

POLICY FOR HANDLING CONCERNS AND COMPLAINTS

April 2015

Document Control

Author/Contact	Lynsey Butterworth Complaints Manager	
Document File Path		
Document impact assessed	Yes/No	Date: 22.6.15
Version	V1	
Status	Approved	
Publication Date	April 2015	
Review Date	April 2017	
Approved by	Patient Experience Group	Date 1.5.15
Ratified by	Quality & Governance	Date 27.5.15
Distribution:		
Barnsley Hospital NHS Foundation Trust Policy Website.		
Please note that the Policy Website version of this document is the only version that is maintained.		
Any printed copies must therefore be viewed as “uncontrolled” and as such, may not necessarily contain the latest updates and amendments.		

Table of Contents

Heading	Page Number
Control Sheet	
1.0 Introduction	4
2.0 Objective	5
3.0 Scope of Policy	7
4.0 Policy	
4.1 Definitions	7
4.2 Information about raising a concern or making a complaint	7
4.3 Who may raise a concern or make a complaint	8
4.4 Consent if the complainant is not the patient	8
4.5 Concerns and complaints excluded	8
4.6 Specific considerations	9
4.7 Time limits	11
4.8 Handling of joint complaints between organisations	11
4.9 Listening and responding to concerns and complaints	12
4.10 Local Resolution	13
4.11 Confidentiality and record keeping	15
4.12 Support for complainant and staff	16
4.13 Harassment and vexatious / intractable complainants	17
4.14 Process by which the organisation aims to improve	17
5.0 Roles and Responsibilities	
5.1 Trust Board	18
5.2 Chief Executive	18
5.3 Director of Nursing and Quality	18
5.4 CD/GM/HoN/HoM/Directors/Clinical Governance Facilitators	19
5.5 Complaints Manager / Complaints & PALS Team	19
5.6 PALS	19
5.7 All Staff	20
6.0 Associated documentation and references	20
7.0 Training & Resources	20
8.0 Monitoring and Audit	21
9.0 Equality and Diversity	22
9.1 Recording and Monitoring of Equality & Diversity	22
Appendices	
I Equality Impact Assessment	24

1.0 INTRODUCTION

The purpose of this policy is to explain how Barnsley Hospital NHS Foundation Trust (BHNFT) implements the statutory legal framework for the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, and meets the requirements of the NHS Constitution.

The policy makes clear what people should expect when they complain (NHS Constitution) and supports a culture of openness, honesty and transparency (Duty of Candour). Trust practice is informed by the Parliamentary and Health Services (PHSO) good complaint handling guidance and principles of remedy, key recommendations from the Francis and Clwyd & Hart reports along with best practice from the CQC and the Patients Association.

In many situations the quickest and most effective way of resolving a concern or complaint 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/service delivery as possible.

This policy aims to create a culture where Trust staff respond to concerns and complaints as soon as possible and as close to the point of care as possible, i.e. local resolution. In circumstances where early local resolution is not possible, the PALS and Complaints Team (within the wider Patient Experience Team) are responsible for the overall management of concerns and complaints and they provide a responsive flexible approach to resolving issues.

In circumstances where early local resolution is not possible, this policy describes the processes in place to ensure concerns and complaints are handled efficiently and investigated thoroughly.

The policy clarifies the roles and responsibilities of Trust staff in assessing, acknowledging and investigating concerns or complaints and ensures that the complainant is listened to, is involved in decisions about how their concern or complaint is handled and receives an open, honest and proportionate response to their complaint.

The policy also promotes the use of patient feedback and experience of care to improve quality and safety. By creating an open culture of listening and responding to concerns and complaints the Trust can resolve mistakes faster, improve the quality and safety of the services it provides and prevent similar problems recurring.

The reporting and monitoring of trends, themes and lessons learnt will be undertaken through Clinical Business Unit governance structures, through the Patient Experience Group, and reporting by exception to the Risk Management Group to ensure compliance with commissioner, regulatory and good practice requirements.

The Trust welcomes feedback from patients and the public about the services we provide and has systems in place to manage feedback from concerns, comments,

complaints and compliments. This data is triangulated with wider patient experience feedback intelligence to provide information on what matters to patients and highlights key trends and themes. This data is reported on via the quarterly Learning from Experience (LFE) Reports. CBU's are required to develop improvement plans and to take action to address key themes received from patient feedback.

The Trust is committed to providing safe, effective and high quality services. It is recognised that at times things can go wrong. When concerns or complaints are raised, the Trust has a responsibility to acknowledge the concern or complaint, put things right as quickly as possible, to learn lessons, prevent re-occurrence and identify service improvements.

2.0 OBJECTIVE

The policy aims to promote early, local and prompt resolution, involving the complainant in deciding how their concerns are handled. Likewise, good complaint handling and continuous learning is endorsed throughout the policy, promoting improvements in the quality and safety of services at BHNFT and facilitating positive patient experiences.

Aims:

- 1) To listen, to acknowledge mistakes, explain what has happened and to consider prompt appropriate and proportionate remedies to put things right if necessary.
- 2) To provide a consistent approach to the timely and efficient handling of all concerns and complaints, establishing an agreed complaints plan with the complainant, with an emphasis on early resolution.
- 3) Ensure organisational openness and an approach that is appeasing and fair to people both using and delivering services.
- 4) Respect the individual's right to confidentiality and treat all users of this policy with respect and courtesy.
- 5) Learn from concerns and complaints and use them to improve the quality of services and to prevent mistakes happening again.
- 6) The Trust will actively seek the views and the comments of its users and encourage a culture of openness
- 7) Complaints will not be seen in isolation, but as part of the overall service that the Trust provides. Complaints handling will be seen as an integral part of everyone's job.
- 8) Information on complaints trends will be captured, analysed and reported across the organisation to effect improvements in how services and care are provided.
- 9) Staff will be suitably trained and empowered to deal with complaints
- 10) Expressions of dissatisfaction will where possible and appropriate be resolved immediately by the person receiving them
- 11) The Trust will communicate with its patients and users using language that is easily understood

Outcomes:

- 1) The policy and procedure will, as far as is reasonably practical, be easy to understand, accessible, publicised in ways that will reach all service users and include information about support and advocacy services.
- 2) All staff will receive an appropriate level of training to enable them to respond positively to concerns and complaints, and endeavour to resolve issues quickly.
- 3) The Trust will ensure that service users and carers can raise a concern or complaint without their care, treatment or relationship with staff being compromised.
- 4) All concerns and complaints will be acknowledged within three working days. Where possible the complaint issues will be clarified, investigation timescale agreed with the complainant, and the best way to reach a satisfactory outcome discussed.
- 5) Investigations will be thorough, responsive and appropriate to the seriousness of the complaint, conducted within the timescales agreed with the complainant.
- 6) The format of the response to the concern/complaint will be agreed with the complainant, this may be verbal (by phone or at a meeting), by email or written letter. Concerns will often be resolved with a verbal response. Complaints will require a written response. The response will explain how the complaint has been investigated, apologising where appropriate, explain the outcome of the investigation, what actions have been/will be taken and what the steps are for the complainant if they remain dissatisfied.
- 7) The Trust will strive to resolve all complaints locally, whilst reminding people of their right to take the matter to the PHSO if they are not satisfied.
- 8) Within CBUs, local leadership and accountability will support early resolution and ensure concerns and complaints are responded to promptly and used to initiate actions for service improvement/opportunities for staff improvement.
- 9) Trust governance structures will be used to ensure organisational learning from complaints and the sharing of best practice.
- 10) To ensure that staff are aware of their responsibilities and are sympathetic and responsive to any concerns expressed
- 11) Ensure complainants are kept informed of the progress and outcome of the investigations as far as reasonable practicable and that apologies are given where appropriate
- 12) That the reasons for the complaint are identified and the appropriate action implemented. Where it is specifically requested and felt appropriate the lessons learnt should be communicated to the complainant and shared Trust-wide to inform best practice
- 13) That staff are supported by an organisation that advocates an open and fair blame culture
- 14) Confidential, respecting the confidentiality of both staff and complainants
- 15) Reviewed and monitored to ensure fairness and effectiveness
- 16) Honest, thorough and with the prime purpose of satisfying the concerns of the complainant whilst being fair to staff

3.0 SCOPE OF POLICY

The policy deals with the handling of concerns and complaints regarding Trust services, buildings or the environment. Concerns and complaints may be received from patients, patient relatives, carers, visitors and other service users. Concerns and complaints excluded from the scope of this policy are identified in section 4.5. The policy applies to all hospital services/sites, departments and areas within the organisation and applies to all permanent and temporary staff working within the Trust.

4.1 Definitions

For the purpose of this policy the following definitions apply it is important to note that it is sometimes difficult to clearly differentiate between a concern and a complaint and for this reason they should be viewed on a continuum.

4.1.1 Concern

A concern can be defined as “a matter of interest, importance, inquiry or anxiety”. These are often issues where more immediate action is required, where things are ‘going wrong’ or general help and support is required. Concerns are received throughout the organisation and through the PALS team who aim to resolve the concern to the individual’s satisfaction as promptly as possible and within a reasonable timescale. If this is not possible then the individual raising the concern can decide to await a satisfactory outcome through local resolution or can ask that their concern be investigated as a complaint under the NHS Complaint Regulations (2009).

4.1.2 Complaint

The Trust defines a complaint as “an expression of dissatisfaction, or a perceived grievance or injustice which requires a formal response”.

Complaints and concerns can be received in written format (letter, email, on-line contact form) or via face to face, telephone.

All concerns and complaints will be recorded and reported via the DATIX system and a wider analysis of trends and themes will be shared through the Trust’s governance structures.

4.2 Information about raising a concern or making a complaint

Written information regarding how the Trust dealt with concerns and complaints will be made available in all departments, reception areas, the PALS team, Trust website, local CCG, HealthWatch and through external agencies/partners.

Service users and the public who require assistance to make a complaint will be directed to local complaint advocacy services, and will receive, as far as is practical, assistance from the Trust to enable them to understand the procedure and/or advice as to where to obtain assistance.

Concerns and complaints may be made verbally (in person or via telephone) or in writing (letter or electronically). A concern or complaint may be raised with any member of Trust staff, PALS/Complaints, Chief Executive. Alternatively the complainant may choose to address their concerns to the local commissioner, NHS England, Member of Parliament or another third party such as HealthWatch. If an issue is received by ways of these external agencies once received they will be managed in line with any other concern or complaint received.

4.3 Who may raise a concern or make a complaint

Complaints/concerns may be made by a patient, their representative, or any persons who are affected by or likely to be affected by the action, omission or decision of the Trust. A concern/complaint may be made by a representative where the patient has died, is a child, is unable to make the complaint themselves due to physical or mental incapacity (within the meaning of the Mental Capacity Act 2005), or has requested the representative to act on their behalf. This includes an MP or other bodies such as the CCG or NHS England.

4.4 Consent if the complainant is not the patient

In cases where a patient representative makes a complaint, consent will be obtained from the patient (or personal legally responsible for the patient) for permission to access their health records for the purpose of the investigation (where required) and to release the details of the investigation to the representative.

If the patient has died or is unable to act for him/herself the next of kin may be able to provide consent for the complaint to be investigated and details released. In these circumstances the Trust will respect any known wishes that had been expressed by the patient.

In circumstances where a complaint is made by a third party when the patient has not authorised the complainant to act on their behalf, this does not preclude the Trust from undertaking a full and thorough investigation in to the concerns raised. Specifically, if the complaint raises concerns about patient safety or the conduct of staff, the relevant Trust policies will be evoked. A response to the third party will be limited, including any matters of a non-personal or non-clinical nature only and will not include the outcome of any HR investigations. The response to the complainant will explain why this is the case.

4.5 Concerns and complaints excluded from the scope of this policy

The Trust is not required to consider the complaint in the following circumstances. However, the Trust will consider each case individual and, as soon as reasonably

practicable, notify the complainant in writing of its decision and the reason for the decision.

- a) A complaint made by a responsible body (Local Authority, NHS body, primary care provider or independent provider) who provides care under arrangements made with an NHS body.
- b) A complaint by an employee relating to their employment. These should be raised as a grievance through appropriate HR policies
- c) A complaint, the subject matter of which has been investigated previously or has/is being investigated by the PHSO.
- d) A complaint arising out of the alleged failure to comply with a request for information under the Data Protection Act 1998, or a request for information under the Freedom of Information Act (2000). These should be directed to the Information Commissioner.
- e) Lost property claims, which are investigated and handled under the Patient's Property Policy.

4.6 Specific considerations when dealing with concerns and complaints

Complaints Team and Investigating Officer have a responsibility to ensure that the complainant is fully informed of any relevant considerations that may alter a complaint investigation or response timeframe.

In any case where the complaints procedure is being brought to an end, the complainant and any persons identified in the complaint will be notified.

4.6.1 Concerns or complaints involving vulnerable adult or child protection

Where it is known that the complaint involves a vulnerable adult or child, the Safeguarding Lead will be informed and the most appropriate route of investigation agreed, this may not necessarily be the complaints procedure.

4.6.2 Concerns or complaints that include a Never Event (NE) or Serious Incident (SI)

If a complaint is received that has already been subject to the completion of a Never Event or Serious Incident investigation but this has not been shared with the patient and/or relatives/NOK then the Complaints Team will liaise with the Risk Management Team to receive a copy of the investigation report and determine if this covers the issues raised as part of the complaint. If this does it maybe appropriate that this is provided as response to the complaint, with an explanation of the process undertaken for this along with an apology that this was not shared with them at the time. If further issues require investigation this will be completed in line with the process for investigating new complaints.

If the complaint received triggers a Never Event or Serious Incident investigation, or is part of an on-going NE/SI this investigation will take precedence and take the lead. The Complaints Team will explain this process to the complainant and the timeframes agreed will be in line with the NE or SI investigation.

If issues raised within the complaint are not within the remit of the NE or SI investigation it is expected that the allocated NE or SI Investigating Officer will also complete the investigation into these issues. However should they require support to do this the Complaints Team will ask for an Investigating Officer (from the CBU which the incident relates to) to support the NE/SI Investigating Officer.

Once the NE or SI investigation is complete and been through its ratification then this will be shared with the complainant as part of their complaint response.

4.6.3 Clinical negligence, personal injury or other claim

In circumstances where the complainant indicates a clear intention to bring legal action for clinical negligence, personal injury or other claim, the use of the complaints procedure is not necessarily prohibited. The Complaints Team will discuss the nature of the complaint with the Legal Services Team to determine whether progressing the complaint might prejudice subsequent legal or judicial action.

If there is no legal reason why the complaint should not be investigated, it will continue in accordance with Trust policy.

If there may be issues which could prejudice subsequent legal action the Complaints Team will work closely with the Legal Services Team to ensure the complaint response is adequate.

4.6.4 Disciplinary or professional investigation or investigation of a criminal offence

Cases regarding professional conduct, where a complaint is found to be justified, may require an internal disciplinary investigation to be undertaken. Such an investigation may result in the involvement of one of the professional regulatory bodies and/or Police/Trust Security & Emergency Resilience Service depending of the nature of the allegation.

Appropriate action will be taken in accordance with the Trust Disciplinary Procedure. In such circumstances, the complainant will be informed that a disciplinary investigation will be undertaken but that they have no right to be informed of the outcome of the investigation.

Any other issues raised in the complaint which do not form part of the disciplinary or criminal investigation may continue to be dealt with under this policy. The Medical Director, Director of Nursing and Quality or Director of Operations will be informed as appropriate.

4.6.5 Coroners Inquest

In complaints involving a death that is referred to the Coroner, this will be identified by the Complaints Team at point of registration. The Complaints Team will liaise with the Legal Services Team about this for any specific consideration that maybe required and confirmation of what statements/information they may have already.

The Legal Services Team will have a copy of the complaint and confirm if they are happy for the investigation to continue. The allocated Investigating Officer will be made aware that the complaint is also subject to a Coroners Inquest and any information already received will be shared. The Investigating Officer will be asked to liaise with the Legal Services Team as appropriate.

4.6.6 Allegations of fraud or corruption

Any complaint concerning possible allegations of fraud and corruption is passed immediately to the Trust Security & Emergency Resilience Service for action. Information can also be passed via the Trust confidential reporting line on 1111 or the National Counter Fraud reporting line on 0800 028 4060.

4.6.7 Media Interest

In cases where a complainant has or expressed their intention to contact the media, the Communications Team will be informed and take appropriate action regarding Trust communication and media management.

4.7 Time limit for making a complaint

Normally a complaint should be made within twelve months of the date on which the matter occurred, or twelve months of the date on which the matter came to notice of the complainant.

Where a complaint is made after this time, the complaint may be investigated if the complainant had good reasons for not making the complaint within the above time limits; and given the time lapse it is still possible to investigate the complaint effectively and efficiently.

In circumstances when a complaint is not being investigated on this basis, the complainant will be informed of the reason for that decision and informed that they may still ask the Parliamentary and Health Service Ombudsman to consider their complaint.

This decision will be made by the Complaints Manager in consultation with the Head of Patient Experience and/or the Director of Nursing and Quality.

4.8 Handling of joint complaints between organisations

In cases where a complaint involves more than one NHS provider, commissioner, local authority or third party independent provider, and the complainant wishes, the Trust will work with the other relevant organisations in seeking resolution.

There is a jointly agreed protocol for the handling of complaints which involve more than one agency. The purpose of the protocol is to ensure that complainants are able to raise one complaint that may cover more than one organisation and have one point of contact receiving one response.

Copies of the procedure are kept with the Complaints Team.

4.9 Listening and responding to concerns/complaints of patients, their relatives and carers.

4.9.1 Stage 1 Local Resolution

Local resolution is the first line of investigation and response to a complaint and is undertaken within the Trust. Local resolution enables the Trust to: provide the quickest opportunity for a full and thorough investigation and response; to acknowledge failures and apologise for them; quickly put things right when they have gone wrong; and to use the opportunity to improve services.

All concerns and complaints will be dealt with in an open, honest and conciliatory way. The Trust will adopt a flexible approach to resolution with the emphasis on a positive outcome and not on the process.

4.9.2 Early local resolution

When something has gone wrong, patients and relatives are encouraged to raise concerns or make a complaint as soon as possible and directly to the staff involved. This is often front line staff in wards, departments, clinics or reception areas. All Trust staff, as a means of improving service provision, will welcome the complainants concerns or complaint positively.

In most circumstances the quickest and most effective way of resolving a concern or complaint 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/service delivery as possible.

If the staff member approached is unable to deal with the issue, they will refer the matter to a more senior member of staff on duty at the time e.g. Lead Nurse, Matron, Service Manager, Head of Department. A complainant may simply require an explanation and apology and therefore should not be automatically referred to the Patient Experience Team.

If the concern or complaint requires further investigation or if the complainant wishes to address their concerns to somebody not involved, the complaint will be referred to the Patient Experience Team.

The team will provide the complainant with the appropriate information to help them understand the possible options for pursuing a concern or complaint. As far as possible, the complainant will be involved in decisions about how their concern or complaint is handled.

4.9.3 Stage 2: Parliamentary and Health Service Ombudsman (PHSO).

In cases where the Trust has been unable to resolve a complaint (which has been managed in line with the formal complaints regulations) to the complainant's satisfaction, the complainant has the right to refer their complaint to the PHSO for independent review. The PHSO is independent of the NHS and the government and will undertake an independent investigation into complaints where it is considered that the Trust has not acted properly or fairly or provided a poor service.

The Trust will fully comply with all PHSO requests for information, the Director of Nursing & Quality, Medical Director and CBU Management teams will be notified, as appropriate, of any complaint that is being investigated by the PHSO.

If the complaint is upheld by the PHSO, the above staff will also be notified. The Complaints Manager will work with the relevant CBU(s) to complete the actions required. This will be reported at Board level, CBU Governance Meetings and to any other outside agencies as requested by the PHSO i.e. CCG, Monitor etc.

4.10 Local Resolution

4.10.1 Complaint assessment and acknowledgement

On receipt of a complaint, the first responsibility is to ensure that the patient's immediate health needs are being met.

If the concern or complaint has been received at the point of service delivery but early local resolution has not been possible, the concern or complaint will be passed to the Patient Experience Team. Other concerns or complaints received in the Trust e.g. by Chief Executive's Office will also be forwarded to the Patient Experience Team, ideally within 24 hours of receipt.

In cases where a complaint that is being investigated under the NHS Complaints Regulations is received verbally, the complainant will be provided with a transcript of the concerns/questions to be investigated which will be sent to the complainant for agreement, prior to the start of the investigation. Alternatively the complainant may wish to seek the support of an advocate; contact details will be provided or a referral will be made to the service if required.

The nature, complexity and seriousness of the complaint are assessed and graded by the Complaints Manager (or nominated deputy) using the complaint assessment tool. Any immediate action required is undertaken.

All complaints will be acknowledged within three working days. This is a verbal acknowledgement which then allows the Complaints Team to engage with the complainant, to agree their complaint issues and resolution and an appropriate time to respond to the complaint. This verbal acknowledgement will be followed up by a letter of acknowledgment from the Complaints Team. If verbal contact is unable to be made then the standard letter of acknowledgement will be sent, confirming the registration of their complaint and inviting the complainant to make contact if they wish to discuss anything further. If it is felt that the investigation can not be completed without having this dialogue with the complainant a letter of

acknowledgement will explain this and ask that they make contact to enable their complaint to be processed.

4.10.2 Complaint Investigation

Complaints will be thoroughly investigated in a manner appropriate to resolving the issues speedily and efficiently and within the agreed timeframe. In order to support this an Investigating Officer Resource Pack¹ has been devised which clearly defines roles and responsibilities of staff at each stage of the process. This also provides practical support to the Investigating Officer about the ways in which investigations can be completed and guidance on identifying actions.

Staff directly involved in the complaint will not be nominated as Investigating Officer.

Staff involved/named in a complaint will be notified of the complaint via the Investigating Officer or their Line Manager. Support will be provided to the member of staff by their Line Manager and/or the Complaints Team.

The Investigating Officer, CBU Management Team and Complaints Team will oversee the quality and timeliness of the investigation, and validate the conclusions, outcome and actions agreed for inclusion in the complaint response. The Investigating Officer is also responsible for the drafting of the response on behalf of the Chief Executive. Again further support and guidance for this is located within the Resource Pack².

On completion of the investigation and draft response the CBU Management Team will be responsible for its sign off by way of reviewing the complaint investigation to ensure that it has been thorough and addresses all the issues raised by the complainant and that appropriate action and lessons learnt have been identified.

If a complaint relates to a Corporate Team and sits outside of the CBU Management Team structure the sign off of the complaint will be the responsibility of the appropriate Director for that area.

4.10.3 Remedy

If a complaint is upheld or partially upheld, the Trust will decide whether the mal-administration or service failure has caused an injustice (Health Service Ombudsman's Principles of Remedy). The Trust should, as far as is possible, put the individual back into the position they would have been in if the mal-administration or service failure had not occurred. If that is not possible, the Trust should consider whether it is appropriate to compensate appropriately.

¹ BHNFT Investigating Officer Resource Pack, accessed 16 June 2015,
<http://departments/PatientExperience/Complaints%20Resources/Forms/AllItems.aspx>

² BHNFT Investigating Officer Resource Pack, accessed 16 June 2015,
<http://departments/PatientExperience/Complaints%20Resources/Forms/AllItems.aspx>

The Trust will consider suitable and proportionate financial and non-financial remedies for the complainant and where appropriate, for others who have suffered the same injustice. An appropriate “remedy” may be an apology, and explanation or remedial action. Financial compensation will not be appropriate in every case, but should be considered.

Appropriate and proportionate financial remedy will be considered by the Complaints Manager and CBU Management Team / Director (for corporate functions).

This policy does not relate to medico-legal claims for compensation which will be dealt with through the Legal Services Team in conjunction with the NHSLA.

4.10.4 Complaint Response

All complaints will receive a fair and honest response. The complainant may prefer to receive this via letter or at meeting or in a telephone call. The latter will be followed up in writing. The response will address all issues raised, provide a full explanation, an apology as appropriate, any decisions regarding remedy and actions that have or are planned to be undertaken to put the matter right. Where possible, the response will be in a format suitable for the complainant, e.g. large font.

The Investigating Officer is responsible for producing a draft response which will be initially agreed by a member of the CBU Management Team, it will then have further review by the Complaints Team and then at the Chief Executive’s office by a Director and lastly signed by the Chief Executive.

4.10.5 Reinvestigation of a Complaint

In cases where the complainant is not satisfied with the Trust response, the complaint will be re-opened. This may be because the complainant considers the initial investigation to be inadequate, incomplete or unsatisfactory; and/or the complainant believes that their issues have not been addressed or fully understood. The complainant may now ask further questions based on the response that they have received.

The complaint will be reassessed by a member of the Complaints Team; the issues that remain unresolved for the complainant will need to be clarified and a new complaints plan agreed, the same procedure will be followed.

Independent advice/a second opinion may be considered, on the element of the complaint that has been re-opened for investigation.

Meeting with the complainant is encouraged, to aid resolution of the complaint. In some circumstances and in agreement with all parties, conciliation or mediation could also be considered.

If local resolution has been completely exhausted and the complainant still remains dissatisfied, the complainant will be reminded of their right to go to the PHSO.

4.11 Confidentiality and Record Keeping

4.11.1 Ensuring all information is kept confidential and that patients, their relatives and carers are not treated differently as a result of raising a concern or complaint.

Information about complaints and all the people involved is strictly confidential, in accordance with Caldicott principles. Information is only disclosed to those with a demonstrable need to know and/or a legal right to access those records under the Data Protection Act 1998.

All data will be processed in accordance with Trust Policy.

Complaints will not be filed on health records, but maintained in a separate case file, subject to the need to record any information that is strictly relevant to their health record.

Complaints must not affect the patients/complainants treatment and the complainant must not be discriminated against. Any identified discrimination will be reported to Human Resources and managed as per Trust policies.

4.11.2 Record Keeping

A complete documentary record will be maintained for each concern or complaint. This will include all written or verbal contacts with the complainant, staff involved in the investigative process, statements and all actions taken in investigating the complaint.

The complaint file is a confidential record and as such will be stored securely and easily retrieved and understood In the event of further enquiry. In accordance with the NHS Records Management Policy (2010) Complaints files are kept and disposed of confidentially in accordance with the Trust's Records Management Policy. Currently, complaints files are retained for 10 years.

4.12 Support for Complainant and Staff

Dealing with a complaint can be stressful for both the complainant and the staff involved.

4.12.1 Complainant

Guidance and support on how to raise concerns can be obtained from the Patient Experience Team, on the Trust's website and via local advocacy services. Local advocacy services can assist and support people making a complaint, including preparing, presenting or writing a complaint. The local HealthWatch information and advocacy support is noted within the Trust's Complaints leaflet which is provided to all complainants with their letter of acknowledgement. The complainant will also be provided with the contact details for the Complaints Team.

4.12.2 Staff

Receiving and investigating complaints can be stressful for staff to deal with. On receipt of a complaint the staff involved will be notified of the support available to them by the Investigating Officer, i.e. from Line Manager, Complaints Team, relevant trade union.

4.13 HARASSMENT & VEXATIOUS / INTRACTABLE COMPLAINANTS

4.13.1 Harassment

Violence, racial, sexual or verbal harassment will not be tolerated, neither will language that is of a personal, abusive or threatening nature. If staff should encounter this behaviour they should seek support from their line manager and complete an incident form. This will also require escalation to the Complaints Manager. Where appropriate, the complainant will be informed in writing that their behaviour is unacceptable.

In the event that the complainant has harassed or threatened staff dealing with their complaint, all personal contact with the complainant will be discontinued. The complaint thereafter can only be pursued through written communication.

These decisions will be made by the Complaints Manager in conjunction with the Head of Patient Experience and/or Director of Nursing and Quality.

4.13.2 Vexatious or intractable complainants

Dealing with a complaint is usually a straightforward process, but in a minority of cases, people pursue their complaints in a way that can either impede the investigation of their complaint or can have a significant resource issue for the Trust.

The difficulty in handling such complaints places strain on time and resources and can cause undue stress for staff. Staff should respond with patience and sympathy to the needs of all complainants but there are times when there is nothing further that can reasonable be done to assist them to rectify a real or perceived problem.

Judgement and discretion must be used when considering potential persistent, habitual or vexatious complainants.

If an Investigating Officer or member of the Complaints Team, feel this is the case then this will be escalated to the Complaints Manager. The Complaints Manager will review the evidence to support this and in conjunction with the Head of Patient Experience and/or Director of Nursing and Quality make a decision on how further contact from the complainant will be managed. It may also be appropriate to also seek the views of the Trust's Solicitor.

4.14 PROCESS BY WHICH THE ORGANISATION AIMS TO IMPROVE AS A RESULT OF CONCERNS AND COMPLAINTS BEING RAISED

Every complaint received should be regarded as an opportunity to learn and improve services.

4.14.1 Development of Action Plans

The Investigating Officer will develop an action plan to identify lessons learnt following the completion of the investigation. These can be inputted directly onto the Datix system by the Investigating Officer or completed on the action plan template and will be inputted by the Complaints Team or Investigating Officer.

The Investigating Officer will ensure that they agree any actions (which they are not personally responsible for, with the person allocated to ensure the action is fit for purpose and achievable. The staff member allocated to complete that action is responsible for updating the action and ensuring that it is complete.

Individual actions identified from closed complaints are reported in the monthly reports provided to CBUs and Corporate Teams. CBUs / Corporate Teams are expected to use these reports to inform discussions at their Governance Meetings to identify where themes and trends are emerging and more tailored service improvement actions are required.

4.14.2 Monitoring and Reporting

Trust-wide trends and themes that result from concerns and complaints are reported through the Patient Experience Team monthly and quarterly LFE reports.

These reports are provided directly to CBUs and Corporate functions and are also reported through the Patient Experience Group.

5.0 ROLES AND RESPONSIBILITIES

5.1 Trust Board

Trust Board has a monitoring and assurance role to receive regular reports that the policy and procedures for dealing with concerns and complaints is working effectively; to monitor complaints performance, themes and trends from complaints; and ensure systematic learning and appropriate actions are taken in response to concerns and complaints.

5.2 Chief Executive

The Chief Executive has overall accountability for ensuring compliance with the statutory regulations and delegates the lead for this to the Director of Nursing and Quality.

The Chief Executive also has specific responsibility for authorising and signing off each individual response to all formal complaints.

5.3 Director of Nursing and Quality

The Director of Nursing and Quality has overall responsibility for patient experience, including complaints handling, and is the designated member of the Board of Directors with responsibility for ensuring compliance with the complaints regulations. She is supported in this role by the Deputy Director of Nursing and Head of Patient Experience.

5.4 Clinical Directors/General Managers/Heads of Nursing/Midwifery/Corporate Directors/Clinical Governance Facilitators

The Clinical Business Unit management teams and Corporate Directors have responsibility for ensuring the complaints procedure is in place and operating in their areas. They are responsible for ensuring timely investigation and response to all complaints regarding their CBUs, achieving complaint performance targets, implementing action plans arising from complaints, ensuring complaints are managed and actions completed within the governance framework and compliance in respect of shared learning; and ensuring appropriate training is in place for all staff groups.

5.5 Complaints Manager/Complaints & PALS Tams

The Complaints Manager and supporting teams are accessible to the public and staff, on a day to day basis. They have responsibility for:

- The provision of printed information and communication resources for patients and carers on how to give feedback and raise a concern or complaint.
- Managing the procedure and the administration of all concerns and complaints received in the Trust in accordance with Trust policy, working with CBUs to ensure performance targets are achieved.
- The Complaints Manager will act as lead investigator when required.
- Work with CBUs to review and improve processes.
- Ensure that the DATIX system is maintained and data is analysed and appropriate reporting mechanisms are in place.
- Support CBUs to identify trends and themes.
- Undertake staff training.
- To act as the first point of contact for users, carers, PHSO staff, and relevant external agencies.

The main functions carried out by the team are:

- Acknowledgement of complaints within three working days
- Ensuring a process to respond to 90% of complaints within the timeframe agreed between the complainant and the Trust
- Assigning complaints to the appropriate area for investigation
- Assisting with complaint investigations where requested
- Providing advice on the complaints process/procedure
- Monitoring time scales and targets
- Providing regular reports on complaints performance and actions taken
- Liaison with other agencies where required and in co-ordination of complex complaints as specified by the regulations

- Coordinating learning and improvement as a result of formal complaints

5.6 The Patient Advice and Liaison Service

The Patient Advice and Liaison Service (PALS) provide information to service users. The PALS team provide handling of concerns within the Trust.

5.7 All Staff

All staff have a responsibility to respond to any concern or complaint raised to them by patients or visitors, with an emphasis on early resolution. Permanent staff should ensure that temporary staff are aware of this policy and any locally agreed arrangements in place in the department in which they are working.

All staff have a responsibility to deal with a concern or complaint in an open, constructive and non-judgemental manner. Where possible, the staff member will resolve the matter immediately or as soon as possible, or refer to a more senior member of staff on duty at the time.

All staff have a responsibility to direct patients and carers to appropriate information regarding how to give feedback and how to raise a concern or complaint.

All staff who deal with or investigate concerns or complaints should possess the necessary skills to undertake this role.

Managers are empowered to deal with enquiries, requests for information or to deal with concerns face to face wherever possible. Staff are also responsible for:

- Accessing appropriate training
- Following agreed procedures
- Assisting where required with audit processes

6.0 ASSOCIATED DOCUMENTATION AND REFERENCES

- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
- NHS Constitution
- Parliamentary and Health Service Ombudsman vision for good complaint handling
- Patient's Association – Good practice standards for NHS complaints handling
- Francis Report
- Clwyd and Hart Reports
- Patient Experience Strategy
- Records Management Policy
- Patient's Property Policy

7.0 TRAINING & RESOURCES

This policy will be displayed on the Trust website and staff intranet and sent to Clinical Business Units / Corporate Teams for cascade to all staff groups.

All staff need to know how to react and what to do if someone makes a complaint / raises a concern as their initial response may help to resolve the situation quickly and/or provide reassurance to the complainant that their concerns will be dealt with appropriately.

Those staff who are identified as Investigating Officers for formal complaints will receive training directly from the Complaints Team on how to manage a formal complaint. These staff are often also identified as staff who would be responsible for completing Serious Incident Investigations and will have completed Root Cause Analysis Training where the principles of investigation are the same.

Where other staff (i.e. front line) feel further training is required on how to manage concerns, deal with conflict this requirement will be identified (in conjunction with their line manager) and be managed as a training need through the Trust's Learning and Development Team.

Bespoke training sessions can also be delivered by the Complaints Team for individuals and teams as and when required.

Information about dealing with concerns/complaints is also given at Corporate Induction.

8.00 MONITORING AND AUDIT

8.1 The effectiveness of this policy is monitored and reported through:

- Quarterly patient experience reporting via Patient Experience Group
- Monthly updates to Risk Management Group
- Annual report to Trust Board
- Clinical Business Units / Corporate Teams will review complaint action plans and monitor trends of complaints.

8.2 Quarterly audits will also be completed of the complaints that have been closed to ensure that complaints have been investigated appropriately to ensure that policy/process have been followed and learning has been identified.

This will be led by the Patient Experience Service Improvement Co-ordinator and supported by the Complaints Manager (in an advisory role only). The Patient Experience Service Improvement Co-ordinator will use a system to randomly select approximately 10-15% of closed complaint from the previous quarter which will be audited and a different CBU / Corporate function will be identified for each audit to

send representatives to assist with the audit. There will also always be at least one Clinical Governance Facilitator included in the audit.

Any identified areas of non-adherence or gaps in assurance arising from the monitoring of this policy will result in recommendations and proposals for change to address areas of non compliance and or embed learning. The outcome from each audit will be reported to the Patient Experience Group and through complaints updates to the Executive Team.

9.0 EQUALITY AND DIVERSITY

All systems and processes will be tailored to meet the specific needs of individuals; for example for children and young people, patients/complainants with physical and sensory impairments or those where English may not be their first language.

The Trust is committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will mainstream equality and diversity principles through its policies, procedures and processes. This policy should be implemented with due regard to this commitment.

To ensure that the implementation of this policy does not have an adverse impact in response to the requirements of the Equality Act 2010 this policy has been screened for relevance during the policy development process and a full Equality Impact Assessment is conducted where necessary prior to consultation. The Trust will take remedial action when necessary to address any unexpected or unwarranted disparities and monitor practice to ensure that this policy is fairly implemented.

This policy and procedure can be made available in alternative formats on request including large print, Braille, moon, audio, and different languages. To arrange this please refer to the Trust translation and interpretation policy in the first instance.

The Trust will endeavor to make reasonable adjustments to accommodate any employee/patient with particular equality and diversity requirements in implementing this policy and procedure. This may include accessibility of meeting/appointment venues, providing translation, arranging an interpreter to attend appointments/meetings, extending policy timeframes to enable translation to be undertaken, or assistance with formulating any written statements.

9.1 Recording and Monitoring of Equality & Diversity

The Trust understands the business case for equality and diversity and will make sure that this is translated into practice. Accordingly, all policies and procedures will be monitored to ensure their effectiveness.

Monitoring information will be collated, analysed and published on an annual basis as part of Equality Delivery System. The monitoring will cover all strands of equality legislation and will meet statutory employment duties under the Equality Act 2010.

Where adverse impact is identified through the monitoring process the Trust will investigate and take corrective action to mitigate and prevent any negative impact.

The information collected for monitoring and reporting purposes will be treated as confidential and it will not be used for any other purpose.

Equality Impact Analysis

The purpose of Equality Analysis is to ensure that the Trust does not unwittingly discriminate against any groups recognised under the Equality Act 2010. These are: Age, Disability, Gender reassignment, Sexual Orientation, Race, Religion or Belief, Sex, Sexual orientation, Marriage & Civil partnership, Pregnancy and Maternity. An EqIA is a process which ensures the Trust eliminate unlawful discrimination, foster good relations between others and promote equality of opportunity in the take up of its services and employment practices.

Division/Department	Patient Experience Team	Affecting all Clinical Business Units
Policy/Service	Policy For Handling Concerns And Complaints	
Is this policy/service New/Existing	New formal Policy & Procedure but the service has previously been in existence.	
Name of Assessor(s)	Jill Pell	
Date of EqIA	22 June 2015	
Aims/Objectives/ Purpose Of Policy/Service	To provide formal guidance to allow service users to make a complaint or raise a concern. The policy aims to promote early, local and prompt resolution, involving the complainant in deciding how their concern or complaint is handled.	
Associated Objectives for this Service e.g. National frameworks, Equality Act.	The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 NHS Constitution Parliamentary and Health Service Ombudsman vision for good complaint handling Patient's Association – Good	

	practice standards for NHS complaints handling CQC Standards		
Does this policy/service Affect patients or the workforce?	All Hospital staff Patients		
What outcomes do you want to achieve from this process?	Promotion of the processes for the handling of complaints and concerns.		
What factors could contribute/detract from the effective delivery of this policy/service?	Contribute	Detract	
	<p>Staff knowledge, awareness and engagement.</p> <p>Patient knowledge and awareness.</p> <p>Available supporting information for stakeholders e.g. easy read information, interpreting and translation services.</p> <p>Awareness of legal obligations.</p> <p>Close monitoring of patient feedback, i.e. concerns or complaints, on provision of the service.</p> <p>Improved quality of patient experience.</p>	<p>Staff knowledge, awareness and engagement.</p> <p>Patient knowledge and awareness.</p>	
Are there any concerns that this service or policy could have a differential impact on or due to the following:	Race	Yes	Service users whose first language is not English.
	Age	Yes	Children and Young People
	Disability	No	Service users who have learning difficulties/disabilities or mental health problems.

	Gender Reassignment	No	This policy is not expected to have an adverse impact on service users with this protected characteristic.
	Religion/Belief	No	This policy is not expected to have an adverse impact on service users with this protected characteristic.
	Sexual Orientation	No	This policy is not expected to have an adverse impact on service users with this protected characteristic.
	Pregnancy Maternity	No	This policy is not expected to have an adverse impact on service users with this protected characteristic.
	Marriage Civil Partnership	No	This policy is not expected to have an adverse impact on service users with this protected characteristic.
	Sex	No	This policy is not expected to have an adverse impact on service users with this protected characteristic.
	Human Rights	No	This policy is not expected to have an adverse impact on service users with this protected characteristic.
<p>If you have answered yes to any of the above, please describe or attach any evidence of action which will mitigate your EqlA and ensure your policy/service will be able to show:</p> <p>Eliminate discrimination Promote equal opportunities</p>	<p>The intention is for the policy to apply equally to everyone.</p> <p>Staff will be made aware of the policy and can seek further guidance from their line manager or the Complaints Manager.</p> <p>To mitigate any risks faced by service users with protected characteristics, the following measures have been taken:</p> <ul style="list-style-type: none"> Information about raising complaints and concerns has been produced in a child friendly format with simple language and child friendly images. 		

<p>Foster good relations between others</p>	<ul style="list-style-type: none"> • Information about raising complaints and concerns has also been produced in an easy read format for service users with a learning disability, poor literacy or who only have basic English language skills. • Complaints and concerns can be raised in a range of ways to allow flexibility including by phone, face to face or by letter and are always confirmed in writing. • All complainants are given information about advocacy services to support them in making their complaint. • Staff and/or service users whose primary language is not English can access interpreting and translation services via a referral to the PALS team. <p>This policy has been consulted on internally:</p> <ul style="list-style-type: none"> • CBU Management Teams • All clinical teams • Patient Experience Group 		
<p>Should the EqlA proceed to a full EqlA for the areas identified for attention?</p>	<p>Yes</p>	<p>No</p>	<p>Comments</p>
<p>Comments</p>			
<p>Send to: Equality and Diversity Advisor for signature and authorisation</p>	<p>Beverley Powell, E&D Advisor</p>		
<p>Send to: Line Manager for signature and authorisation</p>	<p>Alison Bielby, Deputy Chief Nurse</p>		
<p>Head of Department Responsible for policy or service</p>	<p>Heather McNair, Director of Nursing & Quality</p>		
<p>When is the next review (please note review should be immediate on any amendments to your policy etc.)</p>			
<p>1 Year</p>			
<p>2 Year</p>			
<p>3 Year</p>			

ERROR: syntaxerror
OFFENDING COMMAND: --nostringval--

STACK:

/Title
()
/Subject
(D:20150623105852+01'00')
/ModDate
()
/Keywords
(PDFCreator Version 0.9.5)
/Creator
(D:20150623105852+01'00')
/CreationDate
(rendil)
/Author
-mark-