

Handling of Complaints, Compliments, Comments and Concerns Policy and Procedure

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Approving Committee	Corporate Clinical Policy Group
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Policy Author	Head of Service Experience
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Applicable Statutory, Legal or National Best Practice Requirements	<p>Data Protection Act 2018 Freedom of Information Act 2000 Access to Health Records Act 1990 Care Quality Commission Registration Requirements 2009 Care Quality Commission (2016) Regulation 20: Duty of Candour Department of Health (2008) High quality care for all Department for Health (2012, updated 2015) NHS Constitution for England Equality Act 2010 Health and Social Care Act 2012 Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 National Patient Safety Agency (2009) Being open NHS England (2017) Accessible Information Standard Parliamentary and Health Service Ombudsman (2009) Principles of good complaint handling Good Complaint handling for NHS organisations National Voices: Person Centred Care</p>
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The Trust is committed to an environment that promotes equality, embraces diversity, and respects human rights both within our workforce and in service delivery. This document should be implemented with due regard to this commitment.

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Version Control Sheet

Version	Date	Reviewed By	Comment
1.0	30.04.12	IGC	Ratified
2.0	October 16	S. Arkwright	Approved by chair action.
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3.1	Dec 2020	V. Harper	Trust address updated within appendices
3.2	July 2021	V. Harper	Policy reviewed and sent for consultation
3.3	July 2021	M. Corkery A Hodgson K Brayford-West J McCartney R Besford A Lee R Nazir	Comments made
3.4	August 2021	Corporate Clinical Policy Group	Approved subject to minor amendments and final chair approval
3.5	August 2021	H. Chandarana	Amendments completed
4.0	August 2021	S. Arkwright	Approved by chair action

Does this policy impact/potentially impact on? <ul style="list-style-type: none"> • Staff • Patients • Family Members • Carers • Communities 	Yes	Please contact the Trust's Equality & Inclusion Manager at: Email: ruth.besford@nhs.net
	No	Please sign and date below: Name: Email Address: Date:

Education & Professional Development Question

In order to ensure that any training requirements are discussed, and resources planned and allocated to meet the needs of the service, you must consider whether this document has additional training requirements.

Please answer the following question by entering a cross in the box below:

	Yes	No
Does this document have any additional training requirements or implications?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you have answered **YES** you must forward a copy of this document to Education & Professional Development **before** submitting to the Policy Officer.

Date submitted to Educations & Professional Development:

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Please click on the following appendices to access electronically:

- Appendix 1 [Complaint Investigation Toolkit](#)
- Appendix 2 [Complaint Service Resolution Form](#)
- Appendix 3 [Conciliation Process](#)
- Appendix 4 [Timescales for Formal Complaints](#)
- Appendix 5 [Patient Evaluation Form](#)
- Appendix 6 [Risk Rating of Complaint](#)
- Appendix 7 [Consequence Categorisation Table](#)

1 Introduction

Bridgewater Community Healthcare NHS Foundation Trust, (thereafter referred to as the Trust), is committed to providing high quality health care to its diverse communities across the North West of England. Our mission is to improve local health and promote wellbeing in the communities we serve. Our staff are supported to do this, but on some occasions things may go wrong.

The Trust places a high priority upon the handling of complaints. The Trust recognises that suggestions, constructive feedback, criticisms, and complaints can be valuable aids to improving services. Complaining is one of several ways in which patients, their families, friends, and carers make their views known about the services they receive.

1.1 Objective

This complaints policy outlines the process by which complaints will be handled when raised by or on behalf of service users. The Trust recognises that many service users may have difficulty in expressing their concerns; all staff should encourage people to state their opinions.

The primary function of the policy is to ensure that procedures are in place to address the issues and concerns raised by people, with the aim of achieving 'on the spot' resolution where possible, and to deal with formal complaints where this has not been possible. This will include:

- Actively listening to understand the nature of the concern or complaint
- Giving an explanation
- Where necessary, offering an apology
- Providing assurance that the matter has been looked into and action has been taken to prevent the same thing happening again
- Providing a response in a format to assist understanding of information / explanation, for example, Braille, Large Print, Audio, other languages and / or telephone.

The secondary function is to ensure information, findings and recommendations are acted upon and shared to help improve quality standards.

The Trust is committed to ensuring that no one should be inhibited or disadvantaged when making a complaint and that there is confidence that this will be given proper and speedy consideration. Anyone making a complaint will be treated fairly and equally nor will they be refused services that they should otherwise receive.

In dealing with complaints made against members of staff the Trust will adopt a supportive and "just" approach and will not seek to blame individuals involved in complaints unless negligence, malpractice or other misconduct is proven. Compliance with this policy and procedure is mandatory for all Trust staff.

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1.2 Scope

This policy applies to all complaints received by the Trust. Complaints will be accepted verbally, in writing and electronically. Complaints can be received by any member of the Trust's staff who should be aware of the actions they will be required to take if they are in receipt of a complaint.

1.3 Principles

The purpose of this policy is to reflect the best practice in the management of complaints. The primary objective of this procedure is to provide the fullest opportunity for investigation and resolution of the complaint as quickly as is possible in the circumstances, aiming to satisfy the complainant, whilst being scrupulously fair to all parties involved.

This document has been produced in line with the Department of Health's guidance to support the implementation of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. Regulations 3, 4, 7, 8, 9, 12, 13, 14 and 18, detail the procedure which should be followed when dealing with the following:

- Complaints relating to the Trust
- Complaints relating to other NHS Trusts
- Complaints relating to more than one organisation.

The Trust follows the Parliamentary & Health Service Ombudsman's (PHSO) Principles for Complaints Handling, namely:

- Getting it right
- Being Complainant focused
- Being open and accountable
- Acting fairly and proportionately
- Putting it right
- Continuous improvement.

The Trust has also adopted the "My expectations for raising concerns and complaints", Report, a user led 'vision' of the complaints system developed by the PHSO and Healthwatch England following the Francis Report on mid Staffordshire and the Clwyd-Hart review into the NHS Complaints system.

The vision lays out a series of 'I Statements' describing what good outcomes for patients and service users look like if complaints are handled well.

- I felt confident to speak up
- I felt that making my complaint was simple
- I felt listened to and understood
- I felt that my complaint made a difference
- I would feel confident making a complaint in future.

1.4 Patient Confidentiality

Care must be taken throughout the complaints process to protect the confidentiality of the individual(s) involved. Person identifiable information of patients or staff which is processed for this purpose should not be disclosed to any person other than those who have a legitimate right for the purpose of the investigation the complaint.

The Trust has a Confidentiality and Information Sharing Code of Conduct that all staff must adhere to protect the confidentiality of information. Consent of the individual(s) will be sought before any proposed use or sharing of information takes place.

Where a request for information concerning a complaint is received under the subject access provisions of the Data Protection Act 2018 consideration will be made to the provisions of the Act.

Where a request for information under the Freedom of Information Act 2000 is received and relates to a complaint consideration will be made to the provisions of the Act and in particular to the confidentiality of the information.

Complaint records will be kept and held securely within the Patient Services Department and retained for ten years. Access will be limited to designated members of the department.

All complaint records must be kept separate from health records.

2 Definitions

The definitions applicable to this policy are as follows:

2.1 Definition of a complaint

A complaint is defined as an expression of dissatisfaction, written or verbal, about a service provided or which is not provided, which requires a response. Examples of types of complaints include:

- The quality of service provided
- The following of standard procedures and good practice

- Poor communication
- The attitude or behaviour of a member of staff.

2.2 Definition of a complainant (who may make a complaint?)

A complainant is an existing or former user of services provided by the Trust who is unhappy with any aspect of the service provided.

Other people may complain on behalf of existing or former users where the Trust accepts them as a suitable representative and where consent has been obtained; this includes any person who is affected or likely to be affected by the action, omission, or decision of the Trust.

Any member of Parliament can also make a complaint on behalf of a constituent.

3 Abbreviations

The definitions applicable to this policy are as follows:

PHSO Parliamentary & Health Service Ombudsman's

PALS Patient Advice and Liaison Service

SI Serious Incident

ICA Independent Complaints Advocacy Service

GDPR General Data Protection regulation

CQC Care Quality Commission

QC Quality Council

4 Other Relevant Procedural Documents

This policy should be read in conjunction with the following documents:

Duty of Candour (Being Open) Policy

Incident Reporting Policy

Medication Incident Policy

Claims Management Policy

Risk Management Framework

Risk Assessment and Risk Register Process Guideline

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Incident Investigation Procedure

Freedom to Speak Up: Raising Concerns Policy

Safeguarding Children Policy

Safeguarding Adults Policy

Freedom of Information and Environment Regulations Policy

Making Adjustments for Patients with Disabilities and Language Needs Policy

Managing Conflicts of Interest (including Gifts and Hospitality) in the NHS Policy

Subject Access / Access to Health Records Policy

Equal Opportunities Policy

Dignity and Respect at Work Policy and Procedure

Data Protection and Confidentiality Policy

Anti-Fraud, Bribery and Corruption Policy

Designated Responsibilities Procedure for Formal Complaints and Investigations

Professional Registration Policy

Health Records Policy

Mandatory Training and Induction Policy

5 Roles and Responsibilities

5.1 Chief Executive

The Chief Executive is the Designated Accountable Officer to ensure compliance with arrangements and is responsible for:

- Overseeing the complaints handling process
- As the accountable officer, viewing the correspondence related to each individual complaint and agreeing and signing the written response to all complainants
- Writing to complainants informing them of the action to be taken by the Trust following Independent Review.

5.2 Executive Directors

Executive Directors are responsible for having an overview of complaints.

5.3 Medical Directors

Where a complaint includes issues relating to clinical matters, the results of the investigation will be clinically reviewed by the Executive Medical Director

5.4 Deputy Chief Nurses

Deputy Chief Nurses are responsible for:

- Reviewing all complaint letters, investigations, responses, and lessons learned from complaints, including informing Borough Directors and Directors of Nursing of the action to be taken by the Trust
- Review complaints which may relate to Serious Incidents which require a root cause analysis investigation.

5.5 Directors of Nursing

Directors of Nursing are responsible for:

- Overseeing the complaints handling process within their service area
- Reviewing each complaint on receipt from Patient Service
- Ensuring that all questions receive a sufficient and appropriate response
- Viewing the correspondence related to each individual complaint within their service area
- Ensuring that learning takes place as a result of feedback within their service area.

5.6 Service Managers / Clinical Managers

Service Managers / Clinical Managers are responsible for:

- Ensuring that no barriers, perceived or real, are presented to individuals wishing to make a complaint
- Ensuring that notices are displayed in all public areas advising patients, their friends, carers, and the general public how to complain and the individual to whom complaints should be addressed
- Ensuring that contact information for Patient Services is included in all patient information leaflets

- Where a concern cannot be resolved by the service, escalating to PALS / formal complaint as required
- The investigation of complaints and completion of the Investigation Report Toolkit in a timely manner agreed with the Patient Advice and Liaison Service (PALS) & Complaints Team (see Appendix 1)
- Forwarding the completed Toolkit to the Patient Services Department within the agreed timescales, including the action plan to prevent a recurrence, where appropriate, and an apology for the inconvenience and / or distress caused
- Forwarding a copy of the relevant patient record with the completed Toolkit
- Involving clinicians and / or obtaining advice where the complaint concerns clinical practice
- Informing the Patient Services Department of any delay in achieving the time limits agreed with the complainant
- Ensuring that, where the complaint concerns a member of staff, the member of staff is kept informed, supported, and supplied with a copy of the final response
- Ensuring that when there is an incident linked to the complaint that the Incident Reporting Procedure has been followed and that Patient Services are made aware of the connection
- Ensuring that, when a harm has been identified as a result of a complaint, risk management are alerted, and the Serious Incident process followed
- Ensure that Duty of Candour has been activated where appropriate by the services and recorded within the risk management database
- Agreeing the implementation and timescales of the action required within their area to learn lessons from complaints so as to improve the quality of services for patients, their families, friends, and carers and confirming to Patient Services when completed
- Monitoring of action plans relating to individual complaints and identifying audits to ensure sustainability of the quality improvements made as a result of patient feedback
- Ensuring updated actions are reported back to Patient Services Department
- Implementation and monitoring of actions relating to lessons learnt arising from a complaint
- Ensuring that staff complete mandatory e-learning training

- Requesting complaints handling training as required for their staff groups
- Providing support to staff, recognising that many staff find complaints about their performance very distressing
- Monitoring patient experience reports to identify trends within their service.

5.7 All Staff

All Staff are responsible for:

- Dealing effectively with complaints as they arise and wherever possible resolving the complaint locally as quickly as possible
- Directing patients, their families, friends, and carers to Patient Services Department if unable to resolve concerns
- Actively contributing to the investigation process when requested to do so by their manager
- Completing mandatory customer care e-learning
- Effectively contributing to the action plans from the lessons learned from complaints to improve service quality
- Identifying and making reasonable adjustments for patients (and where appropriate family members or carers) including in relation to disability, including communication and language formats, language, religion, or culture.

5.8 Patient Services Department

The Patient Services Department is responsible for:

- The administration of the NHS Complaints Procedure
- Recording the date of receipt of the complaints / concerns
- Formally acknowledging of receipt of the complaint to the complainant within three working days and providing Trusts Complaints Handling leaflet – an easy read version is also available if required:

<http://nww.bridgewater.nhs.uk/teams/serviceexperience/Pages/PALS-Complaints.aspx>
- Clarifying with the complainant the substance and issues of the complaint and ensure that they understand the complaints process
- Outlining the agreed response time for investigating and responding to the complaint with an offer to meet with the complainant, prior to the investigation, at a mutually convenient venue to discuss the complaint

- Offering the apologies of the Trust for any inconvenience or distress that has been caused
- Recording all individual complaints information on the complaints database
- Recording any demographic information for the complainant, where this can be ascertained
- Rating the severity of the complaint – appendix 6
- Checking the database to ascertain if there is a linked incident to the complaint and ensuring that the relevant manager is aware and has completed local investigations
- Where there is indication of harm, informing Clinical Managers / Deputy Chief Nurses to the potential of declaring a Serious Incident and linking the complaint to the Serious Incident (SI) process
- Providing complaints leaflets to managers for distribution and provision within all service areas
- Informing Directors of Operations, Service Managers, Deputy Chief Nurses and Clinical Managers of any directly received complaints and informing them of any major or catastrophic complaints, which require immediate remedial action
- Informing the Executive Medical Director of any complaints requiring clinical review
- Requesting managers to commence an investigation into a complaint to enable preparation of the response for the Chief Executive
- Monitoring the timescales for the receipt of the investigation toolkit and for reminding managers if this is not received within the timescales agreed with the complainant
- Informing complainants of any delays to the provision of their response
- Ensuring the investigation toolkit addresses the complainant's initial complaint and includes an action plan and apology prior to preparing the response
- Ensuring complaints relating to Serious Incidents include the results of the root cause analysis investigation, actions taken, and lessons learned in the complaint response
- Informing the Trust Secretary of all complaints with the potential for litigation
- Ensuring responses are approved by the appropriate senior clinical managers

- Forwarding the response to the complainant, in an appropriate format, when agreed and signed by the Chief Executive
- Arranging and managing conciliation / resolution meetings with complainants and relevant services
- Compiling an annual summary report / quarterly & monthly performance / analysis reports to the Trust governance committees of all complaints, compliments and patient service experience activities and the lessons learned
- Identifying trend analysis information for Borough Directors / Deputy Chief Nurse
- Reviewing and implementing complaints policy and procedures to ensure compliance with legislation and national policy
- Adhering to statutory requirements by implementing processes and procedures to progress local resolution
- Managing sensitive and confidential information regarding complaints
- Advising and supporting staff in the investigation of complaints and offering support and guidance to effect resolution for the complainant
- Responding to verbal complaints from complainants and seeking to achieve an efficient, effective, and sensitive resolution by acting as an interface between service users / carers and practitioners, ensuring any immediate healthcare needs are referred to the appropriate service
- Promoting the complaints handling service and providing appropriate literature and materials to staff and service users in order that the complaints service is publicised and widely accessible
- Providing complaints handling training for managers and all other staff when requested
- Supporting the lessons learnt process, sharing within and across the Trust
- Utilising the Trust risk management database as the central repository for complaints management including storage of all relevant documentation relating to individual complaints
- Completing and responding to nationally agreed data requirements
- Administering PHSO cases.

6 Equipment

Customer Services and PALS modules of Ulysses database.

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7 Complaint Resolution

7.1 Local Resolution - First stage

Trust staff, especially those working directly with the public, will be accustomed to dealing with enquiries from patients, carers, and the general public.

All staff will deal sensitively and promptly with enquiries, issues, concerns, and informal complaints, even those which do not apply directly to their area of work. Employees must make a genuine attempt to resolve the problem whenever possible, passing on complaints promptly when this is not possible.

Most of these enquiries will be dealt with on a day-to day basis by staff or their line managers. However, they may sometimes find it difficult to determine when a query or comment should be dealt with as a complaint.

7.2 Criteria for identifying formal complaints

It is recommended that a matter should be considered to be a formal complaint when:

- The person raising the matter has expressly stated that they want to make a complaint despite any attempts at resolution
- The Clinical / Service Manager considers that serious issues have been brought to their attention
- The Clinical / Service Manager considers they are unable to investigate the matter adequately or independently
- The Clinical / Service Manager considers they cannot give the assurances being sought by the complainant.

If the complaint can be resolved by the next working day, with the complainant's agreement, the Service should email the Patient Services department with details of the concern and resolution and this will be recorded on the PALS database. If not, the service should escalate via the appropriate form (appendix 2) to the Patient Services Department

7.3 Local Resolution - Investigation of Complaints

Complaints / concerns will be investigated thoroughly, fairly and aim to satisfy the complainant's objectives, as well as those of the Trust. Complaints will be investigated in relation to the complainant's desired outcome and agreed timescale.

Where a complaint includes issues relating to clinical matters, the results of the will be reviewed by the Executive Medical Director.

The Patient Services Team will discuss the following with the complainant:

- The expected resolution

- The manner in which the complaint is to be handled, i.e., a meeting / in writing
- Consent to share information
- Information about the Healthwatch Independent Complaints Advocacy Service (ICA)
- The period of time in which the investigation of the complaint is likely to be completed (no later than 6 months as this may result in referral to the PHSO Ombudsman)
- Explanation of any delays that occur with the investigation.

Where the complainant accepts the response as being satisfactory and appropriate there will be no requirement for further action. However, confirmation that any action plans included in the Investigation Toolkit have been completed is required so that trends and changes made can be recorded and reported by the Patient Services Department.

Reasonable steps must be taken to keep complainants informed at all stages, including any reasons for delay. Whilst an interim response is undesirable in most cases, it may be necessary in certain instances, e.g., availability of staff or the complexity of the issues. It will be the responsibility of the Patient Services Department to make the decision on the need to take this step and to ensure that the complainant is informed.

A detailed response, agreed and signed by the Chief Executive, will be sent to the complainant within the agreed timescales. All replies should include the action being taken by the Trust to prevent a recurrence of this type of complaint, and include an apology, as appropriate.

In cases where it is the view of the investigating manager that litigation is a likely outcome of a complaint, the Patient Services Team and Trust Secretary should be informed. Legal Advice will be sought where necessary.

It is a requirement of this policy that, regardless of the potential of litigation, the reply to the complainant should not be in any way misleading or deliberately vague.

The potential or threat of litigation must not affect the way the complaint is investigated or responded to.

7.4 Conclusion of Local Resolution

Should the complainant remain dissatisfied, or if there is a difference of opinion regarding clinical issues / judgment, then the complainant will be offered mediation in the form of a conciliation meeting.

The basis of the complaint and the response will be reviewed by Deputy Chief Nurses / Head of Service Experience prior to the meeting. A conciliation process information sheet is at Appendix 3. If this fails to resolve the complaint or the complainant is still dissatisfied, the local resolution process is deemed to have been completed.

The complainant will be informed of their right to make a request for an Independent Review either verbally or in writing to the Parliamentary and Health Service Ombudsman (PHSO). The complainant will be reminded of the support available from the Healthwatch Independent Advocacy Service (ICA).

This ends the local resolution process, and it is anticipated that most cases will be resolved at this stage.

7.5 The Parliamentary & Health Service Ombudsman (PHSO) - Second Stage

Complainants who are not satisfied with the outcome of a complaint will be provided with details about the PHSO.

The PHSO & Local Government Ombudsman are independent of the NHS and Local Government respectively. They conduct independent investigations into complaints which have not been resolved locally or where there is evidence to suggest that organisations have provided a poor service or managed a complaint poorly.

Anybody wishing to complain to the Ombudsmen must first have pursued their complaint locally once all possible avenues to resolve the issues have been exhausted.

7.6 Time Limit for Making a Complaint

The timescale for making a complaint will be 12 months from the date on which a matter occurred or the matter came to the notice of the complainant – see appendix 4. However, the Trust will apply discretion to investigate beyond this point.

7.7 Complaints Relating to Other NHS Organisations / Other Agencies

The recipient of the complaint, either verbal or written, should forward the complaint to the Patient Services Department who will ascertain the ownership of the complaint and then direct the complainant, or offer to forward the documentation, to the appropriate organisation.

7.8 Complaints that Involve More Than One Organisation

In some cases, a complaint may refer to several issues that involve more than one organisation. In these circumstances, the following procedure will be adopted:

- The organisation receiving the complaint will acknowledge the complaint in writing within three working days, identifying those areas within the remit of the Trust and those within the remit of other organisations

- The lead organisation will ascertain whether joint or individual responses are required
- Permission will be sought from the complainant to forward the complaint to the appropriate organisation
- Where a joint response is required the lead organisation will co-ordinate the response and be the main point of contact for the complainant.
- Cross boundary agreement to be utilised via the complaints manager as appropriate.

7.9 Litigation & NHS Complaints Procedure

In the event of a complainant's initial communication being via a solicitor's letter, the inference should not be that the complainant has decided to seek redress through the courts. However, it is possible for a complaint and legal action to be progressed at the same time.

If the complainant explicitly indicates in writing an intention to take legal action in respect of the complaint, the complaint will be forwarded to the Trust Secretary by the Patient Services Department for information.

Where it is thought that dealing with the complaint might prejudice the legal action, resolution of the complaint may be delayed until after the legal action has concluded. The complainant will be informed in writing by the complaints manager why the complaint process has been put on hold.

7.10 Challenging & Vexatious Complainants

Vexatious complainants are those who repeatedly and / or obsessively pursue:

- Unreasonable complaints and / or unrealistic outcomes
- Reasonable complaints in an unreasonable manner.

It is important that all reasonable measures are taken to resolve their complaint. Therefore, only when all other approaches have been exhausted and the NHS complaints procedure has been fully and properly implemented should the following points be considered:

- If the complainant is unwilling to accept documented evidence of treatment given as being factual or deny receipt of an adequate response despite correspondence specifically answering the questions / concerns
- If physical violence, harassment, bullying and / or abusive behaviour has been used or threatened towards staff or their families / associates at any time. All such incidents will be documented and reported, as appropriate, to the police.

In all circumstances, complainants and their complaints will be dealt with in accordance with the regulations. However, if complainants have been identified as making inappropriate or vexatious complaints, in accordance with the above criteria, the Chief Executive will evaluate the situation and determine the appropriate approach.

7.11 Lessons Learned & Organisational Learning

Deputy Chief Nurses will lead and support the lessons learned from the complaints process which can be used as an important tool in quality improvement.

For all complaints received, an action plan should be developed by the service wherever possible, so the process encompasses service improvement and changes to current practice. Updated action plans, with completed actions and confirmation that lessons learned have been implemented to be sent to the Patient Services Department to be included in quarterly reports.

The Directors of Nursing and Borough Directors will ensure that lessons from complaints are shared and disseminated via newsletter, global email, and discussions with teams.

Clinical Manager to inform Head of Risk and Patient Safety of any clinical risks arising from complaints can be added to the Risk Register. Promoting a culture of openness and honesty is widely regarded as a prerequisite to improving safety and the quality of systems.

7.12 Complaints Service Evaluation

A patient questionnaire relating to the management of the complaint will be sent to the complainant on completion of local resolution procedure – see Appendix 5.

7.13 Equality and Diversity Monitoring

Equality information will be collected, where possible, in line with the requirements to demonstrate due regard to protected characteristic groups in the Equality Act 2010. This data collection will allow us to:

- Identify themes and trends in relation to protected characteristic groups
- Identify where particular communities do not access the complaints and feedback service.
- Where a complaint relates to a protected characteristic, this will be flagged with the Equality & Inclusion Manager or information and recording, and for support and advice, as necessary.

8 Compliments

Compliments are important to the Trust and should be seen as a means of learning how things have gone well.

Compliments are reported to the Board and also cascaded to the relevant service managers to share with staff. Written compliments or gifts received be reported to the Patient Services Department who will log and report them to the Board.

9 General Information

9.1 Openness in the NHS

Staff work hard to deliver the highest standards of healthcare to all patients of the Trust. We provide safe and effective care to many thousands of people every year but sometimes, despite our best efforts, things can go wrong.

If a patient is harmed or distressed as a result of a mistake or error in their care, we believe that they, their family, or those who care for them, should receive an apology, be kept fully informed as to what has happened, have their questions answered and know what is being done in response. This is reinforced by the Trust's Duty of Candour (Being Open) Policy.

9.2 Publicity / Information

Organisations covered by the NHS Complaints regulations 2009 are expected to ensure there is effective publicity, appropriate to the needs of its service users, about its individual complaints arrangements and the support that will be available.

Notices will be displayed in all public areas within Trust premises informing individuals wishing to make a complaint, how to do so and to whom complaints should be addressed.

Information on how to make a complaint or address a concern, comment or compliment will be included in all Patient Services information. All patient information leaflets supplied by the Patient Services Department will include information about the support that can be provided, the right to access external assistance in making their complaint, see 9.7 below, and the right of access to the PHSO for independent review.

Whilst the procedure is geared to handling complaints, publicity material must also clearly indicate that suggestions as to how services may be improved are encouraged.

A link will be provided on our website and information provided on our leaflet to enable people to make their complaints online.

9.3 Access to Health Records

Access to relevant records is very important in the context of complaints / concerns. The Trust operates in accordance with the provisions of the Access to Health Records Act 1990; Data Protection Act 2018 and the General Data Protection regulation (GDPR), Freedom of Information Act 2000 Policy.

9.4 Referral to Professional Bodies

Should the 'investigating manager' have concerns arising from complaints that they feel should be referred to the professional regulatory bodies, i.e., the Police or the Coroner, guidance on referral procedures can be obtained from the Human Resources Department.

9.5 Vulnerable Adults and Children

All staff within Bridgewater Community Healthcare NHS Foundation Trust, irrespective of role or employment status, has a duty to safeguard children and adults at risk

When a member of staff has concerns regarding a vulnerable adult or a child, the Safeguarding Adults Policy and / or the Safeguarding Children Policy and Procedure must be followed.

Staff can also contact the Safeguarding Team directly. All details can be found on the hub.

9.6 Fairness and Equality

Making a complaint does not mean that a patient / complainant will receive less help or that things will be made difficult for them. Everyone can expect to be treated fairly and equally including all the "protected characteristics" as defined in the Equality Act 2010.

In line with the Equality Act 2010, staff must ensure patients and their carers are not victimised or discriminated against when a complaint is made, including when that complaint relates to a protected characteristic, and that their on-going treatment is not affected.

Complaint records must be kept separate from clinical records and copied to the Patient Services Department.

9.7 Healthwatch Independent Complaints Advocacy Service

The Healthwatch ICA provides support to people wishing to complain about the treatment or care they received under the NHS.

The support offered ranges from helping the client with initial preparation in ordering their thoughts and thinking about what a good resolution would look like to them, through to attendance at conciliation meetings and helping people with correspondence.

9.8 The Care Quality Commission

The Care Quality Commission (CQC) regulates health and adult social care services to ensure quality and safety standards and provides independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Although the CQC has no responsibility to formally investigate complaints, all organisations providing health and adult social care services are required to register with the CQC and have a complaints process in place that mirrors national legislation.

10 Consultation

Key individuals/groups involved in the development of the document to ensure it is fit for purpose once approved.

Name	Designation
Lynne Carter	Chief Nurse/Deputy Chief Executive
Sarah Quinn	Chief Operating Officer
Aruna Hodgson	Medical Director
Ted Adams	Medical Director
Karen Worthington	Director of Operations Children's Halton
Sarah Haworth	Director of Operations Warrington
Eugene Lavan	Director of Operations Adults Halton
Neil Gregory	Head of Dental Services
Debra Worthington	Head of Dental Services
Barry Hutton	Director of Dental Network
Jeanette Hogan	Deputy Chief Nurse
Sharan Arkwright	Deputy Chief Nurse
Susan Burton	Director of Nursing Warrington
Kristine Brayford-West	Director of Safeguarding Services
Sharon Ramsdale	Information Governance & Records Manager
Alan Lee	Head of Risk Management & Patient Safety
Ruth Besford	Equality Inclusion Officer
Jan McCartney	Trust Secretary / DPO

Name	Designation
Val Harper	Complaints Manager
Hitesh Chandarana	Head of Service Experience
Razia Nazir	Knowledge and Library Services Manager
Mary Corkery	Policy Officer
Corporate Clinical Policy Group	

11 Dissemination and Implementation

11.1 Dissemination

This policy will be disseminated by the Head of Patient Experience to the Director of Nursing and Borough Directors for disseminating to all staff.

The policy will be published on the Trust website and the intranet (the Hub). Awareness of the policy will be raised via the Trust Bulletin and Team Brief.

11.2 Implementation

The implementation of this policy will be facilitated by the Patient Services Department.

The Director of Operations for each borough will ensure all their Service Managers and Clinical Managers are made aware of the contents of this policy.

It is the responsibility of all Service Managers / Line Managers to ensure their staff are familiar and compliant with this policy.

This policy will be implemented and disseminated throughout the Trust immediately following approval and will be published on the intranet site.

11.3 Training

- Complaints and Customer Care training is provided to all new starters via e-learning.
- Additional training is provided on request to all managers on the complaints investigation process.
- Training on the NHS Complaints Procedure is available to all staff and can be requested by contacting the Patient Services Department.

12 Process for Monitoring Compliance and Effectiveness

12.1 Monitoring Compliance

To monitor compliance, records will be kept of all complaints to provide anonymised evidence of outcomes, trend analysis and resulting changes to service / practice. Compliance will be monitored by the following:

- Quarterly report to Quality Council, the Trust's Governance Committees will include 'Lessons Learned'
- Monitoring compliance at the Bridgewater Engagement Group
- Monthly reports to each borough
- Complaints Service Evaluation by the Patient Services Department by monitoring the forms returned as required
- Staff Training
- Annual Complaints Report to Board
- Publicity.

12.2 Annual Report

All complaints handled by the Trust will be reported in an Annual Report. The report will be made available to the public.

The annual report is for a period of 12 months ending with 31st March and must be prepared to include the following:

- The number of complaints which the Trust received
- Specify the number of complaints which the Trust has been informed have been referred to the PHSO and, in such cases, include a summary
- The subject matter of complaints that the Trust received
- Any matters of general importance arising out of those complaints, or the way in which the complaints were handled
- Any matters where action has been or is to be taken to improve services as a consequence of those complaints – see appendix 7
- The annual report must be made available to any person on request and will be available on the Trust website
- Lessons learnt including themes.

An annual summary report will be forwarded to the Department of Health in line with the National Guidelines.

13 References

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