

## Policies, Procedures, Guidelines and Protocols

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No	Date	Amendment
1	18 March 2021	New section relating to Heads of Nursing added on page 6. Paragraphs 5.1.3, 5.2.1 and 5.2.1 revised and expanded. Appendices 4 and 5 added.
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# Complaints and Compliments Policy

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## 1. Introduction

- 1.1 The primary motivation for having good complaints processes is to ensure we meet the needs of all our service users, particularly those that are most vulnerable. Every patient, carer and relative who is unhappy with the Trust's services should be responded to in a timely and complete way. The outcomes of complaints investigations give the Trust valuable learning opportunities to improve the quality and safety of services.

This policy addresses the requirements of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and Regulation 16 Receiving and Acting on Complaints of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The processes described in this policy will assist in compliance with Regulation 20 of the Health and Social Care Regulations, the Duty of Candour, NHS England 'Guidance on Being Open' and the Parliamentary and Health Service Ombudsman's 'Principles of good complaints handling'.

- 1.2 The Parliamentary and Health Service Ombudsman and Healthwatch have produced a vision for complaints handling in the NHS titled "My expectations for raising concerns and complaints". The vision is below



The Trust, through using this policy, will seek to achieve this vision by the following:

### **Considering a complaint**

- All staff will know and be able to explain to patients and their representatives the options available to them if they are dissatisfied with a service
- All sites where patients visit will have information visible to patients about PALS and complaints such as leaflets, posters etc.
- Where patients are treated in their home staff will be able to supply information about PALS/Complaints
- Information about PALS/Complaints will be available on the Trust's website
- All staff will know that care must not be compromised as a result of complaints
- Advocacy and support will be available to complainants and their representatives

### **Making a complaint**

- Information leaflets and posters about how to raise a concern or complaint will be available in all locations where patients attend. For patients who are treated in the community, staff will provide a card with this information. Information about how to make a complaint will be available in easy read formats and other languages upon request and access to complaints advocacy will be available together with translation services if required.
- Information, support and encouragement will be given to staff to deal with patients' concerns and complaints at the point they are first raised with them.
- Where a complaint is made support will be offered to that person to make their complaint in conversations and correspondence
- Complaints can be raised in different ways for example in person, by phone, by letter or by email.
- This policy aims to make sure any patient dissatisfaction is taken seriously

### **Staying Informed**

- The Complaints Manager, Service Manager or Investigating Officer will agree with the complainant how they would like to be kept informed and how this will take place (e.g. by email, phone etc.) during the investigation, and will endeavour to keep the agreement.
- The investigation will centre on the issues raised by the person raising the complaint and the response will address all the issues. The person making the complaint will have the option of remaining anonymous.
- The Complaints Manager has the authority, supported by the Chief Executive, to work with Service Managers to resolve matters on behalf of the complainant.

### **Receiving outcomes**

- Following the completion of investigations, all complainants will be offered the opportunity to meet with the Service or Complaints Manager to discuss the outcome, and any remedial actions to be taken.

### **Reflecting on experience**

- Every effort will be made to make the process as easy as it can be. Staff involved will be open and transparent with complainants.

## **2. Purpose of the policy**

- 2.1 This policy sets out the processes for dealing with concerns at a local level, publicising Trust processes, receiving and dealing with written complaints, investigation and responding to patients following a complaint. It also details how information and learning will be used to influence the quality of service provided by the Trust.
- 2.2 **Services provided to complainants or those they represent must not be prejudiced by the fact that they have made a complaint. This will be re-iterated through training and information given to staff, and will be included in the complaints leaflet.**

## **3. Definitions**

- 3.1 For the purposes of this policy a complaint will be any dissatisfaction with the services the Trust provides. It will include but is not limited to:
- Attitude or behaviour of staff
  - Type or level of treatment
  - Service not meeting expectations
  - Outcomes not as expected

- The level of service not as expected
- Timeliness of response by services
- Level of communication

#### **4. Duties**

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 require:

- organisations to designate a 'responsible person' to be responsible for ensuring compliance with the arrangements made under these Regulations and, in particular ensuring that action is taken if necessary in the light of the outcome of a complaint; and
- a person, in these Regulations referred to as a 'complaints manager', to be responsible for managing the procedures for handling and considering complaints in accordance with the arrangements made under these Regulations.

For the Trust, **the responsible person is the Chief Executive.**

The functions of the responsible person may be performed by any person authorised by the Trust to act on behalf of the responsible person.

**The Complaints Manager** is responsible for:

- Ensuring the complainant has sufficient assistance throughout the process
- Supporting Service/Senior Managers to ensure that each complaint is effectively managed in accordance with the Regulations and this policy. In particular, offering support in dealing with more complex complaints and providing support at meetings with complainants
- Ensuring that target dates and deadlines are achieved
- Working with Service/Senior Managers to ensure that investigations and responses are complete and cover all aspects of complaints
- Ensuring that response letters are written in a professional manner demonstrating openness and compassion
- Ensuring that any grammatical errors are corrected along with formatting and ensuring that responses are written in plain English
- Ensuring complaint actions are added to Datix and are monitored until completed
- Highlighting progress and performance against actions identified, escalating where necessary
- Providing assurance that actions are complete by working with the quality team to provide intelligence for site/service visits
- Ensuring the dissemination of any learning from complaints is shared across the organisation for wider learning
- Ensuring liaison with other organisations involved in complex, multi-agency complaints, seeking agreement on which organisation should lead on investigating the complaint (see paragraph 5.1.3)
- Ensuring that the complaints process is accessible to everyone when they begin their care including that the website is updated, that all sites are displaying posters and leaflets, that community staff have relevant information to give out, and that patients are made aware that information in other formats e.g. easy read is available.
- Producing reports to the Trust Board, the Quality & Safety Operational Group, and the Quality & Safety Committee on the number and type of complaints as well as lessons learnt and action taken. Triangulating this with other patient experience information to help provide an integrated patient experience report with others. The outcome of investigations and any corrective action taken should be used to improve future service.
- Producing an annual report for the Chief Executive and the Trust Board reflecting trends over the last year

- Liaising closely with Directors and other Senior Managers to ensure they are regularly updated on issues of particular interest and learning from complaints
- Maintaining suitable records
- Producing required statistics to the Department of Health (DH) for their KO41a return
- Providing training and support to staff in handling complaints and investigations, including assistance with drafting responses
- Ensuring conciliation is available to complainants and practitioners, if required
- Ensuring the recommendations made by the Health Service Ombudsman are implemented

**Service/Senior Managers/Investigating Officers** are responsible for:

- Managing the investigation of the complaint from start to finish with support from the Complaints Manager
- Reporting complaints to the Complaints Manager on the same day they are received
- Where the complaint identifies issues of immediate concern relating to patient and/or staff safety then to implement changes to alleviate the risks identified
- Informing staff involved in the complaint of the nature and progress of the investigation
- Ensuring that all their staff are familiar with the NHS Complaints Procedure
- Ensuring that all written statements (if relevant) made by staff as part of the investigation process are accurate, legible and signed and dated
- Ensuring that the investigation is carried out as soon as possible and findings are sent to the Complaints Manager within deadlines given
- Providing a draft response letter after the investigation is complete to the Complaints Manager
- On completion of each complaint, passing the full complaints file including all written statements, notes and correspondence to the Complaints Manager
- Liaising, information sharing and feeding back where the investigation indicates that external partner agencies should be involved e.g. Health & Safety Executive, Housing, Police
- Using complaints/findings as a learning opportunity process for staff by cascading good and bad practice identified, and ensuring actions are taken to minimise and prevent future complaints to include review of practice and systems in place e.g. through clinical governance and team meetings as appropriate to the Service.

**Heads of Nursing** are responsible for;

- Reviewing complaints received, reviewing any clinical risk and concerns and initiate remedial actions if necessary
- Notifying the Complaints Manager of the suggested Investigating Officers to undertake the investigations
- Following review of the response letter by the Complaints Manager, the Head of Nursing will review the final draft reply ensuring it addresses all the concerns raised by the complainant and demonstrates what actions have been taken to address these
- The Head of Nursing will advise the Complaints Manager of any omissions or further investigation where required
- The Head of Nursing may on occasions nominate an appropriate Deputy to undertake the above responsibilities on their behalf when required. They will inform the Complaints Manager of the Deputy's contact details and the duration of the deputisation.

**All staff** are responsible for:

- Ensuring that they are familiar with and follow the requirements of this policy
- Knowing where to access the complaints policy or relevant information. (e.g. Line manager, Complaints Manager, intranet)

## **5. Complaints processes**

### **5.1 Making a Complaint**

Complaints can be made in a variety of ways, verbally to the staff involved in the care, or by telephoning or emailing the service.

In the first instance staff should try to address the issues at source. In achieving this, the patient or their representative and the service will have resolved the issue quickly and directly. If the member of staff cannot resolve the issue alone, they should seek advice from the person in charge at the time or their line manager. Where the issue remains unresolved, the person should be informed of the other options e.g. PALS or Complaints Manager.

If the issue is significant, i.e. there is learning for the Service the line manager should be informed who should notify the Complaints or PALS Manager who will record the issue on the PALS database.

At all times the patient or their representative has the right to make the complaint formal i.e. dealt with under the complaints process.

The Trust website has a complaints page which can be found [here](#)

#### **5.1.2 Formal Complaints**

A formal complaint will be an issue that has not been resolved locally, or where the complainant has indicated that they wish the issue to be dealt with under the formal procedure. These complaints are normally received in writing. This could be by letter, the web form on the Trust's website, by email or it could be given verbally.

The complaint should be notified to the Service Manager as soon as it is received. Where this is received locally in a service the Complaints Manager should be informed and correspondence forwarded to them immediately so it can be acknowledged in time. Where the Complaints Manager has received the complaint directly they will inform the Service Manager.

The Complaints Manager will inform the CEO, Director of Nursing and Operations, Director of Governance and the relevant Head of Nursing of all complaints when received so that any issues that need immediate or urgent action to address issues or maintain safety can be dealt with.

Where a complaint is received by the Chief Executive they will pass it on to the Complaints Manager. The complaint will be dealt with in the same way as any other.

#### **5.1.3 Complaints across organisations**

The Local Authority Social Services & National Health Services Complaints (England) Regulations 2009 recognise the importance of multi-agency fluidity within the complaints process and permit health and social care organisations to agree that one organisation should take the lead in the handling of a complaint which spans multiple agencies. The Trust will take the lead as appropriate and will work closely with the other agencies involved to ensure that the complaint is properly investigated and the issues complained about are addressed fully. Should the responses from the contributing organisations be disproportionately delayed after all reasonable steps have been made for its inclusion, a response containing the response from the Trust may be sent to the complainant advising them that there is information outstanding and that the other organisations involved have been reminded of their obligation to send this information to them directly. In the event that the other organisations involved send their responses directly to the complainant then the

Trust will request those organisations to also share their responses with the Trust for completeness and in the interest of ensuring that any lessons learnt relevant to the Trust are acted upon.

Where the Trust is not leading and is contributing to another Trust's response, it will work to co-operate fully and within agreed timescales. The response to the element of the complaint relating to the Trust will still require approval by the Chief Executive prior to sending it to the lead organisation. The Complaints Manager will prepare the response in an agreed format with the lead organisation.

If the Trust receives a complaint that is solely concerned with areas dealt with by another health body or by a body outside the NHS, the Complaints Manager will inform the complainant and forward the complaint to the correct body, with the permission of the complainant. If there are any doubts over which body is responsible for handling the complaint, this must be resolved before the complaint is forwarded.

#### **5.1.4 Exclusions**

The Complaints Regulations state that complaints should be made within 12 months of the matter occurring or within 12 months of the date on which the matter which is the subject of the complaint came to the notice of the complainant. The Trust has the discretion to investigate beyond this time, especially if there are good reasons for a complaint not having been received within the 12 months and it is still possible to investigate effectively and fairly. This will need to be established through discussion with the complainant and the service involved.

Other exclusions are:

- Issues raised by health organisations and local authorities against other authorities
- Staff issues related to employment, contractual or pension issues
- Complaint already investigated by the Parliamentary and Health Service Ombudsman
- Complaints arising out of the Data Protection Act and Freedom of Information Act

#### **5.2 Acknowledging the Complaint.**

The Complaints Manager will send a written acknowledgement to the patient within 3 working days (The 2009 regulations require that complaints are acknowledged with 3 working days). The written acknowledgement will include details of advocacy services available to the complainant. The Service Manager, Investigating Officer or Complaints Manager will contact the patient by telephone, will acknowledge the complainants concerns and will agree with them the handling of the complaint, timescales and how the outcome will be given to them. This contact will be agreed between the Service Manager, Investigating Officer and Complaints Manager. Where the complaint relates to an easily resolvable issue, e.g. the need for an appointment, the manager who contacts the patient should try to resolve the issue. If this is achieved to the complainant's satisfaction the complaint can be closed, and will be deemed to have been dealt with under the PALS system, and will be recorded under the system.

If the complainant has not provided any contact numbers or has stated they want to be contacted in another way e.g. in writing or email, the Complaints Manager will give the information detailed in the previous paragraph as appropriate.

The complaint should be entered on the DATIX complaints module as soon as possible.

##### **5.2.1 Patient Confidentiality**

Only patient information relevant to the investigation of the complaint will be disclosed to those involved in the case.

Where someone other than the patient has made the complaint then consideration will need to be given as to whether consent from the patient for the person to pursue the complaint is required or if a person has authority to act, e.g. through lasting power of attorney.

In cases where it is considered that consent is required but is not subsequently provided, the Trust will still investigate the complaint internally to ensure that any lessons are learnt and shared appropriately within the Trust.

### **5.2.2 Timetable for response**

The 2009 Complaints Regulations do not specify a timescale for response to complaints. They specify that this should be agreed with the complainant. The Trust has set a standard timescale of 25 working days to respond to complaints, however where the issues are complex this can be extended in agreement with the complainant to 60 working days. The Trust has devised the timetable below to achieve the 25 day target. Where a complaint requires minimal investigation or simple resolution the service should aim to complete within 15 working days.

Day 1	Receipt
Day 3	Complaint acknowledged
Day 5	Allocated for investigation
Day 15	Investigation outcomes sent to Complaints Manager
Day 22	Response sent to CEO for signing
Day 25	Response sent to Complainant

If it is not possible to conclude the investigation and respond to the complainant within the agreed timescale then the Complaints Manager or the Investigating Officer will liaise with the complainant to explain the reasons why and to seek the complainant's agreement to a revised timescale for responding to them. This contact will be followed up with a letter (see Appendix 4) to the complainant from the Complaints Manager or Investigating Officer confirming the reasons for delay and the revised timescale for response.

### **5.3 Investigation**

All complaints will be sent to the relevant Head of Nursing who will allocate an Investigating Officer.

Where the investigation will be difficult for the service to investigate themselves, or a number of similar complaints have been received the Complaints Manager will seek advice from the Head of Nursing in relation to the best person to investigate.

Investigating Officers should have knowledge and skills related to investigation processes, and will need to seek further advice or expert opinion when it is relevant to do so.

Complaints will be RAG rated according to the instructions below, in order to establish the level of investigation needed. Initial rating will be carried out by the Complaints Manager, reported to the Service Manager for review. A higher rating will require a comprehensive rather than concise investigation, and may require independent opinion.

### **Seriousness**

None	There are no consequences				
Low	Unsatisfactory service or experience by the patient, not directly related to care. No impact or risk to provision of care OR Unsatisfactory service or experience related to the patients care, usually a single resolvable issue. Minimal impact and relative minimal risk to the provision of care or the service. No real risk of litigation.				
Moderate	Service or experience below reasonable expectations in several ways, but not causing lasting problems. Has potential to impact on service provision to patients. Some potential for litigation				
Major	Significant issues regarding standards, quality of care and safeguarding of or denial of rights. Complaints with clear quality assurance or risk management issues that may cause lasting problems for the patient, organisation, and so require investigation. Possibility of litigation and adverse local publicity.				
Catastrophic	Serious issues that may cause long-term damage, such as grossly substandard care, professional misconduct or death. Will require immediate and in-depth investigation. May involve serious safety issues. A high probability of litigation and strong possibility of adverse national publicity.				

### Rating

Consequence Score	Will undoubtedly occur, possibly frequently	Will occur but not persistently	May occur occasionally	Do not expect to happen but is possible	Cannot believe this will ever happen
	Almost certain 5	Likely 4	Possible 3	Unlikely 2	Rare 1
None 1	LOW 5	LOW 4	VERY LOW 3	VERY LOW 2	VERY LOW 1
Minor 2	MODERATE 10	MODERATE 8	LOW 6	LOW 4	VERY LOW 2
Moderate 3	HIGH 15	MODERATE 12	MODERATE 9	LOW 6	VERY LOW 3
Major 4	HIGH 20	HIGH 16	MODERATE 12	MODERATE 8	LOW 4
Catastro- phic 5	HIGH 25	HIGH 20	HIGH 15	MODERATE 10	LOW 5

### Role and Responsibilities of Investigating Officer

Firstly the Investigating Officer should establish whether there are any issues or concerns which must be dealt with immediately, and should take appropriate action to resolve them.

The role of the Investigating Officer is to undertake an investigation into the issues raised by the complainant (see Appendix 5 - Guidance for Investigating and Responding to a Complaint). They are to speak with the complainant and relevant staff, obtain information from clinical records and document their findings. The Investigating Officer is to compose a draft letter of response which is to be provided to the Complaints Manager within 15 working days.

They are to inform the complainant of any potential delays in the investigation at the earliest opportunity and renegotiate the timescale for response. This is to be documented on Datix by the Complaints Manager.

The Investigating Officer will gather information relating to the complaint. This could include

- Patients records
- Assessments and care plans
- Relevant policies, care pathways and service specifications
- Other relevant records (e.g. staff training records)
- Individual accounts of care, this could be verbally or written and will include not only staff directly involved but those with proximity to the case.

The principles of Root Cause Analysis can be used e.g. identifying care and service delivery problems and their contributory factors, however the principle of the investigation should be to focus on where and why the complainant's expectations have not been met.

More guidance on conducting an effective investigation can be found in the Incident Reporting Policy under Section 7, Investigating Incidents, Complaints and Claims.

Where the Investigating Officer requires assistance they should contact the Complaints Manager as soon as possible.

#### **5.4 Responding to the complaint**

The draft response should be written to answer all the complainant's concerns, and in a sympathetic and open and transparent way.

It should explicitly give answers to the points the complainant has made, and not simply be a chronology of the care provided, or a narrative of what is in the care notes. It should be written at the right level, i.e. it must be understandable to the complainant, should not include acronyms or medical phrases and must include a suitable apology. Where acronyms or medical phrases have to be used they should, at the first time they are used, be explained in plain English. It must say clearly what actions if any are being taken as a result.

The Complaints Manager will review the draft, discussing further with the Investigating Officer as necessary, will amend the draft, and agree it with the Investigating Officer. The draft reply will then be reviewed by the relevant Head of Nursing and returned to the Complaints Manager for forwarding to the Chief Executive for approval and signing.

The response will include:

- An offer to meet and discuss the outcome with the complainant
- Information about advocacy services available to the complainant.
- Details of how to contact the Parliamentary and Health Service Ombudsman should the complainant be unhappy with the outcome.

In line with The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, the Complaints Manager will bring to the attention of the Chief Executive any cases where a response has not been sent 6 months after the date of receipt. Further actions to be taken (and not limited to) are:

- Notify the complainant in writing and explain the reasons for the delay.
- Send the complainant in writing a response as soon as reasonably practicable within a timescale agreed (before the expiry of the 6 months period) with the complainant.

Where the investigation identifies issues related to staff performance or behaviour the service manager should consult the Disciplinary Policy and Human Resources team as necessary.

In responding to the complaint we will take into account the complainant's expectations, and where appropriate will use the Ombudsman's Principles of Remedy as reference.

## **5.5 Accessibility**

The Trust will support the communication and accessibility needs of the person who has raised or will receive the response of the complaint. Any written or verbal element can, if requested, be translated, transcribed and/or otherwise formatted in an alternative format to meet the needs of the individual.

## **5.6 Sharing Learning**

Complaints are a vital aspect of our intelligence about patient experience and the quality of service, and an indicator of improvements needed. We will therefore work to make sure that information from complaints is shared with other staff who can learn from it, and is triangulated with other information about patient experience to give a total view.

Learning should be cascaded down to team level, normally through team meetings. The Complaints/PALS Manager will seek assurance from Divisions that information provided to them through complaints reports, particularly lessons learnt from complaints, is cascaded down to team level and will assist in facilitating this where required.

Trust wide learning will also be shared through workshops and other suitable learning events.

Statistical/ individual complaints will be reported on in the following ways:

- Numbers and compliance with timelines will be reported on the performance management system, with summary/exception reports presented to the Board, Resources and Performance Committee and Quality and Safety Committee.
- Detailed reports including services and subjects will be prepared and presented to the Quality and Safety Committee, Quality and Safety Operational groups and the Divisional Quality and Safety Operational Groups quarterly or more frequently where required. These will form part of the Patient Experience Report.
- Quarterly reports will be provided for the Feedback and Information Group (FIG)
- An annual report will be prepared in compliance with the Complaints Regulations. This will include as a minimum the following information, which is required by the regulations:
  - The number of complaints received
  - The number of complaints which are well founded

- The number of complaints referred to the Parliamentary and Health Service Ombudsman
- A summary of the complaints subjects
- Matters of general importance arising from complaints
- What actions have been taken to improve services as a consequence of complaints

The annual report will be considered by the committees receiving quarterly reports and by the Board

### **5.6.1 Acting on Complaints**

Recommended actions for service changes/improvements will be allocated to an individual person by the Service Manager. These will be recorded on the complaint record by the Complaints Manager and tracked through the Datix record.

## **5.7 Other Important Points**

### **5.7.1 Unreasonable complaints**

This section relates to unreasonable complaints otherwise known as ‘vexatious complaints’. On rare occasions, despite best efforts to resolve a complaint, the person making it can become aggressive or unreasonable. It is important to know how to handle circumstances such as these. There are a number of ways to help manage the situation:

- Make sure contact is being overseen by a manager at an appropriate level in the organisation.
- Provide a single point of contact with an appropriate member of staff and make it clear to the complainant that other members of staff will be unable to help them.
- Ask that they contact you only in one way, appropriate to their needs (e.g. by phone).
- Place a time limit on any contact with the complainant.
- Restrict the number of calls or meetings you will have with them during a set period.
- Ensure that any contact involves a witness.
- Refuse to register repeated complaints about the same issue.
- Where the complainant continues to correspond about a matter that has previously been investigated and closed, only acknowledge receipt of this correspondence, rather than seeking to investigate further.
- Explain that you do not respond to correspondence that is abusive.
- Make contact through a third person such as a specialist advocate.
- Ask the complainant to agree how they will behave when dealing with your service in the future.
- Return any irrelevant documentation and remind them that it will not be returned again.

When using any of these approaches to manage contact with unreasonable or aggressive people, it is important to explain what you are doing and why, and to keep a detailed record of the ongoing relationship.

### **5.7.2 Department of Health KO 41 Complaints Returns**

The Complaints Manager will ensure that complaints data is recorded in a way that enables the KO41 returns to be made, and will prepare the returns in line with current requirements.

### **5.7.3 Duty of Candour**

Regulation 20 of the Health and Social Care Regulations, the Duty of Candour, requires verbal and written notification to be made to the patient or their representative where care has caused moderate or serious harm. The Duty should have been complied with when an incident occurs and a complaint arises subsequently. The Complaints Manager will ensure that the Duty has been complied with. Where the service has not complied, e.g. the service were not aware of the level of harm caused, they will ensure that duty is complied with at this point.

More detailed information about the requirements of the Duty of Candour can be found in the Trust's policy 'Being Open, Meeting the Duty of Candour'.

#### **5.7.4 Training**

Training for those with responsibilities under this policy will be made available to cover the following topics: All staff;

- How to help a patient/relative/friend who is unhappy with the service provided
- What options are open to them to resolve their issues
- What information should be available to their patients and where it can be located.

This information will be given via a combination of staff newsletter, leaflets and core training Service Managers/Investigators

- The complaints process especially its vision and values, and approaches to make sure our approach is patient centred and open
- The importance of keeping the complainant informed
- Investigation techniques
- Support with effective patient-centred communication, including in drafting replies

The Complaints Manager will ensure that training is available to all staff that require it. This will be by bespoke sessions linking in with other relevant sessions (e.g. RCA investigation).

#### **5.7.5 Records**

The Complaints Manager will hold a record for each complaint. All correspondence and other information will be held in the file. It is important that no detail related to the complaint is held in the patient record.

A record will be held on Datix Complaints Module. This will allow ease of production for statistical reports. Copies of key documents (complaint and response) will be attached to the electronic record.

#### **5.7.6 Compliments**

Compliments are as important to the Trust as complaints and should be seen as a means of learning how things have gone well. The Complaints Manager will ensure that compliments are cascaded to the staff, reported as part of overall patient experience reports quarterly to the Quality and Safety Operational Group, the Quality and Safety Committee and reported annually to the Board.

Compliments are collated by the service the compliment is for and should be entered by services directly into Datix.

### **6. Consultation**

- Policy development involved a workshop with key staff and patients to identify improvement and key points to include in the policy
- Workshop attendees were consulted on the final document

## **7. Monitoring**

- Satisfaction of complainants with the process will be monitored by carrying out postal and phone surveys of them regularly with support from the Trust's Patient Panel
- Sample review by identified Non-Executive Director
- Timescales and numbers will be monitored via the performance reporting system
- Trends and learning will be reported to the Quality and Safety Operational Group, and the Quality and Safety Committee
- The Board will receive the Annual Report as well as the committees listed above
- The Complaints Manager will monitor the quality of investigation and response, and will provide feedback to staff as required

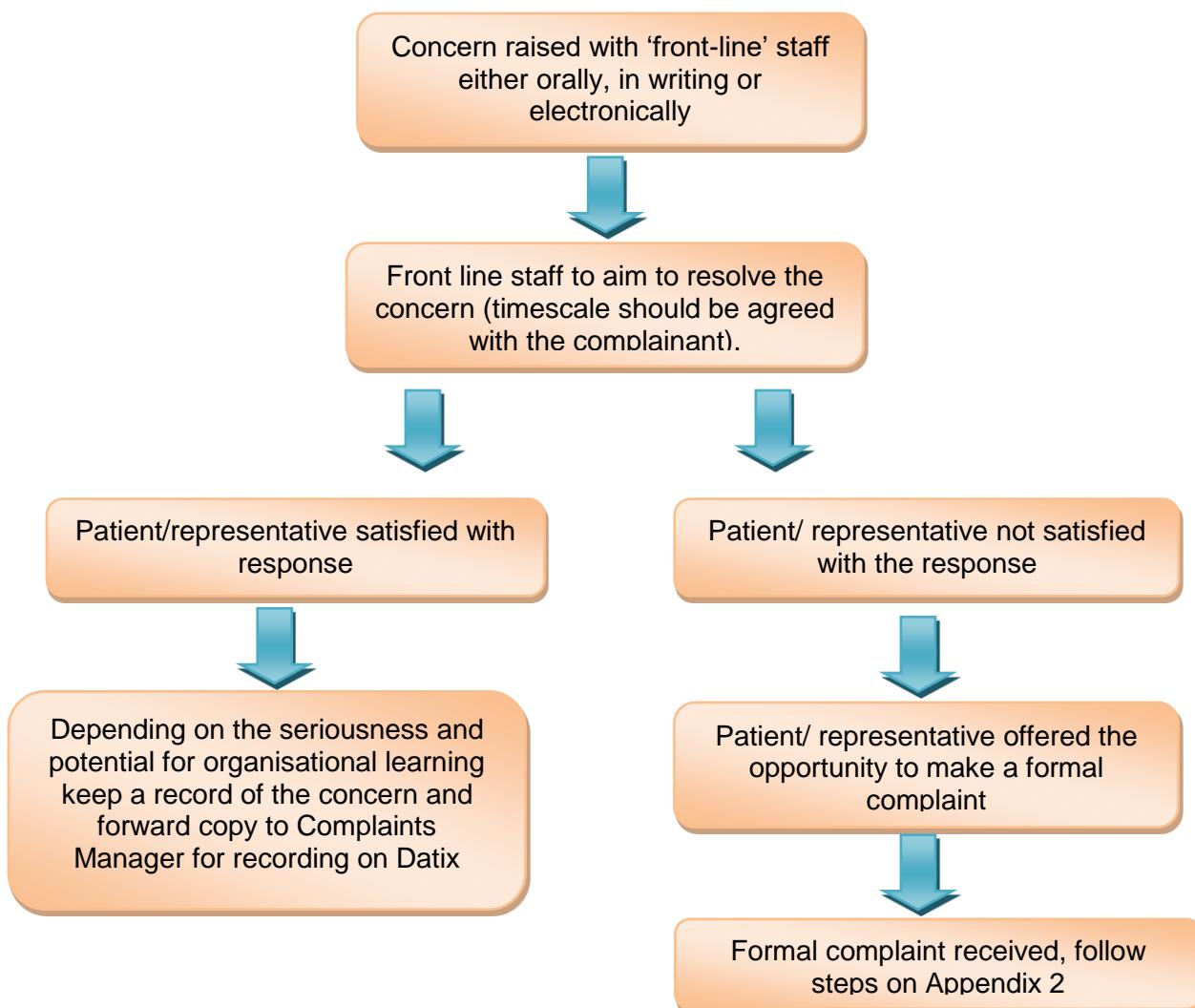
## **8. References**

- Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
- Regulation 16 Receiving and Acting on Complaints of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Regulation 20 of the Health and Social Care Regulations, the Duty of Candour,
- NHS England 'Guidance on Being Open'
- Parliamentary and Health Service Ombudsman's 'Principles of good complaints handling'.
- Parliamentary and Health Service Ombudsman/Healthwatch Vision, My expectations

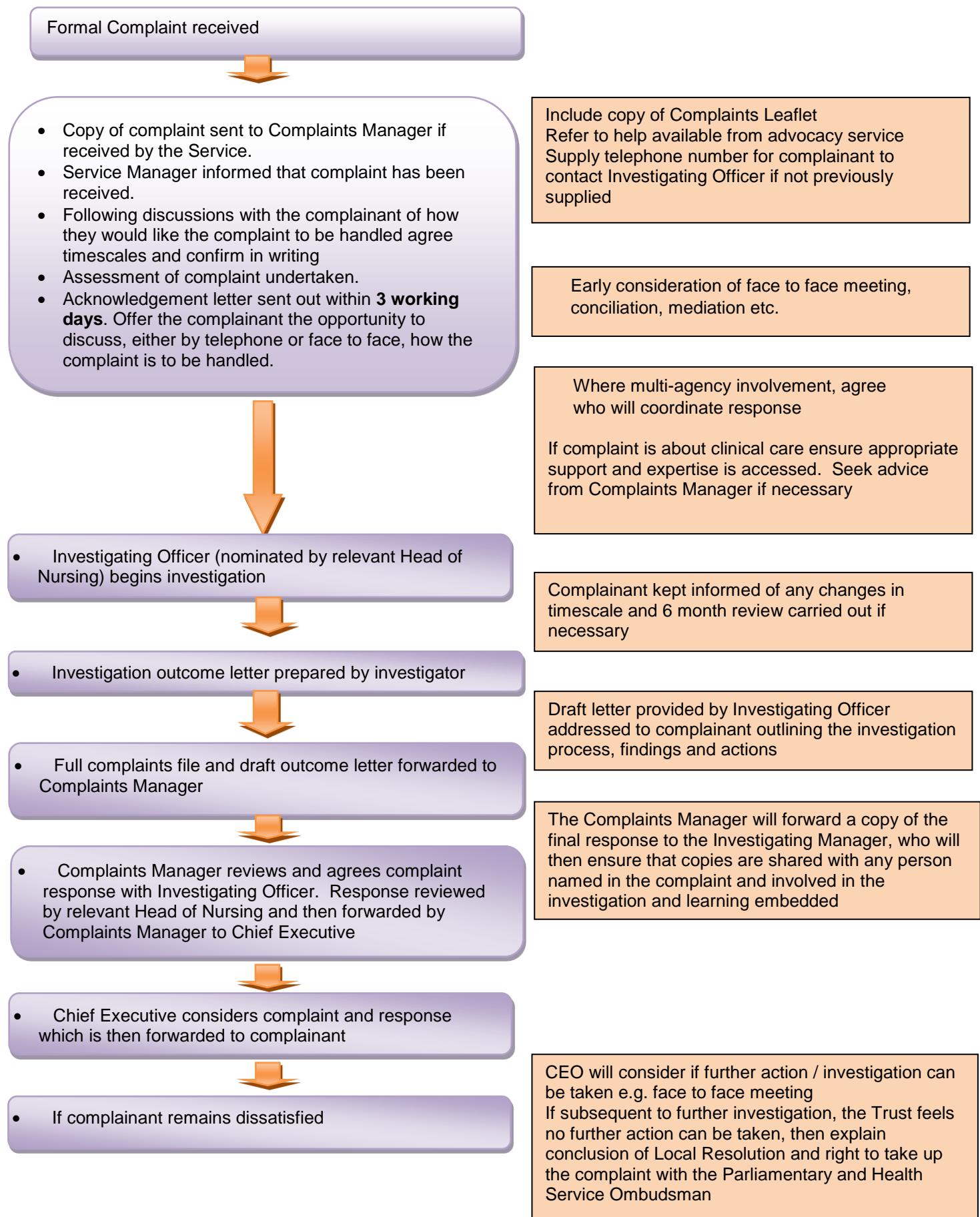
## **9. Associated documents.**

- Trust Incident Reporting Policy
- PALS Policy
- Standard Operating Procedure: Handling of concerns and complaints raised by prisoners about Prison Healthcare

## **Appendix 1 - Process chart for handling concerns**



## Appendix 2 - Process Chart for Handling Formal Complaints



## **Appendix 3 – Acknowledgement Letter Template**

(enter date)

### **Private & Confidential**

(enter name and address details)

Dear (enter title and name),

Thank you for your letter/email/complaints form (*delete as appropriate*) which I received today, regarding (enter details of service provided and date if given). I am sorry that you have had cause to complain and for the concern that this has caused you.

I understand that your main areas of concern relate to;

(list main concerns if they appear clear)

Please let me know if this is not the case.

We are aiming to complete our investigation of your complaint and send our reply to you within 25 working days i.e. on or before (enter date). I hope this is acceptable to you and if there is any delay in our replying to you then we will update you on our progress.

For your information I have enclosed a leaflet about the services provided by the Independent Health Complaints Advocacy Service in assisting people with complaints about the NHS and also a leaflet about our Complaints Service.

Please don't hesitate to contact me if you have any queries or wish me to clarify anything.

Yours sincerely

**Complaints & PALS Manager**

## **Appendix 4 – Extension of Investigation Timescale letter Template**

(enter date)

### **Private & Confidential**

(enter name and address details)

Dear (enter title and name),

Thank you for your time on (enter date) in discussing with me the current position of our investigation into your complaint. I again wish to apologise that we have been unable to complete our investigation and reply to you by (enter reply deadline) as we had previously agreed.

As explained, I regret that this has been because (explain reasons).

In view of this, I now anticipate that we will be in a position to complete our investigation and reply to you by (enter revised deadline). I hope this is acceptable to you and I am of course happy to discuss this further with you.

Should you have any queries or wish me to clarify anything then please don't hesitate to contact me on (enter telephone number).

Yours sincerely

**Complaints & PALS Manager**

## **Appendix 5 – Guidance for Investigating and Responding to a Complaint**

These guidelines are intended to assist any individual who has been asked to investigate a complaint or prepare a written statement to support the production of a complaint response.

### **Investigating**

- In order to successfully resolve a complaint, a thorough and complete investigation must be undertaken.
- Read the letter of complaint at least twice and where appropriate review case notes before deciding who you need to speak to.
- Unless there is a good reason not to, ensure that staff who are being asked for information see the complaint letter. This will help you in getting as much relevant information as possible.
- Avoid including information that is not relevant to the issues raised by the complainant.
- Establish all the facts (i.e. what happened, what should have happened and what is the difference between these two things?). If it is not possible to answer all the questions say why.
- Do not be defensive, openness and honesty will help to ensure the best outcome for everyone as quickly as possible.

### **Responding**

- Explain to the complainant what happened and why.
- The response should be factual detailing events and any subsequent actions as clearly as possible.
- The response must answer the points raised by the complainant
- When referring to other people, state clearly their full names and designations.
- Refer to relevant other documents (e.g. policies, assessment and procedures etc.)
- Avoid jargon and shorthand. If medical terminology must be used, provide explanations and translations.
- Dates and time should always be referred to in full (e.g. 07:30 hours on Thursday 28 January 2021, not 7.30 on 28/01)
- The response must make sense. Present a coherent explanation of events, if this cannot be done then the investigation has not concluded.
- Include details of the investigation outcome; an explanation of planned action must be included. Where appropriate an apology must be given for any identified shortfalls.

### **Before submitting your investigation findings check that it**

- Answers all the questions and explains things in a way that can be easily understood by a non-medical person;
- Provides an appropriate apology;
- Tells the individual how we are going to put things right.

## **Remember**

- Never place copies of complaint investigation documents in a patient's records
- Always respond by the date that has been agreed
- If you need further help or support preparing a response please contact the Complaints team for advice

## **Accessibility**

- The Trust will support the communication and accessibility needs of the person who has raised or will receive the response of the complaint. Any written or verbal element can, if requested, be translated, transcribed and/or otherwise formatted in an alternative format to meet the needs of the individual.