

**CENTRAL MANCHESTER UNIVERSITY HOSPITALS
NHS FOUNDATION TRUST**

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Paper prepared by:	Debra Armstrong – Deputy Director of Nursing (Quality) Stephen Hodges – Head of Patient Services Sue Ward – Director of Nursing
Date of paper:	July 2017
Subject:	Annual Complaints Report 2016/17
Purpose of Report:	Indicate which by ✓ <ul style="list-style-type: none"> • Information to note • Support • Resolution • Approval ✓
Consideration of Risk against Key Priorities	Patient & Staff Experience
Recommendations	The Board of Directors is asked to note the content of this report, the work undertaken during 2016/17 and in line with statutory requirements provide the approval for the report to be published on the Trust website.
Contact:	Name: Debra Armstrong, Deputy Director of Nursing (Quality) Tel: 0161 276 5061

1. Executive Summary

- 1.1 The Trust adheres to the Statutory Instruments 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 Trust, received between 1 April 2016 and 31 March 2017.
- 1.2 Extensive work has continued during 2016/17 to build upon the improvements made in 2015/16. This report celebrates some of those achievements and improvements whilst acknowledging there are improvements still to be realised.
- 1.3 Throughout the report the term **Complaints** is used to describe formal complaints requiring a response from the Chief Executive and the term **Concerns** is used to describe informal contact with Patient Advice and Liaison Service (PALS) which require a faster resolution to issues that may be resolved in real time.

2. Summary of Activity

- 2.1 Comparative data is provided within the report compared to the previous year's performance. During 2016/17, the quality of complaints data reporting has continued to improve. However caution should be applied to comparison with data prior to 2015/16 as the data collection systems in previous years were not as precise as those currently used, which employ the full functionality of the Safeguard system.
- 2.2 Due to the nature of complaints, the data fluctuates from day to day and this can influence the accuracy of the numbers reported within any one reporting period. Small variances within monthly, quarterly and annual reporting are therefore expected and accepted.
- 2.3 The number of PALS concerns received in 2016/17 was 4363. This represents an increase of 225 compared with the number received in 2015/16 (4138). This equates to a 5.4% increase in the number of PALS concerns received during the last year.
- 2.4 There has been an overall decrease in the number of formal complaints in 2016/17, with a total of, 1051, which is 109 fewer than the number of complaints received in 2015/16 (1160). This represents a **9.4% reduction** in the number of Formal Complaints received during the last year.
- 2.5 As a measure of performance against organisational activity, the number of formal complaints must be considered in context. The following table shows the number of formal complaints in context of Inpatients, Outpatients and in Accident and Emergency attendances.

Table 1: Complaints received in context of activity.

		2015/16	2016/17
Inpatient Episodes	Formal Complaints received(FC)	446	404
	Finished Consultant Episodes (FCE)	281818	289295
	Rate of FCs per 1000 FCEs	1.58	1.40
Out-patient Appointments	Formal Complaints received (FC)	481	476
	Number of appointments	1654713	1706663
	Rate of FCs per 1000 appointments	0.29	0.28

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

A&E Attendances	Formal Complaints received (FC)	109	69
	Number of attendances	305814	309428
	Rate of FCs per 1000 attendances	0.36	0.22

- 2.6 The average age of formal complaint cases at 31st March 2017 was 29 working days compared to 33 working days at March 31st 2016, 43 working days at 31st March 2015 and 63 working days at 1st April 2014, which demonstrates **positive progress** with regard to the timeliness of investigations and responses to complainants.
- 2.7 The Trust has an internal target of no more than 20% of unresolved cases being over 41 days old at any one time. At the end of March 2017, 23% of cases were over 41 days old. This compares to 26% of cases at the end of March 2015 and 48% of cases at the end of March 2015. The data highlights the **positive improvement** that has been made; however, further improvement remains a key priority. All cases over 41 working days old continue to be escalated within the divisions and discussed at the fortnightly Complaints KPI Meeting, chaired by the Chief Nurse or Director of Nursing.
- 2.8 The average response rate for patients and carers raising a concern through the PALS service improved from 11 days at the end of Quarter 4, 2014/15 to 6 days at the end of Quarter 4, 2015/16. This response rate has been sustained throughout 2016/17 and remains at 6 days at the end of 2016/17.
- 2.9 There has been continued improvement in relation to the acknowledgement of complaints within 3 working days, which is a statutory requirement. Throughout 2016/17 this has consistently been between **99 and 100%**. This compares to 95 -100% during 2015/16.
- 2.10 The Parliamentary and Health Service Ombudsman (PHSO) represents the second and final stage of the NHS complaints process and the Trust has worked with the PHSO to satisfactorily resolve the referrals to the PHSO during the year.
- 2.11 The PHSO closed 31 cases pertaining to the Trust between 1st April 2016 and 31st March 2017 and of these; 3 (10%) complaints were upheld, 7 (22%) were partly upheld and 21 (68%) were not upheld. The details of each PHSO case are set out in this report (as detailed in Section 13). This compares to 27 cases closed in 2015/16 when 3 complaints were upheld, 13 cases were partly upheld and 11 cases were not upheld. At the 31st March 2017 there were 12 complaints under investigation by the PHSO.
- 2.12 The Division of Surgery received the highest number of both PALS concerns and formal complaints during 2016/17. For formal complaints, this equates to 1.39 complaints per 1000 patient contacts (In-patients and Out-patients) compared to 0.52 formal complaints per 1000 patient contacts (In-patients and Out-patients) Trust-wide. However the actual number of PALS concerns received within the Division of Surgery has **fallen by 12.8%** and formal complaints received have **fallen by 20.5%**. The Division has also improved its performance in the management of long standing complaints during 2016/17 with reduction from 23 +41 day old complaints at the end of March 2016 to 7 cases at the end of March 2017. This represents a **reduction of 69.6%**.
- 2.13 The oldest case during the year was received by Saint Mary's Hospital. The case was opened on 3rd May 2016 and the case was 230 days old when it was closed on 29th March 2017.

3 Complaints Scrutiny Group

- 3.1 The Complaints Scrutiny Group demonstrates Board level engagement and assurance regarding complaints handling through the Non-Executive Chair. This is complimented by other core group members, which include two Trust Governors, an Associate Medical

Director, Deputy Director of Nursing (Quality) and Head of Patient Services. The group met 6 times throughout 2016/17 and at each meeting reviewed one complaint for each participating division, including evaluation of the effectiveness of actions taken and a progress review of any actions from the previous occasion the division attended the meeting.

4 Complaints Improvement Programme

4.1 The Deputy Director of Nursing (Quality) continues to work with the Head of Patient Services, the PALS and Complaints Team and the Divisional Directors and Complaints Coordinators to continue making improvements to the management of PALS and Complaints within the Trust.

4.2 Significant improvements delivered in 2016/17 include:

- As a result of development sessions with the Formal Complaints and PALS Team and a Patient Panel, a new PALS service model that meets the needs of people using the service has been co-designed. The new service model was introduced to coincide with the relocation of the PALS office to more central location within the entrance at Manchester Royal Infirmary
- Delivery of training for staff responsible for investigating and writing complaints responses including an effective letter writing course and an externally facilitated course by the Parliamentary and Health Service Ombudsman (PHSO)
- Development of guidance relating to Complaints: The Regulations, the Process and a Guide to Writing a Complaint Response to support staff responsible for writing complaints responses.
- In collaboration with NHS England, the Trust became a pilot site for the new National Complaints Satisfaction Survey. This resulted in an improvement in survey response rate from 8% at the end of Quarter 4, 2015/16 to 28.9% at the end of Quarter 4, 2016/17, therefore improving the validity of the feedback data. Initial results indicate:
 - **76%** of complainants felt their complaint was handled professionally by the organisation.
 - **72%** of complainants felt their complaint was taken seriously when first raised.

4.3 Further details of the improvement work in 2016/17 are contained within this report.

5 Learning

5.1 This report details examples of learning and change as a direct result of feedback received through complaints and concerns. Examples of learning from complaints have been published in each quarter during 2016/17 as part of the Quarterly Complaints Report.

6 People

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

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



**“Nurse Supporting a Patient”
By Ellie Maher
CMFT Proud to Care on Camera Competition Winner 2017**

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1. Statement

- 1.1 The Trust adheres to the Statutory Instruments 309 which requires NHS bodies to provide an annual report on its complaints handling, which must be made available to the public under the NHS Complaints Regulations (2009)¹. This annual report reflects all complaints and concerns made by (or on behalf of) patients of the Trust, received between 1 April 2016 and 31 March 2017.

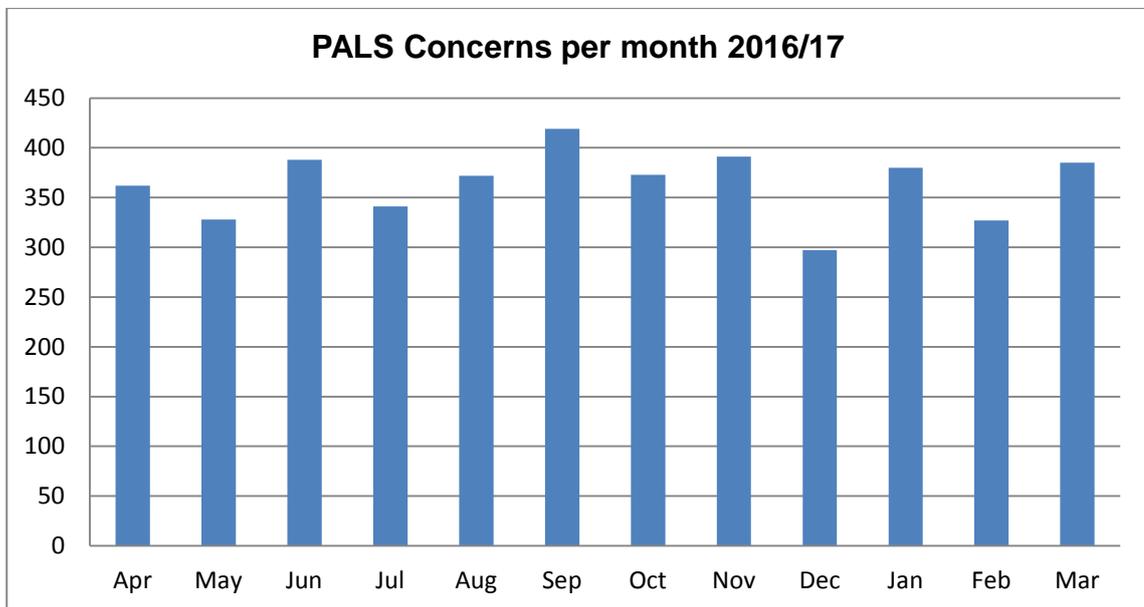
2. Introduction

- 2.1 This Annual Report demonstrates the progress made within the divisional and corporate teams during the year 2016/17. Improvements made to the handling of complaints across the Trust have continued to build upon improvement work undertaken in previous years and are detailed within this report.
- 2.2 Throughout this report the term **Complaints** is used to describe formal complaints requiring a response from the Chief Executive and the term **Concerns** is used to describe informal contact with PALS requiring a faster resolution to issues that may be resolved in real time.
- 2.3 Comparative data is provided within the report compared to the previous year's performance. During 2016/17, the quality of complaints data reporting has continued to improve. However caution should be applied to comparison with data prior to 2015/16 as the data collection systems in previous years were not as precise as those currently used and which employ the full functionality of the Safeguard system.
- 2.4 Due to the nature of complaints, the data fluctuates from day to day and this can influence the accuracy of the numbers reported within any one reporting period. For example, complaints may be withdrawn, de-escalated, deemed to be out of time or consent not received. Small variances within monthly, quarterly and annual reporting are therefore expected and accepted.

3. Overview of Activity

3.1 The number of PALS contacts received for 2016/17 is 4363, which is 225 more than the number received in 2015/16 (4138). This shows a 5.4% increase in the number of PALS concerns received during the last year. **Graph 1** provides the number of Trust-wide PALS contacts received by month for the financial year 2016/17.

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



3.2 Work to increase awareness of the PALS service within the Trust is one of the reasons for the rise in numbers of PALS concerns. The move of the PALS offices during March 2017 to a more prominent location within Manchester Royal Infirmary will also help to raise awareness of the service, however due to the proximity of the move to the financial year-end, this is not expected to be reflected in the 2016/17 data.

Table 2: Number of PALS contacts by Division (5 year trend).

Division	2012/13	2013/14	2014/15	2015/16	2016/17
Not stated/General Enquiry/Non-CMFT	57	53	37	51	100
Clinical Scientific Services	97	107	112	158	171
Corporate Services	90	173	154	179	251
University Dental Hospital of Manchester (UDHM)	128	156	175	130	181
Division of Medicine and Community Services	277	256	301	361	364
Division of Specialist Medical Services	328	374	468	576	556
Division Of Surgery	512	598	825	914	797
Manchester Royal Eye Hospital	349	378	355	361	412
Royal Manchester Children's Hospital (RMCH)	718	648	601	663	671
Saint Mary's Hospital	217	271	242	280	296
Trafford Hospitals	533	430	304	465	564
Trust Wide Total	3306	3444	3574	4138	4363

- 3.3 The Division of Surgery received the highest number of PALS contacts in 2016/17 (797); However this also represented the largest decrease from 2015/16 (914) with 12.8% reduction (117) during the year compared to 2015/16. Corporate Services showed the largest percentage increase from 179 concerns raised in 2015/16 to 251 concerns in 2016/17. The reason for this increase is the number of concerns raised in relation to car parking which increased by 132% from 53 in 2015/16 to 123 in 2016/17.
- 3.4 All PALS concerns are RAG rated upon receipt based on the severity of the initial details of the concerns raised.
- 3.5 **Table 3** indicates the number of contacts by risk rating grade. No PALS concerns were graded as red (catastrophic), whilst there were increases shown in all other categories.

Table 3: 2016/17 PALS contacts by risk grading.

Category	2012/13	2013/14	2014/15	2015/16	2016/17
Not graded, escalated or enquiry	0	0	327	299	365
White	3	1214	N/A	N/A	N/A
Green	3018	1682	2547	2835	2955
Yellow	2	420	666	959	993
Amber	283	126	33	45	50
Red	0	2	1	0	0
Total	3306	3444	3574	4138	4363

- 3.6 The 2016/17 total of PALS concerns does not include those cases that were escalated for formal investigation (these are reported in the formal complaints section), were withdrawn by the complainant or were considered to be out of time according to the NHS Complaints Regulation (2009)¹ timescales.
- 3.7 Tables 4 to 7 are presented in Appendix 1. These tables indicate how people access the PALS service and provide information on their demographics. Table 4 shows that the number of concerns raised by email has increased from 768 in 2015/16 to 1141 in 2016/17. This represents an increase of 48.6%. The number of concerns raised by letter has similarly decreased by 49% from 57 in 2015/16 to 29 in 2016/17. However, the most favoured route of contact continues to be by telephone.
- 3.8 Table 5 details the number of contacts by age; the age range relates to the people who were the focus of the PALS concern as opposed to the complainant. Table 6 details the number of contacts by sex; again the sex relates to the people who were the focus of the PALS concern. Table 7 describes the ethnicity of the patients who were the focus of the PALS enquiry.
- 3.9 The demographic data presented within Appendix 1 supports the findings² that younger people (or their parents) are more likely to be dissatisfied with services than older people and women more likely to be dissatisfied with services than others.
- 3.10 During 2016/17, the Head of Patient Services worked with NHS England to introduce a new Complainants Satisfaction Survey in November 2016. Whilst increasing the number of respondents to the survey, this has also already had a positive impact upon the percentage of Equality, Diversity and Inclusion (ED&I) data gathered. As shown above, the number of people who didn't state their ethnicity has reduced from 54.6% in 2015/16 to 40.4% in 2016/17.

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

3.11 **Graph 2** and **Table 8** provide a more detailed analysis of the principle PALS themes, indicating the main themes for PALS concerns relate to treatment and procedure, communication and appointment delays and cancellations.

Graph 2: Top 5 PALS Themes 2016/17.

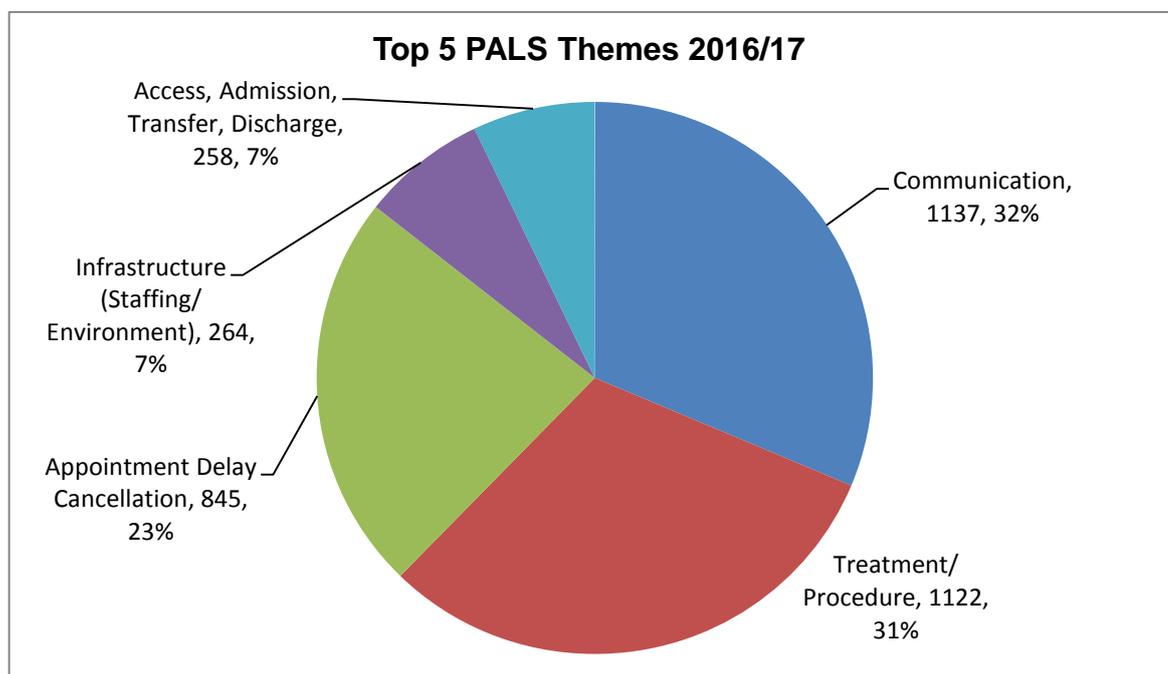


Table 8: Comparison of Top 5 PALS Themes.

	2014/15	2015/16	2016/17
1.	Treatment/Procedure	Treatment/Procedure	Communication
2.	Appointment, Delay / Cancellation (OP)	Communication	Treatment/Procedure
3.	Communication	Appointment Delay / Cancellation	Appointment Delay / Cancellation
4.	Confidentiality	Clinical Assessment (Diagnostics, Scan)	Infrastructure (staffing/Environment)
5.	Clinical Assessment (Diagnosis, Scan)	Attitude Of Staff	Access, Admission, Transfer, Discharge

3.12 The average response rate for patients and carers raising a concern via the PALS improved from 11 days at the end of Quarter 4 2014/15, to 6 days at the end of Quarter 4 2015/16. This has been sustained and remained at 6 days at the end of 2016/17.

3.13 During 2016/17 a weekly PALS performance meeting was instigated to improve consistency in this area and to reduce the number of longer standing PALS concerns.

4. Complaints Activity

- 4.1 There has been an overall decrease in the number of formal complaints in 2016/17, with a total of 1051 formal complaints received, 109 fewer than the number of complaints received in 2015/16 (1160). This represents a 9.4% reduction in the number of Formal Complaints received during the last year.

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

Year	2012/13	2013/14	2014/15	2015/16	2016/17
Complaints Received	1084	1192	1017	1160	1051

- 4.2 **Table 10** details the 5 year trend for formal complaints at Divisional level. The Division of Surgery received the most formal complaints during 2016/17 with 190 complaints received; however this is 20.5% fewer complaints received compared to 239 formal complaints received in 2015/16. Every Division achieved a reduction in the number of formal complaints received during 2016/17 with the exception of Specialist Medical Services who saw an increase of 8% and Trafford Hospitals who saw an increase of 0.8%, it is worthy of note that the latter only equates to one extra complaint received.

Table 10: Number of complaints by Division (5 year trend).

	2012/13	2013/14	2014/15	2015/16	2016/17
Clinical Scientific Services	44	36	29	56	50
Corporate Services	23	34	30	52	34
University Dental Hospital of Manchester	30	44	47	44	25
Manchester Royal Eye Hospital	99	114	90	79	72
Medicine And Community Service	141	152	115	123	119
Royal Manchester Children's Hospital	177	164	126	150	133
Specialist Medical Services	125	123	105	137	148
St Marys Hospital	134	166	149	160	154
Surgery (MRI)	190	183	203	239	190
Trafford Hospitals	101	137	116	119	120
Research and Innovation	0	0	2	0	0
External	20	39	5	0	0
Not Specified/other	0	0	0	1	6
Totals	1084	1192	1017	1160	1051

- 4.3 The Division of Surgery had the highest number of both PALS concerns and formal complaints during 2016/17. However the numbers of both have fallen by 12.8% and 20.5% respectively. The Division has also improved its performance in the management of long standing complaints during 2016/17 with reduction from 23, +41 working-day old complaints at the end on March 2016 to 7 cases at the end of March 2017. This represents a reduction of 69.6%.
- 4.4 Complaints are risk rated using a matrix closely aligned to that used by the Risk Management Team when assessing the severity of incidents. When compared to 2015/16, there has only been a slight numerical increases in the number of complaints rated as green and red. However there has been an increase of 6.6% (36 cases) in the cases rated as yellow and a 27.3% (159 cases) reduction in the cases rated as amber. These trends are within normal variation and will continue to be monitored. Of the 15

complaints rated as red in 2016/17, 9 relate to Treatment or Procedure, 3 relate to Clinical Assessment, 2 relate to Pressure Ulcers and 1 relates to Communication. Table 11, presented in Appendix 2, provides the breakdown of the risk rating of complaints over the previous 5 years.

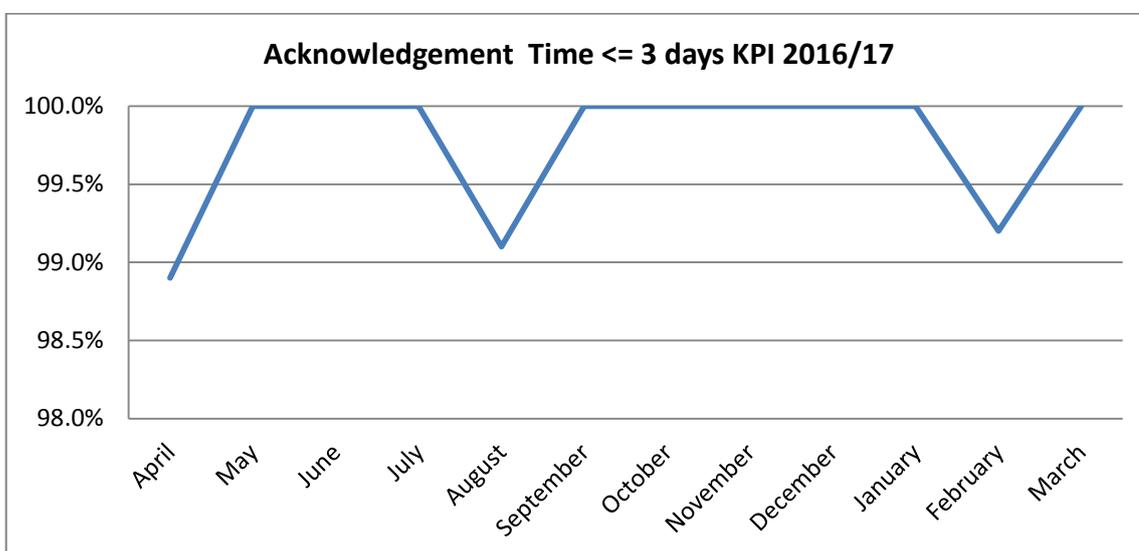
- 4.5 In accordance with the Trust Equality, Diversity and Inclusion Strategy (2015) equality monitoring data is collected in relationship to complainants protected characteristics. In addition, complainants are requested to provide information regarding their protected characteristics when they receive a written acknowledgement in response to a formal complaint. This information is also now collected as part of the Complainant Satisfaction Survey and is presented within Tables 12 to 14 in Appendix 2. The age and sex of the patients involved in formal complaints during 2015/16 and 2016/17 are highlighted in Tables 12 and 13. Table 14 describes the ethnicity of the patients represented in formal complaints for the past 4 financial years.



5. Acknowledging Complaints

- 5.1 There was continued improvement throughout 2016/17 in relation to the number of working days taken to acknowledge complaints. This is in accordance with the NHS Complaints regulations (2009)¹ which place a statutory duty upon the Trust to acknowledge 100% of complaints within 3 working days.
- 5.2 The way in which formal complaints are acknowledged changed during 2016/17 with this responsibility becoming part of the Corporate Case Managers' role. Performance has improved during 2016/17 and compliance with the three day target was at 99.75% over the period. The outstanding 0.25% equates to 3 complaints being acknowledged outside of this three day window from a total of 1212 complaints requiring acknowledgement. Complaints requiring acknowledgement also include those which are withdrawn, where consent or required information is not received, are descalated or are deemed 'out of time' under the 2009 NHS Complaints Regulations.³

Graph 3: Percentage of complaints acknowledged ≤ 3 working days during 2016/17.



³ The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
http://www.legislation.gov.uk/ukxi/2009/309/pdfs/ukxi_20090309_en.pdf

6. Response Times

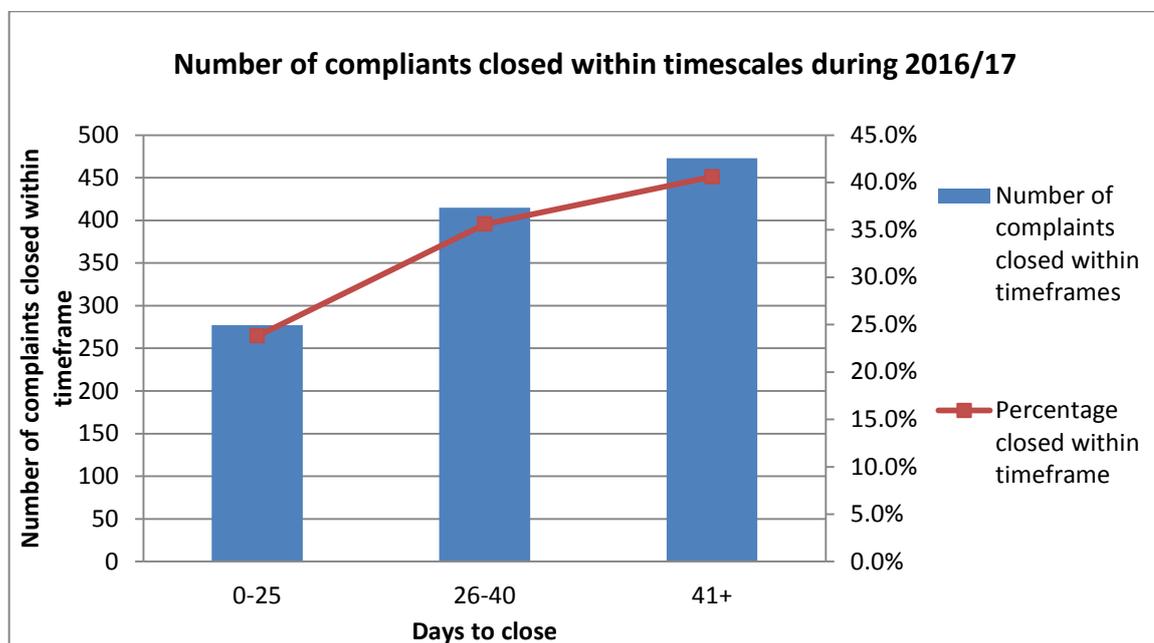
6.1 The Trust target of resolving 80% of complaints within 25 working days continues to be monitored closely. **Table 15** provides a breakdown of performance by month.

Table 15: Monthly breakdown of complaints closed within timeframes 2016/17.

Number and percentage of complaints closed within timeframes 2016/17												
Days to close	Apr	%	May	%	Jun	%	Jul	%	Aug	%	Sep	%
0-25	18	20%	32	28%	15	22%	23	21%	19	24%	23	21%
26-40	32	36%	32	28%	23	34%	34	31%	30	38%	47	44%
41+	39	44%	49	43%	29	43%	52	48%	31	39%	38	35%
Total	89		113		67		109		80		108	
	Oct	%	Nov	%	Dec	%	Jan	%	Feb	%	Mar	%
0-25	25	26%	29	28%	28	28%	22	27%	17	23%	26	18%
26-40	27	28%	28	27%	42	42%	29	36%	25	33%	66	46%
41+	44	46%	47	45%	30	30%	30	37%	33	44%	51	36%
Total	96		104		100		81		75		143	

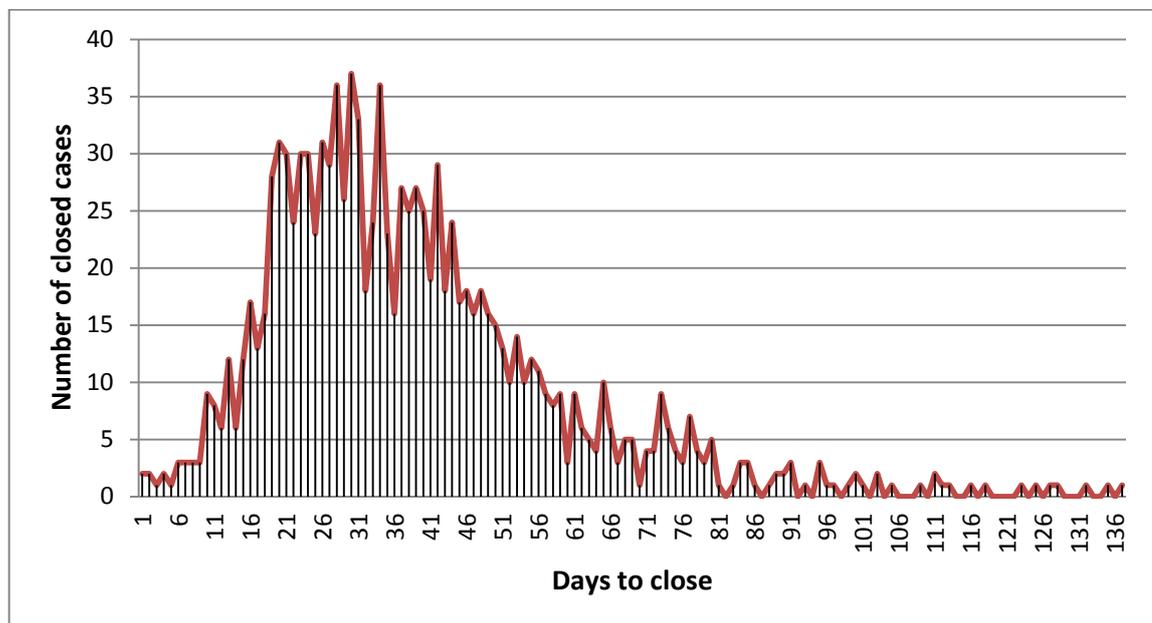
6.2 **Graph 4** show the Trust performance in relation to response times for complaints closed during the whole of 2016/17.

Graph 4: Complaints closed within timeframes during 2016/17.



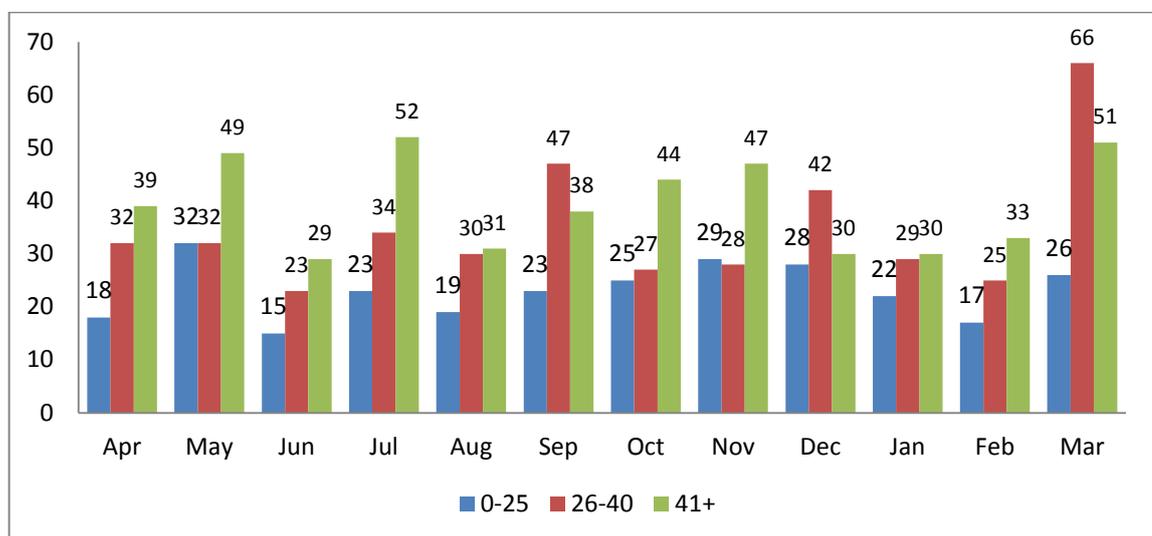
6.3 **Graph 5** presents a granular level breakdown of the data shown in **Graph 4**.

Graph 5: Granular brakedown of closed cases 2016/17 (extremely long cases not included).



6.4 **Graph 6** provides a breakdown of this performance by month during 2016/17.

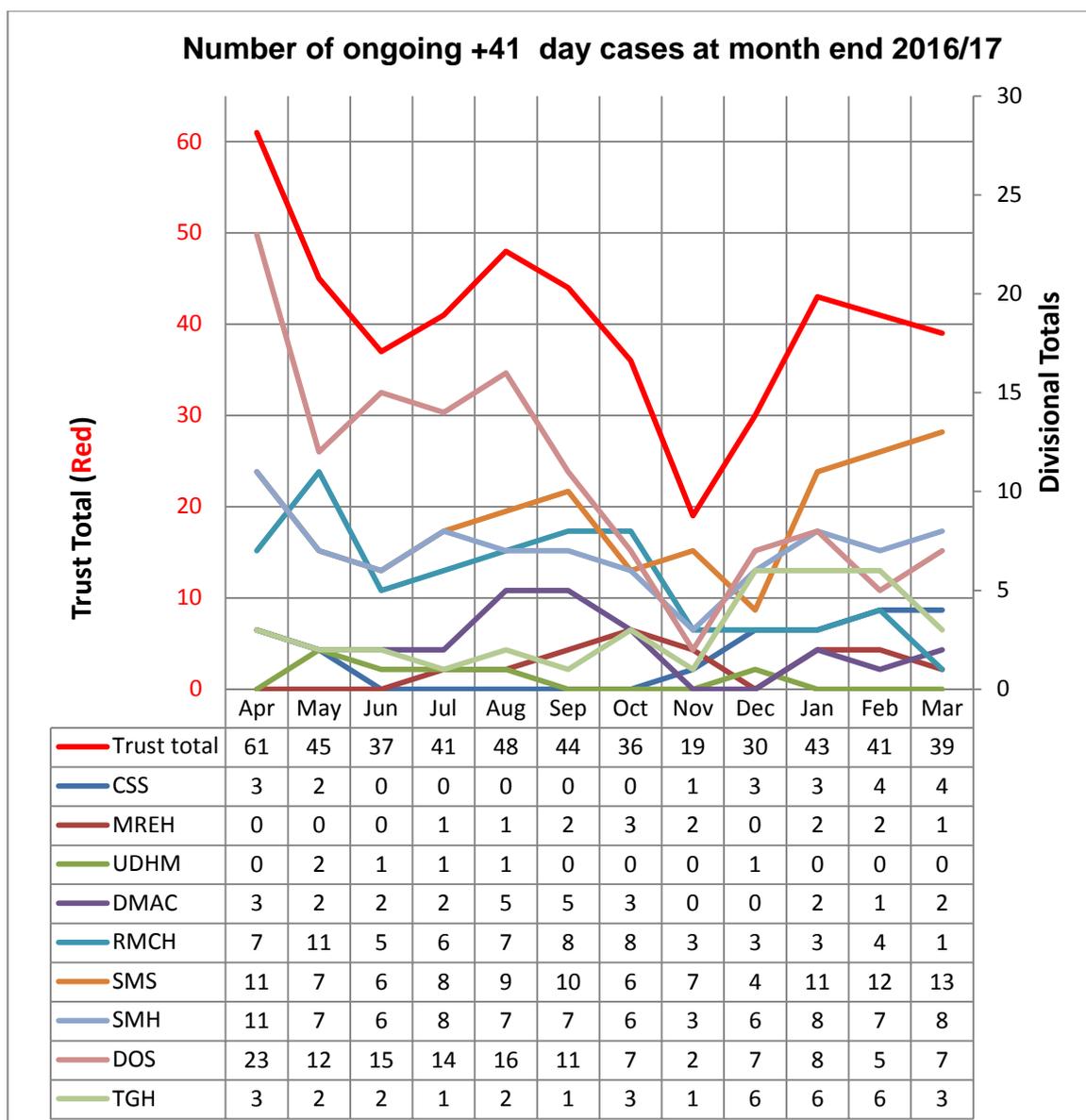
Graph 6: Complaints closed within working-day timescales during 2016/17



6.5 **Ongoing Complaints**

There has been a continued focus during 2016/17 on managing the number of open complaints that were over 41 working days old. The Trust has set an internal target of no more than 20% of unresolved cases over 41 days at any one time. At the beginning of April 2016, there were 61 cases (26% of open cases) that were unresolved over 41 days. This figure improved considerably to 39 cases (23% of open cases) at the end of March 2017. Graph 7 shows the monthly variation in relation to the number of open complaints, unresolved after 41 days.

6.6 **Graph 7: Monthly variation in complaints unresolved after 41 days.**



6.7 The fortnightly Complaint KPI meeting, established in November 2015, and chaired by the Chief Nurse or Director of Nursing, and attended by the Divisional Directors has continued throughout 2016/17. All longstanding complaints over 41 working days are reviewed at this meeting.

6.8 The oldest case during the year was received in Saint Mary’s Hospital. The case was opened on 3rd May 2016 and the case was 230 days old when it was closed on 29th March 2017. The complaint involved a Level 5 High Level Investigation (HLI) within Saint Mary’s Hospital, an independent external review and required multi-divisional input, which resulted in the delays. An initial meeting took place between the complainant and members of the Divisional Team whilst the completion of the HLI and independent external review were underway. A critical friend was assigned to the complainant who was in close contact with the complainant throughout the HLI, Independent Review and complaint process.

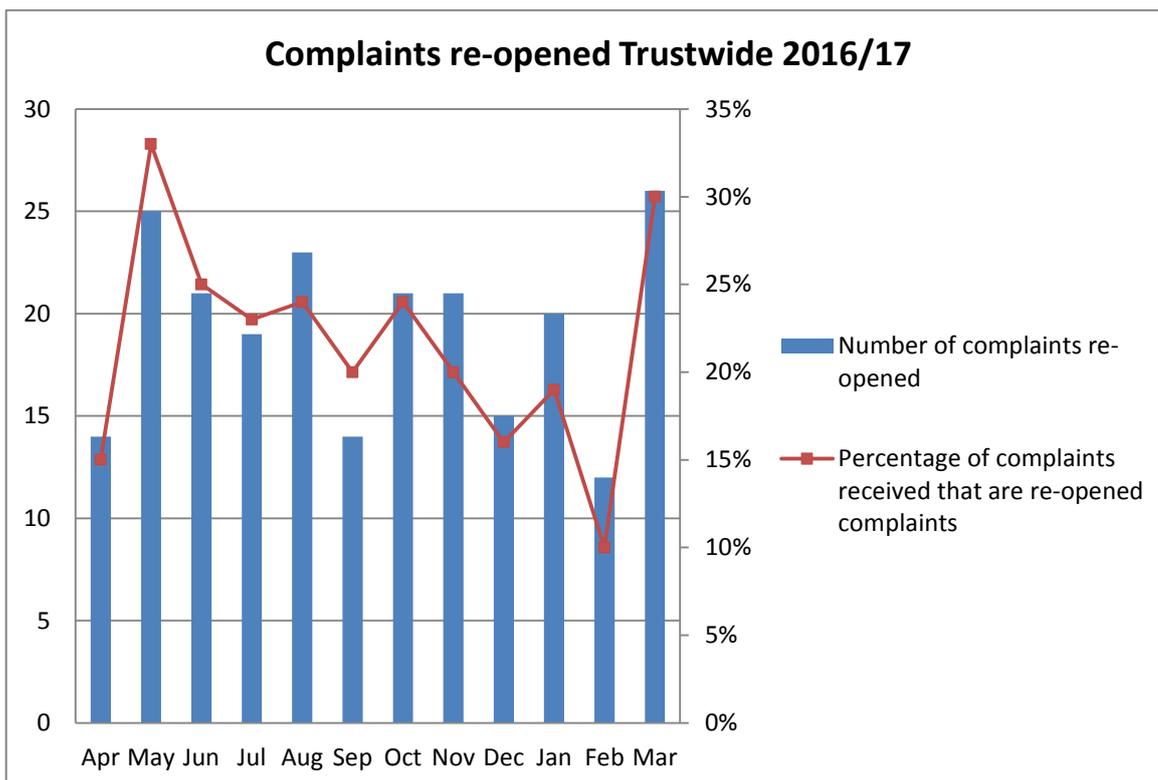
6.9 Whilst a 25 working day target is an appropriate goal for most complaints, some complaints are complex in nature and involve High Level Investigations and multiple divisions or external organisations. During 2016/17, the Patient Services Team devised a

system for triaging complaints based upon their complexity. This was discussed and agreed at the Trust Quality Committee and implemented on 1st April 2017. Further details on this development are reported in Section 16.3 of this report.

6.10 Throughout 2016/17 there was a wide variation in the number of re-opened complaints received across the Trust with a total of reopened cases during 2016/17 equating 231 (22%). This compares to 287 (24.7%) reopened in 2015/16 and 274 (27%) reopened in 2014/15. This data suggests that there has been some improvement in the quality of the initial response.

6.11 **Graph 8** details the number of re-opened complaints by month during 2015/16.

Graph 8: Number of Re-opened Complaints Trust wide by Month 2015/16



7. Themes

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

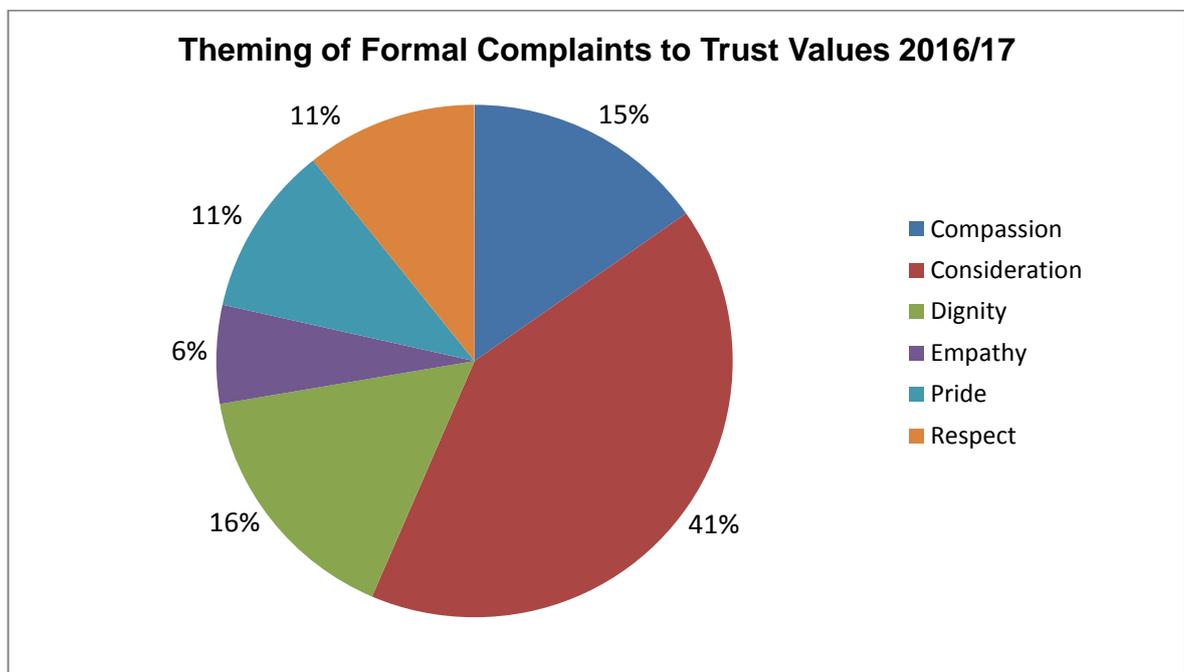
7.2 **Table 16** demonstrates the 3 most prevalent category types raised (Trust wide) in complaints in 2016/17, compared to the previous 4 financial years.

Table 16: Top 3 Trust-wide complaint themes (5 year trend)

Category	2012/13	2013/14	2014/15	2015/16	2016/17
Clinical Assessment (Diagnosis/Scan)	461	518	444	522	448
Treatment / Procedure	353	440	796	1056	896
Consent/Communication/Confidentiality	361	475	907	1457	907

7.3 During Quarter 2, 2016/17 the Patient Services Team undertook work to improve the theming of complaints across the Trust. Changes were made to the Safeguard system (the electronic database that records complaints) so that complaints can now also be mapped and themed against the Trust Values. At the end of 2016/17, the theming of complaints demonstrated that 41% of the complaints themed in this way could be linked to the value of Consideration, whilst only 6% related to Empathy. As this dataset develops, it is envisaged that this will be used to target specific Values and Behaviours educational sessions. Graph 9 shows this breakdown in full detail.

Graph 9: Themeing of formal complaints against Trust Values.



7.4 A further method of capturing themes relating to specific topics was also developed during 2016/17. Complaints relating to dementia, pain relief and end of life care can now be captured and used for monitoring and for targeting improvement activity.

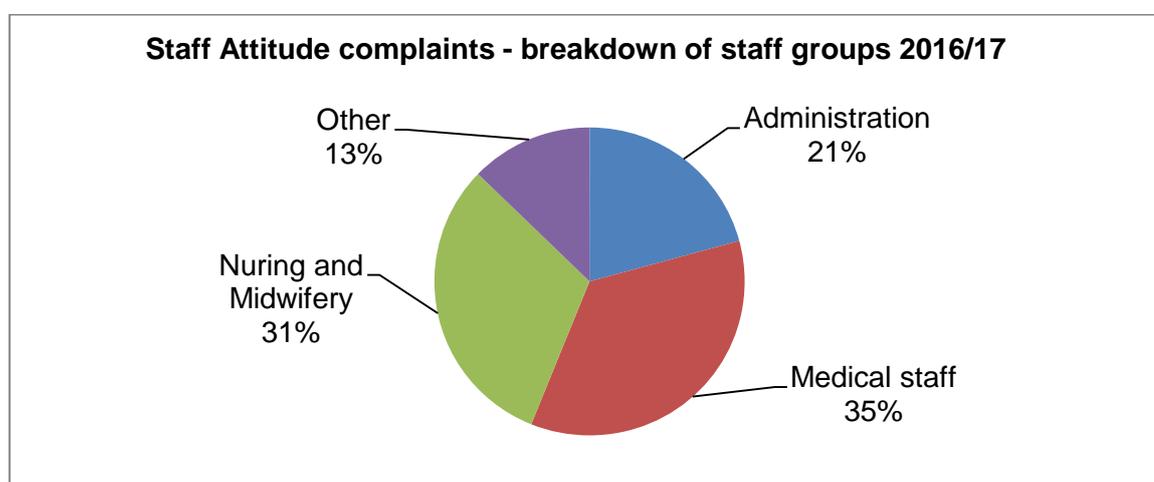
8. Our People

8.1 **Table 17** provides the number of Formal Complaints and PALS concerns that refer to 'staff attitude' and **Graph 10** breaks these down into the staff groups involved.

Table 17: Number of complaints that refer to staff attitude

Attitude of Staff	2013/14	2014/15	2015/16	2016/17
PALS Concerns	289	251	238	223
Formal Complaints	242	294	283	201
Totals	531	545	521	424

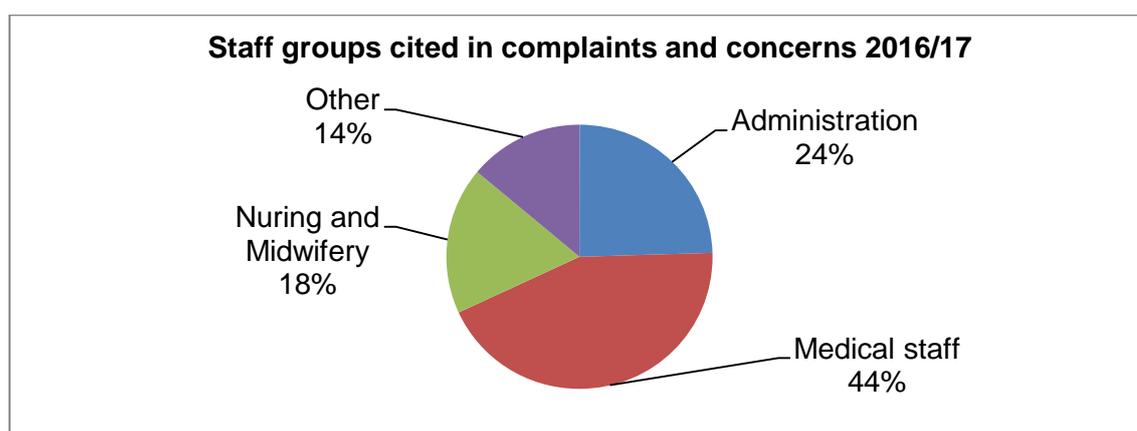
Graph 10: Percentage of complaints and concerns relating to staff attitude by staff group.



8.2 During 2016/17, the number of complaints which cited staff attitude reduced to 424 from 521 during 2015/16. This represents a reduction of 18%, suggesting on-going embedding of the Trust values and behaviours into practice.

8.3 **Graph 11** highlights the top 3 professions referenced in formal complaints or concerns. Medical staff are the highest group referenced with a total of 150 complaints, followed by Nursing and Midwifery staff who are referenced in 132 complaints. Unfortunately due to the limitations of the data further analysis relating to the grade of the staff involved is not possible.

Graph 11 Top 3 most referred to professions in complaints and concerns



9. Overview and Scrutiny

- 9.1 The Trust Complaints Scrutiny Committee, Chaired by a Non-Executive Director, is a sub-committee of the Trust Quality Committee, with meetings 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 management; with the ultimate aim of improving patient experience.
- 9.3 The Complaints Scrutiny Committee met in total six times during 2016/17 and reviewed twelve presented cases involving all operational divisions within CMFT.
- 9.4 The actions agreed at each of the Scrutiny Committee meetings are now recorded and provided to the respective Divisions following the meeting in the form of an action log, with progress being monitored at subsequent meetings.
- 9.5 A further Trust Governor joined the core membership of the group during 2016/17, providing further scrutiny to enable learning.
- 9.6 Examples of the learning identified from the cases presented and actions discussed and agreed at the meeting are outlined in **Table 18**. All divisions are asked to identify and share transferable learning from the scrutiny process within and across divisions.

Table 18: Actions identified at the Trust Complaints Scrutiny Committee during 2016/17

	Division	Learning	Actions
Quarter 1	Manchester Royal Eye Hospital	The length of time external agencies take to respond to complaints. Lack of clarity about advice given on discharge about condition & disease progression.	Develop internal CMFT escalation process, to identify delays experienced waiting for external organisational responses. Feedback to MREH Emergency Eye Centre Team Review documentation to consider including a section to identify that advice/leaflets/information has been provided on discharge.
	UDHM		No additional actions identified
Quarter 2	CSS	Confusion regarding funding CHC processes.	Brief INRU Therapy Team to signpost patients and families to NHS Choices website for information about CHC funding process.
		Issues with timeliness of complaint responses.	Ensure all parties notified early. Database implemented to

		<p>track all complaints.</p> <p>Weekly meetings to discuss all cases.</p>
DMACs	<p>Communication with patient could have been better at point of contact.</p> <p>Patient's pain was not adequately managed.</p>	<p>Learning to be shared more widely with staff.</p> <p>All staff in ED to be retrained in triage with focus on documenting pain scores, administration of analgesia and reassessment of pain. Triage documentation to be audited monthly by senior sisters and matrons.</p>
RMCH	<p>Breakdown in communication between external carers and ward staff resulting in poor basic care.</p> <p>Issues relating to changes in medication causing increased agitation of a child with complex needs.</p>	<p>Partnership in Care documentation to be used in such cases.</p> <p>Photographs regarding poor mouth care and issues relating to care to be shared with staff.</p> <p>New oral care products for this group of children being piloted within the Division.</p> <p>Division looking at ways of improving lead Consultant documentation to help improve continuity of care for children with complex needs.</p>
SMS	<p>Need for improved communication between family and MDT and better explanation regarding ward moves.</p>	<p>Introduction of communication slots to enable families to have detailed conversations with Consultant.</p> <p>Proactive communications meetings for complex, long-term patients.</p>
SMH	<p>Patient concerned regarding length of procedure.</p> <p>Faulty catheter used.</p>	<p>Ensure predicted length of procedure is agreed and consistent between members of the MDT.</p> <p>All consultants to document in the listing diary the predicted length of time a procedure may take.</p> <p>Incident relating to catheter</p>

			<p>reported and shared with the GI radiographic and nursing teams.</p> <p>Education around use of catheter reinforced.</p>
Quarter 3	DMACs	<p>End of life plans not shared with GP and community colleagues.</p> <p>Discharge summaries were not robust.</p>	<p>End of Life Care Strategy has been launched across acute and community sectors.</p> <p>Working group established to look at advanced care planning and transitioning of information across acute and community service.</p> <p>Issues to be discussed at directorate consultant meetings.</p> <p>Actions to be developed to improve the quality of discharge information</p>
	Division of Surgery	<p>Concerns relating to failed discharge – communication failures.</p> <p>Therapy discontinued without liaison with MDT.</p>	<p>Heading Home divisional launch in October 2016.</p> <p>Voicera provided to nurse in charge to aid communication.</p> <p>Formal escalation processes to be reiterated to AHP lead.</p> <p>Lessons to be shared with team.</p> <p>Discussed at Length of Stay meetings.</p> <p>Reiterated in each area on weekly basis.</p>
Quarter 4	MREH	<p>Delays in scan results and treatment.</p> <p>Delays in appointments.</p> <p>Attitude of staff.</p>	<p>DNA appointments to be monitored for clinical risk.</p> <p>Revisit and review of Pager guidelines to be undertaken.</p> <p>Electronic internal alert system to be implemented.</p> <p>#hellomynameis campaign re-launched.</p> <p>Escalation tool for staff</p>

			delivering bad news. Sage and Thyme training delivered.
	UDHM	Complex medical problems Delayed referral to anaesthetic team	Development of log to track complex patients through referral system. Careful monitoring of 18 week process. Robust monitoring of sickness to ensure cases are transferred to other lists if necessary. Introduction of email system for referrals.
	TGH	Management of complex medical problems. Poor communication.	Early medical intervention for complex, elderly patients. SOP to be developed to trigger multi-disciplinary team meetings. Opportunity to offer best interest meetings for complex patients, all specialties involved. New consultant rota in place will improve communications with relatives.

- 9.7 In addition to the above, complaints are also reviewed within the ward accreditation process to assess if the ward teams are aware of complaints and to examine what actions have been taken to improve services.
- 9.8 Complaints are also triangulated with feedback received through a number of different processes including the Friends and Family Test (FFT), National Survey data, the Patient Opinion website and real time Patient Experience Trackers to identify areas requiring targeted improvement.



10. Patient Experience Feedback

10.1 Patient Opinion and NHS Choices Feedback

Patient Opinion is an independent healthcare feedback platform service whose objective is to promote honest conversations about patient experience between patients and health services. NHS Choices was launched in 2007 and is the official website of the NHS in England. It has over 48 million visits per month and visitors can leave their feedback relating to the NHS Services they have received. The CQC utilises information from both these websites to help them decide when, where and what to inspect, spot problems in care and make decisions on whether a service should continue to provide care and more⁴.

- 10.2 There has been a 14% increase in the number of postings made in relation to CMFT services on these websites during 2016/17 (from 352 in 2015/16 to 402 in 2016/17). The number of posts on these websites by category; positive, mixed negative and positive and negative comments, are recorded as detailed in table 19. The data demonstrates that the majority of comments received in 2016/17 were positive (53.5%), however, 33.5% of the 402 comments related to a negative experience of the Trust's services.

⁴ Share Your Reviews With Us. CQC, 2017 available at: <http://www.cqc.org.uk/content/share-your-reviews-us>

Table 19: Number of Patient Opinion postings by division 2016/17

Number of Patient Opinion Postings received by Division 2016/17			
Division	Positive	Negative	Mixed
Clinical Scientific Services	8	2	0
Corporate Services - Facilities	1	2	0
University Dental Hospital of Manchester	12	7	0
Manchester Royal Eye Hospital	15	10	11
Medicine And Community Service	31	17	9
Royal Manchester Children's Hospital	9	9	2
Specialist Medical Services	21	7	9
St Marys Hospital	20	20	4
Surgery (MRI)	19	16	6
Trafford Hospitals	79	45	11
Total	215	135	52

- 10.3 The Care Quality Commission monitors issues and concerns raised together with the Trust responses. The Trust actively responds to the posts, however, a full response to posts is not always possible as specific patient details are not always provided. The PALS team contact details are always provided in these circumstances in order that such cases can be investigated further should the person posting the feedback wish to pursue this option.
- 10.4 **Table 20** provides three examples of the feedback received and the subsequent responses posted on Patient Opinion and NHS Choices that were published in the Quarter 4 Board of Directors Report 2016/17.

Table 20: Patient Opinion Postings

Division of Surgery
<p>Anonymous gave General Surgery at Manchester Royal Infirmary a rating of 5 stars: Lovely and caring staff</p> <p>I had my gall bladder removed over 2 weeks ago. I was so so pleased with the nurses there. They were so caring, respectful and just so so lovely. I think if it wasn't for the nurses who took care of me during my time at the hospital, I don't think I would have had a pleasant time there because as I suffer from depression, I was so scared of how I would cope if I stayed in the hospital, but as I stayed there for a few days before and after my operation, the nurses were absolutely amazing. Also the student nurses were excellent and also showed so much dedication to their work and so much gratitude towards the other patients.</p> <p>I would just like to say a huge thank you to all the nurses, surgical team, all the doctors and also the cleaning staff for making me feel at ease and just being so friendly and warm towards me and other patients.</p> <p>You all work so so hard. The job you do is amazing and I am so grateful that I got to meet everyone on the ward I stayed at. (ward 12 and ward 8) THANK YOU once again.</p> <p>Keep up the excellent work.</p> <p>As a thank you. I also sent two cakes in for each ward. I hope you all enjoyed it.</p> <p>Thank you. X</p> <p>Visited in January 2017. Posted on 08 February 2017</p>

Response

Thank you for taking the time to post your positive feedback about the care and treatment you experienced in wards 8 and 12 of the Manchester Royal Infirmary and we are pleased to note that you felt that the nursing staff were amazing. We also recognise that you have thanked all of our staff members who have contributed to your overall experience as a patient and we will share this with the wider team and Head of Nursing. I am sure the cakes were appreciated and we wish you well in your recovery.

SMH Posting

I began slow labour at 37 weeks pregnant. My waters broke at 40+2 and I got stuck at 3cms dilated. The staff did everything they could to help me bring on labour naturally, and when that didn't happen they were very thorough in explaining the induction process to me.

I was nervous to ask for an epidural in case I was judged for it but the midwife brought the subject up first and made me feel like any option I chose would be valid. The anaesthetist team were brilliant and did the epidural before the induction began. I could feel pressure and sensation but only very minimal pain.

I hadn't made a birth plan but the midwife asked me various questions about my preferences which made me feel as involved as possible.

I had developed sepsis due to my waters being broken for 2 days and this only became apparent in active labour. The midwives and doctors acted quickly and despite me and baby being ill they got us through it safely and reassured both myself and my partner. Everything from my mild nausea to severe tearing was treated very seriously by the midwives and doctors and I felt that they all genuinely cared about us and our outcome.

We were well looked after on the postnatal ward where the midwives were attentive, helpful and incredibly uplifting. I felt that I could ask for everything from water to breastfeeding help.

At every stage of my labour and post natal care I was given clear information and allowed to make my own decisions. I feel that my birth story could have been very easily a traumatic one if not for how well the people at St Mary's managed the situation.

Thank you all so much for keeping my little girl and I safe.

Response

Thank you for your positive comments posted on the NHS Choices website regarding your care on the Maternity Unit at Saint Mary's Hospital.

It was very kind of you to take the time to write and compliment the staff as it is good to receive positive feedback which reflects the hard work and dedication of our staff. It was reassuring to read that you felt you were treated with respect by all members of the team and that you felt involved and considered in the planning of your care throughout your delivery.

It is very important to us that the patient is central to all we do and that you have found the staff attentive and caring through a difficult period for you and your partner. I can assure you that we have passed on your thoughts to Mrs Julie Hempstock, Lead Midwife for Intrapartum care and the staff involved. I wish you and your family all the best for the future.

11 Compliments

- 11.1 The Trust received and recorded 932 compliments during 2016/17 compared to 595 in 2015/16. This represents an increase of 56.6%. Of the recorded compliments received 510 (54.7%) related to Trafford Division. Work continues to encourage the capture and recording of compliments across all divisions within the Trust.
- 11.2 The registration of compliments received by the Chief Executive's Office is managed by the PALS team and divisions manage registration of locally received compliments on the Safeguard Complaint Management System. All responses are managed locally by the divisions and authorised by the Divisional Director.
- 11.3 All positive Patient Opinion and NHS Choices postings are also shared with the relevant departments. In addition, weekly reports are circulated to divisions detailing compliments that are registered both corporately and locally. The reports include number, detail and progress and are shared within Divisions in order to celebrate and spread good practice.
- 11.4 **Table 21** details the numbers of compliments registered for each division for 2016/17.

Table 21: Distribution of Compliments received by Division during 2016/17

Number of Compliments received by Division				
	Q1	Q2	Q3	Q4
Division not recorded	24	18	24	30
Clinical Scientific Services	4	6	3	8
Corporate Services	1	1	0	1
University Dental Hospital of Manchester	5	6	3	3
Manchester Royal Eye Hospital	5	7	4	13
Medicine And Community Service	37	19	41	35
Royal Manchester Children's Hospital	2	5	7	8
Specialist Medical Services	4	5	13	14
St Marys Hospital	8	6	2	8
Surgery (MRI)	14	14	7	7
Trafford Hospitals	164	135	120	91
Total	268	222	224	218

12 Meetings with Complainants

- 12.1 A total of 113 Local Resolution Meetings are recorded as taking place during the 2016/17 of which 26 were within the Division of Medicine and Community Services, 18 within the Division of Surgery and 18 within the Division of Specialist Medical Services, with the rest being spread relatively evenly across the other clinical divisions. This compares to 151 local resolution meetings held in 2015/16. This represents a reduction of 25%, which is in part due to the reduction of 9.4% in the number of formal complaints received across the Trust. Meetings are facilitated by the identified PALS Case Managers and summary letters are provided to the complainant with an audio recording of the discussion.

13. Parliamentary and Health Service Ombudsman (PHSO)

- 13.1 The PHSO is commissioned by Parliament to provide an independent complaint handling service for complaints that have not been resolved by the NHS in England and UK government departments. The PHSO are not part of government, the NHS in England, or a regulator. The PHSO are accountable to Parliament and their work is scrutinised by the Public Administration and Constitutional Affairs Committee.
- 13.2 The PHSO is the final stage for complaints about the NHS in England and public services delivered by the UK Government. The PHSO consider and review complaints where someone believes there has been injustice or hardship because an organisation has not acted properly or fairly or has given a poor service and not put things right.
- 13.3 During 2014/15, the PHSO announced plans to increase the number of investigations they consider and undertake. As a result, there was an expectation that the Trust would experience an increase in the number of investigations. As shown in **Table 22**, whilst the number of cases has increased to 31 during 2016/17 (compared to 27 in 2015/16), the percentage of cases **not** upheld has significantly increased from 41% in 2015/16 to 67.7% in 2016/17. This positive change suggests that the quality of investigations and responses to complainants has significantly improved.

Table 22: Number of resolved PHSO cases comparison

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

- 13.4 The Trust had 12 cases under the review of the Parliamentary and Health Service Ombudsman at the end Quarter 4 2016/17. **Table 21** provides details of the PHSO cases resolved in 2016/17 (n=31) and shows the distribution of PHSO cases across the divisions.
- 13.5 In summary, 21 cases were not upheld or withdrawn (n=2), 7 cases were partially upheld and 3 cases were fully upheld.
- 13.6 In total compensation was advised in 3 of the 31 cases totalling a sum of £2,300. This compares to the payment of £5,350 to complainants in 2015/16.

Table 21: PHSO cases closed between 1st April 2016 and 31st March 2017

Division	Outcome	Date original complaint received	PHSO Rationale/Decision	Recommendation
SMS	Not upheld	October 2014	No failings found	None
DMACS	Not upheld	February 2015	No failings found	None
DMACS	Partly upheld	May 2014	Failure to keep accurate records	Trust to write letter of apology
Trafford	Withdrawn	July 2014	NA	None

Surgery	Partly upheld	August 2013	Failings in care provided	Trust to apologise for the failings identified in the report and the impact they have had. To include actions taken to ensure mistakes around consent and communication are not repeated. Letter to be shared with PHSO, CQC.
Surgery	Not upheld	February 2015	No failings found	None
Surgery	Not upheld	March 2015	No failings found	None
Surgery	Not upheld	May 2015	No failings found	None
RMCH	Partly upheld	February 2013	Failings in care provided	The Trust to provide evidence that it has ensured that the nurses involved have learned from these mistakes. Trust to apologise for its service failures. Letter to be shared with PHSO.
SMS	Not upheld	June 2015	No failings found	None
SMS	Partly upheld	March 2015	Failings in care provided.	Trust to write letter to apologise for the injustice caused and for the failings identified. Trust to confirm how it will comply with NICE guidance on diabetic foot care in future. Letters to be shared with Complainant, PHSO, CQC and NHS Improvement.

SMH	Not upheld	December 2015	No failings found	None
SMH	Withdrawn	May 2015	NA	None
Trafford	Partly upheld	April 2015	Failings in care provided	<p>The Trust to write to the Complainant to acknowledge the failings and apologise for the impact.</p> <p>The Trust to pay £500 to the Complainant in recognition of the impact the failings had.</p> <p>Trust to write to Complainant and PHSO identifying lessons learned and how Trust will prevent issues reoccurring.</p>
Trafford	Not upheld	March 2015	No failings found.	None
Trafford	Not upheld	September 2014	No failings found.	None
Trafford	Not upheld	August 2015	No failings found.	None
Surgery	Withdrawn	June 2014	NA	None
Surgery	Fully-upheld	March 2015	Failings in care provided.	<p>Write to Complainant, with copy to PHSO, acknowledging the failings made.</p> <p>Pay £1,500 compensation in recognition of the failings made</p>
SMH	Not upheld	July 2016	No failings found	None
TGH	Not upheld	April 2016	No failings found	None
Surgery	Not upheld	June 2016	No failings found	None
RMCH	Not upheld	May 2016	No failings found	None
RMCH	Not upheld	July 2016	No failings found	None

UHDM	Not upheld	July 2016	No failings found	None
SMH	Partly upheld	15/03/16	Significant failings in Midwifery care.	Provide an apology for the impact the failings had. Explain what has been done to learn from failings identified and how to avoid recurrence.
RMCH	Not upheld	26/08/16	No failings found	None
Surgery	Not upheld	05/07/16	No failings found	None
Surgery	Fully upheld	25/02/16	Failings in care, treatment and communication. Family have injustice of knowing their relative suffered unnecessary pain and discomfort.	Provide a full acknowledgement of, and apology for, the failings identified in the report. Explain what action has been taken to address the failings that the PHSO identified.
Surgery	Fully upheld	22/08/16	Failure to explain the decision to decline further surgery. Communication failure which amounted to service failure. Delay in patient securing treatment. Empathetic & holistic approach not adopted.	Pay the complainant £300 in recognition of the impact that the identified failings had. Write to the complainant to acknowledge the failings identified and apologise for the impact of those failings. Prepare an action plan, supported by evidence, which details what has been done, including timescales, to avoid a recurrence of these failings.

Surgery	Partly upheld	24/06/16	<p>No evidence that the timings between procedures or a delay in antibiotics being given resulted in avoidable or premature death.</p> <p>However the risk of further complication was potentially increased.</p> <p>Knowledge of this will be a source of distress and anxiety to family.</p>	<p>Provide an Acknowledgement of the failings and an apology.</p> <p>Provide an action plan to address the failings.</p>
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14. Tell Us Today



- 14.1 **'Tell us Today'** enables patients and families to escalate concerns in real time via a dedicated telephone number to a senior manager so that the issues can be resolved, the patient's experience improved and a potentially a formal complaint averted. RMCH was the last division to go live with **Tell us Today** in Quarter 1, 2016/17 which now means that every area in the Trust is now covered by the Tell Us Today line.
- 14.2 During 2016/7 the number of recorded calls on the Safeguard system has been low. A total of 17 calls were recorded on the system. However, there is anecdotal evidence to suggest that the service is being actively used and that the quick response to concerns has been well received by patients, however due to the pressures of time these are not being recorded on the electronic system, especially out of hours when the Senior Nurse Bleep Holder, who responds to the calls, has numerous competing priorities. Action will continue during 2017/18 to promote this service across the Trust and to further encourage the recording of calls on the system.

15 Complaint Data Analysis and Implementing Learning to Improve Services

15.1 All Divisions regularly receive their complaint data via automated reports produced by the electronic Complaint Management system, Safeguard. Divisions also review the outcomes of complaint investigations at their Divisional Quality or Clinical Effectiveness Committees. The following tables identify the complaint data for each of the divisions mapped against a number of key performance indicators and a selection of complaints that demonstrate how learning from complaints has been applied in practice to contribute to continuous service improvement within the divisions during 2016/17. All of these examples have been published in the quarterly Board of Directors Complaints Reports.

15.2 Division of Surgery

Division Of Surgery	2015/16	2016/17
Number of formal complaints	239	190
Number of PALS concerns	914	797
Number of reopened	63	56
Number closed in 25 days	39	43
Number closed over 41 days	150	115
Number of meetings held	32	18
Top 3 themes		
1. Treatment / procedure - 98		
2. Communication – 27		
3. Clinical Assessment – 24		

Division	Complaint and Lessons Learnt
Surgery	<p>Head and Neck Services Salford Royal Foundation Trust and CMFT joint care</p> <p>Q1 A patient was transferred to the Manchester Royal Infirmary (MRI) from Salford Royal Foundation Trust (SRFT) as part of an agreed pathway of joint care for nasal reconstruction surgery, which was taking place the following day. The patient was unclear about the transfer arrangements, causing distress after his surgery at SRFT. Also, the patient explained that his admission to the MRI was delayed and communication during this time was poor. The patient also complained that the meal after admission was cold and no alternatives were offered.</p> <p>As a result of the complaint actions and lessons learnt include:</p> <p>There is a need to review the transfer arrangements between SRFT and MRI to ensure that patients understand the process. As part of this, the administration team will review the letters sent patients to assist in clarifying the arrangements prior to surgery.</p> <p>If patients are kept waiting for a bed, nursing teams should ensure that they are kept updated, care is provided and that the patient is given a point of contact if they have any queries.</p> <p>Snack boxes should be offered to patients as an alternative to the hot meal that is available.</p>

15.3 Division of Medicine and Community Services

Division of Medicine and Community Services	2015/16	2016/17
Number of formal complaints	123	119
Number of PALS concerns	361	364
Number of reopened	39	29
Number closed in 25 days	27	39
Number closed over 41 days	61	39
Number of meetings held	36	26
Top 3 themes		
1. Treatment / procedure – 40		
2. Communication – 24		
3. Clinical assessment – 21		

Division	Complaint and Lessons Learnt
DMACS	Basic Nursing Care
Q2	<p>Following a review of complaint themes within Adult Integrated Medicine, it was identified that patients and their families raised concerns that patients did not always receive high standards of basic nursing care. The concerns were identified across a number of ward areas and specifically focused on issues with hygiene standards and perceptions of how relatives felt their loved ones were being cared for. The information was also reflected in the general patient experience feedback gathered by the ward areas and therefore was identified as a priority area of improvement.</p> <p>As a result of the identification of these themes the existing local Matron Quality Ward Rounds were changed to allow for a more clinical focus rather than concentrating on reviewing the completion of documentation. 'Let's Change Practice' was launched across the directorate and the Matrons are working with the ward teams to focus on the clinical care delivered in real time, and address any areas that require improvement. To date this has allowed the Matrons to work with ward teams to identify any areas where staff require further training or support. It also allows staff to discuss any problems with relatives and provide assurance of the improvements being made. This initiative will continue over the coming months and a review of complaint themes will take place to ensure that this is having a positive impact on the patient and carer experience across the directorate.</p>

15.4 Division of Specialist Medical Services

Division of Specialist Medical Services	2015/16	2016/17
Number of formal complaints	137	148
Number of PALS concerns	576	556
Number of reopened	32	32
Number closed in 25 days	15	29
Number closed over 41 days	67	89
Number of meetings held	22	18
Top 3 themes		
1. Treatment / procedure – 50		
2. Communication – 26		
3. Access, Admission, Transfer, Discharge – 18		

Division	Complaint and Lessons Learnt
SMS	Unexpected Death
Q2	<p>A patient's son raised concerns that an error made during cardiac surgery may have contributed to his father's death; also his father's death was not communicated to the family in a timely manner.</p> <p>Prior to the patient's actual surgery there were multiple cancelled surgical dates and the surgery had also been cancelled as late as the day before, causing distress to both the patient and his family, inconvenience and financial implications due to travel and work days lost.</p> <p>Subsequently, the patient underwent surgery, during which a complication occurred which required emergency coronary angiography. Sadly the patient died after the second operation to manage this complication.</p> <p>As a result of this complaint and investigation an independent review was commissioned. The lessons learned included:</p> <p>Mentoring, supervision of surgical practice, and a period of retraining of the Consultant involved should be undertaken.</p> <p>All future locum and substantive consultant appointments should have a named mentor with a clear remit to supervise the appointees first year within the department.</p> <p>The process for accepting mitral valve cases should be improved; a mitral specific MDT should be established.</p> <p>The pre-operative workup for mitral cases should be standardised within the department and region to reduce the replication of assessments and ensure all appropriate assessments are undertaken in advance of surgery.</p> <p>The number of consultants within the department undertaking mitral valve repair procedures should be reduced to a maximum of two consultants.</p> <p>The identification of the need to undertake a review of patients who have returned to CICU with their chest open in terms of frequency and outcomes.</p>

15.5 Royal Manchester Children's Hospital

Royal Manchester Children's Hospital	2015/16	2016/17
Number of formal complaints	150	133
Number of PALS concerns	663	671
Number of reopened	19	20
Number closed in 25 days	29	43
Number closed over 41 days	71	68
Number of meetings held	16	7
Top 3 themes		
1. Treatment / procedure – 56		
2. Communication – 18		
3. Clinical assessment – 17		

Division	Complaint and Lessons Learnt
RMCH	Personal Accident/Incident:
Q4	<p>A Grandparent of an inpatient on the Paediatric High Dependency Unit (PHDU) was thirsty and had a drink (which she believed to be water) from a water jug at the patient's bedside.</p> <p>After taking two mouthfuls of the liquid the patient's grandmother experienced a burning sensation in her mouth and throat and vomited. It was discovered that the water jug contained a 'haztab' (a chlorine disinfectant) solution rather than drinking water. The patient's father had requested that the patient's dummy was sterilised. The nurse assisting with this request intended to use a cold water steriliser; when this could not be located she mixed the solution in a water jug and advised the patient's father of this. The nurse intended to label the solution later, but did not do this.</p> <p>Water jugs should never be used for sterilising solutions. More steam sterilisers for decontamination of dummies and expressed breast milk sets were purchased following the incident to ensure there is a sufficient supply at all times.</p> <p>In addition a Standard Operating Procedure has been developed for steam sterilisers to ensure a consistent approach is following when they are in use. 'Haztab' solution is no longer used to decontaminate dummies.</p> <p>A summary report has been shared at RMCH Clinical Effectiveness Committee and the incident has been discussed in detail at the RMCH Ward Managers Meeting.</p>

15.6 Trafford Hospitals

Trafford Hospitals	2015/16	2016/17
Number of formal complaints	119	120
Number of PALS concerns	465	564
Number of reopened	32	30
Number closed in 25 days	43	44
Number closed over 41 days	28	37
Number of meetings held	7	16
Top 3 themes		
1. Treatment / procedure – 47		
2. Access, Admission, Transfer, Discharge 17		
3. Clinical assessment – 17		

Division	Complaint and Lessons Learnt
Trafford	<p>Communication and Handover:</p> <p>Q4 A complaint was received at Trafford addressed to the Chief Executive from the family of a patient who had been admitted for emergency surgery for a fractured neck of femur and who had become acutely unwell following the procedure and sadly subsequently passed away.</p> <p>One of the conclusions drawn during the high level investigation into the events leading up the patient's death was that communication between the medical and nursing teams on the Emergency Surgical Trauma Unit was not as effective as it should have been. Specifically, important aspects of the patients care plan were not communicated between the medical and nursing team; such as a lack of written handover which led to a lack of continuity of care.</p> <p>As a result of the investigation, the ESTU team will audit the process for communication between the medical team and the nursing team and ensure processes are put in place to ensure there is clear communication about patient's plans of care and that this is clearly documented within the patient's medical records.</p> <p>Handovers will also be recorded shift by shift with patients of concern discussed.</p> <p>This complaint was also part of a thematic review regarding the care provided on ESTU. The review has led to a Multi-Disciplinary Risk Summit being undertaken resulting in the development of a significant Improvement Programme that aims to ensure care provided on ESTU is of the highest standard.</p>

15.7 Saint Mary's Hospital

Saint Mary's Hospital	2015/16	2016/17
Number of formal complaints	160	154
Number of PALS concerns	280	296
Number of reopened	35	20
Number closed in 25 days	60	26
Number closed over 41 days	48	53
Number of meetings held	11	11
Top 3 themes		
1. Treatment / procedure – 47		
2. Clinical Assessment – 36		
3. Communication – 32		

Division	Complaint and Lessons Learnt
SMH	Failure to adhere to Birth Plans:
Q4	<p>A Pregnant lady advised that she did not want a Student Midwife to be present at the delivery of her baby. The request was documented in lady's Birth Plan, but was not identified by the Midwife providing care, who had a Student Midwife working alongside her.</p> <p>Whilst the Midwife did explain to the lady that she had a Student Midwife working alongside her, who was nearing the end of her training, she did not actively seek the patient's consent for the student to be present.</p> <p>As the student was present in the room, the patient felt unable to refuse.</p> <p>As a direct result of the concerns raised the Midwifery team have been reminded of:</p> <p>The importance of reading women's birth plans and ensuring that we listen to the patient in our care and understand their preferences and requirements.</p> <p>The Lead Midwife has reiterated to the whole team the importance of obtaining consent to the presence of a student midwife or doctor in advance of them attending the patient.</p> <p>The Midwifery Matron responsible for Education and Practice has shared the experience of this patient with the Link Lecturers at the University of Manchester who will reinforce the importance of obtaining the consent of the patient with the students prior to their attendance at Saint Mary's.</p>

15.8 Division of Clinical and Scientific Services

Division of Clinical and Scientific Services	2015/16	2016/17
Number of formal complaints	56	50
Number of PALS concerns	158	171
Number of reopened	16	10
Number closed in 25 days	11	16
Number closed over 41 days	19	14
Number of meetings held	10	5
Top 3 themes		
1. Communication – 16		
2. Treatment – 15		
3. Clinical assessment – 6		

Division	Complaint and Lessons Learnt
CSS	Communication: Radiology
Q1	<p>A complaint received by the Radiology Department identified that information provided for patients who attend appointments either at short notice, or where patients have been referred from other hospitals, was variable and was not always of the high standard that is routinely, in the form of an information leaflet, provided to a patient prior to their procedure for routine appointments. Arrangements for routine appointments are made by letter and post and allow for the inclusion of the information leaflet, whereas arrangements for short notice appointments or patients referred from other hospitals are predominantly undertaken by telephone contact.</p> <p>As a direct result of this complaint when patients are contacted by telephone to provide an appointment at short notice they are verbally given all the same information that they would be provided with contained in the departmental information leaflet. Staff also clarify what information has been provided to patients if they have been referred from another hospital, to ensure the information they have already been given does not conflict with the CMFT processes.</p>

15.9 University Dental Hospital of Manchester

University Dental Hospital of Manchester	2015/16	2016/17
Number of formal complaints	44	25
Number of PALS concerns	130	181
Number of reopened	21	8
Number closed in 25 days	17	14
Number closed over 41 days	19	5
Number of meetings held	6	3
Top 3 themes		
1. Treatment / procedure – 10		
2. App Delay/cancelled – 5		
3. Communication – 5		

Division	Complaint and Lessons Learnt
UDHM	Communication:
Q4	<p>A patient's daughter brought her mother to the Dental Hospital for a procedure to have some teeth removed. On arrival, they were informed that the procedure had been cancelled and that they should have received a text message, to confirm the cancellation. Neither the daughter nor the mother had received the text message. The daughter made a complaint as she had arranged time off from work to attend the appointment with her mother and requested evidence that a text message had been sent.</p> <p>The procedure was only cancelled on the day, although the clinic should have cancelled much earlier due to the clinician being on study leave. The UDHM has implemented a new process that tracks all leave for clinicians, ensuring that there is plenty of notice for patients if clinics are cancelled.</p> <p>The administrative team at UDHM requested that the text message be sent to advise the patient of the cancellation. Unfortunately this did not occur. The investigation into the concerns raised found that there was a pre-arranged parameter that text messaging to cancel appointments should not be utilised in patients over 70 years of age. This has now been removed.</p> <p>In addition when appointments are cancelled at such short notice, it is usual practice for the text message to be sent first and followed up with a phone call by the Patient Services Team. Again this did not occur and teams have been reminded of the need to do this via team meetings.</p>

15.10 Manchester Royal Eye Hospital

Manchester Royal Eye Hospital	2015/16	2016/17
Number of formal complaints	79	72
Number of PALS concerns	361	412
Number of reopened	22	20
Number closed in 25 days	59	46
Number closed over 41 days	10	8
Number of meetings held	10	9
Top 3 themes		
1. Treatment – 18		
2. Communication – 17		
3. App Delay/ Cancellation – 14		

Division	Complaint and Lessons Learnt
MREH	Outpatient Appointment
Q1	<p>A patient complained to the hospital that she had not received a follow-up appointment, which should have been scheduled within 6 weeks, to discuss the progress following eye after surgery.</p> <p>As a direct result of the complaint a number of actions have been identified that include:</p> <p>A reminder that all appointments required in less than 6 weeks must be booked on the day of the last appointment, will be published in the next administrative and clerical newsletter</p> <p>Signs will be installed in the Outpatients Department to remind staff and patient that all appointments required in less than 6 weeks should be booked on the day.</p> <p>The clinic outcome forms used at the Manchester Royal Eye Hospital are being re-drafted and re-launched with all clinical and administration staff to ensure compliance with completion and correct processing of all clinic outcome forms to ensure no review appointments are missed.</p>

15.11 Corporate Services

Corporate Services	2015/16	2016/17
Number of formal complaints	52	34
Number of PALS concerns	179	251
Number of reopened	9	6
Number closed in 25 days	15	23
Number closed over 41 days	14	0
Number of meetings held	1	0
Top 3 themes		
1. Infrastructure - 13		
2. Communications – 12		
3. Documentation/Records - 7		

15.12 Research and Innovation

Research and Innovation	2015/16	2016/17
Number of formal complaints	0	0
Number of PALS concerns	1	1
Number of reopened	0	0
Number closed in 25 days	0	0
Number closed over 41 days	0	0
Number of meetings held	0	0

15.13 Non – CMFT

Non – CMFT/ Other	2015/16	2016/17
Number of formal complaints	0	6
Number of PALS concerns	35	100
Number of reopened	0	0
Number closed in 25 days	N/A	N/A
Number closed over 41 days	N/A	N/A
Number of meetings held	N/A	N/A

16 Continuous Improvement Work Programme 2016/17: Achievements

16.1 'My Expectations' Complaints Improvement Programme

Following development of the 'My Expectations' self-assessment tool during 2015/16 which asked key members of staff to provide feedback based upon this national guidance document⁵, a number of improvement initiatives have taken place.

Development sessions have been undertaken with the Formal Complaints and PALS teams to map the processes used to manage complaints. The sessions were facilitated by the Trust's Quality Improvement Team and focussed on how patient concerns are managed within the PALS and Complaints teams. Subsequently process maps have been developed that illustrate where processes can be improved; these have helped to inform how the PALS and Complaints teams operate since the relocation of the PALS office to its new location.

Further educational sessions have been established for staff who manage complaints. These sessions have specifically focussed on the PHSO processes and the development of written responses to complaints. More details regarding the educational sessions is provided in Section 16.2 of this report.

The revised Complaints Triage Process has been developed and implemented. This assigns a more robust timeframe to those complaints that are inherently complex in nature, and enables the Complainant to have a more realistic timeframe in which their complaints will be answered. More details are provided in Section 16.3 of this report.

A new complaints Satisfaction survey has also been implemented in collaboration with NHS England. This had improved the response rate and is providing further useful feedback on the complaints process. More details are provided in Section 16.4 of this report.

16.2 Education

To improve the skills of Trust staff who are involved in investigating concerns and preparing complaint responses, a series of educational sessions has been developed by the Patient Services Team delivered to assist both Corporate and Divisional teams.

The ***Developing Effective Written Responses to Complaints Course*** was delivered to corporate and divisional staff responsible for writing complaints responses and focussed on delivering effective complaints letter writing skills, through a combination of expert tutor input, group discussion and practical, supported exercises. Specifically the training covered the following learning objectives:

- Understanding what is working and what needs to improve
- Learning from best practice
- How to effectively assess and plan a response
- Developing techniques to elicit information from colleagues
- Creating credible correspondence

Feedback from the course was very positive, with attendees reporting 96% of their learning objectives were met with an average 28% self-reported increase in skill and knowledge levels.

⁵ My Expectations for Raising Concerns and Complaints
<https://www.ombudsman.org.uk/publications/my-expectations-raising-concerns-and-complaints>

During Quarter 3 of 2016/17 a further course was externally facilitated by the Parliamentary and Health Service Ombudsman (PHSO) that focussed upon:

- Understanding the role of the PHSO in complaints investigations
- What the PHSO look for in when investigating complaints
- How the PHSO undertake their investigations
- How they make decisions on cases
- Sharing good practice & learning
- Local Investigations

The course was very well attended by 44 Divisional and 15 members of corporate staff.

The sessions were very well received and staff commented upon how informative and helpful the day was in helping them to fully understand the role of the PHSO and their role within the management of complaints.

Further educational sessions are planned and will continue during 2017/18 to ensure that staff with responsibility for complaints management have the necessary knowledge and skills to undertake the work.

16.3 **Triaging of Complaints**

Due to factors such as the involvement of multiple organisations or Divisions, very complex complaints involving High Level Investigations and complaints with multiple areas for investigation, the Trust's internal target of resolving formal complaints in a 25 working day timeframe is not always achieved. In these circumstances, and with the complainant's agreement the current Trust Policy indicates that an extension can be granted for an additional 15 working days, taking the maximum possible timescale to investigate and respond to the complainant to 40 working days (8 weeks).

In the circumstances described above, and outlined in **Table 22** below, it has been recognised by the Quality Committee that it is appropriate to extend this timeline beyond 25 working days at the outset. This allows for the allocation of a more realistic timeframe for complex complaints, and is more appropriate and personalised to the specific circumstances of the complaint. Providing a more realistic timeframe for complex complaints also improves the Complainant's expectations of resolution and experience of the service.

During Quarter 4, 2016/17, a paper was presented to the Quality Committee to recommend that a response timeframe is allocated to complaints based upon the complexity of the complaint.

The paper also proposed that following the implementation of this approach, the reporting of complaints responsiveness, which includes monthly activity reports to the CCG and quarterly and annual Trust Complaints Reports, would also be adjusted to include performance measures relating to the 'number of complaints responded to within the timeframes agreed with the complainant'. This is in line with the Local Authority, Social Services and National Health Service Complaints (England) Regulations (2009) and as of April 2017, reporting upon this metric is an expectation of the Manchester CCGs.

This approach is specifically in line with 'My Expectations for Raising Concerns and Complaints' which states that Complainants should receive resolution in a time period that was relevant to their particular case and complaint.

This amendment to the complaints timeframes will be closely monitored and an evaluation included within the Trust Quarterly Complaints reports.

16.4 **Table 22:** Complaints triage timeframes implemented from 1st April 2017.

Complexity Rating	Response Timeframe	Criteria	Responsibility
Low	25 working days	Normal response time for non-complex complaints.	PALS Case Manager
Medium	40 working days	For cases that do not fall into the High Complexity Rating bracket but do require an extension, i.e. Where a Local Resolution Meeting is required.	Divisional Director in line with the Complaints, Concerns and Compliments Policy needs to request an extension from Chief Nurse/ Director of Nursing
High	60 working days	High complexity complaints <ul style="list-style-type: none"> ▪ > 20 questions ▪ Multiple trusts or organisations ▪ Awaiting consent to share with an external organisation ▪ Lost medical records ▪ Complex investigation ▪ HLIs & case reviews ▪ Independent/External reviews ▪ HR investigations 	Customer Services Manager/ Head of Patient Services/ Deputy Director of Nursing (Quality)

16.5 **Complainant's Satisfaction Survey**

During Quarter 2 of 2016/17, the Head of Patient Services entered into discussions with NHS England regarding the Trust becoming a pilot site for the introduction of a new National Complaints Satisfaction Survey. This survey is also based upon the 'My Expectations' paper and has been developed by the Picker Institute. The pilot was implemented from 1st November 2016 with the first surveys being sent from 29th November 2016.

At the end of Quarter 4, 2016/17, where the reminders had been sent, there had been a significant improvement in the satisfaction survey response rate from 8% at the end of Quarter 4, 2015/16 to 28.9% at the end of Quarter 4, 2016/17. The previous survey was sent out alongside the final response letter, whereas the new survey is sent out 4-6 weeks following the final response, with a reminder at week 8.

Results for National Pilot Survey since commencement in November 2016 indicate:

- 90% of complainants said their complaint outcome was explained to them in a way they could understand.
- 90% of complainants felt they would complain again if required.
- 85% of complainants felt, to some extent, that their response addressed the points raised in the complaint.
- 84% of complainants were able to complain in their preferred format.
- 78% of complainants were confident that their care would not be adversely affected by making a complaint
- 76% of complainants felt their complaint was handled professionally by the organisation.

- 72% of complainants felt their complaint was taken seriously when first raised.
- 65% of complainants reported receiving their complaint within the agreed timescales.
- 61% of complainants received an explanation of how their complaint would be used to improve services.
- 53% of complainants felt they were updated enough during their complaint.

Comments received include the following:

- “The lady who spoke to me over the phone came across very genuine, warm and respectful and also willing to respond to anything further.
- “The summary at the complaints was an effective and well prepared step in the process”
- “The help received from PALS was excellent”.
- “Very understanding staff”.
- “The manager from the department rang me as soon as she was aware of my complaint and was extremely supportive”.
- “The person who dealt with my case was very professional, but honest and supportive to me”.

16.6 PALS Relocation



During Quarter 1, 2016/17 a **‘Patient Panel’** was organised to discuss the development of the PALS service and the proposed move of the PALS office to Entrance 2 within the Manchester Royal Infirmary. This group comprised of members of the public who have experience of using the PALS service. The Panel discussion proved very informative and has helped the Patient Services Management team to understand how it can develop the service to meet the needs of people using the service, specifically including those with communication and accessibility needs. It also provided valuable feedback on the wider PALS service and offered insights into future development of this service to further meet the needs of the users of the service.

During Quarter 2, 2016/17 a working group was formed with representation from the PALS team and Estates and Facilities staff to ensure that the move of the PALS office

was appropriately planned and achieved and did not have a negative impact upon the operation of the PALS service.

During Quarter 3, 2016/17, building work commenced on the new PALS office and reception desk. This work was completed in late February 2017 and handover took place in in March 2017. This relocation of the PALS office will make the service much more accessible and visible within the central site.

The new PALS facility enables members of the public to make enquiries and book appointments to see a PALS Case Worker. The service is also now supported by dedicated PALS volunteers who help to manage enquiries and offer way-finding assistance at this location.

16.7 Complaints Guidance

During Quarter 4, 2016/17 new guidance relating to Complaints: The Regulations, the Process and a Guide to Writing a Complaint Response was developed and circulated to all Divisions. The intention of the Guidance is to provide teams with information about the regulations related to complaints, the Trust process for the management of complaints and to support staff to prepare high quality complaint responses. The roll-out of the guidance was supplemented by a series of Divisional presentations to staff groups.

17 Work Programme 2017/18

- 17.1 During 2017/18, the Patient Services Team will continue to work with the divisions in order to improve the responsiveness to complaints and to improve the processes by which they are managed.
- 17.2 Work in development includes the reorganisation of the roles within PALS to include a new role of PALS receptionist. This will be a pivotal role in the successful transition to the new PALS location within the Trust. Work is also on-going to explore the possibility of longer opening hours for PALS to cover the evening visiting period with an aspiration to also provide a service at weekends.
- 17.3 The implementation of the new Triage Process will be closely monitored and evaluated and the new reporting structure to the CCG will be reported upon in future Quarterly Complaints reports.
- 17.4 An evaluation of the Complainants Satisfaction survey will also be undertaken during 2017/18 to measure the benefits and sustainability of the new survey.
- 17.5 The educational programme for staff who deal with complaints will continue and be developed further during 2017/18. This commences in Quarter 1 with a course designed to improve knowledge and skills in relation to managing verbal Complaints.
- 17.6 Finally, following further feedback from staff, a programme of formalised supervision for corporate staff directly who consistently work with Complainants will be developed. This will ensure our staff are properly supported and empowered to undertake this important work.

18 Conclusion

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

Appendix 1

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

Table 4: Route of PALS Concerns by enquirer

	2014/15	2015/16	2016/17
Comment Box	10	6	0
Email	658	768	1141
Face To Face	527	519	602
Fax	1	2	2
From Complaints	6	1	1
From Family Support	9	0	3
From PALS	8	1	21
Letter	103	57	29
Other	10	8	5
Telephone	2214	2648	2535
Tell Us Today	0	1	1
Website	0	1	0
Complainant	0	74	12
Family member	0	51	7
M.P.	28	1	4
Totals	3574	4138	4363

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

Table 5: PALS contact by age range.

	2014/15	2015/16	2016/17
0 - 18	886	1041	1138
19 - 29	345	454	499
30 - 39	374	440	467
40 - 49	369	444	439
50 - 59	456	509	515
60 - 69	440	545	540
70 - 79	402	412	469
80 - 89	260	249	255
90 - 99	40	42	38
100+	2	2	3
Totals	3574	4138	4363

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

Table 6: PALS concerns by sex.

Sex	2014/15		2015/16		2016/17	
	Number of concerns	Percentage of concerns	Number of concerns	Percentage of concerns	Number of concerns	Percentage of concerns
Female	1869	52.5%	2209	53%	2332	53.4%
Male	1686	47%	1836	44%	1938	44.5%
Not specified	19	0.5%	93	2%	93	2.1%
Total	3574		4138		4363	

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

Table 7: PALS contacts by ethnicity.

Ethnicity	2014/15	2015/16	2016/17
Any Other Ethnic Group	45	38	27
Asian Or Asian British - Bangladeshi	4	5	18
Asian Or Asian British - Indian	40	23	38
Asian Or Asian British - Other Asian	23	28	33
Asian Or Asian British - Pakistani	123	75	98
Black Or Black British - African	34	28	29
Black Or Black British - Caribbean	39	22	57
Black Or Black British - Other Black	13	11	18
Chinese Or Other Ethnic Group - Chinese	13	1	11
Mixed - Other Mixed	14	10	15
Mixed - White & Asian	7	3	7
Mixed - White & Black African	5	4	4
Mixed - White & Black Caribbean	16	8	17
Not Stated	1197	2260	1762
White - British	1902	1530	2125
White - Irish	52	29	45
White - Other White	47	63	59
Total	3574	4138	4363

Appendix 2

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

Table 11: Complaints 5 year trend by risk rating.

Category	2012/13	2013/14	2014/15	2015/16	2016/17
Not Stated/other	45	0	0	1	7
White	10	0	0	0	0
Green	112	244	61	17	22
Yellow	547	599	559	547	583
Amber	359	345	395	583	424
Red	11	4	2	12	15
Totals	1084	1192	1017	1160	1051

Table 12: Age range of people who made formal complaints.

	2014/15	2015/16	2016/17
0 - 18	243	234	226
19 - 29	101	139	124
30 - 39	135	160	155
40 - 49	108	118	112
50 - 59	122	143	120
60 - 69	113	158	147
70 - 79	101	131	112
80 - 89	80	65	45
90 - 99	14	11	9
100+	0	1	1
Totals	1017	1160	1051

Table 13: Sex of people who made formal complaints.

Sex	2014/15		2015/16		2016/17	
	Number of complaints	Percentage of complaints	Number of complaints	Percentage of complaints	Number of complaints	Percentage of complaints
Female	567	56%	646	56%	596	56.7%
Male	429	42%	503	43%	438	41.7%
Not specified	21	2%	11	1%	17	1.6%
Total	1017		1160		1051	

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

Table 14: Ethnicity of people who made complaints.

Ethnicity	2014/15	2015/16	2016/17
Any Other Ethnic Group	9	17	12
Asian Or Asian British - Bangladeshi	3	1	3
Asian Or Asian British - Indian	9	13	13
Asian Or Asian British - Other Asian	9	10	10
Asian Or Asian British - Pakistani	25	37	30
Black Or Black British - African	14	13	9
Black Or Black British - Caribbean	5	11	17
Black Or Black British - Other Black	0	3	4
Chinese Or Other Ethnic Group - Chinese	4	4	4
Mixed - Other Mixed	4	9	10
Mixed - White & Asian	1	0	5
Mixed - White & Black African	5	3	2
Mixed - White & Black Caribbean	9	3	10
Not Stated	547	496	383
White - British	359	512	509
White - Irish	8	9	11
White - Other White	6	18	13
Do not wish to answer	0	1	6
Total	1017	1160	1051