

# MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

## BOARD OF DIRECTORS (PUBLIC)

<b>Report of:</b>	Professor Cheryl Lenney – Chief Nurse
<b>Paper prepared by:</b>	Sue Ward, Group Deputy Chief Nurse Barbara Mitchell, Assistant Chief Nurse, Safeguarding, Patient Experience & Quality Claire Horsefield, Head of Customer Services
<b>Date of paper:</b>	22 <sup>nd</sup> June 2021
<b>Subject:</b>	Annual Complaints Report 2020/21 for MFT
<b>Purpose of Report:</b>	Indicate which by ✓ <ul style="list-style-type: none"> <li>• Information to note ✓</li> <li>• Support</li> <li>• Resolution</li> <li>• Approval ✓</li> </ul>
<b>Consideration of Risk against Key Priorities</b>	Patient and Staff Experience
<b>Recommendations</b>	The Board of Directors is asked to note the content of this report, the work undertaken during 2020/21 and, in line with statutory requirements, provide the approval for the report to be published on the Trust website.
<b>Contact:</b>	Name: Barbara Mitchell, Assistant Chief Nurse, Safeguarding, Quality & Patient Experience  Tel: 0161 274 4981

## 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)<sup>1</sup>. This annual report reflects all complaints and concerns made by (or on behalf of) patients of the current and legacy Trusts, received between 1<sup>st</sup> April 2020 and 31<sup>st</sup> March 2021.
- 1.2 This report celebrates achievements and improvements, whilst acknowledging continuous improvement is always fundamental in an ongoing effort to improve processes and services across the Trust. The impact of the Covid-19 pandemic on complaints and PALS activity is highlighted along with new ways of working adopted in order to maintain a responsive PALS complaints and service.
- 1.3 Throughout the report the term **Complaints** is used to describe complaints requiring a response from the Chief Executive and the term **Concerns** is used to describe informal contacts with the Patient Advice and Liaison Service (PALS), which require a speedier resolution to issues that may be resolved in real time.
- 1.4 The report refers to all Hospitals/Managed Clinical Services (MCS) and Local Care Organisations (LCO) across the MFT Group. These are Manchester Royal Infirmary (MRI), Manchester Royal Eye Hospital (MREH), Saint Mary's Hospital MCS (SMH), Royal Manchester Children's Hospital MSC (RMCH), University Dental Hospital of Manchester (UDHM), Clinical Scientific Services MCS (CSS), Manchester and Trafford LCOs, and Wythenshawe Hospital, Trafford General Hospital, Withington Hospital and Altrincham Hospital (WTWA).

### 2. Summary of Activity

- 2.1 As in 2019/20, the quality of complaints' data reporting continued to improve during 2020/21, as did the overall year performance for the timeliness of closing complaints.
- 2.2 The impact of the Covid-19 pandemic across the NHS initially led to fewer patients being admitted or attending for treatment and as a result the number of complaints and PALS concerns were reduced compared to 2019/20.
- 2.3 The total number of PALS concerns received in 2020/21 was **4,900**. This is a decrease of **997 (16.91%)** when compared with the **5,897** received in 2019/20.
- 2.4 The total number of complaints received in 2020/21 at MFT was **1,059**. This is a decrease of **569 (34.95%)** when compared to the **1,628** complaints received, in 2019/20.
- 2.5 In response to the Covid-19 pandemic NHS England and NHS Improvement provided guidance in March 2020 in relation to complaint handling, which resulted in a system-wide pause in the NHS complaints process. The purpose of the pause was to release the time

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<sup>1</sup> The 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](http://www.legislation.gov.uk/ukxi/2009/309/pdfs/ukxi_20090309_en.pdf)

of clinical staff to deliver direct clinical care as well as enabling managers and administrative staff to focus on supporting the pandemic response. During this time MFT continued to acknowledge and act on immediate concerns and after careful consideration, the Trust complaints pause was lifted in a staged approach during May and June 2020.

- 2.6 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 anyone reporting period. Small variances within monthly, quarterly, and annual reporting are therefore expected and accepted.
- 2.7 As a measure of performance, the number of complaints should be considered in the context of organisational activity. **Table 1** below shows the number of complaints in the context of Inpatients, Outpatients and Emergency Department attendances for 2020/21 compared to 2019/20. These data show a reduction in number of complaints in all three areas associated with the reduced patient episodes, however, the rate per 1,000 FCEs remained similar to 2019/20 in inpatient and outpatient areas and a positive reduction was seen in emergency departments.

**Table 1:** Complaints received in context of activity

		2019/20	2020/21
Inpatient	Complaints Received	523	419
	Finished Consultant Episodes (FCE)	431,667	337,049
	Rate of complaints per 1000 FCEs	1.21	1.24
Outpatient	Complaints Received	711	380
	Number of Appointments	2,541,377	1,293,384
	Rate of complaints per 1000 Appointments	0.28	0.29
A&E	Complaints Received	191	105
	Number of Attendances	413,741	267,867
	Rate of complaints per 1000 attendances	0.46	0.39

- 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. This allows the Trust to investigate complex complaints, which may involve multiple organisations as well as allowing sufficient time to undertake High Level Investigations (HLI) where appropriate.
- 2.9 At the end of March 2021, **19.3%** of cases were over 41 days, compared to **22.9%** at the end of March 2020. This represents a **3.6%** decrease in unresolved cases over 41 days old. All cases over 41 working days old continue to be escalated within the relevant Hospital/MCS/LCO and assurance is provided via the monthly Accountability Oversight Framework (AOF).
- 2.10 The average response rate for patients and carers raising a concern through PALS was **4.3** days during 2020/21, compared with **4.5** days during 2019/20.
- 2.11 The national statutory requirement for the acknowledgement of complaints, according to the NHS Complaints Regulations (2009) is to acknowledge 100% of all complaints no later than 3 working days after the complaints are received. Throughout 2020/21, **100%** was achieved.
- 2.12 The Parliamentary and Health Service Ombudsman (PHSO) represents the final stage of

the NHS complaints process and the Trust works together with the PHSO to ensure that all feedback and lessons learnt from complaints contribute to service improvement throughout the year.

- 2.13 The PHSO closed **2** cases pertaining to the Trust between 1<sup>st</sup> April 2020 and 31<sup>st</sup> March 2021; of these; **1** complaint was partly upheld and **1** was not upheld. The details of the **2** PHSO cases are set out in this report (Section 12). This position compares to **17** cases closed in 2019/20 when **1** complaint was upheld, **7** cases were partly upheld, and **9** cases were not upheld. It should be noted that at the time of the evolving Covid-19 pandemic, the PHSO advised that it was taking them longer than usual to investigate health complaints. MFT had **9** cases under investigation by the PHSO at the end of March 2021, compared to **7** at the end of March 2020.
- 2.14 WTWA is the Hospital/MCS with the highest level of activity within the MFT Group and received the highest number of complaints in 2020/21, with **317 (29.9%)** out of a total of **1,059**. This represents a decrease of **198** complaints received when compared to **515** in 2019/20.
- 2.15 MRI received the highest number of PALS concerns with **1,458 (29.7%)** out of a total of **4,900**. This compares to **1,531 (25.9%)** PALS concerns received in 2019/20, which is a decrease of **73** cases.
- 2.16 The oldest complaint case recorded as closed during 2020/21 was received by Corporate Services. The case was opened on 15<sup>th</sup> July 2019 and the case was **208** days old when it was closed on 12<sup>th</sup> June 2020. The complaint involved a staff member who was absent from work long term resulting in a delay in the complaints investigation process. The complainant was kept updated and fully supported throughout the process.
- 2.17 A significant focus and work to deliver improvements in 2020/21, has specifically demonstrated:
- The average response rate of complaints responded to within the agreed timescale has **improved** from **86.6%** in March 2020 compared to **88.1%** in March 2021.
  - The number of re-opened complaints during 2020/21 was **248 (19.0%)**, representing an improvement when compared to **331 (16.9%)** re-opened in 2019/20.

### **3. Complaints Review Scrutiny Group**

- 3.1 The Complaints Review Scrutiny Group demonstrates Board level engagement and assurance regarding complaints handling through the Non-Executive Director Chair. This role is complimented by other core group members, which include a Trust Governor, an Associate Medical Director, the Head of Nursing (Patient Experience) and the Trust's Head of Customer Services. The group met three times in total during 2020/21 and reviewed **8** cases involving **6** Hospitals/MCS/LCOs across MFT. For each participating Hospital/MCS/LCO and presented case, an evaluation of the effectiveness of actions taken and a progress review of any actions from the previous occasion was undertaken.

#### **4. Complaints Improvement Programme**

4.1 The Trust is committed to the delivery of continuous improvement in all aspects of the complaints process and to this end an annual improvement plan is developed and implemented. The Head of Nursing (Patient Experience) has continued to work with the Head of Customer Services, the PALS and Complaints Teams and the Hospital/MCS/LCO Teams to continue to identify and deliver improvements to the management of PALS and Complaints within the Trust.

4.2 Significant improvements delivered in 2020/21 include:

- Launch of an in-house Complaints Letter Writing Training Package
- Development of an in-house Customer Service e-learning package
- Connecting hospital patients with their families – Launch of Trust’s Family Liaison Team and long-term Virtual Visiting Service
- Enhancement in the quality and accuracy of equality monitoring and complaint themes reporting
- Digital Access/Technology – Implementation of virtual complaint local resolution meetings

#### **5. Learning**

5.2 This report details examples of learning and change as a direct result of feedback received from complaints and concerns. Examples of learning from complaints have been published in each Quarter during 2020/21 as part of the Board of Directors 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 Trust would like to apologise to all those people who have had cause to raise concerns. We are committed to continually improving our services and acknowledge that whilst we do not always get it right, we believe that this report demonstrates the learning and changes we make as a direct result.

6.3 The Trust is committed to being open and honest and thank our staff for their openness and candour when undertaking investigations.

#### **7. Recommendation**

7.1 The 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.

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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)<sup>1</sup>. This annual report reflects all complaints and concerns made by (or on behalf of) patients of the Trust, received between 1<sup>st</sup> April 2020 and 31<sup>st</sup> March 2021.

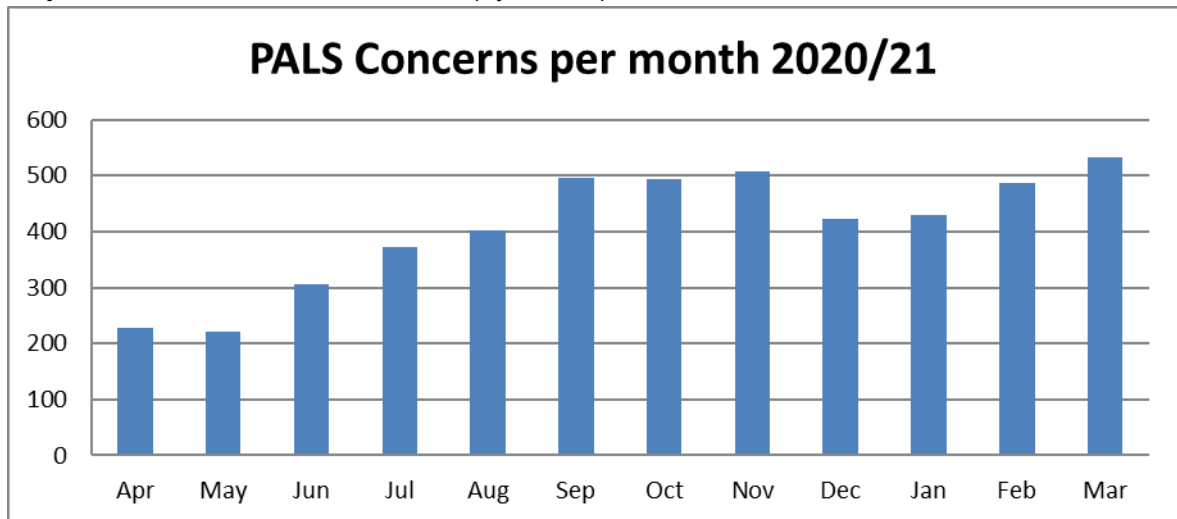
## 2. Introduction

- 2.1 This report sets out achievements and improvements, whilst acknowledging that there are further improvements required in the context of continuous improvement.
- 2.2 Throughout this report the term **Complaints** is used to describe formal complaints requiring a response from the Chief Executives/Group Chief Executive and the term **Concerns** is used to describe informal contact with PALS requiring a speedier resolution to issues that may be resolved in real time.
- 2.3 The quality of complaints data reporting has continued to improve throughout 2020/21 and comparative data is provided within the report.
- 2.4 Due to the nature of the complaints' processes and management, the data fluctuates from day to day as complaints progress through the process; this can influence the accuracy of the numbers reported within anyone reporting period. For example, once a complaint has been received and registered, it may be withdrawn, de-escalated, identified as being out of time, or consent may not be received. Small variances within monthly, quarterly, and annual reporting are therefore expected and accepted.
- 2.5 It should be noted that NHS England and NHS Improvement provided guidance in March 2020 in relation to complaint handling, which resulted in a system-wide pause in the NHS complaints process. The purpose of the pause was to release the time of clinical staff to deliver direct clinical care as well as enabling managers and administrative staff to focus on supporting the pandemic response. During this time MFT continued to acknowledge complaints and act on immediate concerns and after careful consideration, the Trust complaints pause was lifted in a staged approach during May and June 2020.

## 3. Overview of Activity

- 3.1 The number of PALS concerns received for 2020/21 was **4,900**, which is **997** less than the number received in 2019/20 (**5,897**). This demonstrates a 16.9% decrease in the number of PALS concerns received during the last year. It is important to note however, that this significant reduction coincides with the Covid-19 pandemic and the reduced clinical activity across all Trust.
- 3.2 The number of PALS concerns in January, February and March 2021, has demonstrated a gradual increase; it is likely that this increase can be attributed to the increase in clinical activity across the Trust as part of the recovery following the initial pandemic response.
- 3.3 **Graph 1** provides the number of PALS concerns received by month for the financial year 2020/21.

**Graph 1:** Number of PALS contacts (by month) for 2020/21, MFT



**Table 2:** Number of PALS contacts by Hospital/ MCS/ LCO

Hospital / MCS / LCO	2019/20	2020/21
Clinical Scientific Services (CSS)	335	303
Corporate Services	298	211
Manchester & Trafford Local Care Organisation (LCO)	52	82
Manchester Royal Infirmary (MRI)	1,531	1,458
Research & Innovation (R&I)	15	6
Royal Manchester Children's Hospital (RMCH)	621	432
Saint Mary's Hospital (SMH)	526	673
University Dental Hospital of Manchester (UDHM) / Manchester Royal Eye Hospital (MREH)	447	384
Wythenshawe, Trafford, Withington, and Altrincham (WTWA)	1,920	1,351
Not Stated / General Enquiry / Non-MFT	19	0
<b>MFT Total</b>	<b>5,897</b>	<b>4,900</b>

- 3.4 **Table 2** above demonstrates that the MRI received the highest number of PALS concerns, **1,458** out of a total of **4,900** (29.7%). This is a decrease of **73** cases from same reporting period in 2019/20 data when **1,531** (25.9%) were received by MRI.
- 3.5 WTWA received the second largest number of PALS concerns with **1,351** out of a total of **4,900** (27.6%). This is a decrease of **569** cases from the same reporting period in 2019/20 when **1,920** (32.5%) were received.
- 3.6 As WTWA and MRI are the largest services in the Trust, it is expected that these two areas would receive the greatest proportion of PALS concerns.
- 3.7 All PALS concerns are RAG rated upon receipt based on the severity of the initial details of the concerns raised. **Table 3** below indicates the number of MFT contacts by risk rating grade. Analysis shows that 2020/21 has seen a significant decrease in the number of PALS concerns rated in all 3 categories. Of the **5** PALS concerns rated as amber:

- 1 = a breach patient confidentiality
- 1 = treatment/procedure
- 1 = an appointment delay (outpatient)
- 1 = delay/failure to recognise complication
- 1 = information request.



This position compares to **68** PALS concerns rated as amber in 2019/20.

**Table 3:** 2020/21 PALS contacts by risk grading, MFT

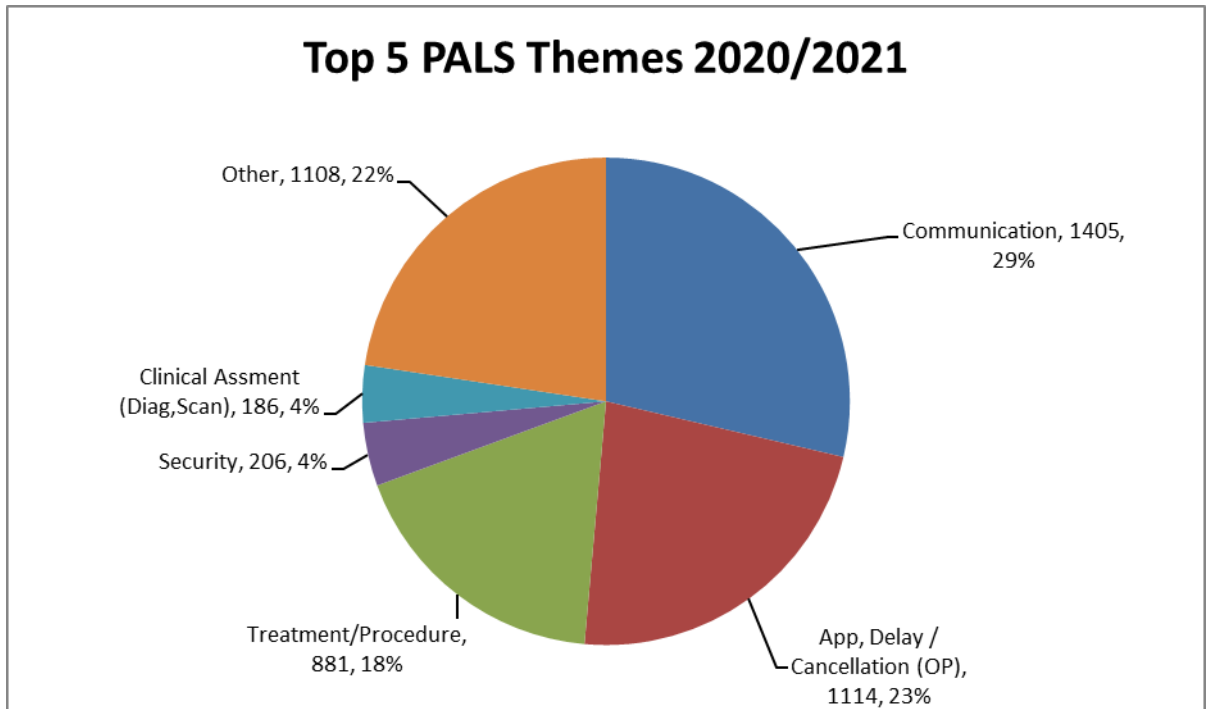
Category	2019/20	2020/21
Green	4,420	4,202
Yellow	933	532
Amber	68	5
Red	2	0
Not graded, escalated or enquiry	474	161
<b>MFT Total</b>	<b>5,897</b>	<b>4,900</b>

- 3.8 In this report year, the total number of PALS concerns includes those cases that were escalated for formal investigation (these are reported in Section 4 of this report), were withdrawn by the complainant or were considered to be out of time according to the NHS Complaints Regulation (2009)<sup>1</sup> timescales.
- 3.9 **Tables 4 to 7** are presented in **Appendix 1**. These tables indicate how people access the PALS and provide information about their demographics.
- 3.10 **Table 4** shows that the number of concerns raised face to face has decreased from **472** in 2019/20 to **97** in 2020/21: this is a decrease of 79.4%. This significant reduction coincides with the Trust's response to the pandemic and the necessary restrictions on normal visiting arrangements. The number of concerns raised by email and telephone continues to be the most favoured route of contact.
- 3.11 **Table 5** in **Appendix 1** 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 person raising the concern.
- 3.12 **Table 6** in **Appendix 1** details the number of contacts by gender; again, the gender relates to the people who were the focus of the PALS concern. **Table 7** in **Appendix 1** describes the ethnicity of the patients who were the focus of the PALS enquiry.
- 3.13 The demographic data for PALS concerns presented within **Appendix 1** supports the findings<sup>2</sup> that younger people (or their parents) are more likely to express dissatisfaction with services than older people and that women more likely to express dissatisfaction with services than other sexes.
- 3.14 The percentage of people who did not state their ethnicity for PALS concerns has continued to increase from 48.0% in 2019/20 to 53.1% in 2020/21. Work has continued throughout this annual report year to improve the quality of this data to enable continued development of a responsive service: further information is detailed in Section 15 of this report.

<sup>2</sup> 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

3.15 **Graph 2** and **Table 8** provide a more detailed analysis of the main PALS themes and indicates that the greatest proportion of PALS concerns relate to treatment and procedure, communication and appointment delays/cancellations.

**Graph 2:** Top 5 PALS Themes 2020/21, MFT



**Table 8:** Comparison of Top 5 PALS Themes, MFT

	2019/20	2020/21
1.	Communication	Communication
2.	Appointment Delay / Cancellation	Appointment Delay / Cancellation
3.	Treatment / Procedure	Treatment / Procedure
4.	Clinical Assessment (Diagnosis, Scan)	Security
5.	Attitude of Staff	Clinical Assessment (Diagnosis, Scan)

3.16 The average response rate for patients and carers raising a concern through PALS at MFT was **4.3** days during 2020/21, compared with **4.5** days during 2019/20.

#### 4 Complaints Activity

4.1 The number of complaints has decreased in 2020/21 compared to the 2019/20 data. This year there were a total of **1,059** complaints received, compared to **1,628** in 2019/20, this is a decrease of 34.9%.

4.2 In response to Covid-19 and after careful consideration, the Trust's short 'pause' in complaints management was lifted in a staged approach during May and June 2020.

4.3 During 2020/21 the pandemic affected the type and number of complaints received by the Trust, with an unsurprising rise in concerns and complaints relating to Covid-19 in outpatient services.

**Table 9:** Number of Complaints, MFT

Year	2019/20	2020/21
<b>Complaints Received</b>	1,628	1,059

- 4.4 WTWA received the most complaints **317**: this represents a decrease of **38.4%** compared to the **515** received in 2019/20. The themes identified for WTWA were 'Treatment and Procedure, 'Communication' and 'Clinical Assessment'.
- 4.5 UDHM/MREH received **39** complaints this annual report year: this represents a reduction of **59.4%** compared to the **96** received in 2019/20. Worthy of note, however, is that where services are dealing with a smaller number of complaints this can appear to have a larger impact when these figures are presented as percentages.
- 4.6 **Table 10** below details the 2-year trend for complaints at Hospital/MCS and LCO level

**Table 10:** Number of complaints by Hospital/ MCS and LCO

Hospital / MCS / LCO	2019/20	2020/21
Clinical Scientific Services (CSS)	103	67
Corporate Services	68	44
Manchester & Trafford Local Care Organisation (LCO)	44	38
Manchester Royal Infirmary (MRI)	419	283
Research & Innovation (R&I)	0	0
Royal Manchester Children's Hospital (RMCH)	189	111
Saint Mary's Hospital (SMH)	194	160
University Dental Hospital of Manchester (UDHM)/ Manchester Royal Eye Hospital (MREH)	96	39
Wythenshawe, Trafford, Withington and Altrincham (WTWA)	515	317
Not Stated / General Enquiry / Non-MFT	0	0
<b>MFT Total</b>	<b>1,628</b>	<b>1,059</b>

- 4.7 Complaints are risk rated using a matrix aligned to that used to assess the severity of incidents within the Trust. This matrix assigns a level of Red, Amber, Yellow or Green dependent upon the risk score.
- 4.8 When compared to 2019/20, the numbers of Red, Amber and Green complaint cases received in 2020/21 have decreased. Yellow cases decreased by **28%** from **903** in 2019/20 to **650** in 2020/21. Of the **4** rated as Red in 2020/21:
- 2 relate to treatment/procedure
  - 1 relates to appointment delay/cancellation (outpatient)
  - 1 relates to communication.
- 4.9 **Table 11**, presented in **Appendix 2**, provides the breakdown of the risk rating of complaints for 2020/21 compared to 2019/20.
- 4.10 Equality monitoring data is collected in relationship to complainants' protected characteristics. Complainants are requested to provide information regarding their protected characteristics when they receive a written acknowledgement in response to a complaint; this information is presented within **Tables 12 to 14** in **Appendix 2**.

- 4.11 The age and gender of the patients involved in complaints during 2019/20 and 2020/21 are highlighted in **Tables 12 and 13** in **Appendix 2**. **Table 14** describes the ethnicity of the patients represented in complaints for the past 2 fiscal years.

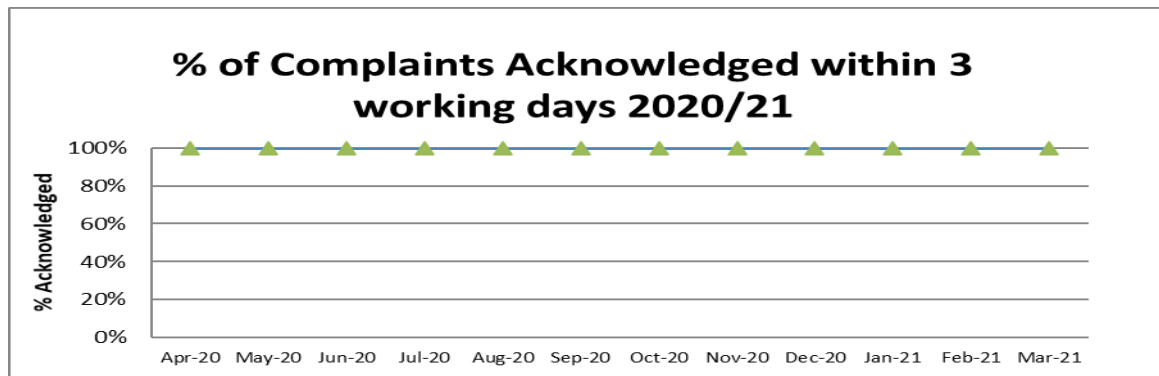
As described above, work continued throughout 2020/21 to improve the quality of this data and further information is detailed in Section 15 of this report.

- 4.12 The demographic data for complaints presented within **Appendix 2**, supports the findings<sup>2</sup> that younger people (or their parents) are more likely to express dissatisfaction with services, and women are more likely to express dissatisfaction with services than other sexes.
- 4.13 In respect of complaints, the percentage of people who did not declare their ethnicity has continued to improve, reducing from **21.3%** in 2019/20 to **18.4%** in 2020/21.

## 5 Acknowledging Complaints

- 5.1 The NHS Complaints Regulations (2009)<sup>1</sup> place a statutory duty upon the Trust to acknowledge 100% of complaints within 3 working days (**Graph 3**).
- 5.2 Complaints requiring acknowledgement include those which are withdrawn, those where consent or required information is not received, and those that are de-escalated or are deemed 'out of time' under the 2009 NHS Complaints Regulations.<sup>1</sup> Throughout 2020/2021, as in 2019/20, **100%** performance was achieved in all 12 months of the fiscal year.

**Graph 3:** Percentage of complaints acknowledged ≤ 3 working days during 2020/21, MFT



## 6 Response Times

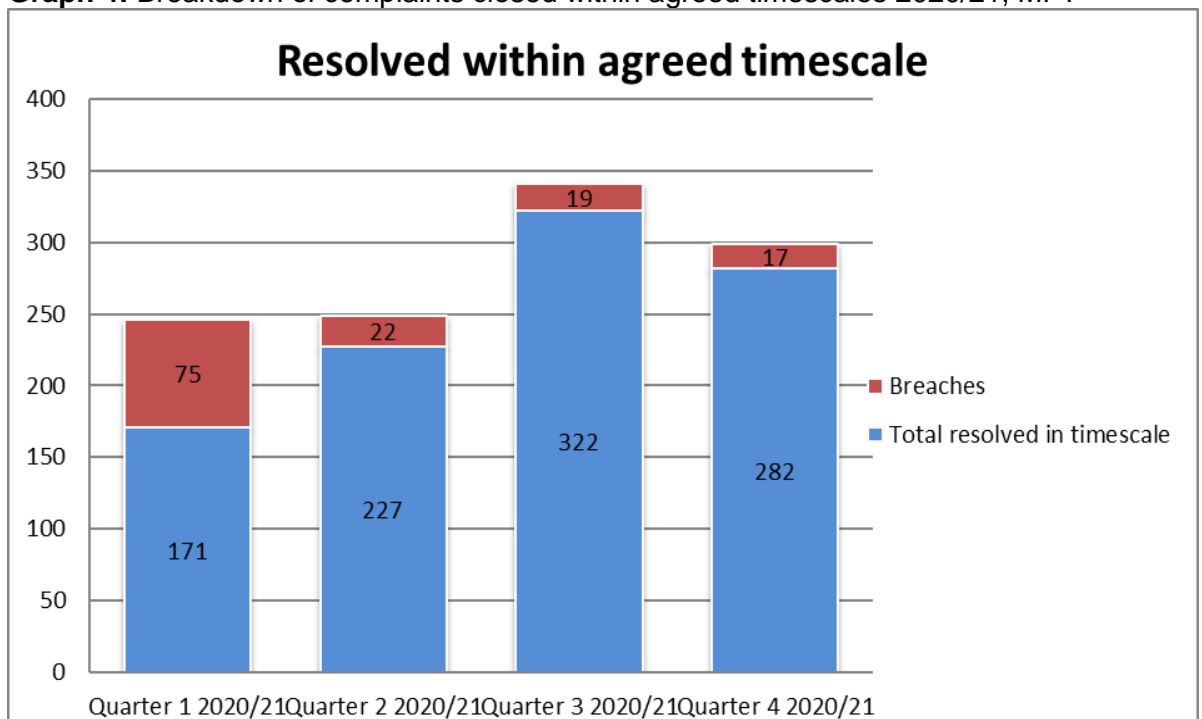
- 6.1 The Trust target of resolving **80%** of complaints within 25 working days continues to be monitored closely. Based on the complexity of complaints and the Trust's Complaints Triage Process, all 'High and Medium' category complaints are allocated 40 or 60 working day timeframes. **Table 15** and **Graph 4** provide a breakdown of performance in 2020/21.
- 6.2 The Trust's performance in response times (**Table 15**) has been variable throughout the year with **810 (71.36%)** complaints responded to in 0-25 working days, **108 (9.52%)** being resolved in 26-40 days and **217 (19.12%)** responded to in 41+ days. **26** complaints exceeded 100 days due to their complexity.

6.3 As in 2019/20, focus throughout 2020/21 has been to continuously deliver improvements in response times. In March 2021, **282 (94.3%)** of complaints were responded to within the agreed timescale, compared to **171 (69.5%)** in April 2020 (**Graph 4**). The continued focus and work on improvements has resulted in a continuously improving trend, therefore the current strategy for improvement will continue into 2021/22.

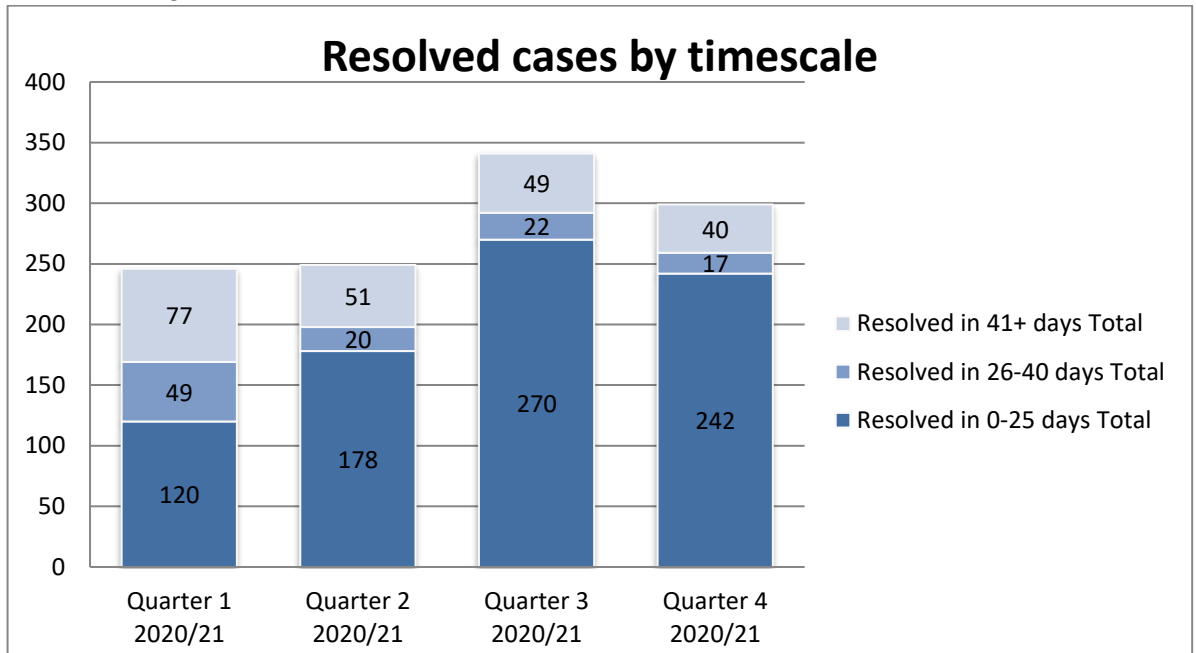
**Table 15:** Comparison of complaints resolved by timeframes, 2020/21, MFT

		2020/21
Complaints resolved	New	907
	Reopened	228
	<b>Total</b>	<b>1135</b>
Resolved in 0-25 days	New	650
	Reopened	160
	<b>Total</b>	<b>810</b>
Resolved in 26-40 days	New	91
	Reopened	17
	<b>Total</b>	<b>108</b>
Resolved in 41+ days	New	166
	Reopened	51
	<b>Total</b>	<b>217</b>
<b>Total resolved in timescale</b>		<b>1002</b>
<b>Breaches</b>		<b>133</b>
<b>Total resolved</b>		<b>1135</b>

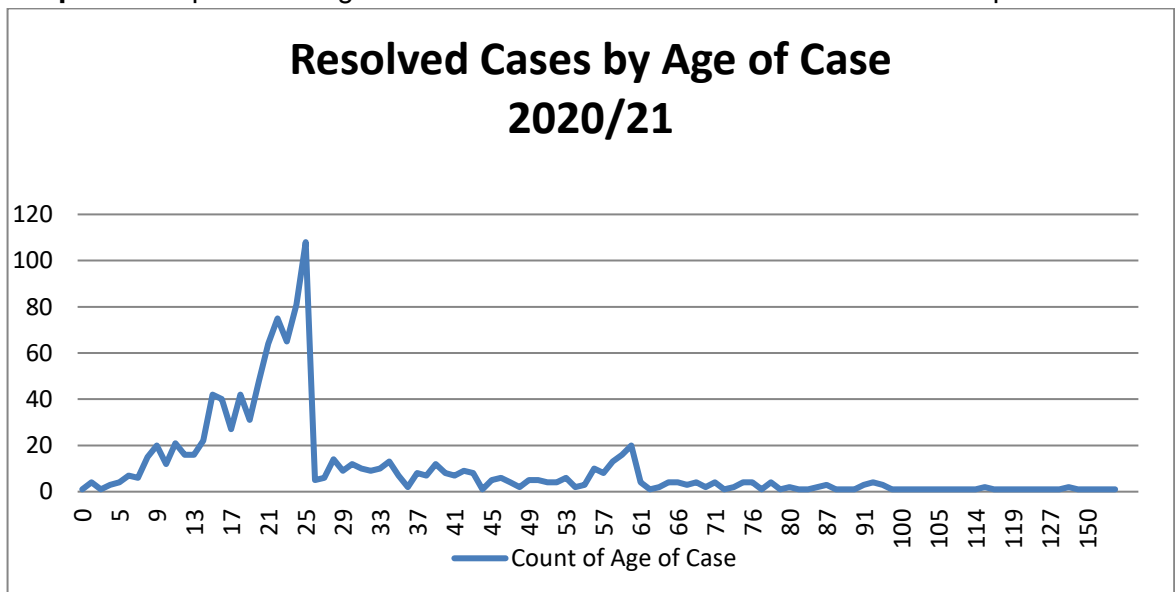
**Graph 4:** Breakdown of complaints closed within agreed timescales 2020/21, MFT



6.4 **Graph 5** shows the overall performance in relation to response times for complaints closed during 2020/21.



6.5 **Graph 6** then presents a granular level breakdown of the data shown in Graph 5.

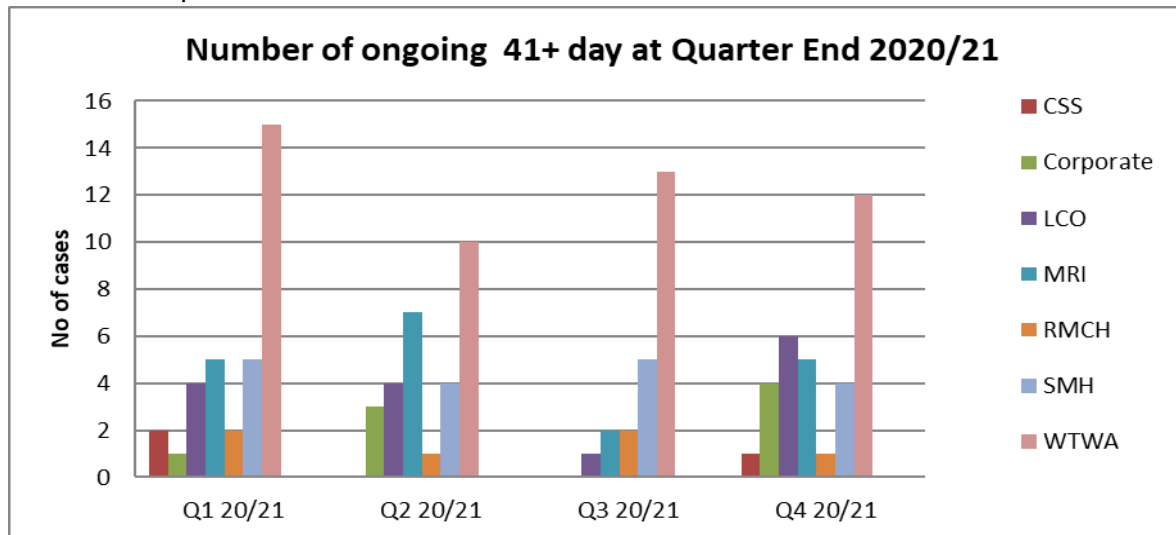


**On-going Complaints**

6.6 As in 2019/20 there has been a continued focus throughout 2020/21 on managing the number of open complaints that were over 41 working days old. At the beginning of April 2020, **55 (23%)** of the total number of open cases (**240**) Trust-wide that were unresolved over 41 days. However, this figure did reduce throughout the year, ranging from **34** open cases at the end of June 2020, **29** at the end of September 2020, and **33 (19.3%)** of open cases (**171**) at the end of March 2021.

6.7 **Graph 7** shows the number of open complaints, by Hospital/MCS/LCO unresolved after 41 days at the end of each quarter of 2020/21 and demonstrates a continued decrease in Q1, Q2 and Q3, and a slight increase in Q4, 2020/21.

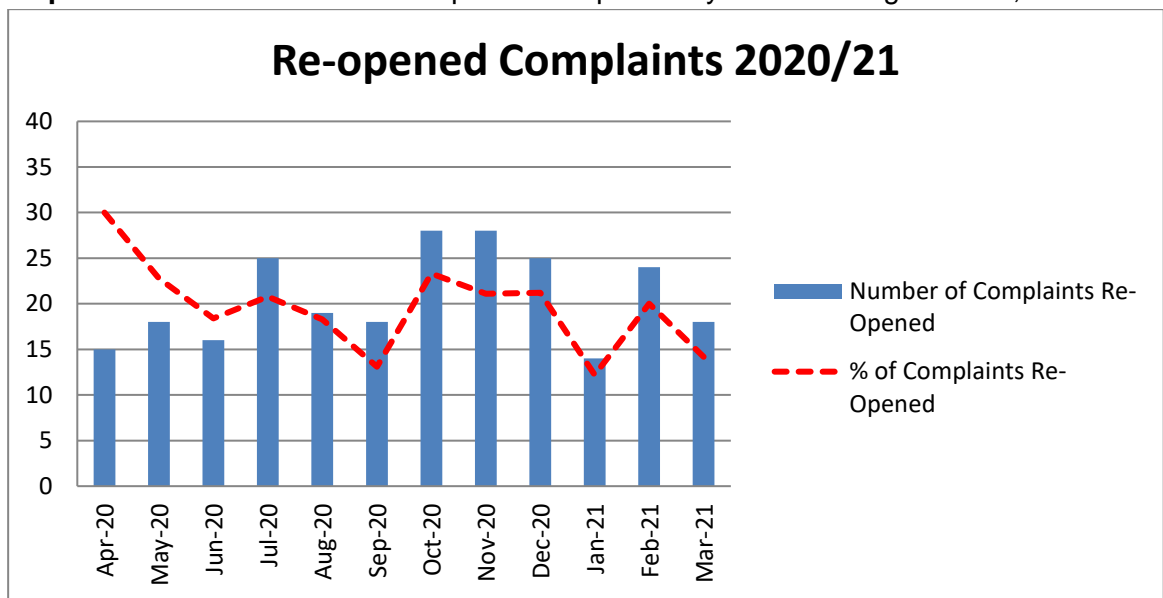
**Graph 7: Open complaints by Hospital/MCS and LCO unresolved after 41 days at the end of each quarter 2020/21.**



	Number of ongoing 41+ day cases at Quarter end 2020/21			
	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21
Corporate	1	3	0	4
CSS	2	0	0	1
UDHM / MREH	0	0	0	0
MRI	5	7	2	5
RMCH	2	1	2	1
SMH	5	4	5	4
WTWA	15	10	13	12
LCO	4	4	1	6
<b>MFT Total</b>	<b>34</b>	<b>29</b>	<b>23</b>	<b>33</b>

- 6.8 All cases over 41 working days are monitored at Group level via the AOF, which informs the decision-making rights of Hospital/MCS and LCO Chief Executives and their teams.
- 6.9 The oldest case closed during 2020/21 was received by Corporate Services. The case was opened in July 2019 and the case was 208 days old when it was closed in June 2020. The complaint involved a Level 3 High Level Investigation within Corporate Services and MRI. Delays relating to staff availability due to absence impacted the response time. The complainant was kept updated and fully supported throughout the process.
- 6.10 Further contact from complainants after receipt of the Trust's written response is recorded as being re-opened and provides an indication of the quality and completeness of the response. A total of **248 (19%)** cases were re-opened during 2020/21. This compares to **331 (16.9%)** re-opened in 2019/20.

6.11 **Graph 8** details the number of re-opened complaints by month during 2020/21, MFT

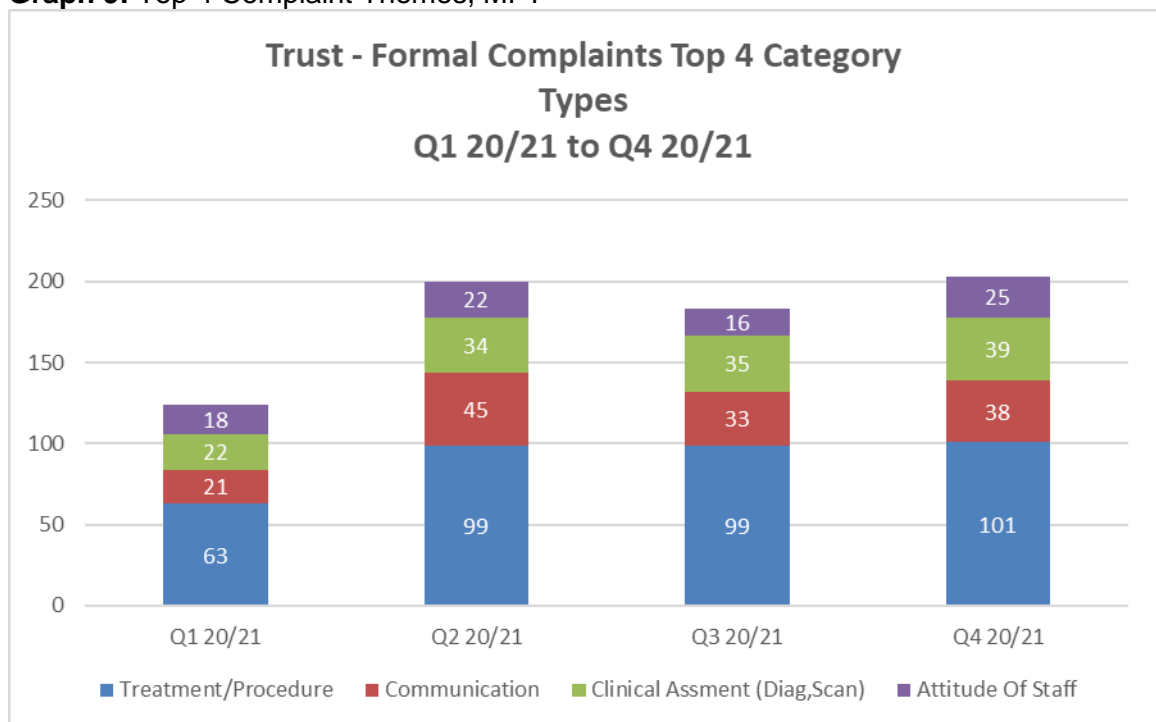


**7 Themes**

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

7.2 **Graph 9** below demonstrates the 4 most prevalent categories of issues raised in 2020/21.

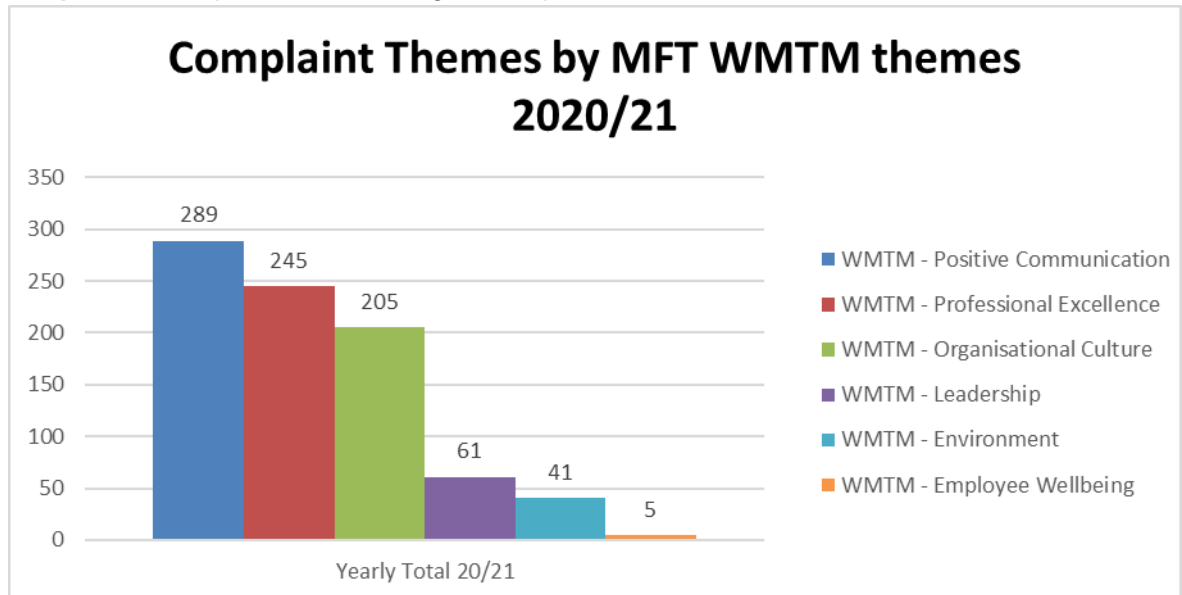
**Graph 9: Top 4 Complaint Themes, MFT**





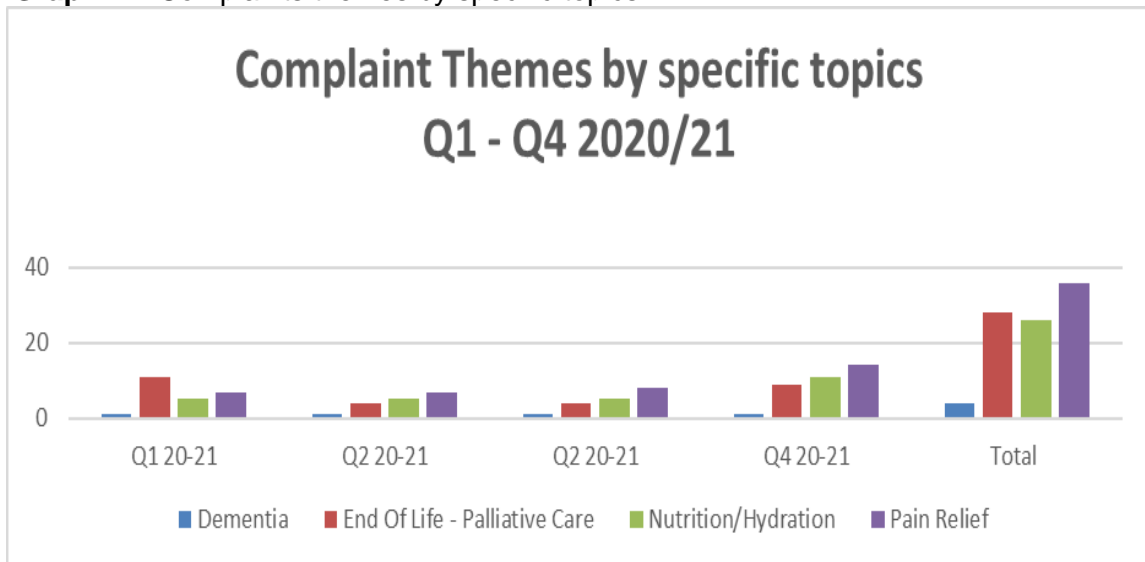
7.3 Theming of complaints to the Trust’s “*What Matters to Me*” patient experience themes: **Positive Communication, Environment, Organisational Culture, Professional Excellence, Leader, Employee Wellbeing** continued during 2020/21 and these are shown in **Graph 10** below. Following an audit of closed cases, during 2020/21 the Corporate Complaints team re-evaluated how the WMTM categories were mapped on the Trust’s Customer Services module. This has resulted in the enhancement of data collection within the existing process showing significant improvement in the collection of the Trust-wide themes that relate to the MFT WMTM categories being drawn from complaints with a total of **846** WMTM themes identified during 2020/21 compared to **209** in 2019/20. These data provide a focus for improvement activity.

**Graph 10:** Complaints – Theming of complaints to MFT WMTM themes, 2020/21



7.4 The mapping and tracking of complaints to specific aspects of care has also continued during 2020/21. **Graph 11** below provides a more detailed analysis of the number of MFT complaints relating to dementia, pain relief, end of life care and nutrition and hydration, and demonstrates an increase in complaints relating to pain relief and nutrition and hydration. In 2021/22, processes will be established to strengthen use of this analysis to inform improvement activity.

**Graph 11:** Complaints themes by specific topics



	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21
Dementia	1	1	1	1
End of Life – Palliative Care	11	4	4	9
Nutrition & Hydration	5	5	5	11
Pain Relief	7	7	8	14
<b>MFT Total</b>	<b>24</b>	<b>17</b>	<b>18</b>	<b>35</b>

7.5 In addition to the continuing capture of complaints relating to dementia, pain relief, end of life care and nutrition and hydration, during 2021/22, learning disability, cancer care and treatment, outpatient appointment intended but not booked, hospital acquired Covid-19 infection, transfer and safe and effective discharge will also to be captured and used for monitoring and to target improvement activity. This data will be reported in Q1, 2021/22.

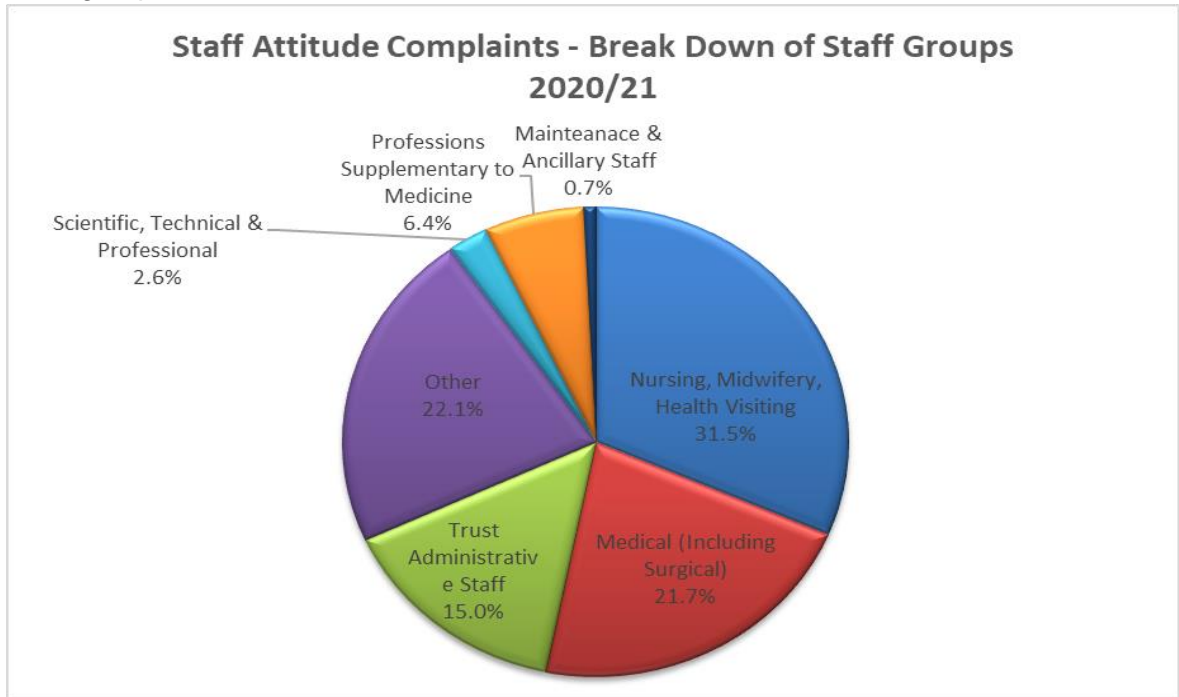
**8 Our People**

8.1 **Table 16** below provides the number of complaints and PALS concerns that refer to ‘staff attitude’ whilst **Graph 12**, also below, breaks these down into the staff groups involved.

**Table 16:** Number of complaints and concerns that refer to staff attitude

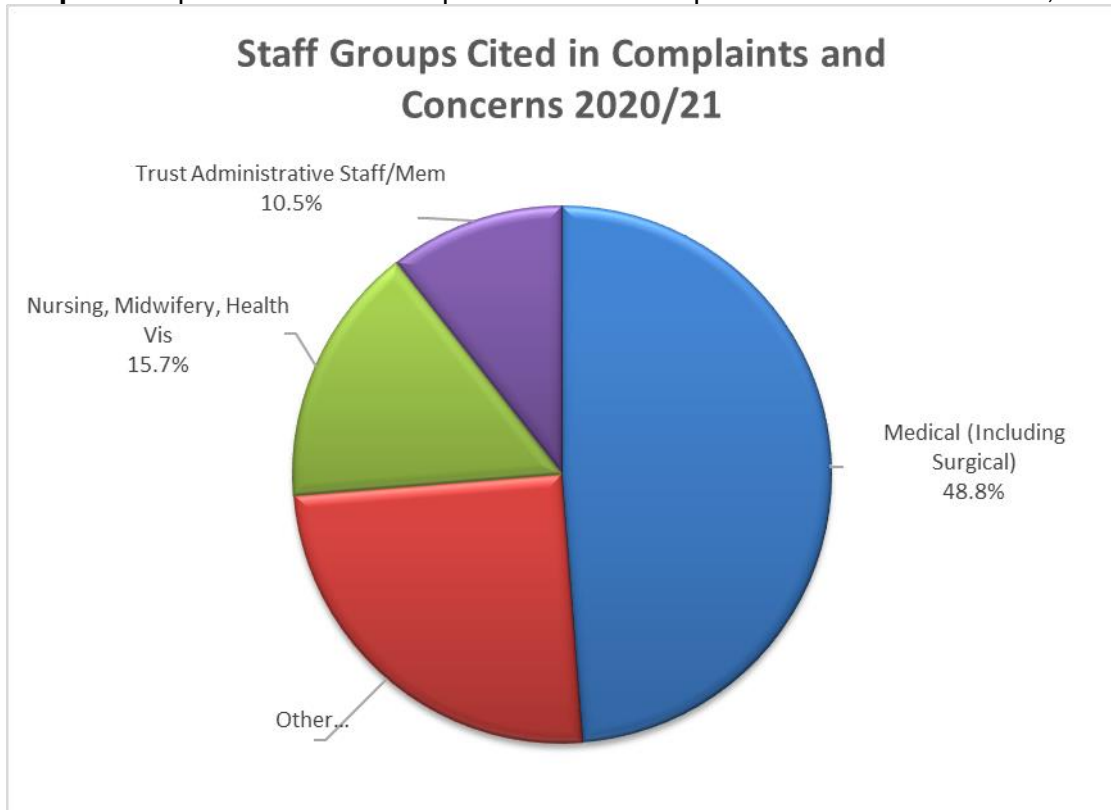
Attitude of Staff	2019/20	2020/21
PALS Concerns	247	186
Complaints	121	81
<b>Total</b>	<b>368</b>	<b>267</b>

**Graph 12:** Percentage of complaints and PALS concerns relating to staff attitude by staff group, MFT



8.2 During 2020/21, the number of complaints and PALS concerns received (**5,959**) which cited staff attitude decreased in number to **267 (4.48%)** compared to **368 (4.89%)** during 2019/20, it is, however, important to note that this reduction coincides with the Covid-19 pandemic and a reduced level of clinical activity Trust wide. The Trust's Values and Behaviours, "What Matters to Me" Patient Experience framework and Improving Quality Programme (IQP) play a vital role in continuing to reduce concerns relating to attitude, and work will continue throughout 21/22 to map and track this data. The attitude of the nursing, midwifery, health visiting staffing groups was cited in more complaints (**31.5%**) than any other staffing group; notably this is the Trust's largest staff group. In 2020/21 there was an **11.7%** reduction in the number of complaints received citing the attitude of the medical staffing group (**21.7%**). This is a significant reduction when compared to **33.4%** in 2019/20, however as noted above, this reduction can also be attributed to the reduced clinical activity Trust wide.

8.3 **Graph 13** below highlights the top 3 professions referenced in complaints and PALS concerns for any reason. Medical Staff are the highest group referenced with a total of **2,570** complaints, followed by nursing, midwifery, health visiting staff who are referenced in **829** complaints. Whilst recording limitations prevent further analysis of this data to determine whether these references relate to specific grades of medical staff or certain nursing, midwifery or health visiting staff, it is recognised that medical staff are usually the lead practitioner for episodes of care, and nursing, midwifery and health visiting staff are often the first point of contact for patients. It is not, therefore unusual, or unexpected for these staff groups to be cited by patients who wish to make a complaint.

**Graph 13** Top 3 most referred to professions in Complaints and PALS concerns, MFT

## 9 Overview and Scrutiny

- 9.1 The Trust's Complaints Review Scrutiny Committee is chaired by a Non-Executive Director and is a sub-group of the Group Quality and Safety Committee. Meetings are held every two months.
- 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 In response to Covid-19, the Complaints Review Scrutiny Committee was stepped down during Quarter 1, 2020/21, however during the remainder of 2020/21 the committee met three times in total reviewing eight presented cases involving six Hospitals/MCS/LCOs across MFT.
- 9.4 The actions agreed at each of the Complaints Review Scrutiny Committee meetings, are recorded and provided to the respective Hospital/MCS/LCO following the meeting in the form of an Action Log, with progress being monitored at subsequent meetings.
- 9.5 Examples of the learning identified from the cases presented and actions discussed and agreed at the meetings in 2020/21 are outlined in **Table 17** below. All Hospitals/MCS/LCO teams are asked to identify and share transferable learning from the scrutiny process within and across their services.

**Table 17:** Actions identified at the Complaints Scrutiny Committee during 2020/21

	Hospital/ MCS/LCO	Learning	Actions
Quarter 2	MRI	Failure to meet patient's hygiene needs.	Patient Hygiene Quality Improvement Project initiated.
		Live donors feel their care was not as good as it should have been.	<p>Explore gaining and sharing patient feedback via virtual platforms.</p> <p>Post Covid-19 pandemic response:</p> <p>1.Recommencement of the Improving Quality Programme project once transplant programme restarted.</p> <p>2.Review introduction/how to improve the Enhanced Recovery Programme.</p> <p>3.Focus on the need for clear communication with patients (donor + recipient).</p> <p>- Introduce communication pathways with recipient via iPads and co-ordinators.</p>
Quarter 2	LCO	Lack of staff knowledge around Ascot House admission criteria.	<p>Continue to work with the Hospitals/MCS to provide a consistent understanding of the admission criteria to Ascot House.</p> <p>Review and consideration to be given to improving the 'pre-screening' documentation.</p> <p>Review and improve the communication process between ward staff &amp; the assessor.</p> <p>Review 'Trusted Assessors' training.</p>
		Failure to provide patient with alternative rehabilitation options.	<p>Promote services and create a service profile clearly detailing referral criteria.</p> <p>Establish pathways with nursing teams and discharge co-ordinators.</p>
		Ensure staff can	Routinely review complaints and

		<p>reflect on complaints and support offered to staff who are the subject of complaints.</p>	<p>share learning at team meetings.</p> <p>LCO Head of Governance to provide staff with support through the complaints process as detailed in complaints management policy.</p>
		<p>Ensure lessons are learnt in relation to patient experience by sharing the patient's story.</p>	<p>Patient's poor experience shared individually with identified clinical staff.</p> <p>The patient's story to be filmed and shared with the relevant teams.</p>
<b>Quarter 2</b>	<b>SMH</b>	<p>Inadequate escalation of patient's condition and concerns.</p>	<p>Maternity Bleep Holder Guideline introduced at Wythenshawe Hospital ensuring a 'helicopter' view of activity and escalation of women requiring senior reviews.</p> <p>Four hourly ward rounds with senior midwife and multi-disciplinary team (MDT) oversight to be implemented.</p> <p>Pain management review undertaken.</p> <p>Obstetric Triage process (BSOTS) introduced to support escalation of women that require senior review.</p>
		<p>Poor understanding of maternal viewpoint and needs. Communicate WMTM with women.</p>	<p>WMTM principles introduced into day to day practice.</p> <p>Raise staff awareness of complaints and PALS concerns and provide support to manage and de-escalate situations.</p> <p>Increase Local Resolution/Tell us Today events.</p> <p>Link activity with Commitment 4 of the Patient Engagement and Involvement Strategy.</p>
<b>Quarter 2</b>	<b>RMCH</b>	<p>Junior Nursing Staff are exposed to challenging conversations.</p>	<p>Provide education and training in relation to dealing with conflict.</p>

		Communication is a recurring theme within the Paediatric Haematology/Oncology Service.	Establish the vision and develop the implementation of the ' <b>Always Event</b> ' Programme.
<b>Quarter 3</b>	<b>WTWA</b>	Communication breakdown with the family whilst the patient was on the ward.	Embed virtual visiting.  Develop/enhance process the of offering/providing families time to meet with the clinical team caring for the patient should they have any concerns they wish to discuss in person.
		Poor quality and minimal information provided within the patient's electronic discharge.	Discuss at Directorate meetings – Explore pursuing electronic discharges via voice recorder.  Undertake an audit to define the best standards and criteria.
		The consultant's offer to meet with the family not shared within the two written complaint responses.	All staff involved/providing comment/s to the complaint investigation to review the written response prior to final Divisional quality assurance.
		MDT input not sought as part of the complaint investigation. - Ineffective scoping of complaint upon receipt in the Division.	Lead Investigator for each complaint to have delegated authority to take ownership and responsibility for the complaint, including establishing and confirming the relevant staff/teams required to comment.
		Brusque words used in final paragraph of the written complaint responses.	Ensure wording is softened when appropriate.  With the support of the Corporate Complaints team undertake audits using the Complaint Quality Standards Checklist.
<b>Quarter 3</b>	<b>CSS</b>	Poor communication in relation to: - Patient's feelings not listened to. - MDT discharge plans and Discharge to Assess referral.	Staff member to undertake Communication Training.  Discuss complaint anonymously at the local team meeting.  Discuss with the Therapy team the importance of verbal and written

			<p>discharge communication.</p> <p>Therapy Discharge/Flow Champions identified to link in with the LCO therapist to work on the Discharge Pathway. – Explore how this can be implemented for the whole of MFT.</p>
		<p>Tone and content in a written complaint response fell short of expected standard.</p>	<p>Share written response and audit outcome with the Allied Healthcare Professionals team and discuss the expected standards.</p> <p>With the support of the Corporate Complaints team embed and increase frequency of the undertaking of the Complaint Quality Standards Checklist audits.</p> <p>Staff to undertake Complaints Training.</p> <p>Improve cross reference of responses with the original complaint ensuring each question is responded to fully.</p>
		<p>Nursing input not sought as part of the complaint investigation. - Ineffective scoping of complaint upon receipt in the MCS/Division.</p>	<p>Lead Investigator for each complaint to have delegated authority to take ownership and responsibility for the complaint, including establishing and confirming the relevant staff/teams/departments required to comment.</p>
<b>Quarter 4</b>	<b>WTWA (Medicine)</b>	<p>Communication breakdown with the medical team when the patient was re-admitted.</p>	<p>Process of reviewing discharge checklist to be developed.</p>
		<p>Timely administration of time specific medications.</p>	<p>Undertake an audit of monitoring and education.</p>
		<p>Multiple ward moves impacted on patient's care.</p>	<p>Review to be undertaken to improve communication standards between the Bed Managers and clinicians.</p>



		<p>Patient re-admitted one week following discharge – failed discharge.</p>	<p>Staff to undertake pre-discharge blood glucose monitoring training.</p> <p>With the support of Clinical Governance explore patients bringing in their own blood glucose equipment to hospital.</p>
		<p>Junior staff in attendance at a complaint local resolution meeting (CLRM)</p> <ul style="list-style-type: none"> <li>- Unknown CLRM procedure/expectations</li> <li>- Senior support not sought as part of CLRM.</li> </ul>	<p>Explore stress inoculation therapy (SIT) for staff attending CLRM's.</p> <p>Explore mediators chairing the CLRM's.</p> <p>Explore and develop Complaints Meeting Training - 'Effective Complaint Local Resolution Meetings – Expectations and best practice for staff'.</p>
<p><b>Quarter 4</b></p>	<p><b>WTWA (Heart &amp; Lung)</b></p>	<p>Disjointed communications between the family, Hospital Complaints Investigating team and the MCS High Level Investigating (HLI) team.</p>	<p>Explore and develop process for undertaking combined complaint investigations and HLI's across multi Hospital/ MCS/ LCO boundaries.</p> <p>In-conjunction with developing triangulation process for complaint investigations and HLI's, review and develop clear processes for the role of the Family Liaison Officer (FLO) where there is multi Hospital/MCS/LCO involvement.</p> <p>Review how HLI findings are shared with families.</p>

9.6 In addition to the scrutiny described above, complaints would normally also be reviewed within the accreditation process to assess if teams are aware of complaints specific to their area and to examine what actions have been taken and what changes have been embedded to improve services. In response to Covid-19, the Trust paused the accreditation process in 2020/21, however, this was replaced by an assurance process in which complaints activity continued to be scrutinised.

9.7 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 and NHS Websites and the Trust's real time "What Matters to Me" Patient Experience surveys in order to identify and act upon any trends.

## 10 Patient Experience Feedback

### 10.1 Care Opinion and NHS Website 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. The NHS Website (formally NHS Choices) was launched in 2007 and is the official website of the NHS in England. It has over 43 million visits per month and visitors can leave their feedback relating to the NHS services that they have received. The Care Quality Commission<sup>3</sup> (CQC) utilises information from both websites to help monitor the quality of services provided by the Trust.

- 10.2 There has been a significant decrease from **201** postings in 2019/20 to **98** postings in 2020/21 (**51.2%**). The number of posts on these websites by category; positive, negative, and mixed negative comments, are detailed in **Table 18** below. These data demonstrate that most comments received in 2020/21 were again positive (**73.5%** 2020/19 compared to **64.7%** in 2019/20). **18.4%** of the comments related to a negative experience in respect of Trust services, however, this is a positive decrease of **7.0%** compared to 2019/20 when **25.4%** of comments were categorised as negative.

**Table 18** Number of Care Opinion postings by Hospital/MCS and LCO 2020/21

<b>Number of Patient Opinion Postings received by Hospital/MCS/LCO 2020/21</b>			
<b>Hospital/MCS/LCO</b>	<b>Positive</b>	<b>Negative</b>	<b>Mixed</b>
Clinical Scientific Services (CSS)	1	0	0
Corporate Services	0	0	0
Manchester & Trafford Local Care Organisation (LCO)	0	0	0
Manchester Royal Infirmary (MRI)	15	6	4
Research & Innovation (R&I)	0	0	0
Royal Manchester Children's Hospital (RMCH)	2	1	0
Saint Mary's Hospital (SMH)	14	4	1
University Dental Hospital of Manchester (UDHM)/ Manchester Royal Eye Hospital (MREH)	5	3	2
Wythenshawe, Trafford, Withington and Altrincham (WTWA)	35	4	1
<b>Total</b>	<b>72</b> <b>(73.5%)</b>	<b>18</b> <b>(18.4%)</b>	<b>8</b> <b>(8.1%)</b>

- 10.3 **Table 19** provides four examples of the feedback received and the subsequent responses posted on Care Opinion and NHS Website that were published in 2020/21

<b>CSS, Wythenshawe Hospital</b>
A patient gave the Intensive Care Unit (ICU) at Wythenshawe Hospital a rating of 5 stars.
<i>After testing positive for Covid I recently returned home thanks to the absolutely wonderful care of the ICU and post ICU teams. Just to say 'thank you' does not seem anywhere near enough. All the staff that helped me on this sometimes-traumatic experience were just amazing, always positive, always caring, even given the fact the risk they were under for their own health. To be greeted on every occasion with smiling</i>

<sup>3</sup> <https://www.cqc.org.uk/what-we-do/how-we-use-information/how-we-use-information>

<i>faces behind the masks lifted my spirits and strengthened my own fight to recovery. My family and I will be eternally grateful to them.</i>
<b>Response</b>
<p>Thank you for taking the time to share your feedback on the NHS website following treatment for Covid-19 at Wythenshawe Hospital Intensive Care Unit (ICU).</p> <p>It was very kind of you to take the time to write and compliment the staff as it is good to receive positive feedback which reflects their hard work and dedication. We are pleased to read that you received wonderful care from the staff members who looked after you during this traumatic experience and that their positivity and smiling faces lifted your spirits and strengthened your resilience to recover and we wish you well for the future.</p>
<b>Manchester Royal Eye Hospital</b>
<p><i>Excellent</i></p> <p><i>I was very fortunate to be seen shortly before National Covid lockdown, for a repair to a previous procedure at a different hospital some 15-18 months earlier. I was apprehensive as the first operation had been painful and resulted in extensive facial bruising and did not work. The experience at RMEH could not have been more different. I had a very lengthy wait, due to an emergency procedure for another patient, obviously unforeseen. Despite a long day, the staff, perhaps picking up on my anxiety, went ahead with my operation instead of rescheduling. That in it-self was much appreciated. The procedure, whilst not pleasant, was carried out with what seemed great skill and care. All staff could not have been more pleasant (barring one receptionist whose manner was 'interesting' fortunately, she had no clinical role!), thoughtful and caring. The lovely female surgeon who carried out my procedure has done a superb job; far less bruising than before, and no sign of the condition returning. I would want to return here if I ever require ophthalmology services again, an excellent unit. So glad it was done before Covid.</i></p>
<b>Response</b>
<p>Thank you for your positive comments posted on the NHS website regarding your care at Manchester Royal Eye Hospital. It was very kind of you to take the time to write and compliment the staff as it is good to receive positive feedback which reflects the hard work and dedication of our staff. We were sorry to hear that your positive experience did not extend to the receptionist staff. Please be assured that we have passed your comments to the appropriate line manager.</p> <p>If you would like to discuss your feedback in more detail, please contact our Patient Advice and Liaison Service on 0161 276 8686 or by e-mailing <a href="mailto:pals@mft.nhs.uk">pals@mft.nhs.uk</a></p>
<b>Saint Mary's Hospital</b>
<p><i>"Excellent from start to finish"</i></p> <p><i>I arrived at 7am to have my surgery and I was greeted by a lovely nurse and taken to a room. Here I met the surgeon and the anaesthetist who explained everything and put my mind at ease. I was put on a ward at 9.30 then was taken down to surgery at 10.30. All the staff I met were lovely and really helped put my mind at ease, as this was my first time being put to sleep. I went into theatre where they put me to sleep and the next thing, I knew I was waking up in the recovery room. The only thing I would like to suggest is that when a patient has just come round from surgery, the surgeon should tell the nurse or write down what they did as they told me when I woke up and I can't remember what they said due to just coming round. Overall service was outstanding and very professional. I would recommend this hospital/ward to everyone.</i></p>
<b>Response</b>

<p>Thank you for your positive comments posted on the NHS Website regarding your care in the Gynaecology Services at Saint Mary's Hospital. It was very kind of you to take the time to write and compliment the staff as it is good to receive positive feedback which reflects the hard work and dedication of our staff.</p> <p>The Trust has introduced a behavioural framework within which all members of the nursing and medical teams' practice, so it was reassuring to read that you found both medical, nursing and support staff caring, supportive and professional and that your experience has been a positive one. I can assure you that we have passed on your feedback to the Clinical Head of Division for Gynaecology and Head of Nursing who will be delighted to share your feedback with the staff involved.</p> <p>We would like to take this opportunity to wish you well for the future.</p>
<p><b>University Dental Hospital of Manchester</b></p>
<p><i>"Change of procedure"</i></p> <p><i>Visited the hospital with my elderly mother. Staff/service excellent as always. I was informed at the hospital that I could not go in with her due to new procedure to allow patient only to enter regarding Covid rates increasing. Fully understand and accept this but disappointed not to be told of this earlier and to be told that hospital not putting this new restriction on letters/emails being sent to patients. Spent a cold hour outside waiting for her as nowhere to go for coffee etc.</i></p>
<p><b>Response</b></p> <p>We are very sorry to receive your comments and concerns via the NHS Website about your experiences in January 2021. Unfortunately, due to the Covid pandemic we have had to implement additional safety measures to keep both our patients and staff safe. The limited waiting space within the hospital and the requirement of social distancing measures, this has resulted in the Dental Hospital being unable to accommodate relatives/escorts accompanying patients to their appointments. We do have a Covid information leaflet for patients which is sent out with all appointment letters. However, we have been made aware that since we have transferred to a Central Trust printing resource, the information leaflet has not been sent out with the appointment letters. We would like to sincerely apologise for this and for the inconvenience this caused you when attending the hospital with your mother. We are in the process of getting this issue resolved to ensure that our patients are fully aware of the current restrictions we have in place.</p> <p>If you would like to discuss your experience with us in more detail, please do not hesitate to contact our Patient Advice and Liaison Service (PALS) on 0161 276 8686 or by e-mailing <a href="mailto:pals@mft.nhs.uk">pals@mft.nhs.uk</a></p>

## 11. Meetings with Complainants

- 11.1 A total of **43** Local Resolution Meetings (LRMs) are recorded as taking place during 2020/21 of which **17** related to MRI, **9** related to WTWA, **6** related to SMH with the remainder being spread evenly across RMCH, CSS, LCO, Corporate and UDHM/ MREH. This compares to **113** LRMs held in 2019/20 and represents a decrease of **61.9%**. This decrease can be attributed to the Trust's pausing of all face to face LRMs in response to the Covid-19 pandemic in the first wave. Of note, the Trust resumed all face to face complaint LRMs in Q4, 2020/21.
- 11.2 Meetings are arranged by the identified Complaints Case Manager and high-level 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.

**12. Parliamentary and Health Service Ombudsman (PHSO)**

- 12.1 The PHSO is commissioned by Parliament to provide an independent complaint handling service for complaints that have not been resolved by the NHS England (NHSE) and UK government departments. The PHSO is not part of government, NHSE, or a regulator. The PHSO is accountable to Parliament and their work is scrutinised by the Public Administration and Constitutional Affairs Committee.
- 12.2 The PHSO make final decisions on complaints that have not been resolved by NHSE and UK government departments and other public organisations. The PHSO do this fairly and without taking sides. Their services are free. 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 have not put things right.
- 12.3 In response to the Covid-19 pandemic national complaint handling guidance, the PHSO did not accept new health service complaints, nor did they progress existing cases that required contact with the NHS. Given the unprecedented situation, the PHSO went on to advise service users that they were likely to experience delays of several months and asked that the PHSO office did not receive complaints relating to: delays with complaint responses, matters which are likely to resolve themselves in the next few weeks/months, and delays in service delivery, which were non-critical and as a result of an organisation coping with the pandemic.
- 12.4 As a result of the PHSO position, the PHSO informed the Trust of only **2** complaint investigation outcomes during 2020/21. **Table 20** below shows the financial year in which the Trust initially received the complaints, which have since been closed in 2020/21 following PHSO investigation.

**Table 20:** Financial year in which the Trust, including legacy organisations, initially received the complaints closed in 2020/21 following PHSO investigation.

Year	Number Received
2018/19	2

- 12.5 **Table 21** shows the outcome of the PHSO investigation for complaints resolved in 2019/20 and 2020/21.

**Table 21:** Outcome of PHSO investigations 2019/20 and 2020/21, MFT

	2019/20	2020/21
Fully upheld	1 (5.89%)	0
Partially upheld	7 (41.17%)	1 (50%)
Not upheld or withdrawn	9 (52.94%)	1 (50%)

- 12.6 In summary, 1 case was not upheld, 1 case was partially upheld, and 0 cases were fully upheld. In neither of the cases were the Trust required to pay financial redress. This compares to the payment of **£1,950** to **3** complainants in 2019/20 and **£3000** to complainants in 2018/19. The Trust had **9** cases under review by the PHSO at the end of Quarter 4 in 2020/21.
- 12.7 **Table 22**, presented in **Appendix 3** provides details of the PHSO cases that were resolved in 2020/21 and shows the distribution of PHSO cases across the Hospitals/MCS/LCOs.

**13. Complaint Data Analysis and Implementing Learning to Improve Services**

13.1 All Hospitals/MCS/LCOs receive their complaint data via automated reports produced by the Ulysses Customer Services Module. Hospitals/MCS/LCOs also review the outcomes of complaint investigations at their Quality or Clinical Effectiveness Committees. The following tables show the complaint data for each of the Hospitals/MCS/LCOs mapped against a number of key performance indicators. A selection of complaints is provided to demonstrate how learning from complaints has been applied in practice to contribute to continuous service improvement during 2020/21. All of these examples have been published in the quarterly Board of Directors Complaints Reports during 2020/21.

**13.2 Manchester Royal Infirmary**

<b>Manchester Royal Infirmary (MRI)</b>	<b>2019/20</b>	<b>2020/21</b>
Number of Complaints	419	283
Number of PALS Concerns	1531	1458
Number of Re-Opened	99	78
Number Closed in 25 days	261	216
Number Closed Over 41 Days	103	68
Number of Meetings Held	31	17
<b>Top 3 Themes</b>		
Treatment/Procedure		
Communications		
Clinical Assessment (Diag.Scan)		

<b>Hospital/ MCS/LCO</b>	<b>Complaint and Lessons Learnt</b>
<b>Head &amp; Neck Q1</b>	<p>Patient Experience:</p> <p>A complaint was received in relation to the patient’s ‘reasonable adjustments’ not being shared with the extended hospital teams who were due to be involved in the patient’s care on the day of his procedure. This ultimately resulted in the patient declining to have the proposed surgery.</p> <p>As a result of the complaint the following actions were taken:</p> <ul style="list-style-type: none"> <li>▪ All teams involved in the patient’s care were made aware of the patient’s ‘reasonable adjustments’ that were required to be in place on the day of the procedure.</li> <li>▪ Assurances provided to the patient.</li> <li>▪ The patient attended for investigations and has agreed to have the proposed surgery.</li> </ul>

<p><b>Urology, Renal &amp; Transplan tation Q2</b></p>	<p>Ineffective communication and poor nursing care in relation to hygiene needs:</p> <p>A complaint was received from a patient raising concerns in relation to poor communication with the live donor, and his hygiene needs not having been met.</p> <p>As a result of the complaint the following actions were agreed:</p> <ul style="list-style-type: none"> <li>▪ Patient Hygiene Quality Improvement Project initiated.</li> <li>▪ Implementation of 'Patient Status at a Glance Boards' (PSAG) outside each patient bay.</li> <li>▪ Patient feedback to be gained and shared via virtual platforms.</li> <li>▪ Post Covid-19 pandemic response: <ul style="list-style-type: none"> <li>- Recommencement of Improving Quality Programme (IQP) project once Transplant programme restarted.</li> <li>- Explore re introducing and consider how the Enhanced Recovery Programme can be improved.</li> <li>- Focus on the need for clear communication with patients (donor + recipient).</li> <li>- Develop recipient communication pathways via iPads and co-ordinators.</li> </ul> </li> </ul>
<p><b>Theatres &amp; Elective In-Reach</b></p> <p><b>Outpatient Clinical Services</b></p> <p><b>Head &amp; Neck Specialties Q3</b></p>	<p>Patient Experience:</p> <p>During this quarter a rise in coronavirus-related complaints were received across the Trust.</p> <p>A patient's surgery was cancelled due to a delay in the patient's Covid-19 swab test being reported by the laboratory.</p> <p>Actions:</p> <ul style="list-style-type: none"> <li>▪ A revised process was implemented enabling patients to attend for Covid-19 swab testing 48 hours prior to surgery.</li> <li>▪ Introduction of daily inspection of specimens.</li> </ul> <p>A further patient raised concern as to why they had been challenged on their refusal to wear a face mask on entering the centre.</p> <p>Actions:</p> <ul style="list-style-type: none"> <li>▪ The importance of documenting a patient's exemption from wearing a face mask in their medical records discussed with all staff.</li> <li>▪ Additional signage displayed in the centre detailing 'No admission to the centre without a face covering or a valid exemption'.</li> </ul> <p>An additional patient raised concern regarding her Micro Ear Suctioning Clinic appointment being cancelled because of Covid-19.</p> <p>Actions taken:</p> <ul style="list-style-type: none"> <li>▪ Meeting the requirements of Covid-19 a revised Nurse-Led Micro Ear Suctioning Clinic implemented at Trafford and Altrincham Hospitals.</li> <li>▪ The patient's appointment was rescheduled.</li> </ul>

## 13.3 Royal Manchester Children's Hospital

Royal Manchester Children's Hospital (RMCH)	2019/20	2020/21
Number of Complaints	189	111
Number of PALS Concerns	621	432
Number of Re-Opened	22	25
Number Closed in 25 days	81	94
Number Closed Over 41 Days	56	37
Number of Meetings Held	10	2
Top 3 Themes		
Treatment/Procedure		
Communication		
Clinical Assessment (Diag.Scan)		

Hospital/ MCS/LCO	Complaint and Lessons Learnt
<b>RMCH Q3</b>	<p>Clinical Assessment/Facilities:</p> <p>A complaint was received from a patient's mother raising concerns that the refining of the clinic space, in line with Covid-19 pandemic restrictions, had caused an impact to her daughter's psychology assessment.</p> <p>As a result of the complaint the following actions were taken:</p> <ul style="list-style-type: none"> <li>▪ An urgent review of seating arrangements was undertaken and ensuring the requirements of Covid-19 Social Distancing measures, chairs removed, and alternative chairs made available.</li> <li>▪ Additional adjustable assessment tables were made available in the assessment rooms.</li> </ul>
<b>RMCH Q4</b>	<p>Treatment/Procedure:</p> <p>A complaint was received from a patient's mother raising concerns as to whether surgery was necessary and could it have been avoided.</p> <p>As a result of the complaint investigation, the following actions were agreed:</p> <ul style="list-style-type: none"> <li>▪ Complaint to be shared and discussed with consultant colleagues.</li> <li>▪ Changes in practice to ensure all patients are reviewed prior to listing for surgery by an ophthalmologist and physiotherapist.</li> </ul>



## 13.4 Wythenshawe, Trafford, Withington and Altrincham (WTWA)

Wythenshawe, Trafford, Withington and Altrincham (WTWA)	2019/2020	2020/2021
Number of Complaints	515	317
Number of PALS Concerns	1920	1351
Number of Re-Opened	104	72
Number Closed in 25 days	377	256
Number Closed Over 41 Days	94	92
Number of Meetings Held	33	9
Top 3 Themes		
Treatment/Procedure		
Clinical Assessment (Diag.Scan)		
Communication		

Hospital/ MCS/LCO	Complaint and Lessons Learnt
<b>WTWA Q1</b>	<p>Patient Experience:</p> <p>A complaint was received in relation to a patient's needs not being considered or effectively communicated during the response to the Covid-19 pandemic when the patient attended hospital for review and a blood test.</p> <p>As a result of the complaint the following actions were taken:</p> <ul style="list-style-type: none"> <li>▪ The patient's concerns were shared at the Units team meeting.</li> <li>▪ An incident report was submitted on the Trust's Incident Reporting System.</li> <li>▪ To enable the family to attend and stay with the patient at their next appointment an individual consultation room was made available.</li> </ul>
<b>WTWA Q2</b>	<p>Patient Experience, Communication:</p> <p>A patient complained that as an 'expert patient' she had been 'disempowered' upon her admission to hospital.</p> <p>As a result of the complaint the following actions were agreed:</p> <ul style="list-style-type: none"> <li>▪ Nursing staff to undertake self-administration of medication and diabetes management training.</li> <li>▪ Provision of additional one to one clinical educator provision to support communication, managing changing priorities and other identified competencies.</li> <li>▪ All Nursing staff to undertake training in the Management of Sliding Scales and Management of Diabetes.</li> </ul>

## 13.5 Saint Mary's Hospital (SMH)

Saint Mary's Hospital (SMH)	2019/2020	2020/2021
Number of Complaints	194	160
Number of PALS Concerns	526	673
Number of Re-Opened	49	19
Number Closed in 25 days	149	114
Number Closed Over 41 Days	35	48
Number of Meetings Held	10	6
Top 3 Themes		
Treatment/Procedure		
Clinical Assessment (Diag.Scan)		
Attitude of Staff		

Hospital/MCS/LCO	Complaint and Lessons Learnt
SMH Q2 & Q3 (Gynae)	<p>Access, Communication:</p> <p>A range of complaints received during these quarters demonstrated the impact on communication and access to gynaecology services during the Covid-19 pandemic.</p> <p>A patient raised concern regarding poor communication, cancelled outpatient appointments and a delay in surgery.</p> <p>A further patient reported difficulty accessing the emergency gynaecological services and the lengthy waiting times for surgery.</p> <p>As a result of the complaints the following actions were taken:</p> <ul style="list-style-type: none"> <li>▪ Recovery Plan implemented with all patients prioritised in line with the Royal College guidelines.</li> <li>▪ Action Plan implemented to address shortfalls in administrative team.</li> <li>▪ A revised service provision model was developed enabling Gynaecology Services to meet the requirements of the NHS third phase response to Covid-19. This allowed the commencing in the reduction of the backlog of patients requiring elective treatment.</li> </ul>

## 13.6 Clinical &amp; Scientific Services (CSS)

Clinical & Scientific Services (CSS)	2019/2020	2020/2021
Number of Complaints	103	67
Number of PALS Concerns	335	303
Number of Re-Opened	22	21
Number Closed in 25 days	79	59
Number Closed Over 41 Days	18	12
Number of Meetings Held	6	3
Top 3 Themes		

Treatment/Procedure
Clinical Assessment (Diag.Scan)
Attitude of Staff

Hospital/ MCS/LCO	Complaint and Lessons Learnt
<b>CSS (Critical Care) Q3</b>	<p>Patient Experience:</p> <p>A complaint was received from a patient raising concerns that his wellbeing had been affected during an inpatient admission due to the noise levels on the ward.</p> <p>As a result of the complaint the following actions were agreed:</p> <ul style="list-style-type: none"> <li>▪ Patients' headphone requirements were discussed with the nursing team and importance of patients being offered/provided with headphones at the beginning of all shifts reiterated to staff.</li> <li>▪ The anonymised complaint was shared at the Trust's Quality and Patient Experience Forum in November 2020.</li> <li>▪ Headphones sock in Critical Care reviewed and increased to mitigate any supply challenges.</li> <li>▪ The nurse caring for the patient supported in reflecting on events leading to the complaint.</li> </ul>

### 13.7 University Dental Hospital of Manchester (UDHM) and Manchester Royal Eye Hospital (MREH)

University Dental Hospital of Manchester (UDHM) and Manchester Royal Eye Hospital (MREH)	2019/2020	2020/2021
Number of Complaints	96	39
Number of PALS Concerns	581	384
Number of Re-Opened	13	10
Number Closed in 25 days	78	36
Number Closed Over 41 Days	6	7
Number of Meetings Held	5	1
<b>Top 3 Themes</b>		
Treatment/Procedure		
Appointment/Delay/Cancellation (outpatient)		
Communication		

Hospital/ MCS/LCO	Complaint and Lessons Learnt
<b>MREH Q2</b>	<p>Access:</p> <p>A complaint was received from a patient raising concerns that due to visiting restrictions, (due to the pandemic), she had not been able to bring her daughter to her clinic appointment. This resulted in the patient not fully understanding the planned treatment of care.</p> <p>As a result of the complaint the following actions were taken:</p> <ul style="list-style-type: none"> <li>▪ All staff were reminded of the importance of making reasonable adjustments for patients when necessary.</li> <li>▪ The complaint was shared with the nursing team, and to support the patient and relieve their anxieties, staff were reminded of the importance of listening to, and facilitating requests from patients and their families and carers where possible.</li> <li>▪ The nurse caring for the patient supported in reflecting on events leading to the complaint.</li> </ul>
<b>UDHM Q3</b>	<p>Patient Experience, Communication:</p> <p>A patient complained that because of the consultant being called to theatre at the last minute, his outpatient appointment was cancelled whilst he sat in the clinic waiting room.</p> <p>As a result of the complaint the following actions were agreed:</p> <ul style="list-style-type: none"> <li>▪ A review of the Oral and Maxillo-facial Surgeons Appointment Scheduling was undertaken.</li> <li>▪ A review of the standards of communication between clinicians at different NHS Trust was undertaken.</li> </ul>

### 13.8 Research & Innovation (R&I)

Research & Innovation (R&I)	2019/2020	2020/2021
Number of Complaints	0	0
Number of PALS Concerns	15	6
Number of Re-Opened	0	0
Number Closed in 25 days	0	0
Number Closed Over 41 Days	0	0
Number of Meetings Held	0	0
<b>Top 3 Themes</b>		
Appointment/Delay/Cancellation (outpatient)		
Communication		
Documentation		

## 13.9 Corporate Services

Corporate Services	2019/2020	2020/2021
Number of Complaints	68	44
Number of PALS Concerns	298	211
Number of Re-Opened	13	11
Number Closed in 25 days	25	23
Number Closed Over 41 Days	23	29
Number of Meetings Held	2	2
Top 3 Themes		
Attitude of Staff		
Infrastructure (Staffing, Environment)		
Communication		

Hospital/ MCS/LCO	Complaint and Lessons Learnt
Corporate	<p>A staff member from a partner organisation, based on an MFT site, was frequently mimicked and treated disrespectfully by a particular member of the security team despite him explaining he had a neurological disorder and requesting that the security officer stopped behaving inappropriately towards him.</p> <p>As a direct result of the complaint, the following actions were taken:</p> <ul style="list-style-type: none"> <li>▪ The security officer was immediately excluded from the Trust premises.</li> <li>▪ A decision was made to replace the agency security company.</li> </ul>

## 13.10 Manchester and Trafford Local Care Organisation (LCO)

LCO	2019/2020	2020/2021
Number of Complaints	44	38
Number of PALS Concerns	52	82
Number of Re-Opened	9	12
Number Closed in 25 days	15	13
Number Closed Over 41 Days	14	31
Number of Meetings Held	3	3
Top 3 Themes		
Treatment/Procedure		
Access		
Communication		

Hospital/ MCS/LCO	Complaint and Lessons Learnt
LCO Q2	<p>Communication, Staff Attitude:</p> <p>A patient raised concerns about the poor communication experienced by her and her carer when attending clinic; The patient was also concerned regarding the staff member's attitude and the interactions with the carer's assistance dog.</p> <p>As a direct result of the complaint, the following actions were taken:</p> <ul style="list-style-type: none"> <li>▪ Standards of communication and patient experience discussed with all clinic staff.</li> <li>▪ Guidance obtained from the Assistance Dogs website and circulated to all staff to raise awareness in the appropriate interaction of assistance dogs. Information also shared through the Quality and Safety Committee.</li> </ul>

### 13.11 Non-MFT

Non-MFT	2019/2020	2020/2021
Number of Complaints	0	0
Number of PALS Concerns	18	0
Number of Re-Opened	0	0
Number Closed in 25 days	0	0
Number Closed Over 41 Days	0	0
Number of Meetings Held	N/A	0

## 14. Complaint Satisfaction Survey

- 14.1 The Complaint Satisfaction Survey was developed by the Picker Institute and is based on 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'**<sup>4</sup>. The survey was sent to **1,099** MFT complainants following closure of their complaints during 2020/21, with an increased response rate of **31.6%** compared to **11.1%** in 2019/20.
- 14.2 Whilst **88.1%** of the complainant survey respondents indicated that they received the outcome of their complaint within the given timescales, only **35.4%** of complainants felt that the response they received addressed all of the points they raised in their complaint, with a further **26.7%** reporting that the response did not address any of the points. **33.5%** of complainants felt they received an explanation of how their complaint would be used to improve services, with a further **25.7%** of complainants wanting an explanation, but reporting that they had not received one.
- 14.3 These results indicate the need for continuous improvements to the quality of complaint investigations and written responses. It is anticipated that the Complaints Letter Writing

<sup>4</sup> 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>

Training Educational Sessions (further detail of which is in Section 15 of this report) will bring improvements to this process incrementally over time.

**Comments received from complainant include the following:**

- *“I felt like I was not going to be cared for as well after making the complaint”.*
- *“Failings were identified, agreed upon, action taken”.*
- *“The doctor looking after me at my next appointment properly explained things instead of brushing things and rushing the appointment”.*
- *“They appear to work completely separately”.*
- *“Well-structured process”.*
- *“I am not confident that the supposed improvements will actually be addressed, and the process is purely an academic exercise”.*
- *“I was treated more like a person and not a bed number”.*
- *“It is my opinion that the NHS in respect of my complaint colluded together”.*
- *“I received a prompt response and was assured my case would be dealt with appropriately by the first point of contact”.*
- *“Staff on the call tried to reassure me why they follow policies”.*
- *“All correspondence, from the initial telephone call was very respectful, sympathetic, empathetic and detailed. The communication between myself and the hospital was timely and regular”.*
- *“I did not feel the complaint was handled professionally because there seems to be no depth of investigation into the initial diagnosis”.*

## 15. Work Programme 2020/21 - Update

15.1 In 2020/21 the Patient Services Team committed to several work-streams; a progress update for each is detailed below:

- **In-house Complaints Letter Writing Training Package/Education Sessions**

15.2 The training package, which was developed in 2019/20 and tailored to support and develop skills in staff who investigate and respond to complaints was due to be launched at Wythenshawe Hospital in Q2, 2020/21; however, as a result of the pandemic and in order to reduce transmission of coronavirus a decision to pause the delivery of all face to face training and educational sessions was made. In view of this, and to make at the minimum, a certain proportion of complaint training accessible and deliverable, the Trust's Head of Customer Services organised for the In-house Complaints Letter Writing Training to be delivered virtually. During Q3, 2020/21 the Corporate Complaints team delivered its first remote training session of the In-house Complaints Letter Writing Training for staff via the Trust's 'Big Blue Button' virtual meeting space on the Trust's Learning Hub.



In light of the on-going Covid-19 outbreak the training sessions continue to be delivered virtually across the Trust's Hospitals/MCS/LCOs providing staff with the correct tools needed to investigate and respond to complaints. The process for delivering face to face educational sessions will be reviewed in line with government guidelines during 2021/22.

- **In-house Customer Service e-learning package**

15.3 The e-learning Customer Service package tailored specifically to meet the needs of the Trust was completed in Q4 of 2020/21. It was anticipated for this to happen in Q2, 2020/21, however given the unprecedented situation of the pandemic, this was delayed. Launch of the first module of the e-learning education package on the Trust's Learning Hub will be completed in Q1 of 2021/22. Through this e-learning package Trust staff will be given the opportunity to:

- To identify MFT customers and know what they require.
- Understand why customer service is important to the Trust and the NHS.
- Be aware of how to provide great customer service in healthcare.
- Know how patient experience is affected by their actions, approach, and communication.
- Understand the importance of feedback to improving services.
- Know how to deal with concerns and complaints.





15.4 During 2021/22 work will commence on the development of a Module 2 e-learning Customer Service package, with the module reflecting on complaints handling in line with The Local Authority Social Services and NHS Complaints (England) Regulations 2009.

- **Family Liaison and Virtual Visiting Service**

15.5 During 2020/21 a Family Liaison Team (FLT) was temporarily established to support patients, families and staff following the implementation of the Trust's Interim Covid-19 Visiting Policy.

15.6 The FLT was made up of staff redeployed from their usual roles due to the suspension of elective work and the national 'pause' in the complaints process during the pandemic response. The team members consisted of a Corporate Lead Nurse, a Matron, Dental Nurses and several PALS and Corporate Complaints staff.

15.7 Throughout the first wave of the pandemic, in order to reduce the footfall in clinical areas and maintain safety the FLT provided a valuable service to patients, families, and carers. Following the first wave of the pandemic many of these staff returned to their substantive roles and in the latter part of 2020/21 'Virtual Visiting' was temporarily established to support patients to keep in touch with their loved ones using video calls.

## Virtual Visiting



Overall, virtual visiting had a positive impact on the patient experience.

- 15.8 For further support for patients to stay in touch with their families over the festive period, a Christmas Virtual Visiting Service was developed in Q3, 2020/21 for a period of 12 days by the Corporate PALS and Complaints and Patient Experience teams.



- 15.9 Feedback from patients, families and volunteers about the Virtual Visiting Service included the following:

*“As a volunteer this is a brilliant service and being able to support patients by simply talking to them and introducing them to a virtual video call makes such a difference. Some of the patients, particularly the older ones, have never had the opportunity to have interactions in this manner before and it helps reassure their families too. What I particularly enjoy is seeing the patient’s recovery and progress in between the different visits and this is what has made such a difference to my experience as a Volunteer”.*

*“The virtual visiting service has been very good and very helpful especially with the pandemic going on. Patients have been able to have video calls with their loved ones and at least when relatives that have not seen their loved ones for a while it has given them some reassurance”.*

*“Just being able to see my mum in real time makes such a difference to me and provides me with reassurance that she is recovering. Thank you for providing this service for both us.”*

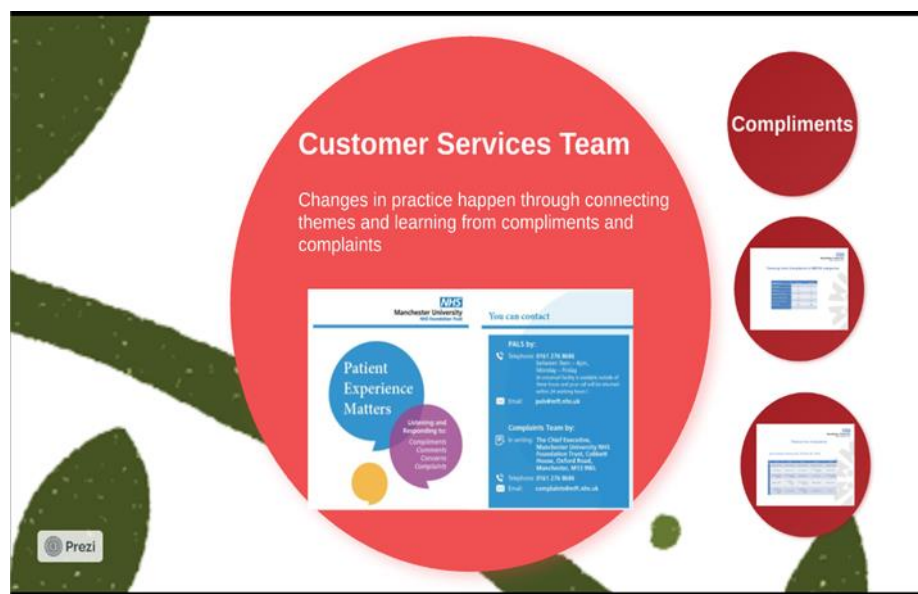
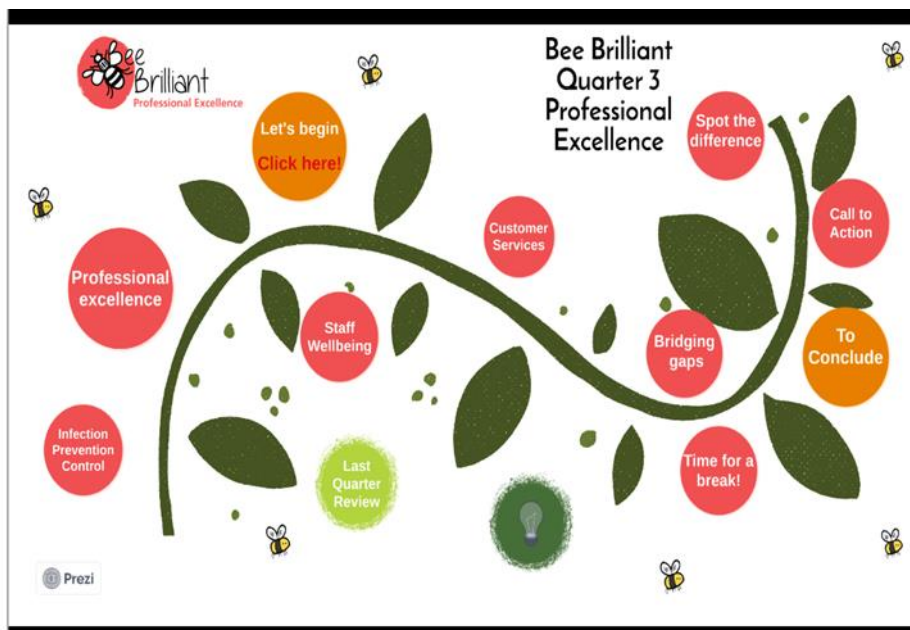


*“I am so appreciative of the Volunteers; this is a fantastic service”.*

- **Listening to complainant feedback: Enhancing how MFT demonstrates learning across the Hospitals / MCSs / LCO**

15.10 Bee Brilliant is a core element of the Trust’s Improving Quality Programme. During 2020/21 the Trust’s ‘Professional Excellence’ Bee Brilliant presentation focused on Customer Services, with themes and changes in practice from complaints being showcased to provide staff with the understanding that:

- Complaints are a learning opportunity to support the Hospitals /MCSs/ LCO to improve patient experience.
- By applying categorisation and theming to a complaint, the Trust can improve the quality of care where themes emerge, and practice is identified as requiring improvement.



## ▪ Internal Audit 2020/21: Complaints Handling

15.11 To provide assurance that the Trust's policies and processes for responding to patient complaints are appropriately designed an internal audit was undertaken during 2020/21. This audit included assessment of the design of the local complaints process within each Hospitals/MCS/LCOs, including how these align to the overall Trust Complaints' Policy.

15.12 The audit reviewed a sample of 25 patient complaints received by the Trust between 1<sup>st</sup> October 2019 and 30<sup>th</sup> September 2020. 5 complaints were audited from MRI and 5 were audited from WTWA to reflect the higher volume of patients and complaints received by these areas. The remaining 15 complaints were split evenly between the remaining Hospitals/MCS/LCOs. Overall the audit found the Trust to have:

- Appropriate design controls in place in relation to complaints handling for the areas tested, which ensures complaints are acknowledged and responded to in a timely manner.
- Hospital/MCS/LCO written complaint responses are of a high quality and written in an appropriate tone.
- Lessons learned from complaints are sufficiently circulated.
- Complaints processes and controls operate effectively with some minor exceptions. The exceptions predominantly related to:
  - Responses to complaints not being sent within the timesframes agreed in the Trust's Complaints Policy
  - Complainants not being made fully aware of the support available to them
  - Complaint Satisfaction Surveys are not being sent out to complainants once the case is closed.
- **8** low priority (good practice that would achieve better outcomes) recommendations.
- Positive Assurance rating of "**Significant assurance** with minor improvement opportunities" was provided to the Trust.



The audit found that the Trust's policies and processes for responding to patient complaints are generally well designed with minor improvements to be made. A Complaints Audit Action Plan was developed and implemented to address the recommendations in Quarter 4.

- **Equality and Diversity Monitoring Information**

15.13 In light of the continued challenges in the collection of the equality and diversity data during 2020/21 an audit to evaluate the collection of this data was undertaken. The audit findings identified good compliance with regard to 'gender' and 'ethnicity' data, however, identified the need to improve data collection in relation to 'religion' and 'disability' status. In order to ensure complainants are informed of their right to support with their 'religion' and/or 'disability' status and in addition to provide staff with a valuable tool in obtaining this important information, a departmental Equality and Diversity Checklist was developed and introduced during the latter part of 2020/21.

- **Standard Operating Procedures**

15.14 To ensure the Trust maintains compliant with the NHS Complaints Regulations (2009), a review of the PALS and Complaints Standard Operating Procedures (SOPs) continued throughout 2020/21. SOPs which have been updated/approved this year include:

- Process for requesting extension to response timescale

Additionally, in response to the pandemic the following SOPs were developed this year:

- Process for virtual local resolution meetings (VLRM's)
- Process for virtual visiting

15.15 In response to a formal restructure of the Trust's Corporate PALS and Complaints Service, which is due to be implemented in Q1 of 2021/22, a full review of all SOPs and standard letter templates commenced in Q4, 2020/21. It is anticipated that this review will be completed early 2021/22.

## 16. **Work Programme 2021/22**

16.1 The PALS and Complaints key priorities for 2020/21 include:

- **Implementation of the Trust's new Corporate Complaints and PALS Structure:**  
Deliver an enhanced, responsive, and compliant PALS and Complaints Service across the Trust.
- **Delivery of a North Manchester General Hospital Corporate PALS and Complaints Service:**  
Completion of the Single Hospital Service for the City of Manchester and Trafford sees NMGH come into MFT on 1<sup>st</sup> April 2021. Following the transaction, the delivery of a Corporate PALS and Complaints integration plan will commence with the reopening of the PALS Office at NMGH.
- **Complaints Process:**  
Continue to work with the Hospitals/MCS and LCO teams to improve responsiveness to complaints and the processes by which they are managed, making the necessary changes, in line with national recommendations.
- **Complaints Training:**  
Continue to offer training to staff and implement a programme of training sessions on complaints management when safe to do so. This will include the development of Module 2 Customer Service e-learning package.

- **Complaints Feedback:**  
As described in MFT's Experience and Involvement Strategy 2020-23, MFT is committed to listening to, acting on and learning from feedback from all service users and staff. To achieve this commitment work is planned to commence exploring how complaint feedback is collected and used.
- **Complaint Learning in practice:**  
Continue to utilise complaints data and analysis to inform improvement activity and demonstrate learning in practice.
- **Supporting Staff**  
Continue to support PALS and Complaints Team Leaders through the development and implementation of bespoke supervisory sessions.
- **Communication enhancement**  
Continue to improve and enhance the Trust's PALS and Complaints information available on the Trust's external and internal websites.

## 17. Conclusion and Recommendation

- 17.1 During this annual report year a significant amount of work has continued to take place to improve the timeliness of complaint responses, to reduce the number of re-opened complaints and to manage the number of open complaints over 41 working days old. As a result, there has been an overall improvement, however, there remains opportunity for further improvement. Close monitoring and always seeking positive performance and improvement, will continue with, performance being monitored at a Group level via the Accountability Oversight Framework (AOF).
- 17.2 The three primary themes of dissatisfaction remain largely the same as 2019/20, with the most common being Treatment/Procedure, Communication, and Clinical Assessment. The actions outlined in this report demonstrate that complaints received by the Trust are acted upon and are used to inform work aimed at improving the patient's experience. Analysis of the complaint themes and trends will continue to be closely monitored at Group level and via local governance forums.
- 17.3 In order to ensure that the Trust delivers an enhanced, responsive, and compliant Corporate Complaints and PALS service across MFT, the Trust's Complaints Policy will be reviewed and updated in 2020/21. Additionally, Complaints and PALS processes will continue to be reviewed and developed throughout the year. The In-house Complaints Letter Writing Training and e-learning Package will be utilised to support the delivery of education and training to enhance the Trust's customer service offer and to support continual improvement in the quality of complaint responses during 2020/21. Bespoke complaints and PALS training will continue to be delivered across the Trust to improve outcomes and understanding.
- 17.4 The Trust is grateful to those patients and families who have taken the time to raise their concerns and complaints and acknowledges their contribution to improving services, patient experience and patient safety.
- 17.5 The Board of Directors is asked to note the content of this report, the work undertaken by the Corporate and Hospitals /MCS and LCO 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:** Source of PALS Concerns by enquirer

Source	2019/20	2020/21
Email	2462	2276
Face to Face	472	97
Complaints	0	2
Family Support	0	0
PALS	1	0
Letter	55	43
MP	0	5
Other	9	33
Telephone	2892	2424
Tell us Today	6	3
<b>Totals</b>	<b>5,897</b>	<b>4,900</b>

**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 person raising the concern

Age Range	2019/20	2020/21
0 – 18	1092	650
19 – 29	578	506
30 - 39	767	745
40 - 49	640	544
50 – 59	826	576
60 – 69	753	598
70 – 79	737	661
80 – 89	413	472
90 – 99	87	144
100+	4	4
<b>Totals</b>	<b>5,897</b>	<b>4,900</b>

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

Sex	2019/20		2020/21	
	Number of Concerns	Percentage of Concerns	Number of Concerns	Percentage of Concerns
Female	3309	56.1%	2878	58.7%
Male	2546	43.1%	1998	40.8%
Not Specified	3	0.05%	1	0.0%
Other	39	0.67%	23	0.5%
<b>Total</b>	<b>5,897</b>		<b>4,900</b>	

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

<b>Category</b>	<b>2019/20</b>	<b>2020/21</b>
Any Other Ethnic Group	58	64
Asian or Asian British - Bangladeshi	9	6
Asian or Asian British - Indian	44	47
Asian or Asian British - Other Asian	34	23
Asian or Asian British - Pakistani	106	112
Black or Black British - African	62	47
Black or Black British - Caribbean	46	41
Black or Black British - Other Black	22	14
Chinese Or Other Ethnic Group - Chinese	12	8
Mixed - Other Mixed	15	22
Mixed - White & Asian	15	10
Mixed - White & Black African	11	4
Mixed - White & Black Caribbean	56	22
White - British	2053	1751
White - Irish	64	51
White - Other White	86	72
Do Not Wish to Answer	376	4
Not Stated	2828	2602
<b>Totals</b>	<b>5,897</b>	<b>4,900</b>



**Appendix 2**

**Tables 11 to 14** provide information regarding the risk rating of complaints and the demographic details of the person affected because of the complaint

**Table 11: Complaint Risk Rating**

<b>Category</b>	<b>2019/20</b>	<b>2020/21</b>
Not Stated / Other	0	0
White	0	0
Green	49	28
Yellow	903	650
Amber	670	377
Red	6	4
<b>Totals</b>	<b>1,628</b>	<b>1,059</b>

**Table 12: Age range of person who was the subject of the complaint**

<b>Age Range</b>	<b>2019/20</b>	<b>2020/21</b>
0 - 18	384	218
19 - 29	159	88
30 - 39	222	143
40 - 49	172	99
50 - 59	186	142
60 - 69	184	122
70 - 79	178	135
80 - 89	109	85
90 - 99	34	27
100+	0	0
<b>Totals</b>	<b>1,628</b>	<b>1,059</b>

**Table 13: Sex of person who was the subject of the complaint**

<b>Sex</b>	<b>2019/20</b>		<b>2020/21</b>	
	<b>Number of Concerns</b>	<b>Percentage of Concerns</b>	<b>Number of Concerns</b>	<b>Percentage of Concerns</b>
Female	907	55.7%	605	57.1%
Male	706	43.4%	436	
Not Specified	13	0.8%	17	
Other	2	0.1%	1	
<b>Total</b>	<b>1,628</b>		<b>1,059</b>	

**Table 14:** Ethnicity of the person who was the subject of the complaint

<b>Category</b>	<b>2019/20</b>	<b>2020/21</b>
Any Other Ethnic Group	13	9
Asian or Asian British - Bangladeshi	8	2
Asian or Asian British - Indian	16	14
Asian or Asian British - Other Asian	15	5
Asian or Asian British - Pakistani	38	33
Black or Black British - African	31	18
Black or Black British - Caribbean	14	12
Black or Black British - Other Black	8	3
Chinese Or Other Ethnic Group - Chinese	4	2
Mixed - Other Mixed	1	7
Mixed - White & Asian	9	5
Mixed - White & Black African	5	2
Mixed - White & Black Caribbean	14	7
White - British	712	434
White - Irish	25	17
White - Other White	42	24
Do Not Wish to Answer	327	270
Not Stated	346	195
<b>Totals</b>	<b>1,628</b>	<b>1,059</b>

**Appendix 3**

**Table 22:** Complaints closed between 1<sup>st</sup> April 2020 and 31<sup>st</sup> March 2021 following PHSO investigation

Hospitals/ MCS/LCO	Outcome	Date complaint initially received by the Trust	PHSO Rationale/Decision	Recommendations
<b>Quarter 2</b>				
MRI (GI Medicine & Surgical Specialties)	Partly upheld	July 2018	<p>Failure to provide appropriate care needs.</p> <p>Failure in communication in respect of DNAR</p> <p>Poor documentation in respect of communication with family members</p>	<p>Provide a full acknowledgement of failings and apology for impact, uncertainty and distress caused.</p> <p>Explain what actions have been taken to address failings and identify specific reasons for failings and outline learning taken from specific issues.</p>
WTWA (Heart & Lung)	Not upheld	November 2018	No failings found	None