

DOCUMENT CONTROL PAGE	
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Supersedes	Supersedes: Compliments, Concerns and Complaints Policy Version 1.1
Minor Amendments	<p>1.7 addition of 'concerns and'</p> <p>1.8 addition of 'concerns and'</p> <p>2.1 removal of 'and compliments'</p> <p>2.2 addition of words 'raise concerns or'</p> <p>2.2 addition of Duty of Candour Policy</p> <p>2.3 addition of 'raised a concern or'</p> <p>3 addition of word 'written' removal of the definition of compliment</p> <p>3 addition of Ulysses as the Trust's complaint governance system</p> <p>4 Removal of 'Supporting Staff, including Statement Writing and Feedback for incidents, complaints and claims Policy (Draft)'</p> <p>5.1 removal of the words compliments</p> <p>5.3.1 addition of 'A complaint by a responsible body (local authority, NHS body, primary care/independent provider). A complaint by an employee of a local authority or NHS body about any matter relating to that employment. A complaint which is made orally; and is resolved to the complainant's satisfaction not later the next working day after the day on which the complaint was made. A complaint the subject matter of which is the same as that of a complaint that has been previously been made and resolved in accordance with the previous point above.</p> <p>5.22 Addition of the word's younger person and under 18 years.</p> <p>5.42 Clarification of Complaint Team Leader Role and addition of 'The time limit in 5.4.1 shall not apply if the Corporate Complaints Team Leader is satisfied that the complainant had good reasons for not making the complaint within that time limit and notwithstanding the delay, it is still possible to investigate the complaint effectively and fairly.</p> <p>6 removal of word 'comments'</p> <p>6.7 addition of corporate complaints team</p> <p>6.11 addition of FOI requests to be passed to Group Informatics IG team</p> <p>6.12.1 addition of wording to clarify lead complaint handler</p> <p>7.1 change of committee name</p> <p>7.13 addition of LCO</p> <p>7.15.2 addition of information about ICA</p> <p>7.3 amendment of Group Chief Nurse to Chief Nurse</p> <p>7.4 addition of Head of Nursing and Patient Services Manager roles</p> <p>7.43 addition of Head of Nursing and Patient Services Manager roles</p>

	<p>7.6 addition of 'Ensure the Trust operates within the requirements of the NHS Complaints Regulations 2009. Ensuring the Trust Complaints' Policy is adhered to. Maintaining a comprehensive complaint database (Ulysses).</p> <p>7.7 addition of 'Attend and Chair at Hospital/MCS/LCO Complaint Co-ordinator meetings'</p> <p>7.8 inclusion of MCS/LCO</p> <p>7.9 addition of ensuring the developed action plan is kept accurately updated and completed via the Ulysses Customer Services module.</p> <p>9.2.1 addition of formal complaint process</p> <p>9.3.9 addition of process for a complainant lacking capacity to consent</p> <p>9.41 addition of triage process</p> <p>9.81 addition of wording to clarify lead coordinating agency for multi body complaints</p> <p>9.82 addition of coordinator role within corporate complaints team for multi body complaints</p> <p>9.9.1 Change of wording to clarify process and corporate complaints team role</p> <p>9.10.3 addition of Duty of Candour</p> <p>9.10.5 addition of checks to ensure complainant is not deceased</p> <p>9.11 change from re-opening complaints to dissatisfied with response</p> <p>9.11.3 Clarification of the end of process and referral to the Ombudsman</p> <p>10.1-10.5.4 addition of role of the Ombudsman</p> <p>11-12 amendments made to wording of vexatious complainants</p> <p>12 clarification of monitoring, recording and reporting process</p> <p>12.2 addition of responsibilities for cascading learning and actions</p> <p>12.4 Change of committee name</p> <p>12.5 Inclusion of Safety Oversight System</p> <p>13.2 addition of attendance at morning safety huddles to feed in emerging themes</p> <p>15.1 Inclusion of Head of Nursing and Patient Services Manager roles</p> <p>15.2 Inclusion of Group Risk Oversight Committee</p> <p>15.3 clarification of compliance reporting</p> <p>16 additional inclusion</p> <p>17 additional inclusion</p>
Author	<p>Originated / Modified By: Claire Horsefield</p> <p>Designation: Head of Customer Services</p>
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1. Introduction

- 1.1 Manchester University NHS Foundation Trust (referred to as MFT or the Trust) welcomes feedback from patients and the public about the services it provides.
- 1.2 The Trust is committed to delivering the very best, high quality healthcare services and is proud to serve patients and service users from widely diverse communities covering local, regional, national and international locations.
- 1.3 The Trust's vision is to improve the health and quality of life of the diverse population it serves by building an organisation that:
- Excels in quality, safety, patient experience, research, innovation and teaching.
 - Attracts, develops and retains great people.
 - Is recognised internationally as a leading healthcare provider.
- 1.4 To deliver this vision the Trust is committed to providing a working environment which takes full advantage of a culturally and professionally diverse workforce that provides world class services. The behaviour of Trust staff is grounded in a strong set of organisational values. Together with the Trust's vision they define the purpose, culture and beliefs of the organisation. Commitment to these values is fundamental in determining the quality of care and the safety of patients and staff.
- 1.5 The MFT Values (***Working Together, Dignity and Care, Everyone Matters, Open and Honest***), the overall Values Statement '***Together Care Matters***' and the associated Behaviours Framework makes clear the behaviours that all staff need to display, to ensure the high quality and compassionate culture that is required for high performance and the delivery of excellent standards of care. The aim of the Behavioural Framework is to support the creation of a compassionate, inclusive and high quality care culture that is underpinned by exemplary leadership that provides the best outcomes for patients and each other, whilst improving the health of the people who use the Trust's services.
- 1.6 It is recognised that at times things can go wrong. When complaints are raised the Trust has a responsibility to acknowledge the concern or complaint, put things right as quickly as possible, learn lessons and prevent a recurrence by identifying and implementing service improvements. In most circumstances the quickest, most effective way of resolving a concern is to deal with the issues when they arise or as soon as possible after this (early local resolution). Usually this is best undertaken as close to the point of care or service delivery as possible and wherever we can resolve complaints quickly and informally we will do so.

- 1.7 The Trust takes all concerns and complaints seriously and makes sure they are properly investigated and responded to in an unbiased, non-judgmental, appropriate, and timely way. Complaints are dealt with fairly for both the complainant and those complained about.
- 1.8 This policy sets out the Trust’s approach to dealing with concerns and complaints about its services that is flexible and responsive to individual’s needs. It provides a framework for handling, responding to and learning from complaints as a vehicle to improve services in line with the Trust’s Vision to improve the health and quality of life of the diverse population it serves.
- 1.9 The policy complies with the legal requirements of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 Act in accordance with the NHS Constitution and the Duty of Candour (2014). It also aligns to the recommendations of the Francis Report (2013) and Clywd Hart Review (2013) and the policy reflects the Parliamentary and the Health Service Ombudsman’s Principles of Good Complaints Handling (2009), namely:
- Getting it right
 - Being customer focused
 - Being open and accountable
 - Acting fairly and proportionately
 - Putting things right
 - Seeking continuous improvement
- 1.10 The policy also takes account of the principals of ‘My Expectations for Raising Concerns and Complaints’ (2014), published jointly by the Local Government Ombudsman, Healthwatch and the Parliamentary and Health Service Ombudsman. Specifically, the Trust is committed to making improvements at all stages of the complaint journey in line with the user-led vision for dealing with complaints.

2. Purpose

- 2.1 The purpose of this policy is to provide staff with support and assistance in dealing with complaints and concerns. The policy provides a framework for MFT to meet the requirements of the Local Authority Social Services and National Health Service Complaints (England) Regulations (2009).
- 2.2 Implementation of the policy will ensure that:
- Patients and their representatives have easy access to the best and earliest resolution of their concerns and complaints.

- People who raise concerns or complain are listened to and treated with courtesy, compassion and empathy and are not disadvantaged because of raising a concern/making a complaint.
- Complaints are investigated promptly, thoroughly, honestly, and openly.
- Complainants are kept informed of the progress and outcome of the investigation in a timely manner.
- Staff involved in complaints are given support.
- Actions to rectify the cause of the complaint are identified, implemented, and evaluated.
- Learning from complaints informs service development and improvement and the personal and professional development of staff.
- The Trust complies with national guidance and regulations for complaints management.
- Complaint handling complies with confidentiality and data protection policies and is in line with the Trust's Duty of Candour Policy.

2.3 All complainants must be treated with respect and receive a thorough investigation of their complaint and a written response. A patient's care must not be detrimentally affected because they have raised a concern or made a complaint. The policy emphasises the importance of early resolution of concerns and complaints and sets out the performance standards, the individual roles and responsibilities of staff involved, the reporting and assurance processes in place to ensure compliance with national regulations and the means by which learning from complaints will be achieved.

2.4 The purpose of the policy is not to apportion blame amongst staff, but to investigate complaints aiming to provide both a satisfactory outcome for the complainant, to learn any lessons and make improvements. If, however, a complaint identifies information which indicates a need for disciplinary action this will be managed separately under the Trust's Disciplinary Policy and Procedures.

3. Definition of Terms and Glossary

- A **complaint** is an expression of dissatisfaction that requires a formal written response. It is usually a problem which has not yet been resolved, or which concerns past treatment. It can be made face-to-face, over the telephone (verbal complaint), by letter or e-mail (written complaint).
- A **concern** is a problem, which can be dealt with more quickly and informally by the Patient Advice and Liaison Service (PALS). This is usually, wherever possible, by the end of the next working day.
- **Local Resolution** is the investigation and resolution of complaints under the first stage of the NHS Complaints Procedure. It includes everything we do locally, before a complaint is considered by the Parliamentary Health Service Ombudsman (PHSO).
- A **complainant** is a person who raises a complaint.

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- A **Serious Incident (SI)** is an event in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to develop a comprehensive response. SIs can extend beyond incidents, which affect patients directly and include incidents, which may indirectly impact patient safety or an organisation’s ability to deliver on-going healthcare.
- The **Ombudsman** refers to the Parliamentary and Health Service Ombudsman (**PHSO**) who are the final stage of the NHS Complaints Procedure. If the Trust is unable to resolve a complaint and local resolution has been exhausted, the only available option to the complainant would be to approach the Ombudsman and request a review. The Ombudsman will assess if the Trust has acted fairly in the complaint investigation and if the response has adequately addressed the complaint.
- Local **advocacy** services are available to act on a patient’s/complainant’s behalf throughout the complaint process including dealing with the Ombudsman.
- The **Local Authority Social Services and National Health Service Complaints (England) Regulations 2009** is the legislation which provides the framework for managing complaints in the NHS.
- **Ulysses** is the Trust’s Governance System, which is used for the recording and reporting of incidents, complaints, concerns, claims and organisational risks.

4. Associated Documents and Strategies

- Duty of Candour Policy
- Incident Reporting and Investigation Policy
- Risk Management Strategy
- Values and Behavioral Framework
- Quality and Safety Strategy
- ‘What Matters to Me’ Patient Experience Programme
- Leadership and Culture Strategy

5. Scope of the Complaints Policy

- 5.1 The policy deals with the handling of concerns or complaints regarding Trust services, buildings, or the environment. The policy incorporates the work of the Patient Advice and Liaison Service (PALS) in assisting patients, service users and staff to resolve concerns or to offer access to the formal complaints process if needed.

5.2 Who can make a complaint?

5.2.1 A concern or complaint may be raised under this policy and procedure by:

- Anyone who is receiving, or has received NHS treatment or services, which are provided or commissioned by MFT.
- A relative or friend on behalf of the patient if they have been given permission.
- Anyone who is affected by or likely to be affected by the action, omission, or decision of MFT.

5.2.2 A complaint or concern may be made by a person acting on behalf of a patient in any case where that person:

- **Is a child or young person (under 18 years);** if the child or young person is considered to have the understanding to make a complaint themselves, they must be supported to do so. If a representative complains on behalf of a child, they must be a parent, guardian or other adult person who has responsibility for the care of the child.
- **Where the child or young person is in the care of a Local Authority or a voluntary organisation,** the representative must be a person authorised by the Court, Local Authority or the voluntary organisation, and in the opinion of a relevant senior manager, is making the complaint in the best interests of the child.
- **A parent of a child or young person under 18 years of age,** can make a complaint on their child's behalf, but only if the NHS thinks the child cannot make the complaint themselves.
- **Has died;** in the case of a patient or person affected who has died, the representative must be a relative or other person, who had sufficient interest in their welfare, and is a suitable person to act as a representative.
- **Has physical or mental incapacity;** in the case of a person who is unable by reason of physical capacity, or lacks capacity within the definition of the Mental Capacity Act (2005), to make the complaint themselves, the representative must be a relative or other person, who has sufficient interest in their welfare and is a suitable person to act as a representative. The representative may give consent to a third party acting on their behalf.
- In the case of a third party pursuing a complaint on behalf of the 'affected' person the Trust will request the following information:
 - Name and address of the person making the complaint.
 - Name and either date of birth or address of the affected person.
 - Contact details of the affected person so that the Trust seek confirmation from them that they agree to the third party acting on their behalf, or to ascertain if they lack mental capacity to make this decision/give their consent. This will be documented in the complaint file and confirmation will be issued to both the person making the complaint and the affected person.
 - Has delegated authority to do so, for example in the form of an

activated Healthcare Power of Attorney or current documented evidence of communications with the patient's GP/consultant.

- **Is an MP**, acting on behalf of and by instruction from a constituent.

5.2.3 **Carers Rights:** Carers can make a complaint on behalf of the person they care for; where the person is a child or young person, has asked the carer to act on their behalf, or is not capable of making the complaint themselves. The organisation has the discretion to decide whether the carer is suitable to act as a representative in the individual's best interests.

5.2.4 If a senior manager is of the opinion that a representative does or did not have sufficient interest in the person's welfare, is not acting in their best interests or is unsuitable to act as a representative, they must consult PALS and/or the Corporate Complaints team for advice and notify that person in writing stating the reasons.

5.2.5 If a complaint or concern is an allegation or suspicion of abuse, for example sexual abuse, physical neglect or abuse, or financial abuse, it should immediately be reported and investigated in line with appropriate Trust Safeguarding or Serious Incident policies and procedures.

5.2.6 In a situation where a person discloses physical or sexual abuse, or criminal or financial misconduct, it must be reported using appropriate policies and procedures even if the person does not want to make a complaint.

5.2.7 In cases involving vulnerable adults or children, including threat of self-harm and/or harm to others, all staff should implement effective Safeguarding policies and practice, referring to the appropriate Safeguarding Partnership procedures as necessary.

5.2.8 Refer to **Appendix 3** for specific guidance on the management of complaints and concerns from parents, carers, children, and young people.

5.3 Complaints outside the scope of the Policy

5.3.1 Complaints made in the following context are outside the scope of this policy:

- A complaint by a responsible body (local authority, NHS body, primary care/independent provider).
- A complaint by an employee of a local authority or NHS body about any matter relating to that employment.
- A complaint which is made orally; and is resolved to the complainant's satisfaction no later than the next working day after the day on which the complaint was made.
- A complaint, the subject matter of which is the same as that of a complaint that has been previously been made and resolved in accordance with the previous point above.
- Complaints that have previously been investigated and closed under the

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Complaints Regulations 2009 and have been reviewed by the Parliamentary Health Service Ombudsman (PHSO).

- Complaints from professionals about other professionals.
- Complaints about privately funded care.
- Complaints which are the subject of an on-going Police investigation or legal action where a complaints investigation could compromise the investigation.
- Complaints that solely allege a failure to comply with a request for information under the Freedom of Information Act (2000) will be handled by Group Informatics, Information Governance team.
- Complaints that solely allege a failure of an individual's rights under Data Protection legislation will be handled by Group Informatics, Information Governance team.
- Allegations of a criminal nature such as fraud, financial misconduct will be handled by the Local Anti-Fraud Specialist. Details should **NOT** be taken by PALS or the Corporate Complaints team.

5.3.2 **Complaints of a Criminal Nature**

The complaints procedure is not designed to investigate matters of a serious criminal nature e.g. accusations of sexual or physical abuse. In such circumstances, the Group Deputy Chief Nurse or Corporate Director of Nursing will immediately highlight the matter to the relevant Hospital/Managed Clinical Services (MCS)/Local Care Organisation (LCO) Chief Executive, Medical Director and Director of Nursing/Midwifery/Healthcare Professionals, who will discuss the details with the Group Chief Nurse/Medical Director to determine the correct course of action, which may involve direct referral to the Police and/or appropriate other authority.

5.3.3 **Staff complaints – Speak out Safely:**

5.3.4 MFT is committed to a culture of safety and learning in which everyone feels able, empowered, and safe to raise a concern and for these conversations to take place as part of everyday practice, without fear of blame or reprisal. The Trust has a zero-tolerance approach to bullying.

5.3.5 Everyone working in a healthcare environment has a duty and responsibility to speak up about their concerns. This will enable the Trust to continually improve the services provided to the general public.

5.3.6 Staff who have concerns about the way another staff member has treated patients must alert their line manager immediately. Support will be given to any staff member seeking to protect the interests of patients. Staff should write a statement detailing their concerns to their immediate manager or another senior manager at their earliest opportunity. Managers must review these complaints and appoint an officer to investigate them.

5.4 Timescales for Making a Complaint

- 5.4.1 A complaint must be made no later than 12 months after,
- the date on which the matter, which is the subject of the complaint, occurred; or
 - if later, the date on which the matter which is the subject of the complaint came to the notice of the complainant.
- 5.4.2 The time limit in 5.4.1 shall not apply if the Corporate Complaints Team Leader is satisfied that:
- the complainant had good reasons for not making the complaint within that time limit and
 - notwithstanding the delay, it is still possible to investigate the complaint effectively and fairly.
- 5.4.3 The discretion to vary the time limit should be used flexibly and with sensitivity. An example of where discretion might be applied would be where the complainant has suffered such distress or trauma that he/she could not make the complaint at an earlier stage. Variation to the time limit must be discussed with the Head of Customer Services before a response is provided to the complainant.

6. Principles of Handling Concerns and Complaints

- 6.1 The Trust is responsible for ensuring that complaints are considered in accordance with the law and this policy. This policy is underpinned by the following principles.
- 6.2 The Statutory Duty of Candour, which came into force in November 2014. This involves giving patients accurate, truthful, and timely information when mistakes are made, or treatment does not go to plan. Saying sorry when things go wrong is vital for the patient, families and carers who should receive a meaningful apology; one that is a sincere expression of sorrow or regret for the harm that has occurred. This policy therefore must be applied in association with the Trust's Duty of Candour Policy.
- 6.3 The Parliamentary and Health Service Ombudsman (PHSO) 2009 guidance details the **'Principles of Good Administration': Principles of Good Complaints Handling and Principles for Remedy.'** These principles outline the approach to be taken by public bodies when delivering good administration and customer service, and how to respond when things go wrong. They underpin the Ombudsman's assessment of performance, their vision of good complaint handling and their approach to put things right.

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6.3.1 The following six themes within each of the principle documents are:

- Getting it right
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement

6.3.2 These documents also identify some specific rights for patients. These include:

- To have their complaint acknowledged and properly investigated.
- To discuss how the complaint will be handled and when they can expect a reply.
- To be kept informed of the progress and promptly told the outcome.
- To have access to further redress through the PHSO, the Information Commissioners Office or legal channels including Judicial Review.

6.4 The PHSO also issued ***'My Expectations for Raising Concerns and Complaints'*** in 2015, which articulates a user-led vision for raising complaints and concerns based around a series of 'I' statements across the life-cycle of a complaint. For example, when someone is considering making a complaint they should be able to say 'I felt confident to speak up' and they would know they had a right to complain, they would know how to complain, they could receive support to complain and their future care would be unaffected. A summary of the 'I' statements is set out below.

Stage of Complaint	'I' Statement
Considering a complaint	I felt confident to speak up
Making a complaint	I felt that making my complaint was simple
Staying informed	I felt listened to and understood
Receiving outcomes	I felt my complaint made a difference
Reflecting on the experience	I would feel confident making a complaint in the future

6.5 The 'Good Practice Standards for NHS Complaints Handling' was published by the Patients Association in September 2013. The standards can be summarised as:

- Openness and transparency, including well-publicised and accessible information that is understood by all parties to the complaint.
- A consistent approach centred on evidence based and complainant led investigations and responses.
- A logical and rational approach.
- Opportunities to provide feedback on the complaints service.
- Offer support and guidance throughout the complaints process.

- Provide a level of detail, which is proportionate to the complaint.
 - Identify the cause of the complaint and take action to prevent recurrence.
 - Use lessons learned to make changes and improvements.
 - Ensure that on-going care is not affected by having complained.
- 6.6 The Trust's complaints system must enable patients and the public to readily make their own views known, without fear of discrimination and forms part of an integrated process for reporting and handling of concerns/complaints that ensures that lessons learned are widely disseminated.
- 6.7 The Trust will promote equality of access to making a complaint and will ensure that people from minority and disadvantaged communities are given full and equal access to the Complaints and Concerns process. We acknowledge that it may be difficult for some people to express their concerns and the Trust will encourage and support people to voice their opinions where appropriate. PALS and the Corporate Complaints teams will be an important point of contact, and/or referral to an external agency can be arranged to facilitate this.
- 6.8 The handling of complaints must operate to the principles of the Mental Capacity Act (2005), Care Act (2014) and Data Protection legislation which covers the Data Protection Act (2018) and General Data Protection Regulation (GDPR). Confidential patient information must never be disclosed to a third party unless the patient has given their authority to do so. The Trust will assume a person has capacity to make their own decisions and support them to do so. If the Trust assesses that a person cannot give authority to investigate a concern/complaint themselves the Trust will seek evidence that the person complaining on the patient's behalf has the authority to pursue the concern/complaint.
- 6.9 Care must always be taken throughout the complaints procedure to ensure that any information disclosed about the patient is confined to that which is relevant to the investigation of the complaint. Information must only be disclosed to those people who have a need to know it for the purpose of investigating the complaint.
- 6.10 Complaints received referencing allegations of failure under the Freedom of Information Act (2000) and/or Data Protection legislation will be handled through the complaints process to ensure the context of the complaint is not lost and consistency of the complaint response is maintained.
- 6.11 When a concern/complaint includes a request for information under the Freedom of Information Act (2000), PALS and/or the Corporate Complaints team will forward the request to the Group Informatics, Information Governance team to handle the request.

6.12 Complaints involving other NHS organisations or Local Authorities/Joint Complaints

6.12.1 The handling of complaints relating to more than one organisation must operate to the principles of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 Act. Therefore, the organisation with the majority share of the complaint will coordinate the handling of the complaint, communicate, and ensure that the complainant receives a coordinated response to the complaint. Prior to providing the other organisation information relevant to the complaint authorisation must be sought from the complainant providing permission for organisations to share information.

7. Roles and Responsibilities

7.1 Group Board of Directors and Group Quality and Safety Committee will:

7.1.1 Receive assurance on compliance with this policy and designate one of its members to take responsibility for ensuring compliance with the arrangements made under this policy and that action is taken in the light of the outcome of any investigation.

7.1.2 The Group Quality and Safety Committee is responsible for monitoring and reviewing the risk, control and governance processes that have been established in the organisation to manage complaints. This activity supports the Group Board of Directors to be fully assured that the most efficient, effective and economic risk, control and governance processes are in place, and that the associated assurance processes are appropriate.

7.1.3 The Group Chief Nurse and Medical Directors have delegated authority and responsibility for effective and efficient complaints management ensuring the Trust is compliant with national standards.

7.2 Group Chief Executive Officer/ Hospital/MCS/LCO Chief Executives will:

7.2.1 Be the designated 'responsible person' under Regulation 4. (1) (a) of The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and is ultimately accountable for the quality of care within the Trust.

7.2.2 Ensure the implementation of this policy, maintain an overview of complaints, and ensure that action is taken if necessary, in response to complaints investigation outcomes.

7.3 Chief Nurse/Deputy Chief Nurse and Joint Medical Directors will:

7.3.1 Have delegated authority and responsibility for effective and efficient complaints management ensuring the Trust is compliant with national standards.

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- 7.3.2 The Medical Director will ensure that clinical advice is provided to the Trust's Chief Nurse/Deputy Chief Nurse and individual clinicians when necessary. However, there may be occasions where it is more appropriate to seek advice from another expert clinician, either within or externally to the Trust.
- 7.3.3 The Chief Nurse and Deputy Chief Nurse will ensure that appropriate action is taken to implement service improvements where appropriate as a result of learning from complaints.
- 7.4 **Hospital/MCS/LCO Chief Executives/ Directors of Nursing/Midwifery/ Healthcare Professionals, Assistant Chief Nurse (Safeguarding, Quality, and Patient Experience), Head of Nursing (Quality, Patient Experience and Professional Practice), Patient Services Manager and Head of Customer Services will:**
- 7.4.1 Be accountable to the Chief Nurse for the structures and processes in place for ensuring compliance with complaints management standards.
- 7.4.2 Hospital/MCS/LCO Chief Executives/ Directors of Nursing/Midwifery/Healthcare Professionals will:
- Ensure a culture of openness across the Trust that instills confidence in patients, their family and carers to raise concerns/complaints. This is supported by a complaints management process that is simple, coordinated, keeps people informed on progress and demonstrates learning and service improvements are made as a result.
 - Ensure appropriate quality assurance of all written formal complaint responses to complainants relating to adults and children, prior to the Group Chief Executive/Chief Executive's approval and signature and review all incidents involving adults classed as high risk.
 - Ensure that risks of all types at an operational level are identified, monitored, and controlled to an acceptable level.
 - In accordance with the '**Request for Extension of Response Timescale**' standard operating procedure (SOP) request extensions to complaints responses in exceptional circumstances.
- 7.4.3 **The Assistant Chief Nurse (Safeguarding, Quality and Patient Experience) supported by the Head of Nursing (Quality, Patient Experience and Professional Practice), Patient Services Manager and Head of Customer Services will:**
- Be responsible for the implementation, updating and maintenance of a Trust complaints management process that encourages people to raise their concerns, keeps people updated on progress and assures lessons are learned, shared and service improvements made.
 - Ensure all complaints are managed in accordance within national regulations

and guidelines.

- Ensure systems are in place to support complaints management and learning from complaints.
- Work closely with the Hospital/ MCS/ LCO Chief Executives/ Directors of Nursing/ Midwifery/ Healthcare Professionals to provide clear management and leadership of complaints.
- Be responsible for ensuring Parliamentary and Health Service Ombudsman reviews/reports are disseminated and that action plans are agreed with the Hospital/ MCS/ LCO Chief Executives.
- Ensure relevant papers are prepared for the Group Board of Directors.

7.5 Head of Customer Services will:

7.5.1 Be readily accessible to both the public and members of staff, particularly to patients, their family and carers.

7.5.2 Be responsible for the provision of PALS and the Corporate Complaints team, which has a duty to provide advice and assistance to the complainant and to facilitate local resolution through effective contact with key people across organisational boundaries (inclusive of health, social care and education).

The Head Customer Services will also be responsible for:

- Ensuring the Trust operates within the requirements of the NHS Complaints Regulations 2009.
- Interpretation of the NHS Complaints Procedure and developing policies and guidance to support implementation.
- Leading PALS and the Corporate Complaints team, creating a culture that encourages complaints and supports patients, their family and carers throughout the PALS and complaints process.
- Monitoring and reporting on the Trust's performance.
- Ensuring the Trust Complaints' Policy is adhered to.
- Provision of training for Trust staff on PALS and handling and responding to complaints.
- Maintaining a comprehensive complaint database (Ulysses).
- Monitoring the development / provision of appropriate action plans relevant to issues requiring improvement.
- Ensuring that all complaints are registered and dealt with openly, accurately and in a timely manner.
- Reporting to appropriate Trust, Hospital/ MCS/ LCO groups, key trends and themes and areas of developing concerns (hotspots).

7.6 Corporate Complaints Team /PALS Team will:

7.6.1 On behalf of the Group Chief Executive/Chief Executives provide confidential assistance to service users in endeavoring to resolve concerns and complaints.

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They will liaise with and advise staff, managers and where appropriate other relevant organisations to negotiate full and timely resolutions.

In addition, the Corporate Complaints team will:

- Ensure the Trust operates within the requirements of the NHS Complaints Regulations 2009.
- Ensure the Trust Complaints' Policy is adhered to.
- Maintain a comprehensive complaint database (Ulysses).
- Advise and support Hospital/MCS/LCO teams at all levels within the Trust to resolve issues of concern and complaints as they arise within their services, with a view to ensuring immediate solutions or speedy resolution of concerns.
- Attend Hospital/MCS/LCO weekly Key Performance Indicator (KPI) Complaint meetings to review/receive timely updates on the progress of all on-going Hospital/ MCS/LCO complaint investigations, to discuss key trends and hotspots emerging from concerns/complaints' data and to ensure action planning and evidence of lessons learned.
- Keep the complainant informed, as far as reasonably practicable, as to the progress of the Hospitals/ MCS/LCO's complaint investigation.
- Ensure the views of patients, their carers and others when expressing a concern or complaint, are considered in designing, planning, delivering and improving healthcare services.
- Provide PALS and Complaints training to staff on the rights of patients, relatives and carers to raise concerns/make complaints and how to deal with concerns/complaints.
- Attend and support complainants and senior Hospital/ MCS/ LCO staff at Local Resolution Meetings (LRM). Refer to **Local Resolution Meeting SOP** and **Virtual Local Resolution Meeting SOP** for specific guidance on the process of LRM's.
- Attend and Chair at Hospital/MCS/LCO Complaint Coordinator meetings.

7.7 Hospital/MCS/LCO Chief Executives, Medical Directors, Directors of Operations, Directorate Managers, Heads of Nursing & Midwifery, Lead Nurses and Matrons will:

- 7.7.1 Ensure timely investigation and response to all complaints regarding their services, achieving complaint performance targets, implementing action plans arising from complaints, ensuring complaints are managed and actions completed in accordance with this policy, ensuring learning is identified and shared and that identified training is in place for staff.
- 7.7.2 Where a complaint involves more than one Hospital/MCS/LCO, the Chief Executive of the Lead Hospital/MCS/LCO will ensure that a single, coordinated response is provided within the agreed timeframe. Chief Executives for contributing Hospitals/MCS/LCOs will ensure that contributions are submitted in a timely manner.

7.7.3 Hospital/MCS/LCO Chief Executives, Medical Directors, Directors of Operations, Directorate Managers, Directors of Nursing, Heads of Nursing & Midwifery, Lead Nurses and Matrons will encourage patients, their families and carers to raise concerns, and ensure complaints that arise within their services are managed appropriately and promptly. They will play a key role in enabling a culture where patients and their family/carers feel confident to raise concerns. Where concerns cannot be resolved informally at local level within the Hospital/MCS/LCO then patients their family/carers should be provided with a '**Patient Experience Matters**' leaflet and signposted to PALS/the Corporate Complaints team.

7.7.4 Hospital/MCS/LCO Chief Executives, Medical Directors, Directors of Operations, Directorate Managers, Directors of Nursing, Heads of Nursing & Midwifery, Lead Nurses and Matrons will also:

- Seek to ensure 'expressions of concern' are encouraged and handled competently at a local level and assist in improving the quality of care to patients.
- Ensure complainants feel listened to and understood; supported and confident that their ongoing care will not be compromised from raising a concern.
- Enable a timely local resolution of complainant concerns through the most appropriate investigating team being assigned and partnership working between this team, the Hospital/MCS/LCO Complaints Coordinators, Clinical Effectiveness/Governance/Patient Experience teams and the Corporate Complaints team.
- Ensure a full investigation of complaints under the guidance of the Trust's complaints process.
- Work with the Corporate Complaints team and Hospital/MCS/LCO Lead Investigator, Complaints Coordinators, Clinical Effectiveness/Governance/Patient Experience teams to keep complainants fully updated on the progress of their complaint.
- Ensure regular feedback on the progress of the complaint to the members of staff involved.
- Ensure action plans are produced and monitored to completion and these are uploaded and kept up to date on the Ulysses Customer Services database.
- Ensure action plans are submitted to the Hospital/ MCS/LCO Complaints Coordinator, Clinical Effectiveness/Governance/Patient Experience teams for enclosure with the written response to the complainant.
- Ensure key learning points are shared through the appropriate Trust Governance frameworks.
- Ensure that individual complaints, trend analysis and case reviews inform changes in practice, service developments and risk assessments.
- Ensure service improvement strategies are developed, implemented, and monitored.
- Provide advice and support to Hospital/MCS/LCO Lead Investigator, Complaints Coordinators, Clinical Effectiveness/Governance/Patient Experience teams as necessary, for example when there are delays in

responses to complaints, or when a second medical or professional opinion is required.

- Ensure the timely provision of information to the PHSO, and when necessary, the completion of recommendations.

7.8 Hospital/MCS/LCO Complaints Coordinators, Clinical Effectiveness/Governance/ Patient Experience teams

7.8.1 Hospital/ MCS/ LCO Complaints Co-coordinators, Clinical Effectiveness/Governance/Patient Experience teams are responsible for:

- Coordinating a thorough investigation with the Hospital/MCS/LCO designated Lead Complaint Investigator.
- Where required, assist in the collation and drafting of the final Hospital/MCS/LCO Chief Executive response letters within the agreed time.
- Coordinating Local Resolution Meetings between relevant Hospital/MCS/LCO, Corporate Complaints staff and complainants.
- Liaising closely with the Corporate Complaints team paying particular attention to the Ulysses Customer Services web module, ensuring all Hospital/MCS/LCO complaint communications/correspondence are documented/attached on the system to ensure availability of accurate and up to date information at all times.
- Escalate to the Hospital/MCS/LCO Chief Executive, Director of Nursing/ Midwifery/Health Professionals any delays within the complaint response process.
- Formatting complaint responses to the agreed Trust standard prior to Chief Executive sign-off.
- Administrative function to support the process of Chief Executive sign-off, posting, recording (including upload of the complaint response letter and closure of the complaint (day on which the response is placed in the envelope and posted) on the Ulysses Customer Services system).
- Attending and contributing at Complaints Coordinators meetings.

7.9 Hospital/MCS/LCO Lead Investigator

7.9.1 The Lead Investigator is responsible for carrying out the investigation into a complaint by:

- Identifying and discussing the complaint with the appropriate staff.
- Obtaining statements from staff and forwarding copies to Hospital/MCS/LCO Complaints Coordinator Clinical Effectiveness/Governance/Patient Experience teams to attach onto the Ulysses Customer Services database.
- Reviewing any other documentation relevant to the complaint i.e. incident reports, clinical records etc.
- Forwarding a written response to the Hospital/MCS/LCO Complaints

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Coordinator, Clinical Effectiveness/Governance/Patient Experience teams within the time limit specified in Ulysses Customer Services module, ensuring that all the points raised by the complainant have been thoroughly investigated, fully addressed and an appropriate action plan developed.

- Ensuring that any actions identified as a result of the complaint are acted upon accordingly, ensuring the developed action plan is kept accurately updated and completed via the Ulysses Customer Services module.
- Provide support for members of staff, particularly junior staff, who have been involved in a complaint, and help them to reflect on the issues raised and learn lessons to improve future clinical practice and communications with patients, their family and carers.
- Liaise with the Hospital/MCS/LCO Complaints Coordinator, Clinical Effectiveness/Governance/Patient Experience teams at the earliest opportunity if it becomes apparent more time is required to complete the investigation.

7.10 Director of Clinical Governance

7.10.1 The Director of Clinical Governance should identify and be informed of any significant issues or risks that are identified through a complaint(s) being raised. This ensures that the complaints management is integrated with other components of clinical effectiveness.

7.10.2 The Director of Clinical Governance and the Assistant Chief Nurse (Safeguarding, Quality and Patient Experience) will liaise to ensure that complaints and serious incident investigations are coordinated, and a single response is provided to the complainant.

7.11 Hospital/MCS/LCO Clinical Effectiveness Leads

7.11.1 Hospital/MCS/LCO Clinical Effectiveness Leads will ensure trend data are considered at hospital and specialty level to ensure all learning is identified and practice improvements are implemented.

7.12 Risk Management Department

7.12.1 The Risk Management Department will support staff following an adverse incident and provide advice on statement writing if required. The team will support an integrated governance approach to learning lessons which takes account of learning from complaints and support the use of Ulysses as an integrated governance tool.

7.13 Associate Director of Strategic Communications

7.13.1 The Communications Team will manage approaches from the media and will be the contact point for the Trust. She/he will liaise closely with the Assistant Chief Nurse (Safeguarding, Quality and Patient Experience) and Head Customer

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Services in all matters where a concern or a formal complaint has the potential for a media enquiry and will manage any external press communication. Refer to **Media Escalation** SOP for specific guidance on the process of media escalation of concerns and complaints.

7.14 All Trust staff

7.14.1 All Trust staff have a responsibility for:

- Responding to any concern or complaint raised to them by patients, their families, or visitors. Staff must wherever possible deal with the concern or complaint rapidly, sympathetically, and courteously, whilst remaining open, constructive and non-judgmental in order to provide early resolution. Where possible the staff member will resolve the concern immediately or as soon as possible, refer to a more senior staff member on duty or the bleep holder if out of hours.
- Signposting patients, their families and carers to PALS to seek support in how to raise a concern or complaint.
- When requested to do so, providing statements and information in a timely manner to contribute to complaint investigations and responses.

7.15 External Agencies – Third parties

7.15.1 In some instances, it may be necessary to seek external assistance with the management of an investigation or for supporting complainants. For some complaints, it may be necessary to get independent expert advice on a case, the Police may be involved if a criminal act is suspected or a Clinical Commissioning Group/Commissioning Support Unit or Social Services if the incident crosses boundaries of care.

7.15.2 Other agencies to consider may include:

- Independent Complaints Advocacy (ICA)*
- Parliamentary and Health Service Ombudsman (PHSO)**
- Citizens Advice Bureau (CAB)
- Health and Safety Executive (HSE)
- NHS Resolution
- Local/ specialist Clinical Commissioning Groups (CCGs)/Commissioning Support Unit (SCUs)
- Manchester City Council / Trafford Metropolitan Borough or other local Government Organisations
- Ambulance Trusts
- Independent Carers Association
- Her Majesty's Coroner
- Independent Commissioner's Office (ICO)

- Equality and Human Rights Commission
- Independent Mental Capacity Advocate (IMCA)
- Other independent advocacy, mediation, or conciliation services
- Healthwatch

* ICA is a free, independent, and confidential service for people who want to make a complaint about any part of their NHS treatment or care in line with the NHS Complaints Regulations 2009.

The Manchester Advocacy Hub is a registered charity and will support adults, young people and children living in Manchester wishing to make a complaint to the NHS.

Advocates at ICA can support and guide through the NHS complaints process by providing information about options and rights in connection with NHS funded care and treatment.

People living outside of Manchester needing support to make a complaint, ICA ask they go to <https://www.manchesteradvocacyhub.co.uk/wp-content/uploads/Greater-Manchester-NHS-Complaints-Advocacy-Providers-1.pdf>

** The Trust is obligated to inform the complainant of their right to take their complaint to the Parliamentary and Health Service Ombudsman if local resolution at Trust level has been exhausted.

7.16 Complaints involving Coroner's Cases

7.16.1 The reporting of a death to the Coroner's Office does not mean that all investigations into a complaint need to be suspended. It is important to initiate proper investigations regardless of Coroner's inquests and, where necessary, to extend these investigations if the Coroner so requests.

7.16.2 The Coroner also has his/her own separate Complaints procedures.

7.16.3 If a Coroner's Inquest is opened during the complaints process, the Trust's Legal Services Department will ascertain if a complaint has/is being pursued by inputting the Coroner's case into the Ulysses system which will highlight that a complaint is ongoing/complete.

7.17 Possible Claims for Negligence

7.17.1 The Legal Services Department (ORC and WTWA) will be informed if correspondence or other communication is received under the NHS Complaints Procedure where the complainant indicates an intention to take legal action or requests compensation in respect of a complaint. The Legal Services

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Department will also be informed by the relevant Hospital/MCS/LCO Chief Executive or his/her delegate if an incident is likely to generate substantial compensation, is publicly or media sensitive, if the complaint involves a fatal accident; including an unexplained death, involves the misdiagnosis of a life threatening illness or involves potential professional misconduct.

7.17.2 A complaint can run concurrently with the complainant's pursuit of a legal claim. If a complaint reveals a prima facie case of negligence, or there is indication that there is a likelihood of legal action being taken, the relevant Legal Services Office (ORC or WTWA) must be informed by the responding Hospital/MCS/LCO.

7.17.3 If the complainant's initial communication is via a solicitor's letter it should not necessarily be inferred that the complainant has decided to take formal legal action. It may be that an open and sympathetic response giving an appropriate explanation and apology plus assurances that any failure in service will be rectified for the future, will satisfy the complainant.

8. Supporting Staff and Complainants during the Complaints Process

8.1 The Trust recognises that there are occasions when staff can be under considerable stress when a complaint is being investigated against the treatment, services, or management, which have been provided in good faith. The Trust has ensured that full support and advice is available from the relevant departments; Risk Management, Patient Advice and Liaison Service (PALS), Corporate Complaints team and Legal Services Departments.

8.2 Staff who have had complaints made about them may require support during and/or after the investigation. They may seek support in-house from their Manager, Professional Lead, Divisional/Directorate Manager or the Trust's Health and Well-Being Services. In addition, Professional bodies and staff side unions also have support systems. Line Managers have an obligation to actively ensure that adequate support mechanisms are available to their staff in such situations, which may include pro-active referral to Staff Support.

8.3 Staff will be asked to comment and make statements in relation to the complaint that has been made and their comments will then be incorporated into the Hospitals/MCS/LCO written response to the complainant.

8.4 The Trust is committed to ensuring that patients whose first language is not English are able to communicate appropriately with healthcare staff and receive the information they need. Patients and staff should be advised that it is not acceptable to use children to interpret for family members who do not speak English. It is best practice to identify the need for interpreting services as early as possible. Should this be required, contact the Trust Interpretation and Translation Service on telephone (0161) 701 1821/ 701 1822 or by email to:

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interpreter.bookings@mft.nhs.uk; online interpreter bookings can be made via the Interpretation and Translation Appointments Management System at: <http://itams/Request.aspx>

- 8.5 Other groups of patients may require reasonable adjustments/ support including but not exclusively those with visual or hearing impairments or a learning disability. The Trust will ensure that accessible information or appropriate support is made available, on request or proactively following assessment of communication needs, for people who are identified as having a disability.
- 8.6 The Trust recognises that making a complaint can be a worrying experience for many complainants, who may be concerned that by raising a complaint this may have a detrimental effect on the care their or their loved one may receive. Any such concerns expressed by the complainant to PALS or the Corporate Complaints team are reported to the PALS/Complaints Team Leaders and escalated immediately to the Assistant Chief Nurse (Safeguarding, Quality and Patient Experience), Head of Nursing (Quality, Patient Experience and Professional Practice), Patient Services Manager, Head of Customer Services, PALS and Complaints Manager and appropriate Hospital/ MCS/ LCO Director of Nursing/Midwifery/Healthcare Professionals.

9. Complaints Process (Local Resolution)

- 9.1 All Trust staff will welcome complainants' concerns or complaints positively. Prompt action by staff can prevent escalation of a complaint and it is important that staff recognise such a situation. It is appropriate to say sorry, this is not an admission of liability, however, where there is doubt the issue should be discussed initially with the appropriate line manager or PALS or the Corporate Complaints team.

9.2 Receiving and Registering Complaints

- 9.2.1 All written complaints must be forwarded to the Trust's Corporate Complaints team for processing in line with the complaints process. Upon receipt within the Corporate Complaints team department the written complaint will be date stamped, recorded, triaged using the Complaints Triage Process (Refer to Appendix 2), risk graded, utilising the Trust's Risk Matrix (Refer to Appendix 2) and registered onto the Ulysses Customer Services database.
- 9.2.2 The Corporate Complaints team must acknowledge the complaint no later than 3 working days after the day following receipt of the complaint and provide an Equality Monitoring Form to the complainant. This acknowledgement process (where possible) will include a telephone call to the complainant, as well as a written acknowledgement letter to the complainant summarising all the points for investigation.

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- 9.2.3 The following points must be verbally discussed/detailed in the acknowledgement letter:
- The way the complaint is to be handled.
 - The time period within which the investigation of the complaint is likely to be completed.
 - This will be in line with the Complaints Triage Process. Timescales will vary from 25 working days for a low risk non-complex complaint, 40 working days for cases requiring a local resolution meeting, and 60 working days for high complexity complaints (refer to Section 9.4).
 - The option of a Local Resolution Meeting (LRM) (See 9.9.2 below and **Local Resolution Meetings** Standard Operational Procedure).
- 9.2.4 Following completion of registration and acknowledgement the complaint is passed via a 'Ulysses Notification' to the appropriate Hospital/MCS/LCO Complaints Coordinator, Clinical Effectiveness/Governance/Patient Experience teams/ Triumvirate / other identified Hospital/MCS/LCO staff to notify them of the complaint received and that they should identify a Lead Investigator and commence an investigation. Any other staff members not notified via the Ulysses notification must be notified of the complaint relating to their area by the Hospital/MCS/LCO investigator or their line manager.
- 9.3.5 Complaints case files must be updated and monitored using Ulysses and all Hospital/MCS/LCO Complaints Coordinators, Clinical Effectiveness/Governance/Patient Experience teams will use the Ulysses Customer Services Web system to access/update the complaints case files. It will be only necessary for PALS and the Corporate Complaints teams to access the Ulysses Customer Services module via the main Windows version. All action/contacts relating to the complaint must always be recorded on the Ulysses Customer Services module.
- 9.3.6 When a complaint is made orally (received via the telephone or face to face) PALS/the Corporate Complaints team will provide the complainant with a Complaint Case Summary detailing their concerns for their agreement and signature to proceed.
- 9.3.7 All written complaints received within MFT must be directed to the Group Chief Executive Officer or Corporate Complaints team where the Corporate Complaints team will process and acknowledge the complaint no later than 3 working days after the day on which the Corporate Complaints team receives the complaint.
- 9.3.8 In the event where the complainant is not the patient; signed agreement from the patient or their appropriate representative, such as a parent or 'next of kin' if the patient lacks mental capacity to give their informed consent, must be obtained before the complaint can be shared with the Hospital/MCS/LCO for an investigation to begin and patient information shared with the complainant.

9.3.9 In the event where the complainant is unable to provide signed agreement and the complainant has provided an 'active' copy of a lasting power of attorney (health and welfare) for the patient; recent documented evidence from the patient's clinician (GP/Consultant) confirming the patient does not have mental capacity must be obtained from the complainant (POA), before the complaint can be shared with the Hospital/MCS/LCO or patient information shared with the complainant. The complaint will be placed on hold on the Ulysses customer Services database until this evidence is received. See **'Placing a complaint 'On Hold' SOP** for guidance in this process.

9.3.10 Complaints received without signed agreement can be investigated at the discretion of the Assistant Chief Nurse (Safeguarding, Quality and Patient Experience), if the nature of the alleged concerns indicates possible patient safety issues. However, the findings of the investigation cannot be shared with the complainant until signed agreement from the patient or their appropriate representative has been received.

9.3.11 Complaints made by Members of Parliament (MPs) on behalf of a constituent do not require consent. However, consent is required when the MP is acting on behalf of a third party; for example, when a relative makes a complaint on behalf of the patient regarding their care.

9.4 Risk Assessing the Complaint

9.4.1 Upon registration onto the Ulysses Customer Services database, the complaint will be triaged by the Corporate Complaints Team Leader and given a risk rating. By correctly assessing the seriousness of a complaint about a service, the right course of action can be taken. The Corporate Complaints Team Leader will calculate the level of risk considering the seriousness of the complaint, and the likelihood of recurrence. The risk assessment of a complaint will be undertaken again by the Corporate Complaints team following complaint investigation, closure of the complaint and upon completion of the complaint's 'outcome' (upheld/not upheld/partially upheld) on the Ulysses system.

9.4.2 The following personnel must be alerted immediately of all 'Red' graded complaints:

- Group Chief Nurse.
- Group Chief Operating Officer.
- Joint Group Medical Directors.
- Group Deputy Chief Nurse.
- Corporate Directors of Nursing.
- Assistant Chief Nurse (Safeguarding, Quality and Patient Experience).
- Head of Nursing (Quality, Patient Experience and Professional Practice).
- Patient Service Manager.
- Head of Customer Services.
- Hospital/MCS/LCO Chief Executive for the Hospital/MCS/LCO concerned

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- Directors of Nursing/Midwifery/Healthcare Professionals for the Hospital/MCS/LCO concerned.
- Directors of Operations for the Hospital/MCS/LCO concerned.

9.4.3 Risk assessment has three steps and must be undertaken using the grading tools provided in Appendix 2 of this policy.

Step 1: Measuring the severity of consequences (Appendix 2: Table 1)

Step 2: Measuring the likelihood of the consequence (Appendix 2: Table 2)

Step 3: Measuring the severity and the likelihood (Appendix 2: Table3)

9.5 Out of Hours Complaints

9.5.1 If a staff member is unable to resolve the concern, they must offer the Trust leaflet '**Patient Experience Matters**' highlighting the telephone number to ring and the address to write to. The member of staff may also give the complainant the choice of being contacted the following working day by PALS, for which a contact number should be provided.

9.5.2 Should the complainant request to speak to 'someone in charge' then the issue must be escalated to the most senior staff on duty to endeavor to resolve the issue immediately, or in cases where it is felt necessary, the Duty Manager or Senior Nurse Bleep Holder should be contacted. This must be done via the usual on call procedure.

9.5.3 The Duty Manager or Senior Nurse Bleep Holder must make notes of the complainant's concerns, attempt to address any immediate issues and, if the complainant remains dissatisfied, repeat the offer to the complainant(s) to contact PALS on their behalf or invite them to make their complaint during the next working day. If the matter remains unresolved the Duty Manager should document their actions and forward details to PALS, the next working day.

9.6 Investigating Complaints

9.6.1 Complaints will be thoroughly investigated by an appropriately skilled Lead Investigator in a manner appropriate to resolving the issues speedily and efficiently and within the agreed timeframe.

9.6.2 The Hospital/MCS/LCO Chief Executives will ensure that appropriately skilled investigators are identified within the lead Hospital/ MCS/LCO to undertake the investigation and that contributions to investigations led by other Hospitals/MCS/LCOs are submitted in a prompt manner.

9.6.3 If it is necessary, an independent opinion on clinical comments will be sought.

- 9.6.4 The investigating lead and Hospital/MCS/LCO Complaints Coordinators, Clinical Effectiveness/Governance/Patient Experience teams will ensure that all the points raised by the complainant are answered in the Hospital/MCS/LCO written response. Where a complaint primarily relates to one service, but involves issues relating to others, the lead Hospital/MCS/LCO Complaints Coordinators, Clinical Effectiveness/Governance/Patient Experience teams must discuss the complaint with the relevant Hospitals/MCS/LCOs and include all relevant information in a single coordinated response, overseen by the lead Hospital/MCS/ LCO Chief Executive.
- 9.6.5 All Hospitals/MCS/LCOs will work with the Corporate Complaints team to provide timely updates, ensuring deadlines are adhered to and any concerns about overdue investigations and action plans must be highlighted to the appropriate senior manager. A completed Action Plan will be requested for any case in which further action/s are required, along with statements from staff and any other papers relevant to the investigation (e.g. Incident reports). These documents must be uploaded onto the Ulysses system by the Hospital/MCS/LCO Complaint Coordinators.
- 9.6.6 If the Hospital/MCS/LCO deadline is exceeded and complaint responses not sent out, an email (or Ulysses action) will be sent via Ulysses to remind the person concerned, Lead Investigator and Complaints Coordinator. If this does not result in receipt of the necessary information the matter will be escalated to the PALS and Complaints Manager, Head of Customer Services, Hospital/MCS/LCO Director of Nursing/Midwifery/Healthcare Professionals and Chief Executives. All emails and conversations must be recorded on the Ulysses database and staff are reminded that such records are open to scrutiny. Once investigation replies are received with an action plan (if required), the investigation entry must be updated in real time by the Hospital/MCS/LCO Complaints Coordinator to ensure Hospital/MCS/LCO performance can be monitored, reviewed and actions taken as appropriate.

9.7 Safeguarding Children and Adults

- 9.7.1 In the event where concerns have been expressed in a complaint or during its investigation regarding the safety of a child and/or an adult; the Trust's policies already in place in respect of Safeguarding Children and Adults will be acted upon immediately.

9.8 Duty to co-operate

- 9.8.1 Where a complaint involves a second provider such as, another healthcare organisation (NHS body) or Local Authority (Council), the Corporate Complaints team will liaise with the second provider to seek to agree which of the two providers will take the lead. Where most of the complaint is received and primarily relates to MFT, MFT will take the Lead for the complaint.

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9.8.2 The relevant Corporate Complaints Team Leader will coordinate the handling of the complaint, communicate with the complainant, and ensure that the complainant receives a coordinated response to the joint complaint from the relevant Hospital/MCS/LCO Chief Executive.

9.8.3 The Corporate Complaints team will supply to the other provider information relevant to the consideration of the complaint, which is reasonably requested by the other body. The Trust will ensure it is represented at; any local resolution meeting reasonably required in connection with the consideration of the complaint.

9.8.4 In the event that a complaint can only be resolved by contacting another organisation, authorisation must first be sought from the complainant before details of the complaint are sent to the other provider.

9.9 Local Resolution Meetings (LRMs)

9.9.1 The Trust is committed to ensuring the complainant receives as much information as possible. A meeting provides staff with the opportunity to provide a detailed explanation and enables the complainant to seek clarification and ask additional questions as appropriate.

9.9.2 Should the complainant accept the offer of/request a meeting the Corporate Complaints team will liaise on an individual basis between the complainant and responding Hospital/MCS/LCO.

9.9.3 The requests of the complainant should be considered, however junior members of staff who are the subject of the complaint will be represented at the meeting by their senior (e.g. consultant, matron etc.). It may be appropriate for a clinical director, associate director of operations or division head of nursing to attend the meeting to offer advice and an impartial view of the case.

9.9.4 The Hospital/MCS/LCO Complaints Co-coordinators, Clinical Effectiveness/Governance/Patient Experience teams will ensure that a thorough investigation and draft response is provided by the Lead Investigator prior to the LRM being held. This will ensure the provision of an investigation prior to the LRM and ensure that all points are answered fully at the LRM.

9.9.5 The Hospital/MCS/LCO Complaints Co-coordinators, Clinical Effectiveness/Governance/Patient Experience teams will ensure the Corporate Complaints team are provided with the senior names of staff attending the meeting and their availability.

9.9.6 It is good practice for the Corporate Complaints team to arrange a pre-meeting with the senior members of staff who will be attending the meeting. This provides the opportunity to ensure that the meeting with the complainant is conducted in the most appropriate and productive manner.

- 9.9.7 The Corporate Complaints team will attend the meeting in person or via MS Teams and audio record the meeting, a copy of which will be provided to the complainant, with a copy retained electronically by the Trust on the complaint file.
- 9.9.2 The Corporate Complaints team will be responsible for capturing the key discussion points, improvement actions and in conjunction with the Hospital/MCS/LCO's draft response prepare a high level summary post meeting letter of the discussion and outcome for the attendees to proof read prior to quality assurance and Hospital/MCS/LCO Chief Executive's signing. The Standard Operational Procedure for Local Resolution Meetings is provided via the link below:

[Local Resolution Meetings Standard Operational Procedure](#)

9.10 Preparing a Response

- 9.10.1 The responsible Hospital/MCS/LCO Chief Executive will arrange for the written complaint response, together with a scan of the original complaint letter, to be sent to the Director of Nursing/Midwifery/Healthcare Professionals by email within 20 working days from the date the complaint was received by the Trust. This period can vary dependent on the overall response period agreed (but should at a maximum be 5 working days prior to the deadline) with the complainant. Should an unavoidable delay be anticipated the Corporate Complaints team must be informed by the Hospital/MCS/LCO Complaints Coordinator, Clinical Effectiveness/Governance/Patient Experience teams of the cause of the delay and the expected date of completion, in order for the complainant to be informed in a timely manner of the new response date.
- 9.10.2 The decision to vary the deadline for the completion of a complaint response must be agreed early in the complaint handling process with the complainant and via Ulysses with the Group Deputy Chief Nurse or Corporate Director of Nursing. The Request for Extension Standard Operational Procedure can be accessed via the following link:

[Request for Extension Standard Operational Procedure](#)

- 9.10.3 The Trust will observe the principles of Duty of Candour by offering full and honest explanations, observing Duty of Candour requirements where appropriate. The response must be written in plain language and medical terminology and abbreviations must be explained in full. The author and responsible Hospital/MCS/LCO Chief Executive/Director of Nursing/ Midwifery/ Healthcare Professionals must ensure that the response is coordinated, fully answers all aspects of the complainant's concerns, offers an appropriate apology and advises the complainant of any recommendations and actions made or planned as part of the investigation. This will include reference to any changes

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or planned changes in systems, process or practice resulting from a complaint/concern. Any actions/recommendations are recorded by the Hospital/MCS/LCO Complaints Coordinator, Clinical Effectiveness/Governance/Patient Experience teams on the Ulysses Customer Services database.

Actions arising from concerns complaints should aim to improve the patient experience, patient safety and clinical practice. If necessary, a response should indicate what training and/ or development is necessary for a staff member who is the subject of an upheld case and by what date the training/development will have taken place.

9.10.4 All complaint responses will undergo a rigorous quality assurance process that will include review for completeness and grammatical correctness then sign off by the respective Director of Nursing/Midwifery/Healthcare Professionals; followed by the Hospital/ MCS/ LCO Chief Executives. Complaints related to Corporate services, Member of Parliament and the PHSO will be quality assured by the Group Deputy Chief Nurse and/or the Corporate Director of Nursing followed by the Group Chief Executive Officer. These processes will be audited through a quality assurance sign off sheet, signed and dated at each stage of the process.

9.10.5 The Hospital/MCS/LCO Complaints Coordinator, Clinical Effectiveness/Governance/Patient Experience teams will ensure that a check has been made to ensure that a patient has not died in the interim period so as to avoid causing distress by sending a response at a difficult time or by inadvertently referring to a patient as being alive when he/she is deceased. If a patient has died in the interim period, the Corporate Complaints team will consider whether it is appropriate to delay the response and how to communicate this delay to the complainant.

9.10.5 A copy of the written signed response will be forwarded to the Hospital/ MCS/ LCO Complaints Coordinator, Clinical Effectiveness/Governance/Patient Experience teams who **MUST** ensure that all appropriate staff, including the Corporate Complaints team, involved have access to a copy. Only upon receipt of this will the Hospital/MCS/LCO Complaints Coordinator close the case on Ulysses.

9.11 Dissatisfied with the Response

9.11.1 In cases where if upon receipt of the response the complainant is not satisfied with the Trust's response, they are encouraged to contact the Corporate Complaints team to discuss what further steps can be taken to support them in the complaints process.

9.11.2 In most instances it is appropriate at this stage to reiterate the offer of a 'local resolution' meeting in order to resolve the complaint to the satisfaction of all parties.

9.11.3 Alternatively, outstanding issues can be submitted in writing by the complainant and a further investigation and written response will be completed. If the complainant contacts the Trust with new issues not raised in the original complaint, this may be considered as a new complaint. The Corporate Complaints Team Leader will provide advice on the appropriate course of action in this instance.

9.11.3 In cases where under the NHS complaints procedure it is considered 'local resolution' has been exhausted and no additional communication would add anything further the Hospital/MCS/LCO's written response must state 'final' and provide details of the complainant's right to take their complaint to the PHSO.

9.12 Communication with Complainants

9.12.1 Ensuring the complainant is kept fully informed of progress is vital in good complaint's handling and should be provided in a way that is suitable for the complainant. For example, for a person who does not speak English or has a visual impairment, a face to face meeting or a telephone call maybe more appropriate than a letter. Answers to complaints must be full, frank, open and honest and all points addressed. The Corporate Complaints team will ensure contact with the complainant throughout the life of the complaint.

9.12.2 Where a complaint is complex and the investigation is prolonged, the Corporate Complaints team will contact the complainant to provide a progress update. This regular update will be maintained at time periods agreed between the Corporate Complaints team and the complainant.

9.12.3 Following the complaint response, satisfaction questionnaires will be sent to obtain feedback on the handling of the complaint by the Corporate Complaints team.

10. Independent Review - The Parliamentary and Health Service Ombudsman (PHSO)

10.1 The Parliamentary Health Service Ombudsman (PHSO) was set up 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 or the NHS in England. They are neither a regulator nor a consumer champion. The PHSO are accountable to Parliament and their work is scrutinised by the Public Administration and Constitutional Affairs Committee.

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- 10.2 Following exhaustion of ‘local resolution’, a complainant can approach the PHSO to ask them to look into their complaint. The PHSO considers all complaints and where appropriate will undertake an independent review of the complaint.

The Ombudsman investigates complaints about ‘maladministration’ and ‘service failure’. If there has been a failing, the Ombudsman will consider whether it has caused injustice or hardship (Health Service Commissioners Act 1993, section 3(1)).

- 10.3 The Trust must respond to all requests for information from the PHSO in a timely manner. If the deadline for the provision of information cannot be met, the Head of Customer Services/PALS and Complaints Manager will ensure that the Case Worker at the PHSO is contacted and mutually agree an extended deadline. The Corporate Complaints team will ensure a safe and secure method of providing the PHSO with information.
- 10.4 The Head of Customer Services/PALS and Complaints Manager will ensure the Hospital/MCS/LCO Chief Executives, Directors of Nursing/ Midwifery/ Healthcare Professionals, Assistant Chief Nurse, Patient Experience Manager, are notified by email when PHSO correspondence is received from the PHSO.
- 10.5 The Head of Customer Services/PALS and Complaints Manager will liaise to ensure that Hospital/MCS/LCO comments/correspondence are coordinated and a response provided to the PHSO within the requested timeframe (or mutually agreed extended deadline). The Hospital/MCS/LCO will need to prepare their Chief Executive response and submit for Quality Assurance to the Corporate Quality Assurance team prior to signature from the Group Chief Executive.
- 10.6 The PHSO aim to complete most of their investigations within 3 to 6 months, however more complex investigations may take them longer than this.

If the PHSO does ‘not uphold’ a complaint and makes no recommendations following their investigation, the Trust can consider the complaint closed.

If the PHSO ‘upholds’ a complaint it means that they found the Trust got things wrong and that the complainant has been negatively affected because of this. If the PHSO issues recommendations, then the Trust must consider these and respond to the PHSO and complainant outlining the actions it intends to take.

11. Habitual and Vexatious Complainants

- 11.1 There are times where nothing further can reasonably be done to assist the complainant or to rectify a real or perceived problem.

This part of the policy has been produced to identify situations where persons might be considered to be habitual or vexatious and to suggest ways of responding to these situations.

This should only be actioned as a last resort and after all reasonable measures have been taken to assist the person.

The decision to categorise a person as a ‘habitual’ or ‘vexatious’ complainant will be made by either the Assistant Chief Nurse - Quality & Patient Experience, the Head of Nursing - Quality & Patient Experience, or the Patient Services Manager, together with the Group Deputy Chief Nurse or Corporate Director of Nursing.

11.2 Identifying a Habitual or Vexatious complainant

11.2.1 Complainants may be deemed to be ‘habitual’ or ‘vexatious’ where previous or current contact with them shows that they meet one or more of the following criteria:

- Persists in pursuing a complaint where the NHS complaints regulations have been fully and properly implemented and exhausted.
- Changes the substance of the complaint or continually raises new issues or seeks to prolong contact by repeatedly raising further concerns or questions upon receipt of a response whilst the complaint is being investigated. Care must be taken not to discard new concerns that are significantly different from the original complaint and these might have to be addressed separately.
- Refuses to specify the grounds of the complaint/does not clearly identify precise issues they wish to be investigated, despite reasonable efforts by Trust staff and others (e.g. Independent Advocacy Services) to help them specify their concerns.
- Makes excessive demands on the time and resources of staff with lengthy phone calls, emails to numerous Trust staff, or detailed letters every few days, with an expectation of immediate responses.
- Excessively detailed or makes demanding complaints which focuses on trivial matters.
- Is not willing to accept documented evidence or findings.
- Has made an excessive number of contacts with MFT which may involve phoning / emailing/ writing to the same or various departments or personnel with the same or different issues.
- Refuses to cooperate with the complaint’s investigation process.
- Has threatened or used verbal or physical aggression against staff. Issues will only be pursued in writing. This includes complaints which unfairly name hospital staff in a vexatious manner.
- Is known to have secretly recorded meetings or conversations without the consent of other parties involved.
- Sets unreasonable response deadlines and fails to accept that these may be unreasonable.

- Consistently uses threats to expedite a response, going to the press, MP etc.
- Continues to pursue a complaint when the PHSO have declined to investigate or have provided the complainant with their final decision.

11.2.2 In such circumstances the Trust should consider applying its ‘Habitual’ and ‘Vexatious’ Complainants’ procedure’ to apply restrictions. The ‘‘Habitual’ and ‘Vexatious’ Complainants’ Procedure can be accessed via the link below.

Habitual or Vexatious complainant

12. Monitoring of learning and actions from Complaints

12.1 The Trust aims to maintain its organisational memory to minimise repetition of similar complaints, and to build upon it through organisational learning. Complaints provide a crucial source of feedback on the services provided. As a consequence of some complaints, actions are identified by the Trust to prevent similar occurrences.

12.2 Locally

The Hospitals/MCS/LCOs are responsible for ensuring that learning and actions arising from concerns and complaints occurring within their areas of responsibility are carried out within the given timescales and that progress is recorded, reported and discussed at local governance meetings and that themes are reported to Hospital/MCS/LCO Quality and Safety Committees.

12.3 Following completion of the investigation the respective Hospital/MCS/LCO must initiate an action plan, record on the Ulysses Customer Services database and incorporate the action into an existing work stream.

12.4 Trust wide

12.5 Any safety issues identified from complaints are reported into the Safety Oversight System meeting to enable triangulation with other safety data to identify themes that require action.

12.6 Complaints handling is reviewed bi-monthly by the Group’s Complaints Review Scrutiny Group (CRSG), which is chaired by a Non-Executive Director, and has an Associate Medical Director and the Assistant Chief Nurse (Safeguarding, Quality and Patient Experience) included in the core group. The main purpose of the group is to review the Trust’s complaints processes in a systematic and detailed way to ascertain what can be learnt about the overall quality of complaints management and to indicate changes that might lead to future improvements in the management of complaints within the Trust.

12.7 Patient stories from complaints featuring improvements are a feature of the Group Board of Directors and other Trust/Hospital/MCS/LCO meetings.

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13. Reporting and analysis of concerns and complaints – themes and trends

13.1 The Group Board of Directors receives regular reports from the Chief Nurse (at least quarterly) on the management of complaints, highlighting trends and any concerns.

13.2 Complaints relating to specific themes

The review and analysis of activity can help identify key themes/issues which are emerging, support organisation learning and help prioritise issues to be addressed both locally and Trust-wide.

The Corporate Complaints team will attend the Risk Management’s Daily Safety Huddle raising awareness of complaints received in the Trust pertaining to aspects of patient safety, such as:

- Falls
- Nutrition and Hydration
- Hospital acquired infections
- Patients lost to follow up
- Transfer
- Safe and effective discharge

14. Equality Impact Assessment

14.1 The Trust is committed to promoting Equality, Diversity and Human Rights in all areas of its activities. The Trust undertakes Equality Impact Assessments to ensure that its activities do not discriminate on the grounds of:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race/ethnicity
- Religion or belief
- Sex/gender
- Sexual orientation

The Service Equality Team (SET) on Ext 65651 (or 0161 276 5651) can support staff to complete an initial assessment. Upon completion of the assessment, SET will assign a unique EqIA Registration Number.

14.2 It is also important to address, through consultation, the diverse needs of our communities, patients, their carers and our staff. This will be achieved by working to the values and principles set out in the Trust's Equality, Diversity, Inclusion Strategy. Additionally, on acknowledgement of a complaint, an Equality & Diversity Form is sent to the complainant to contribute to the Trust's monitoring, analysis and review of practice involving Equality & Diversity protected characteristics. In this way, the Trust can work towards meeting the diverse needs of the wide variety of communities we serve and learn from their different experiences. A further Equality & Diversity form is also sent after a complaint has been handled. The resultant analysis of this information will be shared with the appropriate forums throughout the Trust to ensure learning is applied.

15. Monitoring Compliance and Effectiveness of the Complaints Policy

15.1 The Hospital/MCS/LCO Chief Executive, Directors of Nursing/Midwifery/Healthcare Professionals, Assistant Chief Nurse (Safeguarding, Quality and Patient Experience), Head of Nursing (Quality, Patient Experience and Professional Practice), Patient Services Manager and Head of Customer Services are responsible for monitoring compliance with the Concerns and Complaints Policy.

15.2 Any issues raised regarding non-compliance with this policy will be presented to the Quality and Safety Committee. The issues will be reviewed, and appropriate action determined. Significant risks will be reported to the Group Risk Oversight Committee.

15.3 The following will be monitored for compliance:

- Acknowledgement of complaints within 3 working days of receipt
- Quality assuring acknowledgement letters to complaints
- Timeliness of complaint response
- Quality assuring responses to complaints
- Monitoring of actions resulting from complaints
- Listening and responding to concerns, complaints, from patients, their relatives and carers
- Cases reviewed by the Parliamentary and Health Service Ombudsman
- Monitoring of Corporate Complaints team Procedures

15.4 Any shortfalls identified will have an action plan put in place to address which will have timescales included for re-audit / monitoring.

15.5 Progress with live improvement action plans will be reviewed at every Hospital/MCS/ LCO Clinical Governance Board.

15.7 Complaints performance is subject to measures outlined in the monthly Group Board Assurance Report, the Assurance Operating Framework, and reported to the Group Board of Directors in the Annual and Quarterly Complaints reports.

16. Associated Procedural Documentation

- Request for Extension of Response Timescale
- Local Resolution Meeting / Virtual Local Resolution Meeting
- Media Escalation
- Placing a complaint 'On Hold'
- Habitual or Vexatious complainant
- Complaint Risk Assessment and Grading Tools

17. References and associated documents

- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
- The NHS Constitution
- Duty of Candour (2014)
- Francis Report (2013)
- Clywd Hart Review (2013)
- The Parliamentary and the Health Service Ombudsman's Principles of Good Complaints Handling (2009)
- My Expectations for Raising Concerns and Complaints (2014)
- Trust's Disciplinary Policy and Procedures.
- Incident Reporting and Investigation Policy
- Risk Management Strategy
- Values and Behavioural Framework
- Quality and Safety Strategy
- 'What Matters to Me' Patient Experience Programme
- Leadership and Culture Strategy
- Patients Association, the 'Good Practice Standards for NHS Complaints Handling in September 2013
- Mental Capacity Act (2005)
- Care Act (2014)
- Data Protection Act (2018) and General Data Protection Regulation (GDPR)
- Freedom of Information Act (2000)
- **'Patient Experience Matters'** leaflet
- Management of Concerns and Complaints by children and young people



Appendix 1: Summary of Complaints Process (Local Resolution)

Complaints Phase	Responsible for Actions	Action
Encourage Patients, their family and carers to raise concerns to enable early informal resolution	All Hospital/ MCS/ LCO front line staff	<ul style="list-style-type: none"> Ensure Patient Experience Matters posters and leaflets are readily available and visible in all clinical/departmental areas
Receipt and Assessment	Corporate Complaints team	<ul style="list-style-type: none"> Complaint is assessed as being within the scope of Trust services and acknowledged within 3 working days following receipt of the complaint in the Corporate Complaints team Complaint is Risk Assessed Complaint is registered on Ulysses Customer Services module Advocacy services offered Consider early and informal resolution
Summary of complaint	Corporate Complaints team	<ul style="list-style-type: none"> Make telephone contact with the complainant to agree a summary of the complaint and desired outcomes Provide explanation of complaints process and confirm Trust response timescales Gain consent if required
Investigation	<p>Led by Hospital/ MCS/ LCO Chief Executives</p> <p>Supported by Corporate Complaints team; Hospital/ MCS/ LCO Complaint Case Coordinators,</p>	<ul style="list-style-type: none"> Complaint notification is sent to relevant Hospital/ MCS / LCO notification leads Designated Lead Investigator is assigned to the complaint Investigation response received and accepted The Hospital/MCS/LCO Complaint Case

	Clinical Effectiveness/Governance/Patient Experience teams	<p>Coordinators, Clinical Effectiveness/Governance/Patient Experience teams are responsible for providing the Corporate Complaints team with timely updates.</p> <ul style="list-style-type: none"> ▪ The Corporate Complaints team will ensure all complainants are provided with timely updates
Hospital/ MCS/ LCO preparation of Complaint Response	Hospital/ MCS /LCO Complaints Co-ordinator, Clinical Effectiveness/Governance/Patient Experience teams	<ul style="list-style-type: none"> ▪ Co-ordinate/draft complaint response,
Quality Assurance of Complaint Response	Chief Nurse, Group Deputy Chief Nurse, Directors of Nursing/ Midwifery/ Healthcare Professionals, Assistant Chief Nurse (Safeguarding, Quality, Patient Experience and Professional Practice)	<ul style="list-style-type: none"> ▪ Response reviewed ensuring all points addressed & fully answered, and quality assured for sign off by the Group/Hospital/MCS/LCO Chief Executives
Complaint Response formatting and sign off	Hospital/ MCS/ LCO Complaints Co-ordinator/ Clinical Effectiveness/Governance/Patient Experience teams, Group/ Hospital/ MCS/LCO Chief Executive	<ul style="list-style-type: none"> ▪ The Hospital/ MCS /LCO Complaints Co-ordinator, Clinical Effectiveness/Governance/Patient Experience teams is responsible for formatting the complaint response in accordance with Trust standards ▪ Signed by Group/ Hospital/ MCS/ LCO Chief Executives and sent out to complainant
Complaint closure	Hospital/ MCS/ LCO Complaints	<ul style="list-style-type: none"> ▪ Hospital/ MCS/ LCO Complaints Co-ordinator,

(The day the complaint response is posted out – NOT the date of the complaint response letter)	Coordinator, Clinical Effectiveness/Governance/Patient Experience teams	Clinical Effectiveness/Governance/Patient Experience teams are responsible for closure of the complaint on the Ulysses system
Lessons Learned	Lead Investigator	<ul style="list-style-type: none"> ▪ Patient, their family/ carers are informed of the lessons learned and service improvements made/to be made. ▪ Further actions identified to resolve the individual complaint ▪ Wider service improvements identified and implemented
	Assistant Chief Nurse (Safeguarding, Quality and Patient Experience), Head of Nursing Quality, Patient Experience, and Professional Practice, Patient Services Manager, Head of Customer Services	<ul style="list-style-type: none"> ▪ Collation and Trust-wide communication of themes from lessons learned
	Hospital/MCS/ LCO Clinical Effectiveness Leads	<ul style="list-style-type: none"> ▪ Monitoring implementation of practice changes in response to lessons learned

Appendix 2: Complaint Risk Assessment and Grading Tools

Table 1: Measure of Severity of Consequence (C)

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Quality of the Patient Experience/ Outcome	Unsatisfactory patient experience which can be resolved locally Non-complex	Unsatisfactory patient experience – minimal risk to patient safety in the short term Potential complaint / Local resolution Low complexity	Mismanagement of patient care - possible short-term effects. impacting on a small number of patients but could significantly impact on patient safety if unresolved Medium complexity	Significant mismanagement of patient care - possible long-term effects, unsatisfactory patient outcome or experience Highly complex Possible SI	Totally unacceptable level or quality of treatment/service Extremely complex SI Inquest/ombudsman inquiry
Adverse publicity/ reputation	Rumors Low potential for public concern	Local media coverage – short-term reduction in public confidence	Local media coverage – long-term reduction in public confidence	National media coverage with service well below reasonable	National media coverage with service well below reasonable public expectation. MP concerned

		Elements of public expectation not being met	Topical issues of public interest	public expectation	(questions in the House)
		Potential for public concern		Highly topical issues of public interest	Total loss of public confidence

Table 2: Likelihood score (L)

Likelihood score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently

The final step in quantification is to combine the measures of severity and likelihood in a Risk Matrix refer to Table 3.

Table 3: Risk Matrix

Severity	Likelihood				
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
1: Low	1 Very Low	2 Very Low	3 Very Low	4 Very Low	5 Very Low
2: Slight	2 Very Low	4 Very Low	6 Low	8 Low	10 Low
3: Moderate	3 Very Low	6 Low	9 Medium	12 Medium	15 High
4: Major	4 Very Low	8 Low	12 Medium	16 High	20 High
5: Catastrophic	5 Very Low	10 Low	15 High	20 High	25 High

Risk scoring = consequence x likelihood (C x L)

- 1 - 5 Low risk (Green)
- 6 - 8 Moderate risk (Yellow)
- 9 - 12 High risk (Orange)
- 15 - 25 Extreme risk (Red)

Appendix 3: Management of Concerns and Complaints by children and young people

The Royal Manchester Children’s Hospital and Managed Clinical Service (RMCH/ MCS) manages the healthcare delivery of most children and young people within MFT. However, it is recognised that young people can access healthcare in many services across MFT.

MFT prides itself on providing the best possible standards of care to its patients, families and carers. Feedback, concerns or complaints from children, young people, their parents and carers about the services we provide give us an opportunity to learn and make improvements to ensure we always deliver compassionate care and treatment at every point of contact with service users. This is especially important when considering the feedback from young people up to the age of 25 years of age.

This policy provides clear guidance on managing and processing complaints from parents and carers as well as children and young people and MFT is committed to excelling in the management of complaints for patients of all ages.

MFT is committed to promoting and protecting children’s rights as defined by the United Nations Convention on the Rights of the Child (UNCRC)¹ and the four key Articles outlined by The Children’s Commissioner for England²:

Article 2 (lack of discrimination): *The Convention applies to every child regardless of their ethnicity, gender, religion, abilities, whatever they think or say, no matter what type of family they come from.*

Article 3 (best interests of the child): *The best interests of the child must be a top priority in all actions concerning children.*

Article 12 (Respect for the views of the child): *When adults are making decisions that affect children, children have the right to say what they think should happen and have their opinions considered.*

Article 24 (Health and health services): *Children have the right to good quality health care – the best health care possible.*

To achieve this MFT actively encourages all healthcare professionals to promote the rights of children and young people and particularly those receiving care in any of our facilities.

MFT promotes all opportunities to collect feedback from children and young people on their experiences of healthcare delivery whilst in our care. To further support this RMCH/ MCS Youth Forum has produced a young people’s information notice (see figure 1) promoting their rights related to:

¹ N General Assembly, *Convention on the Rights of the Child*, 20 November 1989, United Nations, Treaty Series

² Street, C, Anderson, Y et al (2012), *It takes a lot of courage – children and young people’s experiences of complaints procedures in services for mental health and sexual health including those provided by GPs*. London, Children’s Commissioner

- Confidentiality always
- Consent to treatment
- To give feedback on services received or their experience of care received whilst in our care.

How can children and young people give feedback on services they receive?

Children and young people can tell us about their experiences in our care at any time and to any member of staff. They can feedback:

- Face to face with their nurse, doctor or any member of RMCH/MCS staff.
- By telephone using Tell us Today.
- Using the What Matters to Me patient feedback system.
- Participation is structured patient engagement sessions.

What to consider when children and young people want to complain

If the complainant is child or young person, implementation of Section 9 of this policy (Complaints Process) can be supported by:

- Giving the complainant time to explain what is troubling them. They should be supported to express their concerns in a manner appropriate to their cognitive ability.
- Encouraging the complainant to be supported by their parents, carers or a trusted individual. If this is not desired, or possible, staff should consider involving someone independent and not directly involved in the provision of their care and treatment. The MFT PALS team via Tel: 0161 276 8686 or Therapeutic and Specialised Play Service via Tel: 0161 701 0698 can offer support.
- Giving the complainant access to their friends or peers.
- Ensuring that the complainant understands they can always speak confidentially about their worries or fears.
- Ensuring all concerns or complaints are taken seriously and not ignored. Children and young people need to be taken seriously and feel that their concerns will be listened too.
- Ensuring the complainant is never made to feel guilty about raising a concern or making a complaint.
- Taking time to explain in a way the complainant can understand, what will happen after raising a concern or making a complaint and tell them the role of individuals involved in dealing with their concerns or complaint.

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

Figure 1

IF YOU'RE UNDER 18...
You have rights in the NHS!

Confidentiality

YOUR RIGHTS
You have the right for information about yourself, your health and treatment to be private from family, teachers, employers or other organisations. You have the right to see your records and have them explained to you.
Please see the notes in charge if you would like to apply to do this.
You have the right to be seen on your own without your parent/carer.
Please let a member of the nursing staff know if you wish this to happen.

EXCEPTIONS
Healthcare professionals have a duty to keep you and everyone else safe. This means sometimes they have to share information about you on a need-to-know basis if they think you or others are at risk of harm.
It is your right to be told if this is going to happen.

Consent to Treatment

YOUR RIGHTS
You are entitled to make decisions about things that happen to your own body.
It's important for us and your family to help you make good decisions but ultimately it's your body and you have the choice. If you feel you don't want treatment, talk to us.

EXCEPTIONS
If a healthcare professional thinks you are unable to make informed decisions they have to find someone else to consent for you. This could be parents, doctors, courts or local authorities.
This will only happen on occasions where you do not have the capacity to make the decision yourself and everyone feels it is in your best interest.

Feedback

YOUR RIGHTS
Your feedback on services (whether good or bad) is essential for improvement. Any person, no matter how young they are, has the right to give feedback without it affecting their services. You can complain about services you've received in the past or are still receiving now. **There are NO EXCUSES!**

COMPLAINTS
If you want to resolve a problem directly ask for the "nurse in charge" of a ward or the "complaints manager". Alternatively you could contact the Clinical Commissioning Group (CCG) if you want to resolve a problem without speaking to the hospital directly.

YOUTH FORUM
— of the RMCH —

18
YOUTH RIGHTS
HEALTH CARE

Phone: 0161 701 2293
Email: youth.forum@mft.nhs.uk

[RMCH Youth Forum](#)
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