), were withdrawn by the complainant or were considered to be out of time according to the NHS Complaints Regulation (2009)¹ timescales.
- 3.7 Tables 4 to 7 are presented in Appendix 1. These tables indicate how people access the PALS service and provide information on their demographics. Table 4 shows that the number of concerns raised by email has increased from 1,141 in 2016/17 to 1,610 in 2017/18. This represents an increase of 41.1%. The number of concerns raised by telephone continues to be the most favoured route of contact.
- 3.8 Table 5 details the number of contacts by age; the age range relates to the people who were the focus of the PALS concern as opposed to the complainant. Table 6 details the number of contacts by sex; again the sex relates to the people who were the focus of the PALS concern. Table 7 describes the ethnicity of the patients who were the focus of the PALS enquiry.

- 3.9 The demographic data for PALS concerns presented within Appendix 1 supports the findings² that younger people (or their parents) are more likely to be dissatisfied with services than older people and women more likely to be dissatisfied with services than other sexes.
- 3.10 The percentage of people who did not state their ethnicity for PALS Concerns has increased from 39% in 2016/17 to 54.6% in 2017/18. This information supports the service to meet the specific needs of the population it serves and work will continue in 2018/19 to improve the quality of this data.
- 3.11 **Graph 2** and **Table 8** provide a more detailed analysis of the principle PALS themes, indicating the main themes for PALS concerns relate to treatment and procedure, communication and appointment delays and cancellations. It is noteworthy that NHS England's³ recommendation to extend the deferral of all non-urgent inpatient elective care during January 2018, due to winter pressures, may be a reason for the increase of PALS concerns related to appointment delay/ cancellation.

Graph 2: Top 5 PALS Themes 2017/18, Trust-wide

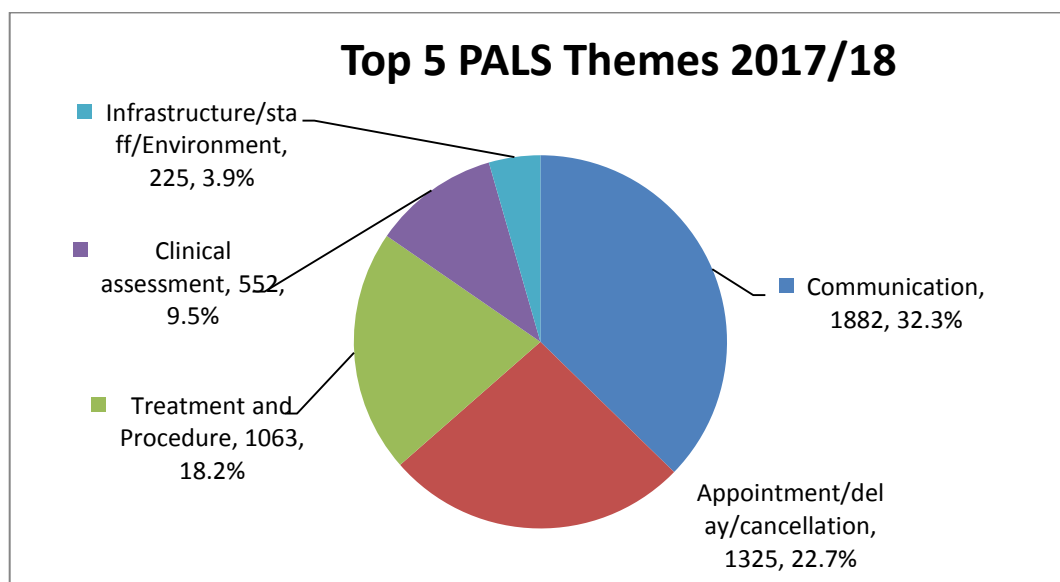


Table 8: Comparison of Top 5 PALS Themes, Trust-wide

| | 2015/16 | 2016/17 | 2017/18 |
|----|---|---|---|
| 1. | Treatment / Procedure | Communication | Communication |
| 2. | Communication | Treatment / Procedure | Appointment Delay / Cancellation |
| 3. | Appointment Delay / Cancellation | Appointment Delay / Cancellation | Treatment / Procedure |
| 4. | Clinical Assessment (Diagnostics, Scan) | Infrastructure (Staffing / Environment) | Clinical Assessment (Diagnostics, Scan) |
| 5. | Attitude Of Staff | Access, Admission, Transfer, Discharge | Infrastructure (Staffing / Environment) |

² DeCourcy, West and Barron (2012) The National Adult Inpatient Survey conducted in the English National Health Service from 2002 to 2009: how have the data been used and what do we know as a result? BMC Health Services Research series: Open, Inclusive and Trusted 2012 12:71

³ NHSE (2018). Operational Update from the NHS National Emergency Pressures' Panel. Available from :<https://www.england.nhs.uk/2018/01>

- 3.12 The average response rate for patients and carers raising a concern through the PALS at the Oxford Road Campus and Trafford Hospitals was 6.8 days during 2017/18, compared with 6 days during 2016/17, 6 days during 2015/16 and 11 days at the end of Quarter 4, 2014/15. The average response rate for patients and carers raising a concern through the PALS at Wythenshawe Hospital was 8.5 days during 2017/18, compared to 15 days in 2016/17.

4. Complaints Activity

- 4.1 There has been an overall decrease in the number of formal complaints in 2017/18, with a total of 1,572 formal complaints received, which is 54 less than the number of complaints received in 2016/17 (1,626). This represents a 3.3% reduction in the number of Formal Complaints received during the last year.

Table 9: Number of Formal Complaints Trust wide (5 year trend), Trust-wide

| Year | 2013/14 | 2014/15 | 2015/16 | 2016/17 | 2017/18 |
|----------------------------|---------|---------|---------|---------|---------|
| Complaints Received | 1,822 | 1,595 | 1,743 | 1,626 | 1,572 |

- 4.2 **Table 10** details the 5 year trend for formal complaints at Hospital/MCS/Divisional level. The Scheduled Care Division at Wythenshawe Hospital received the most formal complaints during 2017/18 with 260 complaints received; however this is 7.8% fewer complaints received compared to 282 received in 2016/17. Other Hospitals/Managed Clinical Services and Divisions that achieved a reduction in the number of formal complaints received during 2017/18 included Clinical Scientific Services (Oxford Road Campus and Wythenshawe Hospital), Specialist Medical Services (MRI), St Marys Hospital, Surgery (MRI) and Unscheduled Care (Wythenshawe Hospital).

Table 10: Number of complaints by Hospital/MCS/Division (5 year trend), Trust-wide

| Oxford Road Campus/ Trafford Hospitals | 2013/14 | 2014/15 | 2015/16 | 2016/17 | 2017/18 |
|---|--------------|--------------|--------------|--------------|--------------|
| Clinical Scientific Services | 36 | 29 | 56 | 50 | 34 |
| Corporate Services | 34 | 30 | 52 | 34 | 50 |
| University Dental Hospital of Manchester | 44 | 47 | 44 | 25 | 31 |
| Manchester Royal Eye Hospital | 114 | 90 | 79 | 72 | 84 |
| Medicine And Community Service | 152 | 115 | 123 | 119 | 124 |
| Royal Manchester Children's Hospital | 164 | 126 | 150 | 133 | 143 |
| Specialist Medical Services | 123 | 105 | 137 | 148 | 142 |
| Saint Mary's Hospital | 166 | 149 | 160 | 154 | 124 |
| Surgery (MRI) | 183 | 203 | 239 | 190 | 169 |
| Trafford Hospitals | 137 | 116 | 119 | 120 | 123 |
| Research and Innovation | 0 | 2 | 0 | 0 | 0 |
| External | 39 | 5 | 0 | 0 | 0 |
| Not Specified/other | 0 | 0 | 1 | 6 | 2 |
| Totals | 1,192 | 1,017 | 1,160 | 1,051 | 1,026 |
| | | | | | |
| Wythenshawe and Withington Hospitals | 2013/14 | 2014/15 | 2015/16 | 2016/17 | 2017/18 |
| Scheduled Care | 278 | 257 | 301 | 282 | 260 |

| | | | | | |
|----------------------------------|----------------|----------------|----------------|----------------|----------------|
| Unscheduled Care | 204 | 215 | 193 | 205 | 200 |
| Clinical Support Services | 97 | 78 | 66 | 68 | 56 |
| Corporate | 43 | 27 | 23 | 20 | 25 |
| Not Specified / Other | 8 | 1 | 0 | 0 | 5 |
| Totals | 630 | 578 | 583 | 575 | 546 |
| MFT | 2013/14 | 2014/15 | 2015/16 | 2016/17 | 2017/18 |
| Total | 1,822 | 1,595 | 1,743 | 1,626 | 1,572 |

- 4.3 Complaints are risk rated using a matrix closely aligned to that used by the Risk Management Team when assessing the severity of incidents. When compared to 2016/17, the number of green cases and amber/ orange cases have increased by 21% and 9% respectively, whilst the number of yellow cases and red cases have decreased by 13.2% and 10.4% respectively. Of the 14 complaints rated as red in 2017/18 at the Oxford Road Campus and Trafford Hospital 8 relate to Treatment or Procedure, 5 related to Clinical Assessment and 1 related to lack of Respect and Compassion and of the 12 complaints rated as red in 2017/18 at Wythenshawe and Withington Hospitals, 10 related to Clinical Treatment, 1 related to Appointment / Delays (OP) and 1 related to Failure to Follow Procedure.
- 4.5 Table 11, presented in Appendix 2, provides the breakdown of the risk rating of complaints over the previous 5 years.
- 4.6 Equality monitoring data is collected in relationship to complainants' protected characteristics. In addition, complainants are requested to provide information regarding their protected characteristics when they receive a written acknowledgement in response to a formal complaint; this information is presented within Tables 12 to 14 in Appendix 2. The age and sex of the patients involved in formal complaints during 2016/17 and 2017/18 are highlighted in Tables 12 and 13. Table 14 describes the ethnicity of the patients represented in formal complaints for the past 3 financial years.
- 4.7 The demographic data for Formal Complaints presented within Appendix 2, also supports the findings⁴ that younger people (or their parents) are more likely to be dissatisfied with services than older people and women more likely to be dissatisfied with services than other sexes.
- 4.8 For Formal Complaints the percentage of people who did not state their ethnicity has increased from 38.3% in 2016/17 to 45.7% in 2017/18. This information supports the service to meet the specific needs of the population it serves therefore work will continue in 2018/19 to improve the quality of this data and to explore the reasons that people opt not to state their ethnicity.

⁴ DeCourcy, West and Barron (2012) The National Adult Inpatient Survey conducted in the English National Health Service from 2002 to 2009: how have the data been used and what do we know as a result? BMC Health Services Research series: Open, Inclusive and Trusted 2012 12:71

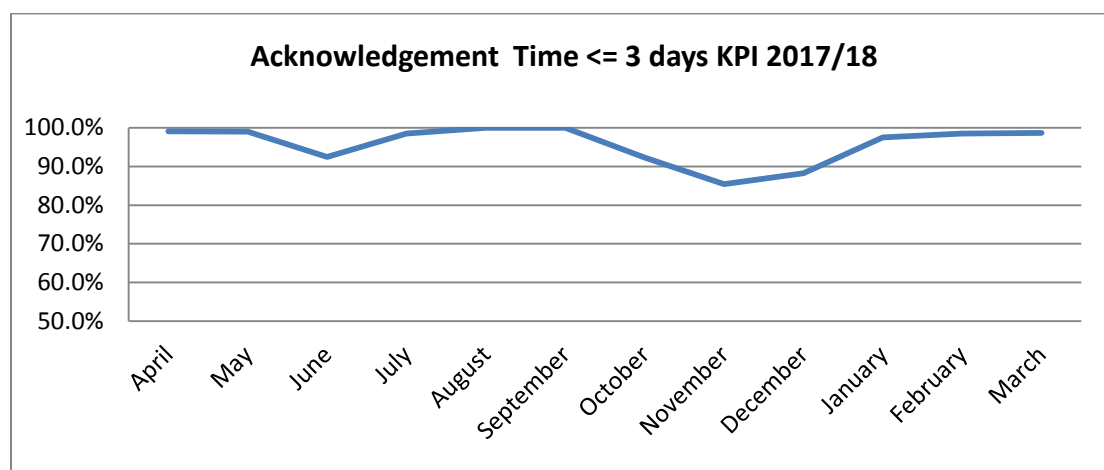


Picture 2: Dying Matters Week (2017) – The picture achieved a top ten place in the Greater Manchester and Eastern Cheshire Strategic Clinical Network for Palliative and EOLC Artwork Competition – CMFT, Activity Co-ordinator.

5. Acknowledging Complaints

- 5.1 The NHS Complaints regulations (2009)¹ place a statutory duty upon the Trust to acknowledge 100% of complaints within 3 working days.
- 5.2 There has been an improvement in performance in relation to the acknowledgement of complaints within 3 working days (which is a statutory requirement) at the Oxford Road Campus and Trafford Hospitals. Throughout 2017/18, 100% has been continuously achieved. This compares to 99%-100% during 2016/17 and 95%-100% during 2015/16. However, at Wythenshawe and Withington Hospitals the performance was 87.5% for 2017/18 compared to 89.6% during 2016/17. This was due to 66 Wythenshawe and Withington Hospitals cases being acknowledged outside of the 3 day window. The MFT Total across all areas during financial year 2017/18 was 95.8%.
- 5.3 Following the creation of MFT, performance in this regard has improved and the Trust has achieved 100% compliance since 1st April 2018. Complaints requiring acknowledgement also include those which are withdrawn, where consent or required information is not received, are descalated or are deemed 'out of time' under the 2009 NHS Complaints Regulations.⁵

Graph 3: Percentage of complaints acknowledged ≤ 3 working days during 2017/18, Trust-wide



6. Response Times

- 6.1 The Trust target of resolving 80% of complaints within 25 working days continues to be monitored closely. **Table 15** provides a breakdown of performance by month for the Oxford Road Campus/Trafford Hospitals and **Table 16** provides a breakdown in performance for Wythenshawe and Withington Hospitals.

⁵ The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
http://www.legislation.gov.uk/ukxi/2009/309/pdfs/ukxi_20090309_en.pdf

Table 15: Monthly breakdown of complaints closed within timeframes 2017/18, Oxford Road Campus / Trafford Hospitals

| Number and percentage of complaints closed within timeframes 2017/18 | | | | | | | | | | | | |
|--|------------|-----|------------|-----|-----------|-----|-----------|-----|-----------|-----|-----------|-----|
| Days to close | Apr | % | May | % | Jun | % | Jul | % | Aug | % | Sep | % |
| 0-25 | 25 | 34% | 29 | 28% | 12 | 18% | 21 | 29% | 23 | 27% | 17 | 20% |
| 26-40 | 25 | 34% | 33 | 32% | 20 | 30% | 25 | 34% | 31 | 36% | 25 | 30% |
| 41+ | 23 | 32% | 42 | 40% | 35 | 52% | 27 | 37% | 32 | 37% | 42 | 50% |
| Total | 73 | | 104 | | 67 | | 73 | | 86 | | 84 | |
| | Oct | % | Nov | % | Dec | % | Jan | % | Feb | % | Mar | % |
| 0-25 | 34 | 30% | 34 | 35% | 26 | 29% | 23 | 26% | 13 | 20% | 19 | 29% |
| 26-40 | 33 | 29% | 26 | 27% | 38 | 43% | 32 | 36% | 23 | 35% | 24 | 36% |
| 41+ | 46 | 41% | 38 | 39% | 25 | 28% | 34 | 38% | 29 | 45% | 23 | 35% |
| Total | 113 | | 98 | | 89 | | 89 | | 65 | | 66 | |

- 6.2 Generally, performance in response times has been variable throughout the year at the Oxford Road Campus and Trafford Hospitals. Specifically, the proportion of cases resolved in 0-25 working days at the Oxford Road Campus and Trafford Hospitals decreased (negative) from April 2017 when performance was 34% to March 2018 when performance was 29%. There was an increase (negative) in the number of cases resolved between 26-40 days and the number of cases resolved at 41+ days when performance in April 2017 is compared to March 2018, but this is within normal variation. The results for 2017/18 demonstrate whilst there were in year variations there was no overall improvement in response times and work continues to improve performance in this respect.

Table 16: Monthly breakdown of complaints closed within timeframes 2017/18, Wythenshawe / Withington Hospitals

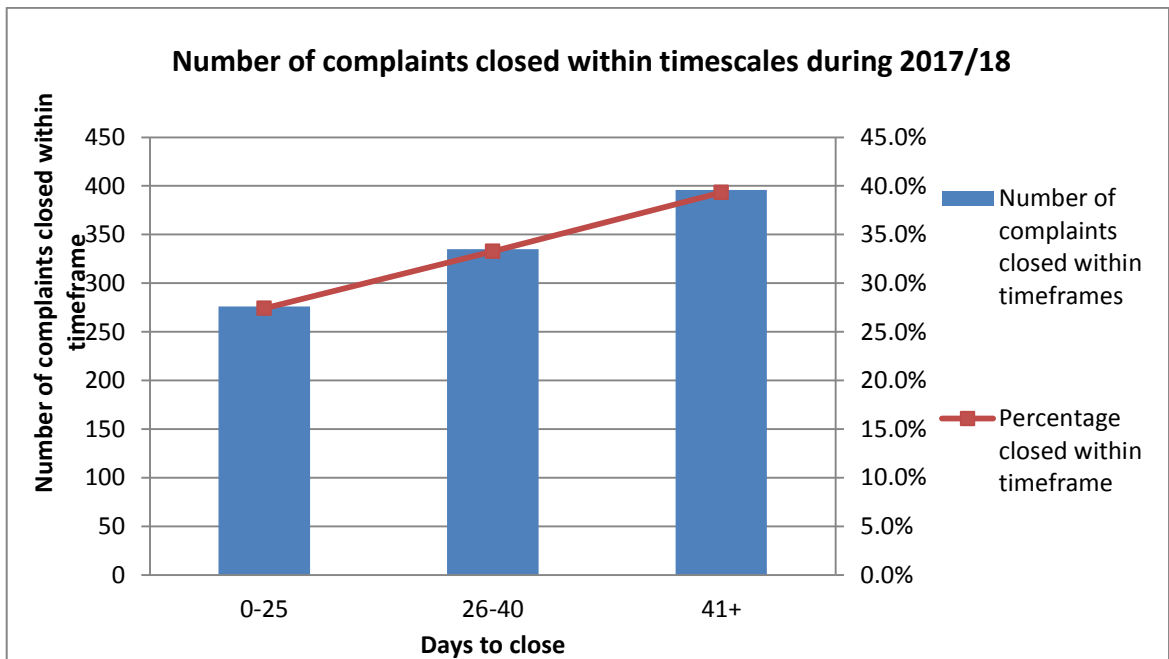
| Number and percentage of complaints closed within timeframes 2017/18 | | | | | | | | | | | | |
|--|-----------|-----|-----------|-----|-----------|-----|-----------|-----|-----------|-----|-----------|-----|
| Days to close | Apr | % | May | % | Jun | % | Jul | % | Aug | % | Sep | % |
| 0-25 | 30 | 71% | 23 | 77% | 23 | 51% | 33 | 69% | 28 | 54% | 23 | 55% |
| 26-40 | 8 | 19% | 3 | 10% | 11 | 24% | 10 | 21% | 16 | 31% | 13 | 31% |
| 41+ | 4 | 10% | 4 | 13% | 11 | 24% | 5 | 10% | 8 | 15% | 6 | 14% |
| Total | 42 | | 30 | | 45 | | 48 | | 52 | | 42 | |
| | Oct | % | Nov | % | Dec | % | Jan | % | Feb | % | Mar | % |
| 0-25 | 35 | 58% | 7 | 14% | 2 | 5% | 6 | 12% | 6 | 13% | 7 | 17 |
| 26-40 | 13 | 22% | 2 | 4% | 0 | 0% | 5 | 10% | 3 | 6% | 28 | 67 |
| 41+ | 12 | 20% | 41 | 82% | 36 | 95% | 41 | 79% | 39 | 81% | 7 | 17 |
| Total | 60 | | 50 | | 38 | | 52 | | 48 | | 42 | |

- 6.3 Performance in response times at Wythenshawe and Withington Hospitals was relatively high from April – October 2018, with 51 to 77% of complaints responded to in 0-25 working days and 10 to 31% of complaints being resolved in 26-40 days; with the number of cases responded to in 41+ days ranging from 10 to 24%. Due to unplanned and significant reduction in the number of PALS staff available to support the management of complaints relating to Wythenshawe and Withington Hospitals from November 2017 a significant deterioration in performance was experienced. The issue was promptly identified, action taken and an Improvement Programme

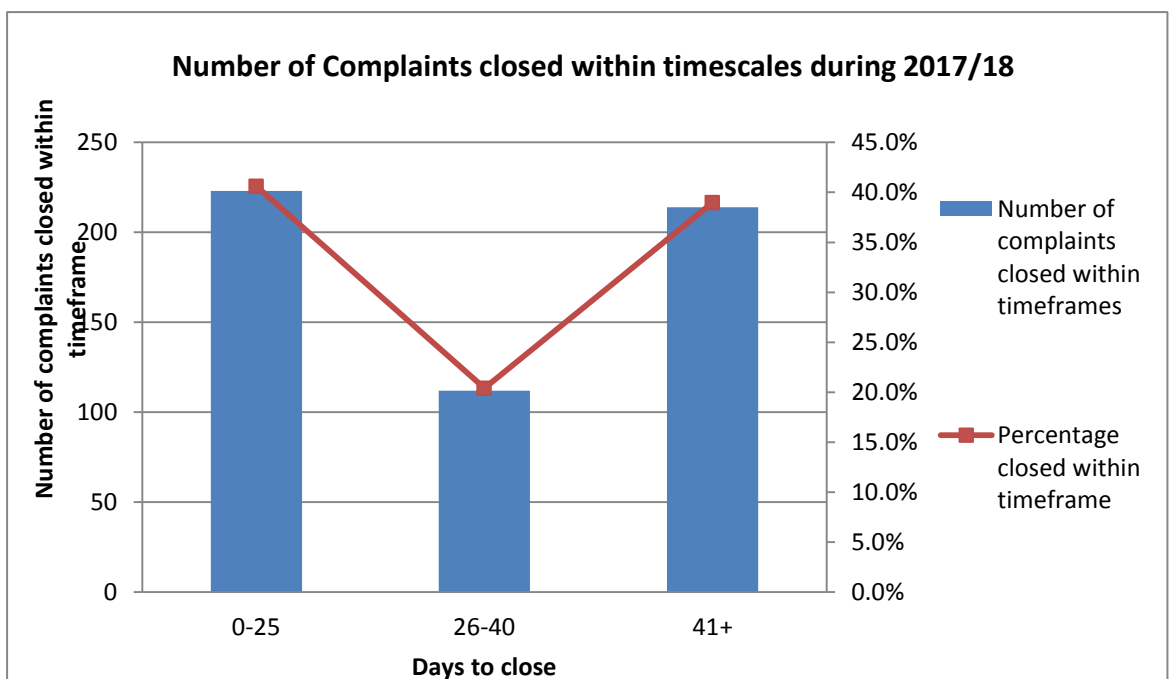
developed and implemented. In March 2018, performance improved with 17% of complaints being responded to in 0-25 days, 67% between 26-40 days and 17% being responded to in 41+ days.

6.4 **Graphs 4 and 5** show the overall performance in relation to reponse times for complaints closed during 2017/18, for the Oxford Road Campus and Trafford Hospitals (**Graph 4**) and Wythenshawe and Withington Hospitals (**Graph 5**). Graph 6 then presents a granular level breakdown of the data shown in Graph 4, Trust-wide and Graphs 7 and 8 provide a breakdown of this performance by month during 2017/18.

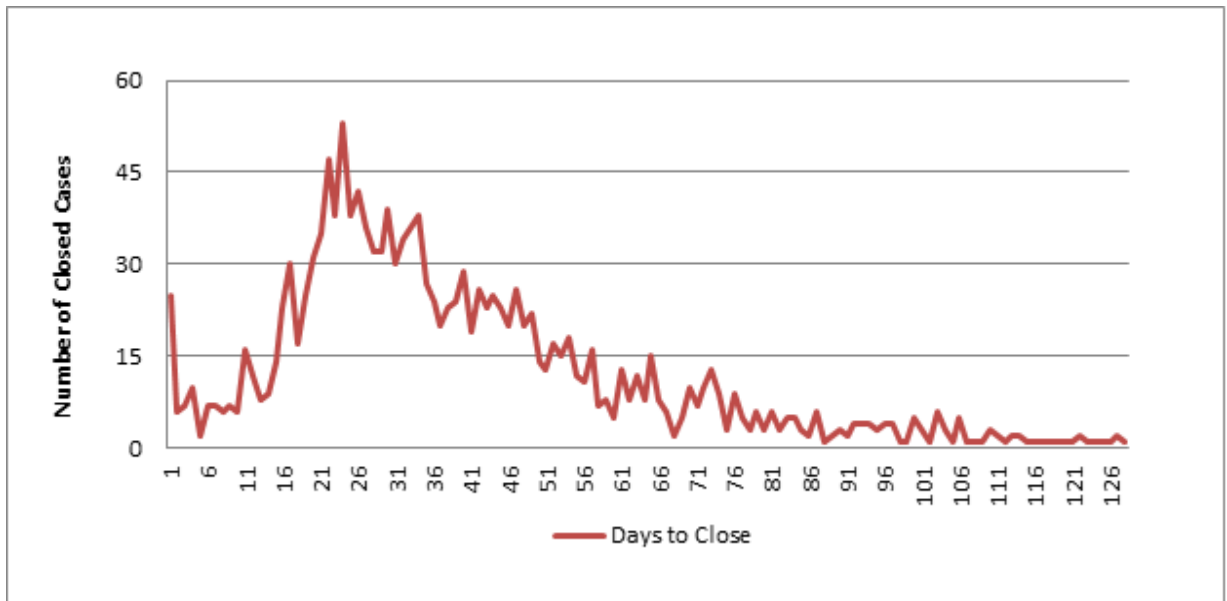
Graph 4: Complaints closed at the Oxford Road Campus and Trafford Hospitals within timeframes during 2017/18



Graph 5: Complaints Closed at Wythenshawe and Withington Hospitals within timeframes 2017/18



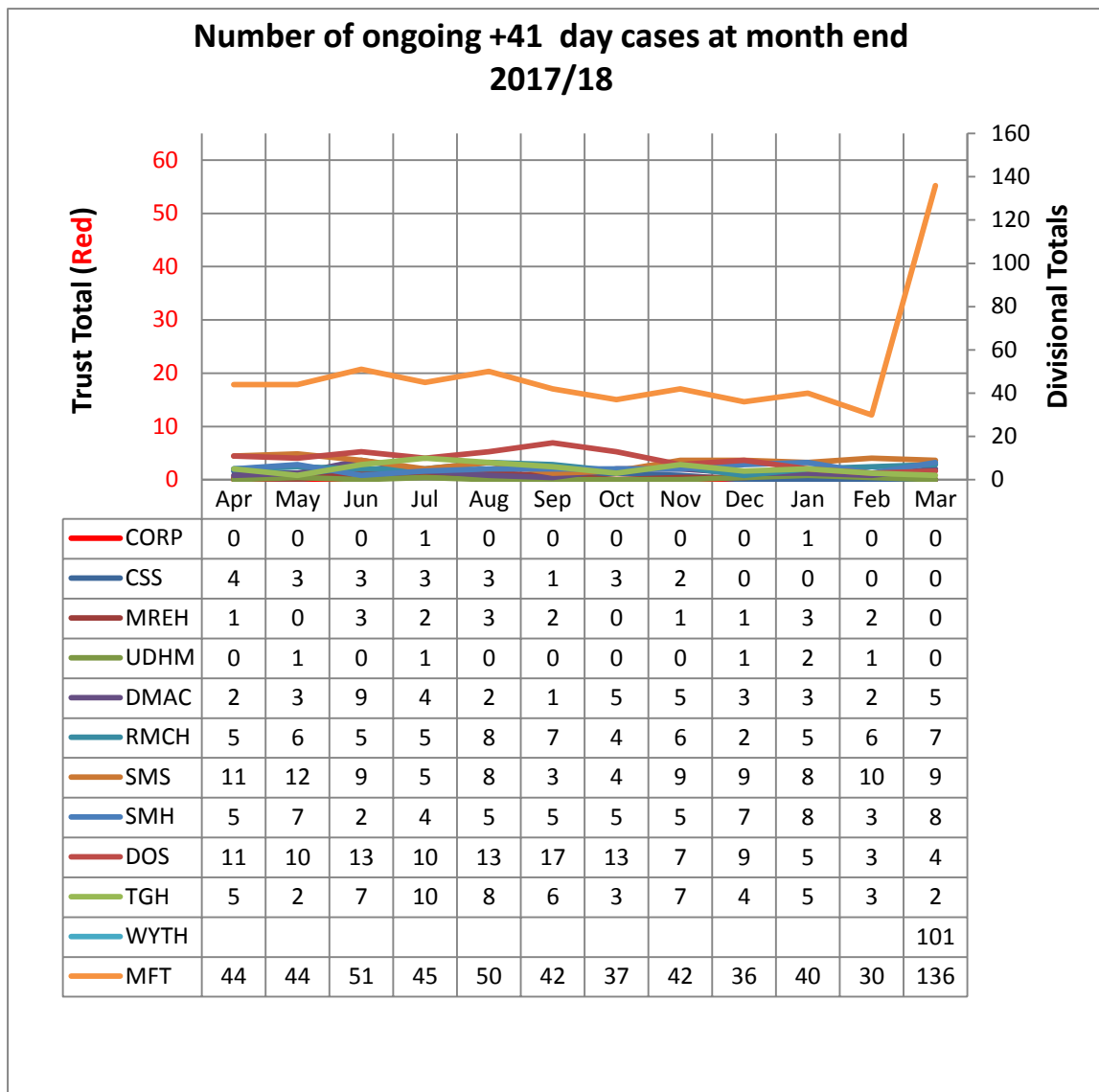
6.3 Graph 6: Granular breakdown of closed cases 2017/18 (extremely long cases not included), Trust-wide



6.5 Ongoing Complaints

There has been a continued focus during 2017/18 on managing the number of open complaints that were over 41 working days old. At the beginning of April 2017, there were 44 cases (21% of open cases) at the Oxford Road Campus/ Trafford Hospital that were unresolved over 41 days. This figure increased to 136 (36.9% of open cases) at the end of March 2018. Wythenshawe and Withington Hospitals data in relation to this performance measure is only available from March 2018. **Graph 7**, shows the monthly variation in relation to the number of open complaints, unresolved after 41 days, 101 of these cases in March 2018 relate to a backlog of complaints at Wythenshawe and Withington Hospitals. The backlog of complaints at Wythenshawe and Withington Hospital developed for the previously explained reason of the unplanned and significant reduction in the number of PALS staff available to support the management of complaints relating to Wythenshawe and Withington Hospital, which was fully quantified in March 2018, as described later in this report.

Graph 7: Monthly variation in complaints unresolved after 41 days, Trust-wide for March 2018

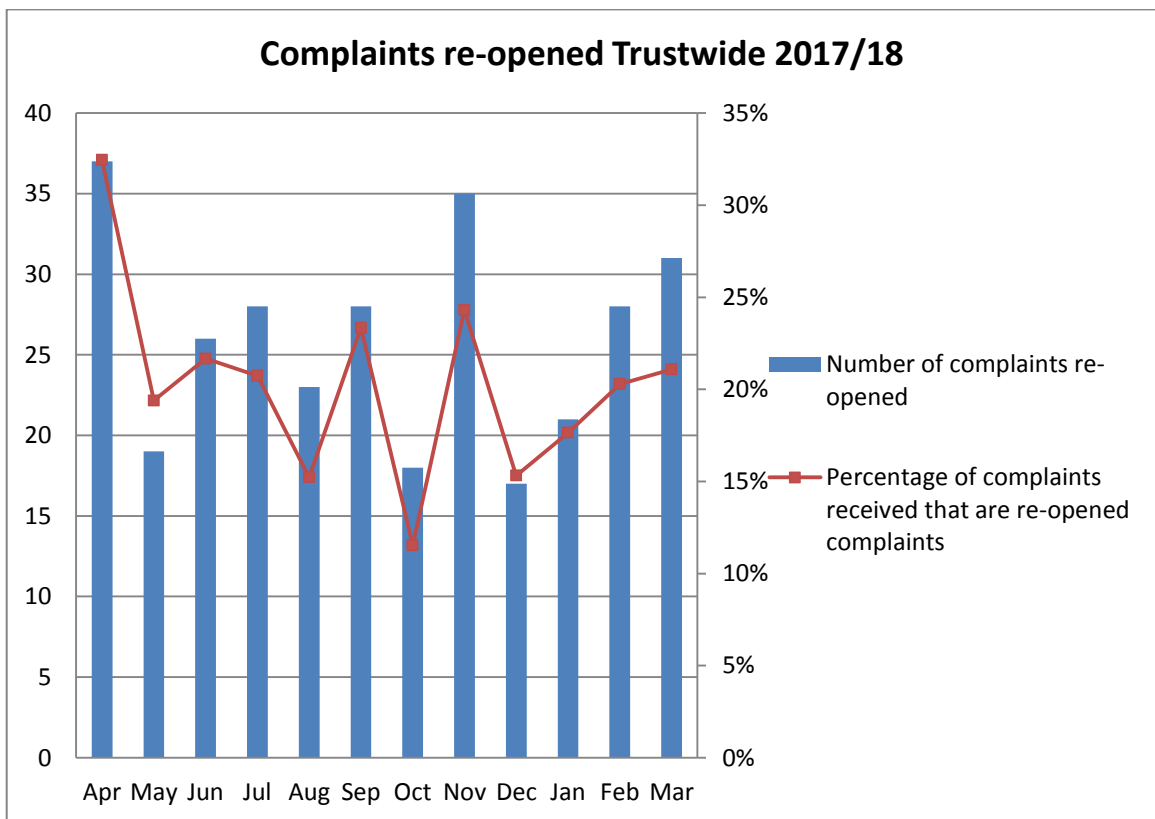


- 6.6 Historically, at the Oxford Road Campus and Trafford Hospitals, all cases over 41 working days old were escalated within the Divisions and discussed at the fortnightly Complaints KPI Meeting, chaired by the Chief Nurse or Deputy Chief Nurse. The accountability for complaints management and monitoring was fully devolved to the Hospital Chief Executives during Quarter 4, 2017/18 and the Corporate KPI meeting was discontinued as all cases over 41 working days are now monitored at Group level via the Accountability Oversight Framework (AOF), which informs the decision-making rights of Hospital/Managed Clinical Service Chief Executives and their teams.
- 6.7 A detailed analysis of all complaints received prior to 1st April 2018 at Wythenshawe and Withington Hospitals has been undertaken collaboratively between the PALS and Director of Nursing, WTWA and the Senior Leadership team at WTWA have established processes to deliver a trajectory for improvement.
- 6.8 The oldest case during the year 2017/18 was received by 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 response was sent to the complainant in February 2014; however, the complainant remained dissatisfied which led to a further investigation

by the Wythenshawe Hospital team. A dissatisfied response and a further investigation were undertaken and a further response was sent to the complainant in June 2014. Regrettably the complainant remained dissatisfied and a further investigation was undertaken. A further response was sent to the complainant in February 2015; however the complainant remained dissatisfied, making contact in January 2016 to express their dissatisfaction. Unfortunately, due to an administration oversight within the Patient Experience Team at Wythenshawe Hospital the investigation was not initiated until December 2017 and a final written response was provided to the complainant in January 2018. Systems have subsequently been reviewed and improvements made to prevent a recurrence of such an error.

- 6.9 Following the implementation of a the new system for triaging complaints based upon their complexity, all complaints continue to be triaged in line with this process.
- 6.10 Re-opened cases due to dissatisfaction with the response provided to the complainant provides an indication of the quality of the response. Throughout 2017/18 there was a wide variation in the number of re-opened complaints received across the Trust with a total of reopened cases during 2017/18 equating to 311 (20%). This compares to 231 (22%) reopened in 2016/17, 287 (24.7%) reopened in 2015/16 and 274 (27%) reopened in 2014/15 for the Oxford Road Campus and Trafford Hospital; the data for previous years is not available for Wythenshawe and Withington Hospitals, but will be available for future reports.
- 6.10 **Graph 8** details the number of re-opened complaints by month during 2017/18.

Graph 8: Number of Re-opened Complaints by Month 2017/18, Trust-wide



7. Themes

7.1 The themes and trends from complaints are reviewed at a number of levels. Each Hospital/ MCS/ Division considers local complaints on a regular basis as part of their weekly complaints review meetings and monthly Quality Forums. Further analysis of complaint themes and trends is provided in quarterly complaints reports to the Board of Directors.

7.2 **Tables 17 and 18** demonstrate the 3 most prevalent category types raised in complaints in 2017/18, compared to the previous 4 financial years.

Table 17: Top 3 complaint themes (5 year trend) Oxford Road Campus and Trafford Hospital

| Category | 2013/14 | 2014/15 | 2015/16 | 2016/17 | 2017/18 |
|---------------------------------------|---------|---------|---------|---------|---------|
| Appointment Delay / Cancellation (OP) | 80 | 893 | 916 | 1032 | 1037 |
| Treatment / Procedure | 440 | 796 | 1056 | 896 | 1320 |
| Consent/Communication/Confidentiality | 475 | 907 | 1457 | 907 | 1363 |

Table 18: Top 3 complaint themes (5 year trend) Wythenshawe and Withington Hospitals

| Category | 2013/14 | 2014/15 | 2015/16 | 2016/17 | 2017/18 |
|------------------------------------|---------|---------|---------|---------|---------|
| Clinical | 327 | 303 | 266 | 289 | 262 |
| Staff Attitude | 59 | 70 | 73 | 57 | 61 |
| Appointment / Delays (Outpatients) | 79 | 79 | 71 | 56 | 52 |

7.3 The Ulysses Safeguard System used at the Oxford Road Campus and Trafford Hospital had the functionality to enable complaints to be mapped and themed against the previous Trust Values. Values are currently being developed for Manchester University NHS Foundation Trust and once these have been developed, mapping will similarly be developed within the new Ulysses Safeguard module, that is used to record and monitor complaints management to enable the mapping of complaints against the Trust Values.

7.4 Similarly, the mapping and tracking of complaints to specific topic areas has also continued during 2017/18. Complaints relating to dementia, pain relief and end of life care are now captured and are used for monitoring and for targeting improvement activity.

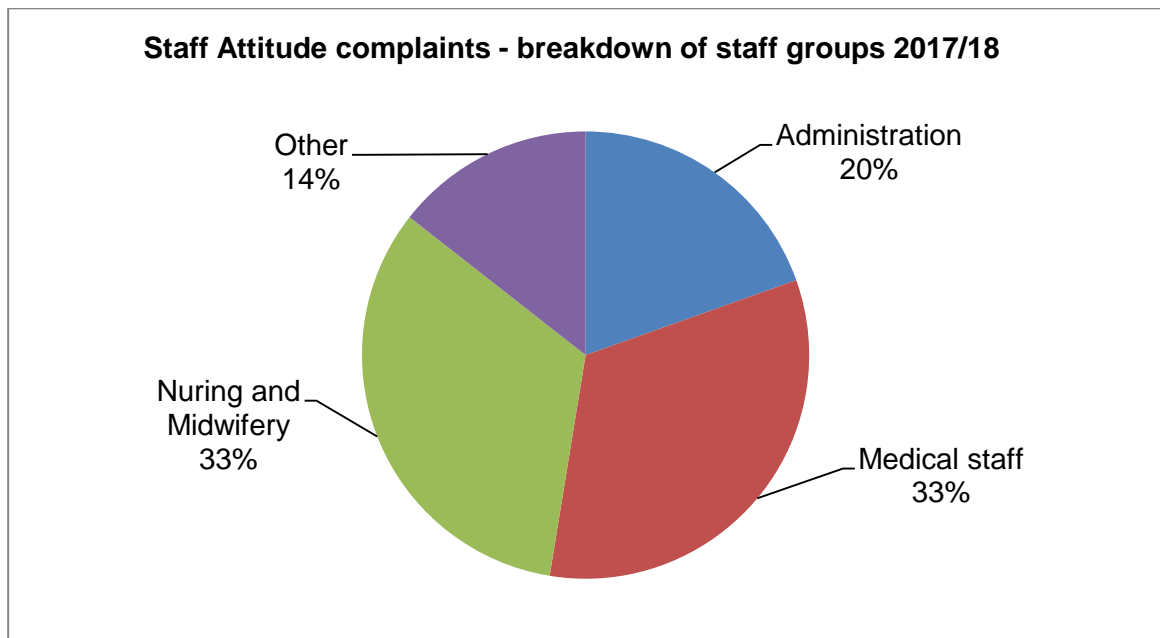
8. Our People

8.1 **Table 19** provides the number of Formal Complaints and PALS concerns that refer to 'staff attitude' and **Graph 9** breaks these down into the staff groups involved.

Table 19: Number of complaints that refer to staff attitude, Trust-wide

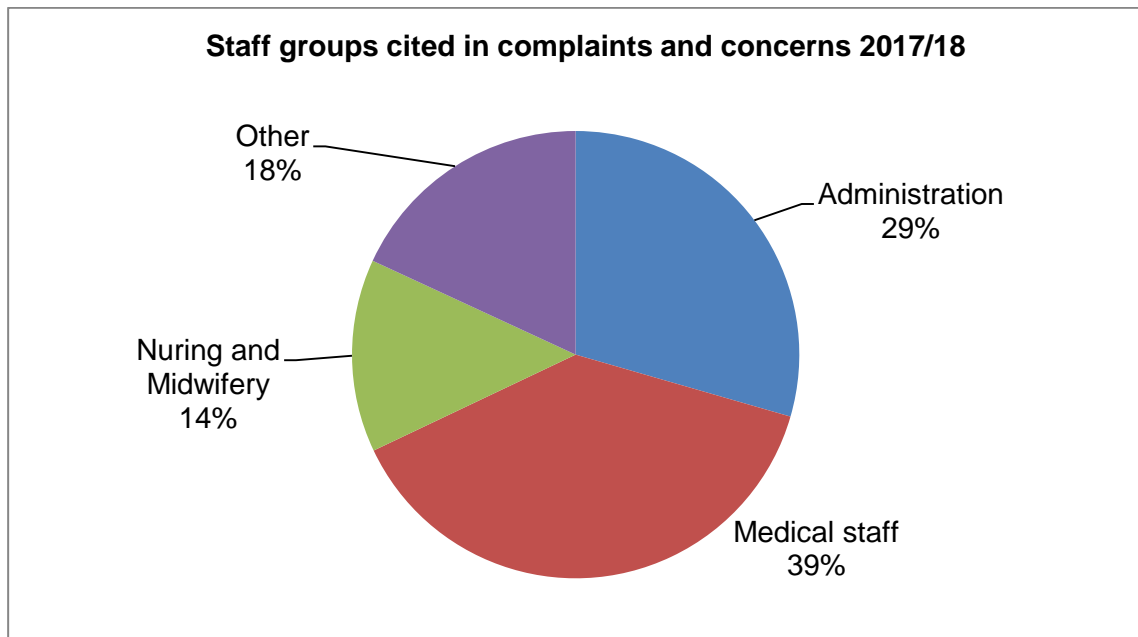
| Attitude of Staff | 2014/15 | 2015/16 | 2016/17 | 2017/18 |
|-------------------|------------|------------|------------|------------|
| PALS Concerns | 251 | 238 | 223 | 210 |
| Formal Complaints | 364 | 356 | 213 | 296 |
| Totals | 615 | 594 | 436 | 506 |

Graph 9: Percentage of complaints and concerns relating to staff attitude by staff group, Trust-wide



8.2 During 2017/18, the number of complaints which cited staff attitude increased to 506 compared to 436 during 2016/17. This represents an increase of 16.1%. The importance of Positive Communication is one of the 6 Key Themes identified as part of the **What Matters to Me** Patient Experience Programme. Often, the first interaction a patient has with the Trust's services is with a receptionist or another member of Administrative and Clerical (A&C) staff. In recognition of this key interface an integral element of the What Matters to Me work programme is to develop and implement a First Impressions training programme for A&C staff during 2018/19.

8.3 **Graph 10** highlights the top 3 professions referenced in formal complaints or concerns. Medical Staff are the highest group referenced with a total of 2,841 complaints, followed by Administration and Clerical (A&C) staff who are referenced in 2,176 complaints. Unfortunately, due to the limitations of the data, further analysis relating to the grade of the staff involved is not possible.

Graph 10 Top 3 most referred to professions in complaints and concerns, Trust-wide

9. Overview and Scrutiny

- 9.1 The Trust Complaints Scrutiny Group, chaired by a Non-Executive Director, is a sub-committee of the Trust Quality and Safety Committee, with meetings held every two months. The Group was established by the former CMFT, however, as part of the Single Hospital Service Integration programme the Terms of Reference of for the Complaints Scrutiny Group have been reviewed and, as agreed by the Trust's Quality and Safety Committee, now set out a Group-wide remit for reviewing complaints across all MFT Hospitals/Managed Clinical Services with effect from April 2018.
- 9.2 The main purpose of the Committee is to review the Trust's complaints processes in a systematic and detailed way through the analysis of actual cases, to ascertain learning that can be applied in order to continuously improve the overall quality of complaints management; with the ultimate aim of improving patient experience.
- 9.3 The Complaints Scrutiny Committee met in total six times during 2017/18 and reviewed twelve presented cases involving all operational divisions within legacy CMFT. The actions agreed at each of the Scrutiny Committee meetings are recorded and provided to the respective Hospitals/Managed Clinical Services and Divisions following the meeting in the form of an action log, with progress being monitored at subsequent meetings.
- 9.6 Examples of the learning identified from the cases presented and actions discussed and agreed at the meeting are outlined in **Table 20**. All Hospitals/Managed Clinical Services and Divisions are asked to identify and share transferable learning from the scrutiny process within and across their services.

Table 20: Actions identified at the Trust Complaints Scrutiny Committee during 2017/18

| | Division | Learning | Actions |
|------------------|--|---|---|
| Quarter 1 | Specialist Medical Services | Learning Disability Passports not fully utilised. | <ul style="list-style-type: none"> ▪ Reminders concerning use of learning disability passports shared at CICU handovers for an 8-week period. ▪ Patient Story shared at CICU Staff meeting. |
| | | Concerns regarding nursing knowledge and empathy for patient's communication and medication needs. | <ul style="list-style-type: none"> ▪ Complaint has informed amendments to Divisional Learning Disability plans. ▪ Patient Story shared with ACHD team. ▪ Improved preparation and awareness of this patient's needs. |
| Quarter 1 | Division of Surgery | Issues regarding communication of patient needs. | <ul style="list-style-type: none"> ▪ Ward round handover checklist has been initiated. ▪ Poster providing name and contact details of senior staff for patients to make contact developed. ▪ Training provided to staff re dealing with challenging patients and their families. |
| | | Poor handover from one Trust to former CMFT | <ul style="list-style-type: none"> ▪ Informatics piloting a referral pro-forma which senior doctors are to complete when a patient is transferred into the Trust from another Trust. |
| Quarter 2 | Clinical Scientific Services | Issues relating to the management of complex complaints across multiple divisions. | <ul style="list-style-type: none"> ▪ Implementation of local database to monitor dates and to chase responses in a timely fashion ▪ To ensure all questions are allocated for responses and that there is a central location for the medical records. |
| | | Issues relating who to contact regarding corporate element of complaint | <ul style="list-style-type: none"> ▪ Clarity provided regarding escalation procedure for corporate elements of complaints |
| Quarter 2 | Division of Medicine and Community Services | Concerns relating to nursing care, nutrition, inconsistent mobilisation, visiting relative being able to support patient. | <ul style="list-style-type: none"> ▪ Introduction of open visiting hours ▪ Increased partnership working with families involved in patient care ▪ Widespread feedback to clinical teams following complaint |
| | | Delays in accessing medical records and complexity due to number of external agencies involved. | <ul style="list-style-type: none"> ▪ Implementation of complaints triage system allows complex cases to be identified early in the process and for necessary steps to be implemented to prevent delays as far as possible. |

| | | | |
|------------------|---|---|--|
| Quarter 2 | Royal Manchester Children's Hospital | Delays relating to child requiring Hickman line insertion | <ul style="list-style-type: none"> ▪ Electronic listing system introduced for CEPOD theatres (Dedicated theatre lists for emergencies). ▪ Second 'line' theatre list to be run by interventional radiology will reduce need to go to 'emergency' theatre for the procedure. |
| | | Communication with parent and child relating to delays. | <ul style="list-style-type: none"> ▪ Complaint shared with ward teams on ward 84 regarding communication. |
| Quarter 2 | Specialist Medical Services | Patient expectations regarding where treatment should be undertaken. | <ul style="list-style-type: none"> ▪ Leaflet to be provided to NWS to provide to patients with reassurance that they are being given the correct care in the appropriate setting. ▪ Doctor to continue on-going communications with NWS to support them in communicating well with patients about where they are being taken and why, and what might happen if they do not need the emergency service they are being taken to. |
| | | Complainant became 'vexatious' during the complaints process | <ul style="list-style-type: none"> ▪ Early recognition of and implementation of Trust 'Vexatious and Persistent Complainants' procedure. |
| Quarter 2 | St. Mary's Hospital | Delays in complaints process due to clinician having conflicting priorities. | <ul style="list-style-type: none"> ▪ Ensure complaint case work is identified where individual circumstance change to ensure complaints timeline is maintained. |
| | | Communication and attitude of staff involved. | <ul style="list-style-type: none"> ▪ Ensure complaint letter is shared with team as well as the 'acknowledgement' letter. ▪ Complaint shared at clinical effectiveness meeting. |
| Quarter 3 | Division of Surgery, MRI | Communication. Managing expectations of relatives better | <ul style="list-style-type: none"> ▪ Meeting with and providing regular updates to families proactively. ▪ Providing key contact details to families. ▪ Divisional reports re: cancellations and patients awaiting emergency theatre to be circulated to teams. |
| | | Management of emergency operating lists and coordination of emergency theatre | <ul style="list-style-type: none"> ▪ Theatre coordinator posts recruited to and to commence in post in January 2018. |
| Quarter 4 | MREH | Waiting time unclear within Emergency Eye Department (EED). | <ul style="list-style-type: none"> ▪ 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. | <ul style="list-style-type: none"> ▪ Phone line usage to be audited. |

| | | | |
|------------------|--------------------------|--|---|
| | | Short notice cancellation of Out Patient Appointment. | <ul style="list-style-type: none"> ▪ Clear process for booking further appointments communicated to A&C staff ▪ Bespoke Customer service Training undertaken |
| Quarter 4 | UHDM | Poor written and verbal communication | <ul style="list-style-type: none"> ▪ #hellomynameis campaign re-launched at ACE day. ▪ Re-iteration of standards of communication at induction. |
| | | Managing patient expectations Post-Graduate service | <ul style="list-style-type: none"> ▪ Leaflet devised regarding Post-Graduate treatment by students (qualified dentists). ▪ Consent form devised in collaboration with University of Manchester. |
| Quarter 4 | SMS, MRI | Breakdown in communication and processes within Endoscopy Department | <ul style="list-style-type: none"> ▪ 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. |
| Quarter 4 | Trafford Hospital | Ineffective communication in a specific Patient Booklet. | <ul style="list-style-type: none"> ▪ Review and amend wording in specific Patient Booklet ▪ Guidelines to be reviewed and reissued |
| | | Multiple cancellations of complex orthopaedic patient's operations | <ul style="list-style-type: none"> ▪ Review of complex patient pathway ▪ Review of escalation process for multiple cancellations |
| | | No record of intimate swab being taken in patient's medical records | <ul style="list-style-type: none"> ▪ Ensure staff aware of necessary documentation standards for intimate swab |
| | | Difficulty with transportation of notes across sites | <ul style="list-style-type: none"> ▪ Review of transportation of notes across sites to be undertaken in collaboration with Medical Records Department |

9.7 In addition to the scrutiny described above, complaints are also reviewed within the Accreditation process to assess if the teams are aware of complaints and to examine what actions have been taken to improve services.

9.8 Complaints are also triangulated with feedback received through a number of different processes including the Friends and Family Test (FFT), National Survey data, the Care Opinion/NHS Choices websites and real time Patient Experience Trackers to identify areas requiring targeted improvement.



Picture 3: Patient Art Class, Ward 45

10. Patient Experience Feedback

10.1 Care Opinion and NHS Choices Feedback

Care Opinion is an independent healthcare feedback platform service whose objective is to promote honest conversations about patient experience between patients and health services. NHS Choices was launched in 2007 and is the official website of the NHS in England. It has over 48 million visits per month and visitors can leave their feedback relating to the NHS services they have received. The Care Quality Commission (CQC) utilises information from both these websites to help them decide when, where and what to inspect, spot problems in care and make decisions on whether a service should continue to provide care and more⁶.

- 10.2 There has been a 22.4% decrease in the number of postings made in relation to the Oxford Road Campus and Trafford Hospital services on these websites during 2017/18 (from 402 postings in 2016/17 to 312 postings in 2017/18). The number of posts on these websites by category; positive, negative and mixed negative and positive comments, are recorded as detailed in **Table 21a**. The data demonstrates that the majority of comments received in 2017/18 were positive (55.8% compared to 53.5% from 2016/2017), however, 29.5% of the comments related to a negative experience of the Trust's services. This is a reduction (positive) in negative postings of 4.0% compared to 2016/017 when 33.5% of comments were categorised as negative.

⁶ Share Your Reviews With Us. CQC, 2017 available at: <http://www.cqc.org.uk/content/share-your-reviews-us>

Table 21a Number of Care Opinion postings at the Oxford Road Campus and Trafford Hospital Services by Hospital/MCS/Division 2017/18

| Number of Patient Opinion Postings received by Hospital/MCS/Division, Oxford Road Campus and Trafford 2017/18 | | | |
|--|-----------------|-----------------|--------------|
| Division | Positive | Negative | Mixed |
| Clinical Scientific Services | 6 | 4 | 2 |
| Corporate Services - Facilities | 0 | 4 | 1 |
| University Dental Hospital of Manchester | 9 | 3 | 2 |
| Manchester Royal Eye Hospital | 16 | 4 | 2 |
| Medicine And Community Service, MRI | 17 | 5 | 6 |
| Royal Manchester Children's Hospital | 11 | 7 | 1 |
| Specialist Medical Services, MRI | 17 | 16 | 9 |
| St Marys Hospital | 29 | 9 | 5 |
| Surgery, MRI | 24 | 11 | 4 |
| Trafford Hospitals | 45 | 32 | 11 |
| Total | 174 | 95 | 43 |

- 10.3 The number of postings from Wythenshawe and Withington Hospitals on these websites during the financial year 2017/18 was 131 in total. The breakdown by category is detailed in table 21b. The data demonstrates that the majority of comments received in 2017/18 were positive (72%) with 18% of postings reflecting negative feedback with the remainder (10%) reflecting a mixture of positive and negative comments. Comparative data for 2016/17 for Wythenshawe and Withington Hospitals is not available.

Table 21b Number of Care Opinion postings at Wythenshawe/ Withington Hospitals by Division 2017/18

| Number of Care Opinion and NHS Choices Postings received by Division, Wythenshawe and Withington Hospitals | | | |
|---|-----------------|-----------------|--------------|
| Division | Positive | Negative | Mixed |
| Clinical Support Services | 10 | 7 | 2 |
| Scheduled Care (Maternity) | 15 | 1 | 2 |
| Scheduled Care (Surgery) | 35 | 8 | 3 |
| Unscheduled Care | 35 | 8 | 5 |
| Total | 95 | 24 | 12 |

- 10.4 The Care Quality Commission monitors issues and concerns raised together with the Trust responses. The Trust actively responds to the posts, however, a full response to posts is not always possible as specific patient details are not always provided. The PALS team contact details are always provided in these circumstances in order that such cases can be investigated further should the person posting the feedback wish to pursue this option.

- 10.5 **Table 22** provides three examples of the feedback received and the subsequent responses posted on Care Opinion and NHS Choices that were published in 2017/18

| |
|---|
| <p>Wythenshawe Hospital</p> |
| <p>Ear, Nose and Throat Clinic Review:</p> <p>I attended the clinic on Monday 20th 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.</p> |
| <p>Response:</p> <p>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.</p> <p>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.</p> |
| <p>Surgery (MRI)</p> |
| <p>Outstanding Care from Wards 9 and 10:</p> <p>I had a live donor kidney transplant from my husband in July 2017, I was on Ward 10 and he was next door on Ward 9. Every aspect of the hospital stay was absolutely outstanding.</p> <p>All the staff, HCAs, catering staff, porters, nurses, students, junior doctors, registrars, consultants, anaesthetists and surgeons were totally professional, dedicated and caring. They all worked so hard but always had time for patients.</p> <p>Pain relief, which I was worried about, was excellent. I was regularly asked my pain level and if I needed pain relief. I was given codeine and paracetamol to come home with but only needed paracetamol.</p> <p>I was able to recover at my pace, I did not feel up to getting out of bed the day after surgery but managed it the next day with lots of help, and the wash I was given that day felt wonderful! I was asked when I felt ready to go home, and drains etc. were removed in order that I could do so. I was pleased to (be) asked to take responsibility for recording my</p> |

fluid balance as it helped me have ownership of my care. I would like to see the "Hello, my name is" initiative more comprehensively rolled out across all staff, but this is a minor point.

My opinion was taken into consideration around my treatment and aftercare and I felt valued as an individual. I felt cared for physically, mentally, and emotionally (and my emotions were all over the place.) My family and friends who visited were also treated with care and compassion.

Nothing was too much trouble whether it was help to walk to the toilet, fresh water or a cup of tea, or extra towels for a shower. The wards, toilets and showers were all perfectly clean.

I know NHS food gets a bad rep, but I found it excellent! I had no appetite at all before transplant and it came rushing back! As a vegetarian I was worried about what I would eat but had plenty of options. The desserts were especially delicious! Food ordering and mealtimes were very anticipated!

"Thank you" really does not say just how grateful I am for the attentive, dedicated, caring and professional staff on wards 9 and 10 and for the marvellous NHS!

Response:

Thank you for taking the time to share your feedback via the NHS Choices website about your positive experience at the Manchester Royal Infirmary.

We were pleased to read that you found you and your Husband's care and treatment to be an outstanding standard. We understand that this must have been an anxious time for you and your Husband and we were especially pleased that all of our staff were able to contribute to your experience by helping to keep you comfortable and ensuring that you were able to play an active role in your own care, helping you to feel valued.

It was good to know that our Trust values were present in every part of your journey and that you were treated with compassion.

It is always great to receive feedback which highlights the dedication and hard work of all of our staff members. It was also good to learn that you found our facilities clean and that you were happy with the dining provisions provided during your stay.

Once again, thank you for taking the time to share your experience and we hope that both you and your Husband are recovering well. We will ensure that your feedback is passed on to the Clinical Effectiveness Manager of Surgery so that it can be shared with the teams involved in your care.

CSS, DMACS and Surgery (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 partners 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.

11 Compliments

- 11.1 The Trust received and recorded 860 compliments during 2017/18 compared to 932 compliments during 2016/17. This represents a decrease of 8%. Of the recorded compliments received 151 (17.5%) related to Trafford Hospitals. Work continues to encourage the capture and recording of compliments across all Hospitals and Managed Clinical Services.
- 11.2 The registration of compliments received by the Chief Executive's Office is managed by the PALS team and Hospitals/Managed Clinical Services manage registration of locally received compliments on the Safeguard Complaint Management System. All responses are managed locally and authorised by the Hospital/ Managed Clinical Service Chief Executives
- 11.3 All positive Patient Opinion and NHS Choices postings are also shared with the relevant departments. In addition, weekly reports are circulated to Hospitals/Managed Clinical Services detailing compliments that are registered both corporately and locally. The reports include the number, detail and progress and are shared within Hospitals/Managed Clinical Services in order to celebrate and spread good practice.

- 11.4 **Table 23** details the numbers of compliments registered for each Hospital/MCS and division for 2017/18.

Table 23: Distribution of Compliments received by hospital/MCS/Division during 2017/18, Trust-wide

| Hospital/MCS | Number of Compliments received by Division | | | | |
|--|--|------------|------------|------------|------------|
| | Division where applicable | 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 |
| Saint 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 |

12 Meetings with Complainants

- 12.1 A total of 101 Local Resolution Meetings are recorded as taking place during 2017/18 of which 11 related to Saint Mary's Hospital, 19 were within Royal Manchester Children's Hospital, 23 within MRI and 31 at Wythenshawe and Withington Hospitals, with the rest being spread relatively evenly across the other Hospitals. This compares to 113 Local Resolution Meetings held in 2016/17. This represents a reduction of 11%, however further analysis is restricted by pre-merger data recording limitations at Wythenshawe and Withington Hospitals.
- 12.2 Meetings are facilitated by the identified PALS Case Managers and summary letters are provided to the complainant with an audio recording of the discussion. This enables the complainant to listen to the recording outside the meeting so that they can review specific responses or consider any further questions they may wish to raise.

13. Parliamentary and Health Service Ombudsman (PHSO)

- 13.1 The PHSO is commissioned by Parliament to provide an independent complaint handling service for complaints that have not been resolved by the NHS in England and UK government departments. The PHSO is not part of government, the NHS in England, or a regulator. The PHSO is accountable to Parliament and their work is scrutinised by the Public Administration and Constitutional Affairs Committee.
- 13.2 The PHSO is the final stage for complaints about the NHS in England and public services delivered by the UK Government. The PHSO considers and reviews complaints where someone believes there has been injustice or hardship because an organisation has not acted properly or fairly or has given a poor service and not put things right.

- 13.3 During 2014/15, the PHSO announced plans to increase the number of investigations that are considered and undertaken. As a result, there was an expectation that the Trust would experience an increase in the number of investigations. However, as shown in **Table 24**, the number of cases has decreased to 15 during 2017/18 (compared to 31 during 2016/17). The percentage of cases **not** upheld is comparable in 2017/18 (66.6%) to 67.7% in 2016/17.

Table 24: Number of resolved PHSO cases comparison, Trust-wide

| | 2014/15 | 2015/16 | 2016/17 | 2017/18 |
|--------------------------|---------|----------|------------|------------|
| Fully up-held | 1 (7%) | 3 (11%) | 3 (9.7%) | 1 (6.6%) |
| Partially up-held | 7 (50%) | 13 (48%) | 7 (22.6%) | 4 (26.6%) |
| Not up-held or withdrawn | 6 (43%) | 11 (41%) | 21 (67.7%) | 10 (66.6%) |

- 13.4 The Trust had 26 cases under the review of the Parliamentary and Health Service Ombudsman at the end Quarter 4 2017/18. **Table 25** provides details of the PHSO cases resolved in 2017/18 and shows the distribution of PHSO cases across the Hospital/Managed Clinical Services and former CMFT divisions.
- 13.5 In summary, 10 cases were not upheld or withdrawn, 4 cases were partially upheld and 1 case was fully upheld.
- 13.6 In total payment of compensation was advised by the PHSO in 2 of the 15 cases totalling a sum of £850.00. This compares to the payment of £2,300 to complainants in 2016/17.

Table 25: PHSO cases closed between 1st April 2017 and 31st March 2018, Trust-wide

| Division/Hospital | Outcome | Date original complaint received | PHSO Rationale/Decision | Recommendation |
|-------------------|----------------|----------------------------------|---|--|
| DMACS, MRI | Not Up-held | 23/01/17 | No failings found | None |
| DMACS, MRI | Partly Up-held | 18/09/14 | 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. |
| DMACS, MRI | Not Up-held | 16/12/15 | No failings found | None |
| Surgery, MRI | Partly Up-held | 15/03/17 | 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. |
| Surgery, MRI | Not Up-held | 31/03/17 | No failings found | None |
| Surgery, MRI | Not Up-held | 05/01/17 | No failings found | None |
| SMS, MRI | Not Up-held | 08/11/16 | No failings found | None |
| SMH | Not Up-held | 19/10/17 | No failings found | None |
| RMCH | Not Up-held | 07/07/15 | No failings found | None |
| TGH | Not Up-held | 24/03/16 | No failings found | None |
| TGH | Partly Up-held | 15/12/16 | 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. |
| TGH | Not Up-held | 06/01/17 | No failings found | None |
| TGH | Partly Up-held | 12/01/17 | Failings in: <ul style="list-style-type: none"> ▪ Consenting ▪ Documentation ▪ Nursing care (removal of cannula) ▪ Provision of follow up appointment | Offer the complainant £500 as a financial remedy for the distress caused Write to the complainant to acknowledge the failings identified and apologised for the impact of those failings Create an action plan detailing what has been done to ensure that such failings will be prevented in the future |
| UDHM | Up-held | 13/01/17 | Failings in the Trust's management of the complaint, specifically around poor communication in relation to complainants NHS and private treatment | Acknowledge failings identified and issue and apology specifically for the distress caused by you providing conflicting information Create an action plan detailing how the Trust will ensure that such failings in complaint handling will be prevented in the future Create an action plan detailing how the Trust |

| | | | | |
|----------------------|-------------|----------|-------------------|---|
| | | | | will ensure that records clearly identify if care is NHS funded or privately funded to avoid confusion. Provide financial compensation to the amount of £100 for the distress caused |
| Wythenshawe Hospital | Not Up-held | 28/07/17 | No failings found | None |

14. Tell Us Today



- 14.1 **'Tell us Today'** enables patients and families to escalate concerns in real time via a dedicated telephone number to a senior manager so that the issues can be resolved, the patient's experience improved and potentially a formal complaint averted. **'Tell us Today'** is available for inpatients at the Hospitals on the Oxford Road Campus and Trafford, with plans to roll out to Wythenshawe Hospital in 2018/19.
- 14.2 During 2017/8 the number of recorded calls on the Safeguard system has been exceptionally low. A total of only 5 calls were recorded on the system in 2017/18, compared to 17 in 2016/17. However, there is anecdotal evidence to suggest that the service is being actively used and that the quick response to concerns has been well received by patients, however due to the pressures of time these calls and actions are not being recorded on the electronic system, especially out of hours when the Senior Nurse Bleep Holder, who responds to the calls, has numerous competing priorities.
- 14.3 **'Tell us Today'** is currently being refreshed and will be re-launched, including roll out to Wythenshawe Hospital in 2018/19 on National **'What Matters to Me'** Day on 6th June 2018, to promote this service across the Trust and to further encourage the recording of calls on the system.

15 Complaint Data Analysis and Implementing Learning to Improve Services

15.1 All Hospitals/Managed Clinical Services Divisions regularly receive their complaint data via automated reports produced by the electronic Complaint Management system, Safeguard. Hospitals/Managed Clinical Services also review the outcomes of complaint investigations at their Quality or Clinical Effectiveness Committees. The following tables identify the complaint data for each of the Hospitals/Managed Clinical Services/Divisions mapped against a number of key performance indicators and a selection of complaints that demonstrate how learning from complaints has been applied in practice to contribute to continuous service improvement during 2017/18. All of these examples have been published in the quarterly Board of Directors Complaints Reports.

15.2 Former CMFT Division of Surgery, MRI

| Division Of Surgery | 2016/17 | 2017/18 |
|--|----------------|----------------|
| Number of formal complaints | 190 | 168 |
| Number of PALS concerns | 797 | 721 |
| Number of reopened | 56 | 48 |
| Number closed in 25 days | 43 | 34 |
| Number closed over 41 days | 115 | 81 |
| Number of meetings held | 18 | 16 |
| Top 3 themes | | |
| 1. Treatment / procedure - 297 | | |
| 2. Communication – 235 | | |
| 3. Appointment Delay / Cancellation (OP) - 157 | | |

| Division | Complaint and Lessons Learnt |
|---------------------|---|
| Surgery, MRI | Poor nursing and medical care, poor communication and documentation, delay in scan being undertaken and delay in follow-up appointment: Urology: |
| Q1 | <p>A patient was admitted from the Emergency Department to Ward 10 (via ESTU) at Manchester Royal Infirmary with acute pyelonephritis. The patient was admitted for intravenous antibiotics (Gentamycin). The patient's creatinine levels were high; when patient's creatinine levels are high Gentamycin should not be administered. The nurse administered the Gentamycin. The administration of the Gentamycin delayed the patient's discharge as she required a period of observation and administration of saline due to the concern about kidney damage</p> <p>The patient was discharged but then re-admitted the following month as she was still feeling unwell. During this subsequent admission the consultant undertook a consultation with the patient, with a cleaner in the room, with no consideration of respect or confidentiality for the patient.</p> <p>The patient was advised that she was to undergo an ultrasound scan, the patient was advised of the scheduled date of the scan, however it transpired she was not on the list of patients to undergo a scan on that day. On another occasion during this admission, the patient enquired why she had not received pain relief or antibiotics that she believed were due to be administered and she was advised that her drug prescription chart could not be found and that she could not receive any medication.</p> <p>At the time of discharge, the patients Discharge Notification Form (DNF) included the wrong diagnosis and list of procedures that the patient had not undergone The patient was shown blood test results and an ultrasound</p> |

report for a different patient with the same name; ultimately a breach of confidentiality.

On another occasion it took a member of staff six attempts to insert a cannula, despite the patient asked the doctor to stop after three failed attempts.

The patient did not receive a follow-up outpatient clinic appointment that she understood should have been 2-3 weeks after her discharge. The appointment was received and scheduled for a few months after her discharge.

Lessons Learned:

The investigation into the concerns raised by the patient identified: The importance of effective communication between all disciplines and the need to improve communication channels. There is now a ward specifically for Urology and a consultant of the week system is now in place, which has made significant improvements to the communication on the ward.

- The importance of undertaking consultations in a private environment has been reiterated to all staff, as the exact member of staff cannot be identified.
- The importance of confidentiality needs reiterating.
- Lack of awareness of what drugs can be given when creatinine is high, which requires additional training for the individual member of staff concerned.
- The need for clear documentation in patient's notes and communication with the patient regarding any delays or cancellations in regard to their treatment/procedures.
- Although it is not understood entirely how the prescription chart was misplaced, there should have been expedited attempts to create a replacement prescription chart so that the patient was able to receive her medication and painkillers in a timely manner.
- Medical staff now use patient district numbers when accessing electronic records for test results instead of using a patient's name as the identifier, as such errors retrieving the incorrect patient details/results should not happen. This should also prevent issues with incorrect information being populated into patient DNF.
- The Consultant Urologist has reiterated to all junior staff that after two failed attempts of catheter insertion they should escalate to a more senior member of staff and not to continue to attempt insertion.
- At the time of the patient's discharge in 2015, the Urology Department were lacking in secretarial support and acting upon DNF instructions and making arrangements for outpatient appointments were unfortunately delayed, this has now been rectified and there is now more staff in post. In addition the Urology team have established Hot Clinics, which are accessible to patients at short notice after discharge. The clinics provide the patient the opportunity to be reviewed if they are unwell rather than wait until an outpatient appointment is available.

15.3 Former CMFT Division of Medicine and Community Services, MRI

| Division of Medicine and Community Services | 2016/17 | 2017/18 |
|---|---------|---------|
| Number of formal complaints | 119 | 124 |
| Number of PALS concerns | 364 | 307 |
| Number of reopened | 29 | 35 |
| Number closed in 25 days | 39 | 34 |
| Number closed over 41 days | 39 | 43 |
| Number of meetings held | 26 | 19 |
| Top 3 themes | | |
| 1. Treatment / procedure – 110 | | |
| 2. Communication – 93 | | |
| 3. Clinical assessment – 52 | | |

| Division | Complaint and Lessons Learnt |
|-----------------------------------|---|
| DMACS, MRI Q4 | <p>Urgent Care: A recent complaint was received that questioned whether staff knew about the Emergency Medical Information facility function on mobile telephones.</p> <p>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.</p> <p>While 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.</p> <p>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.</p> <p>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.</p> <p>It was identified while this function was known about by some staff that 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 patient's next of kin in emergency situations.</p> <p>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</p> |

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| | <p>Division continues to promote this mobile phone function via as many routes as possible.</p> <p>The steps to locate the information are very simple and include:</p> <ul style="list-style-type: none"> ▪ 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. <p>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.</p> |
|--|---|

15.4 Former CMFT Division of Specialist Medical Services, MRI

| Division of Specialist Medical Services | 2016/17 | 2017/18 |
|--|---------|---------|
| Number of formal complaints | 148 | 142 |
| Number of PALS concerns | 556 | 664 |
| Number of reopened | 32 | 37 |
| Number closed in 25 days | 29 | 40 |
| Number closed over 41 days | 89 | 71 |
| Number of meetings held | 18 | 11 |
| Top 3 themes | | |
| 1. Communication - 270 | | |
| 2. Treatment / Procedure - 186 | | |
| 3. Appointment Delay / Cancellation (OP) - 131 | | |

| Division | Complaint and Lessons Learnt |
|---|---|
| <p>SMS, MRI</p> <p>Q4</p> | <p>Gastroenterology Department: Poor Customer Care:</p> <p>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.</p> <p>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.</p> |

15.5 Royal Manchester Children's Hospital

| Royal Manchester Children's Hospital | 2016/17 | 2017/18 |
|--|---------|---------|
| Number of formal complaints | 133 | 143 |
| Number of PALS concerns | 671 | 563 |
| Number of reopened | 20 | 19 |
| Number closed in 25 days | 43 | 35 |
| Number closed over 41 days | 68 | 55 |
| Number of meetings held | 7 | 11 |
| Top 3 themes | | |
| 1. Treatment / Procedure – 228 | | |
| 2. Communication – 151 | | |
| 3. Appointment Delay / Cancellation (OP) – 149 | | |

| Division | Complaint and Lessons Learnt |
|-------------|--|
| RMCH | Wrong Site Procedure: |
| Q3 | <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 'Time Out', 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> <p>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.</p> <p>The Team Brief was undertaken purely against the whiteboard and this was not checked against the theatre list.</p> <ul style="list-style-type: none"> ▪ The 'Time Out' was undertaken without all staff members having sight of the consent form to check against. ▪ Following this incident a number of actions were identified: <ul style="list-style-type: none"> ▪ 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. ▪ Prior to any Surgical procedures and before patients have been |

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|--|--|
| | <p>prepared and draped, the surgeon, the scrub nurse and anaesthetist must view the consent form against the patient's identification bracelet simultaneously.</p> <ul style="list-style-type: none"> ▪ Surgery cannot commence until this has been completed and the 3 checkers agree it is the correct patient and the correct procedure. |
|--|--|

15.6 Trafford Hospitals

| Trafford Hospitals | 2016/17 | 2017/18 |
|--|---------|---------|
| Number of formal complaints | 120 | 123 |
| Number of PALS concerns | 564 | 549 |
| Number of reopened | 30 | 31 |
| Number closed in 25 days | 44 | 20 |
| Number closed over 41 days | 37 | 66 |
| Number of meetings held | 16 | 6 |
| Top 3 themes | | |
| 1. Treatment / procedure – 183 | | |
| 2. Appointment Delay / Cancellation (OP) – 167 | | |
| 3. Communication – 139 | | |

| Division | Complaint and Lessons Learnt |
|--|--|
| <p>Trafford Hospital</p> <p>Q1</p> | <p>Communication and Discharge:</p> <p>A complaint was received by Trafford Day Surgery Unit from the parent of a young adult with regards to medication discharge instructions. The patient had been discharged with Co-codamol 30/500 mg for pain relief and told that she could take two tablets every 4 – 6 hours, as required. The concern raised was that the patient had not been told that they could not exceed more than 8 tablets in 24 hours. On return home the patient's mother calculated the doses every 4 hours and administered the tablets every 4 hours for the next 40 hours, there for significantly exceeding the maximum daily dose. The patient's mother only noticed the instruction on the medication package, not to exceed 8 tablets in 24 hours 2 days later.</p> <p>NHS Direct were contacted and they advised attending the Accident & Emergency. The patient's aminotransferase (ALT) levels were abnormal; the alanine ALT test is done to identify liver disease, especially cirrhosis and hepatitis caused by alcohol, drugs, or viruses. The patient was admitted to hospital for 36 hours for observation and follow up blood tests.</p> <p>Identified Improvement:</p> <ul style="list-style-type: none"> ▪ All Day Surgery Unit staff have been advised to emphasis to patients the maximum number of tablets that can be taken in 24 hours and the importance of reading medication advice leaflet/packaging before taking any medication. ▪ The Day Surgery Unit Team are also designing a new discharge leaflet to include advice on take home medication – to include advice on reading enclosed medication advice notices. |

15.7 Saint Mary's Hospital

| Saint Mary's Hospital | 2016/17 | 2017/18 |
|---|---------|---------|
| Number of formal complaints | 154 | 124 |
| Number of PALS concerns | 296 | 357 |
| Number of reopened | 20 | 22 |
| Number closed in 25 days | 26 | 22 |
| Number closed over 41 days | 53 | 39 |
| Number of meetings held | 11 | 5 |
| Top 3 themes | | |
| 1. Treatment / procedure – 143 | | |
| 2. Communication – 121 | | |
| 3. Appointment Delay / Cancellation (OP) – 97 | | |

| Division | Complaint and Lessons Learnt |
|------------|---|
| SMH | Listening and Responding. Positive communication: |
| Q3 | <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 3rd 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"> ▪ 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 ▪ The Ward manager has provided positive feedback to the staff recognised by the woman that who provided good care. ▪ The Directorate will review the practice of keeping the baby with mum for repair of a 3rd degree tear if possible. ▪ Training and improving skills and competencies: Full Obstetric Anal Sphincter Injuries (OASIS) Care Bundle has been widely disseminated |

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| | and a team established to champion compliance and to ensure accurate data and therefore contribute to best practice guidelines for the future. |
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15.8 Division of Clinical and Scientific Services (former CMFT)

| Division of Clinical and Scientific Services | 2016/17 | 2017/18 |
|--|---------|---------|
| Number of formal complaints | 50 | 34 |
| Number of PALS concerns | 171 | 183 |
| Number of reopened | 10 | 14 |
| Number closed in 25 days | 16 | 8 |
| Number closed over 41 days | 14 | 14 |
| Number of meetings held | 5 | 5 |
| Top 3 themes | | |
| 1. Clinical Assessment – 51 | | |
| 2. Communication - 46 | | |
| 3. Treatment / Procedure - 29 | | |

| Division | Complaint and Lessons Learnt |
|------------------------------------|---|
| <p>CSS</p> <p>Q2</p> | <p>Medication Dispensing Packs:</p> <p>A complaint was received from the daughter of a patient, who identified that the medicines blister pack that her mother was given on discharge was very difficult for her to use based on the design of the pack due to her mother’s vision impairment. The blister pack was navy blue plastic with the days of the week etched out in clear plastic and as such the days of the week were not clearly legible. The daughter also explained that her mother struggled to fully see how the packet opened. She requested that the hospital pharmacists review how practical this type of blister pack was for other vision impaired patients.</p> <p>There is more than one type of blister pack available. The Ward Pharmacists usually assess patient’s requiring a blister pack, to determine the preferred option. Unfortunately, as the request for a blister pack was only made on the morning of discharge the Ward Pharmacist did not have the opportunity to undertake the options appraisal with the patient.</p> <p>In response to the patients’ daughter highlighting this issue, the Pharmacy Team will ensure that in future Ward Pharmacists check that patients, who are issued with blister packs, are able to manage with the type supplied.</p> |

15.9 University Dental Hospital of Manchester

| University Dental Hospital of Manchester | 2016/17 | 2017/18 |
|---|---------|---------|
| Number of formal complaints | 25 | 31 |
| Number of PALS concerns | 181 | 216 |
| Number of reopened | 8 | 10 |
| Number closed in 25 days | 14 | 11 |
| Number closed over 41 days | 5 | 8 |
| Number of meetings held | 3 | 3 |
| Top 3 themes | | |
| 1. Appointment Delay / Cancellation (OP) - 76 | | |
| 2. Communication - 71 | | |
| 3. Treatment / Procedure - 61 | | |

| Division | Complaint and Lessons Learnt |
|----------|--|
| UDHM | <p>Communication:</p> <p>Q1 A complaint was received regarding the lack of communication relating to treatment in the Postgraduate Department. The Postgraduates are qualified dentists but are undertaking further training in a specialist area and as such require supervision.</p> <p>The patient advised that he was unaware who had been identified to treat him, what qualifications the clinician had and what supervision would be provided by the consultant.</p> <p>The complaint highlighted that information about the Postgraduate Department Services was lacking. As a direct result a leaflet has been developed that explains fully what Postgraduate treatment involves. In addition a consent form for patients to sign when they are placed on the Postgraduate waiting list has been developed and introduced that records the explanation to the patient about what treatment is to be provided, by whom and with what supervision.</p> <p>A Patient Listening Event is scheduled for the 30th August 2017 and the team at UDHM will be seeking patient and carer feedback on these two documents before finalising. Once agreed these will be placed on the UDHM website under the patient information section.</p> <p>An issue was also raised about continuity of care and cancellation of appointments within the Postgraduate Department. Previously Postgraduate students were individually responsible for the booking of follow up appointments and these were not entered onto the Patient Administration System (appointment booking database). From September 2017, when the new intake of Postgraduate students commences, all appointments will be made via the Out Patient Clerks and entered on to PAS, to ensure full audit trail of appointments.</p> |

15.10 Manchester Royal Eye Hospital

| Manchester Royal Eye Hospital | 2016/17 | 2017/18 |
|--|----------------|----------------|
| Number of formal complaints | 72 | 84 |
| Number of PALS concerns | 412 | 394 |
| Number of reopened | 20 | 19 |
| Number closed in 25 days | 46 | 50 |
| Number closed over 41 days | 8 | 17 |
| Number of meetings held | 9 | 7 |
| Top 3 themes | | |
| 1. Appointment Delay / Cancellation (OP) – 169 | | |
| 2. Communication – 138 | | |
| 3. Treatment / Procedure - 78 | | |

| Division | Complaint and Lessons Learnt |
|-----------------|---|
| MREH | Responding to Patient Personal Needs: |
| Q2 | <p>Information contained within a referral letter from a local optician, outlined that the patient had specific mobility requirements. The information was not acted upon by staff at the Withington Community Hospital. This resulted in the unavailability of appropriate equipment and assistance and ultimately the patient's surgery being cancelled on the day. The patient complained that the information in the referral was not acted upon, as the nursing staff were unaware until the patient's arrival of her personal mobility requirements.</p> <p>Lessons Learnt:</p> <p>As a direct result of the investigation into the concerns raised by the patient the following actions have been identified:</p> <ul style="list-style-type: none"> ▪ Amendments are required to patient admission letter to include an invitation to patients and carers to contact the Unit Manager to discuss specific personal needs with the nursing staff prior to admission. ▪ Staff require training in the use of specific moving and handling equipment i.e. hoist ▪ Portable diagnostic equipment (i.e. slit lamp) is required for patients with who are wheelchair users. |

15.11 Wythenshawe and Withington Hospitals

| Wythenshawe and Withington Hospital | 2016/17 | 2017/18 |
|--|---------|---------|
| Number of formal complaints | 282 | 260 |
| Number of PALS concerns | 1675 | 1552 |
| Number of reopened | 41 | 54 |
| Number closed in 25 days | 89 | 112 |
| Number closed over 41 days | 30 | 34 |
| Number of meetings held | Unknown | 15 |
| Top 3 themes 2017/18 | | |
| 1. Clinical – 129 | | |
| 2. Communication (Written / Oral) – 27 | | |
| 3. Appointment / Delays – 25 | | |

| Division | Complaint and Lessons Learnt |
|---|--|
| <p>Un-Scheduled Care, Wythenshawe</p> <p>Q3</p> | <p>Confidentiality Breach:</p> <p>Questions identified within the complaint:</p> <ul style="list-style-type: none"> ▪ Why task someone on their first day to speak with patient on the telephone? ▪ Who was delegated to supervise the apprentice? ▪ What training had the apprentice had regarding Caldicott, ▪ Information Governance and the important of confidentiality? ▪ 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. <p>Response to the complaint: 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>The following actions were taken immediately following the Complaint:</p> <ul style="list-style-type: none"> ▪ The Management Team were made aware that work is to be appropriately delegated to staff according to their abilities and |

| | |
|--|---|
| | <p>skill set.</p> <ul style="list-style-type: none"> ▪ An Incident report was submitted to ensure that the senior management team were made aware of this Data Protection Breach. ▪ The booking clerk had been alerted to the error and the importance of maintaining confidentiality. ▪ The booking clerk has been informed to ensure that the correct person is spoken to before imparting any information that may compromise confidentiality. ▪ The booking clerk has been stopped from contacting patients to confirm appointments, until further training provided. ▪ The booking clerk has completed the mandatory Caldecott training course. |
|--|---|

| Division | Complaint and Lessons Learnt |
|--|---|
| <p>Scheduled Care, Wythenshawe</p> <p>Q4</p> | <p>Communication and Access to Medical Staff:</p> <p>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:</p> <ul style="list-style-type: none"> ▪ Why we're 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? <p>Lessons Learnt:</p> <ul style="list-style-type: none"> ▪ 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. <p>The following actions were taken immediately following the complaint:</p> <ul style="list-style-type: none"> ▪ 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. |

15.12 Corporate Services

| Corporate Services | 2016/17 | 2017/18 |
|-------------------------------|---------|---------|
| Number of formal complaints | 34 | 50 |
| Number of PALS concerns | 251 | 208 |
| Number of reopened | 6 | 9 |
| Number closed in 25 days | 23 | 22 |
| Number closed over 41 days | 0 | 2 |
| Number of meetings held | 0 | 1 |
| Top 3 themes | | |
| 1. Infrastructure – 119 | | |
| 2. Communications – 39 | | |
| 3. Documentation/Records – 37 | | |

| Division | Complaint and Lessons Learnt |
|--|---|
| Estates and Facilities Q3 | <p>Car Parking:</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> |

15.13 Research and Innovation

| Research and Innovation | 2016/17 | 2017/18 |
|-----------------------------|---------|---------|
| Number of formal complaints | 0 | 0 |
| Number of PALS concerns | 1 | 0 |
| Number of reopened | 0 | 0 |
| Number closed in 25 days | 0 | 0 |
| Number closed over 41 days | 0 | 0 |
| Number of meetings held | 0 | 0 |

15.14 Non – MFT

| Non – MFT/ Other | 2016/17 | 2017/18 |
|-----------------------------|---------|---------|
| Number of formal complaints | 6 | 2 |
| Number of PALS concerns | 100 | 0 |
| Number of reopened | 0 | 0 |
| Number closed in 25 days | N/A | N/A |
| Number closed over 41 days | N/A | N/A |
| Number of meetings held | N/A | N/A |

16 Complainant's Satisfaction Survey

The Complaints Satisfaction Survey was developed by the Picker Institute and is based upon the PHSO, the Local Government Ombudsman (LGO) and Healthwatch England's user-led 'vision' of the complaints system; '**My Expectations for Raising Concerns and Complaints**'⁷. The survey was sent to all complainants from the Oxford Road Campus and Trafford Hospitals during 2017/18; however this will be expanded to cover all MFT complainants during Quarter 1, 2018/19. Since implementation on 1st November 2016, the response rate for the survey had consistently been between 23-29%, however during Quarter 4 of 2017/18 a significant increase was seen in responses to surveys with a response rate of 54%.

Comments received include the following:

- 'It worked well, changes made and improvements achieved'
- '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'
- 'The speed of response was positive'
- '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'
- A response by email would have also been sufficient'
- 'The outcome was repetitive and I did not feel it was fully accepting of the situation we had face excuses were made. However I did not take the matter further as it concerned one dreadful dept and the rest of the service in the hospital was excellent'.

Results for National Pilot Survey for 2017/18:

- 91% of complainants said the outcome of their complaint was explained to them in a way that they could understand.
- 89% of complainants said they were made aware of their right to take their complaint further if they were not completely satisfied with the outcome and/or the recommendations.
- 85% of complainants were able to complain in their preferred format.
- 84.5% of complainants said they found it easy to make their complaint.
- 78% of complainants said they had a single point of contact at the Trust to who they could approach if they had any questions.
- 77.5% felt their complaint was handled professionally by the organisation
- 74.5% of complainants felt that they were taken seriously when they first raised their complaint.
- 53% of complainants said they received the outcome of their complaint within the given timescales.

⁷ PHSO, the Local Government Ombudsman (LGO) and Healthwatch (2014) My Expectations for Raising Concerns and Complaints. Available from: <https://www.ombudsman.org.uk/publications/my-expectations-raising-concerns-and-complaints>

17 Work Programme 2017/18 - Update

17.1 In 2017/18 the Patient Services Team committed to a number of work-streams, a progress update on each of the work-streams is detailed below:

- **Parliamentary and Health Service Ombudsman visit.**

Professor Behrens, the newly appointed Parliamentary and Health Service Ombudsman visited the newly formed Manchester University NHS Foundation Trust on 19th October 2017. His visit was 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.

During his visit Professor Behrens met with Professor Cheryl Lenney, Group Chief Nurse, Sue Ward, Deputy Chief Nurse, Debra Armstrong, Assistant Chief Nurse (Quality), the Corporate Complaints team and Karen Connolly, Hospital Chief Executive at Saint Mary's Hospital. Whilst at the Trust Professor Behrens also took the opportunity to visit Ward 45 to discuss patient experience.



Picture 4: 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

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

- **Single Hospital Service**

During Quarter 3 and 4 of 2017/18 work continued to align the complaints processes of the legacy trusts to ensure Manchester University NHS Foundation Trust maintained compliance with the NHS Complaints Regulations (2009). Aspects of the complaints management process were devolved from corporate services to the Hospitals and Managed Clinical Services. This included delegation of the Quality Assurance process and Chief Executive sign off of complaint responses to Hospital Chief Executives.

- **Benefits of the New MFT Ulysses System.**

A new single Ulysses System was implemented across the Trust during Quarter 4 of 2017/18, which enabled the Customer Service Module of the MFT Ulysses System to

capture and track the receipt of Complaints and PALS concerns on one system, across the entire Trust.

The MFT Ulysses system is tailored and configured to meet the specific needs of the single hospital service, which provides a single streamlined clinical governance process across all hospital sites using the same data sets.

- **Staff Support**

In order to support the health and wellbeing of the PALS team, formal staff support sessions were introduced during Quarter 1, 2017/18. The sessions are facilitated by the Trust's Staff Support Service and offer staff the opportunity to talk with trained counsellors and psychologists about some of the cases they found difficult or challenging to manage. Further sessions are planned and will continue during 2018/19.

- **Education**

During Quarter 2 of 2017/18 a **Safeguard Master Class** was undertaken and facilitated by the Customer Services Manager and a PALS Case Manager that focussed upon deepening divisional staff knowledge and skills in relation to using Safeguard for divisional management and reporting of complaints.

The Masterclass demonstrated to the delegates the value of reporting directly from Safeguard and provided technical information and insights about strategies and procedures for reporting. This has enabled the delegates to effectively extract their own Customer Service reports for use within the Divisions.

Further complaints educational sessions are planned and will continue during 2018/19. This will include the provision of Writing Complaints Responses course for the relevant staff at Wythenshawe Hospital in April 2018.

- **Reorganisation of the roles within PALS to include a new role of PALS Receptionist**

The PALS office re-located to Entrance 2, Manchester Royal Infirmary in March 2017 and a new PALS reception was opened as part of the relocations and is now staffed by two full time PALS Receptionists. The role of the PALS Receptionist has proved to be very successful. The 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. The receptionists are responding to an average of 1,300 enquiries and way finding requests per month.

- **Implementation of the new Triage process for complaints was introduced in 2017/18**

The Triage process remains in place and allows for the allocation of a more realistic timeframe for complex complaints, and is more appropriate and personalised to the specific circumstances of the complaint. This approach is specifically in line with 'My Expectations for Raising Concerns and Complaints' which states that Complainants should receive resolution in a time period that was relevant to their particular case and complaint. The triage system has been rolled out to complaints received relating to Wythenshawe and Withington Hospital services.

- **Evaluation of the Complainants Satisfaction Survey**

The Satisfaction Survey provides a wealth of feedback related to complainants' experience of the complaint process and from 1st April 2018 will be rolled out to include complaints received relating to Wythenshawe and Withington Hospitals.

- **Formalised supervision for corporate staff who consistently work with Complainants:**

Supervision was developed and piloted and feedback was extremely positive. Following re-organisation of the Staff Well-Being Services the Patient Services Management Team are working collaboratively with ODT to introduce the Affina Team based- working model, which will support the team to consider how they work as a team and agree clear shared team objectives.

18 Work Programme 2018/19

- 18.1 As the Trust now provides services across 9 hospitals and a range of community locations as host of the Manchester Local Care Organisation, 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 'My Expectations' principles complainants find making their complaint to be 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.
- 18.2 Work will continue to align the complaints processes of the legacy Trusts to ensure Manchester University NHS Foundation Trust maintains compliance with the NHS Complaints regulations (2009); including the development of an aligned Complaints, Concerns and Compliments Policy. All Complaints and PALS Standard Operating Procedures will also be reviewed and aligned.
- 18.3 The Patient Services Team will continue to work with the Hospitals/Managed Clinical Services and their Divisional teams in order to improve responsiveness to complaints and to improve the processes by which they are managed.
- 18.4 The Educational Programme for staff who deal with complaints will continue and be developed further during 2018/19. This will commence in Quarter 1 with an externally facilitated course designed to improve knowledge and skills in relation to responding to written complaints for staff at Wythenshawe Hospital. In addition, the Complaints and PALS Managers will continue to deliver bespoke Ulysses Safeguard Masterclasses to support staff who manage complaints data using the electronic management system and in-house educational sessions for staff will be scheduled with the aim of developing regular training to improve knowledge and skills for staff involved in writing complaint responses and verbal communication with complaints. The Patient Services Team will also work collaboratively with the PHSO to develop educational sessions to improve staff knowledge related to the role of the PHSO and the process of PHSO investigations.
- 18.5 Guidance for staff related to Complaints, the Process and the Regulations will be updated and recirculated. The intention of the Guidance is to provide teams with information about the Regulations related to complaints, the Trust process for the management of complaints and to support staff to prepare high quality complaint responses.

19 Conclusion and Recommendation

In accordance with the principles of continuous improvement, considerable work has been undertaken during 2017/18 to develop the complaints and PALS services and processes and to integrate the services provided by the two former trusts following the establishment of MFT in October 2017. This work has presented challenges and opportunities and new systems will continue to be developed in 2018/19 in order to ensure that the Trust continues to be responsive to feedback received in the form of complaints or PALS enquiries.

The Board of Directors is asked to note the content of this report, the work undertaken by the corporate and Hospital/Managed Clinical Service teams to improve the patient's experience of raising complaints and concerns and, in line with statutory requirements, provide approval for the report to be published on the Trust's website.

Appendix 1

Tables 4 to 7 provide information regarding how people access the PALS service and provides their demographical breakdown.

Table 4: Route of PALS Concerns by enquirer, Trust-wide

| Category | 2015/16 | 2016/17 | 2017/18 |
|------------------------|-------------|-------------|-------------|
| Comment Box | 9 | 1 | 4 |
| Email | 768 | 1141 | 1610 |
| Face To Face | 519 | 602 | 514 |
| Fax | 2 | 2 | 0 |
| From Complaints | 1 | 1 | 6 |
| From Family Support | 0 | 3 | 0 |
| From PALS | 1 | 21 | 0 |
| Letter | 57 | 29 | 47 |
| Other | 187 | 162 | 112 |
| Telephone | 2648 | 2535 | 2635 |
| Tell Us Today | 1 | 1 | 0 |
| Website | 1 | 0 | 0 |
| Complainant | 844 | 1128 | 638 |
| Family Member / Friend | 341 | 403 | 264 |
| M.P. | 6 | 9 | 1 |
| Totals | 5385 | 6038 | 5831 |

Table 5 details the number of contacts by age; the age range relates to the people who were the focus of the PALS concern as opposed to the complainant.

Table 5: PALS contact by age range, Trust-wide

| Age Range | 2015/16 | 2016/17 | 2017/18 |
|---------------|-------------|-------------|-------------|
| 0 - 18 | 1459 | 1442 | 1249 |
| 19 - 29 | 523 | 622 | 593 |
| 30 - 39 | 532 | 653 | 742 |
| 40 - 49 | 561 | 623 | 585 |
| 50 - 59 | 653 | 744 | 758 |
| 60 - 69 | 693 | 794 | 745 |
| 70 - 79 | 555 | 703 | 697 |
| 80 - 89 | 334 | 379 | 375 |
| 90 - 99 | 71 | 74 | 80 |
| 100+ | 4 | 4 | 7 |
| Totals | 5385 | 6038 | 5831 |

Table 6 details the number of contacts by sex; again the sex relates to the people who were the focus of the PALS concern.

Table 6: PALS concerns by sex, Trust-wide

| Sex | 205/16 | | 2016/17 | | 2017/18 | |
|---------------|--------------------|------------------------|--------------------|------------------------|--------------------|------------------------|
| | Number of concerns | Percentage of concerns | Number of concerns | Percentage of concerns | Number of concerns | Percentage of concerns |
| Female | 2857 | 53.1% | 3259 | 54.0% | 3192 | 54.7% |
| Male | 2309 | 42.9% | 2641 | 43.7% | 2542 | 43.6% |
| Not specified | 219 | 4.1% | 138 | 2.3% | 97 | 1.7% |
| Total | 5385 | | 6038 | | 5831 | |

Table 7 describes the ethnicity of the patients who were the focus of the PALS enquiry.

Table 7: PALS contacts by ethnicity, Trust-wide

| Ethnicity | 2015/16 | 2016/17 | 2017/18 |
|---|-------------|-------------|-------------|
| Any Other Ethnic Group | 38 | 27 | 30 |
| Asian Or Asian British - Bangladeshi | 7 | 20 | 9 |
| Asian Or Asian British - Indian | 26 | 49 | 30 |
| Asian Or Asian British - Other Asian | 34 | 48 | 29 |
| Asian Or Asian British - Pakistani | 83 | 116 | 80 |
| Black Or Black British - African | 28 | 31 | 25 |
| Black Or Black British - Caribbean | 24 | 61 | 40 |
| Black Or Black British - Other Black | 11 | 21 | 15 |
| Chinese Or Other Ethnic Group - Chinese | 7 | 22 | 10 |
| Mixed - Other Mixed | 10 | 17 | 16 |
| Mixed - White & Asian | 4 | 11 | 8 |
| Mixed - White & Black African | 7 | 9 | 10 |
| Mixed - White & Black Caribbean | 9 | 21 | 19 |
| Not Stated | 2975 | 2356 | 3178 |
| White - British | 2012 | 3071 | 2202 |
| White - Irish | 35 | 66 | 52 |
| White - Other White | 75 | 92 | 73 |
| Do Not Wish to Answer | 0 | 0 | 5 |
| Total | 5385 | 6038 | 5831 |

Appendix 2

Tables 11 to 14 provide information regarding the risk rating of formal complaints and the demographic details of people making complaints.

Table 11: Complaints 5 year trend by risk rating, Trust-wide

| Category | 2013/14 | 2014/15 | 2015/16 | 2016/17 | 2017/18 |
|------------------|-------------|-------------|-------------|-------------|-------------|
| Not Stated/other | 0 | 0 | 2 | 20 | 7 |
| White | 0 | 0 | 0 | 0 | 0 |
| Green | 470 | 240 | 175 | 89 | 108 |
| Yellow | 847 | 827 | 801 | 863 | 749 |
| Amber | 468 | 516 | 745 | 625 | 682 |
| Red | 37 | 12 | 20 | 29 | 26 |
| Totals | 1822 | 1595 | 1743 | 1626 | 1572 |

Table 12: Age range of people who made formal complaints, Trust-wide

| Age Range | 2015/16 | 2016/17 | 2017/18 |
|---------------|-------------|-------------|-------------|
| 0 – 18 | 302 | 289 | 347 |
| 19 – 29 | 196 | 178 | 145 |
| 30 – 39 | 240 | 231 | 200 |
| 40 – 49 | 183 | 167 | 169 |
| 50 – 59 | 219 | 205 | 197 |
| 60 – 69 | 238 | 218 | 181 |
| 70 – 79 | 209 | 194 | 199 |
| 80 – 89 | 119 | 104 | 100 |
| 90 – 99 | 36 | 36 | 32 |
| 100+ | 1 | 4 | 2 |
| Totals | 1743 | 1626 | 1572 |

Table 13: Sex of people who made formal complaints, Trust-wide

| Sex | 2015/16 | | 2016/17 | | 2017/18 | |
|---------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|--------------------------|
| | Number of complaints | Percentage of complaints | Number of complaints | Percentage of complaints | Number of complaints | Percentage of complaints |
| Female | 1017 | 58% | 929 | 57% | 855 | 54% |
| Male | 714 | 41% | 674 | 41% | 686 | 44% |
| Not specified | 12 | 1% | 23 | 2% | 31 | 2% |
| Total | 1743 | | 1626 | | 1572 | |

Table 14 describes the ethnicity of the patients represented in formal complaints for the past 3 financial years.

Table 14: Ethnicity of people who made complaints, Trust-wide.

| Ethnicity | 2015/16 | 2016/17 | 2017/18 |
|---|----------------|----------------|----------------|
| Any Other Ethnic Group | 22 | 13 | 9 |
| Asian Or Asian British - Bangladeshi | 4 | 3 | 2 |
| Asian Or Asian British - Indian | 18 | 17 | 10 |
| Asian Or Asian British - Other Asian | 17 | 11 | 12 |
| Asian Or Asian British - Pakistani | 48 | 34 | 29 |
| Black Or Black British - African | 16 | 12 | 8 |
| Black Or Black British - Caribbean | 14 | 18 | 15 |
| Black Or Black British - Other Black | 4 | 4 | 2 |
| Chinese Or Other Ethnic Group - Chinese | 6 | 5 | 5 |
| Mixed - Other Mixed | 12 | 12 | 10 |
| Mixed - White & Asian | 1 | 7 | 4 |
| Mixed - White & Black African | 5 | 2 | 3 |
| Mixed - White & Black Caribbean | 5 | 10 | 4 |
| Not Stated | 607 | 617 | 713 |
| White – British | 921 | 815 | 696 |
| White – Irish | 15 | 23 | 18 |
| White - Other White | 27 | 17 | 27 |
| Do not wish to answer | 1 | 6 | 5 |
| Total | 1743 | 1626 | 1572 |