Manchester University
NHS Foundation Trust

Public Board of Directors
Wednesday, 30 September 2026

Paper Title:	MFT Annual Complaints Report 2025/26	**Agenda Item 11.3**
Presented by:	Kimberley Salmon-Jamieson, Deputy Trust Chief Executive and Chief Nursing Officer	
Prepared by:	Ailsa Gaskill-Jones, Associate Director Clinical Governance – Patient Safety & Complaints	

Meetings where content has been discussed previously	Quality, Safety and Performance Board Committee – 25 August 2026 Quality and Safety Management Committee - 7 July 2026
Purpose of the paper Please check **one** box only:	☒ For approval ☐ For support ☐ For discussion ☐ For noting

Executive summary / key messages for the meeting to consider

This report presents the Annual PALS and Complaints Report for 2025/26, providing an overview of activity, performance, learning and improvement across Manchester University NHS Foundation Trust from 1 April 2025 to 31 March 2026.

During 2025/26, MFT received 9,802 PALS contacts, an increase of 15.1% from the previous year, and 2,038 complaints, an increase of 3.2%. The growth in PALS activity was primarily associated with concerns regarding waiting times, access to services and communication, while complaint themes were most commonly related to communication, discharge and transfer, safeguarding, and documentation.

Complaints handling performance remained strong, with 100% of complaints acknowledged within the statutory three working day requirement and 90% responded to within agreed timescales, an improvement on the previous year. The proportion of re-opened complaints remained low at 7.2%, while over three-quarters of complaints were upheld or partially upheld, demonstrating continued openness to learning and service improvement.

Learning from PALS and complaints continues to inform organisational improvement. Access and waiting time concerns are being addressed through the Care on Time programme, while communication-related themes have driven a range of targeted initiatives, including compassionate communication training, relationship-centred care programmes and wider culture improvement work. Patient and family feedback remains a key source of intelligence for identifying opportunities to improve care and experience.

Governance and assurance arrangements have been strengthened during the year through enhanced reporting and oversight. Trust-wide Power BI dashboards provide real-time access to thematic and performance data, supported by regular reporting through Clinical Groups, Quality and Safety governance structures, the Integrated Performance Report and Board committees. Arrangements have also been introduced to strengthen oversight of Parliamentary and Health Service Ombudsman (PHSO) cases and complaints from Members of Parliament.

The PHSO opened 13 new investigations and completed reviews of 37 MFT complaints during the year. The majority of cases were either not investigated due to the quality of the Trust's local investigation or were not upheld, providing assurance regarding the robustness of complaints management processes.

The 2026 improvement programme is underway and includes implementation of a new Complaints Framework, enhanced internal audit arrangements and a continued focus on improving the timeliness of PALS resolution. Further work will strengthen triangulation of insights from complaints, PALS and patient experience data, supported by collaboration with Health Innovation Manchester to improve how learning is translated into sustainable organisational change.

Overall, the report demonstrates that MFT continues to maintain effective complaints management processes while using feedback and concerns as a key driver of quality improvement, patient experience and organisational learning.

Recommendation(s)

The Board of Directors is asked to:

- Approve the MFT Annual Complaints Report 2025/26.
- Receive and take assurance from the 2025/26 PALS and Complaints position, including compliance with NHS Complaints Regulations, sustained performance against response standards, and the key themes arising from patient and family feedback.
- Take assurance from the strengthened oversight, reporting and governance arrangements, and the improvement actions being delivered in response to learning from PALS, complaints and Parliamentary and Health Service Ombudsman (PHSO) outcomes.

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	☒ **Yes** ☐ **No**	Please set out in the report what action has been taken to address this

Relationship to the strategic objectives

The work contained with this report contributes to the delivery of the following strategic objectives (see key below)

☒ LHL Objective 1	☒ LHL Objective 2
☒ HQSC Objective 1	☒ HQSC Objective 2
☒ HQSC Objective 3	☐ PEW Objective 1
☐ PEW Objective 2	☐ VfP Objective 1
☐ VfP Objective 2	☐ R&I Objective 1
☐ R&I Objective 2	☒ Good Governance

Links to Trust Risks	The work contained within this report links to the following strategic, corporate, or operational risks:
Care Quality Commission domains Please check **all** that apply	☒ Safe ☒ Caring ☒ Effective ☒ Well-Led ☒ Responsive
Compliance & Regulatory Implications	The following compliance and regulatory implications have been identified as a result of the work outlined in the report: • CQC regulation 16: Receiving and acting on complaints

Main report

1. Introduction

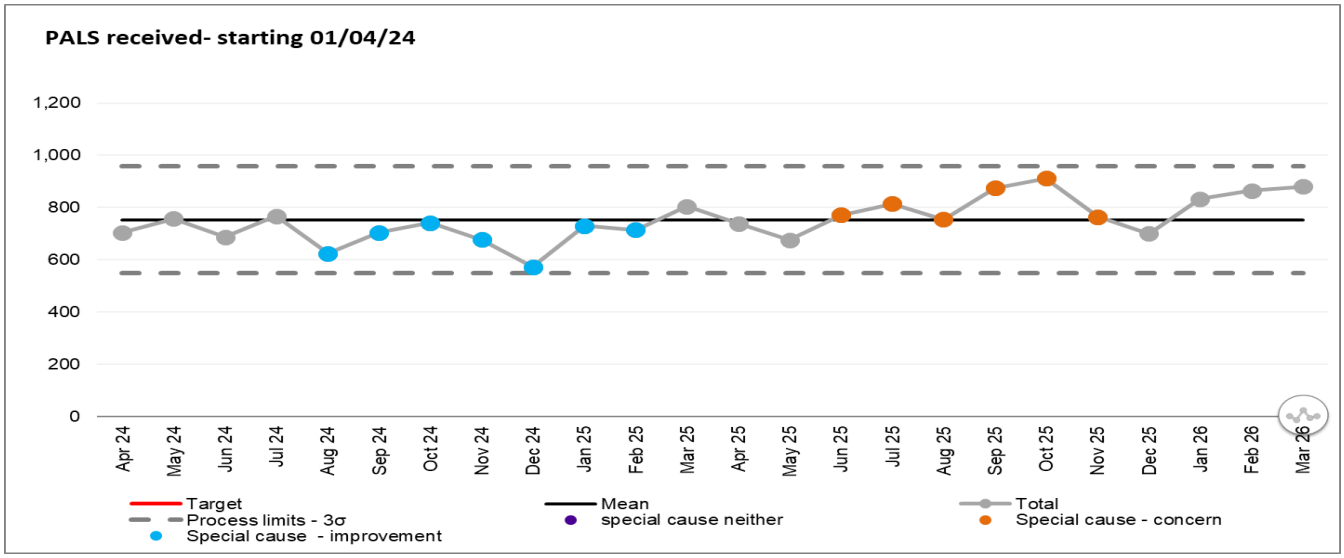
MFT's PALS and Complaints Teams ensure effective complaints handling and monitoring to meet national regulatory requirements. The teams support clinical and operational teams to ensure learning from complaints is used to triangulate with data from other sources to improve services for the people who use them and colleagues working in them. More broadly, the Central Complaints Team is working in partnership with Clinical Groups to strengthen PALS and complaints processes across the Trust. This work aims to standardise approaches, improve the timeliness and quality of responses, and support early local resolution, while ensuring compassionate engagement remains at the heart of how concerns are managed and addressed. To support this work, a PALS, and Complaints Team 2026 annual improvement workplan has been developed in collaboration with colleagues from both the central and Clinical Group PALS and Complaints Teams. As part of this wider work, a review of the reporting of quality and performance in relation to Complaints and PALS has been undertaken to ensure that all relevant committees are fully sighted and assured of the position and ongoing improvement work.

2. PALs performance and analysis

2.1 An overview and thematic analysis of PALS contacts

During 2025/26, MFT received 9,802 PALS contacts, which is a 15.1% increase from the 8,517 contacts in 2024/25. The increase was mainly attributable to waiting times for appointments and procedures in both adult and paediatric surgery, trauma & orthopaedics, gynaecology and ophthalmology. There has been progress through the ongoing Care on Time initiatives across the organisation. However, it is acknowledged that some patients continue to experience lengthy waits for surgery, this is related particularly to Paediatric, Trauma & Orthopaedics, Oral and Maxillofacial and general surgery. This has contributed to an increase in contacts to PALS. The ongoing work of operational and clinical teams to improve access and deliver care on time will continue to be closely monitored, with support provided to patients while they await treatment.

Graph 1: PALS contacts 2024-2026



Communication remained a key driver of PALS contacts. In response a range of improvement initiatives have been implemented including, the implementation of organisational training programmes alongside targeted activity and initiatives within individual Clinical Groups:

- 4325 colleagues have attended Sage and Thyme training. This training is designed to support colleagues across the organisation in developing the skills to better support and respond to patients, clients, or carers, who are distressed or concerned.
- 300+ colleagues have attended Civility Saves Lives sessions and Civility Saves Lives 'Train the Trainer' is being rolled out across MFT, to exponentially increase the number of sessions delivered each year.
- Maguire Advanced Communication training for nursing, midwifery and AHP colleagues. This training is designed for healthcare colleagues to support them in handling complex, emotive, or challenging conversations.
- Ongoing monitoring of feedback from patients and families via the Patient Experience Surveys, to review areas of challenge and target focused improvement work
- MFT Workshop and focused training to support colleagues with compassionate engagement

In addition, the organisation wide Culture Programme is addressing communication, incivility and culture concerns via a number of workstreams, in particular:

- Psychological Safety Programme: Creating environments where colleagues feel safe to speak up, raise concerns, challenge decisions, ask for help, and discuss mistakes without fear of blame or negative consequences.
- Civility Programmes: Promoting respectful behaviours and reducing incivility through guides, masterclasses and practical support, recognising the impact of behaviour on communication, teamwork, colleagues' wellbeing and patient safety.
- Collective & Compassionate Leadership Development: Developing leaders who listen, engage, communicate effectively, and create cultures of trust, inclusion and accountability.
- Culture & Staff Experience Forum: Providing a structured mechanism for colleagues so they can share experiences, identify concerns and influence organisational priorities and improvements.

- Colleague Survey and 'You Said, We Did' Feedback Loops: Increasing transparency and trust by demonstrating how colleague feedback is informing decisions and resulting in tangible actions and improvements.
- Culture Experiments: Testing practical, local improvements through safe-to-learn approaches that help teams address cultural challenges and improve ways of working - mainly around psychological safety and leadership behaviours.
- Embedding Respect, Inclusion and Belonging - Discrimination pledge: Addressing themes of discrimination, exclusion and incivility by reinforcing expectations around behaviour, allyship, psychological safety and accountability.

The MFT Digital First Appointment Details for “All Project” is proving successful and correlated with a decrease in patients raising concerns with PALS in relation to the appointment information they received.

2025/26 data does show a reduction in PALS cases related to the attitude of colleagues and the PALS Team continues to work with senior leadership teams across Clinical Groups to embed early resolution of concerns. Through targeted training and support, clinical and operational teams are being equipped to address concerns promptly and compassionately at the point of care, reducing unnecessary escalation to PALS and improving the experience of patients, families and carers.

2.2 PALS responsiveness and key performance indicators (KPI)

The PALS Team continues to deliver a timely service to patients and their representatives, with >90% of cases closed within 10 working days during 2025/26.

As part of the annual improvement workplan the ambition is to increase the number of cases resolved within 5 days. This will be alongside the ongoing work to resolve PALS through local resolution via a face-to-face conversation where the concerns are being raised in relation to a current inpatient or through a telephone call with senior clinical, nursing or operational colleagues to patients/families where this is more appropriate, for example concerns raised regarding outpatient care or following discharge.

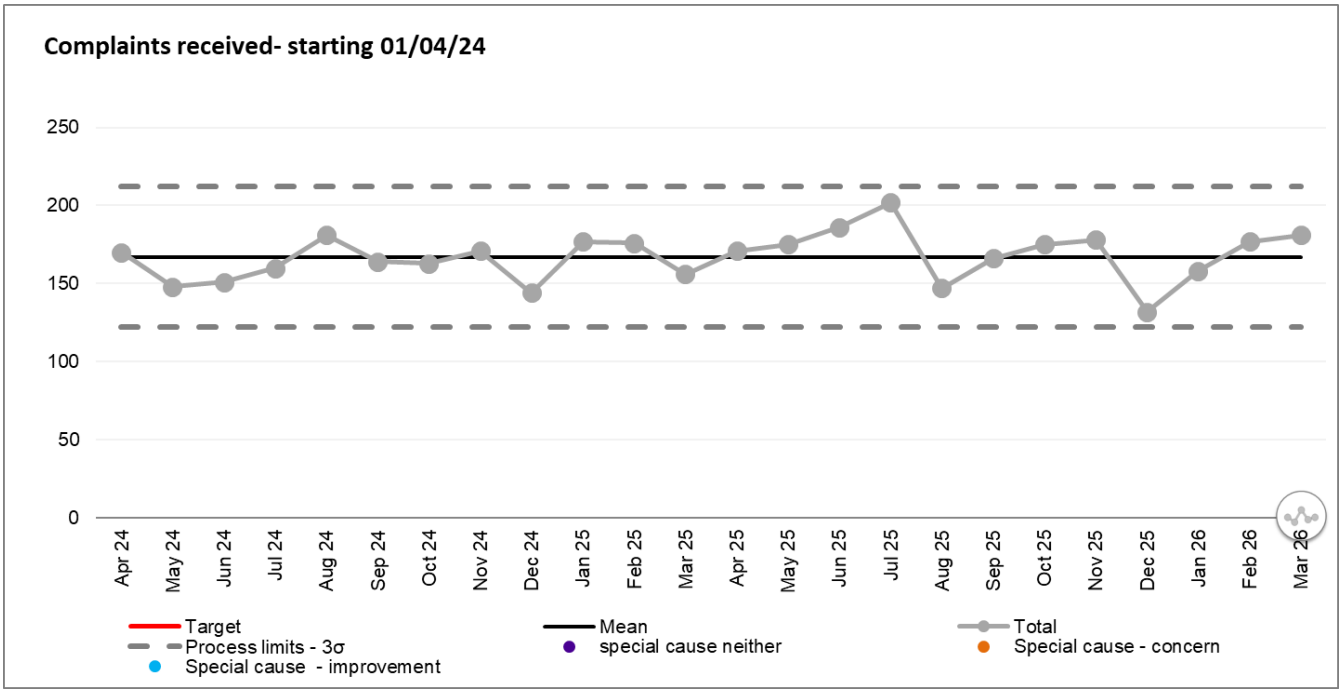
A total of 239 PALS cases were escalated to formal complaints in 2025/26, compared with 177 in 2024/25. This increase reflects the complexity of concerns being raised and highlights the continued importance of timely resolution, effective communication and proactive patient engagement.
Targeted early resolution training is being delivered in Clinical Groups with higher levels of PALS contacts and complaint escalations. The programme focuses on improving the quality and timeliness of local responses and will be expanded throughout 2026/27 as part of the enhanced PALS support offer.

3. Overview of Complaints service performance and analysis

3.1 An overview and thematic analysis of Complaints

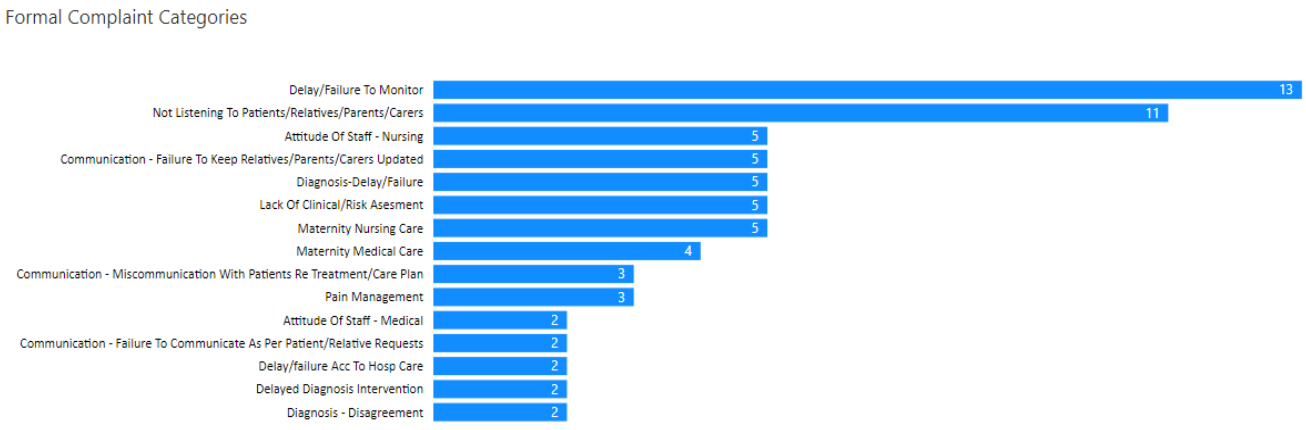
There was a 3.2% increase in complaints in 2025/26 from the previous year, with 2,038 new complaints received compared to the 1975 received in 2024/25 (Graph 2). The numbers of complaints remain consistent with numbers received at similarly sized organisations within The Shelford Group and across Greater Manchester.

Graph 2: New complaints received 2024-2026



The rise in complaints is attributable to small increases across a number of themes, including communication, discharge and transfers, safeguarding, security, and documentation. An increase in complaints had previously been noted within Specialist Hospitals, particularly with regard to the maternity service.

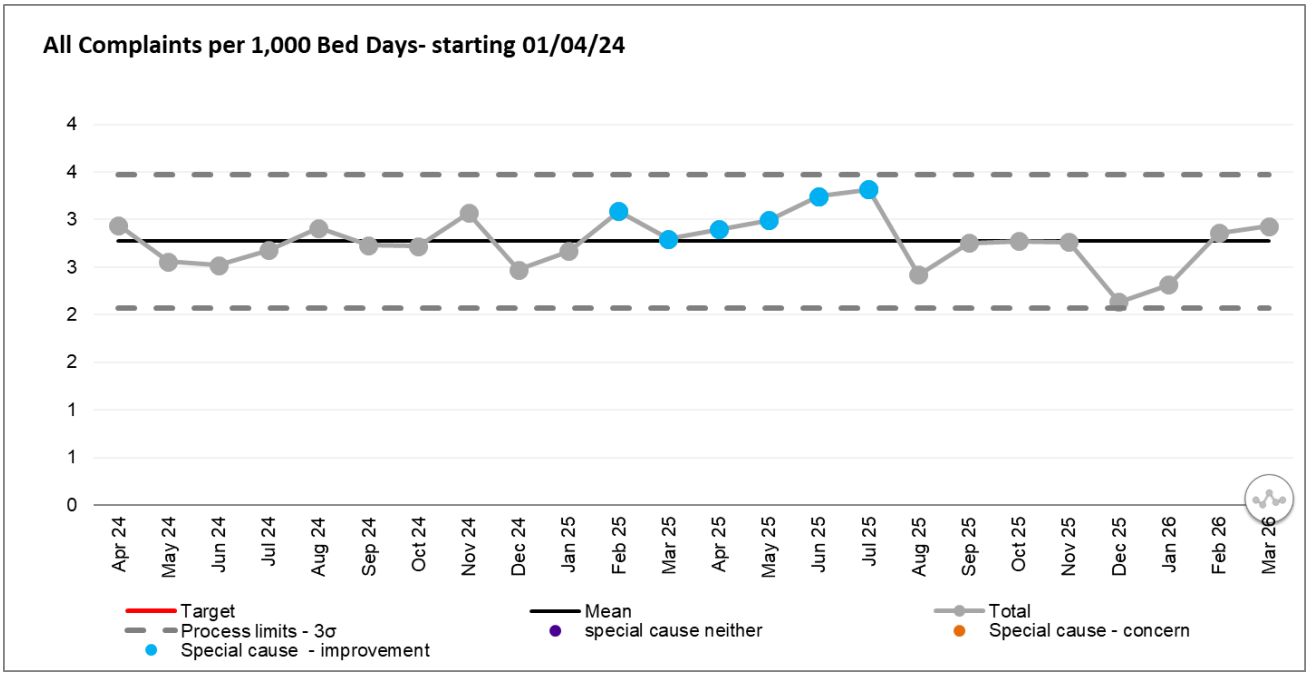
Themes from maternity complaints are detailed below:



To improve this position, the Complaints Team and Saint Mary's senior nursing leadership have implemented a revised approach to the management of maternity complaints. The new process places greater emphasis on compassionate engagement with patients and families and has led to increased use of debriefs and local resolution meetings, providing opportunities to discuss experiences in person, address concerns promptly and support earlier resolution where appropriate.

Graph 3 shows that, although the total number of complaints received across the organisation increased during 2025/26, the rate of complaints per 1,000 bed days demonstrated special cause variation of an improving nature, indicating a positive trend when activity levels are taken into account

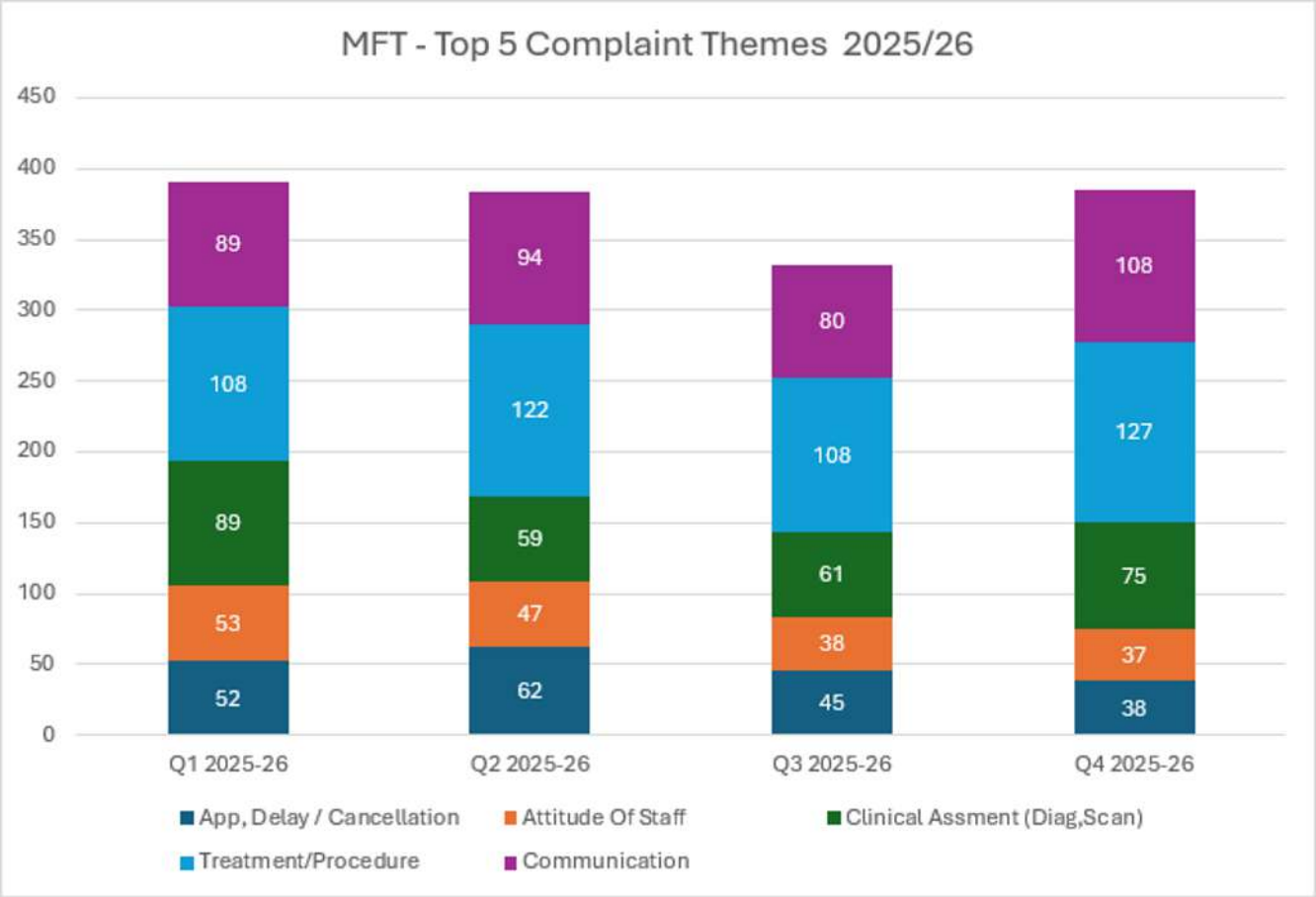
Graph 3: Complaints per 1000 bed days 2024-2026



The main themes of complaints across the organisation (Graph 4) have been in relation to Treatment/Procedure, Communication and Clinical Assessment. These themes are consistently amongst the top themes of complaints across the Shelford Group, Greater Manchester and other NHS Acute Trusts.

Improvement activity to address these themes is ongoing and evolving. Further information regarding work completed to date is included in sections 6 and 7.

Graph 4: Complaint themes 2025/26



3.2 Complaint responsiveness and key performance indicators (KPI)

The NHS Complaints Regulations (2009) require all new complaints to be acknowledged within three working days of receipt of the complaint; MFT is committed to achieving this in 100% of cases. This indicator was met during 2025/26, with 100% of complaints acknowledged on time.

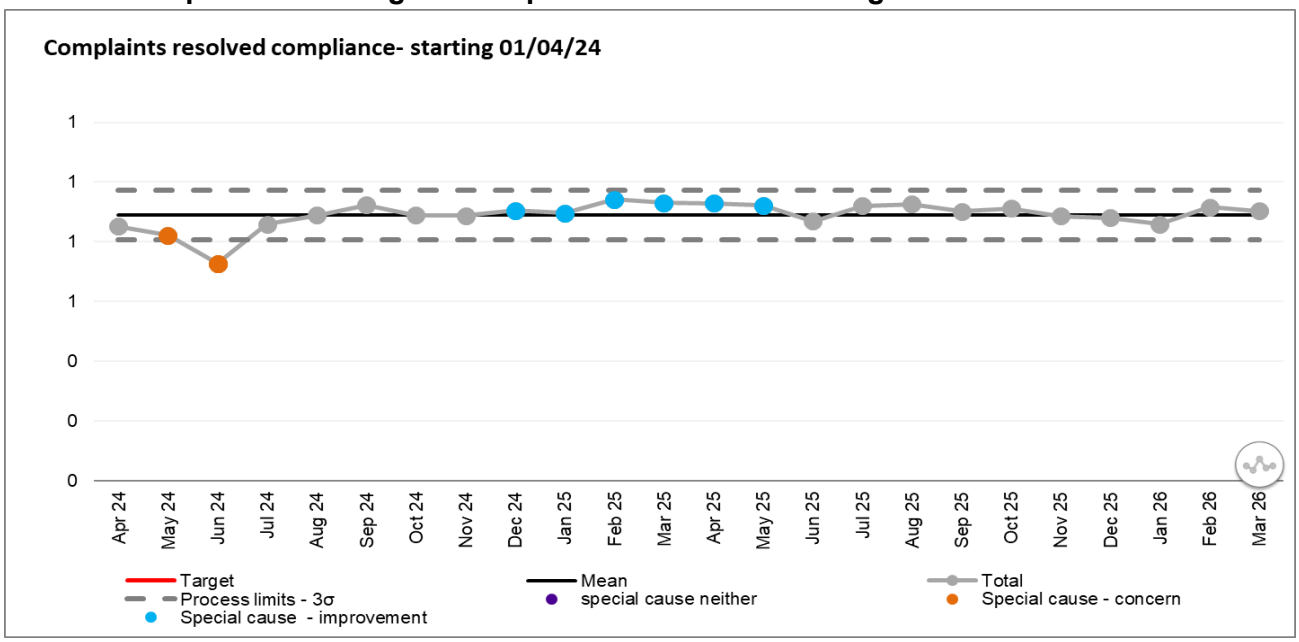
Complaints often relate to more than one issue. In line with the expectations of the NHS complaints standards and based on the Parliamentary Health Service Ombudsman (PHSO) classification, if concerns are identified in all the issues raised and substantive evidence is identified to support the complaint then it is recorded as 'upheld'. If concerns are found in one or more of the issues, and not all, the complaint is recorded as 'partially upheld'. Where there is no evidence to support any aspects of the complaint made, it is recorded as 'not upheld'.

Using this approach, during 2025/26, 25% (499) of complaints were 'upheld', 53% (1028) were 'partially upheld' and 22% (427) were 'not upheld'. This terminology is consistent with that used by the PHSO. It should be noted however, in corresponding with patients and families, we do not use this terminology. Complainants will only be advised whether the complaint has been upheld or not in line with our compassionate engagement approach.

There has been a continued focus on achieving early resolution of concerns to improve the process and satisfaction outcomes for both patients and colleagues During 2025/26, 256 complaints were resolved through the organisation's complaints early resolution process. Embedding this is an ongoing piece of work with the central Complaints Team taking a proactive role in supporting Clinical Groups to adopt a locally based, early resolution approach with increased use of telephone calls and face to face meetings to resolve concerns within five working days of the concern being raised.

MFT achieved closure of 90% of complaints within the agreed timescale during 2025/26. This is in line with the organisation's standard and was an improvement from the 89% achieved during 2024/25.
To improve the position against this metric, all overdue complaints, and causes, are escalated to CEOs and are included in monthly briefings. Complaints response compliance data is also presented to all Clinical Group senior leadership teams and governance colleagues, on a monthly basis.

Graph 5: Percentage of complaints resolved within agreed timescale 2024-2026



MRI responded to all complaints on time during 2025/26, with LCO&UDHM Clinical Group and Wythenshawe, Trafford, Withington & Altrincham Hospitals (WTWA) Clinical Group also achieving high rates of compliance with complaint response deadlines.

To seek assurance on improvements and adherence to policy and process a new monthly internal audit of MFT's complaints processes, which will be implemented by the end of Q1 2026/27.

4. MP Contacts

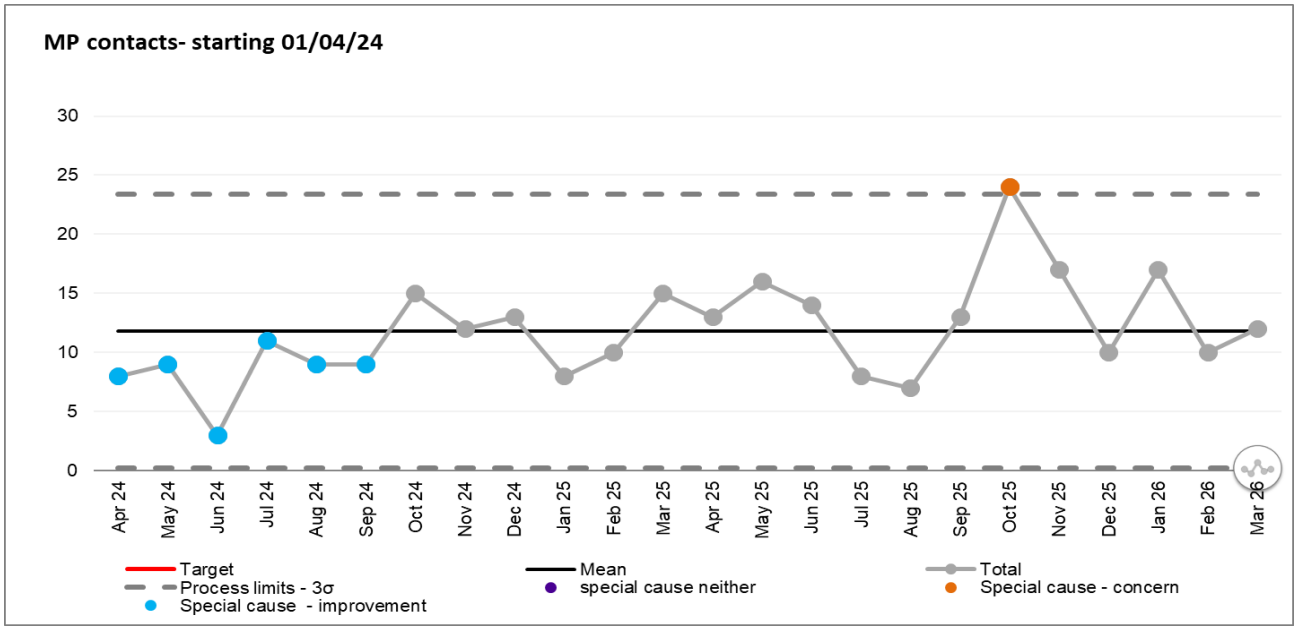
There was a 22% increase in contacts from MPs during 2025/26, in relation to patient care and experience, during 2025/26, with special cause variation seen in Q3.

MFT's position is reflective of a wider national picture, as has been confirmed through Complaints Managers meetings in Greater Manchester and with the Shelford Group. It was also noted, as is the case

at MFT, many of these MP contacts are being received even when patients/families have already contacted the respective PALS/Complaints Teams directly themselves.

The reasons for this is unclear albeit the availability of AI related tools is likely a factor as they will often direct patients and families to their elected representatives or to the MFT CEO as a route by which to most effectively raise concerns.

Graph 6: MP contacts 2025/26



A review of complaints received via MPs noted more than half (51%) of concerns were in relation to Waiting Times for appointments and procedures and Access to Services and a large proportion of concerns raised by MPs had already been sent to PALS direct from the patient/family.

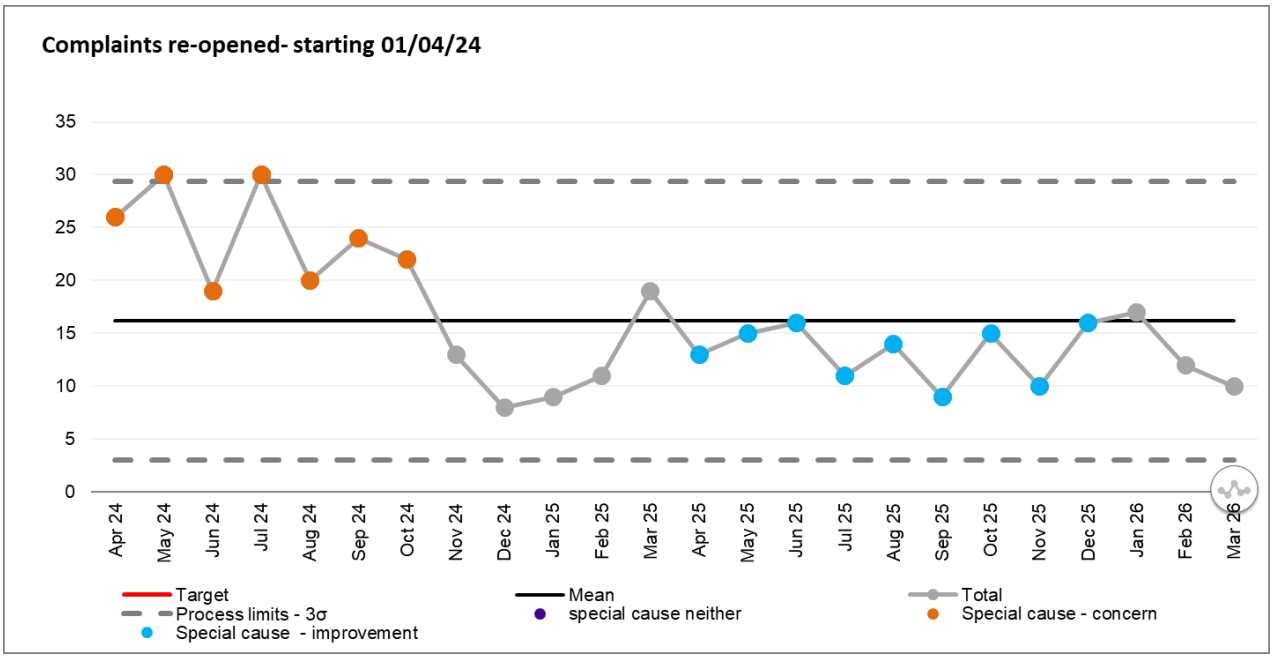
Although the MFT position appears to be reflective of a wider national picture, it is important measures are implemented to ensure cases are managed in such a way to avoid families and patients feeling their only recourse is to their elected representatives. Accordingly, a quarterly review of MP complaints will be undertaken to identify common and reoccurring themes and ensure there is improvement activity in place to respond to these challenges. MP complaints will also report on a quarterly basis to Quality and Safety Management Committee and the Patient Experience Oversight Group.

To continue to improve the MFT position the organisation's website will also be reviewed to ensure it is effectively signposting those who wish to raise concerns to the most appropriate pathways. In addition, to support the development of a more streamlined approach between MFT and elected representatives, MFT colleagues are developing plans to work collaboratively with MP caseworkers to ensure effective pathways between MPs and MFT to raise concerns are fully embedded thus ensuring a timely and efficient resolution to concerns.

5. Re-opened Complaints

Graph 7 shows the number of complaints which were re-opened across the organisation. The number of re-opened complaints is used as an indicator to measure the quality of the initial response. During 2025/26, 7.2% of complaints were re-opened (148 cases in total).

Graph 7: Number of complaints re-opened 2024-2026



The complaints team continue to deliver complaints investigation and response writing training sessions across MFT. These sessions equip colleagues who investigate complaints, with the skills and knowledge required to conduct thorough investigations and write clear and easy to understand complaint responses in a compassionate manner, to ensure complaints are resolved first time. A rolling programme of updated training for all clinical and operational colleagues across MFT, in relation to resolving and learning from PALS & Complaints and patient feedback, has been established to commence during Q1 2026/27.

6. Learning from PALS and Complaints

Patient concerns offer opportunities for learning which can be used to change practice and improve patient experience and outcomes.

Complaints and PHSO data, themes and learning is included in MFT's monthly Integrated Performance Report (IPR). MFT and Clinical Group data monitors the number of PALS and Complaints, themes, timeliness of responses, resolved outcomes and re-opened cases and PALS.

At an organisational level, learning from complaints is shared in the weekly MFT Risk and Safety Panels, and the monthly Patient Safety Group. Learning from complaints is shared at a local level via ward meetings and huddles, on ward notice boards, via ward manager and medical colleague meetings, via safety newsletters and Clinical Group Quality and Safety meetings. Each Clinical Group also holds regular forums where themes and trends relating to complaints are discussed with focused actions agreed for improvement.

Emerging learning from PALS and Complaints is reviewed on a weekly basis by the central PALS and Complaints Team. Where emerging trends or hot spots are identified the central team will reach out to the relevant service or division and work with them to implement improvement work.

One such example of this process relates to a trend identified by the PALS team in relation to telephone calls not being answered in certain services and clinics. The emerging themes have been reviewed by the relevant leadership teams, with improvement actions already underway, including targeted recruitment and strengthened call-handling processes. A detailed analysis is being undertaken to understand the impact on patient experience through both quantitative metrics and patient voice feedback, with the outcomes informing further improvement.

A further example follows increased patient feedback regarding car parking access at Wythenshawe Hospital; targeted improvement actions have been implemented in partnership with operational teams. These actions aim to improve patient access, optimise use of visitor parking, and reduce the impact of parking difficulties on attendance and patient experience. Further work with Transport for Greater Manchester will ensure the patient voice continues to inform transport and accessibility improvements across the Trust.

There is a learning focussed approach embedded in both the Patient Safety and Complaints/PALS workstreams. However, it is acknowledged further progress can be made to ensure learning effectively informs improvement across the organisation and that any improvement is sustained.

To support this, a project to explore the most effective approaches to ensure learning translates into sustained improvement will commence in September 2026 in collaboration with Health Innovation Manchester. Whilst this project is designed initially to explore this within the context of patient safety, the learning, actions and next steps from this group will also inform our approach to learning from Complaints and PALS.

7. Improvement as a result of learning for Complaints & PALS

Key actions have focused on improving patient communication through the standardisation of discharge and post-operative information, review of patient information materials and enhanced collaboration with external partners such as NHS 111. Clinical quality improvements have included strengthened pain management processes, implementation of structured ward round documentation, enhanced monitoring of Early Warning Scores and pain assessments and system-based learning from medication-related incident. This included the completion of a review of Total Intravenous anaesthesia (TIVA) related incidents and drug dose errors using SEIPS methodology to understand the system learning which resulted in the TIVA guidelines being updated.

Governance and assurance arrangements have been strengthened through complaint actions, audit outcomes and quality improvement initiatives via established divisional and Clinical Group governance forums. Workforce development has also been prioritised through targeted education and training programmes, including communication skills, mouth care and end-of-life care. In addition, a number of initiatives have focused on improving the care of patients approaching end of life and work to ensure

senior nursing oversight of, for example, use of discharge flowsheet within Hive and via discharge standards being monitored at monthly Divisional Quality and Patient Experience meetings. There have also been dedicated quality improvement projects implemented, including an IQP (improving quality programme) project in Gynaecology on post-operative pain management completed, which included prescribing of pain medication, timely administration and re-assessment of effectiveness. At WTWA focussed work has been undertaken to ensure oversight of waiting room safety and assurance that re-triage and welfare checks take place.

8. Complaints Scrutiny Review Group

The Complaints Review Scrutiny Group (CRSG), chaired by the Deputy Trust Chief Executive/Chief Nursing Officer and supported by a nominated Non-Executive Director and Governor, met on 10 occasions during 2025/26. The purpose of this group is to obtain assurance regarding clinical group compliance and performance in relation to Complaints and PALS in accordance with PHSO standards and MFT policy. This includes the appropriateness and effectiveness of actions implemented to address learning identified from Complaints and PALS.

CRSG includes representation from members of the Clinical Group Senior Leadership teams, to focus on the number of complaints and PALS their services have received, compliance with response times, reopened complaints, and PHSO escalations. CRSG also reviews the quality of the Clinical Groups' complaint responses with a focus on identifying organisational learning through the triangulation of complaints data and themes.

During 2025/26, the senior leadership teams from each Clinical Group attended CRSG with significant learning and improvement activity discussed. across multiple services to strengthen patient safety, quality of care and patient experience.

9. Parliamentary Health Service Ombudsman (PHSO)

The Parliamentary Health Service Ombudsman (PHSO) is commissioned by Parliament to provide an independent complaint handling service for complaints that have not been resolved by the NHS. The PHSO considers and reviews complaints, when someone believes there has been injustice or hardship because an organisation has not acted properly or fairly or has given a poor service and not put things right.

In November 2025, the PHSO and PHSO Chief Executive visited MFT to meet with the Executive Team and senior Governance and Complaints colleagues. Following the visit, the PHSO has provided positive feedback in relation to MFT's detailed complaint responses, meetings held to resolve complaints and patient and public engagement. The PHSO also provided positive feedback to MFT, during the year, complimenting the level of detail provided in complaint responses and the empathy and compassion shown to grieving families throughout the complaints process.

The PHSO has raised a concern with the organisation regarding the use Manchester Early Warning Score 2 (EWS2), for recognising and responding to deteriorating patients, and that this differs from the nationally recommended NEWS2 system. The organisation has responded to the correspondence from the PHSO, providing an overview of the governance and assurance in place that the modified system is as safe and effective as NEWS2, and how any risks of operating a system that differs from that recommended nationally have been mitigated.

During 2025/26, the PHSO opened new investigations into 13 MFT complaints. The PHSO also completed its consideration of 23 MFT complaints for which it decided not to progress with an investigation, as it was assured by the quality of the investigation already undertaken.

During 2025/26, the PHSO informed MFT of 14 completed investigations into MFT complaints, of which 1 was 'upheld', 8 were 'partially upheld' and 5 were 'not upheld' according to the PHSO's classification of outcomes of complaint investigations **(appendix 1).**

10. Equality and Diversity Monitoring Information

MFT is committed to collecting data from complaints relating to Equality Diversity and Inclusion (EDI) to ensure all patients and representatives are supported and have equal access to providing feedback on services. Fundamental to this is the provision of an accessible PALS and Complaints service.

The PALS and Complaints leadership team are members of MFT EDI patient groups and use the opportunity of these groups to identify and address barriers patients and families experience when raising concerns and complaints.

During 2026/27, PALS will engage further with local community groups, to hold focus groups and awareness sessions on the support MFT offers patients and families from all demographics.

PALS and Complaints are collaborating with the Patient Safety and Risk Team, and MFT's Consultant in Public Health, to conduct a deep-dive review of EDI patient safety and complaints data and develop an EDI dashboard. This will be presented at MFT Patient Safety Group to enable the teams to identify further improvements that are required to address inequalities and improve accessibility across MFT.

11. PALS & Complaints improvement plan update

The PALS, and Complaints Team 2026 annual improvement workplan is ongoing. As part of this a review of PALS and complaints reporting has strengthened organisational oversight and assurance. Quarterly complaints reporting is now provided to this Committee, with emerging themes and learning reported through the Patient Experience Oversight Group (PEOG). This was most recently presented to PEOG in May 2026, this quarterly report is summarised below:



New Power BI dashboards provide Clinical Groups with real-time access to PALS and complaints data to support improvement activity.

MFT continues to benchmark performance and share learning through Shelford Group and Greater Manchester networks, with comparative data now incorporated into complaints reporting.

To support greater consistency, quality, compassion and early resolution, a rolling programme of PALS and complaints training has been established across all Clinical Groups. Following positive feedback from pilot sessions, quarterly training is scheduled throughout 2026/27 and will be supported by the launch of a new MFT Complaints Framework in September 2026.

Work is also underway to improve patient experience and accessibility, including a review of entrance services at MRI to enhance visibility of PALS and volunteer support for patients and visitors.

The Trust continues to engage with Governors on PALS and complaints improvement, including opportunities to raise awareness within local communities.

In addition, exploratory work is underway to assess the potential use of AI within complaints management, supported by collaboration with Shelford Group and Greater Manchester partners and development of guidance for patients, families and colleagues

Whilst good progress is being made against the PALS, and Complaints Team 2026 annual improvement workplan, it is largely focused on operational improvement, however it is acknowledged a strategic improvement plan is also required. Work to develop this will commence in Q2 2026/7 with a plan to implement from January 2027. Developing this will ensure the organisation's approach to PALS and

Complaints is fully aligned to the MFT Patient Experience Strategy and associated workstreams, the Strategic Delivery Plan alongside national strategic drivers and national complaints priorities and plans.

12. Recommendations

The Board of Directors is asked to:

- Acknowledge the 2025/26 PALS and complaints position, including compliance with the NHS Complaints Regulations, sustained response performance and the key themes arising from patient and family feedback
- Take assurance from the strengthened oversight arrangements, including routine reporting, dashboard development, thematic review and the improvement work underway in response to learning from PALS, complaints and PHSO outcomes
- Approve the MFT Annual Complaints Report 2025/26

Appendix 1
Parliamentary Health Service Ombudsman (PHSO)

The PSHO upheld a LCO complaint from 2013, in relation to the review and assessments of patient's mobility prior to discharge from a community hospital and joint handling of the complaint with Trafford Council. MFT paid the family £750, in recognition of the impact this had on them, and has developed a new Standard Operating Procedure (SOP) for the joint handling of complaints between MFT and Trafford Council.

The PHSO partially upheld an MRI complaint in relation to the delayed transfer of a patient between hospitals, and the availability of a High Dependency Unit (HDU) bed, in 2021. The PHSO was assured by the work MFT has since undertaken, with the implementation of an external referral and transfer policy and the dedicated 'Transfer Centre' within our electronic patient record (Hive).

The PHSO 'partially upheld' 2 other MRI complaints. One was in relation to the patient's reasonable adjustments not being met in 2021. The CEO has written to the patient to apologise for the impact of this, confirming this is now documented and of wider learning around raising awareness of, and meeting, reasonable adjustments across the organisation. The other MRI complaint was in relation to nutrition/hydration and enhanced observations for care provided to a patient in 2023, for which the PHSO was assured by the work undertaken across the MRI and organisation since then, to address the learning and make improvements in these areas.

The PHSO partially upheld another historic complaint from 2021, in relation to co-ordinated discharge planning between NMGH, MRI and external organisations for a vulnerable patient who lacked capacity. The PHSO recommended MFT write to the family to apologise and provide assurance of the improvements made since that time.

The PHSO partially upheld an MRI complaint in relation to nutrition/hydration and enhanced observations for care provided to a patient in 2023. The PHSO was assured by the work undertaken across the MRI and organisation since then, to address the learning and make improvements in these areas.

A WTWA complaint was partially upheld in relation to poor record keeping and documentation. The PHSO recommended MFT apologise to the family and develop an action plan of service improvements. WTWA Clinical Group is currently completing these actions, within the timescales requested by the PHSO.

A CSS complaint was partially upheld in relation to communication with patients regarding the accuracy of biopsies to diagnose breast cancer. The PHSO recommended MFT apologise to the patient, compensate £1200 and develop an action plan of service improvements. All actions were completed within the requested timescale and the PHSO was assured by action taken.

The PHSO also partially upheld a complaint in relation to the delayed reporting of a specialist paediatric MRI scan. The PHSO was assured by the actions already being implemented to improve timeliness of reporting and CSS paid the family £250 in recognition of the distress caused by the delay.