

Handling of Complaints, Concerns, Comments & Compliments

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1. Scope

This document describes Cumbria Partnership NHS Foundation Trust, referred to as the Trust hereafter, policy regarding the handling of complaints, concerns, comments and compliments. It is intended for use by all those employed by and working on behalf of The Trust (e.g. agency, bank, contractors, honorary contracts, etc). It applies on all sites to ensure that all staff are aware of and can apply best practice when dealing with written, verbal or otherwise communicated complaints, concerns, comments and compliments in line with best practice guidance:

- Local Authority Social Services and National Health Service Complaints (England) Regulations (DoH 2009 guidelines)
- Care Quality Commission (CQC) Fundamental Standards - Complaints

Staff complaints are out of scope of this policy, they fall under the remit of the following policies - POL/004/002 Grievance Policy or alternatively POL/004/007 Raising Concerns Policy.

2. Introduction

This policy is necessary to ensure that all those working in the Trust have a framework to effectively manage the handling of complaints, concerns, comments and compliments; this includes how to identify, receive, handle and respond appropriately to all complaints, concerns, comments and compliments. The Trust takes all complaints, concerns and comments seriously and seeks to ensure their satisfactory resolution and to learn from them to reduce the likelihood of recurrence.

The Trust is required to comply with DoH 2009 guidelines and CQC fundamental standards and registration requirements when managing the handling of complaints. This document explains the process which the Trust has in place to manage complaints, concerns, comments and compliments.

3. Statement of Intent

It is the objective of the Trust to ensure that all staff, patients, carers and members of the public have access to information on how to raise a complaint or make a comment or compliment.

The Trust is committed to providing an effective and timely process for the investigation and resolution of complaints and for providing support for those involved throughout the process. The Trust is clear that complaints made are against the Trust and not individuals employed by or working on behalf of the Trust. This does not preclude the use of disciplinary procedures if an investigation identifies this to be appropriate. In this event, staff will be informed and the Trusts Disciplinary Policy POL/004/001 will be implemented.

The Trust promotes informal local resolution by all staff when receiving verbal concerns or complaints and all staff will be made aware of their own responsibilities in assisting early solutions to these. If an informal solution is agreeable to the complainant by the end of the next working day, these complaints do not require to be formally recorded by the Trust as a complaint. Complaints received in writing or which require a written response will be recorded by the Trust, following DoH 2009 guidelines regardless of time taken to resolve them.

The Trust is an organisation committed to equal opportunity and has clear guidelines on dealing with complaints to ensure that no complainant or their representative is subject to discrimination on any grounds in accordance with the Equality and Diversity Policy POL/004/004 and the Equality Act 2010.

This policy is designed to address complaints from anyone who accesses Trust services and or their carers/relatives/parents. This policy is not intended to investigate staff grievances, which should be handled separately under POL/004/002 Grievance Policy or alternatively POL/004/007 Raising Concerns Policy.

Complaints with regard to the handling of Freedom of Information Act (January 2000) requests and the General Data Protection Regulations and Data Protection Act (2018) will be investigated using this policy. However, any continuing expressions of dissatisfaction in relation to these issues will be forwarded by the complainant to the Information Commissioner and not the Parliamentary & Health Service Ombudsman.

4. Definitions

Care Quality Commission (CQC)

All patients (or patient representative), have the right to approach the CQC directly. The CQC will not formally investigate all aspects of care and treatment but will provide advice and assistance to a complainant if a complaint is made against a health service provider to ensure that the service is fully meeting the requirements under the Health and Social Care Act (2008).

Claim Forms

As soon as financial loss is identified within a complaint by the investigating officer the complainant should be offered a copy of the Trust yellow claim form, this can be provided by the investigating officer or the Patient Experience Team. Once completed this form is required to be sent to the Trust's Legal Services Team to allow this to be dealt with in a timely manner.

Concerns

If an issue raised, which has the potential to become a complaint, but the complainant has requested to be dealt with informally. Concerns will be dealt with as a Patient Advice & Liaison Service (PALS) or Service Response depending on the risk rating. Concerns can be upheld partially upheld or not upheld.

Comments

Comments are any points of view expressed formally to the Trust about the quality of the Trust's services.

Compliments

Is an appreciative statement about a service or employee from a patient, service user, carer or representative e.g. thank you card, email, newspaper articles. Compliments will be recorded on the spreadsheet in the Patient Experience Team (PET) and can be used to facilitate learning, bring attention to service developments and reinforce good practice.

Duty of Candour (DoC)

For any patient safety incident that results in moderate or greater harm requires, in accordance with the Trust's Policy and CQC regulations, the patient/relatives/ carers to be contacted to offer an apology for the harm occurring and that an investigation

will be undertaken and the findings reported back to them. Such a patient safety incident may be identified by the Trust's processes but could also be raised in a complaint. If the incident is classified as a Serious Incident Requiring Investigation (SIRI) then the Trust has 60 working days to complete the investigation and prepare the report as per Incident and Serious Incidents that Require Investigation (SIRI) Policy POL/002/006/001. Further details can be found in the Trust Duty of Candour Policy POL/001/040.

Formal Complaint

Is an expression of dissatisfaction made orally, in writing or electronically about any aspect of service made by a patient, service user, carer or representative (with the patients consent) or anyone affected by an action or decision made by or on behalf of the Trust which indicates at the outset that the complainant wants a formal investigation to take place or the risk rating outcome. It is also a complaint which indicates that a full, thorough and proportional investigation is unlikely to be achieved within 5 working days. These complaints will be recorded by the Trust as formal complaints and investigated by a nominated investigating officer.

Complaints can be upheld, partially upheld or not upheld. A response to a formal complaint must be provided within **35 working days**.

Joint Complaint Resolution

Will take place when a complaint is raised which involves issues relating to more than one organisation. The Patient Experience Team will work with the Complaint Leads (where appropriate) from the relevant organisations to agree the lead organisation to ensure a single response is provided within the timescales of the lead organisation in line with the Joint Complaints Protocol: Pathway for Complaints Made About Care Delivered by More Than One Organisation.

MP on Behalf of Constituents

Where an MP states, in writing, that he or she provides evidence of the patient's consent to access confidential patient information; this should be accepted by the NHS bodies concerned without further recourse to the patient, where the complaint is on

behalf of a young person aged 16 to 18 written consent must be obtained from the young person for the complaint to be handled and responded to. All correspondence from MP's must be centrally managed and reported to the Patient Experience Manager to ensure the formal response is co-ordinated with the Chief Executive. All letters of complaint must be acknowledged within 3 working days.

PALS

Patient Advice and Liaison Service (PALS) is a service provided by the Patient Experience Team which is intended to resolve concerns and low risk complaints ***within 24 working hours***, with the agreement of complainant and these are resolved within this timescale and do not require a response in writing unless this is requested.

The Trust is not required to formally record verbal complaints which are resolved at a local level by Trust staff.

Local resolution is also applied following a service level/formal complaint process, should the complainant wish an additional explanation to the findings/outcome of the investigation.

Parliamentary and Health Service Ombudsman (PHSO)

PHSO will only consider assessing a complaint once a complainant has exhausted the Trust's complaint procedure. The PHSO supports local resolution following the handling of a complaint and carries out independent investigations into complaints in England.

This policy is designed to follow the PHSO's Principles:

- Getting it right
- Being customer focused
- Being open and accountable
- Acting fairly and proportionally putting things right (including financial redress) seeking continuous improvement

Patient Experience Team (PET)

Covers advice and liaison services formerly offered by the Patient Advice and Liaison Services (PALS) Team. The PET can signpost staff or anyone to information about Trust services. The PET actively seeks feedback across the Trust in relation to Trust services and will escalate any complaint/concerns to the Patient Experience Manager to ensure that they are handled under the complaints process. The role of the team is to support the process of local complaint resolution and to escalate complaints which aren't resolved under local resolution.

Risk Assessment

Using the Trust's risk grading matrix, the Patient Experience Manager will assess each complaint and agree a risk rating which will ensure that the complaint is handled and investigated proportionately and appropriately. Risks will be assessed in accordance with appendix 1.

Serious Incident Requiring Investigation (SIRI)

The Trust, from its own processes or as a result of receiving / investigating a complaint, may classify the incident as a SIRI. If so, NHS Serious Incident Framework requires the investigation to be completed and the report approved within **60 working days**.

Service Response Complaint

Is a complaint which is received in any format and which requires a written response within a **5 working day timescale**. These complaints are, under the guidelines, required to be entered into the Trust electronic data base. This also allows for the Patient Experience Manager to monitor timescales and identify trends. These complaints will be recorded by the Trust as service response complaints

Third Party Concerns/Complaints

Can be reported to the Trust by family, carers or other associated parties for example Members of Parliament (MP's), However, there will need to be a lawful basis and condition in line with Data Protection legislation in order to release clinical information

in response to a complaint. Please refer to the Trust's privacy notice available on the Trust Website.

5. Duties

The management of complaints is a shared responsibility of the Trust corporately and each care group.

5.1 The Chief Executive (CEO)

Has overall accountability for the handling of complaints and for ensuring that any lessons are learnt and action taken to prevent re-occurrence. The CEO is also responsible for transferring any case to a staff member's professional body (e.g. the General Medical Council (GMC) for Doctors, the Nursing and Midwifery Council (NMC) for Nurses and midwives, the Health Professions Council (HPC) for allied health professionals as they deem appropriate. The CEO is informed of all formal complaints received and will also have the responsibility of signing the final response from the Trust or their nominated deputy. The CEO will be informed of any complaint which identifies that as a result of making a complaint, complainants have experienced discrimination or that a complainant has not been dealt with in line with the principles and requirements of Equality Act 2010.

5.2 Executive Director of Quality & Nursing, and the Care Groups Associate Directors of Operations (Children & Families Care Group and the Associate Directors of Nursing for Mental Health Care Group, Community Health Care Group and the Specialist Services Care Group)

Are responsible for the quality assurance of formal complaint response letters and an oversight of the implementation of recommendations from individual clinical complaint investigations into overall service improvements via the Care Group Clinical Governance Meetings.

5.3 Executive Director of Quality & Nursing

Has operational responsibility for complaint handling and ensuring that any lessons are learnt and action taken to prevent reoccurrence and is responsible for ensuring that all procedures developed throughout the Trust are monitored as appropriate. As complaints managements sits within the portfolio for this role, this individual is

instrumental in keeping the Board of Directors informed of major developments resulting from complaints. Monitors complaint activity through the receipt of regular reports and is the assurance mechanism of the Trust in respect of appropriate and effective complaints management. The Executive Director of Quality & Nursing will be notified in the case of a complaint being received which is also being investigated under the Trust through the Incident and Serious Incident Requiring Investigation (SIRI) policy POL/002/006/001.

5.4 Head of Clinical Governance

Is informed of complaints on receipt and will advise on risk assessment of the individual complaint, in the absence of the Patient Experience Manager. Provides updates to the appropriate sub board committees i.e., Trust Management Group and Trust Wide Clinical Governance Meeting.

5.5 Patient Experience Manager

Will oversee the administration of all complaints coming into the organisation and liaise with the members of the Patient Experience Team to ensure that the complaints process is compliant with the CQC Fundamental Standards - Complaints and the NHS Complaints Procedures. The Patient Experience Manager is responsible for the quality assurance of all complaints responses and investigation reports, highlighting to the investigating officers if any change to the response is required. The Patient Experience Manager will receive data collated from complaints including all actions and learning lessons. The Patient Experience Manager is responsible for the production of corporate reports when required.

5.6 The Complaints & Patient Experience Coordinator

- Provides training on the handling of complaints to Trust staff.
- Receives complaints, coordinates handling and is responsible for providing anyone who accesses services provided by the Trust and staff with accessible information on the Complaints Procedure. They liaise with and are advised directly by the Patient Experience Manager to ensure risk with regards to complaints is managed and that all investigations are carried out thoroughly

and fairly. Provides complaint information to internal and external bodies, ensures that a central register and database of all complaints is maintained and that performance is monitored and reports made for the Trust Board and others as required. Ensures that any complaint received which identifies that any service user has experienced discrimination as a result of making a complaint is passed directly to Chief Executive. Monitors complaint handling, by analysing the feedback received from the handling of your complaint questionnaire which is sent out to complainants with their complaint response.

The Complaints & Patient Experience Coordinator works closely with the Senior Managers in the Care Groups, Investigating Officers and other staff involved with a complaint, in providing support and advice on complaint handling as requested.

5.7 Associate Directors of Operations within the Children & Families Care Group and the Associate Director of Nursing within the Mental Health Care Group, the Community Health Care Group and Specialist Services Care Group

These Senior Managers are responsible for the management of all complaints in their care group. They will:

- Ensure the nominated Investigating Officers carry out and complete an in-depth investigation into each complaint received, within the agreed timescales.
- Will be responsible in ensuring that complaints have a nominated Investigating Officers who have the skills and competence to carry out a full, thorough and proportional investigation in relation to the individual complaint received.
- Will also ensure that the Investigating Officers have the capacity and availability to be able to carry out the investigation in line with Trust policy and timescales.
- Are responsible in overseeing that service improvements, as a result of complaints, are implemented.
- Are responsible for signing off all investigation reports prior to sending to the Patient Experience Team.
- Are responsible for signing off formal complaint response letters for their care group.

5.8 Investigating Officer

The Investigating Officer is responsible for the organisation of the investigation process.

- It is their role to ensure that they have the ability and capacity to carry out a full and thorough investigation into the complaint they have been allocated.
- It is their responsibility to contact the complainant within 3 working days (unless a SIRI) and agree terms of reference for the investigation.
- They are required to provide the Patient Experience Team with a completed document, within 3 working days identifying the complaint process they are about to undertake.
- To apply the requirements as stated within Duty of Candour / Being Open policy for complaints which include details of a patient safety incident which has resulted in moderate or above harm.
- They are required to escalate through Trust reporting systems identified as part of their investigation.
- Following investigation they will provide their Associate Director of Operations / Associate Director of Nursing for the care group with a report which clearly outlines the findings of the investigation, and any recommendations of lessons which can be learned. This document will also outline where safe and good practice has been seen to be in place, in relation to staff working to up to date NICE guidance.
- In the case of complaints which involve staff who work as part of an integrated team such as Care co-ordinators the Trust Investigating Officers must inform the Patient Experience Team to allow the other organisation to be aware e.g. Cumbria County Council Adult Social Care of the Trust intentions to interview staff from their organisations both to confirm that the other organisation is happy for such interviews to take place and to enable adequate staff support arrangements to be put in place.

5.9 Network Managers / Clinical Service Managers

Are responsible for signing off all service complaint response and it their responsibility to ensure findings of investigations and identified learning lessons are shared within

their services and the Care Group's Quality and Safety Leads. They have a role to oversee the effective implementation of actions and improvements as identified from complaints or comments.

5.10 Patient Experience Team (PET)

Role incorporates the remit of Patient Advise and Liaison Service (PALS) as part of an integrated customer focused team and is available to provide advice to anyone who access Trust services. The Team also, on request, support staff with enquiries with regards to people who use Trust services. PET can liaise on request, on behalf of complainants when handling patient and family concerns. They liaise with staff, managers and, where appropriate, other relevant organisations, to negotiate speedy solutions. PET also refers anyone who accesses Trust services and their families to Local or National support agencies including advocates, where appropriate.

5.11 All staff

Have a responsibility to resolve concerns and if necessary to escalate them to a line manager where appropriate. All staff have a responsibility to identify if the information shared with them requires escalation due to the content indicating safeguarding or other operational concerns. In the instance of receiving a request to make a formal complaint they must be aware of how to provide the complainant with advise e.g. complaint leaflet or contact details for the Patient Experience Team. They must report this to the Lead Complaints Coordinator immediately and cooperate with the complaints investigation processes as required.

All newly appointed staff members are made aware of their role in complaint handling at Trust induction. Training across services is also provided to staff by the Patient Experience Team when requested and bi-annually training through 'Risky Business'.

5.12 Prison Healthcare Complaints

All complaints relating to Prison Healthcare are investigated by the relevant Prison Healthcare Manager in the first instance within 5 working days of receiving the

complaint. If the complaint remains unresolved the complainant has the right to revert to the NHS Complaints process with ultimate recourse to the PHSO. The Prison Healthcare Manager will ensure all complaints are forwarded to the PET for registering onto the Trust's electronic management system. A separate complaints protocol is in place for complaints which occur within prison healthcare services, namely Haverigg Prison.

5.13 Head of Information Governance / Information Governance Team

- Will advise on any disclosures by third parties.
- Provide a monitoring and supportive role to the PET team where anyone is complaining about their rights and freedoms under the Data Protection legislation.

6. Who Can Raise a Complaint or Concern?

A complaint may be made by the person who is affected by the action, or it may be made by a person acting on behalf of a patient in any case where that person:

- is a child; (an individual who has not attained the age of 18)

In the case of a child, we must be satisfied that there are reasonable grounds for the complaint being made by a representative of the child, and furthermore that the representative is making the complaint in the best interests of the child.

In UK law, a person's 18th birthday draws the line between childhood and adulthood (Children Act 1989 s105) - so in health care matters, an 18 year old enjoys as much autonomy as any other adult. To a more limited extent, 16 and 17 year-olds can also take medical decisions independently of their parents. The right of younger children to provide independent consent is proportionate to their competence - a child's age alone is clearly an unreliable predictor of his or her competence to make decisions.

Therefore consideration needs to be given to application of Fraser Guidelines for all young people under 18 with no lower age limit. The young person is considered to have mental capacity unless a professional has identified that there is a concern around this issue. The service may request consent from the young person under 18

via a parent or carer with parental responsibility, however the service may further request the consent from the young person themselves in line with Fraser Guidelines.

- Has died;

In the case of a person who has died, the complainant must be the personal representative of the deceased. The Trust needs to be satisfied that the complainant is the personal representative and the Trust will request evidence to substantiate the complainant's claim to have a right to the information: Letter of Authority – Evidence of Executor of the Will or Grant of Probate.

- Has physical or mental incapacity;

In the case of a person who is unable by reason of physical capacity, or lacks capacity within the meaning of the Mental Capacity Act 2005, to make the complaint themselves, NHS England needs to be satisfied that the complaint is being made in the best interests of the person on whose behalf the complaint is made.

- Has given consent to a third party acting on their behalf;

In the case of a third party pursuing a complaint on behalf of the person affected we will request the following information:

- Name and address of the person making the complaint;
- Name and either date of birth or address of the affected person; and
- Signed consent from the affected person to confirm that they are happy with the third party acting on their behalf.

This will be documented in the complaint file and confirmation will be issued to both the person making the complaint and the person affected.

- Has delegated authority to act on their behalf, for example in the form of a registered Power of Attorney which must cover health affairs.
- Is an MP, acting on behalf of and by instruction from a constituent.

7. Timescales for making a complaint

Complaints must be made not later than:

- Twelve months after the date on which the matter which is the subject of the complaint occurred; or
- Twelve months after the date on which the matter which is the subject of the complaint came to the notice of the complainant.

If there are good reasons for not having made the complaint within the above timeframe and, if it is still possible to investigate the complaint effectively and fairly, The Trust may decide to still consider the complaint, for example, longer periods of complaint timescales may apply to specific clinical areas.

COMPLAINTS MANAGEMENT PROCESS

Please also refer to the process map shown in Appendix 2 of this document.

8. Management of Complaints, Concerns and Comments

Complaints, concerns and comments will be listened to, treated seriously and dealt with effectively - respecting the seriousness of the context and with flexibility - taking into consideration the desired outcome of the complainant.

In the event of a complaint being received from a third party regarding the care or service received by a patient, consent will be requested from the patient before proceeding with complaint resolution.

Where a patient does not provide the Trust with their consent to access their clinical records, to allow for a full and thorough investigation into their care to take place, the Trust will respect this wish and inform the complainant in writing that consent hasn't been received and the complaint will be closed, however if consent is later provided the complaint will be reopened.

Where a patient's capacity is a cause for concern then the Patient Experience Manager will respect this and follow the guidelines shown in Appendix 1 to ensure that the complaint is dealt with appropriately.

8.1 Local Resolution of Verbal Complaints, Comments and Compliments

All Trust staff are empowered and are encouraged to resolve issues raised at a local level whenever possible. When a complaint, concern or comment is raised, either personally or by telephone, the matter should be resolved at that time, either by the person who receives the complaint, concern or comment or by referring to the appropriate line manager.

The Patient Experience Team is also available to liaise with staff, managers and, where appropriate, other relevant organisations, to negotiate speedy solutions for complainants concerns.

8.2 Service Response / Formal Complaints

Training will be offered to ensure that the Trust delivers a robust complaints, concerns, comments and compliments handling process:

The Care Groups are to make contact with the Patient Experience Team to request Handling of Complaints training.

Complaints should be made within one year from the date of the event giving rise to the complaint or alternatively within one year of a person becoming aware that the standard of care or treatment they received was not acceptable to them. Discretion will be used to extend the time limit where there are good reasons for the delay.

8.3 Responding to Complaints

All formal complaints will be escalated to CEO and Director Level on receipt of the complaint. If a complaint relates to any “professional” member of staff i.e. Nursing or Medical then the complaint will be escalated to Executive Director of Quality and Nursing and the Medical Director.

The Patient Experience Team will ensure all complaints are acknowledged within 3 working days either in writing or verbally. The Trust complaints fact sheet provides

information to the complainant regarding contact details of Independent Advocacy Services and an assurance that complainants/patients will not experience discrimination or be discriminated against for reporting the complaint.

The Investigating Officer will contact the complainant if appropriate within 3 working days and prior to beginning the investigation to introduce themselves, to engage with them and agree the points for investigation.

The Patient Experience Team will provide:

- CEO - Business Manager, Corporate Services
- Executive Director of Quality & Nursing
- Patient Experience Manager
- Appropriate Care Group Associate Director of Operations or Associate Director of Nursing

Any safeguarding concerns or causes for operational concerns will be identified immediately and dealt with in line with POL/001/006 Safeguarding Policy or Trust staff should make contact with the Trust's Safeguarding Leads.

If the complaint is relating to an incident also being investigated under the Trust Serious Incident Requiring Investigation (SIRI) the Patient Experience Team will liaise with the Head of Clinical Governance to ensure that the Investigating Officers dealing with the SIRI also respond to the points raised within the complaint to prevent duplication. The response to the complaint will sit under the timescales of the SIRI policy, however the complainant will be provided with regular updates by either the Lead Investigator.

8.4 Answering Formal Complaints - Final Response

Following the investigation into a formal complaint the Investigating Officer will provide a report to their Care Group Associate Director of Operations or Associate Director of Nursing for approval prior to sending to the Patient Experience Team.

If the investigation is a SIRI the report will be approved in accordance with the SIRI Policy.

Final responses will be in the form of a letter reviewed and signed off by the Chief Executive or a nominated deputy in cases of absence who is either the Executive Director of Quality and Nursing (Deputy CEO). The final response will be open and honest. It will be factually correct and include an apology where appropriate. An apology is not necessarily an acceptance of blame but will be given for any inconvenience that has been caused, or as an acknowledgement of the complainants own personal feelings about their experience. It will also take into account the Trust's Duty of Candour Policy. An invitation will also be offered, to meet with the investigating officer and a nominated Senior Manager from the appropriate Care Group if the complaint is dissatisfied with the response.

8.5 Parliamentary and Health Service Ombudsman (PHSO)

Contact information for the PHSO is provided if a complainant remains dissatisfied after receiving the Chief Executive's written response and local resolution has been attempted, they have the right to contact the PHSO. The Trust will then work directly with the PHSO will act on their formal recommendations following any investigation they may make into the complaint handling of any one case.

The Executive Director of Quality and Nursing will be informed by the Patient Experience Manager of all expressions of interest from the PHSO relating to any complaint.

8.6 Unreasonably Persistent Complainants and Unreasonable and Challenging Behaviour

Complainants may raise concerns verbally and directly to staff or services and indicate that they do not wish to formalise their concerns as a complaint. This policy indicates that staff members are required to try and resolve concerns at local level, however some complainants may continue to raise the same issue or increase their contact with staff and identify verbally, new concerns, while stating their wish that they are not dealt with through the Trust complaint process. This may lead to extended contacts with staff which become disproportional to the concerns which are being raised. If staff consider that they have exhausted all attempts to resolve a complainants issues, raised verbally, through local resolution - staff should consider contacting the PET to agree a means of bringing about final local resolution. This may involve recording the

concerns within the service response complaints process which will inform the complainant in writing of the outcomes, and provide them with information about the Trust complaint process and the support of advocacy and the role of the PHSO.

Some complainants may be unwilling to accept the Trust formal response to a formal complaint. The Investigation Officer and a Care Group Senior Manager involved with the handling of the complainants complaint will be required to meet, if agreeable to the complainant, to bring about final local resolution in a timely manner. The Trust will always support the complainant in this process however, at some point it may become apparent that attempts to bring about final local resolution have been exhausted. In some cases, this may lead to persistent contact with the Trust with no possibility of resolution and in a minority of cases a complainant's demands may be considered to be unacceptably unreasonable, threatening or verbally aggressive. Should this situation arise the PET will liaise with the Patient Experience Manager and then with the Head of Clinical Governance and Executive Director of Quality and Nursing to allow them to ascertain the most appropriate way to deal with the situation.

If all attempts at resolution have been exhausted the complainant will be advised of this and advised that the Trust has closed the case. The complainant will be reminded of their right to approach the PHSO, who can carry out an independent assessment of the case.

8.7 Processes in place to ensure that individuals who raise a complaint or concern are not treated negatively as a result

There are processes in place to ensure that individuals who raise concerns or complaints are not treated negatively as a result of doing so; this is communicated to individuals via Trust Complaints Factsheet and in the acknowledgement of concerns and complaints. Processes include:

- Ensuring that individuals can raise concerns anonymously if they wish, via the Patient Experience Team
- Ensuring that investigations are standardised across the Trust
- Individuals can report concerns directly to the service managers / frontline staff or to staff external to that service

- Any documentation relating to investigations regarding concerns / complaints are not filed within the service user's health records
- Provision for investigation if an individual does report that they have been treated differently as a result of raising a concern or registering a complaint.

8.8 Joint Complaint Resolution

The Trust will aim to provide a complainant with a single response in cases where the complaint content covers a number of organisations following DoH 2009 guidelines in the co-ordination of and the handling of the complaint. In a complaint which is addressed to the Trust, the PET will contact the complainant for consent to share the content of complaint with relevant organisations. This consent will also indicate to the complainant that consent is being asked to allow for information held by another organisation to be shared with the Trust. Once the consent is provided, the PET will then liaise with other organisations to request that each organisation provides a response to the complaints raised. The Trust at all times will aim to meet DoH 2009 recommendation that a single coordinated response is provided, however will inform the complainant should this not be possible. The Trust will endeavour to learn from complaints which will require cross organisational learning taking place.

8.9 Complaints Relating Totally to another Organisation

If a complaint is received that does not fall within the scope of this policy, the PET will contact the complainant to ask if they would like the complaint to be sent on to the organisation to which it relates. If the complainant wishes it to be sent on then it should be done as soon as is reasonably possible. The complaint will be recorded as PALS for information only as redirected to another Trust.

8.10 Possible Claims for Negligence

Where a complainant indicates or implies that legal action may be taken or compensation sought, the Patient Experience Manager will liaise with the Head of Clinical Governance, Executive Director of Quality and Nursing and the Head of Mental Health Legislation Unit & Legal Services to agree a way forward in respect of the handling of the complaint.

8.11 Redress

Financial compensation is not ordinarily available through the Trust standard complaints procedure, although it may take place in some complaints where actual financial loss can be identified: for example appointment cancellations, or loss of personal belongings. Claim forms are available to staff and should be used as soon as loss is identified and forwarded directly to the Trust's Legal Services Department. Often the timely handling of this type of complaint at local level can prevent it requiring to be made into a formal complaint.

If formal legal action has been instigated and on receipt of a complaint in these circumstances this must be reported to the Head of Mental Health Legislation Unit & Legal Services who will provide advice to determine whether progressing the complaint might prejudice subsequent legal action. The complainant should be advised if this is the case and the timescales for the complaint investigation put on hold.

8.12 Record Keeping for Complaints Management Process

All comments and complaints received through Patient Experience Team will be recorded on the Trust's complaints management system (Ulysses) by the Patient Experience Team. KO41, quarterly reports will be submitted in line with National requirements. Recorded complaints are reported on a monthly basis to the Care Groups and the Board of Directors and annually within the Annual Complaint report.

8.13 Actions and Learning from Complaints, Concerns and Comments

If feedback recorded from sources across and out with the Trust indicate that trends exist which indicate service failings, then these will be initiated at a local level and monitored and reported through Care Group Governance Forums. To allow the Trust as a whole to benefit from the feedback it receives through comments and complaints, data will be collated and reported on a monthly basis, to the Board and Care Group Governance forums. The Quality and Safety Committee will receive a report on an annual basis (or more often as required. Reports of all complaints and

recommendations are provided to the Director of Operations and shared at Senior Management team meetings. Actions identified from complaints will be recorded within the report completed by the investigation team and provided to the Care Group and Support Services Managers to allow them to learn from complaints, implement change when required and provide evidence of when the service improvements have been completed.

8.14 Complaints about the rights and freedoms under the Data Protection Act Legislation

Complaints received about the rights and freedoms under the Data Protection Act Legislation. The process will be to review compliance against the Extended Rights policy and associated procedures.

9. Training

The following training will be offered to ensure that the Trust delivers a robust complaints, concerns, comments and compliments handling process:

- Training for managers and clinical leads can be requested via the Patient Experience Team.

10. Monitoring compliance with this policy

The table below outlines the Trusts' monitoring arrangements for this policy/document. The Trust reserves the right to commission additional work or change the monitoring arrangements to meet organisational needs

Aspect of compliance or effectiveness being monitored	Monitoring method	Individual responsible for the monitoring	Frequency of the monitoring activity	Group / committee which will receive the findings / monitoring report	Group / committee / individual responsible for ensuring that the actions are completed

Complaint handling	Complainant feedback questionnaire	Patient Experience Team	Quarterly	Trust Wide Clinical Governance	Trust Wide Clinical Governance
Adherence to standards in appendices 1, 2 and 3 (transfer of specific items of information)	Audit of records	Patient Experience Team	Annual	Audit committee	Audit committee

11. References/ Bibliography

- PHSO Principles of Good Complaint Handling
- Freedom of Information Act (January 2000)
- Data Protection Act 1998
- NHS Complaints Guidance – NHS Constitution
- Access to Health Records Act 1990
- Service User Experience in Adult Mental Health: improving the experience of care for people using adult NHS Mental Health Services (CG136)
- Patient Experience in Adult NHS Services: improving the experience of care for people using adult NHS services (CG138)
- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009

12. Related Trust Policy / Procedures

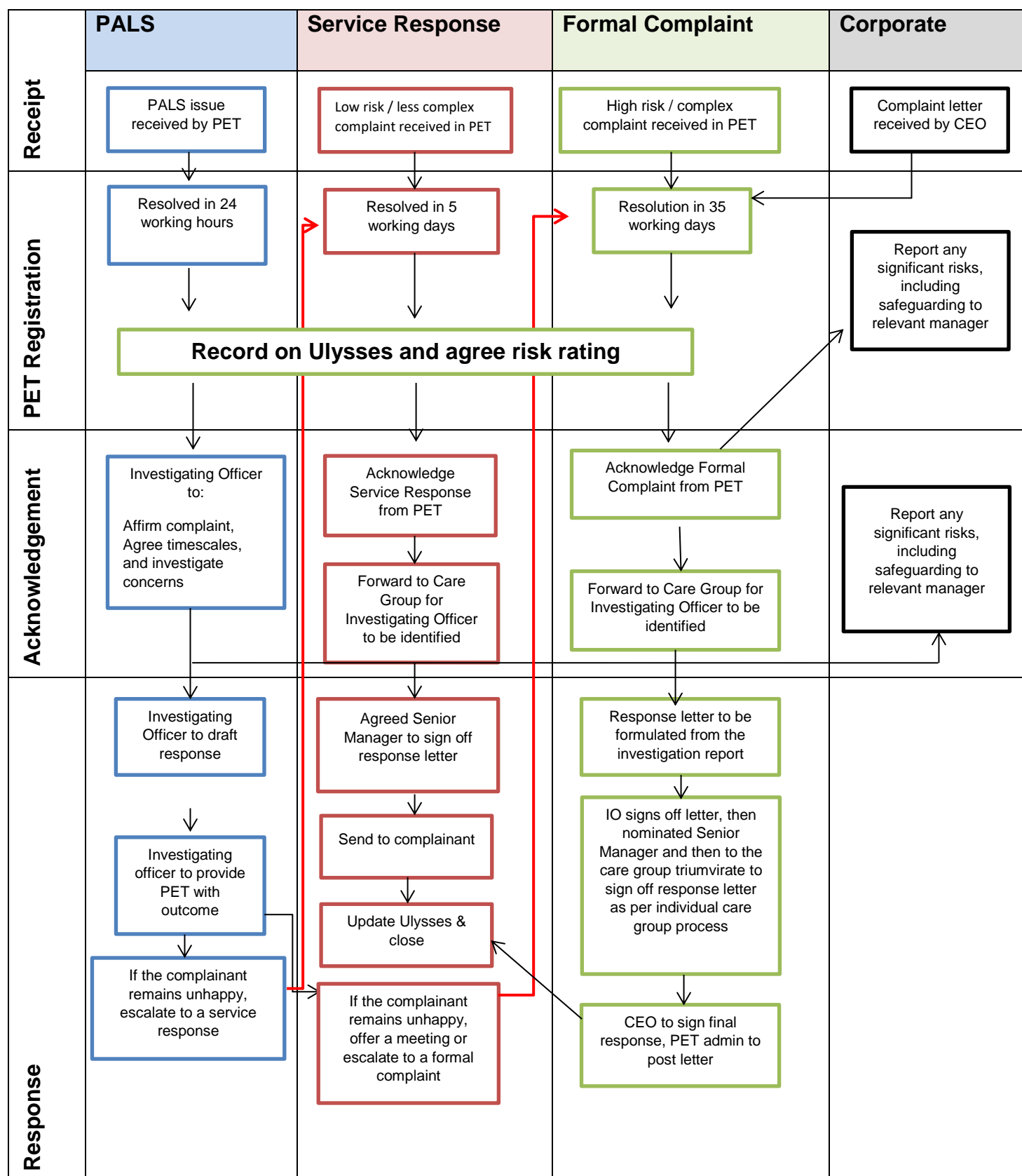
- POL/001/010 Consent Policy
- POL/001/040 Duty of Candour/ Being Open Policy
- POL/001/006 Safeguarding Policy

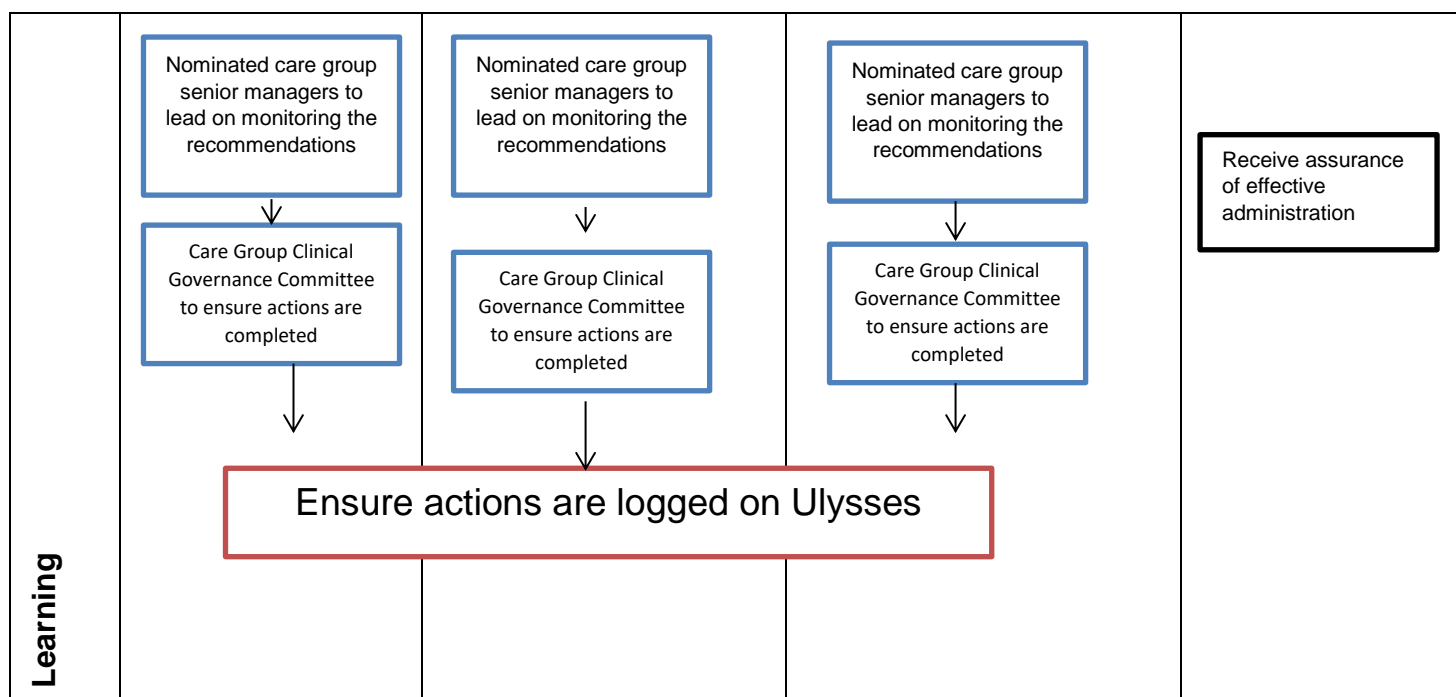
- POL/002/018 Data Protection Act Policy (Aug 2015-Aug 2017)
- POL/002/006 Incident and Serious Incidents that Require Investigation (SIRI) Policy
- POL/004/004 Equality and Diversity Policy
- POL/004/002 Grievance Policy or alternatively
- POL/004/007 Raising Concerns Policy
- POL/004/001 Trusts Disciplinary Policy

Appendix 1 Risk Matrix

Levels	Level 0	Level 1	Level 2	Level 3	Level 4	Level 5
	Compliment	Minor Impact	Low Impact	Moderate Impact	Major Impact	Serious & Adverse Impact
Type of Handling		Local Resolution	PALS	Service Response	Formal Complaint	SIRI
Description	Any verbal of written compliment about services	Issue brought to front line staff who able to resolve it by the end of the next working day.	Issue has minimal or relatively minimal impact to provision of healthcare or the Trust	Potential to impact on service provision or delivery. Satisfied with Directorate response to complaint.	Issues that is significant with regard to standards, quality of care, denial of rights, personal injury. Request for Chief Executive response.	Serious patient safety issues.
Example	Could be a compliment or positive comment	Could be a complaint, concern or comment	Could be a complaint or concern	Legitimate complaint or concern but not having serious implications for delivery of service.	Complaints where something has seriously affected patient care, the patient/relative/carer, with clear implications for the delivery of service - that require a formal investigation	Issues regarding serious adverse events, long term damage, grossly substandard care, professional misconduct or death that require investigation
Risk of Litigation	None	None	No real risk of litigation	Slight potential for litigation	Possibility of litigation	High probability of litigation
Staff Involved with resolution	N/A	Front line staff	Service / Team Managers	Service / Team Managers	Senior Managers within Directorate, option for Managers from outside service to investigate.	Investigating Officer
Work time needed to respond	N/A	Up to 2 hours	Up to 4 hours	Around 6 – 8 hours	Between 10 – 20 hours	20 hours or over
Admin	Staff provide the compliments, who will record	Local arrangements.	PET to handle and record on Ulysses	PET to handle and record on Ulysses	PET to process and record on Ulysses	SIRI to process as per Policy
Response from	N/A	Front line staff	Investigation Officer	Investigating Officer	Chief Executive	Chief Executive

Appendix 2 Patient Experience Team Process Map





Appendix 3 - Procedure for dealing with a complaint

Complaints may be received by services, the Patient Experience Team or Corporate Services such as the Communications Team and the Chief Executive's Office.

Receipt of a complaint within a service

Concerns and complaints may be received by any member of staff. It is important that they are dealt with promptly and effectively, taking full account of the wishes of the complainant.

All complaints and concerns judged to be level 3 and 4 must be sent to the Patient Experience Team who will upload onto Ulysses by the end of the following working day and acknowledged within three working days.

All further correspondence must be scanned and uploaded onto Ulysses.

Receipt of a complaint by the Patient Experience Team

The Patient Experience Team will record every complaint received onto Ulysses by the end of the following working day.

The Patient Experience Team will be responsible for the coordination and data quality of information logged on to Ulysses.

Risk rating

On receipt by the Patient Experience Team, all concerns and complaints will be risk rated (see Appendix 1). The category allocated (which will be subject to review as a response is developed) will be relevant to the proposed interventions for resolution and also to likely timescales.

Issues (process for notification of external agencies)

The list of issues which cannot be addressed through NHS Complaints process is included in the Complaint Handling Policy. Where issues relate to claims against the Trust; to issues being investigated by the Police; or issues which have been referred to the Coroner; complaints should be dealt with as far as possible. The fact that others are involved in the case does not automatically mean that no aspect of a complaint can be considered.

Allegations of a serious nature, such as wilful neglect, physical, racial or sexual abuse, theft or fraud should be brought to the immediate attention of the Police, the Chief Executive and the Medical Director.

Safeguarding issues

Complaints, concerns and comments may raise safeguarding concerns in relation to children or vulnerable adults. On receiving any complaint or comment members of the Patient Experience Team will review it within 24 hours and ask the question:

'Is this a Safeguarding Concern?' If unsure, Patient Experience Team member will contact the Safeguarding Lead for the Care Group where the complaint originated, if yes, the Safeguarding Lead will facilitate the completion and forwarding of a safeguarding alert to the appropriate local Safeguarding Team. Referral to the Police will be considered by the local Safeguarding Team, but the Patient Experience Team may also make a direct referral to the Police if it would be unsafe for this to be in any way delayed.

Other organisations

If it is clear that the complaint has been addressed to the wrong organisation and there are no issues for the Trust to consider, the complainant should be informed and consent obtained to forward the complaint to the correct organisation.

Where some aspects of the complaint relate to responsibilities of other health or social care organisations, the complainant should be informed and consent obtained to sharing the complaint with them; if this is obtained, then a joint response should be prepared, normally by the organisation with responsibility for the largest part or most serious aspects of the complaint, in co-operation with the other relevant organisation(s). If consent is not given, then the trust can only respond to issues for which it is responsible.

Acknowledgement

The Local Authority Social Services and National Health Service Complaints (England) Regulations (2009) require that concerns and complaints are acknowledged at the earliest opportunity and within a maximum of three working days. The Patient Experience Team will acknowledge all complaints they receive. Service / Team leads will be responsible for acknowledging level 2 PALS complaints that are received from the Patient Experience Team. Level 3 & 4 complaints from services will be acknowledged by the Patient Experience Team. The acknowledgement must include:

- The issues raised by the complaint
- The complainant's desired outcome (and manage expectations, where appropriate)
- Preferences around communication
- Availability of advocacy support such as ICAS, NHS Complaints Advocacy
- Likely timescales
- Investigation Officers name (particularly important for more vulnerable complainants who do not have advocacy support)

Where it is not possible to contact the complainant, this information will be sent to the complainant in writing with an invitation to discuss. Making Experiences Count advises

that complainants should be provided with an action plan. Letters of acknowledgment fulfil this function.

Consent – please refer also to point 6 Who Can Raise a Complaint or Concern?

Where someone, other than the service user, writes to complain about a service user's care and / or treatment, written consent from the service user will be required to confirm that they agree that the representative is complaining on their behalf and that they consent to details of their care and treatment being disclosed to the representative in order to respond to the complaint.

If it is felt that a service user may not have the capacity to consent to the disclosure of their details, the Patient Experience Team will request confirmation of the individual's capacity to give informed consent to the disclosure of information from the person's Consultant Psychiatrist or Clinical Team.

Where capacity is judged to be lacking, the Trust's Caldicott Guardian will decide whether, in the absence of the individual's consent, it is in the individual's best interests to disclose information to the complainant.

In the case of an individual who has died, the representative must be a relative / other individual who can provide evidence of Legal Authority – Evidence of Executor of the Will or Grant of Probate.

In cases where an MP is complaining on behalf of one of their constituents, signed consent should be received from the constituent that they are representing.

In cases where an MP or Advocate is representing a person who is acting on behalf of a service user, consent must be obtained from the service user. Information must not be disclosed without the permission of the service user.

Investigation

Decisions on the most effective way of dealing with a complaint will be taken following consideration of the risk category of the case (See appendix 1), the complainant's views, and the seriousness of the alleged issues.

Level 1 Complaint and Concerns

These should require minimal consideration for a quick resolution / outcome. Level 1 Complaints and concerns will ordinarily take up to 2 hours' time and effort to resolve. These are resolved at local level and the Patient Experience doesn't need to be informed of these.

Level 2 Complaints and Concerns

These should require basic consideration such as confirmation of the issues with the complainant, a brief review of patient records, a conversation with one or at most two staff.

We would expect consideration of a Level 2 concern or complaint to take up to four hours. **These must be resolved within 24 working hours.**

Level 3 Complaints and Concerns

Level 3 Complaints and concerns will require in depth consideration including confirmation of the issues with the complainant, a review of patient records and / or other documentation such as Incidents, meetings with staff and witnesses.

Level 3 Complaints should take 6-8 hours. **These must be resolved within the 5 working day timescale.**

Level 4 Complaints

Level 4 complaints will require formal investigation by an Investigating Officer who has received advanced investigation skills training and / or root cause analysis training, or close supervision from a member of staff who has.

The Investigating Officer will normally be appointed from within the Care Group concerned. They should not have been involved in the care and treatment of the service user who has either made the complaint or is the subject of the complaint.

In specific cases consideration should be given to appointing an investigator from another Care Group or seeking the assistance of someone suitably qualified from another Trust. It is important that investigations are seen to be objective and unbiased.

In undertaking an investigation, the Investigating Officers will make every effort to interview all relevant parties including the complainant and or patient and any witnesses to events, such as staff, family members or other patients. Copies of interview notes / statements must be signed and dated and kept as appendices to the investigation report. Guidelines as to how to approach an investigation are laid out in the fact sheet Investigation Framework.

The complaint should be investigated to the extent necessary and in the manner which appears to be the most appropriate to resolve the issues speedily and efficiently. The investigation must then be written up in a clear but concise way.

The Investigating Officer should write a draft response letter from the Chief Executive to the complainant from the report. The letter should summarise the nature and substance of the complaint, describe the investigation, give a clear indication as to each aspect of the complaint, our findings, our response, any recommendations that are made, apologies for any errors, poor practice or judgement and reference to any actions already taken.

The investigation report and draft letter must be sent to the Patient Experience Team within agreed time scales. Should individual Directorates wish to impose their own deadlines so that the report and draft letter can be checked locally first then they are at liberty to do so.

If an investigation indicates a case for referral to:

- Investigation under disciplinary procedures
- A professional regulatory body
- Independent inquiry into a serious incident
- Investigation of a criminal offence

All information will be passed to the Associate Director of Operations who will decide whether to initiate the action. The complainant will be informed and a record of the investigation so far will be provided. Referral for another type of investigation does not automatically preclude the continuation of investigation of other issues raised by the

complaint. Level 4 complaints should take 10 – 20 hours to complete. **A formal complaint must be responded to within the 35 working day timescales.**

Level 5 Complaints

POL/002/006 Incident and Serious Incidents that Require Investigation (SIRI) Policy must be followed, however the complaints policy must also be adhered to if any of the points below occur:

- when a complaint is received and the SIRI has already commenced and the patient or family has additional points that are unable to be captured within the agreed Terms of Reference
- or on review of the SIRI report there are other elements of clinical care received which the complainant feels require investigation
- or the person wishes the SIRI process itself to be investigated under the complaints procedure

Any complaints raised which are superseded by the SIRI process must be recorded as a formal complaint on Ulysses and responded to in writing.

Timescales

The important issue is to work out what would be a realistic amount of time to consider and respond to a complaint and agree this with the complainant. Timescales may take less or more time depending on factors outside the control of the person responding to the complaint, such as shift patterns, illness, holidays etc.

If the complaint is going to take longer than agreed timescales, complainants must be updated. Updates and agreed timescales must be documented on Ulysses.

Level 2 and 3 responses

After a level 2 or 3 complaint has been looked into and considered, a response must be provided; this can be done either in writing or at a meeting. If at a meeting, a letter detailing the response must be provided as well.

The Investigating Officer who has looked into and considered the complaint is responsible for writing the letter of response. The letter of response will be sent from

the Investigating Officer. The Patient Experience Team can review responses before they are sent. The Patient Experience Team may wish to suggest changes to the style, grammar and content and occasionally ask for it to be re drafted if it has not addressed issues raised in the complaint.

Once a letter of response has been developed the nominated senior manager in the care group is to review and confirm that they are happy for the letter to be sent to the complainant.

Level 4 responses

The Investigating Officer must provide the response to the Patient Experience Team the Patient Experience Team may wish to change the letter of response's style, grammar and content and occasionally ask for it to be re drafted if it has not addressed issues raised in the complaint then the letter will be provided to the nominated Senior Member of the Care Group for approval. After approval,

The complainant should be informed of the conclusions reached and action to be taken, in the way specified in the letter of acknowledgement.

Level 4 responses will be signed by Chief Executive.

If the complainant is dissatisfied with the outcome, the response should be reviewed to ensure that it fully address all points raised at the outset of the complaint. If this is the case, the complainant should be reminded of their right of referral to the Parliamentary and Health Service Ombudsman. If additional issues are raised, these can be addressed as a new case.

Response deadline

All complaints response letters will be sent to the complainant within agreed timescales and in accordance with the risk rating (See Appendix 1). Where it is not possible to meet this deadline, all efforts will be made to ensure that the complainant is kept up to date with the complaint's progress, the reasons for any delay and an updated response date where possible.

Extensions to the deadline

If it is found that the investigation is more complex and may take more time, then with the complainant's agreement, an extension to the agreed timescales may be made.

Continued efforts to resolve

At the end of each letter of response, an invitation should be extended to the complainant to meet with the Trust should they feel there are outstanding or unresolved issues. Every effort should be made to encourage this meeting so that complaints are resolved within the Trust. Any meetings carried out should be done with representatives who are as close to the area of service complained about as possible.

Any results of such meetings or actions to be recommended or taken should be shared with all concerned parties.

Communication with the Parliamentary and Health Service Ombudsman

Any complainant who is dissatisfied with the Trust's responses to their complaint can refer it to the Parliamentary and Health Service Ombudsman. The Patient Experience Team will ensure that the complainant is made aware of their right to do so.

The Patient Experience Team will act as the Ombudsman's main contact point with the Trust and will ensure that the Ombudsman's staff members have access to staff and relevant documentation to assess whether a complaint should be investigated.

Where the Parliamentary and Health Service Ombudsman recommends action following an investigation of a complaint the Trust Board will be responsible for considering how recommendations should be implemented.

Staff named in a complaint

Being complained about can be an extremely stressful process for all staff, no matter what their position or authority. Staff named in a complaint should ordinarily be made aware of this as soon as possible, this should be done by their direct line manager. When a complaint is about a Doctor, the Care Group Clinical Director should be informed.

Staff named in a complaint must be:

- Given a brief description of the complaint, a copy of the letter of acknowledgement would be helpful
- Information about the Trust's Handling of Complaints Policy
- Offered support throughout the process from either inside or alternatively outside their respective service
- Offered the opportunity to view the report when it has been completed by the Investigating Officers
- Provided with a copy of the letter of response

Supporting staff involved in dealing with a complaint

It is vital to support staff members who are involved in investigation processes within the Trust. Immediate support for staff must be identified and provided by their line manager.

Learning Lessons / action plans and service improvements / changes

Learning lessons, action plans and service improvements and changes will be considered by the Investigating Officer after the investigation has been carried out and before the response is given; this provides an opportunity for actions and changes to be included in the response to the complainant.

The Investigating Officer will draw up an action plan / recommendations from the investigation as part of the investigation.

The Patient Experience Team will record the actions on Ulysses at the end of the month. Action plans will be reviewed after six months to ensure they have been completed.

Failure to comply with agreed learning lessons or adopt agreed actions in plans may be reported to the appropriate Associate Director of Operations and or Associate Director of Nursing.