

Managing Complaints, Concerns and Compliments Policy

Version No: 1

Document Summary:

The policy sets out the processes in place to ensure that concerns and complaints are handled thoroughly and in a timely manner. It outlines the Trust’s approach to ensuring the fair treatment of complainants and those involved in complaints, within a culture of honesty, openness and learning. It also outlines the Trust’s approach to managing compliments.

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Accountable Director	Director of Nursing, Midwifery & Governance	
Policy Author	Head of Complaints and Legal Services	
Target audience	All staff	

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Document Control

Section 1 – Document Information	
Title	Managing Complaints, Concerns and Compliments Policy
Directorate	Quality & Risk
Brief Description of amendments	
Fully revised policy for new organisation. This supersedes the previous St Helens and Knowsley Teaching Hospitals NHS Trust Managing Concerns and Complaints and Southport and Ormskirk Hospital NHS Trust's Concerns, Complaints and Compliments RM 19	
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Does the document outline clearly the monitoring compliance and performance management?	Yes
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Quick Reference Guide

- The Trust will strive to resolve all concerns informally at the time they are raised and posters will be displayed throughout the ward advising service users and their families/carers to not leave the Trust if unhappy with their care and who to contact to address the issues at the time
- Once a complaint/concern becomes formal, the Trust will strive to resolve the complaint locally. If the complaint cannot be resolved locally the Trust will remind complainants of what the next steps are and, ultimately, their right to take the matter to the Parliamentary and Health Service Ombudsman (PHSO) if they remain dissatisfied following receipt of a written response.
- The format of the response to the concern/complaint will be agreed with the complainant; this may be verbal (by phone or at a meeting), by email or written letter. Often, a concern can be satisfied with a verbal response, however more formal complaints may require a written response, although some complainants prefer to receive this via email. The written response will explain how the complaint has been investigated, apologising where appropriate, explain the outcome of the investigation, what actions have been/will be taken and what the next steps are for the complainant if they remain dissatisfied
- All staff within the complaints process should be mindful of the possibility that complainants could have additional communication needs. All communications with the complainant must take into account these needs and take steps to ensure that there are no barriers to complainants making a complaint, being involved in the complaint process and receiving a response.
- All staff will be made aware of the policy to enable them to respond positively to concerns and complaints and endeavour to resolve issues quickly
- The Trust will ensure that service users and carers can raise a concern or complaint without their care, treatment or relationship with staff being compromised.
- All concerns and complaints will be formally acknowledged within 3 working days.
- Where possible the complaint issues will be clarified, investigation timescale agreed with the complainant, and the best way to reach a satisfactory outcome discussed.
- Investigations will be thorough, responsive and appropriate to the seriousness of the complaint, and conducted within the timescales agreed (where possible) with the complainant.
- Within Divisions, local leadership and accountability will facilitate early resolution and ensure concerns and complaints are responded to promptly and used to initiate actions for service improvement/opportunities for staff improvement.
- Divisional governance structures will be used to ensure organisational learning from complaints and the sharing of best practice.
- Compliments should be recorded on Datix at the point they are received.

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2. Scope

The policy deals with the handling of compliments, concerns and complaints regarding Trust services, buildings or the environment. Compliments, concerns and complaints may be received from patients, patient relatives, carers and visitors. The concerns and complaints excluded from the scope of this policy are identified in section 6.1. The policy applies to all sites, departments and areas within the organisation and applies to all permanent and temporary staff working within the Trust.

3. Introduction

The Trust is committed to providing the highest quality of services in partnership with patients, their carers and other organisations. The Trust welcomes feedback from patients, visitors and the public about the services that it provides and this includes feedback from concerns, comments, complaints and compliments.

The policy aims to ensure that compliments are recorded and shared with staff to enhance and share good practice.

The policy will ensure concerns and complaints are handled thoroughly without delay and with the aim of satisfying the complainant whilst being fair and open with all those involved. The Trust recognises that there is a need to view complaints positively as a valuable contribution to the development of better quality healthcare by improving services. The Trust is, therefore, committed to identifying lessons learned from complaints so that services may be improved.

The Trust recognises the need to ensure that there are no barriers to making a complaint as a result of patients and/or complainants having additional communication needs and to ensure the Trusts compliance with the NHS Accessible Information Standard can provide verbal and written communication support in a variety of ways. Verbal interpretation and translated letters and other communications can also be provided in a variety of foreign languages for complainants whose first language is not English to enable them to both access the complaint process and be provided with the response in their first language. Interpreters and translated materials can be requested by contacting interpreter.bookings@sthk.nhs.uk. If a need is identified or suspected, and this cannot be easily addressed, contact should be made with the Trust's Patient Experience and Inclusion Team to obtain advice and support.

The policy makes clear what people should expect when they complain and supports a culture of openness, honesty and transparency (Duty of Candour). The policy is based on how the Trust will comply with the NHS Constitution, Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (also referred to as "the 2009 Legislation") and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 16.

The policy is informed by the key recommendations and messages from the:

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- Francis and Clwyd/Hart reports
- Good Practice Standards for NHS Complaints Handling published by the Patients Association
- Visions and standards in “My Expectations for Raising Concerns and Complaints” published by Healthwatch
- Parliamentary and Health Services Ombudsman (PHSO) Good Complaint Handling Guide and Principles of Remedy

The recommendations and standards of the Patient’s Association have been incorporated into this policy, in line with recommendation 113 in the Francis review.

It promotes the use of people’s experience of care to improve quality. By listening to people about their experience of healthcare, the Trust can rectify mistakes faster and learn new ways to improve the quality and safety of services, with the aim of preventing the same problem from happening again.

4. Statement of Intent

This policy explains how a patient or their representative can raise a concern or complaint and the responsibilities of staff to whom the complaint is addressed. It also outlines the action to be taken by the departments involved and provides information on good practice at each stage of the process in order for the Trust to respond positively and effectively to all complaints, concerns and compliments.

5. Definitions

It is sometimes difficult to differentiate between a concern and a complaint for the purpose of this Policy, the following definitions will apply:

Term	Definition/Meaning
Concern	A matter of interest, importance, or an expression of worry or doubt over an issue considered to be important for which reassurances are sought. Concerns can usually be resolved quickly by the PALS team. Raising your concern could potentially resolve the issue or provide you with an explanation and/or an apology. Sharing your experience can also be beneficial to us as we can use your experience to improve the treatment and care provided for others in the future.
Complaint	Any expression of dissatisfaction made orally, in writing or electronically about any aspect of service provided by the Trust which the patient or representative (with the patient’s consent) has specifically asked to be addressed. All complaints will be investigated as a complaint under the NHS Complaint Regulations (2009)
Complainant	An individual who raises a complaint
Complaints Investigator	The Trust recognises there are differences in the way complaints are investigated and drafted across the Trust. The Complaints Investigator (howsoever referred to) is the person put in charge of

	managing the complaint, including collating evidence and drafting the response/updating the complainant and Datix following the local resolution meeting, etcetera, in order to respond to the complaints raised In some cases part/all of this role will be performed by Complaints Co-ordinators.
Compliment	An expression of appreciation or praise for a person or service; a positive comment relating to a patient experience or observation
KO41(a) and (b)	Annual statutory return to NHS Digital to enable national comparisons of formal written complaints

6. Duties, Accountabilities and Responsibilities

6.1 Trust Board

The Trust Board has a monitoring and assurance role, including receiving reports that provide assurance that this policy is working effectively. The Board will monitor themes and trends from complaints and receive assurance that systematic learning takes place with appropriate actions taken in response to concerns or complaints.

6.2 Chief Executive (CEO)

The Chief Executive has overall responsibility for the management of compliments, concerns and complaints and fulfils the role of “Responsible Person” under the NHS Complaints Regulations. The CEO has accountability for the process of quality assurance and final sign off for complaint responses and will carry out this duty personally or delegate to the Managing Director, Deputy Chief Executive or Director of Nursing, Midwifery and Governance.

6.3 Director of Nursing, Midwifery and Governance

The Director of Nursing, Midwifery and Governance holds the responsibility for the management process for compliments, concerns and complaints across the organisation. As part of this role the Director of Nursing, Midwifery and Governance has overall responsibility for overseeing the complaints management processes in place and for final evaluation and sign off of complaints response letters as a delegated responsibility from the CEO, ensuring that lessons learned from complaints have been identified and remedial action implemented by the appropriate service leads. In addition, the Director of Nursing, Midwifery and Governance will review any complaint regarding nursing care where the complainant remains dissatisfied with the response or disputes the outcome of the investigation. They may delegate this duty to the Deputy Director of Nursing and Quality or Deputy Director of Governance.

Responsible for authorising KO41(a) and (b) returns.

6.4 Medical Director

The Medical Director will independently review any complaint regarding medical care where the complainant remains dissatisfied with the response or disputes the outcome of

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the investigation. They may delegate this duty to the Deputy Medical Director and/or Assistant Medical Directors.

6.5 Executive Director

Executive Directors are responsible for ensuring that the complaints process is effective and efficient and that remedial action to correct identified deficiencies in services that they are responsible for are implemented and evaluated. They are also responsible for ensuring there is an effective process for sharing best practice, including those areas outlined in the compliments received.

6.6 The Deputy Medical Director, Assistant Medical Directors, Divisional Directors and Clinical Directors

The senior clinicians have responsibility for the timely investigation of complaints relating to medical staff and clinical practice in their areas of responsibility. Complaints that name doctors must be incorporated in the appraisal process to ensure learning and appropriate support of the individual. Clinical Directors will also provide assurances that lessons learned, actions plans and action have been completed.

6.7 Director of Operations and Performance

The Director of Operations and Performance will ensure that Divisions have an effective and efficient complaints management process in place and that learning from complaints and remedial action is evidenced and evaluated. The Director of Operations and Performance is also responsible for ensuring the complaints management performance is reported through performance management reports and that positive comments are also shared.

6.8 Assistant Director of Operations (ADOs)

The ADO for each division should respond to any failure to meet quality or performance standards and act on any deficiency. The ADO is responsible for ensuring that they have overall awareness regarding numbers and themes of complainants coming into their service area. They also have a responsibility to ensure thorough and timely investigations are completed to enable responses to be sent out to complainants in the timeframe agreed. They are responsible for promoting positive comments throughout each service area.

6.9 Directorate Managers (DMs)/Matrons/Lead Nurses

For areas without designated Complaints Case Managers, the DMs, Matrons and Lead Nurses will be allocated complaints by the Complaints Co-ordinators and take on the role of Complaint Case Manager who will oversee the investigation of complaints within the directorate and ensure that appropriate action is taken. They, together with the designated complaints team within the division, will take on the role of drafting a high quality response to the complaint and formulating, implementing and monitoring an action plan. They will contribute to the directorate meetings and Trust governance structure as required.

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The ownership and responsibility for the investigation, gathering of associated evidence, response to complaints within specific timeframes, lessons learned and preparation of and implementation of actions taken is the responsibility of line management. Line management includes the Director of Operations, Clinical Directors, ADOs, DMs, Matrons and Lead Nurses, who have the responsibility to delegate as they deem appropriate and seek the assurances that actions have been completed, ensuring staff comply with the policy. Assurances on complaints should be provided by line management in reports via the divisional governance structure. The Datix Patient Experience module will be updated with risk grading, lessons learned, actions, action plans, evidence and the implementation by divisional staff.

They are also responsible for promoting a positive culture across each department, supported by the sharing of best practice, illustrated by compliments from patients, carers and others.

6.10 Heads of Nursing and Quality (HoN&Q)/Head of Quality (HoQ)/ Associate Directors of Nursing and Therapies

The role of the Head of Nursing and Quality/Head of Quality/Associate Directors of Nursing and Therapies is to quality check all responses using the Audit Criteria in appendix 10, as a guide for quality checking complaints and to ensure they are fit for purpose completing a final sign off at divisional level. The Head of Nursing and Quality/Head of Quality is also responsible for ensuring the action plans submitted with responses meet the quality standards and reflect the lessons learned from the response. The Head of Nursing and Quality/Head of Quality is responsible for advising and supporting quality improvement at divisional level and for ensuring that the ownership and responsibility lies in the line management structure. They are responsible for ensuring there is an effective process in place for recording the relevant actions arising from concerns and complaints on Datix and for their timely completion.

The Head of Nursing and Quality/Head of Quality will also identify if (following the complaint investigation process) the complaint is serious enough to warrant a patient safety investigation instead of a complaint investigation on receipt, together with the ADO. If this is considered the more appropriate route following discussion with the Director of Nursing, Midwifery and Governance, the complaint is then closed and the Trust's Incident Reporting and Management Policy, which incorporates serious incident management, is then implemented. Contact will be made with the Patient Safety Manager who will put the incident on StEIS. The Division will allocate a SI investigation manager who has responsibility for informing the complainant.

The Heads of Nursing and Quality/Head of Quality are responsible for reporting both positive and negative feedback to the Patient Experience Council and for providing

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assurance that there are effective complaints, concerns and compliment management across the divisions.

6.11 Head of Complaints and Legal Services

The Head of Complaints and Legal Services holds day-to-day management responsibilities for the implementation, management and evaluation of the complaints process in accordance with the 2009 Regulations and this policy. In addition, they will provide the Patient Experience Council, Quality Committee and Board with regular monitoring reports about the types of complaints received, response times, themes and trends, lessons learned and actions taken as a result of investigations and contribute information relating to concerns and complaints as part of the annual Quality Account. They will complete an annual report on complaints management at the end of each financial year.

The Head of Complaints and Legal Services will inform the Director of Nursing, Midwifery and Governance and/or Medical Director if any complaint or subsequent investigation reveals a possible criminal incident, or incident that may require a referral to a professional body.

6.12 Complaints Manager

The Complaints Manager is responsible for managing the process for handling and considering complaints in accordance with the 2009 Regulations and will:

- Oversee the concerns/complaints procedure in liaison with others involved e.g. - the designated lead investigator at local resolution stage, other healthcare organisations and the ombudsman (PHSO) as necessary
- Decide whether a communication is a complaint or not
- Support other staff by providing guidance and advice on Trust policy.
- Be responsible for overseeing the process for preparation of final responses for agreement, signature and posting
- Ensure all concerns/complaints are recorded on Datix, linked to incident reporting, and are assigned a risk rating
- Maintain up to date knowledge about emerging Government policy, guidance, inspection body requirements and best practice relating to complaints
- Inform the Head of Complaints and Legal Services of any potential claims arising from complaints
- Attend the Interface Meeting to review and action complex complaints, claims, safeguarding, patient experience cases and incidents
- Inform the Director of Nursing, Midwifery and Governance and/or Medical Director if any complaint is of such a serious nature as to potentially require investigation under the Serious Incident Reporting and Learning Framework (SIRL) (the Trust's Incident Reporting and Management Policy should be referred to for this, noting that this can be done via the Interface Meeting)
- Ensure all returns are sent in a timely manner to the Department of Health (DH) as required
- Promote feedback relating to service delivery into the Trust using different methods i.e., social media, letters and face-to-face contact

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- Ensure the leaflets for complaints, concerns and compliments are up-to-date and accessible
- Actively promote the range of methods for complaints and concerns to be raised across the Trust
- Responsible for undertaking validation checks and amendment to data prior to submissions of the KO41 returns as outlined in Appendix 11

6.13 Clinical Complaints Adviser

The role of the Clinical Complaints Adviser is to review complex clinical complaints when requested and provide expert advice, input and guidance. They can also be asked to lead on complex clinical complaints in the first instance where appropriate.

6.14 Lead Investigator/Complaints Case Manager/Complaints Lead (Complaints Investigator)

- The Complaints Investigator is responsible for co-ordinating, obtaining and collating comments/statements from appropriate staff and drafting the final complaint response
- It is the responsibility of the nominated Complaints Investigator to liaise and obtain relevant information from other departments
- The Complaints Investigator must ensure that responses are agreed with the staff who have been asked to submit statements before it is sent to the Executives for sign off
- The Complaints Investigator must take a proactive approach to resolving the complaint wherever possible. This will include an initial telephone conversation with the complainant to clarify the content of their complaint (where possible) and or inviting the complainant to attend a local resolution meeting with those involved in the care episode or the use of external conciliation/advocacy if required
- The Complaints Investigator will liaise with Human Resources and relevant managers and members of staff if the complainant names a staff member
- The Complaints Investigator will assist the Complaints Manager with providing evidence to the PHSO or other professional organisations when necessary

6.15 The Patient Advice and Liaison Service (PALS) Officers

PALS officers are responsible for endeavouring to resolve any concerns or informal complaints expressed by patients, their relatives, carers and visitors that have not been successfully dealt with locally. When it is not possible to resolve those concerns or informal complaints to the patients' satisfaction or where the complainant indicates that they wish to make a formal complaint PALS officers will offer the relevant information to assist patients with their complaints.

6.16 Volunteers

Volunteers at the Trust are also a point of contact for complaints and concerns and can help to support patients who wish to express concerns or complaints. When this happens, the Volunteers will alert the ward or departmental manager.

6.17 All Staff

All staff have a responsibility to resolve any concerns expressed by patient, their relatives, carers and visitors and to escalate to their line manager any concerns which

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they cannot resolve locally or where the complainant indicates that they wish to make a formal complaint.

All staff are expected to co-operate and assist with the investigation of complaints to ensure that they are dealt with efficiently, properly investigated and complainants are treated with respect and courtesy. Statements and investigations must be provided within the timeframe outlined below. Failure to comply with this policy may result in disciplinary action in line with the Trust's Disciplinary Policy.

7. Process

7.1 Concerns and complaints excluded from this policy

The Trust is not required to consider the complaint in the following circumstances; however, the Trust will consider each case individually and, as soon as reasonably practicable, notify the complainant of its decision and the reason for the decision either in writing or any other format that is appropriate depending on the needs of the complainant:

- A complaint made about another responsible body (local authority, NHS body, primary care provider or independent provider who provides care under arrangements made with an NHS body)
- A complaint by an employee of a local authority or NHS body about any matter relating to that employment
- A complaint that is made orally and is resolved to the complainant's satisfaction by the end of the next working day
- A complaint, the subject matter of which has been investigated previously or has/is being investigated by the Public Health Service Ombudsman (PHSO)
- A complaint arising out of the alleged failure to comply with a request for information under the Data Protection Act 2018 or any prevailing legislation, or a request for information under the Freedom of Information Act (2000). Guidance regarding this is provided by the appropriate Trust policy
- Complaints about private treatment provided in the Trust, although any complaint made about the Trust's staff or facilities relating to care in their private bed will be investigated under this policy
- Lost property claims, which are investigated and handled directly by the divisional manager. Any claim for lost property made as part of a complaint will be dealt with under the Policy and Procedures for the Secure Management of Patient Property Concerns/complaints relating to care or treatment in excess of 12 months from the date of care/treatment

Where the Trust does not intend to consider the matter via the complaint process, the complainant will be notified of the reasons for this decision in writing. Complainants will be made aware of how to access support from the independent complaints advocacy.

7.2 The Patient Advice and Liaison Service (PALS)

The Patient Advice and Liaison Service (PALS) aims, wherever possible and depending on the complexity of the concern, to investigate and resolve concerns to the individual's satisfaction by the next working day; where this does not prove possible, if the Trust

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believes a prompt and satisfactory response can be provided quickly, this is explained to the individual who can choose to either continue with the plans in place for early resolution, or for their concern to be investigated as a formal complaint under the NHS Complaint Regulations (2009). All concerns received through PALS, whether resolved by the next working day or not, will be recorded on the Trust Datix system and reported on along with the data recorded from complaints.

It is not required that complainants use PALS for complaints as the individual has the right to choose to use either PALS or the NHS Complaints Procedure. This decision should be respected and supported. Close collaboration between the PALS and the Trust's Complaints Department is essential to ensure a coherent and seamless approach to resolving individual's concerns:

- When an individual first has a concern or issue they wish to raise, their first point of contact will often be with a member of staff or PALS.
- PALS will listen to the individual's concerns, provide relevant information and support to help resolve the concerns quickly and efficiently. It is an essential part of the PALS role to liaise with the individual, staff members and/or managers and, where appropriate, with other services, health and related organisations. The PALS Officers will document any lessons learned on the Datix relevant to the PALS concern as advised by a manager/matron, where appropriate
- PALS will arrange bereavement meetings and will attend when necessary
- PALS will provide information to individuals on how to access the complaint procedure if requested, provide details of the free local independent complaints advocacy services, advise the individual to identify what they want to know, send them a complaints form or provide information to access the form from the Trust website
- Influence change in services based on patient/carers' experiences

PALS Officers will follow the PALS Standard Operating Procedure (SOP) to ensure a timely resolution to any concerns raised for patients/families/carers.

7.3 Consent

Access to health records should not be confused with the 2009 Regulations, which are both separate processes. However, it will often be the case that a complaint will relate to a clinical issue and will, therefore, require disclosure of health records to the patient or their representative. Requests for access to records should be handled in accordance with the Trust's Access to Medical Records Policy.

If the representative for a patient wishes to have access, or discuss any aspect of their health records, they must supply a written statement from the patient authorising the hospital and the medical/nursing staff to reveal to or discuss with the representative any clinical information. Appendix 4 contains an example complaint consent form and Appendix 1 contains the complaint pro forma (which is available on wards and on the Trust's website).

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If the patient has died or is unable to act for themselves their next-of-kin, person with Power of Attorney for Health and Welfare or an Executor of their estate will be asked to provide consent and copies of the relevant documentation for the complaint to be investigated and a response to be provided. In these circumstances, the Trust will also respect any known wishes that had been expressed by the patient.

Complainants also have a right to request access to their complaint file. These requests should also be handled in accordance with the General Data Protection Regulation (GDPR) or other relevant legislation.

7.4 How to make a complaint

Concerns and complaints may be made about any matter reasonably connected with the exercise of the functions of the Trust. This may be clinical or non-clinical. Concerns and complaints may be made verbally (in person or via telephone) or in writing (letter or electronically). A concern or complaint may be raised with any member of Trust staff, the CEO or the Director of Nursing, Midwifery and Governance. Alternatively, the complainant may choose to address their concerns to their local commissioner, NHS England, Member of Parliament or another third party such as Healthwatch.

7.5 Who may make a complaint

Concerns and complaints may be made by a patient, their representative, or any persons who are affected by or likely to be affected by the action, omission or decision of the Trust. The 2009 Regulations specify that all complaints are dealt with efficiently, properly investigated and complainants are treated with respect and courtesy. Where complaints are unclear or contain many questions, the complaints investigator will contact the complainant to clarify the complaints and identify the issues which needs to be resolved.

The Regulations also specify that complainants receive, as far as possible, assistance to enable them to understand the procedure, or advice on where they may obtain such assistance. Complainants should receive a timely and appropriate response, which informs them of the outcome of the complaint and investigation, as well as what action is to be taken as a result of the investigation and complaint.

A concern or complaint may be made by a representative where the patient: has died, is a child, is unable to make the complaint themselves due to physical or mental incapacity (within the meaning of the Mental Capacity Act 2005), or has requested the representative to act on their behalf. This includes a Member of Parliament and other NHS bodies such as the Integrated Care Boards or NHS England.

In all circumstances where a representative is making a complaint, the complaint will be considered by the Trust if the representative is a relative or other person who had or has sufficient interest in the person's welfare and the complaint is made in the best interests of the person on whose behalf the complaint is made.

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7.6 Information about making a complaint

Information about how the Trust deals with concerns and complaints will be made available in all departments, the main reception, PALS and the Trust website.

7.7 Allegations of fraud or corruption

Any complaint concerning possible allegations of fraud and corruption should be passed immediately to the NHS Counter Fraud Service for action. These are then reported to the Trust's Audit Committee.

7.8 Media interest

In cases where a complainant has or expresses their intention to contact the media, the Assistant Director of Communications, Media and Public Relations will be informed and take appropriate action regarding Trust communication and media management.

7.9 Handling of joint multi-agency complaints between other provider organisations

In cases where a complaint involves more than one NHS provider, commissioner, local authority or third party independent provider, and the complainant so wishes, the Trust will work with the other relevant organisations in seeking resolution. There is general consensus for the handling of multi-agency complaints, which guides the handling of joint complaints between organisations, clarifies roles and responsibilities of organisations, enhances inter-agency co-operation and reduces confusion for service users. The purpose of the protocol is to ensure that complainants receive a seamless, effective service and are not treated differently as a result of raising a concern/complaint regardless of the organisations involved within the local economy.

Where a responsible body receives a complaint sent by another responsible body it must be acknowledged by the recipient body no later than 3 working days after the day on which it receives the complaint. The acknowledgement may be verbal or in writing.

7.10 Time limit for making a complaint

A complaint should be made within 12 months of the date on which the matter occurred, or 12 months of the date on which the matter came to the notice of the patient or complainant. The complaint may be investigated, where it is made after this time, if the complainant has good reasons for not making the complaint within the above time limits and it is still possible to investigate the complaint effectively and efficiently given the time lapse. In circumstances when a complaint is not being investigated on this basis, the complainant will be informed of the reason for that decision and informed that they can contact the PHSO to consider their complaint.

7.11 Complaints about the Chief Executive

The Chief Executive is the Responsible Person in respect of all complaints received but this can be delegated. If a complaint is received about the conduct or actions of the Chief Executive, the role of Responsible Person shall be delegated to the Trust Chairman for that complaint.

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7.12 Record keeping and confidentiality

The Complaints Manager, the Complaints Team and the appointed Complaints Investigator should ensure that all information relevant to the investigation of the complaint is recorded in the Trust's Patient Experience module on Datix and kept in a case file that is retained as per Information Governance and data protection procedures, in case they are subsequently required for an independent review, PHSO investigation, subject access request or clinical negligence claim. Records will be kept in line with the Trust Corporate Records Management Policy and in line with the Records Management Code of Practice for Health and Social Care 2021.

Information about complaints and all the people involved is strictly confidential, in accordance with Caldicott principles. Information is only disclosed to those with a demonstrable need to know and/or a legal right to access those records under GDPR and other relevant Data Protection legislation. All data will be processed in accordance with Trust policy. Complaint documentation must not be filed in health records but maintained within Datix, subject to the need to record any information that is strictly relevant to their health record. Complaints must not affect the patient's/complainant's treatment and the complainant or patient must not be discriminated against. Any identified discrimination will be reported to an HR manager and managed as per Trust policies.

7.13 Third party complaints

If a third party (e.g. solicitor) submits a complaint on behalf of another individual, a thorough check must be undertaken to ensure that the complaint is being made with the knowledge and consent of the person concerned, patient-identifiable information must not be used or disclosed, for purposes other than direct healthcare, without the individual's explicit consent, some other legal basis, or where there is a robust public interest or legal justification to do so (NHS Confidentiality Code of Practice).

If there is any doubt as to whether a person complaining on behalf of another is making a complaint without the knowledge of the person concerned, the person on whose behalf the complaint is supposedly being made should be contacted to ensure that they are content for personal information concerning themselves to be released to the complainant. They should be asked to sign a consent form (Appendix 4) authorising release of information to the third party; this should then form part of the electronic (Datix) complaint file.

Where the complainant is communicating through a third party (e.g., an independent advocacy service provider, Member of Parliament or a solicitor), the boundaries of communication should be established, including whether the complainant wishes to be copied into correspondence, determining if they would still be interested in a face-to-face meeting, clarifying the amount of clinical information that can be released to the third

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party. Any clinical or confidential information being released is subject to consent requirements.

If the Director of Nursing, Midwifery and Governance is of the opinion that the person making a complaint on behalf of another is not a suitable person to pursue the complaint, a letter should be sent to the complainant stating the reasons for this decision.

7.14 Local resolution

Local resolution is the first line of investigation and response to a complaint and is undertaken within the Trust. Local resolution enables the Trust to provide the quickest opportunity for a full and thorough investigation and response. In addition, it enables the Trust to acknowledge failures and apologise for them and quickly put things right when they have gone wrong. This is also an opportunity to improve services. All concerns and complaints will be dealt with in an open, honest and conciliatory way. The Trust will adopt a flexible approach to resolution with the emphasis on a positive outcome and not on the process.

When something has gone wrong, patients and relatives are encouraged to raise concerns or make a complaint as soon as possible and directly to the staff involved. This is often front line staff on wards, clinics or reception. All Trust staff, as a means of improving service provision, will welcome the complainant's concerns or complaint positively. In most circumstances the quickest and most effective way of resolving a concern or complaint is to deal with the issues when they arise on the spot or as soon as possible after this (early local resolution). Usually this is best undertaken as close to the point of care/service delivery as possible.

If the staff member approached is unable to deal with the issue, they will refer the matter to a more senior member of staff on duty at the time, e.g., Ward Sister, Matron, Head of Department, Directorate Manager or Operational Site Manager. A complainant may simply require an explanation and apology and, therefore, should not be automatically referred to PALS. If the concern or complaint requires further investigation or if the complainant wishes to address their concerns to somebody not directly involved, the complaint will be referred to PALS.

7.15 Registration and acknowledgement of formal complaints

On receipt of a complaint, the Complaints Manager will triage the complaint and consider whether any immediate remedial action needs to be taken including safeguarding alerts, Patient Safety Manager review or circulation to Legal Services Department. The Complaints Manager will then undertake any necessary action. The Complaints Department will record all details of the complaint within Datix. A formal acknowledgement letter will be sent to the complainant acknowledging receipt of their complaint letter within three working days of the complaint being received (to comply with the 2009 Regulations), providing them with details of the complaint process, contact details for their appointed Complaints Investigator or Complaints Co-ordinator. The

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complainant is provided with the details of the free advocacy support to help them during the process if necessary and a copy of the Trust's Compliments, Complaints and Suggestions leaflet is enclosed. A copy of the standard acknowledgement letter is at Appendix 2.

Acknowledgment of the complaint can be in the form of an email, telephone call or letter and will be recorded on Datix. All correspondence relating to the case will be scanned and recorded on Datix and an electronic feedback message will be sent to the allocated Complaints Investigator or Co-ordinator to notify them of the new complaint for their action.

Where necessary third party consent will be obtained; in these cases, the complaint will be recorded on Datix as unapproved and the formal process will not commence until consent is received. All complaints should be date stamped on receipt (if received in hard copy format) and a written record must be made of the complaint.

The 2009 Regulations allows responsible bodies a period of up to six months to provide a response to a complainant, or such longer period as may be agreed before the expiry of the period by the complainant and the responsible body. The Trust has an obligation to respond to complaints efficiently under the 2009 Regulations and it is, therefore, important that staff adhere to the timeframe given to respond to complaints. In order to support staff in providing timely responses and the Trust will aim to respond to all complaints within 60 working days. If the response is considered significantly complex, for example those with multiple issues and ones that involve more than one department or agency, the Complaints Manager and Head of Complaints and Legal Services can agree a longer timescale, not exceeding 6 months. However, the Trust should endeavour to answer all complaints as quickly as possible. If the Trust exceeds 6 months or the agreed longer timescale then the complainant will be notified in writing accordingly, providing an explanation of the reason why; the complainant will be provided with a response as soon as reasonably practicable after the relevant period.

The Patients Association Good Practice Standard 1 specifies the following good practice which should be followed on receipt of a complaint:

- Sufficient attempts should be made to contact the complainant verbally
- If there is verbal contact, the person making the call should accurately establish the aspects of the complaints and the solutions the complainant wants in order to resolve the complaint
- The complainant's preferred method of communication should be established at the earliest opportunity
- An explanation of how the complaints process at the organisation works should be provided
- The complainant should be offered a face to face meeting to discuss the issues raised early on in the process
- The complainant is given contact details for a named person with whom they can liaise with throughout the process

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Under the 2009 Regulations where a complaint is made orally the Trust must make a written record of the complaint and provide a copy of the written record to the complainant. If the complainant wishes to identify their specific questions with the Complaints Investigator on the telephone, a telephone transcript must be completed at the end of the conversation and sent to the complainant to agree/add/amend and sign and return to the Central Complaints Department for processing. Only on return of the signed transcript will the timeframe for the investigation of the complaint commence.

7.16 Circulation

The Complaints Manager will inform the appropriate specialists (Safeguarding leads/Patient Safety Manager and the Trust's Legal Services Department of any complaint that requires their immediate attention). These events may include those that require safeguarding intervention, independent investigation or have serious legal implications. The Trust will offer an independent investigation where serious incidents have occurred. This could be either undertaken by a member of Trust staff from a different department or external to the Trust. If a serious incident occurs the Trust's Serious Incident (process will be instigated).

Complaints/Serious Incident/Safeguarding, Legal Services and Patient Experience Interface meetings will be held on a weekly or bi-weekly basis depending on the volume of casework to discuss; the Complaints Manager will produce a weekly action log.

Actual or intended litigation should not be a barrier to the processing or investigating of a complaint at any level. The duties of the system to respond to complaints should be regarded as entirely separate from the considerations of litigation.

Comments or complaints which describe events amounting to an adverse or serious incident should trigger an investigation in line with the Trust's procedures. Patient feedback, which is not in the form of a complaint, but which suggests cause for concern should be the subject of investigation and response of the same quality as a formal complaint, whether or not the informant has indicated a desire to have the matter dealt with as such.

7.17 Investigation

A Complaints Investigator will be identified for each complaint. The complaint should be initially triaged and categorised as low, moderate, high or extreme according to the criteria at Appendix 5 by the Complaints Manager, or appointed deputy. Complaints relating to clinical care should be assessed by a clinician of appropriate authority where necessary. The Trust's Clinical Complaints Adviser will be asked to lead on any complex clinical complaints in the first instance. Members of the Executive Team should be alerted to serious complaints via the Medical Director and Director of Nursing, Midwifery and Governance. Consideration should be given to serious complaints being communicated to external agencies or organisations e.g., the police, Care Quality

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Commission or, Integrated Care System as appropriate and the advice of the Director of Nursing, Midwifery and Governance sought. A management plan should then be prepared for the investigation by the Complaints Investigator and this should be recorded on Datix.

The Complaints Investigator will commence the investigation and request statements from all key staff involved in the delivery of care during the identified patient episode, working towards timescales that have been agreed with the complainant. The request should contain sufficient detail (in the form of questions to be responded to) to allow the person providing the statement to answer only those questions pertinent to them. Statements must be written on the Complaints Investigation Statement Template (a copy of this is available at Appendix 7 together with guidance notes for completion at Appendix 6) and sent electronically to the Complaints Investigator. The email will provide an electronic signature for use with the statement. **All completed statements must be returned to the Complaints Investigator within 7 working days or earlier if urgent.** There should be sufficient evidence on Datix to show that statements were obtained from the relevant members of staff or witnesses, patient records were reviewed and, where appropriate, interviews conducted.

Relevant copies of any organisational policies/protocols should be obtained during investigations along with other documentary evidence e.g., NICE guidelines to support judgements on clinical practice. If appropriate, further independent opinion should be secured on complaints relating to clinical issues by the Complaints Investigator. A guide for completing complaints interviews is at Appendix 8. The date, time, venue and duration of an interview should be recorded together with the name(s) and job title of those who conducted the interview. The interview notes should give a clear and concise account of the interview.

Where local resolution meetings have been requested by complainants these should be arranged by the appointed Complaints Investigator or Complaints Co-ordinator; the appropriate Directorate Manager for the services involved should attend the meeting along with the Matron and/or Ward or Departmental Manager. Local resolution meetings must be recorded. Following a meeting an encrypted recording of the meeting discussion will be sent to the complainant by the Central Complaints Department within 3 to 5 working days. The eventual complaint response must contain either a summary of the meeting held and/or the actions agreed at the meeting. The copy of the recording and actions agreed should be recorded on Datix. A good practice guide on conducting meetings is attached at Appendix 8. The response should be provided to the complainant within 10 working days post meeting (where possible).

The 2009 Regulations specify that the investigation of the complaint should be conducted in a manner to resolve it speedily and efficiently and during the investigation, the Trust must keep the complainant informed, as far as reasonably practicable, as to the progress

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of the investigation. The nature and frequency of updates should, as far as possible, be agreed with the complainant. If it is anticipated that the investigation may take more time than originally planned, the complainant should be informed of this and a new date for a response should be agreed with the complainant. This should be confirmed in writing. A standard letter for this is available at Appendix 3. This must be recorded within Datix.

During the conduct of the investigation if the Complaints Investigator identifies any dispute of facts (e.g., different accounts of events), the Complaints Investigator should identify any evidence which indicates the more likely version of events. The Complaints Investigator should also identify any difference of opinion (e.g., views from different clinicians on appropriateness of patient treatment). Where there is a difference of opinion, the investigator should highlight any evidence which suggests one opinion to be more reasonable. The investigator should indicate the preliminary conclusion(s) they have reached on each key complaint aspect. The investigation report should clearly and concisely summarise the investigation, evidence and preliminary conclusions reached. This must be recorded on Datix.

All correspondence relating to the concern or complaint will be recorded in the complaints module of Datix, along with details of the investigation, lessons learned and, where applicable, action plans. If no action plan is required this must also be recorded. Investigators and complaint staff are responsible for maintaining progress notes and other documentation in relation to the case including emails, statements and correspondence.

Documentation must be clear, legible and non-erasable, as well as professional and non-judgemental. Complaints Investigators will draft an initial response letter and obtain approval for this from all the staff involved in the complaint. Approval from key staff must be received within two working days; null responses will be taken as approval of the content of the response.

The 2009 Regulations specify that as soon as reasonably practical after completing the investigation, the responsible body must send a written response to the complainant, signed by the responsible person. The response should include:

- An explanation of how the complaint has been considered
- The conclusions reached in relation to the complaint, including any matters which the complainant specifies, or the responsible body considers, require remedial action
- Confirmation as to whether the responsible body is satisfied that any action needed as a consequence of the complaint has been taken or is proposed to be taken

The Trust provides this in the form of a response letter which is signed by the Chief Executive (or delegated to the Deputy Chief Executive or the Director of Nursing, Midwifery and Governance).

The Head of Nursing and Quality/Head of Quality in the relevant Division will quality check the initial response and the investigation within three working days. In their

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absence, the ADO for the Division will quality check the investigation and the draft responses. This check will review the findings of the investigation and the provisional recommendations. A copy of the draft response letter should be recorded on Datix.

Prior to the response being sent for Executive sign off, it will be checked by the Head of Complaints and Legal Services, or the Complaints Manager. This is to ensure the complaint response answers the key complaint questions and is in line with the appropriate corporate standards. An email confirming approval of the draft should be recorded on Datix. The email should also include a recommendation regarding KO41a status – upheld locally, partially upheld, or not upheld. In addition, the Head of Complaints and Legal Services, or the Complaints Manager will highlight to the Responsible Officer any failings in care provided by clinicians that may require discussion/review with the clinicians involved.

A hard or email copy of the draft final response will be sent to the Executive Directors' offices for the relevant Executive or nominated deputy to approve and sign. An Executive pack is prepared when a hard copy is required for approval, consisting of the letter of complaint, draft letter of response, green Executive Complaint Management Form along with any relevant enclosures. No statements are to be included in the pack as these should be available on Datix for the Executive to review.

If the response is approved this is returned to the Central Complaints Department to process. The final approved response letter will be scanned and saved on Datix, the letter to the complainant will be posted or emailed via a secure email method and the post book completed. Some responses may be sent by registered post and this should be arranged and recorded. The white response board in the Central Complaints Department office should be updated with the current position regarding Executive Director approval or non-approval along with the Executive spread sheet.

The final KO41 decisions made by the Executive will be recorded on Datix and a communication feedback message will be sent and recorded on Datix to the Complaints Investigator/Complaints Co-ordinator, DM, ADO and Head of Patient Experience and Inclusion. If there is no KO41 decision the file should be returned to the Executive Directors' offices for completion. DMs and/or ADOs are responsible for informing the staff involved of the outcome. Electronic copies will be sent to the relevant ADO and DM. Actions should be allocated to appropriate staff via Datix or other means. The help and assistance of staff should be acknowledged in an email to the staff who have contributed to the investigation and the closed out summary and risk grading should be completed on Datix.

If the response is not approved at Executive or pre-Executive stage it is returned to the Central Complaints Team, with the comments and recorded on Datix. The Central Complaints Team will return the response to the Complaints Investigator who will review the comments and revise the response. The revised response will be resubmitted via the

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Central Complaints Team for pre-Executive re-review, following circulation to contributors. Any additional investigations and/or changed details to the response letter must be recorded on Datix.

7.18 Process for learning and improving from concerns and complaints

It is important that the Trust learns lessons from complaints and concerns to further improve the quality of services to patients. When lessons are identified, staff must do the following to ensure that the necessary changes and improvements in practice are made:

- For concerns raised informally implement immediate action where possible or as soon as reasonably practicable to improve the practice/treatment and prevent/minimise risk to patients, staff or others. This is to be documented at ward/clinic departmental level and also on Datix PALS module by PALS officer dealing with the concern
- Following completion of the complaint response the manager/Matron/appropriate lead of the service involved must formulate an action plan, using the Datix action module. The action plan will be agreed by the Directorate Manager and/or Matron for the relevant area/departments involved. (If appropriate agreement should be sought from the Medical Director, Director of Nursing, Midwifery and Governance, Clinical Director, Director of Operations and/or ADO)
- The action plan will identify which members of staff in the Divisions are responsible for completion of actions and the timescale for completion and will be recorded on Datix by the Complaints Investigator/Complaints Co-ordinator
- Responsibility for owning the action will be the person identified as responsible for the individual action from the Division and not the Complaints Investigator
- It is the responsibility of the Division's Head of Nursing and Quality/Head of Quality respectively for ensuring the quality assurance of all responses and for monitoring the actions/lessons learned accordingly in their areas
- Staff members who have been asked to provide a statement or have been personally named in the complaint must be informed of the outcome

7.19 Lessons learned and action plans

Lessons learned should be shared by Heads of Nursing and Quality/Head of Quality/Lead Nurse/Associate Directors of Nursing and Therapies across Divisions. The Trust's governance structure and meetings facilitate this process. The meetings include divisional governance meetings, weekly incident review meetings and ward/departamental meetings

The agenda for these meetings should include complaints, lessons learned and action plans as a standing item so that lessons learned are fed back and discussed. Where appropriate, complaints investigators should attend to discuss any difficulties encountered during the investigation process and to provide feedback.

Implementation of action plans will be monitored at division level by the respective Head of Nursing and Quality/Head of Quality.

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7.20 Reinvestigation of a complaint

In cases where the complainant is not satisfied with the Trust response, the complaint will be re-opened. This may be because the complainant considers the initial investigation to be inadequate, incomplete or unsatisfactory and/or the complainant believes that their issues have not been addressed or fully understood. The complaint will be reassessed wherever possible. The issues that remain unresolved for the complainant will need to be clarified and a new complaints plan agreed. Independent advice and/or a second opinion may be considered, on the element of the complaint that has been re-opened for investigation. A meeting with the complainant is encouraged in order to aid resolution of the complaint. In some circumstances and, in agreement with all parties, conciliation or mediation could also be considered. The first reinvestigation is known as a stage two complaint and any subsequent reinvestigation stage three. If local resolution has been completely exhausted and the complainant still remains dissatisfied the complainant is reminded of their right to contact the PHSO.

7.21 Staff appraisals and revalidation

The Complaints Manager will provide details of complaints for a particular ward, or departments for staff and clinicians for the purposes of staff appraisal and revalidation, when requested and will respond to all requests within five working days.

7.22 Process for handling multi-agency complaints involving other organisations

Where complaints are sent to other NHS bodies, Local Authorities or Primary Care Providers but relate to the exercise of the functions of the Trust, they shall be handled under these procedures once it has been received. The Trust shall handle the complaint as if it had been received directly.

If a complaint is received by the Trust which relates to another NHS body, Local Authority or other relevant NHS organisation the Complaints Manager shall seek the consent of the complainant to pass their complaint on to the third party for investigation. Once consent has been obtained the Complaints Manager shall pass on the complaint to the third party and inform the complainant of doing so. If consent is not received then the complainant will be informed that the Trust is not able to investigate the complaint. Regulation 12 (3) of the 2009 Regulations specifies that all complaints received from other bodies must be acknowledged by the recipient no later than three working days after the day on which the complaint was received. This acknowledgement may be oral or in writing.

Where complaints are received which involve multi-agencies the Complaints Manager will liaise with the appropriate body to agree the best way forward for all parties involved. On receipt of a complaint of this kind the Trust must seek to obtain consent from the complainant prior to sending details of the complaint to the other agencies involved. If consent for information sharing is withheld then the Trust must inform the complainant which parts of the complaint that it is able to deal with and that they should approach the other agencies directly if they wish to pursue the other elements of the complaint. If

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consent is received there is a clear duty for all parties to fully co-operate in the investigation of the complaint, this includes:

- Sharing relevant information
- Attending a local resolution meeting to consider the complaint (if necessary)
- Ensuring a comprehensive and appropriate response is sent to the complainant
- Co-ordinating the complaint procedures
- Keeping the complainant informed about the process and time scales to receive a response. Notwithstanding which body is the lead agency, the Trust's Chief Executive (or Deputy Chief Executive or Director of Nursing, Midwifery and Governance) should sign the response, except where there are good reasons for them not being able to do so. Further, each body retains its duty of care to the complainant and must handle its part of the complaint in accordance with its own regulated procedures

The written response letter must provide information about what further options the complainant can pursue if they remain dissatisfied following the investigation and the letter must be signed by the Chief Executive or relevant Executive. In such cases, prior to the response being signed the documented approval of the response letter should be obtained by the other organisations' Complaints Departments and/or Chief Executive and kept on file for future reference.

7.23 Independent Review

An independent investigation of a complaint will be initiated where the subject matter involves clinically related issues not capable of resolution without an independent, expert clinical opinion and local resolution has not achieved a successful outcome for all parties.

When all other avenues have been explored e.g., formal response, conciliation meeting the Trust may offer an Independent Review to facilitate resolving outstanding issues. This decision will be taken by the Head of Complaints and Legal Services and they will arrange this via the Trust's panel solicitors.

7.24 Independent Complaints Advocacy Services

There is also the option of using a trained negotiator/counsellor that is neutral to both parties and their role is to give impartial support to both sides by working through the issues raised. The conciliator has no advisory or decision-making role and are purely facilitating the parties to find their own solutions. The conciliator has to behave impartially and is there to support everyone in order to achieve a successful resolution. If required the appointment of a conciliator can be arranged by the Trust. Contact details are given to complainants on the complaint pro forma at Appendix 1.

7.25 Complaints received from Advocacy, MPs or Councillors

Any complaint arriving via an advocacy provider will be acknowledged in line with the request in the complaint correspondence.

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Any complaint made via a Member of Parliament or a Councillor that requires formal registering, although acknowledged by the Executives' office, will be managed within the normal complaints procedure. Whilst correspondence will usually take place between the complainant and the Trust, the advocate should be advised when local resolution has been concluded and provided with a copy of the final response.

7.26 Parliamentary and Health Service Ombudsman (PHSO)

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

The Trust will fully comply with all PHSO requests for information. The Complaints Manager will notify the Executive Team and ADOs, as appropriate, of any complaint that is being investigated by the PHSO. If the complaint is upheld by the PHSO, the Chief Executive and/or Director of Nursing, Midwifery and Governance (or deputy) will be asked to consider the recommendations made. Directorate Managers' teams will be responsible for delivering any recommendations made by the PHSO.

Any correspondence received from the PHSO will be communicated to the Executive Team and the Executive Assistants. The Complaints Manager will co-ordinate all correspondence requests with the PHSO and record all communication in Datix.

In the event a complainant disagrees with the decision of the PHSO in relation to investigation of a complaint, they should appeal that decision under the PHSO's complaints procedure. The Trust will not, except in very limited circumstances, re-investigate a complaint after the conclusion of the PHSO process.

7.27 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 16

The Trust will provide to the Care Quality Commission, when requested to do so and within 28 days, information relating to complaints made under the complaints system, responses made by the Trust to such complainants and any further correspondence with the complainants in relation to such complaints and any other relevant information that the Commission may request.

7.28 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20

As a registered provider under Regulation 20 the Trust must act in an open and transparent way with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.

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The Regulation sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing truthful information and an apology when things go wrong. Staff should refer to the Trust's Being Open Policy for guidance on Duty of Candour.

7.29 Process for managing aggressive or abusive complainants

From time to time there will be circumstances when a person may pursue a complaint to the point where it becomes unreasonable, despite every effort by the Trust to try and resolve the issues or perceived issues. The Chief Executive and the Director of Nursing, Midwifery and Governance will make a joint decision as to whether any further action needs to be taken. The Trust will not tolerate acts of abuse or violence towards its staff or patients. The Trust fully supports its zero tolerance policy in this regard.

7.30 Support for complainants

Patients must be supported in expressing their concerns and must not be led to believe either directly or indirectly, that they may be disadvantaged because they have made a complaint. Making a complaint or raising a concern 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 regardless of age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation. Training is available to all staff regarding equality and diversity and all staff receive information through Trust induction.

For those people needing language or signed interpreting or other forms of communication these can be made available throughout the complaints process. Additional support will also be provided to those complainants with an impairment or disability (physical or mental) which makes it difficult for them to complain without assistance.

For those with communication difficulties, the Trust will ensure that process is accessible to complainants. Copies of the Complaints, Concerns and Compliments Policy can be provided in other languages, Braille and large print if required.

Adjustments to the format of the response letter can be adapted to the needs of the individual. This may be a telephone conference/face to face meeting to provide a verbal/signed response. Translators can also be provided to allow the findings of the complaint to be communicated to the complainant.

Advocacy services are available to provide support to any person making a complaint. Their service will include drafting of letters for a complainant or accompanying them to a local resolution meeting with NHS staff.

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7.31 Support for Staff

It is acknowledged that being the subject of a complaint can be stressful and traumatic and the Trust is committed to ensuring staff are adequately supported.

Support can be provided to staff from the Complaints Team, line managers, Health Work and Well-being Department or Human Resources.

7.32 Complaint indicates investigation under disciplinary procedure

The complaints process is only concerned with resolving complaints and not with investigating disciplinary matters. The disciplinary process is separate. Where a complaint reveals the need for disciplinary action, this need not prevent investigation under the complaints procedure of other aspects of the complaint if this does not prejudice or compromise the concurrent investigation. The complainant should be kept informed of the timeframe of the other investigative process. They should be sent a full response on its conclusion, outlining the outcome and actions taken, whilst being mindful of patient and staff confidentiality issues. If disciplinary action is taken as a result of a complaint this will not necessarily be disclosed to the complainant. The advice of Human Resources should be sought if the complaint indicates investigation under disciplinary procedures is required.

7.33 Complaints requiring investigation or follow up by other bodies

Some complaints will require further investigation under other procedures. These would include complaints involving a serious issue that should be reported to a professional body for further investigation and an allegation of a criminal offence. These issues will be referred to the appropriate body if that action is agreed by the Chief Executive.

7.34 Coroner's or police inquests

Complaints that are subject to a Coroner's or police inquest, will continue to be investigated and responded to as per these procedures, subject to the Coroner's or police guidance, or paused if the complainant wishes to wait for the outcome of the inquest. In addition, where a complaint relates to the cause of death, the Trust will continue to investigate the complaint unless the Coroner directs the Trust to halt the investigation until after the inquest is concluded. Where the Coroner's Court requests statements from Trust staff, it is advised that the Trust use these statements as the basis for any internal complaints investigation. The Complaints Manager should consult with the Coroner's Office and Legal Services department as appropriate. The Trust cannot use any information provided by any other interested party to the inquest, except with express written permission.

7.35 Criminal Offences

Where there is a criminal investigation into an incident that is also the subject of a complaint, every effort should be made not to prejudice police enquiries. The Head of Complaints and Legal Services or Complaints Manager will liaise with the police. The

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Head of Complaints and Legal Services will decide whether to commence/continue a complaint investigation, or to await the outcome of the police investigation.

7.36 NHS Private Pay Beds

This policy covers any complaint made about the Trust's staff or facilities relating to care whilst in the Trust's private pay beds. It will not apply to complaints concerning private medical care provided by consultants outside the NHS contract.

7.37 Adults lacking capacity

Where a patient aged 16 years or over is deemed not to have capacity (as defined by the Mental Capacity Act 2005) a check must be made to ascertain whether a Lasting Power of Attorney (LPA) for the patient's health and welfare is in place. Where an LPA has been appointed, any consent must be sought from the attorney who will make decisions on behalf of the patient. If there is no LPA in place, liaison between the Complaints Manager and the next of kin will take place to review matters of capacity and consent on a case-by-case basis.

7.38 Children and Young people

An assessment should be carried out by the lead clinician to establish whether children and young people under 16 have the necessary competence and understanding to give consent. Where it is deemed that they do not have the competence to give consent, those with parental responsibility or next of kin (or those deemed to have the best interests of the child in mind) may pursue the matter. Where such an eligible person does not wish to pursue a complaint on behalf of the child, the child may be referred to an advocacy service.

7.39 Habitual and/or Persistent Complainants

Complainants (and/or anyone acting on their behalf) may be deemed to be vexatious or unreasonably persistent where previous or current contact with them shows that they meet one of the following criteria:

- **Persist in pursuing a complaint** where the NHS Complaints Procedure has been fully and properly implemented and exhausted
- **Change the substance** of a complaint or seek to prolong contact by **continually raising further concerns or questions** upon receipt of a response or whilst the complaint is being addressed. (Care must be taken not to discard new issues which are significantly different from the original complaint, which may need to be addressed as separate complaints)
- Are **unwilling to accept documented evidence** of treatment given as being factual, e.g., medical or nursing records, or do not accept that facts can sometimes be difficult to verify
- **Do not clearly identify the precise issues** which they wish to be investigated, despite reasonable efforts of Trust staff and/or others, e.g., Healthwatch Advocacy to help them specify their concerns
- Deny receipt of an adequate response in spite of correspondence specifically answering their questions
- **Focus on a trivial matter** to an extent which is out of proportion to its significance and continue to focus on this point. (It is recognised that determining what a trivial

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matter is can be subjective and careful judgement must be used in applying this criterion)

- Have **harassed, threatened or used actual physical violence, been personally abusive or verbally aggressive, racist or homophobic** towards staff or their families or associates at any time. This will cause personal contact with the complainant and/or their representatives to be discontinued and the complaint will thereafter only be pursued through written communication. Staff must recognise that complainants may sometimes act out of character at times of stress, anxiety or distress and should make reasonable allowances for this. Staff should document all incidents of harassment and all such incidents should be documented in the Trust's incident reporting system Datix. If appropriate they may be reported to the police
- Have, in the course of pursuing a complaint, had an **excessive number of contacts** with the Trust placing unreasonable demands on staff. Contact may be in person or by telephone, letter or email. Staff should be instructed to keep a clear record detailing the number, type and nature of contacts. Discretion must be used in determining the precise number of excessive contacts applicable using judgement based on the specific circumstances of each individual case
- Are known to have **recorded** meetings or face to face/telephone conversations **without the prior knowledge** and **consent** of the other parties involved, or
- **Display unreasonable demands or expectations** and fail to accept that these may be unreasonable (e.g., insist on immediate responses to complaints or enquiries being provided more urgently than is reasonable or normal recognised practice).

Staff should keep evidence of potentially vexatious behaviour (such as notes of conversations, correspondence etc.). If staff are unsure if the behaviour meets this threshold it should be discussed with the Complaints Manager or Head of Complaints and Legal Services informally initially. If staff do consider a complainant should be considered unreasonably persistent or vexatious in relation to their complaint, they should inform the Head of Complaints and Legal Services in writing via email. If, having reviewed the conduct of the complainant, the Head of Complaints and Legal Services is in agreement, they will write to the Chief Executive or Director of Nursing, Midwifery and Governance recommending the reasons why no further correspondence should be entered into with the complainant concerning this complaint.

Judgement and discretion based on the facts of each case must be used in applying the criteria to identify potential vexatious or unreasonably persistent complainants and in deciding action to be taken. This should only be used as a last resort and after all reasonable measures have been taken to assist the complainant. The conduct should be considered in respect of the complaint; therefore, a complainant remains entitled to bring a further, unrelated complaint, even if their conduct is determined to be unreasonably persistent or vexatious in relation to an existing complaint.

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7.40 Options for dealing with unreasonably persistent complainants

Where a complainant has been identified as vexatious or unreasonably persistent in accordance with the above criteria, the Director of Nursing, Midwifery and Governance should liaise with the Chief Executive to determine what action to take. The Director of Nursing, Midwifery and Governance/Chief Executive will implement such action and will notify the complainant in writing of the reasons why they have been classified as unreasonably persistent and the action to be taken. This notification may be copied for information to those already involved in the complaint, e.g., Trust staff, Conciliator, Healthwatch advocacy, MP. A record must be kept for future reference in the complaint file.

The Chief Executive/Director of Nursing, Midwifery and Governance may decide to deal with the complaint in one or more of the following ways:

- Try to resolve matters by drawing up a signed 'agreement' with the complainant (and if appropriate involving the relevant practitioner in a two-way agreement) which sets out a code of behaviour for the parties involved if the Trust is to continue investigating the complaint. If these terms are contravened, consideration would then be given to implementing other action as indicated in this section
- Decline contact with the complainant either in person, by telephone, letter, email, or any combination of these provided that one form of contact is maintained or alternatively restrict contact to liaison through a third party
- Notify the complainant in writing that the Chief Executive has responded fully to the points raised and has tried to resolve the complaint but there is nothing more to add and continuing contact on the matter will serve no useful purpose. The complainant should also be notified that correspondence is at an end and that further letters received will not be acknowledged nor answered. (The complainant should also be reminded of their right to refer their case to the PHSO, if appropriate)
- Inform the complainant that in extreme circumstances the Trust reserves the right to pass unreasonable or vexatious complaints to its legal advisors
- Temporarily suspend all contact with the complainants or investigations of a complaint, whilst seeking legal advice or guidance from the DH, PHSO or other relevant agencies

7.41 The Provision of Redress and Ex-Gratia Payments

Remedying injustice or hardship is a key feature of the Ombudsman's Principles for Remedy suggesting that where there has been maladministration or poor service, the public body restores the complainant to the position they would have been in had the maladministration or poor service not occurred. Financial redress will not be appropriate in every case, but the Trust will consider proportionate remedies for those complainants who have incurred additional expenses as a result of poor service or maladministration. This does not include a request for compensation involving allegations of clinical negligence or personal injury where a claim is indicated. It also does not include claims in relation to lost property, which are dealt with under the separate relevant Trust Policy. The Head of Complaints and Legal Services should be consulted regarding the provision

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of redress and ex-gratia payments. The ultimate decision lies with the Director of Nursing, Midwifery and Governance, Chief Executive or Medical Director.

7.42 Compliments

Compliments are a valuable source of feedback about the services the Trust provides and the staff. They can boost morale and reinforce good practice across the organisation and, therefore, it is important that they are recorded and shared appropriately.

Compliments should be recorded on Datix via the [Greatix](#) link. Compliments should be included in the regular reports provided by the divisions to the Patient Experience Council.

8. Training

All staff will be made aware of the Trust's Policy during local induction. Additional guidance and bespoke training will be provided as required for those directly involved in conducting investigations, preparing statements and drafting responses.

What aspect/s of this policy will require staff training?	Which staff groups require this training?	Is this training covered in the Trust's Statutory & Mandatory Training Policy?	If no, how will the training be delivered?	Who will deliver the training?	How often will staff require training	Who will ensure and monitor that staff have this training
All staff need to be aware of the Trust's complaints procedures, how to support complainants to raise a concern and how this should be managed, including initial local resolution.	All staff	Yes in regard to local induction.	Included as part of local induction, with links to the Policy included in the checklist	Line managers	At induction	Line managers via confirmation that local induction has taken place
Detail contained with sections 5&6	Specific roles identified in section 5	No	Bespoke guidance as required	Complaints Team	Ad hoc – when need for additional training or guidance has been identified either by the staff member concerned or their line manager	Line manager

9. Monitoring Compliance

9.1 Key Performance Indicators (KPIs) of the Policy

The Chief Executive and/or Director of Nursing, Midwifery and Governance may, at any time, initiate a formal review of the overall investigation, management and outcome of a complaint. Compliance with this policy will be measured periodically with the monitoring tool at Appendix 10.

The Head of Complaints and Legal Services will produce a report relating to all patient complaints, the number and type of complaints together with trends and lessons learned and present this to the Patient Experience Council monthly and the Quality Committee quarterly. The Head of Complaints and Legal Services will provide reports to meet NHS requirements including:

- A Trust Annual Complaints and PALS Report
- Any Annual DH K041(a) and KO41 (b) returns, which must approved by the process outlined in Appendix 11
- Contribute to the Trust's Annual Quality Account

The Board will receive regular assurance from the Quality Committee that complaints are being managed appropriately and any issues of concern will be escalated.

No	Key Performance Indicators (KPIs) Expected Outcomes
1	Number of first stage complaints received in quarter and in comparison with prior year
2	Percentage of complaints resolved within/outside timescale
3	Percentage of complaints meeting 3 day acknowledgement
4	Percentage of PALS contacts that become formal complaints
5	Responses to complainant satisfaction survey

9.2 Performance Management of the Policy

Minimum Requirement to be Monitored	Lead(s)	Tool	Frequency	Reporting Arrangements	Lead(s) for acting on Recommendations
Number of first stage complaints received in quarter and in comparison with prior year	Head of Complaints and Legal Services	Report	Bimonthly	Complaints & PALS report to the Patient Experience Council	Identified through the Patient Experience Council action log
Percentage of complaints resolved within/outside timescale	Head of Complaints and Legal Services		Quarterly	Complaints, PALS & Friends and Family Test report to Quality Committee	
Percentage of complaints	Head of Complaints		Quarterly		

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meeting 3 day acknowledgement	and Legal Services			Aggregated data report to Board	
Responses to complainant satisfaction survey	Head of Complaints and Legal Services				
Percentage of PALS contacts that become formal complaints	Patient Experience Manager				

10. References/Bibliography/Relevant Legislation/National Guidelines

No	Reference
1.	Central Government (2018) Data Protection Act
2.	Central Government (2000) Freedom of Information Act
3.	Central Government (2004) National Health Service (Complaints) Regulations
4.	Central Government (2006) National Health Service (Complaints) Amendment Regulations
5.	Central Government (2008) Health and Social Care Act 2008 (Regulated Activities) Regulations
6.	Central Government (2009) Local Authority Social Services and National Health Service Complaints (England) Regulations
7.	Department of Health (2009) Listen, Respond, Improve
8.	Healthwatch (2014) My Expectations for Raising Concerns and Complaints
9.	NHS England (2021) Records Management Code of Practice for Health and Social Care
10.	PHSO (2009) Principles for Remedy
11.	PHSO (2012) Principles of Good Administration
12.	PHSO (2012) Principles of Good Complaint Handling
13.	Patients Association (2013) Good Practice Standards for NHS Complaints Handling
14.	Robert Francis QC (2013) Mid Staffordshire NHS Foundation Trust – enquiry

11. Related Trust Documents

No	Related Document
1	Access to Health Records Policy
2	Being Open Policy
3	Claims and Inquest Policy
4	Consent Policy
5	Corporate Records Management Policy
6	Dealing with Allegations of Abuse
7	Equality and Human Rights Policy
8	Incident Reporting and Management Policy
9	Management of Health Records Policy
10	Patient Advice and Liaison Service (PALS) Standard Operating Procedure
11	Policy and Procedures for the Secure Management of Patient Property
12	Risk Management Policy
13	Safeguarding Adult Policy
14	Safeguarding Children and Young Persons Policy

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12. Equality Analysis Form

The screening assessment must be carried out on all policies, procedures, organisational changes, service changes, cost improvement programmes and transformation projects at the earliest stage in the planning process to ascertain whether a full equality analysis is required. This assessment must be attached to all procedural documents prior to their submission to the appropriate approving body. A separate copy of the assessment must be forwarded to the Head of Patient Inclusion and Experience for monitoring purposes via the following email, Cheryl.farmer@sthk.nhs.uk. If the assessment is related to workforce a copy should be sent to the workforce Head of Equality, Diversity and Inclusion darren.mooney@sthk.nhs.uk. If this screening assessment indicates that discrimination could potentially be introduced then seek advice from either the Head of Patient Inclusion and Experience or workforce Head of Equality, Diversity and Inclusion. A full equality analysis must be considered on any cost improvement schemes, organisational changes or service changes that could have an impact on patients or staff.

Equality Analysis			
Title of Document/proposal /service/cost improvement plan etc:		Managing Complaints, Concerns and Compliments Policy	
Date of Assessment	23/02/2023	Name of Person completing assessment /job title:	Tom Briggs
Lead Executive Director	Director of Nursing, Midwifery & Governance		Head of Complaints and Legal Services
Does the proposal, service or document affect one group more or less favourably than other group(s) on the basis of their:		Yes / No	Justification/evidence and data source
1	Age	No	Click here to enter text.
2	Disability (including learning disability, physical, sensory or mental impairment)	No	Click here to enter text.
3	Gender reassignment	No	Click here to enter text.
4	Marriage or civil partnership	No	Click here to enter text.
5	Pregnancy or maternity	No	Click here to enter text.
6	Race	No	Click here to enter text.
7	Religion or belief	No	Click here to enter text.
8	Sex	No	Click here to enter text.
9	Sexual Orientation	No	Click here to enter text.
Human Rights – are there any issues which might affect a person’s human rights?		Yes / No	Justification/evidence and data source
1	Right to life	No	Click here to enter text.
2	Right to freedom from degrading or humiliating treatment	No	Click here to enter text.
3	Right to privacy or family life	No	Click here to enter text.
4	Any other of the human rights?	No	Click here to enter text.
Lead of Service Review and Approval			
Service Manager completing review and approval Job Title:		Anne Rosbotham-Williams	
		Deputy Director of Governance	

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13. Data Protection Impact Assessment Screening Tool

If you answer **YES** or **UNSURE** to any of the questions below a full Data Protection Impact Assessment will need to be completed in line with Trust policy.

	Yes	No	Unsure	Comments - Document initial comments on the issue and the privacy impacts or clarification why it is not an issue
Is the information about individuals likely to raise privacy concerns or expectations e.g., health records, criminal records or other information people would consider particularly private?	Yes			Consent is sought from the patient prior to the release of personal information
Will the procedural document lead to the collection of new information about individuals?	Yes			
Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?		No		
Will the implementation of the procedural document require you to contact individuals in ways which they may find intrusive?		No		Staff liaise with the complainant to confirm the appropriate route for contact
Will the information about individuals be disclosed to organisations or people who have not previously had routine access to the information?	Yes			If a third party is involved, they will have been informed by the complainant of the complaint details, however they will receive additional information as part of the complaint response
Does the procedural document involve you using new technology which might be perceived as being intrusive? e.g., biometrics or facial recognition		No		
Will the procedural document result in you making decisions or taking action against individuals in ways which can have a significant impact on them?	Yes			Any decisions taken following a complaint would be covered by the relevant HR policy and procedure
Will the implementation of the procedural document compel individuals to provide	Yes			Additional information may be sought from the complainant in order to

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information about themselves?				complete a full investigation of the issues raised
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Sign off if no requirement to continue with Data Protection Impact Assessment:
Confirmation that the responses to the above questions are all NO and therefore there is no requirement to continue with the Data Protection Impact Assessment

Policy author Head of Complaints and Legal Services **Date** 23/03/2023

Appendix 1 – Complaints Pro Forma

Complaints pro forma

Before completing the complaints pro forma please read the guidance notes below.

Section 1 - Patient details

- Please ensure all patient details are recorded as fully as possible

Section 2 - Person making complaint

- Please ensure all details are recorded as fully as possible
- If you are **not** the patient, we will require the consent form to be completed (see below). This will provide the Trust with authority to reply to the person who is making the complaint. If the complaint relates to someone who has died or the patient is incapacitated and has a debilitating illness that prevents them from providing their consent then we will require their named next of kin or advocate with Power of Attorney for Health and/or Executor of their estate to complete and sign the form

Section 3 - Details of incident/complaint(s)

- Please ensure all details are recorded as fully as possible

Section 4 - Itemise complaints

- This will enable us to focus on the specific issues you have raised, for example:-
a) Waiting time b) Lack of care/treatment c) Food/cleanliness

Section 5 - Supplementary information

- This section provides you with the opportunity to provide additional information, which is relevant in support of your itemised complaint/s. Where possible please provide dates, times and names

Section 6 – Signature

- This will enable us to identify if the complainant is the patient or a third party

Section 7 - Where to send your complaint to

- Once you have completed this form it can either be handed to a member of staff on the ward/department you are attending, alternatively it should be posted to the Chief Executive at the address provided in section 7 on the form below

Section 8 - Advice/assistance

- You have the right to request advice/assistance when making an NHS complaint from the appropriate Advocacy Service; contact details for different areas are provided in section 8 on the form below

Please detach and retain this sheet for your own information

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Complaint pro forma

Section 1 - Patient details:

Forename:Surname:

Title: **Mr / Mrs / Miss / Ms / Other**Date of Birth:
(Please circle as appropriate)

Hospital No (if known):.....

Inpatient / Outpatient / Ward / Department / Other **(Please circle as appropriate)**

Address:

.....Postcode:

Telephone No: (daytime)(evening)

Mobile Telephone No: E-mail address:

Section 2 - Details of person making complaint (if not the patient):

Forename:Surname:

Title: **Mr / Mrs / Miss / Ms / Other** (.....) **(Please circle/complete as appropriate)**

Address:

.....Postcode:

Are you the designated next of Kin? **Yes / No**

Relationship to the Patient:

Telephone : (daytime)(evening)

Mobile Telephone No:E-mail address:

Section 3 - Details of incident/complaint/s:

Date/s of Incident:Time/s of Incident:

Location:

Name of staff/designation/s involved (if known):

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Section 4 - Itemise complaint/s:

- a)
- b)
- c)
- d)
- e)

Section 5 - Supplementary information:

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Please continue overleaf

Section 7 - Address your complaint to:

Ms Ann Marr OBE
Chief Executive
St Helens and Knowsley Teaching Hospitals NHS Trust
Whiston Hospital
Prescot
Merseyside, L35 5DR
Telephone No: 0151 430 1242
E-mail address: ann.marr@sthk.nhs.uk

On receipt of this form your complaint will be acknowledged and an investigation will be instigated.

Section 8 - Advocacy details:

If you require advice/support you have the right to contact the advocacy service in your area as follows:-

Liverpool residents please contact: Healthwatch Liverpool, 4th Floor, 151 Dale Street, Liverpool, L2 2AH, Tel No: 03007777007, or email: enquiries@healthwatchliverpool.co.uk

Knowsley residents please contact: Advocacy Together Hub Knowsley, Based in Prescot House, 3 High Street, Prescot, Merseyside, L34 3LD Office Tel No: 0151 426 3174, Mobile: 07484935748, or email: Knowsley-advocacy@together-uk.org

St Helens residents please contact: Healthwatch St Helens, Tel No: 0300 111 0007, or email info@healthwatchsthelens.co.uk

Halton residents please contact: Healthwatch Halton, Tel No:0151 347 8183, or email advocacy@weareecs.co.uk

Warrington residents please contact: Healthwatch Warrington, Tel No: 01925 246893, or email contact@healthwatchwarrington.co.uk

Sefton residents please contact: Healthwatch Sefton Ltd Freephone: 0800 206 1304 Telephone: 0151 920 0726 ext 240 Text: 07434 810 438 Email: info@healthwatchsefton.co.uk

Lancashire residents please contact: Healthwatch Lancashire Telephone: 01524 239100 Email: info@healthwatchlancashire.co.uk

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Appendix 2 – Example Standard Acknowledgement Letter

Our Ref: (Insert Datix reference)

Whiston Hospital
Warrington Road
Prescot
Merseyside
L35 5DR

When telephoning please ask for:-
Insert name of Division Complaints Team or Co-ordinator
(Direct Dial: insert telephone contact details)
(Email: insert email address)

0151 426 1600

(Insert date) 20XX

www.sthk.nhs.uk

Addressee only

(Insert name and address of complainant)

Dear (Insert name)

Thank you for providing me with the details of your complaint received in my office on (Insert date). I am very sorry to learn of your experience and of your dissatisfaction concerning the care afforded to (you or insert name of patient), at (insert ward or department area) on (insert date of incident).

Your complaint is being thoroughly investigated by our (insert relevant Division) Complaints Team. In order to complete a full investigation into your complaint it may be necessary to allow suitably authorised NHS professionals access to (your/or insert name of patient) health records. If you are unhappy with this or wish to discuss the matter further, please contact the Trust Complaints Department on 0151 430 1167.

The Trust's response time for replying to complaints is 60 working days from receipt of your correspondence (*excluding weekends and bank holidays that fall within this period*); we are therefore aiming to respond to you by (specify date), however, under the NHS Complaints Procedure, in certain circumstances we do have up to a maximum of 6 months to provide a response if the complaint is complex or involves other NHS Service providers and a multi-agency (joint) response is required.. You will however be informed if there is any reason for a delay in our initial response time and you may be asked to agree an extension on this basis. I do hope you understand this situation and your patience during this time is very much appreciated. I apologise for the inconvenience caused.

Pursuing a complaint about services provided by the NHS can be a complicated process. If you feel you would benefit from some further support, please find enclosed the details of the advocacy in your area who should be able to offer advice

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and support in making a complaint regarding your experience with your NHS Care Provider.

The services provided are:

- A contact point where questions can be asked and answered in person
- Assistance with writing letters of complaint
- Advice about what to do next
- A supporter or advocate at meetings or hearings
- A route to other specialist help if needed

Complaints information can be made available in alternative formats on request including large print, Braille, different languages and CD recording. To arrange this please contact the Central Complaints Department in the first instance on 0151 430 1167

or complaintsteamDL@sthk.nhs.uk. We will endeavour to make reasonable adjustments to accommodate any particular requirements you may have during the complaints process.

For your information, please find enclosed a Compliments, Complaints and Suggestions leaflet. Should you have any further questions or queries about the complaints process please contact the (insert the name of the relevant Division of Co-ordinator) Complaints Team on one of the above telephone numbers at the top of this letter.

Should your contact details change (e.g., home address, email address and/or telephone number) whilst your complaint is being investigated it is **very important** that you notify the Central Complaints Department of your new details at your earliest convenience. You can contact the Central Complaints Department by telephoning (direct dial) 0151 430 1427 or 0151 430 1167, email complaintsteamDL@sthk.nhs.uk or you can write to Central Complaints Department, St Helens & Knowsley Teaching Hospitals NHS Trust, Nightingale House, Whiston Hospital, Warrington Road, Prescot, Merseyside, L35 5DR.

The Trust would like to invite you to take part in our feedback survey. The survey is designed to gather your overall views on how we handled your complaint.

The survey will be included with the eventual written response to your complaint and should take around five minutes to complete. Responses to the survey are kept completely confidential and will only be shared and reported upon in an anonymised format. Please note, as the survey is anonymised, we are unable to respond directly to any comments you provide.

Thank you for bringing your concerns to my attention and I would like to assure you that we treat complaints very seriously.

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Yours sincerely

XXXXXXX

Complaints Manager

Encs: Advocacy leaflet

Compliments, Complaints and Suggestions leaflet

Copy to: (insert the name of the relevant Division or Co-ordinator) Complaints
Team
File copy

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Our Ref: RH/CBU/COMM****/2223
Direct Line: 01704 704958
Email: soh-tr.complaints@nhs.net

Name
Address
Email
Contact Number

Trust Management Office
Southport and Ormskirk Hospital NHS Trust
Town Lane
Kew
Southport
PR8 6PN

Date

Tel 01704 547471
www.southportandormskirk.nhs.uk

Dear *****

Thank you for your **letter / email / phone call on DATE** which has been received into the Patient Experience and Complaints Team. Your complaint has been sent to the **Business unit department** for investigation and a full, open and honest response will be collated and shared with you.

The Trust strives to deliver high quality standards of care and we are sorry that you have had the need to complain about the lack of care and treatment you received.

To enable a full investigation and response to be completed, we may need to liaise with other agencies identified in your complaint and will liaise directly with them to give a complete response.

The Trust aims to work to a timescale of 40 working days for the investigation and written response to be completed. If this timescale is unacceptable to you, please can you contact the Patient Experience and Complaints Team for further discussion.

Should you require any additional assistance with your complaint there are Independent Advocacy Services who are able to help. If you reside in the Sefton Area, Healthwatch Sefton Ltd Freephone: 0800 206 1304 Telephone: 0151 920 0726 ext 240 Text: 07434 810 438 Email: info@healthwatchsefton.co.uk Alternatively, if you reside in the Lancashire Area Lancashire residents please contact: Healthwatch Lancashire Telephone: 01524 239100 Email: info@healthwatchlancashire.co.uk

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Once again, the Trust would like to offer you an unreserved apology that you have had the need to complain. The Trust would like to thank you for bringing these issues to our attention, in order that we can use your feedback to improve our services.

Yours sincerely

XXXXXX

PALS & Complaints Manager

Patient Experience and Complaints Department

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Appendix 3 – Delay Letter Template

[Chief Executive’s contact details] [date]

Strictly private and confidential [name and address]

Dear [name]

I am writing to you concerning your formal complaint which is currently undergoing investigation in relation to the care and treatment afforded to [insert name] whilst an in-patient at [insert] Hospital.

As per the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (Section 14 (4)), I am writing to inform you that we are not going to be able to respond to your complaint by the [insert timeframe] 6 month time frame of [insert date]. The reasons for this are due to the complexity of your complaint and the significant number of issues raised for investigation. [insert explanation why this is not possible].

Please accept my unreserved apologies for the delay and for the distress this is causing you and your family. Your patience and understanding is very much appreciated.

As per the regulations we are aiming to provide you with our response in writing as soon practicably possible, but I do not envisage at this stage this will be before [insert date]. If we are able to respond before then we of course do so.

I fully understand that you will be dissatisfied at reading this letter, and I am truly sorry for this.

You do have the right to contact the Parliamentary and Health Service Ombudsman - <https://www.ombudsman.org.uk/about-us/contact-us> about the process, however they may not consider your complaint until local resolution has been completed.

Once again, I offer my sincere apologies for the delay in responding to your complaint.

Yours sincerely

[Insert name]

COMPLAINTS MANAGER

Copy to: [insert the name of the relevant Division or Co-ordinator] Complaints Team]

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Consent Request Form

How do I complete this form?

- If you are the patient and are requesting someone else to make a complaint on your behalf (e.g., a family member, a friend, or an advocate), you should complete and sign **Section 1**.
- In some circumstances it is not possible for the patient to give their written consent; therefore, consent may be given by a parent/guardian, attorney under a registered Lasting Power of Attorney (Health and Wellbeing) or Executor of the estate or beneficiary of the estate, etc. In these circumstances the Complaints Manager or her deputy will require copies of the relevant documentation to evidence the relationship of the complainant to the patient. Where you are the complainant please complete **Section 2**, attaching the relevant copy documentation.
- In circumstances where a complaint relates to multiple healthcare organisations we require the patient's consent to approach these organisations and for those organisations to share the patient's information. The authorisation must be given by the named patient where possible. If you are the patient, please complete and sign **Section 3** only. Where you have requested someone else to make a complaint on your behalf, you should complete **Sections 1 and 3**. Where it is not possible for the patient to give their written consent, the complainant should complete **Sections 2 and 3**.
- Once the form has been completed please return this with the any relevant copy documentation to the Central Complaints Team, Lower Ground floor, Nightingale House, Whiston Hospital, Warrington Road, Prescott, Merseyside, L35 5DR.
- The patient/complainant may withdraw their consent at any time by contacting or writing to the Complaints Manager at the same address.

Patient Details

Please print clearly in the sections below using black ink and provide as much information as possible.

Complaint reference number:	
Patient's full name:	
Patient's date of birth:	
Patient's home address:	
Patient's telephone number:	
Patient's hospital number (if known):	
Patient's NHS number (if known):	

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Section 1 – Consent for another person to raise concerns on my behalf.

Name of Complainant:	
Address of Complainant: (if different from the patient)	
Telephone number of Complainant:	
Relationship to patient (e.g., mother, son, friend, advocate, etc.):	

I authorise the above named person to act on my behalf in relation to the concerns raised. I understand this may involve details and information relating to my confidential clinical records being shared with the above named person and I consent for St Helens and Knowsley Teaching Hospitals NHS Trust to do this.

Signature of Patient:		Date:
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Section 2 – Authority for St Helens and Knowsley Teaching Hospitals NHS Trust to investigate concerns where consent cannot be obtained from the patient.

Name of Complainant:	
Address of Complainant:	
Telephone number of Complainant:	
Relationship to patient: (e.g., mother, son, friend advocate, etc.)	

Copies of documents enclosed to evidence this relationship (please tick the appropriate box):

Birth Certificate:	
Power of Attorney;	
Copy of Will:	
Other (please write name of documents):	

I, acting on behalf of the patient (named above), authorise St Helens and Knowsley Teaching Hospitals NHS Trust to investigate the concerns raised on behalf of the patient.

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Signature of Complainant:		Date:
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Section 3 – Consent allowing St Helens and Knowsley Teaching Hospitals NHS Trust to approach other healthcare organisations in order to investigate the concerns raised.

I understand that St Helens and Knowsley Teaching Hospitals NHS Trust will approach other healthcare organisations (listed below) involved in my care in order to investigate the concerns raised and I authorise those organisations to share my personal information with, and to provide the relevant copy documentation to St Helens and Knowsley Teaching Hospitals NHS Trust who will respond to my concerns.

Other Healthcare Organisations:	
--	--

Signature of Patient (or Complainant): Note: if you are not the patient please also ensure you have completed either section 1 or 2 above		Date:
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Appendix 5 – Grading of Complaints

(Taken from DH publication Listen, Respond, Improve, 2009)

The purpose of grading complaints is to establish the potential future risk to people and the organisation. Complaints are graded using a risk assessment tool that adopts a three-step process. Firstly, the consequences of a complaint are categorised and then the likelihood of recurrence of the incidents or events giving rise to the complaint is assessed. Finally, a risk rating is assigned to the complaint.

Consequence Categorisation Table

The following table assists in determining how to categorise the consequences of a complaint, or the subject matter of a complaint.

Category	Description
Negligible	No impact or risk to provision of care. Unsatisfactory patient experience not directly related to care.
Minor	Minimal impact and relative minimal risk to the provision of care or the service. Unsatisfactory service or patient experience related to care, usually single resolvable issue. No real risk of litigation.
Moderate	Potential to impact on service provision/delivery. Patient outcome/experience below reasonable expectation in several areas but not causing lasting detriment. Slight potential for litigation.
Major	Significant issues of standards, quality of care, or denial of rights. Complaints with clear quality assurance or risk management implications or issues causing lasting detriment that require investigation. Possibility of litigation and adverse local media publicity.
Catastrophic	Issues regarding serious adverse events, long-term damage, grossly substandard care, professional misconduct or death that require investigation. Serious safety issues. Probability of litigation high and strong possibility of adverse national media publicity.

Likelihood Categorisation Table

The following table assists in determining the likelihood of recurrence of the incident or circumstances giving rise to the complaint.

Likelihood	Description
Rare	Isolated or “one-off” – slight/vague connection to service provision
Unlikely	Rare – unusual but may have happened before
Possible	Happening from time to time – not constant, irregular
Likely	Will probably occur several times a year
Almost certain	Recurring – found or experienced often

Risk Assessment Matrix

Having assessed the consequences and likelihood categories using the tables above, the risk assessment matrix below should be used to determine the level of risk (risk rating) that should be assigned to the complaint.

Consequence	Likelihood of recurrence				
	Rare	Unlikely	Possible	ikely	Almost certain
Negligible	Low				
Minor		Moderate			
Moderate			High		
Major				Extreme	
Catastrophic					

Next steps

Risk assessing a complaint can ensure that the subsequent handling and any associated investigation are proportionate to the impact of the complaint and the related risks.

It is possible to link the risk rating with the level of investigation required and it may be helpful when determining the timescale for response. An example of this is given below.

Rating	Level of Investigation	Response
Low	Level 1 investigation <ul style="list-style-type: none"> Enquiries to individual members of staff/department by phone to obtain information. Verify information by email and record file note/ on database Review of relevant documentation/electronic information 	
Moderate	Level 2 investigation <ul style="list-style-type: none"> Review of documentation/electronic information will be necessary Request for written advice from responsible manager/clinician Staff directly involved in the events complained about to provide written statements Clarification/additional information may need to be sought from statement authors 	
High	Level 3 investigation <ul style="list-style-type: none"> Review of documentation/electronic information will be necessary, including incident documentation if applicable Request for written advice from responsible manager/clinician not involved in the complaint Staff directly involved in the events complained about to provide written statements Clarification/additional information may need to be sought from statement authors Multi organisational involvement in response Opinion of senior staff may be required Organisations legal advisors/team may be consulted 	

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Extreme	<p>Level 4 investigation</p> <ul style="list-style-type: none"> • Review of documentation/electronic information will be necessary • Review of incident documentation and liaison with incident investigator • Liaison with organisations legal advisors and communications lead • Independent review to ensure all aspects of the complaint are addressed and lessons identified 	
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Organisations should always consider if any immediate remedial action can be taken and remember that the overall investigative process should be broadly similar whatever the risk but proportionally should be borne in mind.

Appendix 6 - Guidance for completing a witness statement

Witness Statement Guidance

Introduction

As a member of staff who comes into contact with the public, patients and their carers or relatives, there may be times when you are required to make a written statement following a complaint, claim, or an incident that may have occurred. Statements are required in order to establish the facts in relation to this event. The statement may be requested from within the Trust, or from external bodies such as the police, the Coroner, insurance companies or solicitors and you must bear this in mind when writing a statement.

Please seek support and advice from your line manager, the Trust's Legal Services Department, Complaints Team or the professional body that you may belong to.

If you are asked to provide a statement for an **external body**, you must contact either the **Central Complaints Team on extension 1883** or the **Legal Services Department on extension 1434** as necessary.

Guidance

Please remember that this statement may be **disclosed externally** and used for **legal purposes**.

Please ensure that you highlight what this statement relates to, for example if it is part of a complaint response or police investigation, by deleting the areas that do not apply on the statement form on the following page.

Only you can write your witness statement and others are not allowed to contribute to it or influence what you say, however you can seek support and guidance when drafting your statement.

You **MUST** give following details:

- Your full name
- Your job title at the time of the incident
- Current job title
- Length of time in role/experience
- Qualifications
- Your place of work
- What the statement is based on, that is, recall or documentation
- What you did, what you saw or what you heard, referring to the facts in a chronological order
- Full identification of other members of staff that may have been involved

The main principles to follow when writing your statement are given below:

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- Ensure the statement is marked as a draft until you are fully satisfied that the document is the final version that is a true and factual account of the events
- Have access to any relevant records or documents when making the statement
- Use indelible black ink and write legibly or type the statement if possible
- Refer to the issues identified/raised in part 1 on the statement form
- Use plain English, avoiding jargon or technical language (if you have to use these, please explain this in plain English)
- Please avoid using abbreviations
- Write short sentences addressing the issues identified/raised
- Use these five principles: who, what, when, where and how and consider:
 - When were you involved? At the beginning or part way through?
 - What happened and when did you hear about the incident and who told you?
 - What did you see and hear?
 - What did you do, how did you react and why?
 - What information did you give to the patients, carers, others involved?
 - What was documented?
 - Where did the incident take place?
 - Who was involved?
- Write in the first person and use active voice, for example, 'At 16:00, I did....' I saw'
- Write anything that you think is relevant to the issues identified/raised (seek advice from the case manager/officer as to what are and are not relevant issues if you are unsure)
- Ensure that your statement is in a chronological order, including dates and times, referring to entries made in relevant records or documents as necessary
- Ensure you give the section/page numbers of Electronic Document Management System (EDMS) if you have obtained information from EDMS.
- Provide any reasoning for the actions that you may have taken, for example, 'I asked Dr Jones to review the patient because...'
- Include any notes/documents that may be available in support of your statement
- If you can, ask someone to read through the statement to make sure it makes sense
- All alterations must be crossed out with a single straight line and dated, timed and signed
- Sign the statement and print your name with the date the statement was written

You must avoid:

- Abbreviations
- Using correction fluid
- Jargon or language that others, such as complainants, may not understand
- Expletives – this can be recorded as 'swore at me' or 'used extremely offensive language'
- Ambiguities, contradictions or gaps in chronology
- Irrelevant information
- Expressing your opinion on what might have happened or what others may have done
- Hearsay

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A statement is not a list but should explain your involvement in a particular incident. It will take time to get it right and it is sometimes easier to write everything down and then put it into chronological order.

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Appendix 7 – Witness Statement – Restricted

This statement has been prepared as part of the investigation into **a complaint, legal action, police investigation, inquest, safeguarding** (please delete as necessary)

Statement regarding	(Please include incident number if known)
Statement of	(Please give your full name)
Position held at time of incident	(Job title at time of incident)
Length of time in that position	
Ward/Department	(Place of work at time of incident)
Qualifications	(Held at the time of the incident)
Experience	(At the time of the incident)
I am currently employed as	(Current job title)
Information on which the statement is based	(Memory recall, documentation or both)
Date of statement	
Signature	

This statement consisting of _____ pages each signed by me is true to the best of my knowledge and belief.

1a. Issue/concern – I am informed that I need to respond to the following:	Details of incident/complaint		
1b. Response – my response to the stated issue/concern is as follows (in chronological order):	Statement details		
Signature:		Date:	(Use continuation sheets as necessary)

<p>2a. Issue/concern – I am informed that I need to respond to the following:</p>	<p>Details of incident/complaint</p>		
<p>2b. Response – my response to the stated issue/concern is as follows (in chronological order):</p>	<p>Statement details</p>		
<p>Signature:</p>		<p>Date:</p>	<p>(Use continuation sheets as necessary)</p>

<p>3a. Issue/concern – I am informed that I need to respond to the following:</p>	<p>Details of incident/complaint</p>		
<p>3b. Response – my response to the stated issue/concern is as follows (in chronological order):</p>	<p>Statement details</p>		
<p>Signature:</p>		<p>Date:</p>	<p>(Use continuation sheets as necessary)</p>

4a. Are there any actions to take to remedy this complaint and ensure lessons are learned?	Please state YES/NO		
Please note below what the actions are (Nb actions to provide the framework for the action plan)			
Signature:		Date:	(Use continuation sheets as necessary)

Appendix 8 – Guidance on Conducting Complaint Meetings

Preparing for complaint meeting

- In the event that the complainant or their representative wishes to have a meeting to discuss the complaint, outstanding concerns or as part of the process of resolution, this should be facilitated. It is essential to have the relevant people in attendance and a clear idea of the areas the complainant or their representative wish to explore
- When setting up the meeting, ascertain who will accompany the complainant and whether any additional support is required, e.g., advocate, interpreter etc.
- Appropriate staff from the division and/or the complaints department should attend
- Meetings can, of course, take place at any stage in the process and do not have to wait until after a written response. It can be good practice to arrange an early face-to-face meeting with a complainant so that all of the issues can be talked through in depth and resolution may be possible at this stage. At whichever stage of the process a meeting takes place, the better the preparation, the more likely it is that a satisfactory outcome will be achieved
- It is important to engage the complainant in the process of arranging a meeting to ensure that:
 - The time and venue are convenient
 - All of the issues are included in the meeting agenda
 - All relevant parties attend the meeting
 - Anybody the complainant reasonably does not want to see is not in attendance
 - Any special support is arranged, for example an interpreter.
- Complainants should be encouraged to bring an Independent Complaints Advocacy Service (ICAS) advocate or a friend or relative for support. The agenda should be clear and comprehensive and include details about who will be present, when and where the meeting will be and what will be discussed
- The date and time meeting, agenda and venue along with attendees should be confirmed in writing at least five days before the meeting is due to take place
- With regard to advance preparation, it is vital that people in attendance are familiar with the complaint and its background. Good practice would indicate that, where possible, a case conference should be held in advance of the meeting so that all staff members concerned are sufficiently familiar with the background to the complaint and the issues involved

At the meeting

- Meetings should not be adversarial and a conciliatory approach is preferred
- You should make efforts to fully involve the complainant in the process and, where it is decided that remedial action must be undertaken, include the complainant in the discussions about how this needs to take place
- Essential things to record at the meeting include:
 - The response to the desired outcomes, in particular, reasons for any non-agreement, timeframes for implementing any changes to training, orientation, policy, etc.
 - How the complainant will be advised of completion of agreed actions
 - Any apology offered, and any significant agreement or disagreement on facts
- Reading the notes at the end of the meeting will allow everyone present to reach agreement on their content

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- Where meetings are held between complaints and Trust representatives or investigators as part of the complaints process, advocates and advice should be readily available to all complainants who want those forms of support

After the meeting

- You should follow up and write to the complainant to confirm the nature and outcome of the discussions. The timescale for this should be agreed with the complainant at no longer than 5 -10 days after the meeting. This is particularly important where follow-up work has been agreed and should include timescales and detailed proposals. It may be worthwhile to involve the complainant in the change process. He or she may be able to provide feedback on any proposed guidelines or policy, or participate in or attend training sessions, if this is considered appropriate
- In seeking to resolve the complaint either during correspondence or at a local resolution meeting, complaint handlers need to consider carefully the range of remedies that are potentially available. Remedies can take a variety of forms, including (alone or in combination):
 - Apologies, explanations and acknowledgements of responsibility
 - Remedial action, such as reviewing or changing a decision on the service given to a complainant, revising published material, revising procedures to prevent the same thing happening again, or training staff
 - Financial compensation for direct or indirect financial loss, loss of opportunity, inconvenience, or distress (the Head of Legal Services must be consulted prior to any offer of compensation)
- The PHSO's Principles for Remedy set out the approach that should be taken when determining remedies
- Every possible attempt should be made to resolve the complaint locally including the options for reinvestigation and external review. However, if the complainant or their representative remains dissatisfied at the outcome at the conclusion of all attempts at local resolution, they must be informed of their right to contact the Parliamentary and Health Service Ombudsman for an independent review

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Appendix 9 – Complaint Monitoring Form

Date of Review:	Complaint No: Complaint Date:		
Standard	Met	Not Met	Comments
Complaint acknowledged within 3 days			
Appropriate consent sought			
Details entered on Datix			
Datix coding correct			
Direction sheet completed			
Risk assessment made			
Evidence if investigation management plan in place			
Meetings evidence in place			
Explanation of process given to complainant			
Contact details given to complainant			
Update complainant if timescale not achievable			
Lead Investigator is identified			
Deadlines for receipt of statements/information met			
Sufficient evidence of investigation on Datix			
Preliminary conclusion on each aspect of complaint evidenced and summary of investigation			
Draft response letter on file			
Final response letter on file			
Lessons learnt identified			
Lessons learnt entered on Datix			
Action plan identified			
Action plan entered on Datix			
Evidence of action plan implementation			

Appendix 10 – Audit Criteria for Complaint Response Letters

Complaint Reference	Datix Reference	Check database
When telephoning please contact		Name and contact of either DM/Matron or Complaints Co-ordinator
Date		Date response sent to complaints to check
Addressee Only	Confidentiality purposes	Bold and Underline
Name of complainant		Check complaint correspondence
Address of complainant		Check complaint correspondence
A. Opening paragraph should cover:- <ol style="list-style-type: none"> 1. Means of receipt 2. Source of complaint 3. Location 4. When occurred 5. Dissatisfaction with service 	<p>Letter/Pro forma/Email etc. Self or other</p> <p>Specific Nature of complaint</p> <p>Specific or Period of time</p>	<p>“With reference to your (letter, complaint pro forma etc. received on” etc. “Regarding (your, your wife/husband/mother etc.) care and treatment (attendance etc.)”.</p> <p>“In the Emergency Department at Whiston Hospital etc....” “On (date) or since”. (If unspecified period of time leave out)</p> <p>“I am sorry to learn of your dissatisfaction with our service, in particular the</p>
B. Second Paragraph:- <ol style="list-style-type: none"> 1. Condolences (if appropriate) 	Check if patient has died review complaint letter, Careflow etc.	“Firstly, may I offer my sincere condolences on the death of your
C. Third Paragraph:- <ol style="list-style-type: none"> 1. Delay (where appropriate) 	Check to see if timeframe has been agreed and if breached.	“Please accept my sincere and unreserved apologies for the unacceptable delay in receiving my response. I understand you were contacted initially to agree a timeframe on when you would receive my response, unfortunately our investigation has taken longer than we anticipated and your patience in this matter is greatly appreciated. I understand you were kept informed of the reasons for the delay by, Complaints Investigator/Co-ordinator
D. Fourth Paragraph:- <ol style="list-style-type: none"> 1. Acknowledge investigation process 	Check who took lead in investigation in the Division	“Your complaint and health records were forwarded to (DM/Matron/Senior member of staff) and they asked Consultant/Ward Manager/Senior

	and who was asked for advice/ statements	Member of staff) to provide a statement etc. Mrs./Mr. investigation findings are included in my response as follows.”
<p>E. Body of the Response should include:-</p> <ol style="list-style-type: none"> 1. Describe relevant details of patient’s pathway as they may not understand what has happened. 2. Addresses specific point(s) in complaint. 3. Apologies where appropriate. 4. Identify action taken/lessons learnt where appropriate. 5. Expression of regret if complaint unjustified. 	<p>Findings from investigation carried out.</p> <p>Full and frank response</p> <p>Need to set out an overview of action to be taken in the light of the complaint investigation.</p> <p>Even if there is no fault on our part.</p>	<p>“You initially attended outpatient clinic on</p> <p>“..... would like me to offer their sincere apologies” or “Please accept my sincere apologies for etc.”</p> <p>“Please be reassured that will raise this issue at the next staff meeting etc. or “Please be reassured that action has been taken by” Lessons have been learned etc.</p> <p>“I am sorry that your experience did not meet your expected standard/was not what you hoped.”</p>
<p>F. Standard Paragraphs concluding letter:-</p> <ol style="list-style-type: none"> 1. Who to contact if further concerns or issues. 2. Who to contact if complainant still remains dissatisfied. 	<p>Either the name of the DM/Matron investigated the complaint or the Complaints Co-ordinator.</p> <p>Name of Head of Complaints.</p>	<p>Standard paragraph “Please be assured that every effort is being made to ensure that your experience is not repeated in the future. However, if you wish to discuss my response further or have any further concerns, please do not hesitate to contact on 0151 430 XXXX who will be happy to discuss them with you.”</p> <p>Standard paragraph “If after contacting to discuss the response, you still remain dissatisfied then you should contact Mrs. XXXXX on 0151 430 1376,</p>

		quoting the reference number at the top of the letter, who will explain the available options to you under the NHS Complaints System.”
G. General points to observe:-		
<ol style="list-style-type: none"> 1. Complaint Reference clearly identified. 2. Correctly addressed 3. Complainant’s name consistently spelt correctly. 4. Dates checked for accuracy. 5. Relationship apparent and clear throughout. 6. Acknowledges current treatment being provided. 7. Only Senior Staff are identified by names. 8. Use medical terminology in a language complainant can understand. 9. Avoid confrontational statements 10. Don’t make suppositions 11. Tone of the response should be sympathetic, open, honest, helpful and constructive. 12. Action Plan 13. Don’t blame other areas/staff 14. Avoid same wording at the commencement of each paragraph 	<p>Datix Reference number</p> <p>Address of complainant</p>	<p>Complaints will notify the Division of this via e-mail. Check complaint letter to confirm correct address. Check complaint letter to confirm correct spelling of names ensuring these are spelt consistently and correctly. Check dates of attendances/inpatient stay with complaint letter and health records.</p> <p>E.g., Mrs./Mr. your mother, your father etc. but make sure which ever you use it is consistent. Check health records and statements from staff. Senior management /Consultants</p> <p>Layman terms</p> <p>Stick to facts</p> <p>Not defensive or dismissive.</p> <p>Action plan should be submitted with each complaint response even if nil return. One Trust, Chief Executive responsible for all areas/staff</p> <p>Doctor said, Doctor said....., Matron advises, Matron advises..... etc.</p>

Appendix 11 – Process for completing K041a / K041b complaint returns

Return	Criteria	Frequency
K041a	Monitors written complaints received by the NHS regarding Hospital and Community Health Services Verbal complaints excluded	Annual return/submission NHS Digitals notify submission dates directly to Complaints Manager/Director of Nursing, Midwifery & Governance
K041b	Monitors written complaints received by NHS Primary Care providers (GP and dental practices). Verbal complaints excluded	Annual return/submission NHS Digitals notify submission dates – directly to Marshalls Cross Medical Centre Practice Manager

Steps	Action	Action by	Target date
1.	Submission notification dates received from NHS Digitals.	Complaints Manager/ Director of Nursing, Midwifery & Governance (DoNM&G)	Ad hoc
2.	At the end of every quarter Complaints Manager requests via IT portal the Data Analytical team to extract data queries from DATIX.	Complaints Manager	By the latest 5 working days after quarter end
3.	Extracted queries are reported against DATIX ID/reference and submitted to the Complaints Manager via email.	Data Analytical team and Complaints Manager	By the latest 5 working days
4.	Extracted queries are reviewed/actioned by the Complaints Manager/Deputy or nominated Complaints team using the DATIX ID/reference identified. Queries relate to coding errors and/or missing data:- <ul style="list-style-type: none"> No age band for the patient recorded e.g., date of birth missing or incorrect. No relationship between the complainant / patient recorded (patient / relative / carer). Clinical treatment/further subject mismatch (subject 	Complaints Manager/Deputy and/or Central Complaints team	By the latest 5 working days

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	<p>/ sub-subject of allegations).</p> <ul style="list-style-type: none"> • Verbal complaints – to be verified for exclusion from data/submission. 		
5.	Complaints Manager submits an email to the Data Analytical team confirming all queries updated.	Complaints Manager	By the latest 5 working days
6.	<p>Data Analytical team re-run data, confirming all queries have been correctly updated – any further queries identified are submitted back to the Complaints Manager via email to re-review (as per Step 4 and 5 above).</p> <p>Data Analytical team will confirm verification of data via email to the Complaints Manager.</p>	Data Analytical team and Complaints Manager	By the latest 5 working days
7.	Year-end report - Complaints Manager requests via IT portal the Data Analytical team to produce the annual data for submission.	Complaints Manager	By the latest 5 working days after end of quarter 4
8.	Data Analytical team emails the Complaints Manager final submission data (excel document) which confirms number of formal written complaints. The email overview also confirms number of verbal complaints excluded from the final excel document.	Data Analytical team	By the latest 5 working days
9.	Complaints Manager saves final submission data (excel document) in Qualdev – by relevant year – K041a return or K041b return folders.	Complaints Manager	By the latest 2 working days
10.	<p>Complaints Manager submits final excel report (including a full breakdown of data) via email* to the Director of Nursing, Midwifery & Governance for review/approval for submission</p> <p>*NB email circulation includes Deputy Director of Governance, Head of Complaints and Legal Services, Data Analytical team.</p>	Complaints Manager	By the latest 5 working days before submission deadline
11.	Review/approval of the data takes place by the Director of	Director of Nursing, Midwifery & Governance	By the latest - 2 working days

	Nursing, Midwifery & Governance. Email submitted to the Complaints Manager to confirm approval to upload submission.		before submission deadline
12.	Complaints Manager* logs into NHS Digitals account and follows the process to upload submission data. Test upload is initiated then final upload is completed.	Complaints Manager *For K041b returns - Marshalls Cross Medical Centre Practice Manager undertakes Step 12 with the assistance of the Complaints Manager	By the latest 1 working day before submission deadline
13.	Confirmation of successful upload is saved in in Qualdev – relevant year – K041a return or K041b return folders by the Complaints Manager. Confirmation of successful upload is circulated by the Complaints Manager* to Director of Nursing, Midwifery & Governance, Deputy Director of Governance, Head of Complaints and Legal Services, and Data Analytical team.	Complaints Manager *For K041b returns - Marshalls Cross Medical Centre Practice Manager forwards copy of Confirmation of successful upload to the Complaints Manager for circulation.	No later than 2 working days after confirmation of successful upload