

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST
GROUP QUALITY & SAFETY COMMITTEE

Report of:	Gail Meers, Corporate Director of Nursing, Quality and Patient Experience
Paper prepared by:	Gail Meers, Corporate Director of Nursing, Quality and Patient Experience
Date of paper:	August 2023
Subject:	Annual Complaints Report 2022/23
Purpose of Report:	<p>Indicate which by ✓ (please do not remove below text)</p> <ul style="list-style-type: none"> • Information to note ✓ • Support • Accept • Resolution • Approval ✓ • Ratify
Consideration against the Trust's Vision & Values and Key Strategic Aims:	<p>MFT must prepare an annual report which must:</p> <ul style="list-style-type: none"> • Specify the number of complaints received. • Specify the number of complaints upheld. • Specify the number of complaints referred to the PHSO. • Summarise the themes of complaints. • Summarise how the complaints were handled. • Summarise lessons learned as a result of complaints
Recommendations:	The group quality & safety committee is asked to note this Complaints Report for 2022/23 and, in line with statutory requirements, provide approval for the report to be published on the Trust website.
Contact:	<p><u>Name:</u> Gail Meers, Corporate Director of Nursing, Quality and Patient Experience <u>Tel:</u> 0161 701 0331</p>

1. Introduction

- 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 Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. This annual report reflects all complaints and concerns made by (or on behalf of) patients of MFT, between 1st April 2022 and 31st March 2023.
- 1.2 Our aim is to provide timely resolutions when people raise concerns or complaints about their experiences of the care they have received. We aim to remedy the situation as quickly as possible, ensuring the individual is satisfied with the response they receive. Learning from complaints provides a rich source of information to support sustainable change.
- 1.3 This report provides:
- A summary of activity for Complaints and PALS across the Trust.
 - An overview and brief thematic analysis of complaints raised.
 - A summary of feedback received through Care Opinion and NHS Websites.
 - A summary of improvements achieved, and those planned to ensure learning from complaints is embedded in everyday practice.
 - A summary of the Complainants' Satisfaction Survey and planned improvement activity.
 - Equality and Diversity information and planned improvement activity.
 - Supporting information referred to throughout the report is included at **Appendix 1**.
- 1.4 The report refers to all Hospitals/Managed Clinical Services (MCS) and Local Care Organisation (LCO) across the MFT Group.

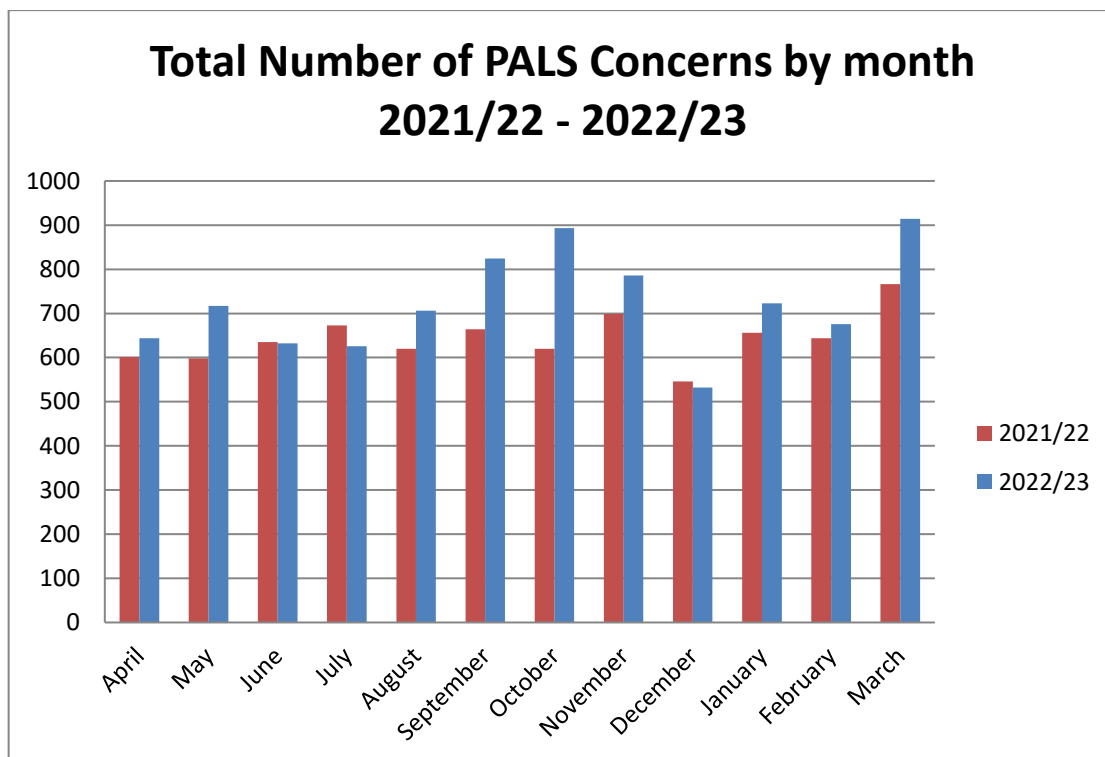
2. Summary of PALS and Complaints activity 2022/23

- In 2022/23 the Trust received 8,673 PALS concerns; a 12.3% increase from the 7,722 received in 2021/22. This was mainly due to increases in PALS concerns relating to 'Appointment Delays and Cancellations' at Wythenshawe, Trafford, Withington and Altrincham Hospitals (WTWA), The University Dental Hospital of Manchester (UDHM) and the Manchester Royal Eye Hospital (MREH).
- The Trust received 2,021 complaints during 2022/23; an increase of 21.4% from the 1,665 received in 2021/22, with the largest increase relating to 'Treatment and Procedure' at the Royal Manchester Children's Hospital (RMCH).
- 11% (217) of complaints were 'fully upheld', 73% (1,421) were 'partially upheld' and 16% (312) were 'not upheld'.
- 'Communication' and 'Appointment Delays and Cancellations' were the main themes of PALS concerns; 'Treatment and Procedure' was the main complaints theme.
- 99.8% of complaints were acknowledged within 3 working days and 88.7% of complaints were responded to within the agreed timescale; 87.4% of PALS concerns were closed within 10 working days.
- During 2022/23 the Parliamentary and Health Service Ombudsman (PHSO) informed the Trust of 11 completed investigations into MFT complaints. In summary, 1 (9%) case was 'fully upheld', 6 (55%) cases were 'partially upheld' and 4 (36%) cases were 'not upheld'.

- The Trust, and each Hospital/MCS/LCO, held regular forums where themes and trends relating to complaints are discussed with focused actions agreed for improvement.

3.0 An overview and thematic analysis of PALS contacts

3.1 The Trust saw an increase of 12.3% in PALS concerns from the previous year, with 8,673 PALS concerns being received compared to the 7,722 received in 2021/22. **Graph 1** below shows the number of PALS concerns received by month for 2022/23 compared to the previous year.



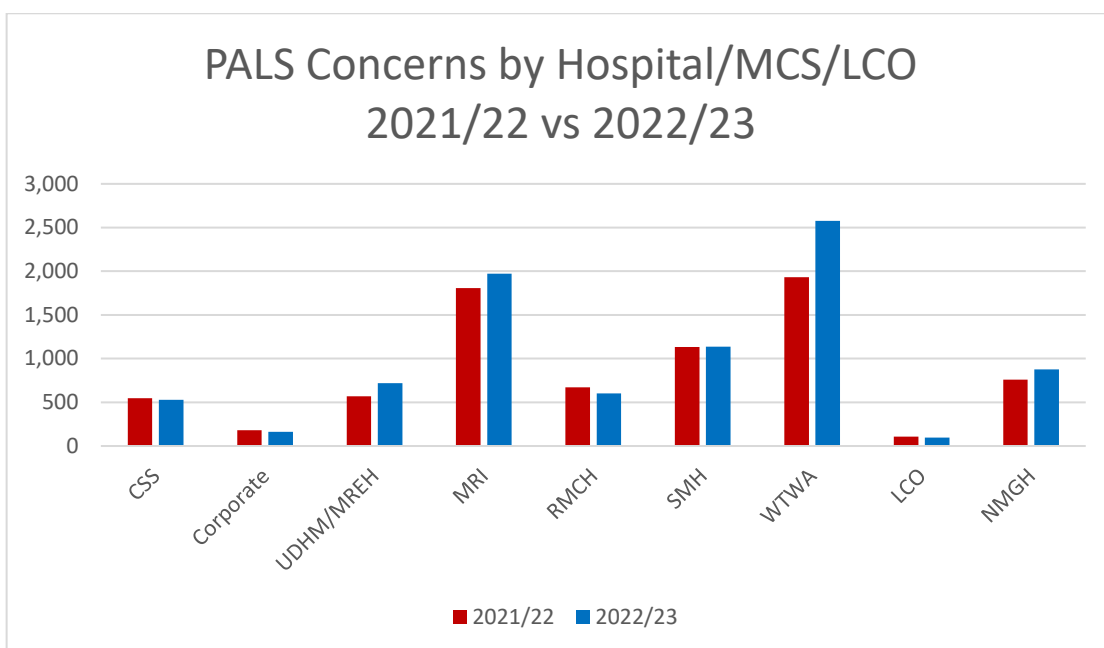
Graph 1: Total number of PALS concerns received by month 2021/22 - 2022/23.

3.2 **Graph 2** below shows the number of concerns received by each Hospital/MCS/LCO during 2021/22 and 2022/23. Wythenshawe, Trafford, Withington and Altrincham Hospitals (WTWA) and Manchester Royal Infirmary (MRI) received the greatest number of PALS concerns, receiving 2,578 and 1,973 respectively.

3.3 Overall, the greatest increase in PALS concerns was in WTWA with a 33.5% increase being noted compared to 2021/22. WTWA received almost twice as many concerns relating to 'Appointment Delays and Cancellations' in 2022/23 compared to 2021/22.

3.4 The University Dental Hospital of Manchester (UDHM) and the Manchester Royal Eye Hospital (MREH) also saw a large increase in PALS concerns with a 26.6% increase being noted compared to 2021/22. Of the 719 concerns received 84.8% related to 'Appointment Delays and Cancellations' and 'Communication'.

3.5 A 10% reduction in concerns received was noted in the Royal Manchester Children’s Hospital (RMCH) and Manchester and Trafford Local Care Organisation (LCO). Both decreases were driven by reductions in concerns related to ‘Treatment and Procedure’.



Graph 2: PALS concerns received by Hospital/MCS/LCO 2021/22 vs 2022/23.

3.6 **Chart 1** and **Graph 3** below show the distribution of the main PALS themes and indicates that the greatest proportion of PALS concerns relate to ‘Communication’, ‘Appointment Delays/Cancellations’ and ‘Treatment and Procedure’. The greatest increase in PALS concerns was in relation to ‘Appointment Delays/Cancellations’ with 39.8% increase being noted compared to 2021/22.

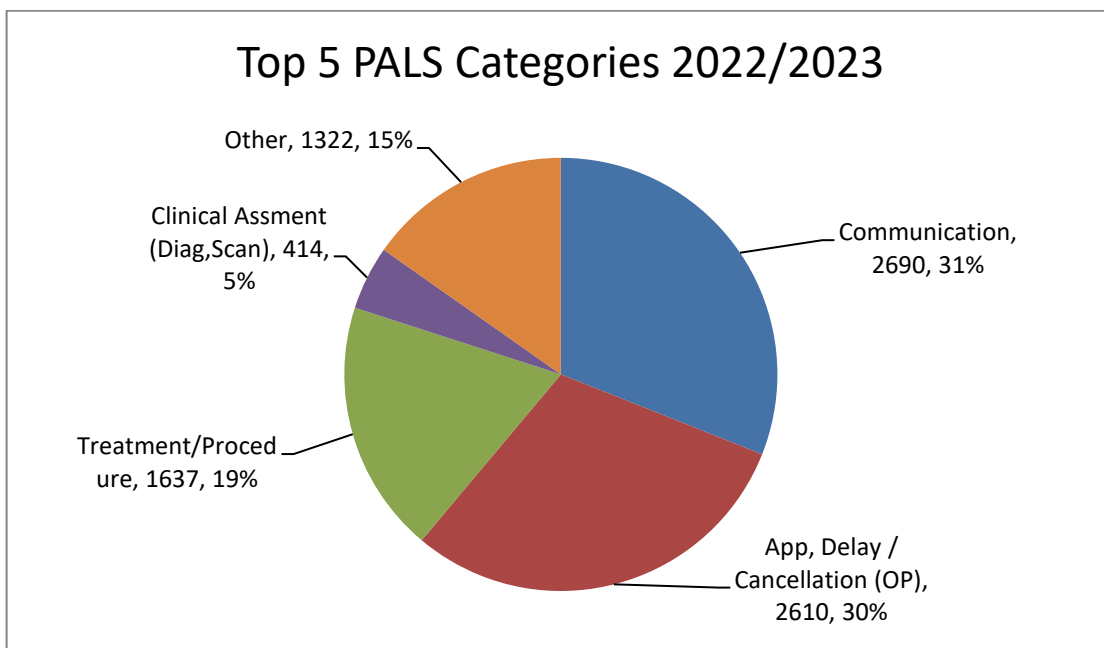
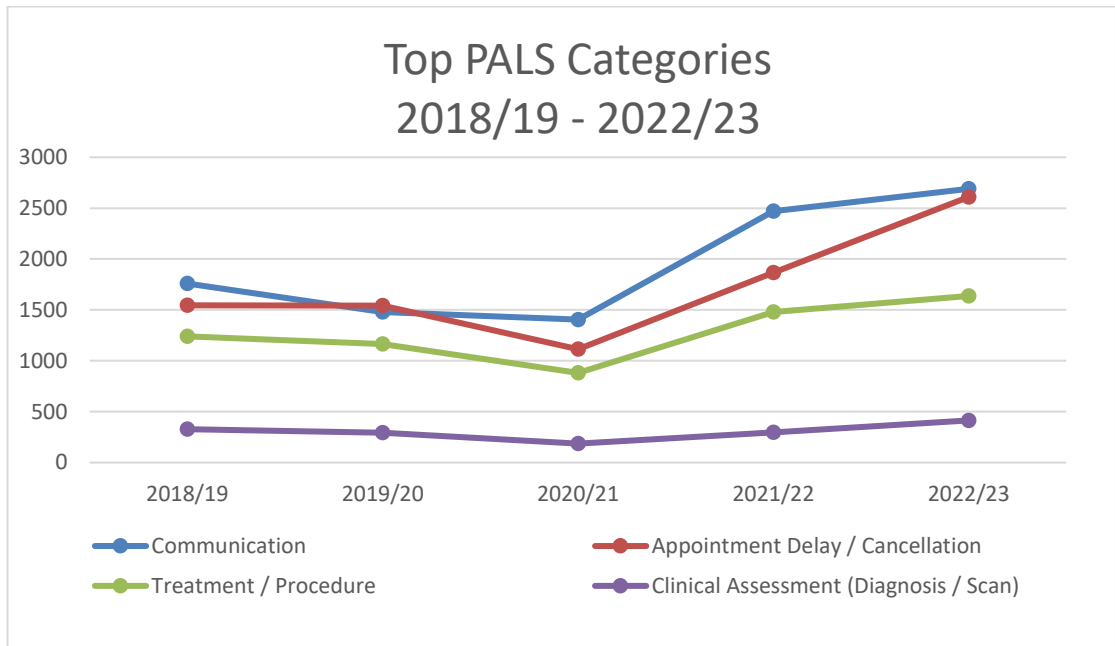


Chart 1: Top PALS categories 2022/23.



Graph 3: Top PALS categories 2018/19 to 2022/23.

3.7 **Chart 2** below highlights the top 3 professions referenced in complaints and PALS concerns for any reason. As in 2020/21 and 2021/22 medical staff are the highest group referenced with a total of 3,227 PALS concerns. These numbers are comparable to those from 2021/22, when adjusted for increased organisational activity.

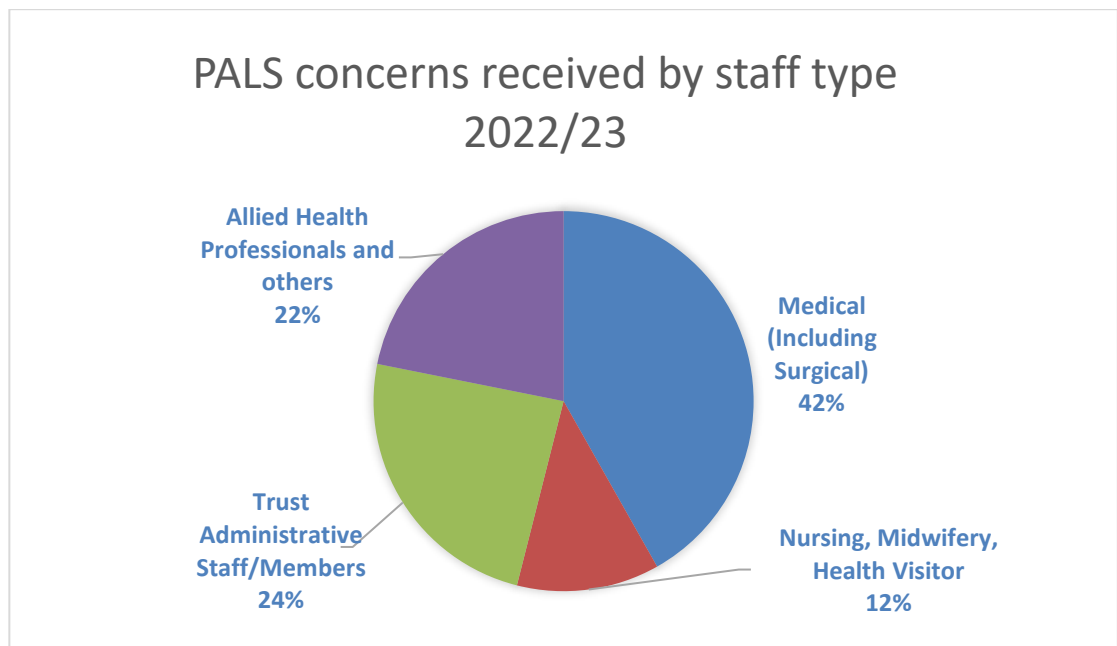


Chart 2: PALS concerns received by staff type 2022/23.

3.8 **Table 1** below provides a breakdown of the sources of PALS concerns received. Email and telephone are the most popular methods for patients and their representative to raise concerns, with the greatest increase has been seen in the number of email concerns raised (1,156 more concerns via email than in 2021/22); however, the greatest percentage increase during 2022/23 has been with the number of concerns being raised in person (face-to-face), with a 46.8% rise from the previous year.

Category	2021/22	2022/23	% change
Comment Box	0	0	0
Email	3723	4879	1,156 (31.1%)
Face to Face	316	464	148 (46.8%)
Fax	0	1	<i>No comparison</i>
From Complaints	0	4	<i>No comparison</i>
From Family Support	0	0	0
From PALS	1	2	1 (100.0%)
Letter	29	20	-9 (-31.0%)
Telephone	3644	3165	-479 (-13.1%)
Tell Us Today	0	0	0
Website	0	0	0
Totals	7722	8673	817 (12.3%)

Table 1: Sources of new PALS concerns 2022/23.

3.9 This has been supported by the PALS Team Leaders working to improve awareness of the service and becoming more accessible. PALS was advertised in 'MFT Time' (a weekly email sent to all MFT staff) in February 2023, to raise staff awareness of PALS and how PALS can support both patients/relatives, and staff alike. Staff were informed of the different ways patients, their representatives or staff can contact PALS, with an emphasis on in-person and via telephone or email/post, with PALS offices across different sites open for members of the public to raise concerns on a walk-in basis, without the need for an appointment in advance.

3.10 During Q4, the PALS Team Leaders attended Heads of Nursing Forums across the Hospitals/MCS/LCO and Team Leader/Senior Clinician Training Programmes, to raise staff awareness of PALS and their freedom to actively seek feedback to improve services and seek local resolution. PALS Team Leaders will continue to attend these forums and training programmes, throughout 2023/24, and are available to meet with patients and their representatives in person at Receptions and in departments/wards.

- 3.11 Understanding complaint themes alongside other quality, safety and patient experience metrics supports organisations identify issues, areas for improvement and poor practice. The Trust's What Matters to Me (WMTM) Patient Experience Framework supports the triangulation of data and information from a wide range of sources across the organisation. Examples of these include themes from the annual national survey results; the Trusts local Quality Care Round (QCR) data; the Friends and Family Test and WMTM Patient Experience survey feedback, along with incidents, complaints, PALS and compliments.
- 3.12 Triangulation of this data provides the opportunity for Hospitals/MCS's/LCO's to analyse, identify issues and areas for improvement, compare findings and correlate themes. Where themes correlate, it can provide early indication and intelligence to act on the data, reduce risks and prevent harm. Similarly, negative patient feedback has a close correlation with patient complaints and understanding the nature of complaints provides the opportunity for learning lessons from lived experience of our services and is an effective way of improving patient care.
- 3.13 In addition to the FFT, the WMTM Survey is one of the main ways that MFT measures patient experience. The Survey asks patients a series of questions about their recent experience in relation to the nine domains below:
- Communication
 - Equality and Diversity
 - Hygiene and Personal Care
 - Patient and the Carer
 - Infection Prevention (IP) Control
 - Nutrition and Hydration
 - Pain
 - Patient Safety
 - Privacy and Dignity

The Trust has a lower and an upper benchmark target for the WMTM Surveys. The lower target is 85% and the upper target is 95% achievement in all domains.

- 3.14 Another method the NHS gauges patient satisfaction is through the Friends and Family Test (FFT). The FFT is a single question survey which asks patients, carers or family members to rank their experience of care.

The FFT questions are:

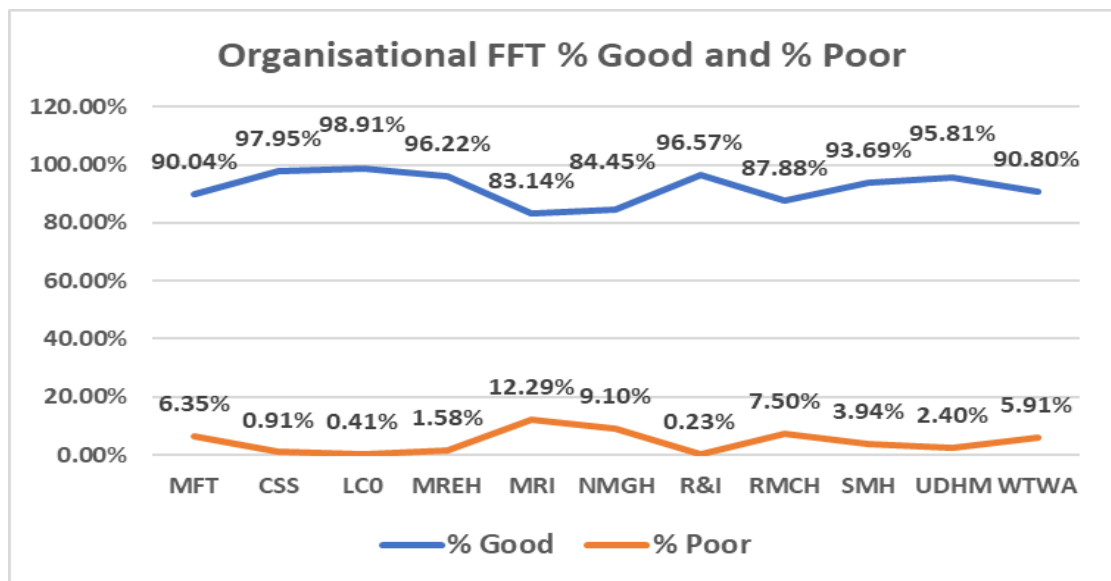
'Thinking about your recent visit overall, how was your experience of our service?'

'Please can you tell us what was good about your care and what we could do better?'

The answers are ranked by choosing one of the following; very good, good, neither good nor poor; poor; very poor, don't know. The score is a simple comparison of the percentage of those completing the test who would recommend their experience as good and very good, against the percentage of those who would not recommend the care experience and rate the scores as very poor or poor.

3.15 **Graph 3** below shows the overall FFT results for the Hospitals/MCSs/LCO and Trust as a whole, where patients have rated their experience between good and poor as a percentage. The line graph shows that five areas achieved above the Trust upper benchmark of 95%. These were, Clinical Scientific Services (CSS), LCO, Research and Innovation (R&I), MREH and UDHM.

MRI and North Manchester General Hospital (NMGH), Royal Manchester Children’s Hospital (RMCH), Saint Mary’s Hospital (SMH), Wythenshawe, Trafford, Withington and Altrincham Hospitals (WTWA) scored below the Trust target of 95% for FFT. It is useful to compare the lower FFT satisfaction scores with Complaints activity, to see if there is any correlation. MRI received the lowest % satisfaction rate scoring 83.14%, and scored the highest poor satisfaction rate of 12.29%, an increase from 11.57% the previous year. This correlates with the increase seen in PALS and Complaints for MRI in 2022/23.



Graph 3: Trust overall FFT results showing patient ratings as % Good and % Poor Scores captured during 2022/23 by Hospital/MCS/LCO.

3.16 WMTM and FFT feedback comments can be themed via sentiment analysis which is a process of computationally identifying and categorising opinions expressed in a piece of text to determine sentiment. The sentiment analysis reveals the top negative comments for both surveys.

3.17 **Table 2** below shows the top 3 primary negative feedback relating to What Matters to Me (WMTM) themes. The top negative WMTM theme was ‘Waiting’, which correlates with the top PALS category, namely ‘Appointment Delays/Cancellations’ which was seen in the majority of PALS concerns received.

Top Three Negative WMTM Themes 2022/23			
WMTM	Theme 1	Theme 2	Theme 3
MFT Total	Waiting	Food & Beverages	Hygiene
CSS	Food & Beverages	Waiting	Pain
LCO	Food & Beverages	Pain	Comfort
MREH	Waiting	Food & Beverages	Politeness
MRI	Waiting	Food & Beverages	Hygiene
NMGH	Waiting	Pain	Food & Beverages
R & I	Waiting	Emotional & Physical Support	Communicating to Patients
RMCH	Hygiene	Waiting	Food & Beverages
SMH	Waiting	Pain	Food & Beverages
UDHM	Waiting	Hygiene	Privacy, Dignity & Respect
WTWA	Waiting	Food & Beverages	Hygiene

Top Three Negative WMTM Themes 2022/23			
WMTM	Theme 1	Theme 2	Theme 3
MFT Total	Waiting	Food & Beverage	Hygiene
Clinical Scientific Services	Food & Beverages	Waiting	Pain
Manchester and Trafford Local Care Organisation	Food & Beverages	Pain	Comfort
Manchester Royal Eye Hospital	Waiting	Food & Beverages	Politeness
Manchester Royal Infirmary	Waiting	Food & Beverages	Hygiene
North Manchester General Hospital	Waiting	Pain	Food & Beverages
Research and Innovation	Waiting	Emotional & Physical Support	Communicating to Patients
Royal Manchester Childrens Hospital	Hygiene	Waiting	Food & Beverages

Saint Marys Hospital	Waiting	pain	Food & Beverages
University Dental Hospital of Manchester	Waiting	Hygiene	Privacy, Dignity & Respect
Wythenshawe, Trafford, Withington and Altrincham Hospital	Waiting	Food & Beverages	Hygiene

Table 2: Top 3 Negative Themes based on WMTM Feedback captured during 2022/23 by Hospital/MCS/LCO

3.18 **Table 3** below shows the top 3 primary negative Friends and Family Test (FFT) themes, which were reported at Trust level. As noted in PALS concerns and WMTM above the main negative FFT theme reported by all Hospitals/MCSs/LCO was also 'waiting'.

Top Three Negative FFT Themes 2022/23			
WMTM	Theme 1	Theme 2	Theme 3
MFT Total	Waiting	Pain	Emotional & Physical Support
CSS	Waiting	Food & Beverages	Pain
LCO	Waiting	Emotional & Physical Support	Facilities
MREH	Waiting	Facilities	Emotional & Physical Support
MRI	Waiting	Pain	Emotional & Physical Support
NMGH	Waiting	Pain	Comfort
R&I	Waiting	Emotional & Physical Support	Professional & Competent
RMCH	Waiting	Emotional & Physical Support	Pain
SMH	Waiting	Emotional & Physical Support	Comfort
UDHM	Waiting	Pain	Facilities
WTWA	Waiting	Pain	Food & Beverages

Table 3: Top 3 Negative Themes based on FFT feedback captured during 2022/23 by Hospital/MCS/LCO.

- 3.19 It has not been possible to carry out a comparison of the WMTM themed data between 2021/22 and 2022/23, due to a technical issue relating to the provider of the Patient Experience Platform system.

The technical issue has now been rectified by the company provider and sentiment analysis can now function effectively for both FFT and WMTM survey comments and results for 2022/23 will be made available for comparison in future.

4.0 PALS responsiveness and KPI

- 4.1 During 2022/23, the average response rate to PALS concerns was 5.3 days, which is a slight increase from the 4.9 days average during 2021/22. In total, during 2022/23, 87.4% of PALS cases were closed within 10 working days and as can be seen from **Table 2**, the responsiveness was noted to be improving at the end of 2022/23.
- 4.2 Improvements in responsiveness have been supported by the implementation of the PALS Escalation Standard Operating Procedure, with timely escalation of cases to senior management undertaken prior to the approaching deadline. In addition to this, weekly Hospital/MCS/LCO/Corporate Services PALS Key Performance Indicator (KPI) meetings have also recently been introduced, with the progress of every open PALS case discussed with the respective staff managing the cases.

	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23
Resolved in 0-10 days	1846	1810	1923	2042
Resolved in 11+ days	203	256	402	234
% Resolved in 10 working days	90%	88%	83%	90%

Table 2: Closure of PALS concerns within timeframe 2022/23

- 4.3 **Table 3**, below, shows the number of PALS concerns resolved within the Trust's 10-day response timescale, by each Hospital/MCS/LCO, as well as those which exceeded this target. Again, this shows a great improvement in reducing the number of cases exceeding 10 days, within the final quarter of the year.

	<10 days Q1	>10 days Q1	<10 days Q2	>10 days Q2	<10 days Q3	>10 days Q3	<10 days Q4	>10 days Q4
WTWA	584	56	568	81	573	96	596	49
MRI	419	53	439	60	390	99	456	64
RMCH	115	13	113	21	144	35	142	19
UDHM/M								
REH	150	8	155	10	209	27	147	9
SMH	247	30	250	47	253	35	267	28
CSS	61	16	81	11	120	25	192	15
Corporate	16	14	12	6	29	13	54	14
LCO	30	1	23	2	14	5	20	4
NMGH	224	11	169	18	191	67	168	31

Grand Total	1846	202	1810	256	1923	402	2042	233
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Table 3: Number of PALS concerns taking longer than 10 days to close by Hospital/MCS/LCO 2022/23.

- 4.4 **Table 4**, below, shows the number of PALS concerns that were escalated to formal complaints. Responding to PALS concerns in a timely manner can prevent concerns being escalated to formal complaints. This has been achieved via the PALS escalation SOP and weekly PALS KPI meetings, but also via improved training and awareness of the positive effect closing PALS cases in a timely manner can have. The Customer Services Manager and PALS Team Leaders will deliver more training on local resolutions, across the Trust, throughout 2023/24.

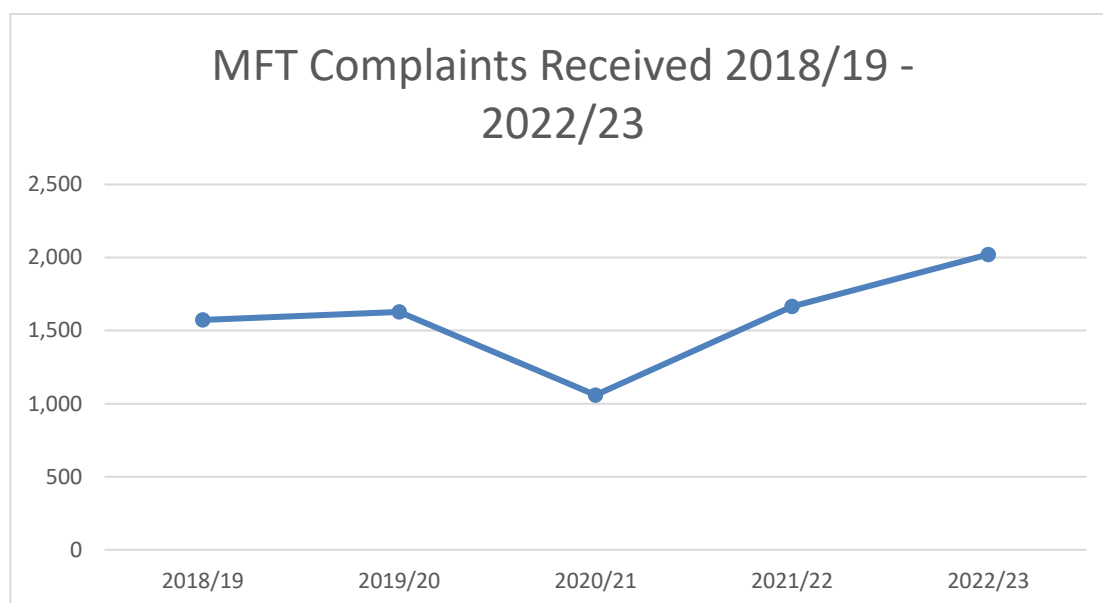
	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23
No of PALS cases escalated	13	15	20	10

Table 4: Number of PALS concerns escalated to formal complaints 2022/23

5.0 An overview and thematic analysis of Complaints contacts

- 5.1 The number of responses for WMTM fell from 30,806 in 2021/22 to 25,682 in 2022/23 (-16.6%). Similarly, the number of FFT responses received during 2022/23 decreased from 147,519 responses in 2021/22 to 120,433 responses in 2022/23 (-18.4%).
- 5.2 The decrease in WMTM and FFT response rates can be attributed to a range of factors including, device issues, Wi-Fi connectivity and an ineffective process in place to promote and offer patients the opportunity to complete the surveys.
- 5.3 Work continues, in collaboration with wards and departments, to explore ways to maximise the number of surveys completed by patients, families and carers to ensure that local feedback is gained, and issues and themes are identified to drive quality improvements. Oversight is provided through various forums, such as the Quality and Patient Experience Forum and through the accreditation process where themes are identified and discussed. An FFT Patient Experience co-ordinator dedicated supporting the clinical areas and engaging with staff to increase their survey response numbers.
- 5.4 Of the 120,433 FFT responses received, 6.4% related to a 'poor' experience (this shows an increase of 2.9%). Of note 90% of service users at the Trust reported their experience of our services as 'good'. This suggests that the patients and representatives responding to the FFT survey were less satisfied with their experience during 2022/23 than the previous year, which correlates with the increase in complaints received during 2022/23.
- 5.5 There were 2,021 complaints received during 2022/23, in comparison to the 1,665 received in 2021/22 an increase of 21.4%.

5.6 **Graph 6** below shows the increasing number of complaints the Trust has received since the COVID-19 pandemic and North Manchester General Hospital (NMGH) coming under MFT management, due to the increase in organisation activity through an increase in the number of patient attendances in Emergency Departments and inpatient consultant episodes (see **Table 5**).



Graph 6: MFT complaints received 2018/19 - 2022/23.

5.7 As a measure of performance, the number of complaints should be considered in the context of organisational activity. **Table 5** below shows the number of complaints in the context of Inpatients, Outpatients and Emergency Department attendances for 2022/23 compared to previous years. It is acknowledged that the Trust has seen not only an increase in the number of complaints but also in the rate of complaints per patient appointments, attendances in the Emergency Department and inpatient consultant episodes.

		2019/20	2020/21	2021/22	2022/23
Inpatient	Formal Complaints Received (FC)	523	419	531	624
	Finished Consultant Episodes (FCE)	431,667	337,049	455,841	450,081
	Rate of FCs per 1000 FCEs	1.21	1.24	1.16	1.39
	% of FCs per FCE	0.12%	0.12%	0.12%	0.14%
Outpatient	Formal Complaints Received (FC)	711	380	665	919
	Number of Appointments	2,541,377	1,293,384	1,470,442	1,854,418
	Rate of FCs per 1000 Appointments	0.28	0.29	0.45	0.50

	% of FCs per Appointments	0.03%	0.03%	0.05%	0.05%
AE	Formal Complaints Received (FC)	191	105	270	314
	Number of Attendances	413,741	267,867	482,908	483,880
	Rate of FCs per 1000 attendances	0.46	0.39	0.55	0.65
	% of FCs per 1000 attendances	0.46%	0.39%	0.56%	0.65%

Table 5: Number of complaints received by patient activity 2019/20 – 2022/23.

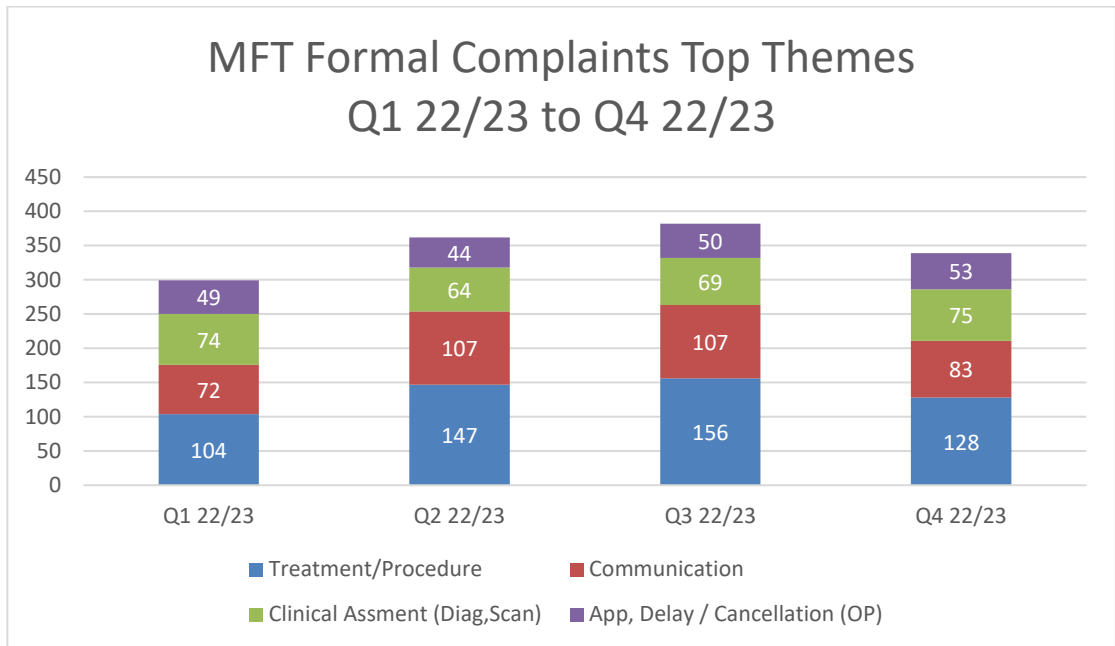
- 5.8 Whilst WTWA and MRI received the most complaints, with 496 and 450 respectively, Table 8 shows that the largest increase in complaints was in RMCH with a 41.9% increase being noted compared to the previous year, partially driven by an increase in complaints related to ‘Treatment and Procedure’.
- 5.9 Of the 237 complaints received, 38.8% related to ‘Treatment and Procedure’; part of which can be explained by the decrease in PALS concerns relating to this category, with concerns relating to ‘Treatment and Procedure’ requiring a more detailed formal complaint investigation and response. Despite the highest increase in the number of complaints since 2021/22, RMCH’s poor satisfaction rate for FFT has remained unchanged since 2021/22; however, the WMTM scores for RMCH for 2022/23 is 84.37 % which is below Trust standard (95%). There were also low WMTM scores seen for RMCH, relating to Hygiene and Personal Care (67.89%) and Nutrition and Hydration (78.87%) in 2022/23.

Hospital / MCS / Division	2018/19	2019/20	2020/21	2021/22	2022/23	% change from 2021/22 to 2022/23
CSS	82	103	67	96	120	25.0% ↑
Corporate Services	91	68	44	54	66	22.2% ↑
UDHM/MREH	115	96	39	103	95	-7.8% ↓
MRI	452	419	283	356	450	26.4% ↑
RMCH	167	189	111	167	237	41.9% ↑
SMH	190	194	160	243	286	17.7%
WTWA	442	515	317	406	496	22.2%

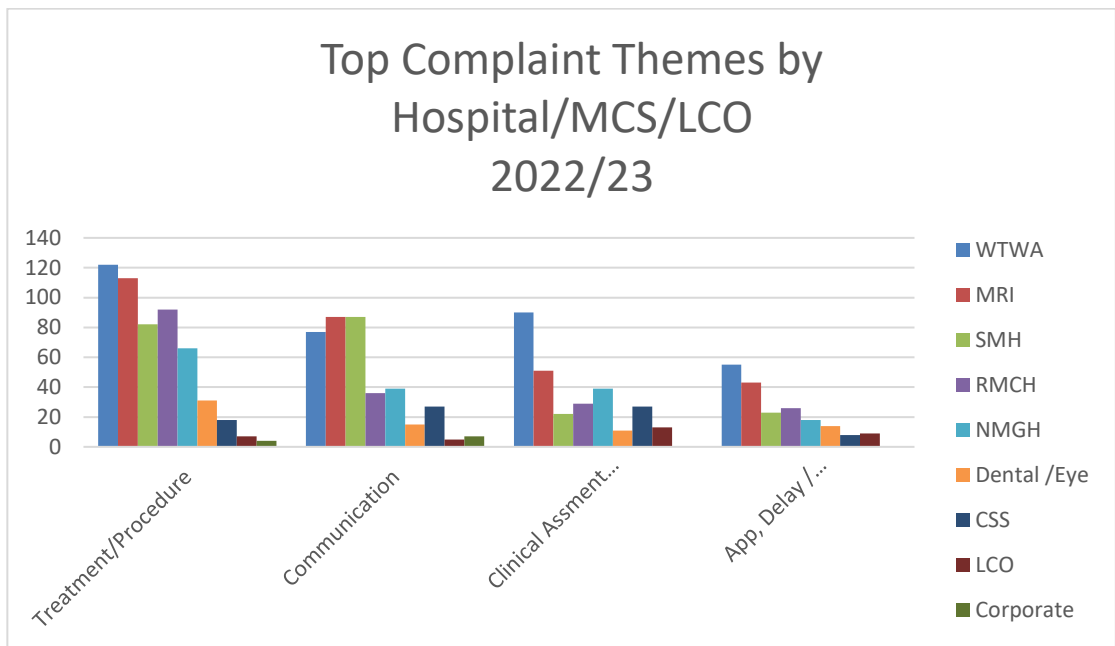
LCO	27	44	38	56	50	-10.7% ↓
NMGH	-	-	-	184	221	20.1% ↑
MFT Total	1,573	1,628	1,059	1,665	2,021	21.4%

Table 8: Complaints received by Hospital/MCS/LCO 2018/19 to 2022/23.

- 5.10 FFT data for MRI correlates with the increase in complaints, as there was an increase in the poor satisfaction rate for FFT for MRI from 11.57% to 12.29%. Similarly, WTWA experienced an increase in the poor satisfaction rate for FFT, from 2.24% in 2021/22 to 3.91% in 2022/23.
- 5.11 The greatest decrease in complaints was in the LCO and UDHM/MREH both experiencing a reduction in the number of complaints received in year-on-year, -10.7% and -7.8% respectively. The LCO saw much improved 'Communication' and 'Attitude of Staff', whilst UDHM/MREH saw a reduction in complaints relating to 'Treatment and Procedure'. The decrease in complaints correlates to the high level of good satisfaction rate for FFT reported by the LCO (98.6%) and the overall positive WMTM score (98.15%).
- 5.12 The opportunity to learn from complaints is an effective way of improving patient care and experience. Complaints are categorised by themes, and staff work to improve the quality of care in areas where recurring complaint themes emerge, or where practice is identified as requiring improvement. **Graph 7** below demonstrates the most prevalent categories of complaints raised in 2022/23. 'Treatment and Procedure' was the main theme of complaints received, followed by 'Communication' and 'Clinical Assessment'. These top 3 themes were the same as 2021/22; however, this year saw the emergence of an increase in complaints relating to 'Appointment Delay/Cancellation', with the largest number of complaints relating to this being received in WTWA and MRI. Due to the COVID-19 pandemic and introduction of MFT's new patient electronic record system, HIVE, in September 2022, there continues to be an outpatient backlog in a number of specialities across WTWA. WTWA has established a director-led Outpatient Improvement Group with focus on improving productivity and efficiency to support delivery of the WTWA annual plan and 65-week wait RTT performance.



Graph 7: Top Complaint Themes Q1 – Q4 2022/23



Graph 8: Top complaint themes by Hospital/MCS/LCO 2022/23.

5.13 **Graph 8** below shows the breakdown of complaint themes by Hospital/MCS/LCO. WTWA received the most complaints relating to ‘Treatment / Procedure’ (122), Clinical Assessment (90), and Appointment Delay/Cancellation (55), whilst MRI and SMH received the most complaints relating to ‘Communication’ (87).

- 5.14 As described above the top negative theme reported for FFT and WMTM was 'Waiting', which aligns with the increase in complaints relating to 'Appointment Delay/Cancellation' (themes highlighted in **Tables 2 and 3**). WTWA and MRI both reported 'Waiting' as their top negative theme.
- 5.15 **Chart 3** below highlights the top 3 professions referenced in complaints, for any reason. As in 2020/21 and 2021/22 Medical Staff are the highest group referenced with a total of 1,452 complaints, followed by nursing, midwifery, health visiting staff who are referenced in 577 concerns/complaints. These numbers are comparable to those from 2021/22, when adjusted for increased organisational activity. 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 the main 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 raise a concern or make a complaint.

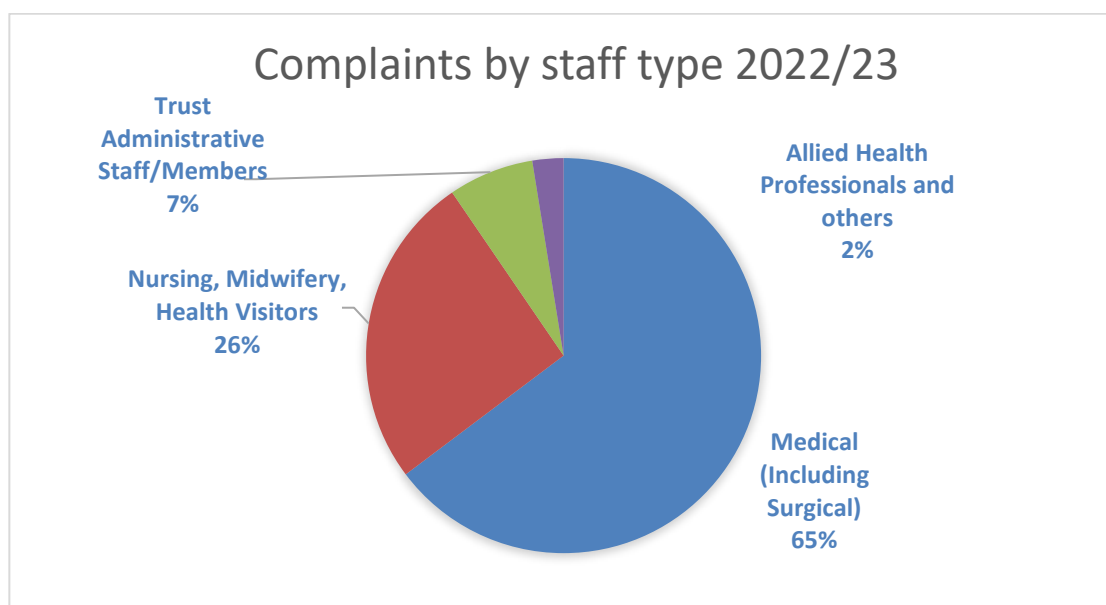
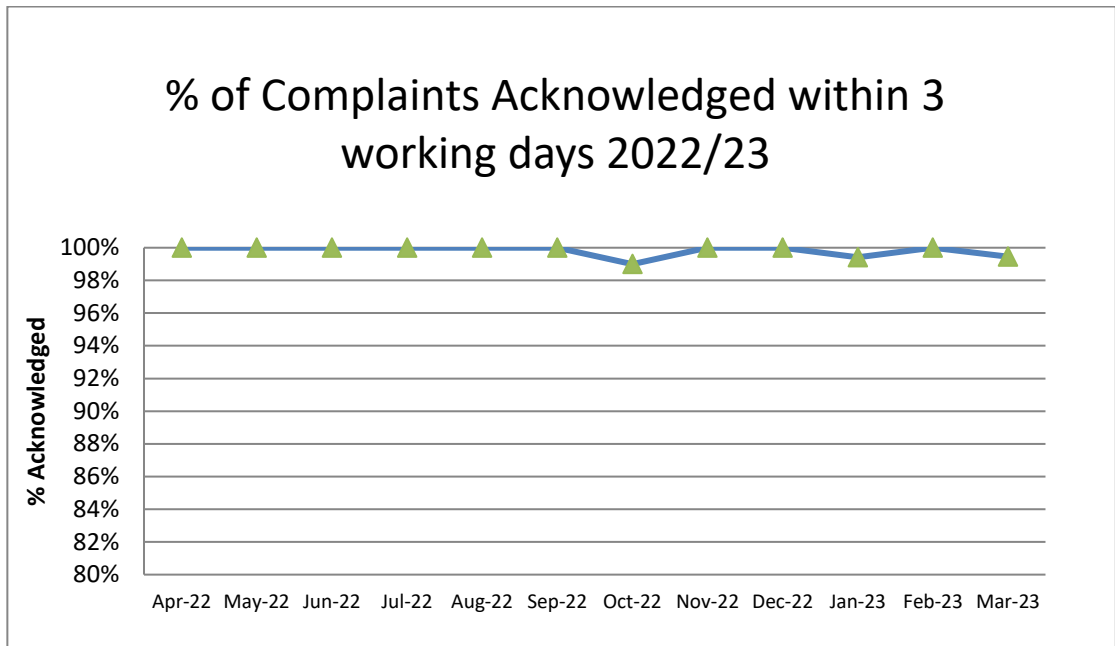


Chart 3: Complaints received by staff type 2022/23.

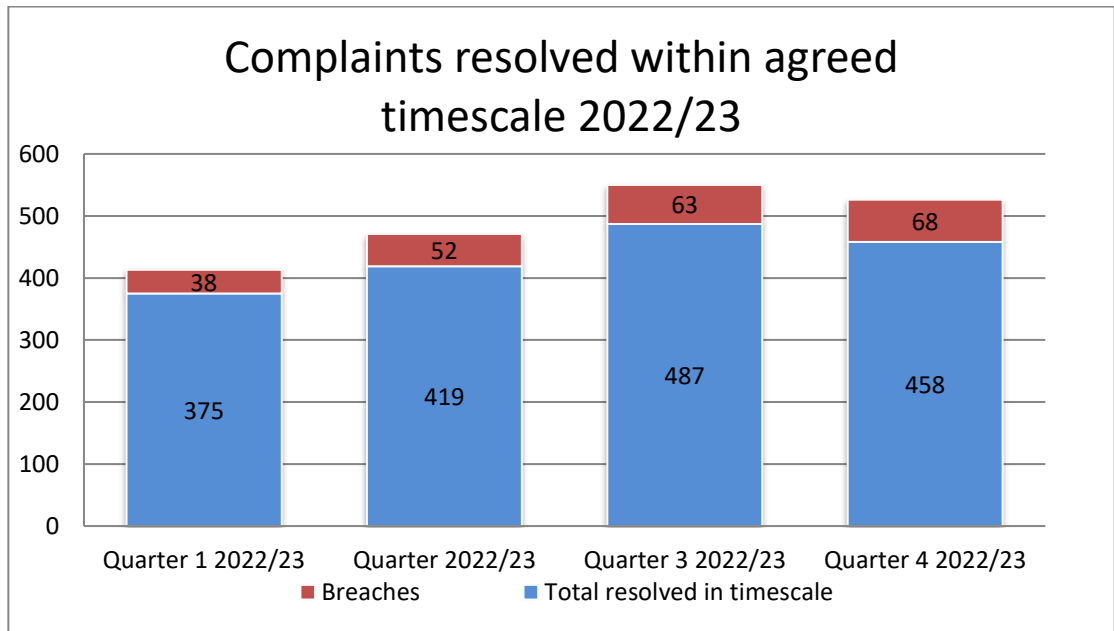
6.0 Complaints responsiveness and KPI

- 6.1 The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 place a statutory duty upon the Trust to acknowledge complaints within 3 working days. **Graph 9** below shows the Trust's adherence with this requirement, on a monthly basis. Throughout the year, the Trust acknowledged 99.8% of all new complaints within 3 working days.



Graph 9: % of complaints acknowledged \leq 3 working days during 2022/23.

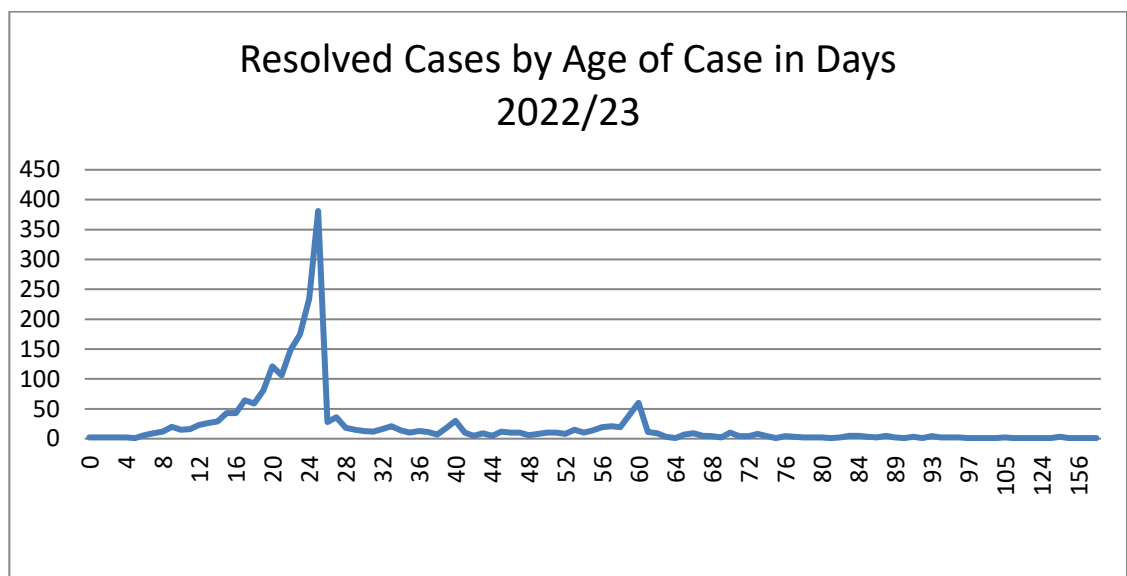
- 6.2 There were 4 occasions where the Trust failed to acknowledge complaints within the 3 working day mandatory timescale. On each occasion, an investigation took place and action was taken to prevent a recurrence of the root cause. In all cases, the complainants were contacted, and apologies were provided and accepted.
- 6.3 Against the Trust’s target of 90% of complaints being responded to within the agreed timescale, the Trust achieved a success rate of 88.7% of complaints within the agreed timescale, which is lower than the 90.4% rate achieved during 2021/22. **Graph 10** depicts the number of complaints responded to within time, and breaches, throughout each quarter, with **Table 9** detailing the breakdown by Hospital/MCS/LCO. The drop in the overall number of complaints being responded to within the Trust timescale, was driven by a decrease in SMH’s responsiveness throughout the year (decreasing from 82% in Q1 to 62% in Q4, with an overall response rate of 71%). WTWA was the best performing Hospital/MCS/LCO, responding to 99% of their complaints within the agreed timescale. **Graph 11** shows the number of days taken to resolve each complaint. The spikes around 25, 40 and 60 working days are aligned to the Trust’s complaint responses deadlines.
- 6.4 To improve the compliance with complaint response deadlines, the structure of the weekly Hospital/MCS/LCO/Corporate Services Complaints KPI meetings has been standardised across the Trust. Hospitals/MCSs/LCO/Corporate Services are monitoring their Complaints KPIs extremely closely to enable timely updates to be provided to the Corporate Complaints Team, with any delays and breaches of deadlines being escalated to the Corporate Senior Leadership Team (SLT).
- 6.5 All meetings are now held via MS Teams, which has improved engagement between the Complaints Team and the Hospitals/MCSs/LCO and had a positive impact on timely updates being shared with the complainants on the progress of their case.



Graph 10: Complaints responded to within agreed timescale 2022/23.

Hospital/MCS/LCO	Q1	Q2	Q3	Q4	Overall
CSS	79%	87%	84%	95%	87%
UDHM/MREH	83%	100%	88%	92%	90%
LCO	100%	75%	63%	85%	82%
MRI	91%	93%	94%	91%	92%
RMCH	100%	97%	95%	97%	97%
SMH	82%	73%	70%	62%	71%
WTWA	100%	97%	100%	98%	99%
NMGH	94%	98%	94%	95%	95%
Total	91%	89%	89%	87%	89%

Table 9: Complaints responded to within agreed timescales by Hospital/MCS/LCO 2022/23.



Graph 11: Number of days taken to resolve complaints during 2022/23.

7.0 Complaints outcomes

- 7.1 All NHS organisations and those delivering NHS services are required to submit quarterly returns to NHS Digital. The Hospital and Community Health Services Complaints Collection (KO41a) has been accepted by the Standardisation Committee for Care Information (SCCI) and is mandatory. The information obtained from the KO41a collection, monitors written hospital and community health service complaints received by the NHS. It also supports the commitment to ensure both equity and excellence are key drivers to improve the patient experience and provide opportunity to listen to the public voice.
- 7.2 Often complaints relate to more than one issue. In conjunction with the Hospital/MCS/LCO/Corporate Services investigating teams, the Corporate Complaints team review each of the issues raised to determine what happened. If failings are found in all the issues raised, and substantive evidence, based on which a fact is proven is identified to support the complaint, the complaint is recorded as 'fully upheld'. If failings are found in one or more of the issues, but not all, the complaint is recorded as 'partially upheld'. Where there is no evidence to support any aspects of the complaint made, the complaint is recorded as 'not upheld'.
- 7.3 During 2022/23, 217 (11%) of the complaints investigated and responded to were 'fully upheld', 1,421 (73%) were 'partially upheld' and 312 (16%) were 'not upheld'. **Table 10** demonstrates the outcome status of all complaints, which shows that there was an increase in the number of complaints being fully upheld each quarter.
- 7.4 The main themes of 'fully upheld' complaints were 'Treatment/Procedure' and 'Communication'. MRI (35) and SMH (34) received the highest number of 'fully upheld' complaints, with SMH receiving the most about 'Treatment/Procedure' (13) and 'Communication' (8).
- 7.5 The MFT overall WMTM score for communication was 88.52%. This is below the Trust standard of 95%. In order to address complaints relating to communication, the PALS and Complaints Team are increasing the number and types of training sessions they offer, to help staff in the Hospitals/MCS/LCO address communication issues and locally resolve these, thus reducing the number being escalated to formal complaints. In addition to this, PALS and Complaints E-Learning Customer Service – Module 2 package was launched during 2022/23, on the Trust's e-learning platform.
- 7.6 In addition to the above, the Quality Improvement Team host Bee Brilliant which is a quality initiative programme that focusses on themes that arise throughout the year. The theme planned for Quarter 1 2023/2024 was Communication, the theme which accounted for 18.21% of the total amount of complaints received.

Number of Closed Complaints		Upheld	Partially Upheld	Not Upheld	Information Request
Q1 22/23	413	46	285	77	5
Q2 22/23	471	53	351	63	4
Q3 22/23	550	57	421	72	0

Q4 22/23	526	61	364	100	1
2022/23	1960	217	1421	312	10

Table 10: Outcome of MFT complaints 2022/23.

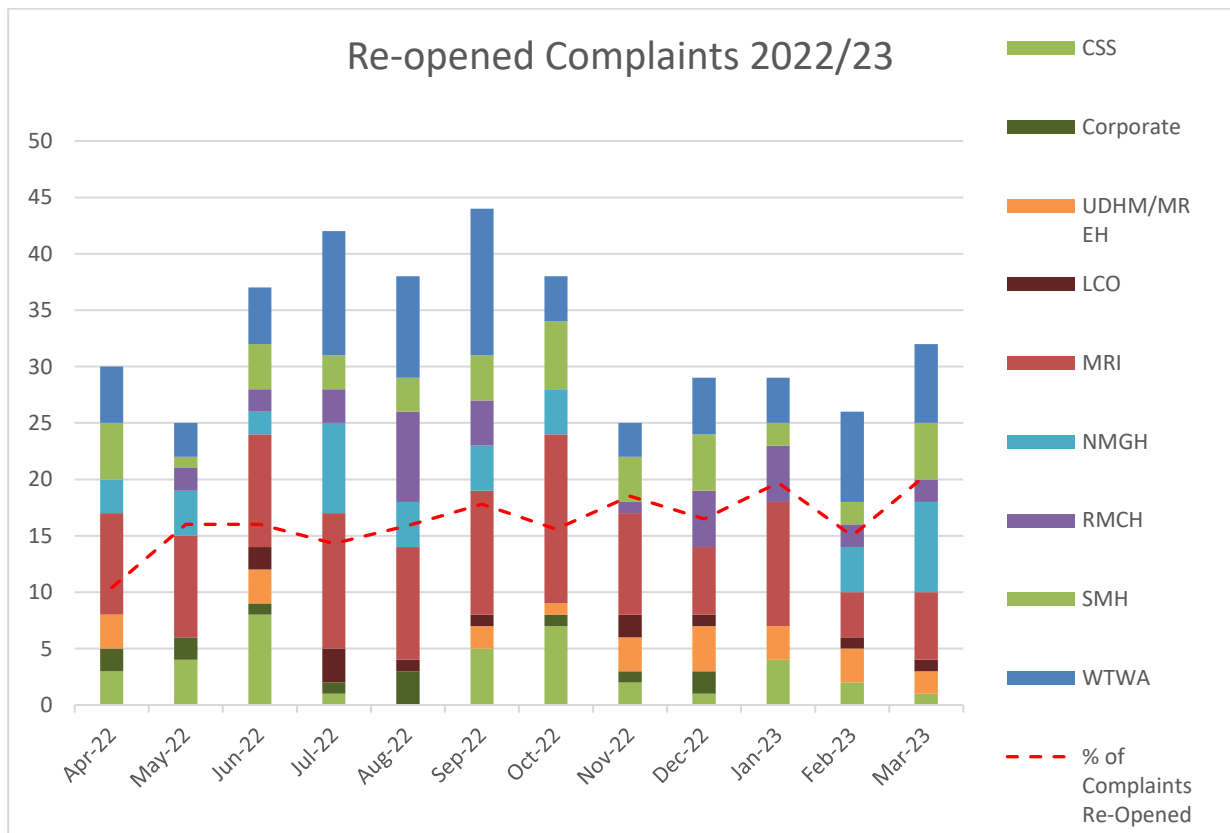
8.0 Re-opened complaints

8.1 A complaint is considered 're-opened' if any of the following categories can be applied:

- Where there is a request for a local resolution meeting, following receipt of the written response.
- When new questions are raised, following information provided within the original complaint response.
- The complaint response did not address all issues satisfactorily.
- The complainant expresses dissatisfaction with the response.

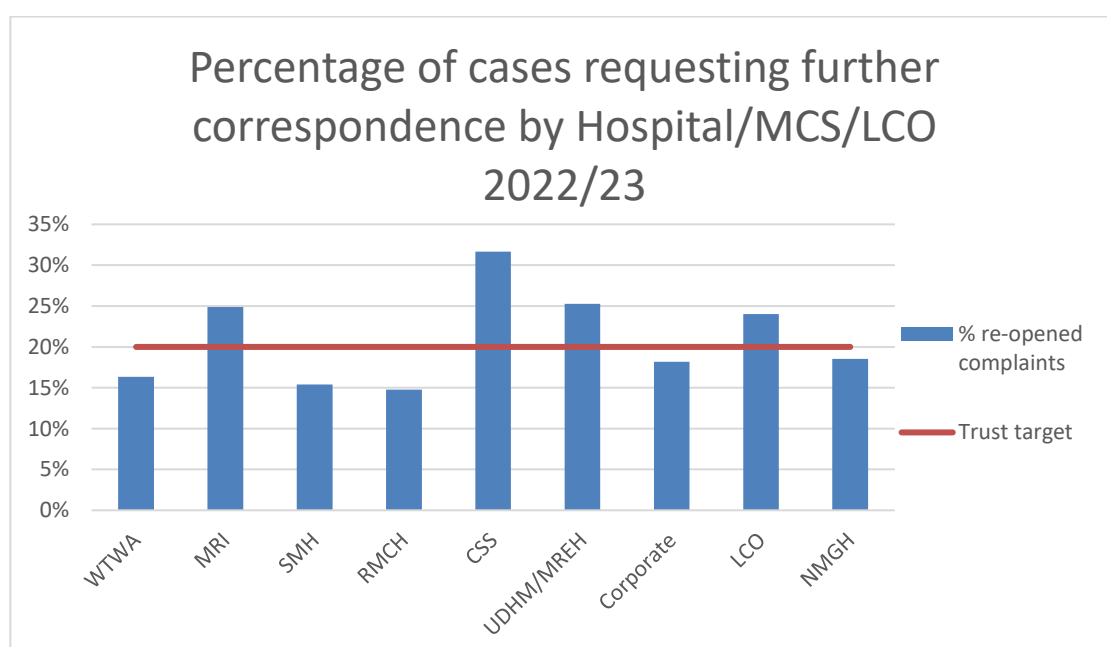
8.2 The number of re-opened complaints is used as a proxy indicator to measure the quality of the initial response. A total of 399 (19.7%) cases were re-opened during 2022/23, against the Trust tolerance threshold of 20%. This compares to 339 (16.9%) re-opened in 2021/22.

8.3 **Graph 12** demonstrates the percentage of complaints re-opened by month during 2022/23.



Graph 12: Number and % of re-opened complaints by Hospital/MCS/LCO 2022/23.

- 8.4 **Graph 13** demonstrates the percentage of complaints re-opened by month. MRI have seen the greatest increase in re-opened complaints, throughout 2022/23, and received the most with 112. CSS have seen the highest percentage of re-opened complaints, following 3 years of decreasing re-opened complaints, with UDHM/MREH and LCO also failing to meet the Trust target.
- 8.5 In 100 of the 399 complaints requiring re-opening, the primary reason was due to the 'complainant disputing the information contained within the response', with WTWA and MRI (which received the largest number of overall complaints) receiving the greatest number for this reason, 28 and 23 respectively.
- 8.6 To address the large number of re-opened complaints, the Complaints Team have updated their Complaints Investigation and Response Letter Writing Training Programme and are delivering specific sessions solely for each Hospital/MCS/LCO staff to ensure attendance, as well as sessions available for all staff to book via the Trust's Learning Hub. This is with the aim to improve the quality of complaint responses and reduce the number of re-opened complaints.



Graph 13: % of re-opened complaints by Hospital/MCS/LCO 2022/23.

9.0 Parliamentary Health Service Ombudsman (PHSO)

- 9.1 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 the Government, NHSE, or a regulator. The PHSO is accountable to Parliament and their work is scrutinised by the Public Administration and Constitutional Affairs Committee.
- 9.2 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 service is 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.

- 9.3 During 2022/23 the PHSO opened 15 new cases for investigation into MFT complaints.
- 9.4 The PHSO informed the Trust of 11 completed investigations into MFT complaints. **Table 11** below shows the outcomes of the PHSO investigation resolved in 2021/22 and 2022/23.

	2021/22	2022/2023
Fully upheld	2 (40%)	1 (9%)
Partially upheld	3 (60%)	6 (55%)
Not upheld or withdrawn	0	4 (36%)

Table 11: Outcome of PHSO investigations into MFT complaints 2021/22 and 2022/23.

- 9.5 The ‘upheld’ complaint was regarding a WTWA complaint, and the PHSO recommended the Trust write to the patient to apologise for the impact of not identifying loose bone fragments post-surgery, as well as make a payment of £650 for the negative impact this caused. WTWA completed these recommendations and developed an action plan to improve care and prevent a recurrence.
- 9.6 The ‘partially upheld’ cases related to CSS, RMCH, MRI and WTWA complaints. In each case, the Trust complied with the PHSO’s recommendations to write to the patients/complainants to apologise for failings and produce an action plan setting out the actions the Trust identified as being necessary to learn from the complaints and prevent recurrences and improve patient care and experience.

10.0 Lessons learned

10.1 This section of the report provides examples of improvements made in response to feedback from complaints.



10.2 Patient complaints offer intelligence that can be used to change practice and improve patient experience and outcomes. Whilst the focus on the performance of managing and responding to complaints is key, it is also important that there is a clear intent to ensure that learning from the outcomes of complaints is shared, and improvements are acted upon and disseminated widely to improve patient experience.

10.3 Each Hospital/MCS/LCO holds regular forums where themes and trends relating to complaints are discussed with focused actions agreed for improvement. In addition to this, the Complaints Review Scrutiny Group (CRSG), chaired by the Corporate Director

of Nursing for Quality and Patient Experience, and supported by a nominated Non-Executive Director, met on six occasions reviewing 12 complaints in total.

- 10.4 The CRSG process scrutinises complaints investigated and responded to by MFT and contributes to the learning from these complaints, to improve patient experience and positive change through open dialogue and reflection. The management teams from the Hospitals/MCSs/LCO each presented a case based upon a complaint they had received. Learning and associated actions identified from the cases were discussed, and assurance was provided that complaints are investigated with appropriate action taken when needed.
- 10.5 Each Hospital/MCS/LCO also feed into the Quality and Patient Experience Forum, which is constituted as a sub-group of the Group Quality and Safety Committee and NMAHP Professional Board. The overall purpose of the group is to provide the corporate strategic direction in relation to quality and patient experience, ensuring patients and families are at the core of all we do. This forum supports the collaboration of services, shares best practice, and provides a clear link to triangulate themes across the Trust.
- 10.6 Detailed below, in **Table 12**, are some examples of how learning from complaints has led to changes that have been applied in practice.

Hospital / MCS / LCO	Reason for complaint	Action Taken
LCO	Concerns received regarding a family being unhappy with the level of care their father received and the provision of catheter equipment.	<p>As part of the daily Safety Huddle all staff are to review in advance of visiting patients at home that all necessary catheter equipment is available.</p> <p>Staff to ensure:</p> <ul style="list-style-type: none"> • that where appropriate patients are registered with the Continence service and provided with the necessary support for the ordering of equipment. Action to form part of the department's newly developed staff induction. • Staff to ensure a supply of catheter equipment available within their vehicles. • Staff to ensure clear communication channels at all times with patients and family members to ensure they are fully apprised of all actions taken by the team.
MREH	Concerns relating to incorrect details regarding a telephone appointment, contained within a patient appointment letter and	All booking letters have been checked and corrected as part of the transition to HIVE.

	incorrect contact numbers provided for appointment teams.	<p>Booking Clerks and team have been reminded of the importance of accuracy and to ensure the check that the appointment details in letters are correct prior to posting.</p> <p>MREH Administrative Teams have been reminded of the correct telephone numbers to provide to patients who need to contact the Appointment Booking Team.</p>
UDHM	Concerns regarding patient voicemail messages left by a patient not being responded to by the Administration Team.	<p>The process for reviewing telephone voicemails has been reviewed by the Directorate Manager.</p> <p>The Directorate Manager is devising a Standard Operating Procedure (SOP) for the Administration Team, to describe the expected standards for responding to messages left by patients and the recording of this communication into the Electronic Patient Record (EPR) system (HIVE).</p>
CSS	Concern regarding a delay in the patient's GP receiving the results of the skin biopsy.	<p>Samples will be sent to an external company to perform part of the sample processing. This is already underway and has led to a significant improvement in processing times.</p> <p>The daily workload within the Histopathology laboratory reviewed, to determine the staff available to complete this work. Where it is seen that work cannot be completed within an appropriate timeframe, these cases will be sent to an external company for processing.</p> <p>The Department's recruitment strategy reviewed within the Histopathology laboratory, to identify different ways of finding potential candidates to fill vacant posts.</p>
WTWA	Concerns regarding poor palliative care and end of life care, during a patient's inpatient stay on the ACCU.	<p>Refresher end of life training for all the nursing staff on the Acute Coronary Care Unit (ACCU), provided by the Palliative Care Team. This included medication management for symptom control and communication with patients and their families.</p>

		<p>The Ward Manager for the Acute Coronary Care Unit has reiterated the importance of effective communication with the nursing staff on the Unit and she has requested for all nursing staff to complete the Trust's Sage and Thyme communication training in the coming months.</p> <p>The importance of assisting relatives in distressing situations has been reiterated to the nursing staff on the Acute Coronary Care Unit, and the nursing staff who were on duty have been asked to reflect on this situation.</p>
NMGH	<p>Concern regarding a patient being left in the corridor for 25 hours and lack of updates.</p>	<p>ED introducing new pathways to help improve patient flow into the hospital, so patients can be seen in a cubicle rather than being nursed on the corridor.</p> <p>Patient Liaison Officer introduced to improve communication between staff, patients and their families.</p>
RMCH	<p>Concerns raised regarding a patient's care, specifically lack of hydration, pain relief and aftercare within Paediatric Dental Care Services.</p> <p>Concern regarding staff's lack of awareness and appropriate management of patient's disabilities.</p>	<p>Matron has spoken to ward teams regarding complainants' experiences and about learning improvements.</p> <p>Play Therapist to work with the patient to support them with ongoing treatment at RMCH.</p> <p>Clinical Lead for Dental Services has:</p> <ul style="list-style-type: none"> • Liaised with colleagues in Paediatric Maxillo-Facial team to ensure improved communication during handover. • Liaised with colleagues in the Pain Management Team regarding improving the level of service being offered. • Discussed the poor experiences the complainant and patient had at the next audit and teaching 'ACE' day with the wider Dental team.
MRI	<p>Concern regarding a sickle cell patient not receiving timely pain relief.</p>	<p>The Emergency Department (ED) team are working closely with colleagues from Haematology and are developing a pathway to ensure they provide a higher</p>

		<p>standard of timely care to patients with sickle cell disease including analgesia as per individual patients care plans.</p> <p>Patient Controlled Analgesia (PCA) machines are available in ED.</p> <p>Following the implementation of HIVE, it is now easier to review patients individual care plans.</p>
SMH	<p>Concerns raised in respect of telephones not being answered and timely calls not being made to patients.</p>	<p>Morning handover on Gynaecology Ward now includes an additional section to discuss any calls taken from patients overnight, to ensure they have the appropriate follow-up required.</p> <p>Secretaries in Outpatients now exploring all communication methods when cancelling patients to ensure they are notified and do not attend.</p> <p>Patient App implemented to improve patient contact with the Department of Reproductive Medicine.</p>

Table 12: Examples of actions resulting from complaints during 2022/23.

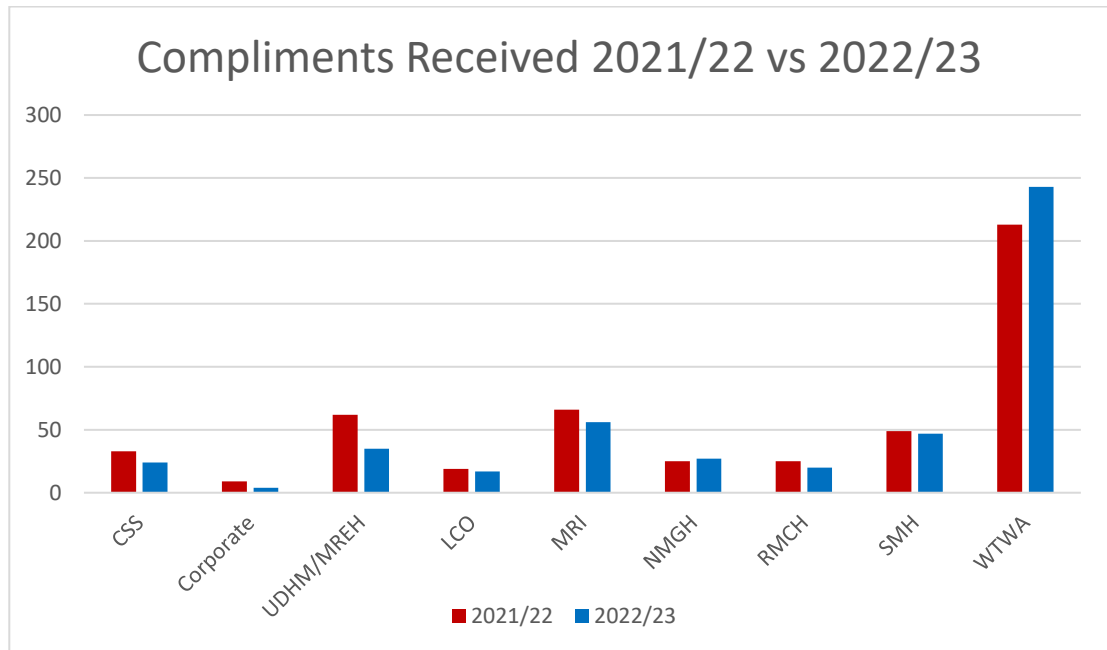
11.0 An overview of Compliments

11.1 Compliments received from people who use our services provide valuable feedback and an opportunity to learn from positive experiences. Positive patient experience feedback correlates to compliments and is linked to the top positive themes seen in WMTM and FFT.



11.2 It is important to acknowledge only a fraction of the overall compliments received within the trust are captured and recorded on the Trusts Customer Service Database. The majority of compliments received 'verbally' and as 'thank you' cards directly by staff and are not logged or tracked by the Hospitals/MCSs/LCO.

11.3 **Graph 15** below shows the number of compliments, received from members of the public about MFT Hospitals/MCSs/LCO, recorded on the Trust's Customer Services Database.



Graph 15: MFT compliments received 2021/22 vs 2022/23.

11.4 Examples of compliments received include

- “I managed to fracture and dislocate my ankle on Christmas morning. When we arrived the sister from the ED took me straight into Resus where my injury was very swiftly treated by the consultant on duty. My fracture was reduced and I was transferred quickly for surgery. I could not have been seen or treated more efficiently so a big thank you to the ED team. Today I have been to fracture clinic and had my temporary cast removed and a new one applied. Again all very efficient including the x ray. The plaster technician was fabulous, very knowledgeable and caring. A big shout out to all the staff in the ED and OPC who do an amazing job day in day out!”*
- “I just wanted to provide feedback on the fantastic service that was provided by all the staff members from when we arrived early on Thursday morning, to leaving on Friday afternoon. All the staff members that looked after us were exceptionally professional and knowledgeable, whilst also being personable and empathetic towards both myself and my wife. Each one showed a genuine interest and made my wife feel like she was the only patient in their care. These qualities went a long way to making our experience such a positive one. I am aware of the current strain on the NHS at present and the often negative stories around staffing and the service provided. However, if this is the case at St Mary’s, you would never have known. Again, this is credit to the staff looking after us. I am struggling to remember names, however, if possible, please pass on my feedback to each staff member who oversaw the birth of our beautiful daughter, they won’t be forgotten and we feel they are now part of her life story. In years to come when we are discussing our daughter’s birth, it would be difficult to do so without talking fondly of the service provided by, and the staff at, St Mary’s.”*
- “I just wanted to send massive thank you to the PALS team! I called up seeking advice and support a couple of weeks ago regarding concerns about my partners health care. After being advised to attend A&E by the GP following abdominal pain and a high temperature (41 degrees), blood tests revealed significant infection markers. Due to his temperature decreasing he was sent home from A&E to be treated as an outpatient and given an ‘urgent’ CT scan which we shortly found out the date was for in 3 weeks’ time! He was in significant pain affecting sleep, well-being and also impacted on his ability to attend work posing financial issues for us. A few days after speaking to your team he had a call offering a scan date within a couple of days to be seen more urgently. We are*

awaiting results and hopefully things will be taken from there. I just wanted to say thank you so much for moving things along for us and getting him the care he needed, we really appreciated your help and support at such a vulnerable time.”

- 11.5 The benefit of viewing compliments feedback alongside positive patient experience is that it is useful to understand the similarities and also formally acknowledge where care experience has been good. **Table 13** shows the top 3 positive feedback FFT themes that were reported at Trust level.

Top Three Positive FFT Themes 2022/23			
WMTM	Theme 1	Theme 2	Theme 3
MFT Total	Friendliness	Emotional & Physical Support	Professional & Competent
CSS	Emotional & Physical Support	Friendliness	Compassion
LCO	Friendliness	Emotional & Physical Support	Professional & Competent
MREH	Professional & Competent	Emotional & Physical Support	Emotional & Physical Support
MRI	Friendliness	Emotional & Physical Support	Helpfulness
NMGH	Friendliness	Emotional & Physical Support	Professional & Competent
R&I	Friendliness	Professional & Competent	Helpfulness
RMCH	Friendliness	Emotional & Physical Support	Compassion
SMH	Emotional & Physical Support	Compassion	Helpfulness
UDHM	Friendliness	Professional & Competent	Emotional & Physical Support
WTWA	Friendliness	Professional & Competent	Emotional & Physical Support

Table 13: Top 3 Positive Themes based on FFT feedback captured during 2022/23 by Hospital/MCS/LCO.

- 11.6 Ten out of eleven Hospitals/MCS/LCO reported that Friendliness and Emotional and Physical Support were in their top three positive FFT themes. Seven areas reported Professional and Competent, three areas reported Compassion and three areas reported Helpfulness in their top themes.
- 11.7 Similarly, **Table 14** below, shows the top 3 positive feedback WMTM themes that were reported at Trust level. The top positive feedback WMTM themes reported were Emotional and Physical Support, Friendliness, Compassion, Professional and Competent, Helpfulness and Hygiene.

Top Three Positive WMTM Themes 2022/23			
WMTM	Theme 1	Theme 2	Theme 3
MFT Total	Emotional & Physical Support	Friendliness	Compassion
CSS	Professional & Competent	Emotional & Physical Support	Compassion
LCO	Hygiene	Emotional & Physical Support	Compassion
MREH	Professional & Competent	Friendliness	Emotional & Physical Support
MRI	Friendliness	Emotional & Physical Support	Compassion
NMGH	Emotional & Physical Support	Professional & Competent	Helpfulness
R & I	Professional & Competent	Friendliness	Compassion
RMCH	Friendliness	Emotional & Physical Support	Compassion
SMH	Emotional & Physical Support	Compassion	Friendliness
UDHM	Friendliness	Professional & Competent	Emotional & Physical Support
WTWA	Emotional & Physical Support	Friendliness	Helpfulness

Table 14: Top 3 Positive Themes based on WMTM feedback captured during 2022/23 by Hospital/MCS/LCO.

12.0 Complaints improvements in 2022/23

- 12.1 A monthly audit of the complaints process has been developed and implemented during 2022/23, with the results formulating a complaints performance dashboard. The Customer Services Manager then uses this information to identify any occasions when the correct complaints handling process has not been followed, such as gaps in documentation or delayed notifications or calls not being returned in a timely manner. Reviews of the audit data and dashboard highlight areas where additional support/training is required, which the PALS and Complaints Manager and Customer Services Manager then implement accordingly.



- 12.2 To address the low number of returns of complaints Equality Diversity and Inclusion (ED&I) monitoring forms and thus the poor collection of data, the complaints ED&I has been updated, in line with the data fields on the Trust's electronic patient administration system (HIVE) to capture the protected characteristics under the Equality Act. This



update now means that ED&I data can also be collected direct from HIVE when the patient is the complainant, as well as completed forms when patients are not the complainants, to improve the data collection percentage. ED&I data for complaints received during 2022/23 is included in

Appendix 1. Further work is planned during 2023/24, with the Customer Services Manager working collaboratively with colleagues within Patient Services Department, to explore further opportunities to improve ED&I data collection and accessibility to the complaints service.

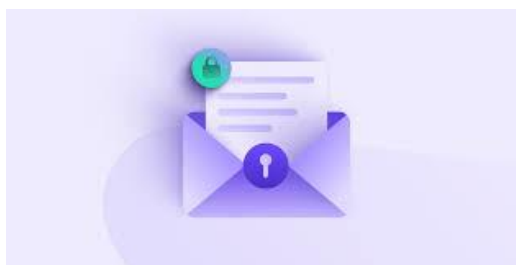
- 12.3 A new advanced telephone system was implemented in the PALS and Complaints Department in March 2023. This new system was identified as being necessary, as a result of feedback from complainants, and has been implemented to improve telephone access to the PALS and Complaints Department and responsiveness to calls. The new telephone system provides the PALS and Complaints Manager and the Customer Service Manager with a 'live' electronic dashboard to monitor the number of calls into the service, and the responsiveness. This allows performance to be monitored, and any proactive support and improvements made as deemed necessary.



- 12.4 Following an increase in the number of complaint Local Resolution Meetings (LRM) being held, throughout 2022/23, updates were made to the LRM process to improve the organisation of LRMs for both staff and the public.



- 12.5 A secure method of sending confidential information to complainants, via email, was implemented to reduce delays in the complaints process caused by external Royal Mail issues and the receipt of signed consent. This was implemented to make it more accessible to make a complaint (removing the requirement for post for complainants who do not wish to use it), whilst also reducing the potential for information governance data breaches.



- 12.6 The renovation and re-location of the PALS office at NMGH was completed in 2022/23. The new office space is much larger accommodation than the old PALS office providing easier to use and access of services for all people. The new office now provides a private meeting room for members of the public wishing to meet and talk confidentially with a member of the PALS team.



- 12.7 To improve the process by which complaints and incidents concurrently run in parallel, the Customer Services Manager attends the Trust's Daily Safety Huddle and Weekly Group Safety Panel and is also working with the Risk Management Team to improve communication and timeliness of response for patients and their representatives.

13.0 Complaints improvements to be made in 2023/24

- 13.1 Continued areas for improvement and development during 2023/24 include:

- Update of PALS and Complaints sections of MFT website.
- Creation of a new online PALS contact form and of PALS and Complaints leaflets, posters, and banners.
- 'Ask, Listen, Do' commitment - improving the experiences of people with a learning disability, autism or both when using the Trust's PALS and Complaints service.
- Implementation of changes to the Complaints Process in accordance with the new PHSO Complaints Standards, to be enforced in April 2024.
- Exploration of the introduction of a PHSO/Complaints 'upheld' Learning Sub-Group.
- Exploration of the introduction of a Patient and Public Involvement Complaints Focus Group.
- Establish collaborative working relationships with charitable, voluntary and community organisations, to increase PALS awareness in Manchester.
- Re-open PALS office at Trafford General Hospital.
- Audit of PALS process to identify areas for improvement.
- Ongoing work continues to embed the CIVICA Patient Experience Platform across the organisation promoting the opportunity for areas to increase the number of patients that complete the WMTM and FFT surveys which in turn provides us with the opportunity to triangulate data with Complaints themes.
- The implementation of the MFT Carers Strategy including the promise of MFT Carer's Strategy Commitments. This may improve the experience of our carers community and may have a correlation with future fall in complaints from this group.
- The Patient Experience Team are developing a Patient Stories data base which will detail the themes within each film can then be clearly catalogued. This will provide the opportunity to triangulate patient experience feedback with complaint themes.

Patient stories could also be offered to complainants that have not yet found a resolution to their complaint to support the sharing of their story.

- The MFT Experience and Involvement Strategy: Our Commitment to Patients Families and Carers 2020-2023, is due to be reviewed and will be an opportunity to work in partnership with key stakeholders to set the direction for the inclusion of patients and service users to co-design MFT services. This work will be done collaboratively with the wider Patient Services Team, including the Complaints and PALS teams. There may be a possibility to identify previous complainants as part of this process when identifying service users as key stakeholders.

14.0 Conclusion and recommendations

- 14.1 The Trust is grateful to those patients, families and carers who have taken the time to raise their concerns and complaints and acknowledges their contribution to improving services, patient experience and patient safety.
- 14.2 The group quality & safety committee is asked to note the content of this report, the work undertaken by the Corporate and Hospital/MCS/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

	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23
Disability					
Yes	32	28	32	27	15
No	13	17	17	11	12
Not Disclosed	382	390	472	511	489
Total	427	435	521	549	516
Disability Type					
Learning Difficulty/Disability	2	1	0	0	1
Long-Standing Illness or Health Condition	29	13	20	19	7
Mental Health Condition	9	5	7	5	3
No Disability	0	0	0	1	0
Other Disability	3	3	9	5	2
Physical Disability	10	6	7	8	10
Sensory Impairment	2	1	5	5	8
Not Disclosed	372	406	473	506	485
Total	427	435	521	549	516
Gender					
Man (Inc Trans Man)	172	184	201	226	210
Woman (Inc Trans Woman)	249	247	315	316	299
Non-binary	0	0	0	0	0
Other Gender	0	0	1	4	1
Not Specified	6	4	2	3	5
Not Disclosed			2		1
Total	427	435	521	549	516
Sexual Orientation					
Heterosexual	100	58	129	92	80
Lesbian / Gay/Bisexual	3	9	3	5	6
Other	3	7	16	14	9
Do not wish to answer	15	9	11	18	11
Not disclosed	306	352	362	420	410
Total	427	435	521	549	516
Religion/Belief					
Christianity	65	48	75	54	54
Buddhist	0	0	1	0	1
Do not wish to answer	12	6	16	4	8
Muslim	9	5	11	11	9
No religion	51	43	53	59	40
Other	3	3	3	6	3
Sikh	0	0	1	1	0

Jewish	0	0	4	3	3
Hindu	0	3	1	3	3
Not disclosed	286	327	356	406	395
Humanism	1	0	0	1	0
Paganism	0	0	0	1	0
Total	427	435	521	549	516
Ethnic Group					
Asian Or Asian British - Bangladeshi	1	1	3	1	0
Asian Or Asian British - Indian	1	5	6	2	5
Asian Or Asian British - Other Asian	3	4	5	5	6
Asian Or Asian British - Pakistani	5	6	10	11	11
Black or Black British – Black African	4	8	6	6	5
Black or Black British – Black Caribbean	4	11	5	7	8
Black or Black British – other Black	4	4	1	2	3
Chinese Or Other Ethnic Group - Chinese	1			1	2
Mixed - Other Mixed	4	1	1	4	1
Mixed - White & Asian	1		3	2	1
Mixed - White and Black African		1	1		
Mixed - White and Black Caribbean	2	1	2	4	1
Not Stated	100	85	112	109	105
Other Ethnic Category - Other Ethnic	7	5	4	8	10
White - British	153	145	180	200	183
White - Irish	9	6	3	4	5
White - Other White	8	11	10	7	9
Not disclosed	120	141	169	176	161
Total	427	435	521	549	516

Table 15: Equality and Diversity Monitoring Information for complaints during 2022/23.