

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST
BOARD OF DIRECTORS (PUBLIC)

Report of:	Group Chief Nurse
Paper prepared by:	Gail Meers, Corporate Director of Nursing, Quality and Patient Experience Claire Horsefield, Head of Customer Services
Date of paper:	July 2022
Subject:	Annual Complaints Report 2021/22 for MFT
Purpose of Report:	Indicate which by ✓ <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:	Patient and Staff Experience
Recommendations:	The Board of Directors is asked to note the content of this report, the work undertaken during 2021/22 and, in line with statutory requirements, provide the approval for the report to be published on the Trust website.
Contact:	<u>Name:</u> Gail Meers, Corporate Director of Nursing, Quality and Patient Experience <u>Tel:</u> 0161 276 8862

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

1. Executive Summary

- 1.1 The Trust adheres to the Statutory Instruments No. 309, which requires NHS bodies to provide an annual report on the Trust's complaints handling, which must be made available to the public under the NHS Complaint Regulations (2009)¹. This annual report reflects all complaints and concerns made by (or on behalf of) patients of the current and legacy Trusts, received between 1st April 2021 and 31st March 2022.
- 1.2 This report describes achievements, whilst acknowledging continuous improvement is fundamental to improve processes and services across the Trust. The impact of North Manchester General Hospital joining Manchester University NHS Foundation Trust (MFT), and the increase in activity as the Trust worked towards recovering from the COVID-19 pandemic on complaints and PALS activity is highlighted throughout the report.
- 1.3 Throughout the report the term **Complaints** is used to describe complaints requiring a response from the Chief Executive's and Group Chief Executive and the term **Concerns** is used to describe contacts with the Patient Advice and Liaison Service (PALS), which require a speedier resolution to issues that may be resolved in real time.
- 1.4 The report refers to all Hospitals/Managed Clinical Services (MCS) and Local Care Organisations (LCO) across the Manchester Foundation Trust (MFT) Group.
- 1.5 The Trust noted a significant decrease in complaints and concerns during 2020/21 due to the reduced activity undertaken during the pandemic. This report therefore provides comparator information where appropriate from 2019/20. Please note that the data from 2019/20 does not include NMGH.

2. Summary of Activity

- 2.1 As in 2020/21, the quality of complaint data reporting continued to improve as did the overall year performance for the timeliness of closing complaints.
- 2.2 The impact of NMGH joining MFT, activity increasing in Outpatient Departments and an increase in waiting times for elective work as the NHS worked towards recovering from the COVID-19 pandemic, contributed to an increase in the number of Complaints and PALS concerns compared to 2020/21.
- 2.3 The total number of PALS concerns received in 2021/22 was **7,722**. This is an increase of **2,822 (57.59%)** when compared with the **4,900** received in 2020/21 during the period of the pandemic. In 2019/20 **5,897** PALS concerns were received.
- 2.4 The total number of complaints received in 2021/22 at MFT was **1,665**. This is an increase of **606 (57.22%)** when compared to the **1,059** complaints received, in 2020/21. In 2019/20 **1,628** complaints were received.

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

- 2.5 As a measure of performance, the number of complaints should be considered in the context of organisational activity. **Table 1** below shows the number of complaints in the context of Inpatients, Outpatients and Emergency Department attendances for 2021/22 compared to previous years.

Table 1: Complaints received in context of activity

		2018/19	2019/20	2020/21	2021/22
Inpatient	Finished Consultant Episodes (FCE)	438,411	431,667	337,049	455,841
	Formal Complaints Received (FC)	574	523	419	531
	Rate of FCs per 1000 FCEs	1.31	1.21	1.24	1.16
Outpatient	Number of Appointments	2,482,635	2,541,377	1,293,384	1,470,442
	Formal Complaints Received (FC)	714	711	380	665
	Rate of FCs per 1000 Appointments	0.29	0.28	0.29	0.45
AE	Number of Attendances	410,916	413,741	267,867	482,908
	Formal Complaints Received (FC)	138	191	105	270
	Rate of FCs per 1000 attendances	0.34	0.46	0.39	0.55

- 2.6 The Trust has an internal target of no more than 20% of unresolved cases being over 41 days old at any one time. This allows the Trust to investigate complex complaints, which may involve multiple organisations as well as allowing sufficient time to undertake a High Impact Learning Assessment (HILA) where appropriate.
- 2.7 At the end of March 2022, **39 (16.6%)** cases were over 41 days, compared to **19.3%** at the end of March 2021. This represents a **2.7%** decrease in unresolved cases over 41 days old. All cases over 41 working days old continue to be escalated within the relevant Hospital/MCS/LCO and assurance is provided via the monthly Accountability Oversight Framework (AOF).
- 2.10 The average response rate for patients and carers raising a concern through PALS was **3.9** days during 2021/22, compared with **4.3** days during 2020/21.
- 2.11 The national statutory requirement for the acknowledgement of complaints, according to the NHS Complaints Regulations (2009) is to acknowledge 100% of all complaints no later than 3 working days after the complaints are received. As in 2020/21, throughout 2021/22, **100%** was achieved.
- 2.12 The Parliamentary and Health Service Ombudsman (PHSO) represents the final stage of the NHS complaints process, and the Trust works together with the PHSO to ensure that all feedback and lessons learnt from complaints contribute to service improvement throughout the year.

- 2.13 The PHSO closed **5** cases pertaining to the Trust between 1st April 2021 and 31st March 2022; of these; **3** complaints were partly upheld and **2** were upheld. The details of the **5** PHSO cases are set out in this report (Section 12). This position compares to **3** cases closed in 2020/21 when **2** cases were partly upheld, and **1** case was not upheld. It should be noted that in February 2022, the PHSO advised they had a backlog of over 2,500 complaints waiting to be looked at and because of this would only look further into the more serious cases. MFT had **10** cases under review by the PHSO at the end of March 2022, compared to **9** at the end of March 2021.
- 2.14 WTWA is the Hospital/MCS with the highest level of activity within the MFT Group and received the highest number of complaints in 2021/22, with **406 (24.4%)** out of a total of **1,665**. This represents a decrease of **24** complaints received when compared to **430** in 2020/21.
- 2.15 WTWA received the highest number of PALS concerns with **1,931 (25.0%)** out of a total of **7,722**. This compares to **1,351 (27.5%)** PALS concerns received in 2020/21, which is an increase of **580** cases. This significant increase should be viewed in the context of the increase in activity as WTWA worked towards recovering from the pandemic.
- 2.16 The oldest complaint case recorded as closed during 2021/22 was received by WTWA. The case was opened on 7th October 2020 and the case was **186** days old when it was closed on 9th August 2021. The complaint involved 3 other NHS organisations; delays in receiving outcomes of the external investigations and the arranging of the local resolution meeting impacted the overall response time. The complainant was kept updated and fully supported throughout the process.
- 2.17 A significant focus and work to deliver improvements in 2021/22, has specifically demonstrated:
- The average response rate of complaints responded to within the agreed timescale has **improved** from **88.1%** in March 2021 compared to **90.8%** in March 2022.
 - The number of re-opened complaints during 2021/22 was **339 (16.9%)**, representing an increase when compared to **248 (19.0%)** re-opened in 2020/21.

3. Complaints Review Scrutiny Group

- 3.1 The Complaints Review Scrutiny Group demonstrates Board level engagement and assurance regarding complaints handling through the Non-Executive Director Chair. This role is complimented by other core group members, which include a Trust Governor, an Associate Medical Director, the Head of Nursing (Quality, Patient Experience and Professional Practice), the Trust's Head of Customer Services and the Corporate Complaint Case Handler. The group met five times in total during 2021/22 and reviewed **10** cases involving **9** Hospitals/MCS/LCOs across MFT. For each participating Hospital/MCS/LCO and presented case, an evaluation of the effectiveness of actions taken and a progress review of any actions from the previous occasion was undertaken.

4. Complaints Improvement Programme

- 4.1 The Trust is committed to the delivery of continuous improvement in all aspects of the

complaints process and to this end an annual improvement plan is developed and implemented. The Corporate Director of Nursing (Quality and Patient Experience), Head of Nursing (Quality, Patient Experience and Professional Practice) has continued to work with the Head of Customer Services, the PALS and Complaints Managers, the PALS and Complaints teams and the Hospital/MCS/LCO teams to continue to identify and deliver improvements to the management of PALS and Complaints handling within the Trust.

4.2 Significant improvements delivered in 2020/21 include:

- Reopening of NMGH PALS office and Reception
- Implementation of the formal restructure of the Trust's Corporate PALS and Complaints Service
- Launch of an in-house Customer Service PALS and Complaints Module 1 e-learning package
- Review, updating and ratification of MFT's Concerns and Complaints Policy
- Implementation of a dedicated Complaints Triage System
- Introduction of Equality and Diversity Audits
- Development of an in-house PALS and Complaints Customer Service Advanced e-learning package
- Putting the Ask, Listen, Do commitment into action
- Enhancement in demonstrating learning in practice

5. Learning

5.2 This report details examples of learning and change as a direct result of feedback received from complaints and concerns. Examples of learning from complaints have been published in each Quarter during 2021/22 as part of the Board of Directors Quarterly Complaints and PALS Report.

6. People

6.1 The Trust is grateful to those patients, families and carers who have taken the time to raise concerns and complaints and acknowledges their contribution to improving services, patient experience and patient safety.

6.2 The Trust would like to apologise to all those people who have had cause to raise concerns and complaints. MFT is committed to continually improving our services and acknowledge that whilst it does not always get it right, MFT believes that this report demonstrates the learning and changes it has made as a direct result.

6.3 The Trust is committed to being open and honest and thanks all its staff for their openness and candour when undertaking investigations.

7. Recommendation

7.1 The Board of Directors is asked to note the content of this report and in line with statutory requirements provide approval for it to be published on the Trust website.

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1. Statement

- 1.1 The Trust adheres to the Statutory Instruments No. 309 which requires NHS bodies to provide an annual report on its complaints handling, which must be made available to the public under the NHS Complaints Regulations (2009)¹. This annual report reflects all complaints and concerns made by (or on behalf of) patients of the Trust, received between 1st April 2021 and 31st March 2022.

2. Introduction

- 2.1 This report sets out achievements and improvements, whilst acknowledging that there are further improvements required in the context of continuous improvement.
- 2.2 Throughout this report the term **Complaints** is used to describe formal complaints requiring a response from the Chief Executives/Group Chief Executive and the term **Concerns** is used to describe informal contact with PALS requiring a speedier resolution to concerns that may be resolved in real time.
- 2.3 The quality of complaints data reporting has continued to improve throughout 2021/22 and comparative data is provided within the report.
- 2.4 Due to the nature of the complaints' handling processes and management, the data fluctuates on a daily basis as complaints progress through the procedure; this can influence the accuracy of the numbers reported within anyone reporting period. For example, once a complaint has been received and registered, it may be withdrawn, de-escalated to PALS, identified as being out of time, or consent may not be received. Small variances within monthly, quarterly, and annual reporting are therefore expected and accepted.
- 2.5 It should be noted that for the first time, data and information are included from services at North Manchester General Hospital (NMGH), who joined Manchester University NHS Foundation Trust (MFT) from 1st April 2021. This has contributed to a proportionate increase in complaints and PALS activity.

3. Overview of Activity

- 3.1 The number of PALS concerns received for 2021/22 was **7,722**, which is **2822** more than the number received in 2020 (**4,900**) and **1825** more than the number received in 2019 (**5,897**). This demonstrates a **57.59%** increase in the number of PALS concerns received during the last year. It is important to note however, that this significant increase should be viewed in the context of NMGH joining the Trust, and the increase in activity as the Trust worked towards recovering from the pandemic.
- 3.2 **Graph 1** provides the number of PALS concerns received by month for the financial year 2021/22.

Graph 1: Number of PALS contacts (by month) for 2021/22, MFT

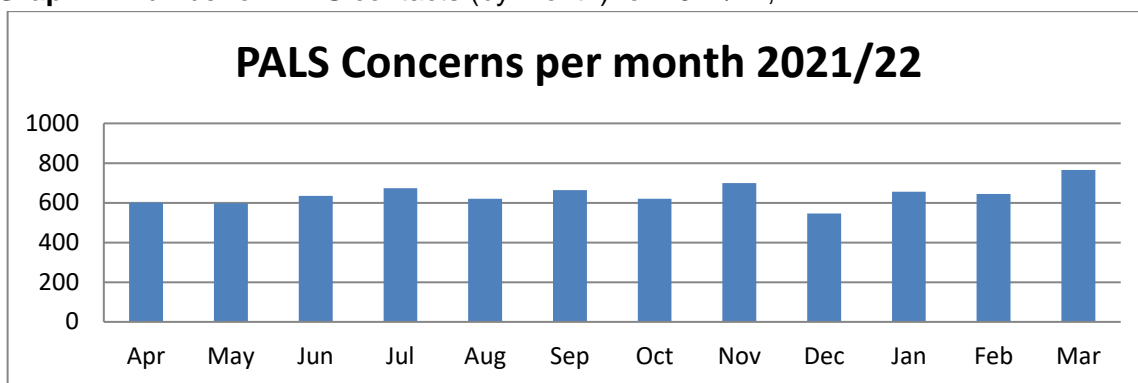


Table 2: Number of PALS contacts by Hospital/ MCS/ LCO

Hospital / MCS / LCO	2018/19	2019/20	2020/21	2021/22
Clinical Scientific Services (CSS)	277	335	303	548
Corporate Services	214	298	211	180
Manchester & Trafford Local Care Organisation (LCO)	25	52	82	108
Manchester Royal Infirmary (MRI)	1,671	1,531	1,458	1,806
Research & Innovation (R&I)	18	15	6	12
Royal Manchester Children's Hospital (RMCH)	561	621	432	673
Saint Mary's Hospital (SMH)	467	526	673	1,134
University Dental Hospital of Manchester (UDHM) / Manchester Royal Eye Hospital (MREH)	528	447	384	568
Wythenshawe, Trafford, Withington, and Altrincham (WTWA)	1,901	1,920	1,351	1,931
North Manchester General Hospital (NMGH)	-	-	-	761
Not Stated / General Enquiry / Non-MFT	243	19	0	1
MFT Total	5,905	5,897	4,900	7,722

- 3.4 **Table 2** above demonstrates that WTWA received the highest number of PALS concerns, **1,931** out of a total of **7,722** (25.0%). This is an increase of **580** cases from the same reporting period in 2020/21 data when **1,351** (27.5%) were received by WTWA.
- 3.5 MRI received the second largest number of PALS concerns with **1,806** out of a total of **7,722** (23.4%). This is an increase of **348** cases from the same reporting period in 2020/21 when **1,458** (29.7%) were received. As with WTWA, this increase should be viewed in the context of the increase in activity as the Trust worked towards recovering from the pandemic.
- 3.6 As WTWA and MRI are the largest services in the Trust, it is expected that these two areas would receive the greatest proportion of PALS concerns.
- 3.7 All PALS concerns are RAG rated upon receipt based on the severity of the initial details of the concerns raised. **Table 3** below indicates the number of MFT contacts by risk rating grade. Analysis shows that 2021/22 has seen a significant increase in the number of PALS concerns rated in all 3 categories. Of the **2** PALS concerns rated as red:

1 = treatment/procedure – delay/failure

1 = communication failure with patient/relative
 This position compares to 0 PALS concerns rated as red in 2020/21.

Table 3: 2021/22 PALS contacts by risk grading, MFT

Category	2018/20	2019/20	2020/21	2021/22
Green	4,808	4,420	4,202	5,858
Yellow	819	933	532	1,277
Amber	29	68	5	205
Red	1	2	0	2
Not graded, escalated or enquiry	248	474	161	380
MFT Total	5,905	5,897	4,900	7,722

- 3.8 In this report year, the total number of PALS concerns includes those cases that were escalated for formal investigation (these are reported in Section 4 of this report), were withdrawn by the complainant, or were considered to be out of time according to the NHS Complaints Regulation (2009)¹ timescales.
- 3.9 **Tables 4 to 7** are presented in **Appendix 1**. These tables indicate how people access the PALS and provide information about their demographics.
- 3.10 **Table 4** shows that the number of concerns raised face to face has increased from **97** in 2020/21 to **316** in 2021/22: this is an increase of **225.8%**. This significant increase should be viewed in the context of the increase in activity as the Trust worked towards recovering from the pandemic. The number of concerns raised by email and telephone continues to be the most favoured route of contact.
- 3.11 **Table 5** in **Appendix 1** details the number of contacts by age: the age range relates to the people who were the focus of the PALS concern as opposed to the person raising the concern.
- 3.12 **Table 6** in **Appendix 1** details the number of contacts by gender; again, the gender relates to the people who were the focus of the PALS concern. **Table 7** in **Appendix 1** describes the ethnicity of the patients who were the focus of the PALS enquiry.
- 3.13 The demographic data for PALS concerns presented within **Appendix 1** supports the findings² that younger people (or their parents) are more likely to express dissatisfaction with services than older people and that women more likely to express dissatisfaction with services than other sexes.
- 3.14 The percentage of people who did not state their ethnicity for PALS concerns has continued to increase from 53.1% in 2020/21 to 63.8% in 2021/22. Work has continued throughout this annual report year to improve the quality of this data to enable continued development of a responsive service: further information is detailed in Section 15 of this report.
- 3.15 **Graph 2** and **Table 8** provide a more detailed analysis of the main PALS themes and indicates that the greatest proportion of PALS concerns relate to communication, appointment delays/cancellations (outpatients) and treatment and procedure.

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

Graph 2: Top 5 PALS Themes 2021/22, MFT

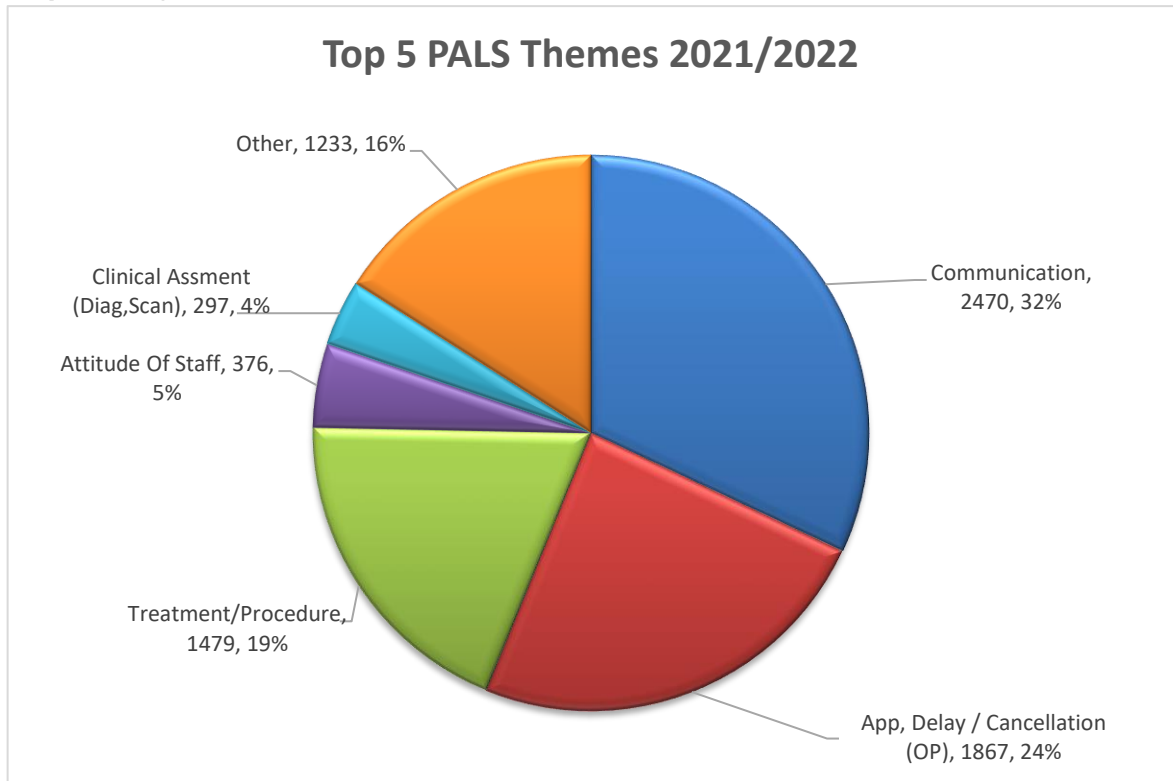


Table 8: Comparison of Top 5 PALS Themes, MFT

	2018/19	2019/20	2020/21	2021/22
1	App, Delay / Cancellation (OP)	Communication	Communication	Communication
2	Communication	Appointment Delay / Cancellation	App, Delay / Cancellation (OP)	App, Delay / Cancellation (OP)
3	Treatment / Procedure	Treatment / Procedure	Treatment/ Procedure	Treatment/ Procedure
4	Clinical Assessment (Diagnosis, Scan)	Clinical Assessment (Diagnosis, Scan)	Security	Attitude of Staff
5	Attitude Of Staff	Attitude of Staff	Clinical Assessment (Diagnosis, Scan)	Clinical Assessment (Diagnosis, Scan)

3.16 The average response rate for patients and carers raising a concern through PALS at MFT was **4.9** days during 2021/22 (5.1 days for Oxford Road Campus and 4.8 days for Wythenshawe Campus). This compares to **4.3** days during 2020/21.

4. Complaints Activity

4.1 The number of complaints has increased in 2021/22 compared to the 2020/21 data. This year there were a total of **1,665** complaints received, compared to **1,059** in 2020/21, this is an increase of 57.22%. However, there is little change between 2021/22 and the most recent similar year (in respect of being pre-pandemic), where there were **1,628** complaints: a count of 40 more complaints.

Table 9: Number of Complaints, MFT

Year	2018/19	2019/20		2020/21		2021/22	
Complaints Received	1,573	1,628	↑ 3.4%	1,059	↓ 34.9%	1,665	↑ 57.2%

- 4.2 WTWA received the most complaints **406**: this represents an increase of **28.1%** compared to the **317** received in 2020/21. The themes identified for WTWA were 'Treatment and Procedure', 'Communication' and 'Clinical Assessment'.
- 4.3 UDHM/MREH received **103** complaints this annual report year. This represents an increase of **164.1%** compared to the **39** received in 2020/21. Worthy of note, however, is that where services are dealing with a smaller number of complaints this can appear to have a larger impact when these figures are presented as percentages.
- 4.4 **Table 10** below details the 3-year trend for complaints at Hospital/MCS and LCO level.

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

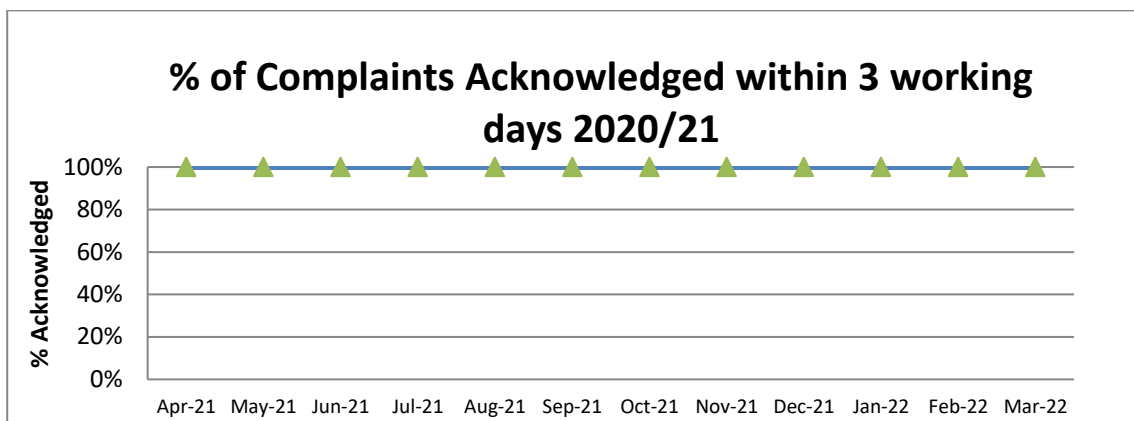
Hospital / MCS / LCO	2018/19	2019/20		2020/21		2021/22	
Clinical Scientific Services (CSS)	82	103	↑ 25.6%	67	↓ 34.9%	96	↑ 43.2%
Corporate Services	91	68	25.2%	44	35.2%	54	22.7%
Manchester & Trafford Local Care Organisation (LCO)	27	44	62.9%	38	13.6%	56	47.3%
Manchester Royal Infirmary (MRI)	452	419	7.30%	283	32.4%	356	25.7%
Research & Innovation (R&I)	2	0	-	0	-	0	-
Royal Manchester Children's Hospital (RMCH)	167	189	13.1%	111	41.2%	167	50.4%
Saint Mary's Hospital (SMH)	190	194	2.10%	160	17.5%	243	51.8%
University Dental Hospital of Manchester (UDHM)/ Manchester Royal Eye Hospital (MREH)	115	96	16.5%	39	59.3%	103	164.1%
Wythenshawe, Trafford, Withington and Altrincham (WTWA)	442	515	16.5%	317	38.4%	406	28.1%
North Manchester General Hospital (NMGH)	-	-	-	-	-	184	-
Not Stated / General Enquiry / Non-MFT	5	0	-	0	-	0	-
MFT Total	1,573	1,628	3.49%	1,059	34.9%	1,665	57.2%

- 4.5 Complaints are risk rated using a matrix aligned to that used to assess the severity of incidents within the Trust. This matrix assigns a level of Red, Amber, Yellow or Green dependent upon the risk score.
- 4.6 When compared to 2020/21, the numbers of red, yellow and green complaint cases received in 2021/22 have increased. Green cases increased by **317.9%** from 28 in 2020/21 to **117** in 2021/22. Yellow cases increased by **72.8%** from **650** in 2020/21 to **1123** in 2021/22. Red cases increased by **550%** from 4 in 2020/21 to **26** in 2021/22. It is considered that the increase noted in red cases should be viewed in the context of the implementation of the dedicated complaints triage system. Further information is provided in Section 15 of this report. Of the **26** rated as Red in 2020/21:
- **12** related to treatment/procedure
 - **6** related to clinical assessment (diagnostic/scan)
 - **3** related to communication
 - **2** related to personal accident/incident
 - 1 relates to discharge/transfer
 - 1 relates to infection control incident
 - 1 relates to safeguarding patients
- 4.7 **Table 11**, presented in **Appendix 2**, provides the breakdown of the risk rating of complaints for 2021/22 compared to 2020/21.
- 4.8 Equality monitoring data is collected in relationship to complainants' protected characteristics. Complainants are requested to provide information regarding their protected characteristics when they receive a written acknowledgement in response to a complaint; this information is presented within **Tables 12 to 14** in **Appendix 2**.
- 4.9 The age and gender of the patients involved in complaints for the past 4 fiscal years are highlighted in **Tables 12** and **13** in **Appendix 2**. **Table 14** describes the ethnicity of the patients represented in complaints for the past 4 fiscal years. As described above, work continued throughout 2020/21 to improve the quality of this data and further information is detailed in Section 15 of this report.
- 4.10 In respect of complaints, the percentage of people who did not declare their ethnicity has risen, increasing from **18.4%** in 2020/21 to **51.2%** in 2021/22.

5. Acknowledging Complaints

- 5.1 The NHS Complaints Regulations (2009)¹ place a statutory duty upon the Trust to acknowledge 100% of complaints within 3 working days (**Graph 3**).
- 5.2 Complaints requiring acknowledgement include those which are withdrawn, those where consent or required information is not received, and those that are de-escalated or are deemed 'out of time' under the 2009 NHS Complaints Regulations.¹ As in 2020/2021 and 2019/2020, throughout 2021/22, **100%** performance was achieved in all 12 months of the fiscal year.

Graph 3: Percentage of complaints acknowledged ≤ 3 working days during 2021/22, MFT



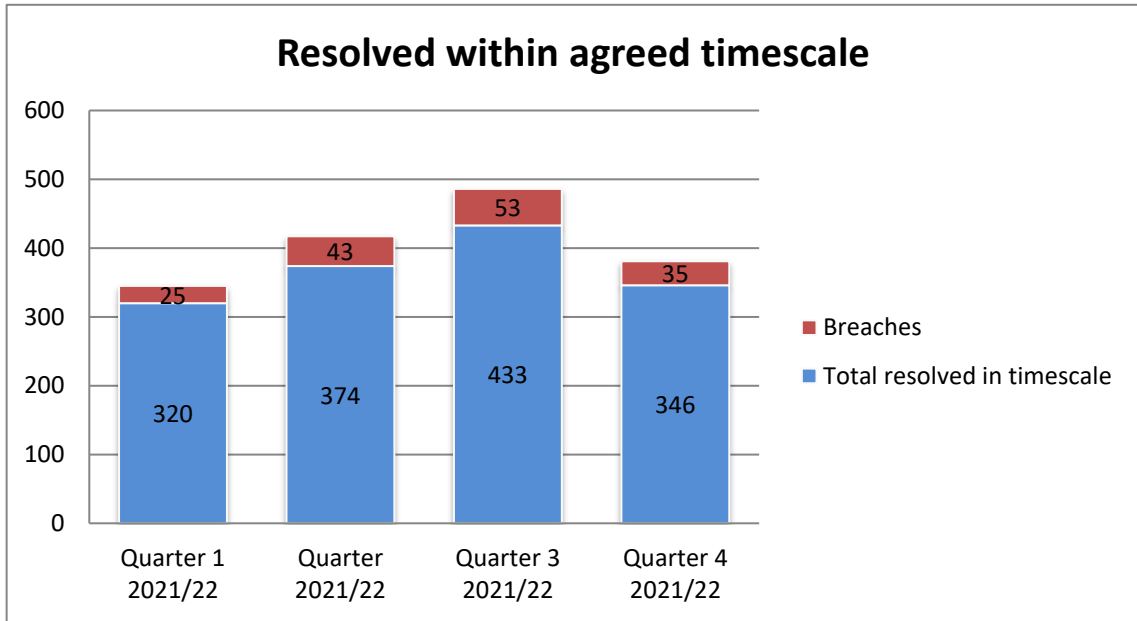
6. Response Times

- 6.1 The Trust target of resolving **80%** of complaints within 25 working days continues to be monitored closely. Based on the complexity of complaints and the Trust’s Complaints Triage Process, all ‘High’ category complaints are allocated 60 working day timeframes. **Table 15** and **Graph 4** provide a breakdown of performance in 2021/22.
- 6.2 The Trust’s performance in response times (**Table 15**) has been variable throughout the year with **1160 (71.20%)** complaints responded to in 0-25 working days, **162 (9.94%)** being resolved in 26-40 days and **307 (18.84%)** responded to in 41+ days. **18** complaints exceeded 100 days due to their complexity.
- 6.3 As in 2020/21, focus throughout 2021/22 has been to continuously deliver improvements in response times. In March 2022, **346 (90.8%)** of complaints were responded to within the agreed timescale, compared to **320 (92.5%)** in April 2021 (**Graph 4**). The continued focus and work on improvements has resulted in a continuously improving trend, therefore the current strategy for improvement will continue into 2022/23.

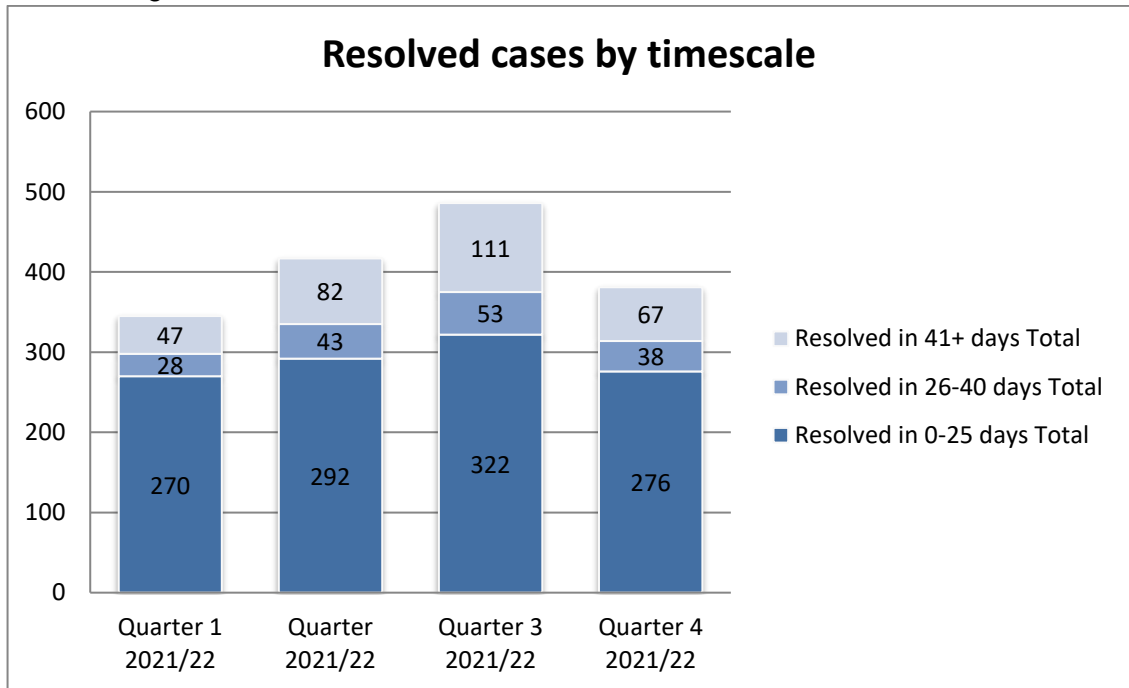
Table 15: Comparison of complaints resolved by timeframes, 2021/22, MFT

		2021/22
Complaints resolved	New	1361
	Reopened	268
	Total	1629
Resolved in 0-25 days	New	999
	Reopened	161
	Total	1160
Resolved in 26-40 days	New	162
	Reopened	0
	Total	162
Resolved in 41+ days	New	200
	Reopened	107
	Total	307
Total resolved in timescale		1473
Breaches		156
Total resolved		1629

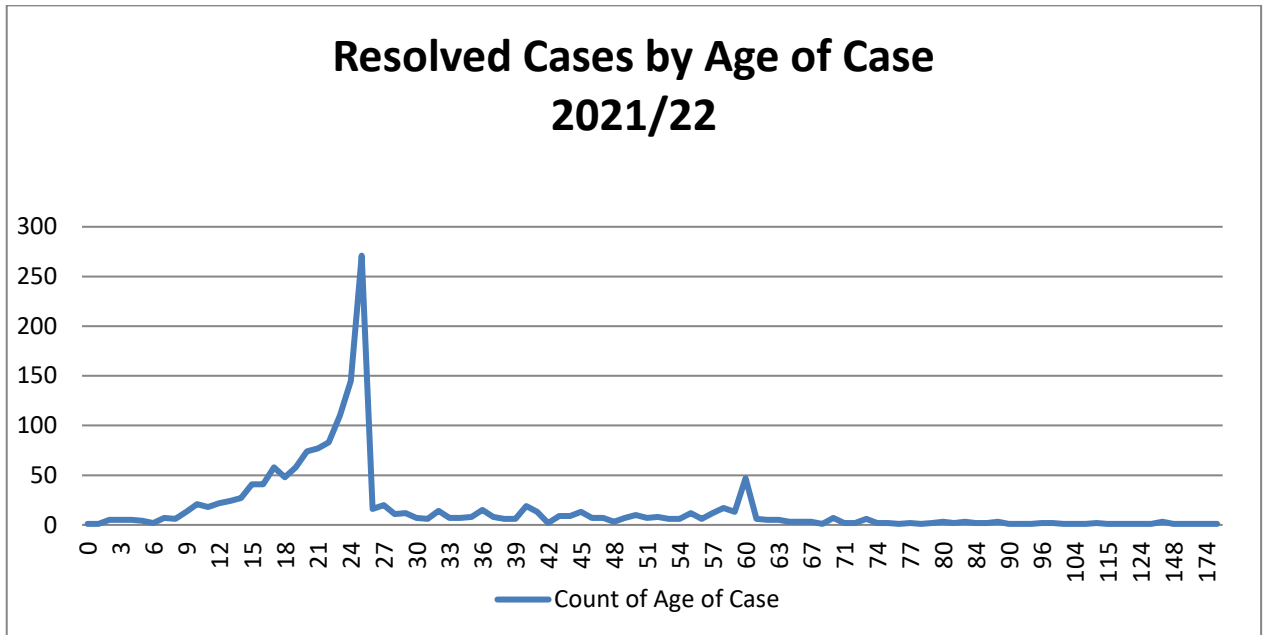
Graph 4: Breakdown of complaints closed within agreed timescales 2021/22, MFT



6.4 **Graph 5** shows the overall performance in relation to response times for complaints closed during 2021/22.



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

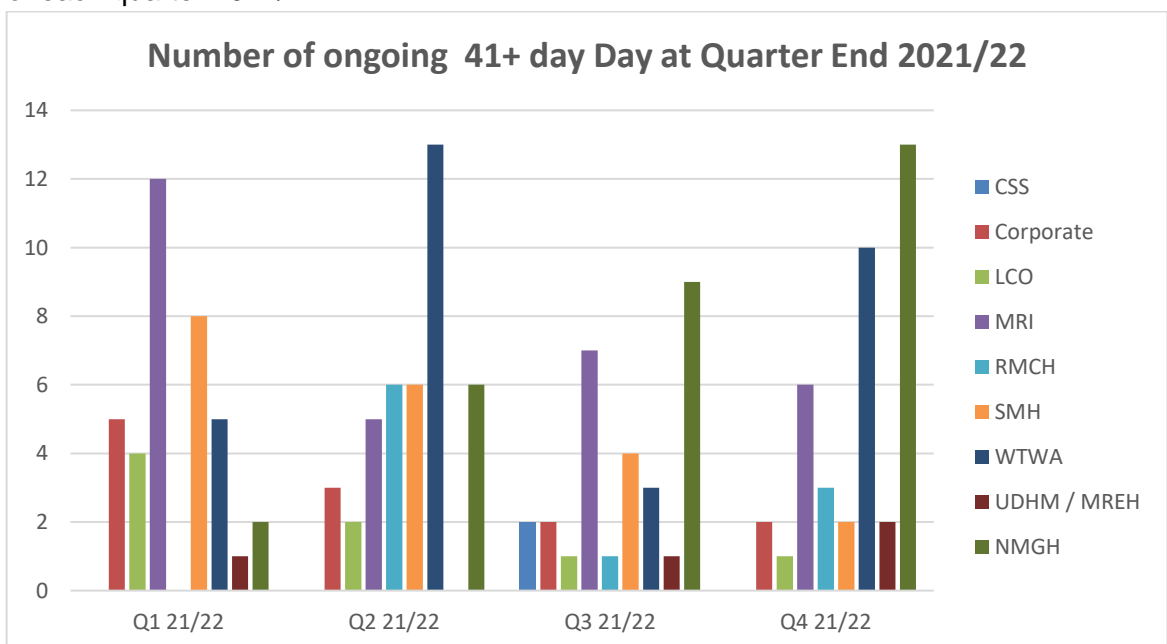


On-going Complaints

6.6 As in 2020/21 there has been a continued focus throughout 2021/22 on managing the number of open complaints that were over 41 working days old. At the beginning of April 2021, **33 (19.3%)** of the total number of open cases (**171**) Trust-wide that were unresolved over 41 days. However, this figure did fluctuate throughout the year, ranging from **37** open cases at the end of June 2021, **42** at the end of September 2020, and **39 (16.1%)** of open cases (**234**) at the end of March 2022.

6.7 **Graph 7** shows the number of open complaints, by Hospital/MCS/LCO unresolved after 41 days at the end of each quarter of 2021/22 and demonstrates variable number of cases throughout the fiscal year.

Graph 7: Open complaints by Hospital/MCS and LCO unresolved after 41 days at the end of each quarter 2021/22.



Number of ongoing 41+ day cases at Quarter end 2021/22			
Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22

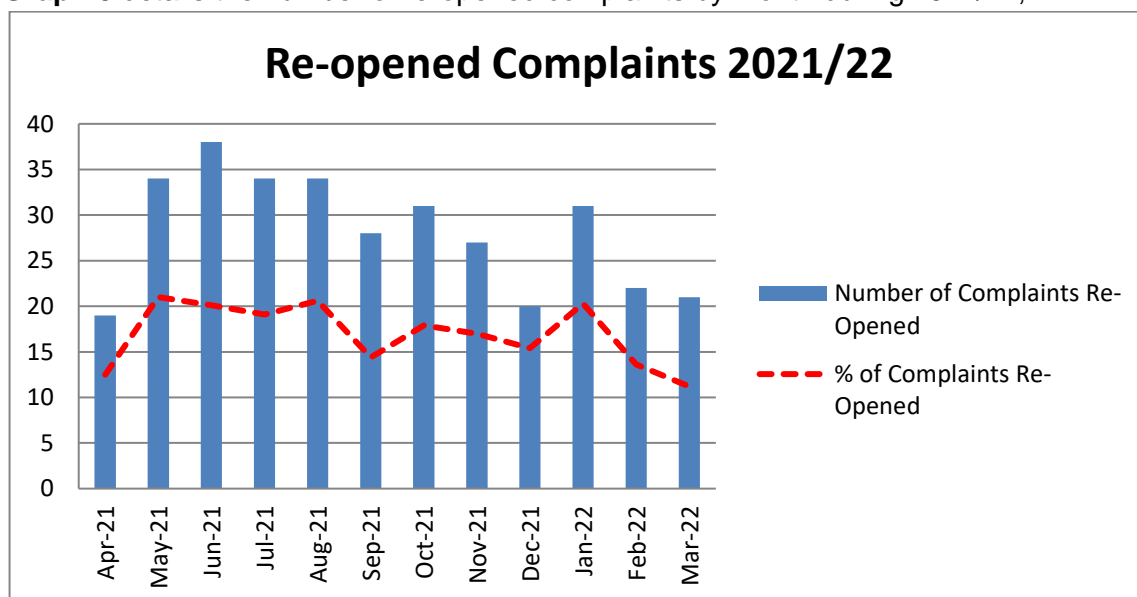
Corporate	5	3	2	2
CSS	0	0	2	0
UDHM / MREH	1	0	1	2
MRI	12	5	7	6
RMCH	0	6	1	3
SMH	8	6	4	2
WTWA	5	13	3	10
LCO	4	2	1	1
NMGH	2	6	9	13
MFT Total	37	41	30	39

6.8 All cases over 41 working days are monitored at Group level via the AOF, which informs the decision-making rights of Hospital/MCS and LCO Chief Executives and their teams.

6.9 The oldest complaint case closed during 2021/22 was received by WTWA. The case was opened on 7th October 2020 and the case was 186 days old when it was closed on 9th August 2021. The complaint involved 3 other NHS organisations; delays in receiving outcomes of the external investigations and the arranging of the local resolution meeting impacted the overall response time. The complainant was kept updated and fully supported throughout the process.

6.10 Further contact from complainants after receipt of the Trust’s written response is recorded as being re-opened and provides an indication of the quality and completeness of the response. A total of **339 (16.9%)** cases were re-opened during 2021/22. This compares to **248 (19%)** re-opened in 2020/21.

6.11 **Graph 8** details the number of re-opened complaints by month during 2021/22, MFT

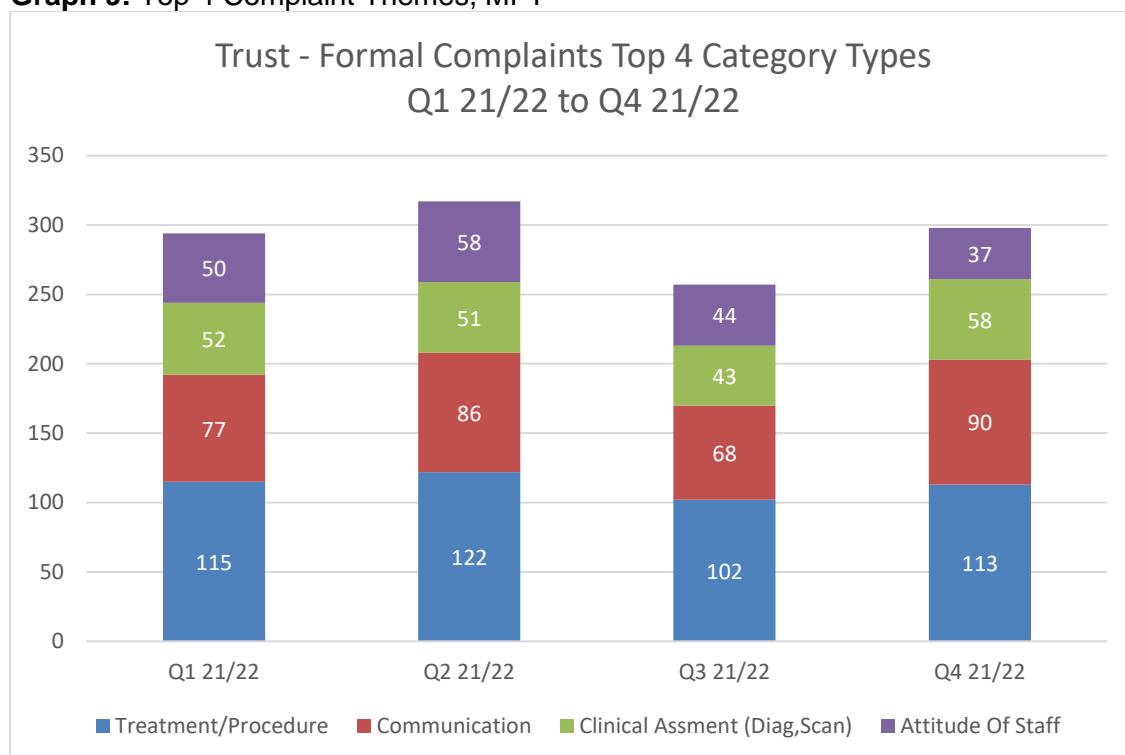


7. Themes

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

7.2 **Graph 9** below demonstrates the 4 most prevalent categories of issues raised in 2021/22.

Graph 9: Top 4 Complaint Themes, MFT



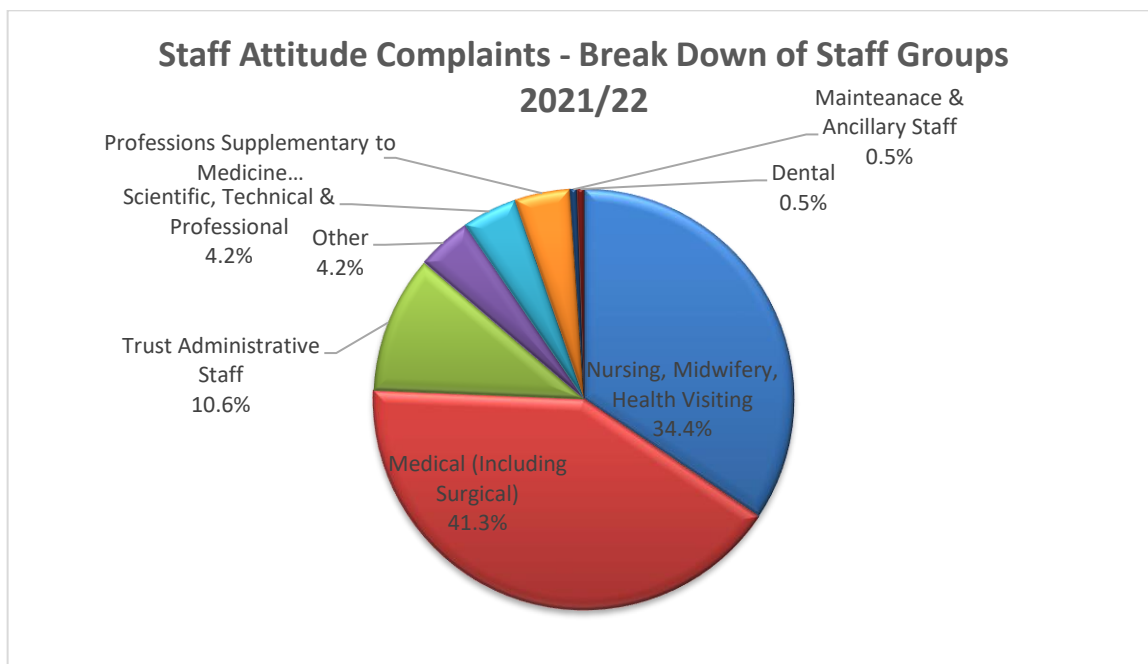
8. Our People

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

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

Attitude of Staff	2018/19	2019/20	2020/21	2021/22
PALS Concerns	304	247	186	376
Complaints	350	121	81	189
Total	654	368	267	565

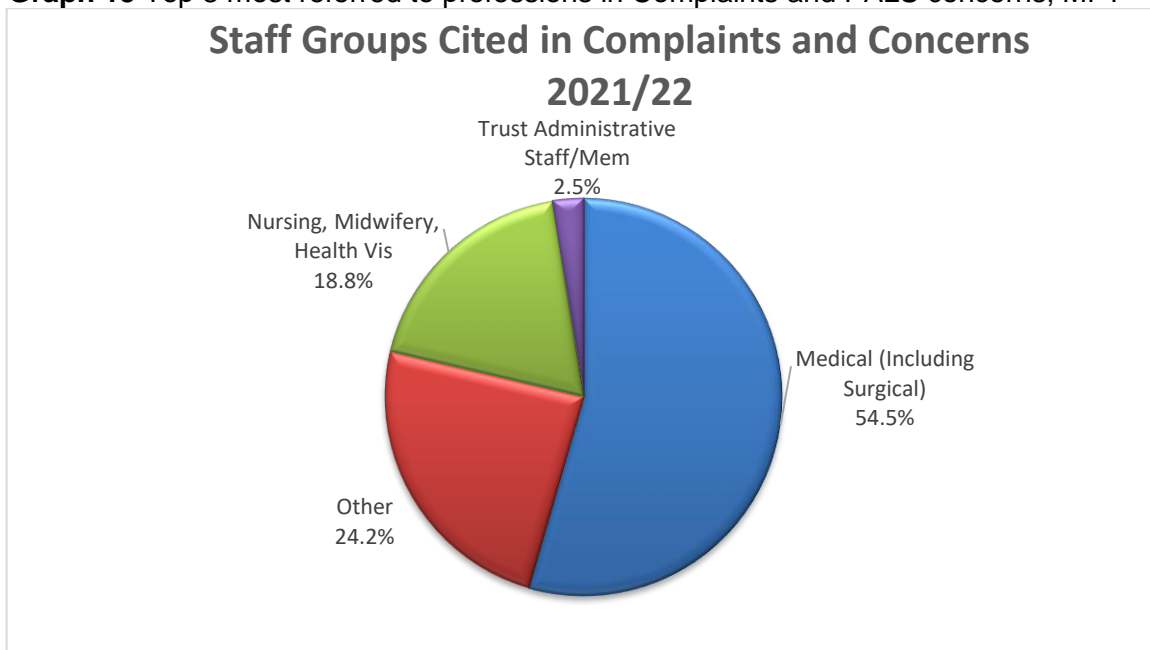
Graph 12: Percentage of complaints and PALS concerns relating to staff attitude by staff group, MFT



8.2 During 2021/22, the number of complaints and PALS concerns received (**9,387**) which cited staff attitude increased in number to **565 (6.0%)** compared to **267 (4.5%)** during 2020/21. It is, however, important to note that this increase coincides with the COVID-19 pandemic and the increased level of clinical activity Trust wide. The Trust's Values and Behaviours, "What Matters to Me" Patient Experience framework and Improving Quality Programme (IQP) play a vital role in continuing to reduce concerns relating to attitude, and work will continue throughout 22/23 triangulating this data. The attitude of the medical staff group was cited in more complaints (**41.3%**) than any other staffing group; notably this is the Trust's second largest staff group. This is a significant increase when compared to **21.7%** in 2020/21. In 2021/22 there was also a **2.9%** increase noted in the number of complaints received citing the attitude of the nursing, midwifery, health visiting staff groups medical staffing group (**34.4%**). This is a very slight increase when compared to **31.5%** in 2020/21. Of note in 2021/22 there was a **4.4%** reduction in the number of complaints received citing the attitude of the Trust's administration staff (**10.6%**). This a slight reduction when compared to **15.0%** in 2020/21.

8.3 **Graph 13** below highlights the top 3 professions referenced in complaints and PALS concerns for any reason. As in 2020/21 Medical Staff are the highest group referenced with a total of **4,072** concerns/complaints, followed by nursing, midwifery, health visiting staff who are referenced in **1,407** concerns/complaints. Whilst recording limitations prevent further analysis of this data to determine whether these references relate to specific grades of medical staff or certain nursing, midwifery or health visiting staff, it is recognised that medical staff are usually the lead practitioner for episodes of care, and nursing, midwifery and health visiting staff are often the first point of contact for patients. It is not, therefore unusual, or unexpected for these staff groups to be cited by patients who wish to raise a concern or make a complaint.

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



9. Overview and Scrutiny

- 9.1 The Trust's Complaints Review Scrutiny Committee is chaired by a Non-Executive Director and is a sub-group of the Group Quality and Safety Committee. Meetings are held every two months.
- 9.2 The main purpose of the Committee is to review the Trust's complaints processes in a systematic and detailed way through the analysis of actual cases, to ascertain learning that can be applied to continuously improve the overall quality of complaints handling management; with the ultimate aim of improving patient experience.
- 9.3 During 2021/22 the committee met five times in total reviewing ten presented cases involving ten Hospitals/MCSs/LCO across MFT.
- 9.4 The actions agreed at each of the Complaints Review Scrutiny Committee meetings, are recorded and provided to the respective Hospital/MCS/LCO following the meeting in the form of an Action Log, with progress being monitored at subsequent meetings.
- 9.5 Examples of the learning identified from the cases presented and actions discussed and agreed at the meetings in 2021/22 are outlined in **Table 17** below. All Hospitals/MCSs/LCO teams are asked to identify and share transferable learning from the scrutiny process within and across their services and Trust wide.

Table 17: Actions identified at the Complaints Review Scrutiny Committee during 2021/22

	Hospital/MCS/LCO	Learning	Actions
Quarter 1	MREH	Unacceptable behaviour displayed by patients can have a negative impact on staff.	Creative engagement/dialogue with staff establishing contributing key factors surrounding unacceptable patient behaviour. Staff to be provided with support and the tools they need to determine an appropriate course of action to deal with patients

			<p>demonstrating unacceptable behaviour.</p> <p>Raise staff awareness to support staff in recognising patients who demonstrate unacceptable behaviour.</p> <p>All staff encouraged to incident report any instances of unacceptable behaviour.</p>
Quarter 1	UDHM	<p>Poor communication experienced regarding the taking of long-term antibiotic cover and their severe associated side effects.</p>	<p>Development of a protocol for the management of post radiotherapy patients and the use of long-term antibiotics.</p>
		<p>Patient's outpatient appointments cancelled on several occasions.</p> <ul style="list-style-type: none"> - patient not informed of cancellation. - failure to cancel outpatient appointments in a timely manner. <p>Clinics overbooked and reduced in capacity.</p>	<p>Development of a 'management of multiple outpatient appointment cancellations' process.</p> <p>Audit of 'monitoring cancelled appointments' to be undertake.</p> <p>Await outcome of submitted Business Case for supporting additional clinic provision.</p>
Quarter 2	MRI	<p>Poor communication afforded to a patient when delivering investigation results and outcomes resulting in the patient's lack of understanding.</p>	<p>Patients to be routinely copied into correspondence.</p> <p>Strategies to be enhanced to confirm patient understanding.</p> <p>Increase sharing/raise awareness of patient visual communication resources: simple medical diagrams, drawings, pictures.</p>
Quarter 2	LCO	<p>Poor communication experienced by the family of a patient at the end of life.</p>	<p>Process implemented ensuring face to face visits take place in addition to telephone contact with patients and relatives.</p> <p>Introduction of electronic scheduling appointment system ensuring appointments are not missed.</p> <p>Process implemented ensuring face to face appointments/re-assessment needs are undertaken when a family carer raises</p>

			<p>concerns regarding the patient's condition.</p> <p>Participation in End-of-Life audits.</p>
Quarter 2	SMH	<p>TransWarmers are a risk when being used to maintain the core body temperature of an extreme preterm infant.</p>	<p>TransWarmer use and associated risks added to New-born Services Risk Register.</p> <p>Guidelines for assessing fragility of infant's backs reviewed and consideration given regarding the implementation of hourly reviews.</p> <p>Implementation of Nurse Education and Training updates.</p> <p>Learning from incident shared with other Neonatal services.</p>
		<p>Failure to communicate an infant's injury to the parents in a timely manner.</p>	<p>Importance of strengthening timely communications with parents discussed with the team.</p> <p>Enhancement of the handover process.</p>
Quarter 2	RMCH	<p>Lack of basic nursing interventions undertaken.</p>	<p>Reviews undertaken regularly to ensure competence and accurate completion of fluid balance charts.</p> <p>Initiation of Quality Improvement Project.</p>
		<p>Intussusception (inversion of one portion of the intestine within another) had not been considered as a diagnosis in a patient presenting with a normal Early Warning Score (EWS) and rectal bleeding.</p>	<p>Guidelines on PR bleeding to be developed by the Medical and Surgical teams.</p>
		<p>Failure to listen to parental concerns.</p>	<p>Study to be undertaken to highlight the importance of recognising parental concerns and the importance of listening to, responding to, and escalating concerns raised by parents.</p> <p>Share the learning from the study widely across all Hospitals/MCSs/LCO.</p>

			With the support of MRI explore and develop clear processes for joint working and dissemination of shared learning across the whole of MFT.
Quarter 3	CSS	A patient's surgery was cancelled due to lack of anaesthetist availability.	Explore integration of the Anaesthetic Rota in to Hive (Integrated Electronic Patient Record)
		Inaccurate information accessible to staff across all sites regarding a patient's results.	Raise awareness by: - Improving staff communications - Liaising with the Trust's Medical Directors across all sites
Quarter 3	NMGH	Visiting guidelines for patients with a recognised mental health condition were not applied during restricted visiting.	Development of a 'What to Expect During Restricted Visiting' patient information leaflet/poster. Systems put in place to provide next of kin/nominated family member with appropriate updates and discharge planning arrangements.
		Families were not provided with regular updates during restricted visiting due to the communications system not being in place on AMU.	Complaint shared with all staff. Key themes from the complaint shared at 'Themes of the Week'.
		Poor facilitation of patient's using their own means of communication.	Explore reintroducing Hospital Volunteers into the area. Expedite the resolution of NMGH website incorrectly signposting patient's/carers to Northern Care Alliance rather than MFT.
Quarter 4	WTWA (Surgery)	A patient's Research Study diagnostic examination findings suggestive of cancer had not been upgraded or added to the Cancer Pathway.	Development and Implementation of an 'Incidental Findings Research Project' Standard Operating Procedure. Research Leads reminded of the importance of reporting incidental findings to the clinicians whose patients are involved in research.
		There was a delay in the patient's pathway being incident reported.	Incident logged on Ulysses.

			<p>Incident and learning shared with all staff groups.</p> <p>Process implemented for onward referrals and communications to be completed at the time of discharge.</p>
		Work undertaken by new and temporary administration staff had not been checked for accuracy.	Review to be undertaken of the induction and training procedures for temporary administration staff.
Quarter 4	WTWA (Trauma & Orthopaedic)	Poor communication afforded to a patient and their family.	<p>All staff reminded of the importance of clear and compassionate communication.</p> <p>All staff reminded of the expected standards of documentation.</p> <p>Audit undertaken.</p> <p>Monitoring of fluid balance training and education undertaken by staff.</p> <p>Complaint shared and discussed with the nursing staff and the Complex Health and Orthogeriatric team.</p>
		Due to staff's lack of awareness of the Escalation Policy, the policy was not applied.	<p>Increase focus on raising staff awareness around the Escalation Policy.</p> <p>All staff reminded of the importance of utilising the 'Daily Huddles' to raise and escalate concerns.</p>
		The incident was not logged correctly or in a timely manner on the Trust's incident reporting system (Ulysses).	Incident logged on to Ulysses.

9.6 In addition to the scrutiny described above, complaints are also reviewed within the Accreditation process to assess if teams are aware of complaints specific to their area and to examine what actions have been taken and what changes have been embedded

to improve services.

- 9.7 Complaints are also triangulated with feedback received through a number of different processes including the Friends and Family Test (FFT), National Survey data, the Care Opinion and NHS Websites and the Trust's real time **"What Matters to Me"** Patient Experience surveys in order to identify and act upon any trends.

10. Patient Experience Feedback

10.1 Care Opinion and NHS Website Feedback

Care Opinion is an independent healthcare feedback platform service whose objective is to promote honest conversations about patient experience between patients and health services. The NHS Website (formally NHS Choices) was launched in 2007 and is the official website of the NHS in England. It has over 43 million visits per month and visitors can leave their feedback relating to the NHS services that they have received. The Care Quality Commission³ (CQC) utilises information from both websites to help monitor the quality of services provided by the Trust.

- 10.2 There has been an increase from **98** postings in 2020/21 to **146** postings in 2021/22 (**49.0%**). The number of posts on these websites by category; positive, negative, and mixed negative comments, are detailed in **Table 18** below. This data demonstrates that most comments received in 2021/22 were again, as in 2020/21 (73.5%) positive (**60.3%**). **33.6%** of the comments related to a negative experience in respect of Trust services in 2021/22.

Table 18 Number of Care Opinion postings by Hospital/MCS and LCO 2021/22

Number of Patient Opinion Postings received by Hospital/MCS/LCO 2021/22			
Hospital/MCS/LCO	Positive	Negative	Mixed
Clinical Scientific Services (CSS)	5	2	0
Corporate Services	0	2	1
Manchester & Trafford Local Care Organisation (LCO)	0	0	0
Manchester Royal Infirmary (MRI)	17	17	4
Research & Innovation (R&I)	0	0	0
Royal Manchester Children's Hospital (RMCH)	4	0	0
Saint Mary's Hospital (SMH)	13	11	1
University Dental Hospital of Manchester (UDHM)/ Manchester Royal Eye Hospital (MREH)	5	6	0
Wythenshawe, Trafford, Withington and Altrincham (WTWA)	28	2	2
North Manchester General Hospital (NMGH)	16	9	1
Total	88 (60.3%)	49 (33.6%)	9 (6.1%)

- 10.3 **Table 19** provides seven examples of the feedback received and the subsequent responses posted on Care Opinion and NHS Website that were published in 2021/22

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

Manchester Royal Infirmary

"Amazing staff - thank you!"

My mum had to attend the Manchester Royal Infirmary A&E Department on Tuesday night. We would like to thank each and every member of staff we had contact with from the security lady and gentleman who were professional and supportive in their very difficult role on the door; the 2 triage staff who were so welcoming, efficient and made it feel as though they had all the time to listen and care then the 2 staff at reception after triage again so caring and reassuring and then the wonderfully patient, caring, calm nurses, particularly the lead nurse who dealt with a particularly loud and disgruntled patient with dignity and such professionalism, and eventually the caring and efficient doctor who saw my mum. I cannot imagine the immense pressure that they were all under, but the way they all treated every single person who came through their care with the same level of support and help was truly wonderful. We want to thank them for making such a huge difference to what was, a very traumatic experience. Please pass on our deep appreciation and thanks.

Response

Thank you for your positive comments posted on the NHS Website regarding your experience at Manchester Royal Infirmary in Accident and Emergency. It was very kind of you to take the time to write and compliment the staff as it is always good to receive excellent feedback which reflects their hard work and dedication. It was reassuring to read that from the moment you arrived, all staff were professional and that the care your mum received was efficient. It is wonderful for us to know that you felt everyone was so welcoming and overall, you had a positive experience throughout. We are sincerely grateful for your kind words, and we have passed on your appreciation and gratitude to the Head of Nursing, who will share with all the staff involved.

Saint Mary's Hospital

"No answer on the phone"

I received an unexpected call 10 days ago to say an operation I've been waiting over 2 years for was going ahead and to expect a letter with further details. I have not received a letter and simply cannot get through on the phone. I have questions about my operation as the scheduler couldn't answer any. The receptionist at the hospital advised answering calls was a known issue. This is a contact on a scheduled operation so not a general query, both frustrating and stressful 😞

Response

Thank you for your feedback. We are sorry to learn that your experience in contacting the Women's Outpatient Department at Saint Mary's Hospital has been a disappointing and frustrating experience for you. I have discussed these events with the Matron for Gynaecology and the Deputy Directorate Manager who were both very sorry to hear of your experience. A voicemail has been left confirming your admission details and one of the administration team will attempt to contact you again. An investigation is being undertaken to identify why this error in communication has occurred.

The Division of Gynaecology currently has significant administrative staffing pressures across the Gynaecology administrative service which has resulted in a reduction of staff available to answer the phones. A new telephone system has recently been implemented which is designed to allow patients to choose the exact area in which they need to make contact, however with the current staffing gaps in the service we are not able to answer all calls that we receive as efficiently as we would normally aim for. When the new telephone system was implemented, it was agreed the opening hours would be identified

however, no voicemail would be available as often all messages could not be responded to in a timely manner due to high volume of calls that we receive. Saint Mary's MCS appreciate that this is an issue within the service currently and are working hard to rectify this situation and improve the way in which patients can communicate with the Trust. It is challenging to respond to all posts in a full way often because of a lack of detailed information, therefore if you would like to discuss your experience with us in more detail, please do not hesitate to contact our Patient Advice and Liaison Service (PALS) on 0161 276 8686.

Clinical Scientific Services – Trafford General Hospital

"1 out of 10 for everything"
I attended a kidney scan, and my appointment was 30 minutes late. Thank goodness another patient was sat nearby and asked a passing nurse what was going on as everyone else in the waiting area was seen except for me. When I did finally have my appointment, the nurse did not first apologise for the delay although I arrived on time. I never had a scan before, and she was meant to explain the process, but she cared more about getting it out the way and rushed through it. I did ask a question quickly, but she gave a short flippant reply, which made me feel uncomfortable. She made me unwelcome and uncomfortable, if she had honoured my actual appointment time there wouldn't be any issues.

Response

Please accept our apologies for your unsatisfactory experience while attending Trafford General and for the distress and upset this has caused you. In order for us to investigate your concerns, we will need further details from you so that this can be resolved. We take all issues surrounding patient care very seriously and so please contact our Patient Liaison and Advise Service (PALS) on 0161 276 8686 or by e-mailing pals@mft.nhs.uk

University Dental Hospital Manchester

"A credit to the NHS"
I went in with two extremely decayed teeth that was causing me a tonne of pain. I only wanted the pain gone so I wasn't expecting much. However, I was called in almost as soon as I sat down. I was told I need an extraction and root canal; the dentist could only remove the root so opted for a temporary filling and to go private to have the root canal. The extraction was easy peasy. The dental surgeon was amazing. I cannot thank you all enough for being so gentle and kind. Without you all we would still be in absolute agony. Thank you, thank you.

Response

Thank you for your recent feedback about the care you received at Manchester University Dental Hospital. It is wonderful to hear that you were seen quickly, the tooth extraction was pain-free and that the dental surgeon was amazing. We feel that comments like these reflect the hard work and dedication of our staff and are grateful to receive them. We have passed on your comments to the Head of Nursing who will share with the team involved. In the meantime, we wish you the best of luck with your root canal treatment.

North Manchester General Hospital

"Informing families"
Why does this hospital not inform family and friends on the progress of the patient once admitted? During this stage of the pandemic visits are prevented and our family is fraught not knowing about the progress of my mum, who is in a serious condition and has cancer which was about to be treated elsewhere. That's not a professional or sensitive way to

treat her loved ones who care and love her. Almost 2 years into the pandemic and procedures should be in place to communicate with relatives and friends!

Response

Thank you for sharing your recent experience and we are very sorry that you have experienced distress with the lack of communication on your Mum's progress at North Manchester General Hospital. Guidance is available for staff to support patients and families to ensure communication remains effective especially during these difficult and challenging times. As you indicate, it has been necessary to adapt some practices to ensure the safety of our patients, staff, and visitors and this is reviewed regularly. We apologise those communications have not met our high standards in this case and would like to rectify this.

It is difficult to respond to all posts in a full way often because of a lack of detailed information. If you would find it helpful to discuss your experience with us in more detail, please do not hesitate to contact, the Head of Nursing for Quality and Patient Experience at NMGH directly on 0161 720 2498.

Withington Community Hospital

"Rapid, personal and professional service"

The NHS at its best! Contacted GP on Monday, referred to rapid access Dermatology clinic, receptionist phoned Tuesday with a cancellation, seen Wednesday morning. Reassured. Summary letter received 8 days later. Thank you!

Response

Thank you for your positive comments posted on the NHS Website regarding the care you received at the Dermatology Clinic in Withington Hospital. It was very kind of you to take the time to write and compliment the staff as it is always good to receive positive feedback which reflects their hard work and dedication. It is reassuring to read that you feel it is a rapid, personal and professional service that allowed you to be seen within the same week. It is also wonderful for us to know that this support has helped you to feel reassured. We are sincerely grateful for your kind words, and we have passed on your appreciation and gratitude to the Head of Nursing, who will share with all the staff involved.

Corporate Services (Estates and Facilities)

"Heavy handed tactics"

Having made an appointment to visit my father in ICU, along with mum and my sister, all authorised, I was disgusted by the attitude of the security guard today. I've been visiting without issues until today where I was made to feel like I was lying to enter the hospital. The security man was very rude, asking if I had an appointment and what time and where! He then told me he would have to check to make sure I had! I'd just told him. This was in front of other visitors and was highly embarrassing as upsetting. There are ways of speaking to people and making them feel like liars is not one of them. I'm going to enter through a different entrance tomorrow as I HAVE made another appointment to visit my father. He almost lost his life last week and luckily every other member of staff has been wonderful.

Response

Thank you for your feedback regarding the experience you had whilst visiting Wythenshawe Hospital, Intensive Care Unit. The Security Officers are positioned at the doors to manage the flow of patients and visitors across site, in order to manage the risks relating to COVID-19 transmission. The Trust would like to apologise that you felt that

your interaction with the Security Officer was embarrassing and upsetting. Whilst the Security team are tasked with ensuring traffic on site is managed, it is essential that this is carried out in a professional and courteous manner. Your feedback has been shared with the Security Management Team and the importance of customer care will be reiterated to the team. It is difficult to respond to all posts in a full way often because of a lack of detailed information, therefore if you would like to discuss your experience with us in more detail, please do not hesitate to contact our Patient Advice and Liaison Service (PALS) on 0161 276 8686 or by e-mailing pals@mft.nhs.uk

11. Meetings with Complainants

- 11.1 A total of **137** Local Resolution Meetings (LRMs) are recorded as taking place during 2021/22 of which **37** related to MRI, **27** related to WTWA, **24** related to SMH, **20** related to NMGH with the remainder being spread evenly across CSS, Corporate, UDHM/ MREH, LCO and RMCH. This compares to **46** LRMs held in 2020/21 and represents an increase of **198%**. The increase can be attributed to the Trust's response working towards recovering from the COVID-19 pandemic.
- 11.2 Meetings are arranged by the Corporate Complaints team and a high-level summary post meeting letter provided to the complainant with an audio recording of the discussion on CD. This enables the complainant to listen to the recording outside the meeting should they wish to review specific responses or consider any further questions they may wish to raise.

12. Parliamentary and Health Service Ombudsman (PHSO)

- 12.1 The PHSO is commissioned by Parliament to provide an independent complaint handling service for complaints that have not been resolved by the NHS England (NHSE) and UK government departments. The PHSO is not part of government, NHSE, or a regulator. The PHSO is accountable to Parliament and their work is scrutinised by the Public Administration and Constitutional Affairs Committee.
- 12.2 The PHSO make final decisions on complaints that have not been resolved by NHSE and UK government departments and other public organisations. The PHSO do this fairly and without taking sides. Their 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.
- 12.3 During 2021/22 the PHSO informed the Trust of **5** complaint investigation outcomes. **Table 20** below shows the financial year in which the Trust initially received the complaints, which have since been closed in 2021/22 following PHSO investigation.

Table 20: Financial year in which the Trust, including legacy organisations, initially received the complaints closed in 2021/22 following PHSO investigation.

Year	Number Received
2018/19	2
2019/20	3

- 12.4 **Table 21** shows the outcome of the PHSO investigation for complaints resolved in 2020/21 and 2021/22.

Table 21: Outcome of PHSO investigations 2020/21 and 2021/22, MFT

	2020/21	2021/2022
Fully upheld	0	2 (40.0%)
Partially upheld	2 (66.6%)	3 (60.0%)
Not upheld or withdrawn	1 (33.3%)	0

12.6 In summary, **2** cases were fully upheld, **3** cases were partially upheld, and **0** cases were not upheld. In two of the partially upheld cases the Trust was required to pay **£500** to complainants in 2021/22. This compares to the Trust not being required to pay any financial redress in 2020/21. The Trust had **10** cases under review by the PHSO at the end of Quarter 4 in 2021/22.

12.7 **Table 22**, presented in **Appendix 3** provides details of the PHSO cases that were resolved in 2021/22 and shows the distribution of PHSO cases across the Hospitals/MCS/LCOs.

13. Complaint Data Analysis and Implementing Learning to Improve Services

13.1 All Hospitals/MCS/LCOs receive their complaint data via automated reports produced by the Ulysses Customer Services Module. Hospitals/MCS/LCOs also review the outcomes of complaint investigations at their Quality or Clinical Effectiveness Committees. The following tables show the complaint data for each of the Hospitals/MCS/LCOs mapped against several key performance indicators. A selection of complaints is provided to demonstrate how learning from complaints has been applied in practice to contribute to continuous service improvement during 2021/22. All of these examples have been published in the quarterly Board of Directors Complaints Reports during 2021/22.

13.2 Manchester Royal Infirmary

Manchester Royal Infirmary (MRI)	2019/20	2020/21	2021/22
Number of Complaints	419	283	356
Number of PALS Concerns	1531	1458	1805
Number of Re-Opened	99	78	100
Number Closed in 25 days	261	216	311
Number Closed Over 41 Days	103	68	52
Number of Meetings Held	33	15	37
Top 3 Themes			
Treatment/Procedure			
Communications			
Clinical Assessment (Diag.Scan)			

Hospital/MCS/LCO	Complaint and Lessons Learnt
Theatres & Elective In-Reach Q1	<p>Patient Experience:</p> <p>A patient raised concerns as they were unable to communicate with staff during their in-patient stay due to their hearing aids not being in-situ; This resulted in staff advising the patient's family that the patient was confused.</p> <p>As a result of the complaint the following action was taken:</p> <ul style="list-style-type: none"> ▪ 'Patient Focus Rounding' process enhanced incorporating and facilitating aid requirement checks.

MRI (Emergency Assessment and Access) Q4	<p>Patient Experience:</p> <p>A complaint was received in relation to the lack of reasonable adjustments made for a patient attending the department with learning difficulties.</p> <p>As a result of the complaint the following actions were taken:</p> <ul style="list-style-type: none"> ▪ All staff reminded of the importance of applying and providing holistic care. ▪ All staff reminded of the importance of clear communication with patients and relatives.
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13.3 Royal Manchester Children's Hospital

Royal Manchester Children's Hospital (RMCH)	2019/20	2020/21	2021/22
Number of Complaints	189	111	167
Number of PALS Concerns	621	432	671
Number of Re-Opened	22	25	21
Number Closed in 25 days	81	94	137
Number Closed Over 41 Days	56	37	30
Number of Meetings Held	7	2	6
Top 3 Themes			
Treatment/Procedure			
Communication			
Clinical Assessment (Diag.Scan)			

Hospital/MCS/LCO	Complaint and Lessons Learnt
RMCH Q2	<p>Communication:</p> <p>A complaint was received from the parents of a patient raising concerns that the safeguarding referral and poor communication had negatively impacted on their family.</p> <p>As a result of the complaint the following actions were taken/agreed:</p> <ul style="list-style-type: none"> ▪ Consultant supported in reflecting on the events leading up to the complaint. ▪ 'Safeguarding' Patient Information leaflet to be developed providing information about aspects of the safeguarding procedures. ▪ Complaint to be shared and discussed at the Hospital Peer review for wider learning. ▪ 'Skeletal Survey Examination' Patient Information leaflet to be developed explaining the outpatient appointment process, and the benefits and risks of the radiological examination. ▪ Investment in additional radiographer skeletal survey examination training to support the delays and reduce the additional stress to both parents and child caused by the lengthy wait for this examination.

RMCH Q3	<p>Facilities:</p> <p>A complaint was received in relation to a patient's mother's needs not being considered when the patient was admitted to hospital.</p> <p>As a result of the complaint the following actions were taken:</p> <ul style="list-style-type: none"> ▪ Arrangements made to purchase high back chairs for breast feeding mothers. ▪ Nursing team reminded of the importance of liaising with the Bed Management Team to establish bed status in other areas of the hospital. ▪ Nursing team reminded of the importance of the need for children's specific beds to be returned to the Children's Ward.
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13.4 Wythenshawe, Trafford, Withington and Altrincham (WTWA)

Wythenshawe, Trafford, Withington and Altrincham (WTWA)	2019/20	2020/21	2021/22
Number of Complaints	515	317	406
Number of PALS Concerns	1920	1351	1940
Number of Re-Opened	104	72	87
Number Closed in 25 days	377	256	301
Number Closed Over 41 Days	94	92	88
Number of Meetings Held	33	15	27
Top 3 Themes			
Treatment/Procedure			
Communication			
Clinical Assessment (Diag.Scan)			

Hospital/ MCS/LCO	Complaint and Lessons Learnt
WTWA Q2	<p>A rise in concerns and complaints were received in relation to patient's lost property.</p> <p>As a result of the complaints the following actions were taken:</p> <ul style="list-style-type: none"> ▪ Development and implementation of a Ward Matrons Focus Group. ▪ A 'Disclaimer Forms Usage Audit' undertaken, and repeat audits scheduled for the future. ▪ A review of property categorisation - 'What is Property?' ▪ A review of a patient's journey undertaken, and discussions held to enhance documentation process. ▪ Development and introduction of Patient Property Poster on all the wards.

WTWA Q4	<p>Communication:</p> <p>A patient's family complained regarding poor communication, and of the nursing staff's attitude and lack of support afforded to the family upon being informed of the patient's death.</p> <p>As a result of the complaint the following actions were taken/agreed:</p> <ul style="list-style-type: none"> ▪ The complaint was shared anonymously with the nursing and medical teams. ▪ All ward staff were supported in reflecting on the events leading up to the complaint and provided with appropriate training where identified. ▪ All ward staff were reminded of the importance of the Trust's Vision and Values. ▪ Ward Sister undertook 'Supporting Patients and their Families Through Distressing Situations including, Death, Dying and Bereavement' Training. ▪ All nursing staff to undertake Sage and Thyme Communication Skills Training. ▪ Review to be undertaken of the "visiting" processes on the ward and the new MFT Visiting Policy to be fully embedded.
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13.5 Saint Mary's Hospital (SMH)

Saint Mary's Hospital (SMH)	2019/20	2020/21	2021/22
Number of Complaints	194	160	243
Number of PALS Concerns	526	673	1134
Number of Re-Opened	49	19	49
Number Closed in 25 days	149	114	190
Number Closed Over 41 Days	35	48	33
Number of Meetings Held	23	6	24
Top 3 Themes			
Treatment/Procedure			
Communication			
Clinical Assessment (Diag.Scan)			

Hospital/ MCS/LCO	Complaint and Lessons Learnt
SMH Q1	<p>Patient Experience, Communication:</p> <p>A complaint was received regarding the provision of misleading/inaccurate information on a completed social care document.</p> <p>As a result of the complaint the following actions were taken/agreed:</p> <ul style="list-style-type: none"> ▪ Recruitment of a Specialist Nurse in New-born Services to support communication and other identified competencies, such as accurate record keeping of individual family composition and needs. ▪ Addition to be placed on the infant's paper medical records. ▪ Complaint shared anonymously and discussed with staff at core huddles. ▪ Via the Safeguarding Newsletter all staff to be reminded of the process of handling concerns relating to parental attendance and the

	<p>importance of documenting discussions.</p> <ul style="list-style-type: none"> ▪ Matron to provide support to the nursing staff in the checking of correct patient/family information and to ensure records are kept accurate.
SMH Q4	<p>Communication:</p> <p>A complaint was received in relation to difficulties being experienced in contacting Maternity Triage when the patient had concerns regarding her pregnancy. The patient also raised further concern regarding the poor communication and support experienced from a receptionist in the Antenatal Clinic (ANC).</p> <p>As a result of the complaint the following actions were taken/agreed:</p> <ul style="list-style-type: none"> ▪ Provision of an additional midwife per shift. ▪ Implementation of a dedicated Telephone Triage Midwife. ▪ A qualified member of staff will communicate with a pregnant woman personally when they telephone ANC seeking advice.

13.6 Clinical & Scientific Services (CSS)

Clinical & Scientific Services (CSS)	2019/20	2020/21	2021/22
Number of Complaints	103	67	96
Number of PALS Concerns	335	303	535
Number of Re-Opened	22	21	18
Number Closed in 25 days	79	59	69
Number Closed Over 41 Days	18	12	16
Number of Meetings Held	6	0	7
Top 3 Themes			
Communication			
Attitude of Staff			
Clinical Assessment (Diag.Scan)			

Hospital/MCS/LCO	Complaint and Lessons Learnt
CSS Q2	<p>Patient Experience, Communication:</p> <p>A complaint was received from a patient raising concerns regarding COVID-19 and his mask exemption requirements not being met.</p> <p>As a result of the complaint the following actions were taken:</p> <ul style="list-style-type: none"> ▪ Concerns shared and radiographer supported in reflecting on the events leading up to the complaint. ▪ Departmental process developed for patients who are unable to wear face coverings. ▪ All staff reminded of the importance of patient confidentiality. ▪ All staff reminded of the importance of keeping patients informed of any delays.

CSS (Critical Care) Q4	<p>Communication:</p> <p>A complaint was received from a patient's family regarding the poor communication they had experienced resulting in them not being able to be with the patient at the end of life.</p> <p>As a result of the complaint the following action was agreed:</p> <ul style="list-style-type: none"> ▪ Enhanced Communication training to be undertaken by nursing staff around supporting families/relatives of patients with deteriorating conditions/end of life.
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13.7 University Dental Hospital of Manchester (UDHM) and Manchester Royal Eye Hospital (MREH)

University Dental Hospital of Manchester (UDHM) and Manchester Royal Eye Hospital (MREH)	2019/20	2020/21	2021/22
Number of Complaints	96	39	103
Number of PALS Concerns	581	384	569
Number of Re-Opened	13	10	18
Number Closed in 25 days	78	36	81
Number Closed Over 41 Days	6	7	14
Number of Meetings Held	5	2	6
Top 3 Themes			
Treatment/Procedure			
Appointment/Delay/Cancellation (outpatient)			
Communication			

Hospital/ MCS/LCO	Complaint and Lessons Learnt
MREH Q1	<p>A complaint was received from a patient raising concerns that a clinician had not followed correct measures when wearing Personal Protection Equipment (PPE).</p> <p>As a result of the complaint the following action was taken:</p> <ul style="list-style-type: none"> ▪ Clinician retrained in the correct use of PPE and additional Infection Prevention and Control training undertaken.

<p>MREH Q3</p>	<p>Patient Experience, Communication:</p> <p>A complaint was received from a patient raising concerns regarding the waiting time in clinic, a staff's nonchalant manner and the shortage of seating in the waiting area.</p> <p>As a result of the complaint the following actions were taken/agreed:</p> <ul style="list-style-type: none"> ▪ Departmental process (Intentional/Patient Focused Rounding) developed and implemented to provide patients with timely updates throughout the clinic session in relation to waiting times and/or delays. ▪ Seating capacity in the clinic waiting areas to be regularly reviewed in line with current Infection Prevention and Control (IPC) guidance. ▪ As part of the improvement work streams the Outpatients Department capacity and utilisation to be reviewed.
<p>UDHM Q1</p>	<p>Patient Experience:</p> <p>A complaint was received from a patient raising concerns regarding the impact a clinician's assumptions had had on her in relation to her family unit.</p> <p>As a result of the complaint the following actions were taken:</p> <ul style="list-style-type: none"> • Concern shared and clinician supported in reflecting on the events leading up to the complaint. • LGBTQ+ awareness session delivered at MREH/UDHM ACE day in June 2021. • Concern shared and discussed with the Paediatric team at the departmental specific training session held in June 2021.
<p>UDHM Q3</p>	<p>Treatment, Patient Experience, Facilities:</p> <p>A patient raised concern regarding the treatment received, the clinician's attitude, and the lack of lighting, cleanliness, and music in the treatment room.</p> <p>As a result of the complaint the following actions were taken:</p> <ul style="list-style-type: none"> • Concerns shared and clinician supported in reflecting on the events leading up to the complaint. Clinician reminded of the importance of communicating effectively with their patients.

13.8 North Manchester General Hospital

North Manchester General Hospital	2019/20	2020/21	2021/22
Number of Complaints	-	-	184
Number of PALS Concerns	-	-	765
Number of Re-Opened	-	-	22
Number Closed in 25 days	-	-	121
Number Closed Over 41 Days	-	-	21
Number of Meetings Held	-	-	20
Top 3 Themes			
Treatment/Procedure			
Communication			
Clinical Assessment (Diag.Scan)			

Hospital/ MCS/LCO	Complaint and Lessons Learnt
NMGH Q3	<p>Treatment:</p> <p>A complaint was received in relation to a delay in receiving treatment, poor communication and the staff's lack of empathy.</p> <p>As a result of the complaint the following actions were taken:</p> <ul style="list-style-type: none"> ▪ Complaint shared at the Paediatric Emergency Department team meeting. ▪ Cleaning schedules reviewed. ▪ Review of senior paediatric decision makers/ competencies within the department. ▪ Patient's poor experience shared at the senior team meeting. ▪ Staff reminded of the importance of medication review prior to the patient's discharge. ▪ Staff reminded of the importance of providing clear instructions to patients on the use of an EpiPen. ▪ Staff reminded of the importance of providing all patients who are assessed to be in pain with adequate pain relief.
Q4	<p>Communication:</p> <p>A patient raised concern regarding the lack of communication in relation to the waiting time in the Emergency Department.</p> <p>As a result of the complaint the following action was taken:</p> <ul style="list-style-type: none"> ▪ All staff reminded of the importance of clear communication.

13.9 Research & Innovation (R&I)

Research & Innovation (R&I)	2019/20	2020/21	2021/22
Number of Complaints	0	0	0
Number of PALS Concerns	15	6	13
Number of Re-Opened	0	0	0
Number Closed in 25 days	0	0	0
Number Closed Over 41 Days	0	0	0
Number of Meetings Held	0	0	0
Top 3 Themes			
Communication			
Appointment/Delay/Cancellation (outpatient)			
Clinical Assessment (Diag.Scan)			

13.10 Corporate Services

Corporate Services	2019/20	2020/21	2021/22
Number of Complaints	68	44	54
Number of PALS Concerns	298	211	181
Number of Re-Opened	13	11	13
Number Closed in 25 days	25	23	45

Number Closed Over 41 Days	23	29	10
Number of Meetings Held	1	1	4
Top 3 Themes			
Infrastructure (Staffing, Environment)			
Attitude of Staff			
Communication			

Hospital/ MCS/LCO	Complaint and Lessons Learnt
Corporate	<p>Communication:</p> <p>A range of complaints received during these quarters demonstrated the difficulty patients were experiencing when contacting PALS.</p> <p>As a result of the complaint the following actions were taken:</p> <ul style="list-style-type: none"> ▪ Submission of application for funding to purchase an enhanced, quality, telephone call centre software. ▪ Installation plan implemented to meet the requirements of the Trust.

13.11 Manchester and Trafford Local Care Organisation (LCO)

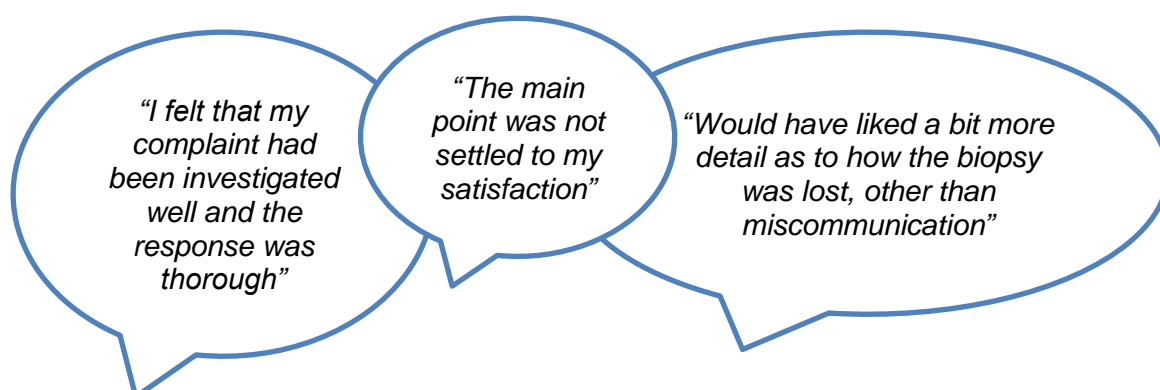
LCO	2019/20	2020/21	2021/22
Number of Complaints	44	38	56
Number of PALS Concerns	52	82	109
Number of Re-Opened	9	12	11
Number Closed in 25 days	15	13	17
Number Closed Over 41 Days	14	31	41
Number of Meetings Held	6	5	6
Top 3 Themes			
Appointment/Delay/Cancellation (outpatient)			
Attitude of staff			
Communication			
Hospital/ MCS/LCO	Complaint and Lessons Learnt		
LCO Q2	<p>Treatment:</p> <p>A complaint was received from a patient raising concerns in relation to the waiting time to be seen by the Community Neuro Rehabilitation Team (CNRT)</p> <p>As a result of the complaint the following actions were agreed/taken:</p> <ul style="list-style-type: none"> ▪ In conjunction with Trafford Clinical Commissioning Group a review to be undertaken of the CNRT Referral and Waiting List. ▪ Waiting List initiative agreed to manage the long waits' patients are experiencing. ▪ CNRT service model review to be undertaken. 		
Q3	<p>Patient Experience:</p> <p>A complaint was received from a patient raising concerns as to a staff member's abrupt attitude and lack of empathy shown towards the patient.</p> <p>As a result of the complaint the following actions were agreed/taken:</p>		

	<ul style="list-style-type: none"> ▪ All relevant staff members to undertake advanced communication skills training. ▪ All staff to be reminded of the importance of clear communications the purpose and procedure of an initial assessment visit, the reason for gaining a range of information and how this information will be made available to other team members.
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14. Complaint Satisfaction Survey

- 14.1 The Complaint Satisfaction Survey was developed by the Picker Institute and is based on the PHSO, the Local Government Ombudsman (LGO) and Healthwatch England’s user-led ‘vision’ of the complaints system; **‘My Expectations for Raising Concerns and Complaints’**⁴. The survey was sent to **2,020** MFT complainants following closure of their complaints during 2021/22, with a decreased response rate of **8.36%** compared to **31.6%** in 2020/21.
- 14.2 Whilst **69.8%** of the complainant survey respondents indicated that they received the outcome of their complaint within the given timescales, only **54.4%** of complainants felt that the response they received addressed all of the points they raised in their complaint, with a further **14.7%** reporting that the response did not address any of the points. **60.3%** of complainants felt they received an explanation of how their complaint would be used to improve services, with a further **17.1%** of complainants wanting an explanation, but reporting that they had not received one.
- 14.3 As in 2020/21 these results indicate the need for continuous improvements to the writing and communicating of the complaint responses. It is anticipated that in conjunction with the Complaints Letter Writing Training Educational Sessions, the draft guidance modules produced to help Trust’s implement and deliver the expectations set out in the PHSO Complaints Standards (further details of which are in Section 15 of this report) will bring improvements to this process.

Comments received from complainants include the following:



⁴ PHSO, the Local Government Ombudsman (LGO) and Healthwatch (2014) My Expectations for Raising Concerns and Complaints. Available from: <https://www.ombudsman.org.uk/publications/my-expectations-raising-concerns-and-complaints>



15. Work Programme 2021/22 - Update

15.1 In 2021/22 the Corporate PALS and Complaints team committed to several work-streams; a progress update for each is detailed below:

- **Implementation of the formal restructure of the Trust's Corporate PALS and Complaints Service**

15.2 Following a formal restructure, changes to the PALS and Complaints service were implemented in Q1, 2021/22. Through the development of a team approach, the reorganisation offers a more responsive service to all of the Hospital's/MCS's/LCO's and their patients and families and provides greater service resilience, as well as supporting the development of a career pathway for the Corporate PALS and Complaints staff members.

- **Delivery of a North Manchester General Hospital Corporate PALS and Complaints Service**

15.3 The reopening of the PALS office at NMGH took place in Q1, 2021/22.

The reopened PALS facility will enable patients and members of the public to make face to face enquiries and book appointments to see a PALS Team Leader, Facilitator or Officer.

Given the expansion of the PALS team at NMGH and the absence of a meeting room for patients to meet confidentially with a PALS Case Worker, during 2021/22 work continued exploring the relocation of the PALS office to a larger location within NMGH. Building work commenced at the end of May 2022 and relocation of the PALS team and hand over of the Swan Suite is anticipated in July 2022.



- **MFT Concerns and Complaints Policy (2021)**

15.5 The MFT Concerns and Complaints Policy (2021) provides a framework for MFT to meet the requirements of the Local Authority Social Services and National Health Service Complaints (England) Regulations (2009) and provides staff with support and assistance in dealing with concerns and complaints. In Q2, 2021/22 the policy was reviewed, updated, and ratified accordingly. Following the piloting, refining and introduction of the PHSO's NHS Complaint Standards, further review, updating and ratification of the policy will commence with the implementation of the PHSO NHS Complaint Standards.

- **Dedicated Complaints Triage System**

15.6 Through the continued development of a triangulated approach with the Trust's Risk Management's team and the Hospitals/MCSs/LCO with effect from Q2, 2021/22 a dedicated complaints triage system was implemented. All complaints received in the Trust are solely triaged by the Head of Customer Services and/or the PALS and Complaints Manager/s. The dedicated triage system provides a clear overview of all complaints, enhancing detection of specific themes possibly impacting on patient safety, as well as identifying specific hot spots, and trends across MFT.

- **Internal Audit 2021/22: NMGH Complaints Handling**

15.7 In the context of NMGH joining the Trust and following the undertaking of MFT's Internal Complaints Handling Audit in 2020/21, an internal audit to provide assurance that the Trust's policies and processes for responding to patient complaints at NMGH commenced in Q2, 2021/22. This audit included assessment of the design of the local complaints process within NMGH, including how these align to the overall Trust Complaints' Policy.

15.8 The audit reviewed a sample of 5 patient complaints relating to NMGH in 2021/22. Overall the audit found:

- The Group has set deadlines for complainants to receive a written response by.

- There are improvements to be made in relation to timeliness of complaint responses.
- All cases identified a Complaints Case Manager in writing to the complainant and all were assigned a risk rating and logged in Ulysses (Trust’s Customer Services database) and not in the legacy system used by NMGH.
- 3 out of the 5 complaints were responded to outside of the Group’s timeframe and extensions were not requested for these responses. Of the 3 late responses, the audit found that:
 - 1 was a low risk complaint that was responded to 1 working day late.
 - 1 was a low risk complaint that was responded to 9 working days late.
 - 1 was a complex complaint that was responded to 11 working days late.
 - All 5 complainants were informed in writing when they should expect a response by.
 - The Complaints Review Scrutiny Group meetings focus on learning from a complaint at a different site each time. In November 2021 NMGH attended the meeting and presented learning from a complaint it handled for the first time since it joined the Group.
 - Each divisional lead emails a ‘theme of the week’ to their staff, which includes key messages from learning arising from external and internal complaints.
- 1 low priority recommendations in relation to timeliness of complaint responses
- Overall rating of **“Partial assurance with improvements required”** was provided to the Trust



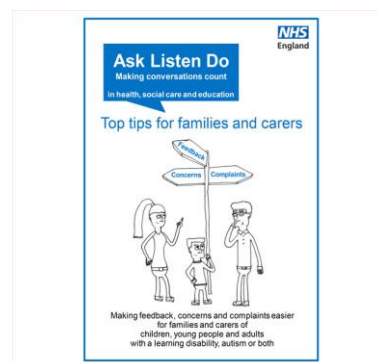
A Complaints Audit Action Plan was developed and implemented to address the recommendations in Q4, 2021/22.

▪ Equality and Diversity Monitoring Information

- 15.9 Following the introduction of the departmental Equality and Diversity Checklist during the latter part of 2020/21 and in light of the continued challenges in the collection of the equality and diversity data in Q2, 2021/22 a further audit to evaluate the collection of this data was undertaken. Whilst good compliance was found in PALS with regards to ‘gender’ data (100%), the audit found that ‘gender’ data was collected in only 25.0% of Complaint cases; the audit found that ‘ethnicity’ data was collected in only 36.25% of the PALS and Complaint cases and overall compared to the previous audit demonstrated a reduction in the data collection for ‘ethnicity’ (-53.75%), ‘religion’ (-6.25%) and ‘disability’ (-2.5%).
- 15.10 All complainants have a right to be informed of their right to support with their ‘religion’ and/or ‘disability’ status; however, the audit findings, as identified in the first audit, have acknowledged poor compliance and continued lack of consistency in the collection of this data, despite the introduction of a departmental Equality and Diversity Checklist. Opportunities for further improvement continued in Q3, 2021/22 with the Equality and Monitoring Information being tailored within staff ‘SMART’ objectives.

- **Ask, Listen, Do commitment**

15.11 Ask, Listen, Do is an NHS England initiative which aims to improve the experiences of people with a learning disability, autism or both (and their families and carers) when giving feedback, raising a concern, or making a complaint about healthcare, social care or education provision/providers.



15.12 The Trust is committed to making a difference and ensuring young people, and adults have equal access to the PALS and Complaints service at the Trust. This is an important piece of work and in Q3, 2021/22 the PALS and Corporate Complaints team put the Trust's commitment into action. Work continued throughout Q4, 2021/22 exploring what the services can do to improve the experiences of people with a learning disability, autism or both when using the Trust's PALS and Complaints service. It is anticipated that this review and call to action will be completed by the middle of 2022/23.

15.13 Further details on Ask Listen Do are available on the NHS England website (www.england.nhs.uk)

- **Education**

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

Module 1 of the Trust's e-learning Customer Service & PALS and Complaints package was launched in Q1, 2021/22 for staff wishing to access training created to help them understand why good customer service is so important.

15.5 Launch of the second module of the e-learning education package on the Trust's Learning Hub will be completed in Q2, 2022/23. Through this e-learning package Trust staff will be given the opportunity to understand what good complaints handling looks like in line with The Local Authority Social Services and NHS Complaints (England) Regulations 2009.

15.14 **In-house Complaints Letter Writing training package**

Q3, 2020/21 saw the launch of the In-house Complaints Letter Writing Training Package to all staff across the Trust via the Learning Hub's Big Blue Button.

15.15 **PALS and Complaints Training**

Throughout 2021/22 the Corporate PALS and Complaints teams facilitated educational sessions as part of the Band 7 Team Leader Senior Clinician Leadership and Management Programme.



During 2021/22 the Oxford Road Campus PALS Team Leader also facilitated educational sessions as part of the RMCH Nursing Study Day.

- **PHSO NHS Complaint Standards Framework**

15.16 The Standards continue to be tested in pilot sites and the PHSO plan to refine and introduce the Standards across the NHS in 2022/23. The Standards set out how organisations providing NHS services should approach complaint handling. They apply to all NHS organisations in England who deliver NHS funded care.

The Standards aim to support organisation in providing a quicker, simpler, and more streamlined complaint handling service, with a strong emphasis on early resolution by empowered and well-trained staff. Combined with training and further guidance from the PHSO the Framework will see organisations following similar processes across the country and will lead to a better, clearer, and consistent approach to complaint handling across Trusts delivering NHS services.



Further details of the Standards are available on the PHSO's website (<https://www.ombudsman.org.uk/organisations-we-investigate/nhs-complaint-standards/nhs-complaint-standards-summary-expectations>)

15.17 Ahead of the NHS Complaint Standards Framework being implemented and to ensure MFT is responsive to the Expectations within it, an 'Immediate Results Improvement Plan' has been developed. The PALS and Complaints team will ensure oversight and completion of the 'Immediate Results Improvement Plan' throughout Q1 and Q2, 2022/23.

16. Work Programme 2022/23

16.1 The PALS and Complaints key priorities for 2022/23 include:

- **Putting the PHSO NHS Complaint Standards Framework into practice:**

Continue to support this commitment making sure this tailored model is reflective in MFT's approach to dealing with concerns and complaints. Following the introduction of the Standards in 2022/23, a full review, updating and ratification of MFT's Concerns and Complaints Policy will commence.

- **PALS and Complaints Processes and Training**

Continue to offer training to staff in the Hospitals/MCSs/LCO teams and implement an enhanced PALS and Complaints training programme and bespoke supervisory sessions on complaints management. This will include timely responsiveness to complaints, complaint investigations and the processes by which they are managed, in line with national recommendations.

- **Feedback and learning in practice:**

Continue to improve the utilisation of complaints feedback to inform improvement activity and demonstrate learning in practice. Work is also planned to commence exploring triangulation across all feedback sources, namely Friends and Family Test,

Quality Care Rounds, Inpatient Surveys, PALS and WMTM focusing on negative feedback to support the identification of areas for improvement.

- **PALS Volunteers:**

Continue to explore, develop, and recruit to dedicated PALS volunteer roles that support the current needs of MFT and provide opportunities for people to develop key transferable skills.

- **Telephone Call Centre:**

It is our aim to always achieve a high level of customer satisfaction and communication and call handling is one of our primary objectives. In response to feedback from service users in which they reported difficulties in contacting the PALS and Complaints teams, and to increase service user experience work is planned to implement an enhanced/upgraded PALS and Complaints Call Centre in July 2022.

- **Complaints and Incidents Pathways**

Continue to work with the Hospitals/MCS/LCO teams to improve the process by which complaints and incidents concurrently run in parallel, making the necessary changes, in line with due processes and national recommendations.

- **Supporting Staff**

Continue to support PALS and Complaints Team Leaders through the development and implementation of bespoke supervisory sessions.

- **Ask, Listen, Do commitment**

In response to Ask, Listen, Do and the Trust's commitment being put into action, work will continue to identify and improve the experiences of people with a learning disability, autism or both when using the Trust's PALS and Complaints service.

17. Conclusion and Recommendation

17.1 During this annual report year a significant amount of work has continued to take place to improve the timeliness of complaint responses, to reduce the number of re-opened complaints and to manage the number of open complaints over 41 working days old. As a result, there has been an improvement, in the average response rate of complaints responded to within the agreed timescale, however, there remains opportunity for further improvement in the reduction of the number of re-opened complaints. Close monitoring and always seeking positive performance and improvement, will continue with, performance being monitored at a Group level via the Accountability Oversight Framework (AOF).

17.2 The three primary themes of dissatisfaction remain the same as 2020/21, with the top themes being Treatment/Procedure, Communication, and Clinical Assessment. The actions outlined in this report demonstrate that complaints received by the Trust are acted upon and are used to inform work aimed at improving the patient's experience. Analysis of the complaint themes and trends will continue to be closely monitored at Group level and via local governance forums.

17.3 In order to ensure that the Trust delivers an enhanced, responsive, and compliant Corporate Complaints and PALS service across MFT, the Trust's Complaints Policy and procedures will be reviewed and updated following the implementation of the PHSO NHS Complaint Standards in 2022/23. Additionally, Complaints and PALS processes will continue to be reviewed and developed throughout the year. The

development of an enhanced PALS and Complaints training programme and bespoke supervisory sessions in complaints management will be utilised to continue to support the delivery of education and to support continual improvement in the Trust's customer service offer, as well as the quality of complaint investigations and responses during 2022/23.

- 17.4 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.
- 17.5 The Board of Directors is asked to note the content of this report, the work undertaken by the Corporate and Hospitals /MCSs and LCO teams to improve the patient's experience of raising complaints and concerns and, in line with statutory requirements, provide approval for the report to be published on the Trust's website.

Appendix 1

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

Table 4: Source of PALS Concerns by enquirer

Source	2018/19	2019/20	2020/21	2021/22
Email	2089	2454	2276	3723
Face to Face	584	473	97	316
Complaints	2	0	2	0
Family Support	1	0	0	0
PALS	4	1	0	1
Letter	67	55	43	29
MP	4	0	5	0
Other	40	21	21	9
Telephone	3110	2892	2424	3644
Family Member / Friend	4	1	32	0
Totals	5905	5897	4900	7722

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

Age Range	2018/19	2019/20	2020/21	2021/22
0 – 18	1137	1092	650	972
19 – 29	594	574	506	854
30 - 39	749	767	745	1115
40 - 49	668	640	544	889
50 – 59	856	828	576	1033
60 – 69	688	754	598	902
70 – 79	725	739	661	940
80 – 89	395	412	472	606
90 – 99	90	87	144	158
100+	3	4	4	3
Totals	5905	5897	4900	7722

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

Sex	2018/19		2019/20		2020/21		2021/22	
	Number of concerns	% of concerns	Number of concerns	% of concerns	Number of concerns	% of concerns	Number of concerns	% of concerns
Female	3257	55.2%	3306	56.1%	2878	58.7%	4608	94.0%
Male	2564	43.4%	2549	43.2%	1998	40.8%	3045	62.1%
Not Specified	83	1.4%	39	0.7%	23	0.5%	68	1.4%
Other	1	0.0%	3	0.1%	1	0.0%	1	0.0%
Total	5905		5897		4900		7722	

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

Category	2018/19	2019/20	2020/21	2021/22
Any Other Ethnic Group	46	58	64	63
Asian or Asian British - Bangladeshi	7	9	6	13
Asian or Asian British - Indian	33	44	47	43
Asian or Asian British - Other Asian	29	34	23	38
Asian or Asian British - Pakistani	62	106	112	130
Black or Black British - African	30	60	47	52
Black or Black British - Caribbean	28	46	41	36
Black or Black British - Other Black	14	22	14	29
Chinese Or Other Ethnic Group - Chinese	8	12	8	22
Mixed - Other Mixed	15	15	22	25
Mixed - White & Asian	5	15	10	18
Mixed - White & Black African	5	10	4	3
Mixed - White & Black Caribbean	52	56	22	18
White - British	1791	2041	1751	2152
White - Irish	53	64	51	54
White - Other White	54	87	72	89
Do Not Wish to Answer	0	380	4	14
Not Stated	3673	2838	2602	4923
Totals	5905	5897	4900	7722

Appendix 2

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

Table 11: Complaint Risk Rating

Category	2018/19	2019/20	2020/21	2021/22
Not Stated / Other	1	0	0	4
White	0	0	0	0
Green	60	49	28	117
Yellow	807	903	650	1123
Amber	691	670	377	395
Red	14	6	4	26
Totals	1573	1628	1059	1665

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

Age Range	2018/19	2019/20	2020/21	2021/22
0 - 18	471	384	218	290
19 - 29	138	159	88	175
30 - 39	187	222	143	262
40 - 49	165	172	99	165
50 - 59	159	186	142	200
60 - 69	154	184	122	179
70 - 79	176	178	135	177
80 - 89	96	109	85	116
90 - 99	26	34	27	40
100+	1	0	0	1
Totals	1573	1628	1059	1665

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

Sex	2018/19		2019/20		2020/21		2021/22	
	Number of concerns	% of concerns	Number of concerns	% of concerns	Number of concerns	% of concerns	Number of concerns	% of concerns
Female	880	55.9%	907	55.7%	605	57.1%	999	60.0%
Male	642	40.8%	706	43.4%	436	41.2%	645	38.7%
Not Specified	50	3.2%	13	0.8%	17	1.6%	18	1.1%
Other	1	0.1%	2	0.1%	1	0.1%	3	0.2%
Total	1573		1628		1059		1665	

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

Category	2018/19	2019/20	2020/21	2021/22
Any Other Ethnic Group	12	13	9	16
Asian or Asian British - Bangladeshi	1	8	2	6
Asian or Asian British - Indian	7	16	14	11
Asian or Asian British - Other Asian	6	15	5	17
Asian or Asian British - Pakistani	29	38	33	30
Black or Black British - African	8	31	18	21
Black or Black British - Caribbean	10	14	12	14
Black or Black British - Other Black	7	8	3	9
Chinese Or Other Ethnic Group - Chinese	0	4	2	3
Mixed - Other Mixed	3	1	7	9
Mixed - White & Asian	6	9	5	5
Mixed - White & Black African	2	5	2	1
Mixed - White & Black Caribbean	11	14	7	5
White - British	445	712	434	595
White - Irish	10	25	17	33
White - Other White	9	42	24	29
Do Not Wish to Answer	0	327	270	9
Not Stated	1007	346	195	852
Totals	1573	1628	1059	1665

Appendix 3

Table 22: Complaints closed between 1st April 2021 and 31st March 2022 following PHSO investigation

Hospitals/MCS/LCO	Outcome	Date complaint initially received by the Trust	PHSO Rationale/Decision	Recommendations
Quarter 1				
CSS (Critical Care)	Upheld	March 2019	<p>Failure to provide appropriate care needs.</p> <p>Failure in communication in respect of</p> <ul style="list-style-type: none"> - a medical event - tissue donation <p>Failure to provide support to family members.</p>	<p>Provide a full acknowledgement of failings and apology for impact, distress and suffering caused.</p> <p>Explain what actions have been taken to address failings and identify specific reasons for failings and outline learning taken from specific issues.</p>
MRI (Vascular Surgery)	Upheld	April 2019	Failure to provide appropriate standard of care.	<p>Provide a full acknowledgement of failings and apology for impact, anxiety and suffering caused.</p> <p>Explain what actions have been taken to address failings and identify specific reasons for failings and outline learning taken from specific issues.</p>
WTWA (Trafford Orthopaedics)	Partially Upheld	December 2019	Injuries caused to skin during surgery.	<p>Provide a full apology for the damage caused.</p> <p>Pay £200 in recognition of minor injuries caused.</p>
WTWA (Lung Cancer and Thoracic Surgery)	Partially Upheld	December 2019	Failure in fully recording and providing adequate nutrition and hydration.	Provide a full acknowledgement of failings and apology for distress and worry caused.

			Failure in identifying and addressing all failings in respect of the complaint response.	Explain what action have been taken to address failings and identify specific reasons for failings and outline learning taken from specific issues.
Quarter 4				
MRI (Gastroenterology /Hepatology)	Partially Upheld	December 2018	Failure to arrange appropriate nursing care and support in the community. Poor nursing documentation.	Pay £300 financial redress in recognition of failings identified.