

## DOCUMENT CONTROL PAGE

<b>Title:</b>	Manchester University NHS Foundation Trust (MFT) Complaints, Concerns and Compliments Policy
<b>Version:</b>	3.0
<b>Supersedes:</b>	Concerns and Complaints Policy version 2.0
<b>Application:</b>	All Trust employees, including temporary staff and secondees

<b>Originated / Modified By:</b>	Niall Bancroft
<b>Designation:</b>	Trust Lead for Complaints and PALS
<b>Ratified by:</b>	Quality and Safety Management Committee
<b>Date of Ratification:</b>	08/05/2025

<b>Issue / Circulation Date:</b>	15/05/2025
<b>Circulated by:</b>	Trust Lead for Complaints and PALS
<b>Dissemination and Implementation:</b>	15/05/2025
<b>Date placed on the Intranet:</b>	15/05/2025

<b>Planned Review Date:</b>	30/04/2028
<b>Responsibility of:</b>	Trust Lead for Complaints and PALS

<b>EqIA Registration Number:</b>	2025-69
----------------------------------	---------

## Table of Contents

1	Introduction .....	3
2	Purpose .....	3
3	Roles and responsibilities.....	4
4	Identifying a complaint.....	6
5	Who can make a complaint .....	9
6	Timescale for making a complaint.....	10
7	Complaints and other procedures .....	10
8	Confidentiality of complaints.....	11
9	Making sure people know how to complain and where to get support .....	11
10	The complaints process .....	12
11	Complaint local resolution meetings (LRMs) .....	16
12	Support for staff.....	16
13	Complaints involving multiple organisations .....	17
14	Referral to the Parliamentary and Health Service Ombudsman (PHSO) .....	17
15	Managing challenging situations with persons raising complaints.....	17
16	Complaints about a private provider of NHS services .....	20
17	Complaining to the commissioner of MFT services .....	20
18	Monitoring, demonstrating learning and data reporting .....	20
19	Compliments .....	21
20	Equality Impact Assessment .....	21
21	Consultation, approval and ratification process.....	22
22	Dissemination and implementation.....	22
23	Monitoring and compliance .....	22
24	References and bibliography.....	22
25	Associated Trust documents .....	22

## 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 MFT is committed to improving the health and quality of life of our diverse population by building an organisation that excels in quality, safety, patient experience, research, innovation, and teaching. We attract, develop and retain great people and are recognised internationally as a leading healthcare provider.
- 1.3 The Trust's Clinical Governance function equips, enables and supports our colleagues from across the Trust to continually learn, improve and further develop practice which supports the delivery of high quality, safe services; ensures a clear line of sight between service delivery and our Board and Governors, and co-produces learnings that enables our colleagues to deliver services with excellent patient experience and outcomes.
- 1.4 It is recognised that, at times, things can go wrong. When concerns 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 concerns 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.
- 1.5 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 person raising the complaint and staff who are subject to the complaint.
- 1.6 This policy sets out the Trust's approach to dealing with complaints, concerns and compliments about its services that is flexible and responsive to individuals' needs. The policy complies with the legal requirements of The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 Act and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The policy also reflects the Parliamentary and Health Service Ombudsman's NHS Complaints Standards.

## 2 Purpose

- 2.1 The purpose of this policy is to provide staff with support and assistance in dealing with complaints, concerns and compliments. 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) and the Parliamentary and Health Service Ombudsman's NHS Complaints Standards.
- 2.2 Implementation of the policy will ensure that:
  - Patients, relatives, unpaid carers and people using the Trust's services have easy access to the best and earliest resolution of their concerns and complaints

- people who raise concerns or complaints 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
- people raising concerns or complaints are kept informed of the progress, engaged with compassionately throughout the process, and informed of the outcome of the investigation in a timely manner
- staff involved in complaints are given support
- learning from concerns and complaints informs service development and improvement
- actions to rectify the cause of the concern or complaint are identified, implemented, and evaluated
- the Trust complies with national guidance and regulations for complaints management
- complaint handling complies with confidentiality and data protection policies.

- 2.3 Anyone who raises a concern or complaint must be treated with respect and receive a thorough investigation of their complaint and response. A patient's care must not be detrimentally affected because they have raised a concern, made a complaint or a complaint has been raised on their behalf. The policy emphasises the importance of early resolution of concerns and complaints and sets out the performance standards, the roles and responsibilities of staff involved. It also details the reporting and assurance processes in place to ensure compliance with national regulations and the means by which learning from concerns and complaints will be achieved and integrated into improving services.
- 2.4 The purpose of the policy is not to apportion blame amongst staff but to investigate concerns and complaints aiming to provide both a satisfactory outcome for the person raising the complaint, to learn any lessons and make improvements to Trust systems and processes and improve the experience of care.

### 3 Roles and responsibilities

- 3.1 Overall responsibility and accountability for management of complaints lies with the 'Responsible person' (as defined by The Local Authority Social Services and National Health Service Complaints (England) Regulations (2009)). In MFT, this is the Trust Chief Executive.
- 3.2 The Trust Chief Executive has overall responsibility for making sure MFT complies with The Local Authority Social Services and National Health Service Complaints (England) Regulations (2009) and NHS Complaints Standards and is responsible for signing the written responses to complaints (unless delegated to an authorised person(s), as explained below).

- 3.3 MFT's Complaints Manager (as defined by The Local Authority Social Services and National Health Service Complaints (England) Regulations (2009)) is the Trust Lead for Complaints and Patient Advice and Liaison Service (PALS). They are responsible for managing this procedure and for overseeing the handling and consideration of any complaints we receive. Working with Trust Executives and senior management teams to produce quarterly and annual complaint reports. They will review this information to identify areas of concern, agree remedial action and improve services. They are also responsible for the management and oversight of the Central PALS and Complaints Team and may also act as a complaint handler.
- 3.4 The Local Authority Social Services and National Health Service Complaints (England) Regulations (2009) allow MFT to delegate the relevant functions of the Responsible Person and Complaints Manager to our staff where appropriate. MFT does this to ensure we can provide an efficient and responsive service.
- 3.5 The Chief Nursing Officer and Director of Clinical Governance are responsible for effective and efficient complaints management ensuring the Trust is compliant with national standards.
- 3.6 The Clinical Group Chief Executives have delegated responsibility for complaints led by their respective Clinical Groups and are accountable for overseeing the complaint process and signing responses.
- 3.7 The Clinical Group Directors of Nursing/Midwifery/Medical Directors/Directors of Operations/Assistant Directors of Governance, supported by the Divisional Management Teams, are responsible for quality assuring and approving investigations and responses for complaints within to their Clinical Groups, overseeing complaints and the way we learn from them, overseeing the implementation of actions arising from complaints and deputising for the Clinical Group Chief Executive, if authorised. They will regularly review the information gathered from concerns and complaints and use this to consider how services could be improved, or how internal policies and procedures could be updated. They will report on the outcomes of these reviews via the Trust's governance structure. They are also responsible for making sure complaints are central to the overall governance of the organisation. They will make sure staff are supported both when handling concerns and complaints and when they are the subject of a complaint.
- 3.8 The Central PALS and Complaints Team is responsible for compassionately engaging with the person raising the concern or complaint, acknowledging complaints in line with this policy, agreeing the issues for investigation and how the response will be shared, fully explaining the complaints process, signposting the person to support and advice services (including independent advocacy services) at an early stage, and keeping them updated throughout the process. They are responsible for notifying the Clinical Groups of concerns and complaints and supporting all staff at the Trust with dedicated PALS and Complaints training and advice and support.
- 3.9 The Clinical Group Governance Teams and the Divisional Management Teams are responsible for identifying an investigating officer, with the knowledge of the care or services complained about and for supporting with the investigation and response.

- 3.10 The designated investigating officer will carry out an investigation, as set out in this policy, and provide an objective account of what happened, what should have happened, acknowledge if something has gone wrong and provide an explanation and apology for this, and details of any action(s) already taken or planned to resolve the matter.
- 3.11 All staff are expected to proactively respond to patients, relatives, unpaid carers and people using our services and support them to deal with any concerns or complaints raised at the 'first point of contact'. To enable this, dedicated training is provided by the Central PALS and Complaints Team. MFT expects all staff who have contact with patients or those that support them, to deal with concerns and complaints in a sensitive and empathetic way. This includes making sure people are aware of our independent advocacy provider and/or other sources of support and advice. MFT expects all staff to listen, provide an answer to the issues quickly, and capture and act on any learning identified.
- 3.12 MFT has processes in place to make sure that the Trust Chief Executive, Executive Team and Board of Directors regularly review insight from the concerns, complaints and compliments we receive, alongside other forms of feedback on experiences of care and services. All staff at MFT ensure action is taken on learning arising from concerns and complaints so that improvements are made to services.
- 3.13 This is demonstrated by:
- leading by example to improve the way MFT deals with compliments, feedback and complaints
  - understanding the obstacles people face when raising a concern or complaint, and taking action to improve the experience by removing them
  - knowing and complying with all relevant legal requirements regarding complaints
  - making information available in a format that people find easy to understand
  - promoting information about independent complaints advocacy and advice services
  - making sure staff know when a complaint is a patient safety incident, or a safeguarding or legal issue, and what must happen
  - making sure that there is a strong commitment to the duty of candour so there is a culture of being open and honest when something goes wrong
  - making sure all staff listen and learn from concerns and complaints and improve services when something goes wrong.

## 4 Identifying a complaint

- 4.1 Staff across the Trust speak to people who use our service every day. Patients, relatives, unpaid carers and people using MFT services can often raise issues, requests for a service, information or questions that our staff can help with immediately. Patients, relatives, unpaid carers and people using MFT's services are encouraged to discuss any issues they have with staff, as staff may be able to resolve the issue to their satisfaction quickly and without the need for them to make a complaint.

- 4.2 It is recognised that issues cannot always be resolved as they arise and people will sometimes want to make a complaint. The NHS Complaint Standards define a complaint as: an expression of dissatisfaction, either spoken or written, that requires a response. It can be about an act, omission or decision we have made or the standard of service we have provided.
- 4.3 Patients, relatives, unpaid carers and people using MFT services may want to provide feedback instead of making a complaint. In line with the Department of Health and Social Care's (DHSC) NHS Complaints Guidance, people can provide feedback, make a complaint, or do both. Feedback can be an expression of dissatisfaction (as well as positive feedback) but is normally given without wanting to receive a response or make a complaint.
- 4.4 Patients, relatives, unpaid carers and people using MFT services do not have to use the term 'complaint'. MFT staff will always speak to patients, relatives, unpaid carers and people using MFT services to understand the issues they raise and how they would like them to be considered.
- 4.5 The following complaints are not required to be dealt with under The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009:
- a complaint by a responsible body (local authority, NHS organisation, 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 person raising the complaint'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 previously been made and resolved in accordance with the above
  - complaints that have previously been investigated and closed under The Local Authority Social Services and National Health Service Complaints (England) Regulations (2009) and have been reviewed by the Parliamentary Health Service Ombudsman (PHSO)
  - complaints that solely allege a failure to comply with a request for information under the Freedom of Information Act (2000).

- 4.6 This policy does not cover complaints from staff, unless they are acting on behalf of a patient. MFT has Freedom to Speak Up (FTSU) Guardians who provide confidential, impartial support and advice to staff, students or volunteers who need to speak up. FTSU Guardians act as an escalation point for people who want to speak up but have been unable to raise an issue through the usual line management channels or have felt their concerns at that level have not been acted on. They will thank staff for speaking up, listen to any concerns or suggestions then support and agree with staff the best way forward for their concerns. FTSU Guardians work with leadership teams in MFT to ensure staff concerns are heard and dealt with appropriately at the right level.
- 4.7 If MFT consider that a complaint (or any part of it) does not fall under this policy, the reasons for this will be explained to the person raising the complaint with any relevant signposting information provided.
- 4.8 Complaints can be made:
- in person
  - by telephone
  - in writing
  - by email
- 4.9 The Central PALS and Complaints Team will consider all accessibility and reasonable adjustment requirements of people who wish to raise a concern or complaint in an alternative way. Any reasonable adjustments will be recorded on the complaint file on the complaints database (Ulysses).
- 4.10 To process a concern or a complaint, the following information is required:
- patient's full name
  - patient's date of birth and/or address
  - patient's NHS or hospital number (if known)
- 4.11 Complaints will be acknowledged within three working days of receipt. This can be done in writing, electronically or verbally.
- 4.12 The Central PALS and Complaints Team may receive an anonymous or general complaint that does not meet the criteria for who can complain. In this case, the Central PALS and Complaints Team will review the concerns raised and share them with the relevant senior management team to identify if there is any learning for MFT, unless there is a valid reason not to.



## 5 Who can make a complaint

- 5.1 As set out in The Local Authority Social Services and National Health Service Complaints (England) Regulations (2009), any person may raise a concern or complaint to MFT if they have received or are receiving care and services from MFT. A person may also complain if they are not in direct receipt of care or services provided by MFT but are affected, or likely to be affected by, any action, inaction or decision by MFT.
- 5.2 If the person affected does not wish to raise the concern or complaint themselves, they can appoint a representative to raise the concern or complaint on their behalf. There is no restriction on who may represent the person affected; however, the person affected will need to provide the Central PALS and Complaints Team with their authorisation for their representative to raise and discuss the concern or complaint with them and to access their personal information (including any relevant medical records).
- 5.3 If the person affected has died, is a child or is otherwise unable to raise a concern or complaint because of physical or mental incapacity, a representative may make the do so on their behalf. There is no restriction on who may act as representative but there may be restrictions on the type of information we may be able to share with them. The Central PALS and Complaints Team will explain this when we first look at the concern or complaint.
- 5.4 If a concern or complaint is raised on behalf of a child, the Trust will need to be satisfied that there are reasonable grounds for a representative bringing the complaint rather than the child. If the Trust is not satisfied, the reasons for this will be shared with the representative.
- 5.5 Members of Parliament (MPs) can raise a concern or complaint on behalf of the person affected, without the requirement for authorisation from that person, as long as the person affected is a constituent of the MP.
- 5.6 If at any time it is considered that a representative is not acting in the best interests of the person affected, the Trust will assess whether it should stop the consideration of the concern or complaint. If it is considered necessary to do this, the reasons will be shared with the representative. In such circumstances the person raising the concern or complaint will be informed that they may complain to the PHSO if they are dissatisfied with the Trust's decision.
- 5.7 In the case of a third party raising a concern or complaint on behalf of the person affected, the Central PALS and Complaints Team will request the following information:
- name and contact details of the person raising the concern or complaint
  - name, date of birth and/or address and NHS or hospital number (if known) of the affected person
  - contact details of the affected person so that confirmation can be sought from them that they agree to the third party acting on their behalf - this will be documented in the complaint file and confirmation will be issued to the person raising the concern or complaint
  - if the person affected lacks mental capacity to give their authorisation, the Central PALS and Complaints Team will request confirmation the person raising the

concern or complaint has delegated authority to do so, for example in the form of an activated Legal Power of Attorney for Health or current documented evidence of communications with the patient's GP/consultant.

## **6 Timescale for making a complaint**

- 6.1 Complaints must be made within 12 months of the date of the incident being complained about happened or the date the person raising the complaint found out about it, whichever is the later date.
- 6.2 If a complaint is made after the 12 month deadline, the Central PALS and Complaints Team and the Clinical Group Governance Teams will consider investigating it if they believe the person raising the complaint had good reasons for not making the complaint before the deadline, and it is still possible to properly consider and investigate the complaint.
- 6.3 If it is not deemed that there is a good reason for the delay, or it is not possible to properly consider and investigate the complaint (or any part of it), the Trust Chief Executive (or delegate) will write to the person making the complaint to explain this. The Trust Chief Executive (or delegate) will also explain that, if they are dissatisfied with that decision, they can complain to the PHSO.

## **7 Complaints and other procedures**

- 7.1 MFT ensure staff who deal with concerns and complaints are properly supported and trained to identify when it may not be possible to achieve a relevant outcome through the complaint process on its own. When this happens, the Central PALS and Complaints Team will inform the person raising the concern or complaint and provide information about any other process that may help address the issues and has the potential to provide the outcomes sought.
- 7.2 This can happen at any stage in the complaint handling process and may include identifying issues that could or should:
- trigger a patient safety investigation or learning response
  - trigger the Trust's safeguarding procedure
  - involve a coroner investigation or inquest
  - trigger a relevant regulatory process, such as fitness to practice investigations or referrals
  - involve a relevant legal issue that requires specialist advice or guidance.
- 7.3 When another process may be better suited to cover other potential outcomes, staff will seek advice and provide clear information to the individual raising the concern or complaint. The Central PALS and Complaints Team will ensure the individual understands why this is relevant and the options available, and will also signpost the individual to sources of specialist independent advice.

- 7.4 If an individual is already taking part or chooses to take part in another process but wishes to continue with their complaint as well, this will not affect the investigation and response to the complaint. The only exceptions to this are if the individual requests or agrees to a delay or if there is a formal request for a pause in the complaint process from the police, a coroner or a judge. In such cases, the complaint investigation will be put on hold until those processes conclude. In such cases, the Central PALS and Complaints Team will remain the point of contact for the person raising the complaint.
- 7.5 If it is determined that a staff member should be subject to remedial or disciplinary procedures or referral to a health professional regulator, the Trust will share as much information with person raising the concern or complaint as possible, whilst complying with data protection legislation. If the person raising the concern or complaint chooses to refer the matter to a health professional regulator themselves, or if they subsequently choose to, it will not affect the way that their concern or complaint is investigated and responded to. MFT will also signpost to sources of independent advice on raising health professional fitness to practise concerns.
- 7.6 If any staff member involved in the handling or investigation of the complaint identifies, at any time, that anyone involved in the complaint may have experienced, or be at risk of experiencing, harm or abuse then they will discuss the matter with relevant colleagues and initiate our relevant safeguarding or managing allegations procedures.

## **8 Confidentiality of complaints**

- 8.1 MFT will maintain confidentiality and protect privacy throughout the complaints process in accordance with UK General Protection Data Regulation and Data Protection Act 2018. MFT will only collect and disclose information to those staff who are involved in the consideration of the complaint. Documents relating to a complaint investigation are securely stored on the complaint file on the complaints database (Ulysses) and kept separately from medical records or other patient records. These documents are only accessible to staff involved in the consideration of the complaint.
- 8.2 Complaint outcomes may be anonymised and shared within the Trust and may be published on MFT's website to promote service improvement.

## **9 Making sure people know how to complain and where to get support**

- 9.1 Information and guidance on how patients, relatives, unpaid carers and people using MFT services can raise a concern or complaint, will be readily accessible and materials that promote PALS and Complaints will be visible in public areas and on the MFT website.
- 9.2 MFT publishes clear information about its complaints process and how people can get advice and support with their complaint through their local independent NHS Complaints Advocacy service and other specialist independent advice services that operate nationally.

## 10 The complaints process

- 10.1 MFT wants all patients, relatives, unpaid carers and people to have a good experience while they access its services. If the service received has not met the expected standards, patients and their representatives are encouraged to speak directly to staff or management, to seek immediate support and see if the issue can be immediately resolved. If they have already tried this, and/or they would like to speak to someone who is not involved in the patient's care, they are encouraged to contact PALS.
- 10.2 MFT aim to resolve concerns and complaints quickly and to the satisfaction of the person raising the concern or complaint, as often as possible. To do that, staff are trained to proactively respond to service patients, relatives, unpaid carers and people using MFT services and support them to deal with any concerns or complaints raised at first point of contact.
- 10.3 All MFT staff who have contact with patients, relatives, unpaid carers and people using MFT services will handle complaints in a sensitive and empathetic way. Staff will ensure people are listened to, receive answers to the issues quickly wherever possible, and any learning is captured and acted on. MFT staff will:
- listen to the patient or representative to make sure they understand the issue(s)
  - ask how they have been affected
  - ask what they would like to happen to put things right
  - carry out these actions themselves if they can (or with the support of others)
  - explain why, if they cannot do this, and explain what is possible
  - capture any learning to share with colleagues and improve services for others.
- 10.4 Frontline staff often handle concerns or complaints that can be resolved quickly at the time they are raised, or very soon after. Staff are encouraged to do this as much as possible, so that people get a quick and effective resolution to their issues.
- 10.5 In keeping with The Local Authority Social Services and National Health Service Complaints (England) Regulations (2009), if a complaint is made verbally (in person or over the phone) and resolved by the end of the next working day, it does not need to go through the remainder of this procedure. For this to happen, staff will confirm with the person raising the concern or complaint that they are satisfied with the resolution of their concerns. If the concern or complaint cannot be resolved within that timescale, it will be handled in line with the rest of this procedure.
- 10.6 All other concerns and complaints will be acknowledged (either verbally or in writing/email) within three working days. The Central PALS and Complaints Team will also discuss with the person raising the concern or complaint how the Trust plans to respond.
- 10.7 When a concern or complaint is received, MFT is committed to making sure it is addressed and resolved at the earliest opportunity. Staff are trained to identify any concerns or complaints that may be resolved at the time they are raised or very soon after.

- 10.8 When staff believe that an early resolution may be possible, they are authorised to take action to address and resolve the issues raised and put things right for the person raising them. This may mean giving a quick explanation or apology themselves or making sure a colleague who is more informed of the issues does. Staff will resolve concerns or complaints through PALS in person, by telephone or email wherever possible.
- 10.9 The Central PALS and Complaints Team will capture a summary of the concern or complaint and how it was resolved and will share that with the person raising the concern or complaint. This will ensure MFT has detailed information of how each of the services it provides is performing and people's experience of these services. This data will be used to help MFT improve services for others.
- 10.10 Not every concern or complaint can be resolved quickly and some will require a longer period of time for a more detailed review and investigation of the issues to be undertaken. In these cases, the complaint will be allocated to an investigating officer, who will undertake a thorough investigation into the concerns raised. This will always involve taking a detailed and fair review of the issues and evidence to determine what happened and what should have happened.
- 10.11 Staff involved in investigating complaints will be properly trained to do so and will have the appropriate level of authority and autonomy to carry out a fair investigation, the right resources, support and time in place to carry out the investigation, according to the work involved in each case.
- 10.12 Where possible, complaints will be investigated by someone who was not directly involved in the matters complained about. If this is not possible, it will be explained to the person making the complaint as to why it was assigned to that person. This should address any perceived conflict of interest.
- 10.13 The Central PALS and Complaints Team will:
- compassionately engage with the person raising the complaint (preferably by telephone or in person) to ensure they fully understand and agree: the key issues to be looked at; how the person has been affected; the outcomes they seek
  - offer the person raising the complaint the opportunity to meet with staff through a complaint local resolution meeting (LRM)
  - signpost the person to support and advice services, including independent advocacy services, at an early stage
  - share a realistic timescale for how long the investigation is likely to take with the person raising the complaint, depending on the content and complexity of the complaint and the work that is likely to be involved
  - explain how the investigating officer will review and investigate the complaint, including: what evidence they will and consider; who they will speak to; how they will decide if something has gone wrong or not, who will be responsible for the final response and how the response will be shared with the person raising the complaint.

- agree how they will keep the person (and any staff specifically complained about) regularly informed and engaged throughout.

10.14 Investigating officers will provide a clear and balanced explanation of what happened and what should have happened. They will reference relevant legislation, standards, policies, procedures and guidance to clearly identify if something has gone wrong.

10.15 The investigation and response will clearly address all the issues raised. This includes reviewing evidence from the person raising the complaint and from any staff involved or specifically complained about. If the complaint raises clinical issues, a clinical view will be provided by someone who is suitably qualified.

10.16 MFT will aim to complete the investigation within the timescale shared with the person making the complaint at the start of the investigation (25, 40 or 60 working days – dependent on the complexity of the complaint, number of concerns and organisations involved). Should circumstances change, the Central PALS and Complaints Team will notify the person raising the complaint (and any staff involved), explain the reasons for the delay and provide a new target timescale for completion.

10.17 Before sending a written response to the complaint, the investigating officer may contact the person raising the complaint (by telephone, in a meeting or in writing) to obtain further details or discuss their investigation, the proposed outcomes, and proposed actions intended to be taken. This will be determined on a case-by-case basis, depending on the complexity of the issues and the identified impact.

10.18 If the investigating officer identifies that something has gone wrong, they will seek to establish what impact this has had on the individual concerned. Where possible they will put that right for the individual and any other people who have been similarly affected. If it is not possible to put the matter right, they will determine, in liaison with the individual concerned and relevant staff and management, what action(s) can be taken to remedy the impact.

10.19 In order to put things right, the following remedies may be appropriate:

- an acknowledgement, explanation and a meaningful apology
- reconsideration of a previous decision
- expediting an action
- changing policies and procedures to prevent the same issue(s) happening again and to improve our service for others
- waiving (or recompensing) a fee or penalty
- issuing a payment or refund.

10.20 As soon as practical after the investigation is completed, the investigating officer will prepare a written response. This will then be quality assured and approved by a member of the senior leadership team within the lead Clinical Group and signed by the respective Chief Executive.

10.21 The response will then be sent to the person raising the complaint and any other interested parties via email or in the post (depending on the method agreed upon, with the person raising the complaint, during the acknowledgement stage). The response will include:

- a reminder of the issues investigated and the outcome sought
- an explanation of how the complaint was investigated and the relevant evidence considered
- the outcome of the investigation with an explanation of whether or not something went wrong, that sets out what happened compared to what should have happened, with reference to relevant legislation, standards, policies, procedures and guidance
- if something went wrong, an explanation of the impact it had and an explanation of how that impact will be remedied for the individual
- a meaningful apology for impact on the patient or person raising the complaint
- an explanation of any wider learning MFT has acted on/will act upon to improve services
- details of how to contact the Central PALS and Complaints Team, if the person raising the complaint is not satisfied with the response or confirmation if the end of the complaint procedure has been reached
- details of how to contact the PHSO if the individual is not satisfied with our final response
- a reminder of where to obtain independent advice or advocacy.

## 11 Complaint local resolution meetings (LRMs)

- 11.1 The Trust is committed to ensuring the person raising the complaint receives as much information as possible. A meeting provides staff with the opportunity to provide a detailed explanation and enables the person raising the complaint to seek clarification and ask additional questions as appropriate.
- 11.2 Should the person raising the complaint accept the offer of/request a meeting, the Central PALS and Complaints Team will liaise on an individual basis between the person raising the complaint and responding Clinical Group.
- 11.3 The Clinical Group investigating the complaint will identify the members of staff to attend the meeting, who they consider most suitable to be able to discuss and share the findings of the complaint investigation. Whilst the requests of the person raising the complaint will be considered, it is generally not appropriate for staff who are the subject(s) of the complaint to attend the meeting and they will be represented at the meeting by senior colleagues (e.g. consultant, matron etc.).
- 11.4 The Clinical Group Governance Team will ensure that a thorough investigation is completed in advance of the meeting, which will form the basis of the discussion of the meeting with person raising the complaint.
- 11.5 The Central PALS and Complaints Team will attend and chair the meeting, either in person or via Microsoft Teams. The meeting will be audio recorded, with a copy provided to the person raising the complaint and an electronic copy securely retained by the Trust on the complaint file.
- 11.6 The Central PALS and Complaints Team will be responsible for capturing any improvement actions agreed in the meeting and/or any new questions posed, which will be detailed in the post-meeting letter sent to the person raising the complaint.

## 12 Support for staff

- 12.1 All staff involved in responding to concerns and complaints will have the appropriate training, resources, support and time to investigate and respond effectively. This includes guidance on how to manage challenging conversations and behaviour.
- 12.2 All staff who are the subject of a complaint, will be engaged with compassionately when made aware of the complaint. Staff will be provided with guidance and advice on how they can access support from within MFT, and externally if required.
- 12.3 Staff who are subject of the complaint have the opportunity to give their views on the events and respond to emerging information. Staff will act openly and transparently and with empathy when discussing these issues.
- 12.4 The investigating officer will keep any staff involved in the complaint investigation updated. These staff will also have an opportunity to see how their comments are used before the final response is issued.



## **13 Complaints involving multiple organisations**

- 13.1 If MFT receives a complaint that involves other NHS Trusts or organisation(s) that provide health or social care, the Central PALS and Complaints Team will collaborate with those organisations and agree who will be the lead organisation responsible for overseeing and coordinating consideration of the complaint.
- 13.2 The Central PALS and Complaints Team for the lead organisation will be responsible for ensuring the person who raised the complaint is kept involved and updated throughout. They will also ensure that the individual receives a single, joint, holistic response to their complaint.
- 13.3 If the person who raised the complaint is not satisfied with response provided by MFT, they are encouraged to contact the Central PALS and Complaints Team to discuss what further steps can be taken to support them in the complaints process. If the person who raised the complaint is not satisfied with the response provided by another NHS Trust or organisation, the Central Complaints Team will advise them to contact the other NHS Trust or organisation directly to enable a more focused resolution and ensure appropriate steps are taken to address the outstanding or further issues in a timely manner.

## **14 Referral to the Parliamentary and Health Service Ombudsman (PHSO)**

- 14.1 If the person who raised the complaint is not satisfied with the Trust's response, they are encouraged to contact the Central PALS and Complaints Team to discuss what further steps can be taken to support them in the complaints process.
- 14.2 In most instances, it is appropriate at this stage to reiterate the offer of a complaint LRM to resolve the complaint to the satisfaction of all parties. Alternatively, outstanding issues can be submitted in writing by the person raising the complaint and a further investigation and written response may be completed.
- 14.3 The response letter for every complaint will clearly inform the person raising the complaint that if they are not satisfied with the outcome of the investigation, they can take their complaint to the PHSO.

## **15 Managing challenging situations with persons raising complaints**

- 15.1 There are times where nothing further can reasonably be done to assist the person raising the concern or complaint to satisfactorily resolve it. Sometimes a person who raises a concern or complaint may behave or interact with staff in a way that makes the process difficult to manage. This could affect staff's ability to provide a good service to that person and to other people. It may also affect the wellbeing of other staff. Where that happens, appropriate action will be taken to protect staff and others. If the person raising the concern or complaint meets any of the following criteria, then the Trust Chief Executive may write to the person to advise of necessary action being taken by the Trust:
- persists in pursuing a concern or complaint where the NHS complaints regulations have been fully and properly implemented and exhausted

- changes the substance of the concern or 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.
- refuses to specify the grounds of the concern or 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 telephone calls, emails to numerous Trust staff, or detailed letters every few days, with an expectation of immediate responses, excessively detailed or makes demanding concerns or complaints which focus 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 co-operate with the complaint investigation process
- has threatened or used verbal or physical aggression against staff, including complaints which unfairly name hospital staff in a vexatious manner
- is known to have secretly recorded meetings or conversations without the authorisation 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 person raising the complaint with their final decision.

15.2 Where a person's engagement with Trust staff is using up an unfair or disproportionate amount of time and resource, the Trust Chief Executive will write to them to:

- clearly and factually set out the engagement that is causing the problem
- explain how this is affecting staff and, if relevant, other people using our service
- suggest how the behaviour needs to change for our investigation to continue
- explain what will happen if the behaviour does not change.

15.3 If attempts to de-escalate the situation do not work, the Trust Chief Executive may suggest a communication agreement or respect contract to restore the relationship. Alternatively, the situation will be actively managed by introducing an action or requirement. The Trust will consider each case individually and will tailor any actions we take to the person and the situation.

15.4 MFT acknowledges that the behaviour may be caused by something unrelated to staff or the complaint. The Trust Chief Executive will always explain that actions are being taken to ensure the concern or complaint can be dealt with, and those of other people who use MFT services, as fairly and quickly as possible. Any action or requirements will be appropriate, proportionate and tailored to the individual situation. Actions the Trust Chief Executive may take include:

- restricting contact to a particular channel (for example, telephone, email or letter)
- only allowing contact with a specific member of staff
- communicating through a third party, such as an NHS advocate, rather than direct contact
- not providing direct contact details or staff names (where there is a risk that this could lead to harassment)
- directing phone calls to an automated service (where excessive phone contact is blocking others from accessing our service or where the person's behaviour is abusive)
- restricting time or volume of contact
- informing the person that future correspondence will be read and placed on file but not responded to (unless new concern or complaints are raised)
- advising that MFT will not deal with calls or correspondence that are abusive, threatening, offensive or discriminatory.

15.5 The Trust Chief Executive will ensure the person understands why the proposed action is being taken and how long that action will last. The person will also be informed how they can challenge the decision if they disagree with it.

15.6 Any actions or requirements put in place will be reviewed at appropriate intervals whilst the concern or complaint is dealt with. This is to confirm that the action remains necessary and is appropriate to the situation.

15.7 If the situation continues, MFT may decide to end contact with the person. This decision will be made by the Trust Chief Executive, who will inform the person that they can contact the PHSO if they are dissatisfied with that decision.

15.8 Some situations may require immediate action to be taken. These include threatening, violent or abusive behaviour towards any staff. All staff should feel confident about taking immediate action under this policy to ensure their own and others' safety and wellbeing. Any staff member who experiences such behaviour should follow MFT policies and procedure on reporting violence and abuse and should access staff support.

## **16 Complaints about a private provider of NHS services**

- 16.1 This complaint handling procedure applies to all NHS Services MFT provides. If the complaint relates solely to private healthcare, the Central PALS and Complaints Team will direct the complaint to the relevant process.
- 16.2 Where MFT outsources the provision of NHS Services to a contractor or private provider, it will ensure they follow these same complaint handling procedures.
- 16.3 MFT will maintain meaningful strategic oversight of the performance of these organisations to make sure they meet the expectations set out in the NHS Complaint Standards.

## **17 Complaining to the commissioner of MFT services**

- 17.1 The Local Authority Social Services and National Health Service Complaints (England) Regulations (2009) state the person raising the concern or complaint has a choice of complaining to the provider of the service, or to the commissioner of the service. If a complaint is made to the commissioner, they will determine how to handle the concern or complaint in discussion with the person raising it.
- 17.2 In some cases it may be agreed between the person raising the concern or complaint and the commissioner that MFT, as the provider of the service, are best placed to deal with the concern or complaint. If so, the commissioner will seek authorisation from the person raising the concern or complaint. If that authorisation is given the commissioner will forward the concern or complaint to MFT and it will be managed as if it had been made to MFT in the first place.
- 17.3 In other cases, the commissioner may decide that it is best placed to handle the complaint itself. It will do so following the expectations set out in the Complaint Standards and in a way that is compatible with this procedure. MFT will co-operate fully in the investigation

## **18 Monitoring, demonstrating learning and data reporting**

- 18.1 All staff are expected to identify what learning can be taken from concerns, complaints and compliments.
- 18.2 MFT Senior Managers take an active interest and involvement in all sources of feedback and concerns, complaints and compliments, identifying what insight and learning will help improve our services for other users.
- 18.3 The Central PALS and Complaints Teams maintain a record of:
- each concern and complaint MFT receives
  - when each concern and complaint was acknowledged
  - the subject matter of each concern and complaint
  - the outcome of each concern and complaint
  - whether the person raising the concerns or complaint was informed of the response timescale, any amendment to the timescale and whether the concern or complaint response was provided within the agreed or amended timescale.

- 18.4 To measure the delivery of the NHS Complaint Standards, the Central PALS and Complaints Teams seek feedback on its complaints handling from people who have made a complaint (through quarterly complaint satisfaction surveys); staff who are the subject of complaints and staff involved in the handling and investigation of complaints.
- 18.5 MFT monitors all feedback, concerns, complaints and compliments over time, looking for trends and risks that may need to be addressed. Quarterly and annual complaints reports are published and reported at the Quality and Safety Management Committee and the Public Board of Directors. These specify:
- the number of complaints received
  - the themes of complaints
  - the outcome of complaints
  - learning from complaints and actions taken to improve services
  - the number, and outcomes, of complaints investigated by the PHSO.

## 19 Compliments

- 19.1 A compliment is positive feedback which is provided to an individual, service, ward or department regarding the experience encountered by patients, relatives, unpaid carers or people using MFT's services. Staff often receive compliments through cards and letters, verbally, or gifts where they are thanked for the treatment, care and support they provide. Compliments may also recognise the environment, atmosphere, and cleanliness of the ward. Additionally, compliments are submitted via websites, social media or directly to management including the Trust Chief Executive.
- 19.2 MFT welcomes praise and compliments about its staff and services and always ensures that these are shared with both staff and management. Compliments are valued because they are patient initiated in comparison to other forms of service patient-generated data, such as patient surveys and the Friends and Family Test (FFT).
- 19.3 In addition to the service patient-generated data, compliments provide valuable insights that can be widely used to drive patient-centred quality and safety improvement projects. Themes from compliments are monitored and analysed and best practice shared with staff with a view to continuously improving patient experience of care.

## 20 Equality Impact Assessment

- 20.1 MFT is committed to promoting Equality, Diversity and Human Rights in all areas of its activities. This policy has been equality impact assessed by the author using the Trust's Equality Impact Assessment (Equal) framework. The completed Equality Impact Assessment has been approved by the Equality and Diversity Department. A copy of this is available with this policy on the MFT Policy Hub.

## **21 Consultation, approval and ratification process**

21.1 Members of the Central PALS and Complaints Team have been consulted and approval agreed. The policy has also been circulated to key internal stakeholders for comment and formal ratification has been provided by Quality and Safety Management Committee.

## **22 Dissemination and implementation**

22.1 This policy is available on the Trust's Policy Hub, so that staff are able to access it; the previous versions are archived. Electronic copies have been disseminated to the Central PALS and Complaints Team and those listed in the Roles and Responsibilities Section. It has also been added to the PALS and Complaints internet site, so that patients and the public are able to access it. An update has been placed within MFT Time to notify staff of this policy's existence.

## **23 Monitoring and compliance**

23.1 The Trust Lead for Complaints and is responsible for monitoring compliance with this policy and the guidance and procedures referenced. Any non-compliance will be escalated to the Director of Clinical Governance and Chief Nursing Officer/Deputy Chief Nurse.

23.2 This policy will be reviewed every three years or when there are relevant changes in legislation or guidance. The Trust Lead for Complaints and PALS will be responsible for ensuring that this occurs.

## **24 References and bibliography**

- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
- The NHS Constitution
- The Parliamentary and the Health Service Ombudsman's NHS Complaints Standards
- Data Protection Act (2018) and General Data Protection Regulation (GDPR)
- Freedom of Information Act (2000)

## **25 Associated Trust documents**

- MFT Complaints SOPs
- MFT PALS SOPs
- MFT Compliments SOP
- MFT Healthcare Legal Services Policy
- MFT Patient Safety Incident Response Policy
- MFT Patient Engagement & Involvement Strategy
- MFT Safeguarding Adults at Risk of Abuse Policy
- MFT Safeguarding Children and Young People Policy
- MFT Managing allegations against MFT staff who work with Children and Adults at Risk
- MFT Deprivation of Liberty Safeguards (DoLS) Policy