Bridgewater Community Healthcare NHS Foundation Trust

Handling of Complaints, Compliments, Comments and Concerns Policy

Policy Number	**Gov/Pol/003**
Target Audience	**All Bridgewater staff**
Lead Executive Director	**Chief nurse**
Recommending Committee/Group	**Bridgewater Engagement Group**
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	Access to Health Records Act 1990 Care Quality Commission Registration Requirements 2009, SI 2009/3112 Care Quality Commission (2016) Regulation 20: Duty of Candour Clwyd, A. and Hart, T. (2013) A review of NHS hospitals complaints system: putting patients back in the picture [online]. Data Protection Act 2018 Department of Health (2008) High quality care for all Department of Health (2009) Listening, responding, improving Department for Health (2012, updated 2015) NHS Constitution for England Equality Act 2010 Freedom of Information Act 2000 Health and Social Care Act 2012 Local Authority Social Services and National Health Service Complaints (England) Regulations (2009), SI 2009/309 Local Government Ombudsman, Healthwatch and Parliamentary and Health Service Ombudsman (2014) My expectations for raising concerns and complaints National Patient Safety Agency (2009) Being open NHS England (2017) Accessible Information Standard (DCB1605) NHS Resolution (2017) Saying Sorry (leaflet)

	Parliamentary and Health Service Ombudsman (2009) Principles of good complaint handling Parliamentary and Health Service Ombudsman (2014) My expectations for raising concerns and complaints Parliamentary and Health Service Ombudsman (2022) NHS Complaint Standards

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.

This document can only be considered valid when viewed via the Trust's intranet. If this document is printed into hard copy or saved to another location, you must check that the version number on your copy matches that of the one online.

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.
3.0	August 2018 Sept 2018 Sept 2018 Sept 2018	H. Chandarana Policy Approval Group H. Chandarana R. Besford	Full review Approved subject to minor amendments and chair approval Amendments completed Approved by chair action
4.0	July 2021 August 2021 August 2021 August 2021	V. Harper Corporate Clinical Policy Group H. Chandarana S. Arkwright	Policy reviewed and sent for consultation Approved subject to minor amendments and final chair approval Amendments completed Approved by chair action
4.1	May 2023	S. Mackie	Amendments to reflect the new PHSO guidance
4.2	April 2023	M Corkery	Reviewed, comments made
4.3	May 2023	Jan McCartney Razia Nadir Adie Richards Jilly Wallis	Comments made
4.4	June 2023	BEG	Approved
4.5	June 2023	Corporate Clinical Policy Group	Approved subject to minor amendments and final chair approval
4.6	June 2023	H. Chandarana	Amendments completed
5.0	June 2023	J. Cheung	Approved by chair action

Equality impact assessment Consider if this document impacts/potentially impacts: • Staff • Patients • Family members • Carers • Communities	
Yes [ ] **complete box A**	**No** [x] **complete box B**
Box A Contact the Trust's equality & inclusion manager at: **Email: ruth.besford@nhs.net** **Date contacted:**	**Box B** Complete details below: **Name:** **Email:** **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?		X

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: ……

Contents

Please click on the following appendices to access electronically:

This table below must be completed in full for audit and governance purposes. Please note documents will be returned if section 1 in the table below is not completed fully. This will result in a delay in listing the document for approval.

Name of document	Handling of Complaints, Compliments, Comments and Concerns Policy and Procedure
Document number	Gov/Pol/003
Document author	Head of Service Experience

Section 1 - actions required by author	**Authors response**
Date proposal form submitted to policy officer (new documents)	n/a
Date proposal form presented to CCPG (new documents)	n/a
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Date literature search/reference review requested	Add date
Date EqIA considered	7th June 2023
Date additional training requirements considered	n/a
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Date template accessed on the Hub Add 'OFFICIALSENSITIVE: COMMERCIAL' to front cover if the document can be shared on the internet Add 'OFFICIALSENSITIVE: PERSONAL' to appendices if they include or will include personally identifiable information (PID)	13th March 2023
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Date returned by policy officer following initial review	27th April 2023
Date submitted to key individuals/groups/subject matter experts for comments (add names and designations of responders to consultation table)	5th May 2023
For clinical documents, date document submitted to consultation group for sign-off i.e., IPC, Medicines Management (this applies if the document contains medication or medical gases - update version control sheet to confirm sign-off)	n/a
Name of Recommending Committee/group	BEG
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Date signed-off by the Recommending Committee/group (update version control sheet once signed-off)	7th June 2023
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Section 2 – for completion by the policy officer	
Date approved by CCPG	16th June 2023
The following policies require Board approval and must be submitted to Board following CCPG approval: • Risk Management Framework Policy • Health & Safety Policy • Policy and procedure for the production, approval and ratification of Trust-wide policies and procedures ("Policy for Policies") Date submitted for Board approval: Date approved by Board:	n/a

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.

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 aim of this policy is to ensure that we comply with the Parliamentary and Health Service Ombudsman (PHSO, 2009, updated 2022) Principles of Good Complaint Handling (see appendix 1), including ensuring that:

- The complaints procedure is **accessible** and **well publicised**
- Complaints are responded to in a **rapid** and **sensitive** manner
- Complaint responses are **open** and **transparent**
- The complaints procedure is supportive of those who may find it difficult to complain
- The Trust seeks **continuous improvement** arising from feedback
- Patients and carers are able to complain without fear of discrimination

The Trust follows the PHSO (2009, updated 2022) Principles of Good 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 (2013) on mid Staffordshire and the Clwyd-Hart review (2013) 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:

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. <u>Who may make a complaint?</u> 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 abbreviations applicable to this policy are as follows:

BEG	Bridgewater Engagement Group
CQC	Care Quality Commission
GDPR	General Data Protection regulation
HM	His Majesty's
HR	Human Resources
ICAS	Independent Complaints Advocacy Service
PALS	Patient Advice and Liaison Service

PHSO	Parliamentary & Health Service Ombudsman
QSC	Quality & Safety Committee
SI	Serious incident

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

Incident Investigation Procedure

Freedom to Speak Up: Raising Concerns Policy

Safeguarding Children Policy

Safeguarding Adults Policy

Managing Allegations of Abuse Policy

Freedom of Information and Environment Regulations Policy

Reasonable Adjustments for Patients Policy

Language Interpretation 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

Professional Registration Policy

Health Records Policy

Information Governance Framework Policy

Mandatory Training and Induction Policy

5 Roles and responsibilities

This section outlines the designated roles of who must be involved when a formal complaint is raised by, or on behalf of, service users as well as the responsibilities required of these designated roles. To ensure that all complaints are handled and investigated thoroughly, each designated role must ensure they complete and respond to all actions within the given timeframe.

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
- Viewing the correspondence related to each individual complaint
- Agreeing and signing the written response to all complainants within timescales as agreed with the complainant
- Writing to complainants informing them of the action to be taken by the Trust following independent review.

5.2 Chief nurse and chief operating officer

The chief nurse and chief operating officer are responsible for:

- Overseeing all formal complaints and Trust responses
- Ensuring effective strategies and systems are in place to support quality of care for patients and service users
- Ensuring an effective governance framework is in place to support staff to implement all policies, procedures and guidelines.

5.3 Executive directors

Executive directors are responsible for having an overview of complaints.

5.4 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.

5.5 Deputy chief nurses

Deputy chief nurses are responsible for:

- Reviewing all complaint letters, investigations, responses, and lessons learned from complaints, including informing associate directors and directors of nursing of the action to be taken by the Trust
- Reviewing complaints which may relate to serious incidents which require a root cause analysis investigation.

5.6 Director of quality governance

The director of quality governance will ensure:

- Compliance with statutory responsibilities
- Effective systems are in place to support the implementation of a high quality responsive complaints service
- Review and approve complaint responses before submission to the chief nurse and chief executive.

5.7 Directors of nursing

Directors of nursing are responsible for:

- Overseeing the complaints handling process within their service area
- Reviewing each complaint and viewing the correspondence related to each complaint on receipt from the Patient Services team
- Ensuring operational managers are aware of their responsibilities within this document, know where to find this procedure on the Trust intranet site, and have the resources to implement this procedure
- Ensuring that all questions receive a sufficient and appropriate response
- Ensuring that clinical standards and guidelines are adhered to
- Ensuring that learning takes place as a result of feedback within their service area
- Managing risks to the implementation of this document or escalating significant risks to the chief nurse.

5.8 Associate directors

Associate directors are responsible for:

- Overseeing the complaints handling process within their service area

- Reviewing each complaint and viewing the correspondence related to each complaint on receipt from the Patient Services team

- Ensuring that operational managers investigate the complaint, complete the complaint investigation report (appendix 2) and draft a response before returning it to Patient Services team within the given timescale; this is 10 working days unless otherwise stated from the toolkit being forwarded to the operational manager

- Identifying an alternative investigator if the operational manager is unable to complete the investigation within the required time limit

- Ensuring that operational managers complete the action plan, where appropriate, and inform the Patient Services team when actions are completed

- Where staff have been involved in a difficult or challenging complaint, supporting them within their relevant speciality.

5.9 Operational managers / team leaders

Operational managers / team leaders are responsible for:

- Ensuring that no barriers, perceived or real, are presented to individuals wishing to make a complaint

- Displaying notices 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 the Patient Advice and Liaison Service (PALS) is included in all patient information leaflets

- Where a concern cannot be resolved by the service, escalating to PALS / formal complaint as required

- Investigating complaints and completing the complaint investigation report (appendix 2), including the draft response, in a timely manner agreed with the Patient Services team); this is 10 working days unless otherwise stated

- Forwarding the completed complaint investigation report (appendix 2) to the Patient Services team within the agreed timescales (**this is 10 working days unless otherwise stated**), including the action plan to prevent a recurrence, where appropriate, patient records where necessary, and an apology for the inconvenience and / or distress caused

- Identifying an alternative investigator if they are unable to meet the given timescales

- Involving clinicians and / or obtaining advice where the complaint concerns clinical practice
- Informing the Patient Services team 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 Policy has been followed and that the Patient Services team 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
- Implementing and monitoring actions relating to lessons learnt from a complaint, within agreed timescales, so as to improve the quality of services for patients, their families, friends, and carers
- Identifying audits to ensure sustainability of the quality improvements made as a result of patient feedback
- Ensuring action plans are completed and ensuring updated actions are reported back to the Patient Services team.
- Implementing and monitoring 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.
- Managing risks to the implementation of this document and escalating significant risks to the directors of nursing/associate directors
- Accessing the most up to date document on the intranet and escalating to the head of service experience any part of the document that is identified to be no longer relevant, requires revision or may present as a risk to patient or staff safety

- Making reasonable adjustments related to a disability for those requiring language interpretation or translation.

5.10 Head of service experience

The head of service experience is responsible for:

- Overseeing all formal complaints
- Rating the severity of the complaint (see appendix 3 - risk rating of complaints), seeking advice from the directors of nursing of associate borough directors where appropriate
- Ensuring that the Trust adheres to the statutory requirements of the complaints legislation
- Ensuring that the Patient Services team are aware of their responsibilities within this document, know where to find this procedure on the Trust intranet, and have the resources to implement this procedure
- Ensuring that all processes carried out by the Patients Services team are completed
- Managing risks to the implementation of this document and escalating significant risks to the chief nurse
- Making reasonable adjustments related to a disability or those requiring language interpretation or translation.

5.11 Patient Services team

The Patient Services team is responsible for:

- The administration of the NHS Complaints Procedure (2009)
- Rating the severity of the complaint (see appendix 3 – risk rating of complaints), in the absence of the head of patient experience, seeking advice from the directors of nursing of associate borough directors where appropriate
- Recording and storing all complaints information on the Trust complaints management database, including the date of receipt of complaints / concerns, demographic information where available, and all documentation relating to individual complaints
- Ensuring that all documentation is included in the complaint file and securely stored

- Formally acknowledging receipt of the complaint to the complainant within three working days and providing the Trusts information for patients about concerns, complaints leaflet – an easy read version is also available if required:

  http://nww.bridgewater.nhs.uk/teams/serviceexperience/Pages/PALS-Complaints.aspx

- Making contact with the complainant to discuss their complaint, agree the issues to be investigated, confirm timescales for response, agree a preferred method of communication, 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

- Checking the database to ascertain if there is a linked incident to the complaint and ensuring that the relevant manager is aware

- Where there is indication of harm, informing operational managers / deputy chief nurses to the potential of declaring a serious incident (SI) and linking the complaint to the SI process

- Providing complaints leaflets (information for patients about concerns, complaints leaflet and/or the easy read version) to managers for distribution and provision within all service areas

- Informing the director of quality governance, deputy chief nurse, and associate borough directors of any directly received complaints and informing them of any major or catastrophic complaints, which require immediate remedial action

- Ensuring that all complaints and investigation toolkits are copied to the directors of nursing / associate directors, within three working days

- Advising and supporting staff in the investigation of complaints and offering support and guidance to effect resolution for the complainant

- 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 managers, the chief nurse, and signed off by the chief executive
- 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
- Auditing the complaint process by including a survey with each response to gauge the patient's experience of making a complaint and identifying are areas where the process can be improved
- Compiling an annual summary report / quarterly and 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 associate borough directors / directors of nursing
- Supporting the lessons learnt process, sharing within and across the Trust
- Completing and responding to nationally agreed data requirements
- Reviewing and implementing complaints policy and procedures to ensure compliance with legislation and national policy
- Managing sensitive and confidential information regarding complaints
- 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 leaflets to managers for distribution and provision within all service areas
- Adhering to statutory requirements by implementing processes and procedures to progress local resolution
- 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

- Providing mandatory complaints handling training for managers and all other staff

- Administering PHSO cases

- Using the most up to date document on the intranet and escalate to the head of service experience any part of the document that is identified to be no longer relevant, requires revision or may present as a risk to patient or staff safety

- Identifying and making any specific requirements for the child/family/carer, taking into consideration disability, language and cultural needs. If English is not the first language and/or there are communication difficulties, the operational manager is responsible for either the booking of a face-to-face interpreter or accessing a telephone interpreter service as appropriate or arranging for translation of written materials.

- Forwarding the annual summary report to the Department of Health in line with the Local Authority Social Services and National Health Service Complaints (England) Regulations (2009).

5.12 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

- Where a complaint has been resolved locally, this should be reported to Patient Services team using the complaint service level resolution form, see appendix 4

- Directing patients, their families, friends, and carers to the Patient Services Team 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.

5.13 Trust governors

If alerted to a potential complaint, Trust governors should offer advice on how to make a complaint, direct them to the Patient Services team but should not investigate.

6 Equipment

Customer Services and PALS modules of the risk management reporting system (Ulysses) database.

7 Training and education

The Patient Services team will provide training and education in relation to concerns and complaints to meet the needs of individual staff groups

- Customer care mandatory training

- Where staff have been involved in a difficult or challenging complaint, they will be supported within their relevant speciality.

8 Acknowledgement of a complaint

Upon receipt of a complaint, the Patient Services team must make contact with the complainant to:

- Discuss their complaint
- Agree the issues to be investigated
- Confirm timescales for response and agree a preferred method of communication.

All complaints will be sent a written acknowledgement within 3 working days after the date of receipt by email or by post.

9 Rating the severity of complaints

All complaints must be rated by the head of patient experience manager, with support from the director of nursing, using the Trust's incident/complaint risk rating of complaints found at appendix 3 and recorded on the complaints database safeguard for reporting and monitoring purposes.

10 Timescales for investigation, response and exceptions

- The Local Authority Social Services and National Health Services Complaints (England) Regulations (2009) states that complaints should be responded to within 6 months of receipt where possible

- The Trust aims to respond to all written complaints within 35 working days and within 60 working days in the following cases:

    - Where the investigation requires a response from other NHS providers or local authorities

    - Where the complaint is considered complex, requiring input from a number of sources within the Trust, thus requiring an extensive/detailed response

- If there are any delays in the complaint response this will be communicated to the complainant via the Patient Services team, providing an explanation for the complaint and an indicative timescale.

- Where a complaint is risk rated as RED i.e., 12 or above on the risk matrix, this is considered to be serious and will immediately be escalated by the head of patient experience to:

    - Chief nurse
    - Deputy chief nurse
    - Director of quality governance.

11 Safeguarding/abuse/restraint

Where a complaint raises safeguarding concerns and protection of children or young people or adults at risk, the Trust's Safeguarding Children Policy and Safeguarding Adults Policy will be followed which includes escalation to the Safeguarding team urgently where restraint/abuse is cited or if a situation needs addressing immediately. This will be the responsibility of the Patient Services team.

The Patient Services team will share any complaints about safeguarding concerns with the Safeguarding team for monitoring purposes and to provide expert advice.

12 Allegations of abuse by staff

If a concern or complaint is raised which involves an allegation of abuse by a Trust employee then the Managing Allegations of Abuse Policy must be followed.

13 Coroner's inquests

His Majesty's (HM) coroner receives statements from families as part of the coronial processes and in some cases issues are raised about care and treatment provided that falls outside the coroner's remit. When the Trust is notified of these by the Coroner's Office, they will be investigated as part of the Trust's complaints process.

Consideration will be given to the date of the inquest and a response provided wherever possible before the inquest, notwithstanding the target date, and a copy provided to HM coroner.

14 Breaches of a human resources policy, disciplinary action or fraud

Where a complaint relates to breaches of a human resources (HR) policy, requires disciplinary action, or there is an allegation of fraud, these will be referred to HR or the counter fraud officer by the Patient Services team for action under the relevant Trust policies.

15 Resolution

15.1 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.

15.2 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 operational manager considers that serious issues have been brought to their attention
- The operational manager considers they are unable to investigate the matter adequately or independently
- The operational manager considers they cannot give the assurances being sought by the complainant.

If the complaint can be resolved quickly, with the complainant's agreement, the service should email the completed compliant service level resolution form (appendix 4) to the Patient Services team with details of the concern and resolution and this will be recorded on the PALS database.

15.3 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.

Investigations will be based on the PHSO (2009, updated 2022) Principles of Good Complaint Handling, see appendix 1.

- Getting it right
- Being patient focused

- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement.

Where a complaint includes issues relating to medical matters, the results of the investigation 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 (ICAS)
- The period of time in which the investigation of the complaint is likely to be completed (no longer 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 team.

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 team 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. No action should be taken by the investigating manager which might prejudice the outcome of disciplinary proceedings, should they be considered, against an individual or individuals arising from the complaint. If it is necessary, in order to avoid the potential for such a situation, it is the responsibility of the investigating manager to inform the Patient Services team so that they can inform the complainant of the necessity for delay in effecting a reply.

15.4 Complaint investigation process

The complaints manager will prepare a complaints investigation report (appendix 2), and send it to the relevant operational manager, associate borough director and director of nursing along with the letter of complaint for investigation confirming the agreed timescale for a draft response back to the Patient Services team.

Where a complaint relates to a number of specialties, the complaint investigation report (appendix 2) will be forwarded to the relevant operational managers/associate directors to complete the investigation for their own speciality

It is the responsibility of the operational manager/associate director to:

- Review the letter of complaint and add or amend the complaint investigation report (appendix 2), as necessary and identify individuals to respond to specific issues following a review of the patient's health records, this may include from other specialities or external providers. The Patient Services team will provide support where information is required from other providers.

- Immediately notify the complaints manager of any issues that may cause a delay i.e., misplaced records, availability of key individuals

- Notify the complaints manager of any requirement to obtain information from another provider so that they can co-ordinate

- Interview and/or obtain statements/information from any individuals or departments where it is felt necessary to respond to a specific issue(s)

On receipt of the completed investigation toolkit the complaints manager will prepare a draft response addressed to the complainant from the chief executive to address all issues raised. The response will be based on the PHSOs (2009, updated 2022) NHS Complaint Standards and will include:

- A reminder of the issues investigated and the outcome sought

- Written in layman terms

- An explanation of how we investigated the complaint

- The relevant evidence we considered

- What the outcome is
- An explanation of whether or not something went wrong that sets out what happened compared to what should have happened, with reference to relevant legislation, standards, policies, procedures and guidance
- If something went wrong, an explanation of the impact it had
- An explanation of how that impact will be remedied for the individual
- A meaningful apology for any failings
- An explanation of any wider learning we have acted on/will act on to improve our service for other users
- An explanation of how we will keep the person raising the complaint involved and updated on how we are taking forward all systemic learning or improvements relevant to their complaint
- Offer a meeting to provide further clarity if required
- Details of how to contact the PHSO if the individual is not satisfied with our response
- A reminder of where to obtain independent advice or advocacy.

15.5 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 5. 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 PHSO.

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

16 The Parliamentary and Health Service Ombudsman - second stage

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

The PHSO and the 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.

17 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 6 - timescales for formal complaints). However, the Trust will apply discretion to investigate beyond this point.

18 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 team who will ascertain the ownership of the complaint and then direct the complainant, or offer to forward the documentation, to the appropriate organisation.

In some cases, a complaint may refer to several issues that involve more than one organisation, including NHS providers and / or Local Authority Services. 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.

19 Litigation and NHS complaints

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 team for further clarification.

20 Challenging and 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 the complainant does not clearly identify the precise issues they wish to be investigated despite reasonable efforts to help them to do so and / or the concerns identified are not within the remit of the Trust to investigate
- 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.

21 Lessons learned and organisational learning

Directors of nursing 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 team to be included in quarterly reports.

The associate borough directors will ensure that lessons from complaints are shared across the directorate and wider if required.

The director of quality governance and head of risk management and patient safety will also be notified so that any organisational or 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.

The Patient Services team will produce reports, monthly and quarterly, identifying themes, trends, performance and outcomes from concerns and complaints received. Monthly reports will be shared at the Borough Quality meeting and quarterly reports with the Quality Council. An annual report will be presented at the Quality Council.

22 Complaints service evaluation

A patient complaint process evaluation questionnaire (appendix 7 – Have your say) relating to the management of the complaint will be sent to the complainant on completion of local resolution procedure.

23 Retention of records

Complaint investigation files will be stored electronically and separate from patient records and will be retained in line with national guidance for ten years

24 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 and inclusion manager for information and recording, and for support and advice, as necessary.

25 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 operational managers to share with staff. Written compliments or gifts received should be reported to the Patient Services team who will log and report them to the Board.

26 General Information

26.1 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.

26.2 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 team will include information about the support that can be provided, the right to access external assistance in making their complaint, 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 the Trust's website and information provided on our leaflet to enable people to make their complaints online.

26.3 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.

26.4 Referral to professional bodies

Should the 'investigating manager' have concerns arising from complaints that they feel should be referred to the professional regulatory bodies, the police or the coroner, guidance on referral procedures can be obtained from the HR department.

26.5 Vulnerable adults and children

All staff within the 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 must be followed.

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

26.6 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 team.

26.7 Healthwatch Independent Complaints Advocacy Service

The Healthwatch ICAS 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.

26.8 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.

27 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 Brennan	Chief Operating Officer
Ted Adams	Medical Director
Jeanette Hogan	Deputy Chief Nurse
Susan Burton	Deputy Chief Nurse
Eugene Lavan	Deputy Chief Operating Officer
Sue Mackie	Director of Quality Governance
Sam Yates	Director of Nursing Halton
Mel McLaughlin	Director of Nursing Warrington
Karen Worthington	Director of Children's Services
Jilly Wallis	Associate Director of Adult Services Halton
Sarah Haworth	Associate Director Adult Service Warrington
Barry Hutton	Director of Dental Network
Sharon Ormesher	Information Governance & Records Manager
Alan Lee	Head of Risk Management & Patient Safety
Ruth Besford	Equality and Inclusion Manager
Jan McCartney	Trust Secretary / Data Protection Officer
Val Harper	Complaints Manager
Hitesh Chandarana	Head of Service Experience
Razia Nazir	Knowledge and Library Services Manager

Name	Designation
Mary Corkery	Policy Officer
Phillip Leong	Mersey Internal Audit Agency
Adie Richards	For comments re training
Bridgewater Engagement Group (BEG)	
Corporate Clinical Policy Group	

28 Dissemination and implementation

28.1 Dissemination

This policy will be disseminated by the head of patient experience to the director of nursing and associate 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.

28.2 Implementation

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

The associate borough director for each borough will ensure all their operational managers are made aware of the contents of this policy.

Operational managers / line managers will 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.

28.3 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 2009 is available to all staff and can be requested by contacting the Patient Services team.

29 Process for monitoring compliance and effectiveness

29.1 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
- 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 Local Authority Social Services and National Health Service Complaints (England) Regulations (2009).

29.2 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:

Process for reviewing compliance and effectiveness i.e., audit, review, survey, incident reporting	Responsible	Frequency of monitoring	Assurance group
Patient experience quarterly report	Patient Services team	Quarterly	Quality & Safety Committee (QSC) and Quality Council

Process for reviewing compliance and effectiveness i.e., audit, review, survey, incident reporting	Responsible	Frequency of monitoring	Assurance group
Patient experience monthly report	Patient Services team	Monthly	Borough Quality meeting and operational managers
Complaints service evaluation	Patient Services team	Ad hoc as forms received	BEG
Mandatory Staff training	Patient Services team	As required	The Trust EPD
Annual complaints report	Patient Services team	Annual	Board
Publicity	Website and leaflets	As required	BEG

30 Key performance indicators

- Acknowledge within 3 working days of receipt – responsibility of Patient Services team
- Complaint investigation report (appendix 2) forwarded to the operational manager within 3 working days of receipt
- Completed complaint investigation report (appendix 2) to the Patient Services team within 10 working days
- Response issue by agreed date (35 or 60 working days).

31 References

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