

TRUST POLICY AND PROCEDURES ON HANDLING CONCERNS AND COMPLAINTS

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<ul style="list-style-type: none"> a) <i>Patients Association Good Practice Standards for NHS Complaints Handling Sept 2013</i> b) <i>The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009</i> c) <i>Parliamentary and Health Service Ombudsman Principles of Good Complaint Handling Feb 2009</i> d) <i>Department of Health, The NHS Constitution for England (26 March 2013)</i> <i>The Constitution was first published in January 2009 following</i> 				

recommendations in Lord Darzi's report High Quality Care for All (2008). Under the Health Act 2009 all providers and commissioners of NHS care have a statutory duty to have regard to the NHS Constitution in all their decisions and actions.

- e) Trust Policy for the Assessment and Management of Risk (V1.2, Oct 2010)*
- f) Trust Policy and Procedures for the Incident Reporting, Analysing, Investigating and Learning (V2, 6 2013)*
- g) Trust Policy and Procedures for Information Governance (V1.5, 2013)*
- h) Procedure for Data Protection & Dealing with Confidential Information (V2.2, 2012)*
- i) Mandatory Training Policy (V3, 2010)*
- j) Safeguarding Policy*
- k) Trust Policy and Procedures for Maintaining a Safe Environment V 2.5 2012*
- l) Trust Policy and Procedures for Raising Concerns at Work (2013)*
- m) Trust Policy and Procedures for Legal Services Claims Handling (V3.14, 2012)*

In consultation with and date: Chief Nurse and Director of Patient Experience, Director of Nursing, Divisional Nurse Directors, Director of Midwifery, Director of Allied Health Professionals, Associate Director Medical Directors Office, Lead Nurse Safeguarding. 26 September, 2018.

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TRUST POLICY AND PROCEDURES ON HANDLING CONCERNS AND COMPLAINTS

1 Introduction

1.1 The National Context

The Parliamentary Health Service Ombudsman set out the ¹*Principles of Good Complaint Handling* in 2009:

“Good complaint handling should be led from the top, focused on outcomes, fair, proportionate and sensitive to complainants’ needs. The process should be clear and straightforward and readily accessible to customers. It should be well managed throughout so that decisions are taken quickly, things put right where necessary and lessons learnt for service improvement.”

The legislation governing NHS complaints procedure is the ²*Local Authority Social Services and National Health Service Complaints (England) Regulations 2009*. The NHS complaints system is designed to provide explanations of what happened and, where appropriate, apologies and information about action taken to ensure similar incidents do not happen again. Most complaints are dealt with by local resolution, the first stage of this process; the second stage involves referral to the Parliamentary and Health Service Ombudsman (PHSO) for independent review.

Following the independent inquiry into care provided at Mid-Staffordshire NHS Foundation Trust and the publication of the Francis report, widespread reform on how complaints are handled has been advocated. The Francis report made a number of recommendations relating to handling of complaints including (Recommendation 113) asking trusts to consider the recommendations and standards developed by the Patients’ Association in its work with Mid-Staffordshire Hospital. Complaints now form part of the Care Quality Commission’s (CQC) inspection regime. CQC is the independent regulator of health and social care in England and has powers to ensure complaints are handled properly.

The rights of patients to have their complaints dealt with forms part of the ³NHS Constitution (2015). Patients have the right to:

- Have any complaints made about NHS services acknowledged within three working days and to have them properly investigated

¹ Parliamentary Health Service Ombudsman, *Principles of Good Complaint Handling*, 2008

² *Local Authority Social Services and National Health Service Complaints (England) Regulations 2009* (SI 2009/309), made in exercise of the powers conferred by sections 113(1), (3) and (4), 114(1), (2) and (5), 115(1), (2), (4) and (5) and 195(1) and (2) of the *Social Care (Community Health and Standards) Act 2003*

³ Department of Health, *The NHS Constitution for England* (26 March 2013) The Constitution was first published in January 2009 following recommendations in Lord Darzi’s report *High Quality Care for All* (2008). Under the *Health Act 2009* all providers and commissioners of NHS care have a statutory duty to have regard to the NHS Constitution in all their decisions and actions.

Patients Association Good Practice Standards for NHS Complaints Handling September 2013

- Discuss the way in which the complaint will be handled and investigation/response timescale
- Be kept informed of progress and know the outcome, including an explanation of the conclusions and confirmation that any action needed in consequence of the complaint has been taken or is proposed to be taken
- Request an independent review by the PHSO or Local Government Ombudsman (LGO), if they are dissatisfied with the way the complaint has been dealt with by the NHS
- Make a claim for judicial review if they think they have been directly affected by an unlawful act or decision of an NHS body/local authority

The Constitution also makes the following pledges to patients:

- Ensure that patients are treated with courtesy and receive appropriate support throughout the handling of a complaint and that the fact that they have complained will not adversely affect future treatment
- Ensure that when mistakes happen or patients are harmed while receiving health care they receive an appropriate explanation and apology, delivered with sensitivity and recognition of the trauma experienced, and know that lessons will be learned to help avoid a similar incident occurring again
- Ensure that the organisation learns from complaints and makes improvements

1.2 Implementation at University Hospitals of Derby and Burton NHS Foundation Trust

The Trust fully upholds the NHS Constitution, aspiring to put the patient at the heart of everything it does. It also aims to deliver first-class complaint handling to all complainants.

The Trust has taken these recommendations on board and wants to make sure that it is easy for anyone to make a complaint. The Trust also wants it to be easy for anyone to give feedback about how improvements can be made and to feel confident that making a complaint will not affect the care/service they receive. Complaints will be treated positively and, where possible, leave the person raising the complaint feeling satisfied with the way their complaint has been handled and confident that the Trust has learned from their experience.

The level and nature of complaints received by the Trust are important indicators of the Trust's performance and the quality of service it is providing. Listening and learning from feedback and complaints can help the Trust to deliver real improvements in quality of service and safe care. This policy takes on board all changes and good practice regarding complaints handling.

2. Purpose and Objectives

The purpose of this policy is to:

- Offer an open, honest, equitable and fair system, accessible to people who are dissatisfied with the service received from the Trust
- Provide staff with a framework to enable the Trust to comply with the NHS Constitution, Complaints Regulations and good practice standards
- Help patients, their relatives and carers and the general public to understand how the Trust handles complaints and concerns

- Ensure the concerns and complaints system is accessible and inclusive to all communities, that reasonable adjustments are made for people with disabilities and for those whose first language is other than English
- To ensure that the concerns and complaints service offered by the Trust is consistent with all relevant legislation and best practice guidance
- To ensure that complaints and concerns are analysed effectively to provide high quality information indicating Trust achievement of its values and behaviours of compassion, openness and excellence

The policy applies to all groups of staff and anyone using the Trust's services. Anyone who uses the Trust's services may complain, including:

- The patient
- Someone acting on behalf of the patient, and with their written consent (e.g. an advocate, relative, carer, or Member of Parliament)
- Parents or legal guardians of children
- Someone acting on behalf of a patient who is unable to represent his or her own interests, provided this does not conflict with the patient's right to confidentiality, or a previously expressed wish of the patient

The **objective** of this policy is to make sure that when people are dissatisfied they are able to express concerns about their experience:

The Trust has three key objectives for handling complaints:

1. to ensure complainants are satisfied that their complaint has been listened to and action has been taken where necessary
2. to ensure that we learn from mistakes
3. to ensure that the complaints process is timely, efficient and effective

The complainant can expect to:

- receive an acknowledgement within two working days
- be treated fairly with respect and courtesy and kept informed
- have their complaint investigated and receive a true and factual response
- be informed of independent support available through advocacy services
- receive an apology where appropriate and be informed of any learning outcomes, actions/changes in service to improve the patient experience
- be signposted to the PHSO to request an independent review of their complaint if they remain dissatisfied with the Trust's response

All Trust staff have a role to play in reducing the numbers of concerns and complaints received, by ensuring that:

- they deal with any issues courteously and efficiently, modelling the Trust's values and behaviours
- they listen to any concerns raised in an appropriate and empathetic manner
- they offer an apology for the issue raised
- they offer to resolve issues or escalate to senior colleagues if they are unable to deal with them
- patients are not treated differently or disadvantaged by making a complaint
- they keep good quality records

- documents and data are entered onto the Trust's complaints/concerns information database (DATIX) to leave a robust audit trail to ensure compliance

3 Definitions Used

Concern	An expression of dissatisfaction raised informally at local level and usually resolved without reference to the NHS Complaints Procedure. Concerns may be raised with front line staff and/or the Patient Advice and Liaison Service (PALS), who will endeavour to resolve the concerns or refer to the NHS Complaints Procedure
Complaint	A formal expression of dissatisfaction made to the Trust, either written or spoken, whether justified or not, which requires a response referring to the NHS Complaints Procedure
DATIX	The system used for the recording and reporting of complaints, concerns, enquiries, compliments, ex-gratia claims and incidents
Compliment	Positive feedback
Comment	Comment(s) on services/experience
Enquiry	Enquiry for information about any services provided within the hospital or by external organisations
S42 Enquiry	A safeguarding issue arising from a safeguarding referral to Social Services identified by Adult Social Care Safeguarding Services as indication of a potential act or omission by Trust staff/services

Other forms of feedback - A range of approaches are in place across the Trust to obtain feedback from people who use our services. The methods used include surveys, focus groups, Friend and Family Test (FFT), '*Your Views Matter*' leaflets, workshops, Patient Opinion, Healthwatch and NHS Choices.

4. Key Responsibilities and Duties

4.1 The Trust Board is accountable for ensuring that effective controls are in place to support complaints management and organisational learning.

4.2 The Chief Executive is the 'Responsible Person' and the designated Board member responsible for ensuring compliance with the NHS Regulations 2009, they are responsible for ensuring that lessons are learnt and the standard of care, treatment and services provided to patients, carers and relatives is improved following the investigation of a complaint. The function of the 'Responsible Person' can be performed by another executive member authorised by the Trust to act on behalf of the 'Responsible Person.'

4.3 The Executive Chief Nurse has Board level responsibility for concerns and complaints management.

- 4.4 The Director of Patient Experience** has responsibility for the Patient Experience agenda, including overall management of the NHS complaints process.
- 4.5 The Lead Nurse for Patient Experience** is responsible for the overall leadership and management of the Advice & Support Service (Complaints, PALS and Bereavement) as well as the Patient Experience and Engagement teams. This role is responsible for the development and implementation of the complaints and concerns strategy and policy, including training and education of all staff involved in complaint investigations. This is complemented by the wider Trust Patient Engagement Strategy. The role is key to ensuring that complaints and concerns are managed effectively and in a timely manner and that divisions are provided with opportunities for organisational learning from the concerns and complaints received. The role is also responsible for monitoring and reporting on Trust wide complaints data and reporting any themes/trends to the Patient Experience Committee, Quality Improvement Group (QIG) and Quality & Performance Committee (QPC). As the lead for complaints, they hold responsibility for ensuring that the complaints process, investigations and responses meet national standards, guidelines and legislation.
- 4.6 The Advice and Support Services Manager** has operational responsibility for the management of the Advice & Support Services Department (Complaints, PALS and Bereavement Service). Responsible for:
- Ensuring appropriate triage is undertaken for each contact to agree the appropriate route for handling concerns (PALS concern/formal complaint)
 - Complaints being effectively administered through the acknowledgement, investigation, quality assurance, formatting and signature stages to meet the agreed key performance indicators and response timescales
 - Providing guidance, training and support for the management of complaints and PALS concerns/enquiries
 - Collating information and the coordination of any independent reviews that are required
 - Collating information and the coordination of any investigations carried out by the Parliamentary and Health Service Ombudsman (PHSO) and Local Government Ombudsman (LGO) when required
 - Providing data on complaints, concerns and compliments and preparing reports for Trust governance groups and committees
 - Coordinating the review of complaints with Lead Investigators against the Patients Association Good Practice Standards
 - Chairing the Complaints Review Group to provide further scrutiny of complaints management and to highlight and cascade organisational learning
- 4.7 The Divisional Nurse Directors/Director of Midwifery/Director of Allied Health Professionals** have responsibility for ensuring the division appropriately and proportionately investigates and responds to complaints within Trust agreed timescales. If contacted by the Lead Investigator (LI) within 3 working days of complaint allocation, they are responsible for negotiating reallocation of the complaint to another LI/Division/Business Unit within a further 2 working days. If this timescale is not adhered to, the original allocation will remain.

As decision makers, they are responsible for quality assuring response letters within 4 working days, deciding which aspects of the complaint are justified

and which are not, and recording the reason for a complaint being upheld, partly upheld or not upheld.

The DND/DM/DAHP or nominated deputies are responsible for seeking the advice of the Trust's Legal Services Department on any complaints which may have future legal implications for the organisation. They are also responsible for monitoring the quality and effectiveness of the investigation through the quality assurance process. To help and support staff who investigate and respond to complaints and for ensuring that divisional complaints data, trend data and case reviews are used to inform changes in practice, learning, service improvement and development.

4.8 The Trust Safeguarding Lead has responsibility for determining appropriate and timely investigation of all S42 enquiries, ensuring where these are not upheld the concerns raised are escalated to the PALs/Complaints team.

4.9 Lead and Support Investigators (LI) are identified within each Business Unit. Lead Investigators (Band 8a and above) and Support Investigators (Band 7). These will normally be experienced senior managers who have received training in and/or have considerable experience in handling complaints. The Lead Investigator may delegate parts of the investigation to a suitably qualified/experienced support investigator, but will retain overall accountability for the timeliness, quality and content of the investigation and response. Complaint investigation guidance is available (appendix.4) to support the investigation process.

Designated Lead Investigators (Band 8a or above) are:

- Matrons
- General/Deputy General Managers
- Senior AHPs and Healthcare scientists
- Other Clinical Managers/Heads of Departments

In exceptional circumstances, the following may act as Lead Investigator:

- Clinical Directors and Associate Clinical Directors
- Divisional Nurse Director
- Director of Midwifery
- Director of AHPs
- Deputy Divisional Nurse Directors
- Chief Nurse/Directors of Nursing
- Executive Medical Director
- Divisional Director/Deputy
- Associate Directors of Nursing
- Clinical Governance Facilitators

Designated Support Investigators (Band 7) are:

- Assistant General/Service Managers
- Senior Sisters/AHPs
- Other Senior Managers/Deputy Managers

Lead Investigators are responsible for:

- Contacting the complainant at the beginning of the investigation to introduce themselves and discuss the complaint to clarify the issues and outcomes sought to aid their investigation

- Assessing the complaint, in liaison with the Divisional Clinical Governance Facilitator, within 3 working days of receipt to determine if a Patient Safety Incident Investigation (PSII) or Patient Safety Review (PSR) is required in line with the Trust's Patient Safety Incident Response Plan
- Escalating to the DND/DOM/DAHP and Complaints Team if there is challenge in the allocation of the complaint to their Business Unit/Division within 3 working days. If this timescale is not adhered to, the allocation will remain
- Establishing whether a Structured Judgement Review (SJR) has been undertaken/is required and escalating to the clinician and Assistant Clinical Director (ACD) if outstanding. Ensuring the findings are taken into consideration if the complaint raises issues about the patient's care/treatment prior to death
- Investigating the concerns raised
- Co-ordinating, obtaining and collating comments, information, emails and statements and ensuring the investigation evidence is included in the complaint file on DATIX within the investigation timeframe (14 working days for a 25 day response, 29 working days for a 40 working day response)
- Ensuring that all correspondence and evidence is factual and does not contain personal opinion or subjective remarks
- Seeking advice from clinicians, professional leads, divisional directors and, where appropriate, independent experts in order to draw conclusions and judgements
- The Lead Investigator should consider if any aspects of the complaint response may require review by the Trust's Legal Services department if there may be future legal implications. They should discuss this with the DND/DOM/DOAHP who will determine whether a referral is warranted.
- Identifying safeguarding concerns within the complaint and reporting them to the Trust safeguarding team
- Ensuring the complaint is addressed by the Lead Clinician where the clinician involved in the care has left the Trust and cannot be contacted.
- Keeping the complainant informed on the progress of the investigation and any delays if the deadline cannot be met, offering explanations and apologies
- Drafting the response in accordance with the timescale and within the key performance indicators (KPI 2 – 14 working days for a 25 working day timescale, 29 working days for a 40 day timescale)
- Chairing complaint meetings, where appropriate, and providing a follow-up letter summarising the issues discussed and any actions/learning within the agreed timescale (10 working days or 25 working days when new issues are raised at the meeting)
- Ensure that all key staff are included in the attendee list for complaint meetings so that all issues can be fully addressed by the relevant people. If there are challenges regarding the availability of clinicians to attend complaint meetings, the Lead Investigator is responsible for escalating these to the Clinical Director/Associate Clinical Director
- Complete an action plan and record actions and learning from the complaint in DATIX upon completion of the draft response
- Ensure actions and learning identified from the complaint investigation are implemented, evidenced and monitored

4.10 The Complaints Team is designated by the Trust to listen, co-ordinate and administer formal complaints received from patients and their carers/representatives. They have responsibility for acknowledging the complaint (KPI 1 – 3 working days) and contacting the complainant to establish how they wish to proceed, either agreeing receipt of a written response or accepting an invitation to meet with senior Trust representatives. The Complaints Team will assess and triage the complaint and contact the complainant to agree the route through which it will be handled (PALS concern/formal complaint). They will explain the process, agree the timescale, establish the outcome the complainant is seeking, and assess if any support is needed (e.g. advocacy services and/or reasonable adjustments – interpreter services, wheelchair access, etc.) They are responsible for completing the management plan, determining the lead division and investigator and grading the complaint as per the Complaint Grading Matrix (appendix 1).

The Complaints Team will support the divisions to ensure an efficient complaint handling process is in place in the Trust and the complaints key performance indicators are monitored and achieved.

5 Governance Arrangements

5.1 Divisional Governance standards have been set to ensure that complaints monitoring within divisions examine the narrative, ensuring that learning takes place and action plans are monitored, as well as numbers and performance.

5.2 The Complaints Review Group meets monthly to review a structured sample of recently closed complaints to assure the Patient Experience Committee of compliance with the Patients Association Good Practice Standards. It identifies any issues with the management of the complaints process, the quality of the investigation and response, provides learning for staff involved in the complaints process and influences future training requirements. Membership includes the Advice & Support Services Manager (Chair), Divisional Nurse Directors, Trust Governors, Patient Experience Lead Nurse and/or team representatives, and complaints leads. Specialist teams will be co-opted into the panel when necessary (for example, if the complaint involves a safeguarding incident).

Lead Investigators are asked to attend to present their investigation, response and actions. They undertake a review against the Patients Association Good Practice Standards in advance of the meeting, which is sent to the review panel one week before the meeting, together with a copy of the complaint, response and action plan. The panel scrutinise the handling of the complaint in a supportive manner and agree learning and actions for the individual Lead Investigator and/or Trust wide.

Further complaints are reviewed against the Patients Association Good Practice Standards, the results of which are recorded and feedback/learning is established with the Lead Investigator and feedback is provided to the divisions to support their learning.

A cross section of complaints is reviewed throughout the year. These include complaints across all divisions and hospital sites, re-opened cases, Ombudsman reports, and those that have progressed to become legal claims.

The panel will also discuss any particular themes, trends or issues that come to light through the reporting mechanisms and provide a view on how the Trust can take these forward.

Learning from the Complaints Review Group is reported monthly to the Patient Experience Committee and the Governor's Meeting.

5.3 The Patient Experience Committee (PEC) has responsibility for ensuring the complaints system is robust and effective, monitoring performance against the Complaints and Concerns policy and to provide assurance that divisions instigate actions when required to ensure that organisational learning occurs. . This may be specific improvements or based on thematic analysis of issues seen through multiple types of feedback. PEC also has responsibility for ensuring that data on from complaints and concerns is triangulated with other patient experience, engagement and staff survey feedback data. Learning from the Patient Experience Committee is reported to the Quality Improvement Group and Quality Performance Committee.

5.4 Quality Improvement Group (QIG) undertakes a bi-monthly review of divisional complaints performance, including response times, actions and learning. This includes trends/themes and actions taken.

5.5 The Quality Performance Committee (QPC) receives quarterly assurance that the management of complaints is effective and that learning from complaints is taken forward. In addition, the reports presented provide assurance that themes and trends across all patient feedback mechanisms are triangulated and are being acted upon.

5.6 The Trust Board receives assurance through quarterly reports from QPC and an annual report of complaints and concerns in accordance with the Complaint Regulations 2009.

6 Methods of Feedback

6.1 How we inform people on how to give feedback to the Trust

The Trust uses the following methods to inform patients, their relatives and carers on how to provide feedback:

- Leaflets and posters displayed in areas across Trust campuses
- Members of staff and volunteers
- Trust Internet site – information and a contact form, which can be downloaded to raise an enquiry, concern, complaint or compliment
- Intranet site to support staff when assisting patients, their relatives and carers in providing feedback
- Patient Advice and Liaison Service (PALS)
- NHS Choices, Care Opinion and Healthwatch capture patient and service user feedback independently and raise issues, themes and trends with the Trust to action

6.2 Receiving feedback, concerns and complaints

Patients, their relatives and carers are asked for their views in a variety of ways. Feedback is welcomed and used so that any issues can be addressed and improvements made. The processes by which the Trust receives feedback are as follows:

6.2.1 Verbally to any member of staff

All Trust staff have a responsibility to support patients, relatives and carers who wish to give feedback or raise concerns about their experience. If patients, relatives and carers have any concerns about care and treatment, the first step should be to discuss these in the ward, clinic or department with a member of staff. Concerns should be listened to and acted upon as soon as possible and a way forward reached which is agreeable to the person raising the concern.

In the event that the staff member cannot resolve issues or answer questions, the member of staff and the person giving feedback can jointly decide to involve a more senior member of staff. Reasonable adjustments will be made, including an interpreter if required (language or British Sign Language).

6.2.2 Patient Advice and Liaison Service (PALS)

The PALS offers help, support, advice and information to patients, relatives and carers and can be contacted by telephone, text phone, e-mail, drop-in/appointment or referral by a member of staff. Comments, concerns, complaints and Compliments can be raised about the services received.

The PALS team will assess, triage and agree the route for handling the issues raised (informally through a PALS concern or as a formal complaint).

PALS staff assist with concerns and enquiries by liaising with the appropriate Trust staff and other providers. Where possible, the Trust will ensure that all information received is acted upon to improve service delivery and learn from the feedback provided.

The Trust aims to respond to informal concerns within 5/10/15 working days, depending on the complexity and seriousness of the issues raised.

If the enquirer is not satisfied with the outcome of a concern, the PALS Team will discuss the option of escalating to the complaints department for a formal investigation.

6.2.3 Formal Complaints

Formal complaints can be made to the Complaints Department or Chief Executive in writing, by email, verbally, by text or on a contact form (available in hard copy or downloaded via the Advice & Support Services pages on the Trust website) See Appendix 2.

Complainants can obtain confidential and independent support from their local advocacy service. Details of local advocacy services are provided on the Trust website and in the acknowledgement letter provided to complainants. For advocacy services outside of the local area, details can be obtained through the relevant local authority.

6.2.4 NHS Choices, Care Opinion and Healthwatch

Patients and the public can submit feedback about the service they receive from the Trust on the NHS Choices or Care Opinion websites. All feedback is reported to the Trust. The PALS team assess the feedback and request a response from the relevant divisional lead. The response is posted on the NHS Choices or Patient Opinion websites. Feedback is categorised and recorded on DATIX.

Feedback is also received from local Healthwatch branches via regular reports, based on comments received through individual contact, specific engagement events or via individual case studies. The PALS team forward concerns and request responses from the appropriate divisional leads. Responses are forwarded to the Healthwatch representative within the agreed timescale. All feedback is recorded on the DATIX system so that issues can be collated with other types of feedback to identify themes and trends.

6.2.5 Clinical Commissioning Group (CCG)

Concerns raised via the CCG are handled through the Patient Advice & Liaison Service and escalated with appropriate scrutiny from the Lead Nurse for Patient Experience, their deputy and/or the Advice and Support Services Manager.

Concerns are recorded in DATIX and responses are provided to the CCG within the agreed timescale. When concerns or complaints received through the CCG refer to specific patient information, the CCG must provide written consent (on the Trust's consent form) from the patient or appropriate representative in order for the Trust to respond to the concerns raised. In the absence of consent, the concern/complaint will still be shared with the relevant department for investigation/action, and the CCG will be provided with the assurance that appropriate steps have been taken. Further guidance on consent is provided in section 8

6.2.6 Members of Parliament & Nominated Representatives

If feedback is received from MP's or nominated representatives, it is triaged as a concern, compliment or formal complaint and managed through the appropriate route.

6.2.7 S42 Enquiry

The Care Act 2014 (Section 42) requires local authorities to make enquiries or cause others to do so if it believes an adult is experiencing, has experienced, or is at risk of abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect and if so, by whom. When an allegation about abuse or neglect has been made, an enquiry is undertaken to find out what, if anything, has happened. The Trust Safeguarding Team receives a small number of S42 enquiries, some of which will be more appropriate for response as a PALS concern.

6.2.8 Compliments

Compliments can be received verbally, in writing, by email or by telephone. Compliments can also be shared using the comment section in the ASS leaflet. On receipt, this will be logged on Datix and shared with the appropriate staff.

Any member of staff can be in receipt of a compliment and the department manager will ensure it is acknowledged and shared with the team.

Letters of thanks to the Chief Executive/Chairman/Executive Director will be acknowledged by them personally and forwarded to PALS to log on DATIX. A copy of the letter is forwarded by PALS to the appropriate department, ward or clinic manager to share with the member of staff/team.

7 Implementation of the Policy and Procedures for Handling Complaints and Concerns

7.1 Procedure for handling concerns

If a concern or a complaint is received at ward or departmental level, staff must make every effort to try and resolve the issues by:

- Apologising and informing the patient or relative what can be done to address their concerns
- Taking action whenever possible to improve the situation
- Arranging a time to inform the patient or relative of the actions taken to address their concerns, checking that they are satisfied with the outcome and summarising the issue and document any action taken within the health records
- Referring to an appropriate person if the limits of their authority or experience are exceeded. This may be a Matron, General Manager, Divisional Nurse Director, Director of Midwifery or Senior Nurse/ Manager on call (out of hours)
- If the concern cannot be resolved within the locality and it is appropriate, advise the patient/relative about the Patient Advice and Liaison Service (PALS), who can support patients and the public with information on hospital services and seek resolution on their behalf by liaising with the appropriate Trust staff

7.2 Procedure for Handling Complaints

A complaint or concern may be made by any person who has received services from the Trust or any person who is affected by, or likely to be affected by, the action, omission or decision of the Trust.

A complaint may be made by somebody acting on behalf of a person (a representative) in any case where that person meets one of the following criteria:

- The person has died
- The person is a child
- The person is unable, by reason of physical or mental incapacity, to make the complaint themselves
- The person has requested a representative to act on their behalf (e.g. , advocate, relative or friend)
- The representative has delegated authority to do so, for example in the form of a registered Power of Attorney for Health and Welfare
- The representative is an MP, acting on behalf of and by instruction from a constituent

The representative must be a relative or other person who, in the opinion of the Complaints/PALS Team, had or has sufficient interest in the patient's welfare and is a

suitable person to act as a representative. If it is determined that a complainant is not suitable to act as a representative, the reason the decision has been taken will be provided in writing to them.

8 Consent and when it is required

8.1 When the complainant is not the subject of the complaint

When the complainant is not the subject of the complaint, the Complaints Team will issue a consent form to gain the patient's consent to respond to the complainant, disclosing confidential information relating to the circumstances of the complaint. This is necessary to safeguard the confidentiality of patient information and to ensure the complaint reflects the views of the patient. For a living patient with capacity to make their own decisions on complaints / disclosure of information, their decision is final.

If the complaint involves another organisation or agency, a consent form is sent to the complainant requesting their permission to pass on or share information to enable a co-ordinated response or for the other organisation to respond separately. If the complainant does not provide consent for the complaint to be passed onto the other organisation(s), the Complaints Team will inform them of their right to contact the other provider direct.

When other organisations act on behalf of a patient to raise concerns or a complaint, evidence of consent must be provided before a response can be given.

8.2 If a consent form is not returned

If a consent request form is issued but not returned, the Complaints Team will make reasonable efforts to contact the complainant after 15 working days. If there is no response within 25 working days the complaint will be closed. If the complainant returns at a later stage and provides consent, we will process the case through the standard procedures.

8.3 When the patient has not authorised the complainant to act on their behalf

In circumstances where a complaint is made by a third party when the patient has not authorised the complainant to act on their behalf, this does not preclude the Trust from undertaking a full and thorough investigation into the concerns raised. Specifically, if the complaint raises concerns about patient safety or the conduct of staff, the relevant Trust policies will be evoked. A response to the third party will be limited, only including any matters of a non-personal or non-clinical nature and will not include the outcome of any HR investigation. The response to the complainant will explain why this is the case.

8.4 Alternative methods of giving consent

On occasion consent may be given verbally, for example when individuals have difficulty posting/emailing a consent form to the Trust. Other reasonable adjustments will be made dependent on individual needs to support someone raising a complaint. It is important to establish correct identification of the individual, establish their mental capacity and to inform the individual of the complaints process.

For inpatients, it may be appropriate for a member of the Complaints/PALS Team to visit the patient on the ward in order to obtain verbal or written consent. In these circumstances, the discussion should be witnessed by someone independent of the decision making. Written records must be retained on DATIX demonstrating this, including notes of the discussion, witnesses, date, time and name of the staff member obtaining consent.

8.5 When a patient does not have the mental or physical capacity to consent

If the complainant advises that the patient does not have the mental or physical capacity to provide consent about whether or not to pursue a complaint, it is important to consider that capacity is decision specific. It is possible that a patient who lacks capacity for a particular medical treatment decision may still have capacity to make their own decisions about whether or not to pursue a complaint, or how their confidential information should be shared. In such circumstances, the Complaints Team will liaise with clinicians for advice on the patient's capacity. Consideration should be given for independent advocacy and support. The test for capacity is whether or not the patient can understand, retain and weigh up what the complaints process is, how it works, their right to make a complaint and the circumstances that may give rise to it.

Patients should be given appropriate support to attain capacity for the decision of consenting to a complaint. If they have capacity, it is their decision whether a complaint about their care/treatment is pursued. A complaint from a family member/carer should not be pursued if the patient with capacity does not want this. However where the complaint indicates potential abuse or neglect by an individual in a position of power and trust, advice should be sought from the Trust Safeguarding Lead as this will require investigation.

For patients who lack capacity to provide consent, they must still be involved as much as possible in any decision, and their wishes must be given proper weight in any decision in their best interests. This means that it is not the patient's decision whether the complaint is pursued, but their wishes must be taken into account as follows:

- Explain to the patient, where appropriate, that a complaint has been made
- Explain what the complaint is about
- Establish the patient's wishes about the complaint, as far as reasonably possible, using appropriate means of communication. This may involve a clinician led best interest decision

Where appropriate, the Complaints Team will provide the patient with information about the complaint itself and the complaints process in a format that is easy for them to understand.

Before making a best interests decision, consideration for the following should be made:

- Whether the patient's lack of capacity for this decision is temporary and therefore the Trust can reasonably wait to obtain consent
- The views of anyone who has legal authority to act on behalf of a patient (Lasting Power of Attorney)
- The views of people close to the patient (those engaged in caring for the patient or have interests in their welfare)

The Complaints Team will check whether there is anyone with a registered power of attorney for health and welfare decisions, to enable them to act on behalf of the incapacitated patient and consent to disclosure on their behalf. A lasting power of attorney (for health and welfare) will only become effective at the point of a lack of capacity for that particular decision. A copy of the power of attorney should be provided, and to be effective it must bear the seal of the Office of the Public Guardian to show that it has been registered.

If the Trust have concerns about the representative who is making a complaint on behalf of the incapacitated patient (possibly due to their motives) then the Trust can refuse disclosure, with regard to their duties and responsibilities as data controller under the Data Protection Act 2018, and will record the reason for this. It would be appropriate to raise any such concerns with the Office of the Public Guardian (agency appointed by the Government to protect people in England and Wales who may not have the mental capacity to make certain decisions for themselves).

8.6 When the patient is deceased

For a deceased patient, the duty of confidentiality remains. In order to ensure that confidentiality of patient information is maintained, the Complaints Team will issue a consent form, requesting confirmation of the complainant's status and supporting documentation to disclose confidential patient information through the complaint response:

Examples of supporting documentation include:

- For an Executor of the Will of the deceased person – a copy of the Will is required
- For complainants with a claim or potential claim arising from the patient's death, the information disclosed should be relevant to the period of time of their claim. The Complaints Team will request documentation from the complainant to confirm they are an Executor of the Will or have a claim resulting from the death
- Granted letters of administration by the Probate Registry
- A person nominated as Next of Kin or point of contact for the deceased patient within the health records for the period specified in the letter of complaint

Factors relevant to the decision to disclose confidential information through a complaint response are as follows:

- a) Wishes expressed by the patient before their death (which should ordinarily be respected)
- b) Potential disclosure of information about a patient's family or third party (third party information should be redacted)
- c) Whether the information is already public knowledge or can be anonymised

One family member has no particular right to deny access to information to another, and not according to any gradation of the proximity of their relationship to the deceased. All of those entitled to information / to make a complaint about a deceased patient are entitled to it, and one of them cannot properly deny that information from others who are also entitled.

Exception to the above: not all family members would be entitled to information/records as part of their complaint. If the Trust is aware of a family dispute or information that indicates that the patient would not want any information to be passed to an individual (this can include views from other family members) it will take a decision on whether it is appropriate to respond by consulting with the Trust Caldicott Guardian. In these cases the Trust will write to the complainant to confirm and explain this. Should the complainant disagree with the decision not to respond, a complaint can be made to the Parliamentary and Health Service Ombudsman.

Exception to the above: if one family member is the sole Executor, for example, and other family members are not entitled to information as a result of the Access to Records Act or otherwise, it is up to the Executor to decide whether information should be shared. The Executor is bound by the same duties of confidentiality towards the deceased as anyone else.

If complaints are made by multiple family members raising the same issues, it is not reasonable to provide separate responses and the Complaints Team will liaise with the family to come to an agreement to provide one response to a family member who would then share this with their family.

8.7 For a child under the age of 16

A complaint can be made on behalf of a child (under age 16) if the child is unable to make the complaint themselves. If the child is considered competent this would properly be assessed by the Gillick competence test, rather than the Mental Capacity Act, which does not apply below the age of 16.

To make the complaint themselves, the child should be advised to do so or their consent for a nominated person to complain on their behalf should be obtained.

The identity of the mother and father and their parental responsibility are presumed to have been established at the outset of treatment of a child.

A mother automatically has parental responsibility from the child's birth. For children whose births were registered from 1 December 2003 in England and Wales (or from 15 April 2002 in Northern Ireland, and from 4 May 2006 in Scotland), parental responsibility rests with both parents, provided they are named on the birth certificate, regardless of whether they are married or not. For children whose births are registered prior to these dates, the father would only automatically have parental responsibility if he was married to the mother. Otherwise, he could acquire parental responsibility through a Parental Responsibility Agreement with the mother or a Parental Responsibility Order through the courts, and sealed copies of these should always be obtained by the Trust before they are relied upon.

The Court can remove a parent's parental responsibility if it has been acquired through a Parental Responsibility Agreement or Parental Responsibility Order. It is rare for a Court to do this and the circumstances where this might be appropriate are exceptional.

Parental Responsibility cannot be taken away from a parent who has it automatically (e.g. a mother) except through an Adoption Order. It may however be delegated. This means that a person with Parental Responsibility can arrange for another person to meet some or all aspects of it in relation to a child.

Therefore, a parent's views/complaint should not be disregarded if they do not have access to their child.

Divorce does not remove either parent of parental responsibility, and so neither would separation.

A step-parent can only acquire parental responsibility for a child when the Court makes a Child Arrangements Order or through the signing of a Parental Responsibility Agreement which is a formal document, signed by all other people with parental responsibility consent and then registered at court. When a step-parent adopts a child this puts them in the same position as a birth parent..

Generally, consent from only one person with parental responsibility is needed. However, it is good practice to consider the views of both parents and, if one parent strongly objects, then the Trust should consider the objections. If agreement cannot be reached, the Trust must decide how to deal with the complaint and whether pursuing the complaint is in the best interests of the child. In addition, the Trust will consider whether the child has Gillick competency, in which case their own direct consent will be required for their personal information to be provided to the complainant. Advice will be sought as appropriate from the Safeguarding Team, senior clinicians responsible for the child's care and Legal Services in order to determine whether pursuing the complaint is in the child's best interest. If necessary, the Court can be asked to adjudicate on the dispute between the parents. In such cases, the Complaints Team will enquire about and request documentation to confirm parental responsibility.

8.8 When a death has been referred to the Coroner

In the event that a death has been referred to the Coroner the Trust will cooperate fully with the Coroner to support the investigation. The Trust's legal team will act as the point of contact with the Coroner and will coordinate the response to any request by the Coroner.

If the family, and or carers (where legally responsible) raise issues about the care that the deceased received then they will be referred to the Complaints Department to ensure that any issues outside of the Coroner's remit are properly investigated and responded to. This will be done in liaison with the Trust's legal department.

For Coroner's cases where the same issues are included in a complaint, the Trust will wait until reports have been finalised ready to send to the Coroner before the Trust response provided. This is to ensure that information is thoroughly checked and consistently communicated to the family in an open, honest and transparent manner (in compliance with the Duty of Candour). The complaint meeting/response will be provided as soon as possible once the reports have been finalised and will not be delayed by the inquest itself. The Lead Investigator will engage with the family in advance of the inquest and share the complaint investigation findings to seek to alleviate any anxieties and address their concerns.

As of 1 April 2020, it will be a statutory requirement for all Trusts to operate a Medical Examiner system where all deaths that have occurred within the hospital will be referred to the Medical Examiner. This will provide an opportunity for families to raise any concerns or questions relating to the care or events leading up to the death of a patient. The Medical Examiner will endeavour to try to respond to these concerns and questions. However, there may be occasions when the family may wish to pursue any

ongoing issues/concerns which fall outside of the remit of the Medical Examiner's role by way of a formal complaint.

8.9 People who are detained under the Mental Health Act (MHA)

People who are detained under the Mental Health Act (MHA) should be made aware of their entitlement at any stage to contact the Care Quality Commission (CQC) and be helped to do so if necessary. The CQC has the power to investigate complaints in relation to detention under the MHA and can also support and advise detained people through the NHS complaints process, advising them of their rights and corresponding on their behalf with the Trust.

8.10 Complaints received from Members of Parliament or a third party

Where a complaint has been made on behalf of a patient by a Member of Parliament (MP) the complaints team will request evidence of the patient's consent in order to disclose personal information through the complaint response.

Where the complainant is communicating through a third party (an independent advocacy service provider, MP or Solicitor), the Complaints Team will establish the boundaries of communication e.g. does the complainant wish to be copied into correspondence, would they like a face to face meeting, and what amount of clinical information can be released to the third party? A letter from a solicitor or other third party does not prevent the Trust from attempting to establish a good relationship with the complainant and offering to meet.

8.11 When a complaint includes information with safeguarding implications

Consent is not required if the complaint includes information which is needed to be passed on in accordance with safeguarding procedures. In such cases, a letter should be sent to the complainant explaining the Trust's duty of care and its obligation to pass on the information. The Lead Investigator should seek advice from the Trust Safeguarding Lead prior to raising this.

9 Exclusions to the Complaints Policy

The following complaints are not covered within the Complaints Policy:

- a complaint made by a responsible body (i.e. a local authority, NHS body, primary care provider or independent provider)
- a complaint by an employee of a local authority or NHS body about any matter relating to his/her employment
- a complaint, the subject matter of which, is the same as a complaint that has previously been made and resolved under the 2009 (or earlier) Regulations
- a complaint arising out of the alleged failure by the Trust to comply with a request for information under the Freedom of Information Act 2000
- if the complainant explicitly indicates in writing an intention to take legal action in respect of the complaint, the complaint process should still be followed

unless there is a clear reason not to do so. This should be discussed with the Complainant. Contact should be made with the Trust Legal Department to discuss any areas of concern and in cases where there are legal reasons why a complaint should not be dealt with, the complaint investigation will cease, the complainant advised of this fact and advised to ask their legal representative to contact the claims department. The Trust will continue to investigate any issues raised within the complaint that are not part of the claim

- Complaints being investigated by the Parliamentary and Health Service Ombudsman (PHSO)
- When the Complaints Team, following discussion with the relevant colleagues, decides that a complaint falls within any of the above criteria and that the Trust is not required to consider the complaint further, the complainant will be notified in writing as soon as practicable of the decision and the reason for it

10 Guidance relating to repeat complainants

The Trust will always investigate complaints and provide feedback to complainants via the process outlined in this policy. However, there are a very small number of people who complaint repeatedly about the same concerns, despite all reasonable attempts being made by the Trust to address these previously. Examples might include people with a recognised mental health illness where the process of complaining is a facet of their illness.

The Trust will always take an inclusive approach to helping people in this situation and do everything possible to resolve the complaint. In situations where the Divisional Nurse Director/Director of Midwifery/Director of AHPs feels they have exhausted all options to help the person, they should speak to the Chief Executive Officer, Executive Director of Nursing, or their deputies for support and direction.

11 Support for complainants and staff

Being involved in a complaint can be a difficult and stressful experience for both patients/carers and staff. Details about specialist advocacy services and other support organisations are available from the Complaints/PALS section on the Trust website.

Assistance will be given to individuals who wish to make a complaint, including the provision of interpreter services or any other services/reasonable adjustments (e.g. providing information in large font, braille, Easy Read format or translation of information, letters and documents in their own language) which may help to enhance the communication between the complainant and the Trust. This information is kept up to date on the Trust website. This is in line with our statutory duties under the Equalities Act 2010 and the Accessible Information Standards.

Reasonable adjustment must be made to the process if this is required for the reason of a disability. Complainants are invited to advise if they require any support or specific measures to be taken to assist them in the process and/or receiving information about their complaint.

There should be a culture of openness and honesty amongst staff to ensure a non-defensive attitude and approach towards the complainant, ensuring that they are not treated differently by raising a concern or making a complaint.

The patient's care will not be compromised in any way if they make a complaint. On very rare occasions, where there may be a mutual loss of confidence and trust to the extent that the relationship between the patient and clinician is no longer sustainable, the Trust will ensure ongoing treatment and care is provided by alternative means through the Business Unit.

The Trust will be open and honest in investigating and responding to complaints and will support staff involved in difficult, stressful complaints. DNDs/Director of Midwifery and AHPs with Lead Investigators will ensure staff are supported during and after an investigation, ensuring they are debriefed following the outcome. In addition, other resources are available to support staff, including referrals to Occupational Health (counselling and emotional support available through Confidential Care (CiC)). Details are available via the local staff intranet site.

A copy of the Trust response will be distributed by the Lead Investigator or Divisional Complaint Coordinator to disseminate to the key people involved in the investigation.

12 Duty of Candour requirements

The regulations for Duty of Candour require all providers registered with CQC, both healthcare and adult social care providers, to be open and transparent with service users about their care and treatment. From November 2014 the regulations also imposed a more specific and detailed Duty of Candour on all providers where any harm to a service user from their care or treatment is above a certain harm-threshold.

Where there is a clinical incident involving a patient, the consultant (or nominated deputy) responsible for the patient, together with the appropriate divisional general manager, senior nurse or nominated deputy will be responsible for ensuring the communication of what has happened and the action intended to the patient and the patient's family in accordance with the Trust Duty of Candour requirements.

Where it comes to light following a concern or complaint raised by the patient or person acting on their behalf that a patient has been exposed to harm, the Lead Investigator with the Divisional Clinical Governance Facilitator, will be responsible for assessing the level of harm and type of investigation required. The Trust's Patient Safety Incident Response Plan provides guidance and criteria for investigations/actions, including Service Improvement, Patient Safety Incident Investigations (PSII), Patient Safety Reviews (PSR) and external investigations (e.g. Healthcare Safety Incident Branch, Perinatal Reviews and Child Death Reviews).

If the Service Improvement route is taken, the concerns raised will be investigated through the formal complaints process and the Lead Investigator will explain the action being taken when responding to the complainant.

If a PSII, PSR or external review is opened following assessment of the issues raised in a complaint, the complaint file will be closed due to the higher level investigation being undertaken. However if the complaint includes issues outside of the remit of the PSII or PSR these will be addressed either through a formal complaints or PALS response.

The Lead Investigator retains responsibility for keeping the complainant informed on the progress of the investigation and for coordinating the response in accordance with the timescale and KPIs.

13 Trust process for handling complaints

The Trust process for handling complaints has been developed to meet our organisational objectives for complaint handling. The process includes:

- Five stage process managed through key performance indicators (Appendix 3 Complaints Process Flowchart)
- Triage and acknowledgement of the complaint
- Making personal contact with the complainant
- Assess if any reasonable adjustments are required
- Grading the complaint according to complexity and severity/risk (Appendix 1)
- Agree the method of response – written or local resolution meeting
- The appointment of a Lead Investigator
- Investigation in line with agreed timescales and key performance indicators
- Option of local resolution meeting to feedback investigation findings
- Response letter from the Lead Investigator with a covering letter from the Chief Executive
- Quality Assurance of the response letter
- Actions and learning are recorded on DATIX

14 Grading and Escalation

Each complaint is triaged and provisionally graded according to the Grading Matrix (Appendix 1). This identifies the level and type of investigation required according to the complexity and severity/risk. If the issues raised in the complaint are graded as 'death' or 'severe harm', or if they are complex, the timescale is 40 working days. Complex complaints involving multiple divisions will be flagged to the appropriate Divisional Nurse Director/Director of Midwifery/Director of Allied Health Professionals and their nominated deputies at the point at which a Lead Investigator is allocated. If allocation of a complaint to a particular investigator, business unit or division is queried, this must be flagged within three working days. The appropriate DND/DM/DAHP or nominated deputies will liaise and agree the allocation within a further two working days. The total timescale for assignment is five working days. If the Lead Investigator queries the allocation outside of this timescale, they must continue to manage the complaint through to completion.

Complaints graded as 'death' or 'severe harm' will be immediately escalated to:

- The relevant Business Unit senior manager/Matron, Clinical Lead for Risk and Governance and Divisional Clinical Risk Facilitator for assessment of whether a PSII or PSR investigation is required or is in progress
- Divisional Nurse Director/ Director of Midwifery, Director of AHPs if involving serious allegations about nursing/midwifery/healthcare scientist and therapy care
- Medical Director/Divisional Medical Director (DMD) and Chief Nurse if involving serious allegations about medical care

- Lead Nurse, Patient Experience– for information purposes
- Liaison may also be required with the legal team regarding the potential or actual involvement of the HM Coroner or potential legal claim
- Lead for Safeguarding if issues relate to safeguarding vulnerable adults or children
- Caldicott Guardian, via the Information Governance Manager, if there is an alleged breach of Information Governance
- Complaints involving serious allegations of staff misconduct will be escalated by the Lead Investigator or Divisional Nurse Director/ Midwifery Director/ Director AHP's to the Deputy Director of Human Resources

15 Timescales for responding to Complaints

The Trust standard complaint response time for formal complaints is 25 working days. The Trust will endeavour to resolve complaints within this timeframe.

There are exceptions that will require 40 working days, e.g. serious complaints causing harm, complex complaints, where a local resolution meeting is being arranged or complaints involving external partners (Please see Grading Matrix, Appendix 1).

It is the responsibility of the Lead Investigator to determine whether all or part of the complaint issues will be investigated through a PSII or PSR. The complaints / PALS response times will still apply for issues which fall outside the remit of the PSII/PSR. If it is determined that all concerns raised in the formal complaint will be investigated and addressed through the PSII/PSR, the complaint will be closed and the Lead Investigator will communicate this to the family.

16 Time limit for making a complaint

Under *The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009* the normal time limit for people to raise their complaint is 12 months after the date on which the matter occurred or, if later, the date on which the matter came to the notice of the complainant.

The time limit will not apply if:

- a) The Trust is satisfied that the complainant had good reasons for not making the complaint within the time limit
- b) Notwithstanding the delay, it is still possible to investigate the complaint effectively and fairly

If necessary, complainants expressing concerns about events which occurred some considerable time ago will be informed of the limitations this is likely to impose on the response the Trust is able to give. If serious allegations are made they will be investigated if at all possible regardless of the time period.

Should any interpretation of the Trust's time limit regulations be necessary, this will be provided by the Lead Nurse Patient Experience or nominated deputy.

17 Implementing a STOP moment on the 25/40 working day response time

A STOP moment is applied for reasons of:

- Awaiting consent
- A case referred to the Coroner
- Safeguarding review
- Trust Legal review (10 working days)
- The complainant is not available to attend the meeting within the 40 working day timescale.

Consent stop moments are applied for a maximum of 25 working days. If a consent request form is issued but not returned, the Complaints Team will make reasonable efforts to contact the complainant after 15 working days. If there is no response within 25 working days the complaint will be closed. If the complainant returns at a later stage and provides consent, we will process the case through the standard procedures.

Open-ended stop moments are applied for Coroner and Safeguarding reviews, pending advice from the appropriate professionals. For Safeguarding reviews, the complaint will be forwarded to the liaison with the Safeguarding team, who will advise on the status of the case and consult with the Safeguarding Adult Board and panel members on whether the complaint can be addressed or if this needs to remain on hold until the review has been finalised.

STOP moments outside the remit of this policy, for example review of the complaint by NHS Legal Authority, will only be initiated due to extenuating circumstances and agreement will be sought in consultation with the Lead Nurse Patient Experience/Advice & Support Service Manager and the Divisional Nurse Director/Divisional Director of Midwifery/AHP Director. The reason for the request will be recorded in DATIX.

18 Patient Safety Investigations

When a complaint requires a higher level of investigation due to a patient being exposed to harm, the Lead Investigator will determine the level of harm within 3 working days, the type of investigation required, according to guidance available within the Trust Patient Safety Incident Response Plan, e.g. Patient Safety Incident Investigation (PSII), Patient Safety Review (PSR) or external review. PSIIs should ordinarily be completed within one to three months of their start date. In exceptional circumstances, a longer timeframe may be required for completion of the PSII. In this case, any extended timeframe should be agreed between the healthcare organisations with the patient/family/carer. No local PSII should take longer than six months. A balance must be drawn between conducting a thorough PSII, the impact that extended timescales can have on those involved in the incident, and the risk that delayed findings may adversely affect safety or require further checks to ensure they remain relevant.

There may be some concerns that would not be captured through these routes, i.e. facilities issues, staff communication, attitude and/or behaviour that would be more appropriately investigated through the formal complaints or PALS route as they do not relate to harm.

If the PSII/PSR is deemed to address all concerns raised in the complaint, the complaint will be closed. When there are outstanding concerns that warrant further investigation which will not be addressed through the PSII/PSR, the complaint will remain open and the appropriate complaints timeline will remain. The Lead Investigator has responsibility for keeping the complainant informed and agreeing with the complainant how the findings and actions will be fed back.

Once the PSII/PSR report is finalised, the investigation findings will be shared with the complainant.

When a complaint involves concerns regarding maternal and perinatal death (intra-partum still birth, early neonatal death, severe brain injury or maternal death), an additional external investigation is carried out by the HealthCare Safety Investigation Branch (HSIB) to support the organisation's internal investigation. The Lead Investigator will inform the family of the HSIB investigation and will update them on progress, as the investigation can take up to six months. The complaint will continue to be assessed and investigated as described above.

19 Independent Investigation

Following local investigation, if a complaint is then considered to require a further independent investigation, the Chief Executive, Chief Nurse or Medical Director will be informed and advice sought by the Lead Nurse, Patient Experience.

20 Complaints involving another Trust or organisation

The Trust has a duty to co-operate when complaints are cross organisational and/or across geographical boundaries and are related to more than one body. A co-operative approach will be adopted, with the complainant receiving a coordinated response to their complaint, ideally from one organisation. This duty requires agreement as to which organisation will take the lead in coordinating the handling of the complaint and communicating with the complainant. This is likely to require additional time (40 day timescale) and the complainant needs to be informed from the outset or as soon as this becomes apparent.

The Complaints Team will gain the complainant's consent to liaise with the other organisations before contacting them to agree who is taking the lead on the complaint investigation. It is the complainant's choice as to whether they agree with this approach. This will be communicated in the management plan. Each organisation will investigate the complaint as per their local policy, with the lead organisation collating the final response from the investigations submitted. Responses forwarded from the Trust must be quality assured by the DND/DM/DAHP.

All organisations involved will agree the final response before it is shared with the complainant.

NB. Complaints made by another responsible body are excluded from the Complaints Policy and are dealt with through Risk Management.

21 Local Resolution Meetings

When it is agreed that a local resolution meeting is beneficial in the first instance rather than a written response, a suitable date will be co-ordinated and agreed with the complainant and relevant members of staff. The meeting will be held within 40 working days unless there are extenuating circumstances that require a STOP Moment.

Local resolution meetings can be held face to face or via Microsoft Teams and consideration of any risks/restrictions should be made, for example national and local guidance on restrictions associated with the Coronavirus pandemic.

An audio recording of the meeting will be taken as a full, unedited record of the meeting. This will be provided to the complainant as an audio file and sent securely via email with password protection. A written summary of the issues discussed and action to be taken will be sent to the complainant within 10 working days of the meeting. The Lead Investigator is responsible for providing the draft post meeting letter within 4 working days and submitting it for Quality Assurance. The Quality Assurance and Signature stages are allocated 2 working days, so that the overall 10 day timescale can be met.

Minutes of meetings and transcriptions of CDs will only be arranged as a reasonable adjustment for the reason of a person with a disability. It is the responsibility of the division to arrange for any minutes of meetings to be taken and typed and for CDs to be transcribed. Other forms of reasonable adjustment will be considered on an individual basis.

If new issues, questions or challenges are raised at the meeting, further investigation is undertaken and a response provided in writing, or at a further meeting (as agreed with the complainant) within 25 working days.

Where a complainant wishes to make a recording of a local resolution meeting, a formal request must be made in writing to the Complaints Team, or the Lead Investigator in advance of the meeting in order that the consent of all parties may be sought. All parties must consent to the recording being made before the request will be agreed.

Where a complainant requests to bring a representative to the meeting who is a solicitor/barrister it must be made clear that the meeting is for local resolution of the complaint and is not a legal meeting. Additional representatives are welcome, however they must not act in a legal capacity.

If the clinicians involved in the care have left the Trust and it is not possible/reasonable to contact them, the lead clinician should respond based on the information available within records and from any other staff involved.

It is the responsibility of the Lead Investigator to chair or nominate a chairperson for the meeting. In exceptional circumstances the Complaints Team can assist in facilitating and/or taking notes of the key points and actions discussed. If the following criteria are identified by the Lead Investigator or Complaints Team, they will discuss whether additional support would be beneficial:

- If the complainant displays persistent and/or unreasonable behaviour
- If the complaint is sufficiently complex, e.g. across multiple departments and specialities and with more than 10 attendees
- If the complainant requests support

22 Complainants not satisfied by the Trust response

The Trust aims to resolve complaints locally. All complainants are encouraged to contact the Complaints Department if they remain dissatisfied with the outcome or would like to take up the offer of a meeting.

When this occurs, the complaint could be dealt with in one of the following three ways:

- If the complainant raises new questions and issues, these should be opened under a new complaint number on Datix and linked to the original complaint (method of response to be agreed with the complainant)
- If there are no new questions or issues but the complainant is dissatisfied with the final response, feels issues have not been addressed, disagrees with the response, and/or wants further clarification then the complaint will be re-opened within the existing complaint file using the re-opened section which will open a new date chain. The method of response will be agreed with the complainant
- If there is no dissatisfaction but the complainant wishes to meet or receive further information for closure, the follow up section is completed in the original complaint file

The Complaints Team will process cases accordingly.

For cases where the complainant is dissatisfied, disagrees or requires clarification regarding the Trust response, their ongoing concerns will be shared with the Lead Investigator and the DND/DMD/DAHP. The DND/DMD/DAHP will assess the issues raised and decide if the complaint should be reopened. This will be confirmed to the Complaints Team within 3 working days and the Complaints Team will in turn liaise with the complainant regarding the outcome.

Complaints not successfully resolved at first attempt will be monitored and reported monthly by division.

- All complainants are informed in the Trust response of their right to request an independent review by the PHSO
- If a complainant remains dissatisfied and makes repeated complaints, the Trust will write to the complainant informing them that the Trust will not take further action on their complaint and informing them again of their right to contact the PHSO

23 The Parliamentary and Health Service Ombudsman, Local Government Ombudsman and Members of Parliament (MPs)

The Complaints Team will initially respond to enquiries from the PHSO, LGO and MPs. The appropriate Advice & Support Services Manager will act as the main contact for the PHSO and, when required, will provide relevant documentation and liaise with divisional colleagues regarding PHSO investigations, findings and recommendations.

Complaints from the PHSO, LGO and MPs are escalated to Lead Nurse, Patient Experience or nominated deputy.

Any new complaints received from MPs are handled, investigated and responded to in line with the Trust complaints/concerns procedure.

PHSO cases are raised with the relevant DND/DM/DAHP, Lead Investigator and any other relevant senior staff to investigate and respond with comments on the scope of the investigation, findings and recommendations within the draft/final report. Comments should be provided within the agreed timeframes and forwarded to the PHSO investigating officer. Where necessary, agreement can be sought to extend timeframes.

All correspondence and details of outcomes, recommendations, actions and learning will be recorded in DATIX. Cases are reported monthly to the Patient Experience Committee and quarterly to Quality Committee.

Recommendations for financial remedy from the Ombudsman are escalated to the Divisional Nurse Director for consideration and response. Advice is sought from the Trust Legal Service and Chief Nurse or their appointed deputies where appropriate.

The Complaints Team will liaise with other Trusts/organisations regarding joint investigations, responses, recommendations, actions and learning from Ombudsman cases in line with the local agreement for the joint handling of health and social care complaints.

Actions and learning from PHSO/LGO cases are inputted directly into DATIX. Upheld cases with significant findings and recommendations are reviewed at the Complaints Review Group and Patient Experience Committee to ensure that actions and learning are robust. Learning is also reported to the Trust Learning Group.

24 Feedback from complainants on their experience of the complaint process

The Trust will seek feedback from complainants on their experience of the complaints process. This may be undertaken in a variety of ways including the surveys asking complainants to rate different aspects of the complaints process: were they kept informed, were they made to feel comfortable throughout the process, did the response answer all their questions, how overall did they rate the experience. The Trust tracks results to see if improvements are being made.

25 Learning from Complaints

There are many organisational benefits arising from complaints:

- They can identify cultural problems, leading to greater transparency
- They can highlight poor clinical practice, leading to improved patient safety
- They can aid learning and improvement, leading to better care for patients

The Trust takes a positive approach to complaints and uses the findings from these to highlight areas where changes can be made to improve services and ensure people receive a more positive experience. This is achieved as follows:

- An action plan is completed for complaints at draft response stage including dates for actions to be achieved and a summary of the learning that has arisen from the complaint; these are recorded in DATIX to enable compliance to be monitored and reported

- Comparison of the final category following investigation with the original category to identify correlation/crossover
- Identification of learning against current national and local drivers for patient care and safety to enable triangulation to take place and hot spots to be identified
- Details of all complaints received and subsequent response times are sent to each DND/DOM/DOAHP
- DND/DOM/DOAHP will provide information to the Complaints team detailing; complaints response performance, themes emerging from complaints, learning and examples of positive changes arising from complaints for this feedback to be incorporated into the monthly and quarterly reports for the Patient Experience Committee and Quality Committee
- Appropriate complaints will be identified as good learning material by anyone involved in the overall process and these in particular will be used as patients' stories
- PHSO referrals are also monitored to identify patterns or trends
- Monthly data on complaints and the annual complaints report are submitted to Southern Derbyshire and Staffordshire Clinical Commissioning Groups
- Statistical KO41a data is prepared and presented quarterly to the Department of Health

26 Staff training and learning resources

Staff training in handling concerns and complaints is crucial to developing a culture within the organisation which values and encourages complaints/concerns. Every single member of staff and volunteer has a role to play in compliments, concerns and complaint management. Staff need to be confident that they have the necessary skills to respond to concerns and complaints at an early stage with courtesy and sensitivity.

Training is provided by the Lead Nurse Patient Experience and Complaints/PALS Managers to Lead Investigators and Support Investigators on good complaints handling and the complaints process. In addition, specific training and awareness sessions are delivered to key staff on new developments, for example changes to processes or systems.

27 Resources

The Trust has a resource for Lead Investigators on the Complaints/PALS intranet portal, containing information to support staff involved in handling complaints and concerns. This contains all learning material and useful documents and tools to assist in investigating and responding to complaints.

Training will be strongly shaped by the organisational learning from previous concerns and complaints. This allows the Trust to continually improve its approach to managing both informal and formal complaints to ensure we are able to provide the best possible quality care and experiences.

28 Management of complaint records

All complaint records are treated as confidential health records and are retained for ten years, together with investigation evidence and correspondence, from the date the complaint was made. All such records are stored on DATIX.

29 Access to health records

If a complainant requests access to their health records the Complaints Team will send an '*Access to Health Records Request*' form to the complainant, together with the guidance notes. In certain circumstances, the fee for this service can be waived. This decision will be made by the lead investigator and in such cases the division to which the complaint relates will meet the costs of duplicating and postage.

30 Media

If, at any stage, there is indication that the complainant intends to contact the media then staff must notify the Lead Nurse, Patient Experience, the Complaints and PALS Manager and the Communications Team to enable appropriate action to be taken to manage the potential reputational risk to the Trust. Appropriate measures will then be taken if required to inform the Chief Executive Officer and Executive Chief Nurse.

APPENDIX 1

Complaint Grading

When a complaint is received in the Trust a provisional grading is completed by the Complaints Team in triage according to the categories below. This is a preliminary rating and the Investigation Lead will confirm/amend this provisional grading.

Complaints that are graded as Severe Harm or Death are escalated to the Lead Investigator and Clinical Governance Facilitator to determine within 4 working days whether a Serious Incident (SI) review or Internal Investigation is required. The Lead Investigator is responsible for determining which elements of the complaint will be addressed through the SI and which elements will not be addressed and therefore will be continued through the complaints process and timeline. Where all issues are to be investigated through the SI, the complaint will be closed and the complainant will be informed by the Lead Investigator of the process.

Complex complaints involving multiple divisions will be shared with the appropriate Divisional Nurse Directors at the beginning of the process of allocating a Lead Investigator.

Category & Timescale	Criteria – actual or potential unintended or unexpected impact on the patient or others	Actual or potential impact on the Trust	Action
Complexity			
COMPLEX 40 working days	<ul style="list-style-type: none"> Complaint involves numerous issues across different/multiple Business Units or spanning Divisions or Organisations, or is significantly complex involving many issues 		<ul style="list-style-type: none"> Lead Investigator to co-ordinate the investigation and collate information from other Divisions, BUs or organisations
STRAIGHT FORWARD 25 working days	<ul style="list-style-type: none"> Complaint involves issues contained within one Division or is considered straight forward 	<ul style="list-style-type: none"> Minimal impact. No service disruption 	
Severity/risk			
DEATH 40 working days	<ul style="list-style-type: none"> Issues identified within the complaint appear to have resulted in the patient's death 	<ul style="list-style-type: none"> International adverse publicity/severe loss of confidence in the Trust Extended service closure 	<ul style="list-style-type: none"> Check DATIX for Serious Incident/Internal Investigation Escalate to Lead Investigator and Clinical Governance Lead to consider SI/Internal Apply Stop Moment of 4 working days to assess if SI/Internal Investigation required

Category & Timescale	Criteria – actual or potential unintended or unexpected impact on the patient or others	Actual or potential impact on the Trust	Action
<p>SEVERE HARM 40 working days</p>	<ul style="list-style-type: none"> • Issues identified within the complaint appear to have resulted in permanent harm to the patient (permanent lessening of bodily, sensory, motor, physiologic or intellectual functions, including removal of the wrong limb or organ or brain damage that is related directly to the incident). • Pt has undergone incorrect procedure • Pt has required additional surgery / invasive procedure to correct a previous mistake • Delays in essential care of above 2 weeks • National adverse publicity expected 	<ul style="list-style-type: none"> • National adverse publicity or major loss of confidence in the Trust • Temporary service closure 	<ul style="list-style-type: none"> • Check DATIX for Serious Incident/Internal Investigation • Escalate to Lead Investigator and Clinical Governance Lead to consider SI/Internal • Apply Stop Moment of 4 working days to assess if SI/Internal Investigation required
<p>MODERATE HARM 25 working days</p>	<ul style="list-style-type: none"> • Issues identified within the complaint appear to have resulted in semi - permanent harm to the patient (up to a year) • Delays in essential care of 1-2 weeks • Local adverse publicity expected 	<ul style="list-style-type: none"> • Local adverse publicity/moderate loss of confidence in the Trust 	
<p>LOW HARM 25 working days</p>	<ul style="list-style-type: none"> • Issues identified within the complaint have resulted in harm, resolved within a month • Delays in essential care of up to a week • Loss of property • Issues identified within the complaint have not resulted in physical harm but have caused psychological distress 	<ul style="list-style-type: none"> • Minimal impact. No service disruption 	
<p>NO HARM 25 working days</p>	<ul style="list-style-type: none"> • Issues identified within the complaint have not resulted in harm but have caused inconvenience and dissatisfaction 	<ul style="list-style-type: none"> • Minimal impact. No service disruption 	

APPENDIX 2



CONTACT FORM

You may use this form to register concerns about the services provided to you or someone else by the UHDB Trust. Please use this form for the Royal Derby Hospital and London Road Community Hospital. For further advice or help, please contact the Patient Advice and Liaison Service (PALS) on Freephone: 0800 7837691.

1 About you: Mr / Mrs / Ms / Miss / other (*please state*)

Your name:

Date of birth:

Your address:

Postcode:

Hospital number:

Home:

Work:

Mobile:

Email:

2 Are you complaining on behalf of yourself? YES / NO (*delete as appropriate*)

If **YES** go to **section 3**

If **NO**, please provide details below of the patient you are raising concerns about.

Please ask the patient to complete and sign the statement below to give consent for us to respond directly to you. If the patient is sadly deceased or unable to sign this consent statement for any reason, please indicate by ticking this box we will discuss this when we contact you further:

Patient's name:

Patient's date of birth:

Hospital number:

Your relationship to the patient:

Patient's address:

I hereby give my consent for UHDB Trust to disclose confidential information relating to the circumstances of these concerns to:

(Name of person raising concerns)

Patient signature

3. Details of concerns:

Date(s) of incident(s) or time period involved:

Wards/departments involved:

Please provide details of your concerns below, including any additional information which you feel may be helpful. You may attach additional sheets if necessary.

4. Please state the specific questions/issues which you would like us to investigate and respond to

How we will respond to the concerns you have raised

Upon receipt of your completed form it will be necessary for our staff to contact you. This will be to discuss your concerns in more detail, resolve any issues regarding consent (if the patient is not able to sign this form) and discuss the timescale and preferred method of responding to you.

I would like you to **write to me/telephone me** (*delete as appropriate*) to discuss my complaint/concern and how the Trust will respond to the concerns I have raised.

Signed:

.....
(person raising issues on behalf of
patient/carer/visitor)

Print name:

Date:

Returning this complaint form

You may email your completed form to:
dhft.complaintsteam@nhs.net

Or post it to:

Chief Executive
Royal Derby Hospital
Uttoxeter Road
Derby
DE22 3NE

APPENDIX 3



Share your experience

Please use this form to register a concern/complaint/compliment about the services provided to you or on behalf of someone else. If you would like further advice or help with completing this form, please contact the Patient Advice and Liaison Service on Burton 01283 593110/593182

Alternatively, if you are raising a concern/complaint and require any independent assistance or support you can contact Total Voice Staffordshire on 01785 336387, Derbyshire Mind on (01332) 623732 or POhWER Advocacy for the East Midlands on 0300 200 0084.

1. About you:

Mr / Mrs / Ms / Miss / other (*please state*)

Name: Date of birth:

2. Your address:

.....
.....

Postcode:

3. Your contact details.

When is a good time to try to contact you (within working hours)?

.....

Home tel: Work tel:

Mobile: Email:

4. Are you complaining/complimenting on behalf of yourself? YES / NO (*delete as appropriate*)

If **YES** go to section 5

If **NO**, please provide details of the person you are raising concerns about.

Please note we may need to gain the consent of this person or their next of kin, if they are deceased, in order to investigate and respond to any concerns raised.

Patient's name:

.....

Patient's date of birth:

.....

Your relationship to the patient:

.....

Patient's address:

.....

Home tel:

Mobile:

.....

5. Details of complaint/compliment

Date of incident or time period involved:

.....

Wards/departments involved:

Please provide details of your concerns/compliment below, including any additional information which you feel may be helpful. Please attach additional sheets if necessary.

6. Please state the specific questions/issues, which you would like us to investigate and respond to.

NB. YOU ONLY NEED TO COMPLETE THIS SECTION IF YOU ARE RAISING A CONCERN/COMPLAINT

How we will respond to the concerns you have raised

Upon receipt of your completed form, our Complaint Team will try to contact you directly to discuss with you issues regarding consent, timescales for responding to you, and how you would like to be responded to, either in writing or a face to face meeting with senior staff once our investigations are completed.

PLEASE INDICATE BELOW HOW YOU WISH TO BE CONTACTED

I would like you to **write to me/ring me** (*delete as appropriate*) to discuss this complaint and how the Trust will respond to the concerns raised.

Signed:

.....
(complainant or person raising issues on behalf of patient/carer/visitor)

Print name:

Date:

Returning this *share your experience* form

Please either email your completed form to uhdb.contactpalsburton@nhs.net

Or post it to:

Chief Executive
Queen's Hospital Burton
Belvedere Road
Burton-on-Trent
Staffordshire
DE13 0RB



COMPLAINT INVESTIGATION GUIDE

PRIOR TO STARTING AN INVESTIGATION

1 Be clear about what is expected of your role...

Lead Investigator

- Contact the complainant to introduce yourself as the Lead Investigator, discuss the complaint to check understanding and clarify the issues and outcome sought to aid your investigation.
- Undertake a thorough investigation into the facts
- Gather information from key staff and other departments involved
- Seek advice from clinicians, professional leads, divisional directors and, where appropriate, independent experts in order to draw conclusions
- Review and evaluate findings against Trust policies and procedures and national guidelines
- Prepare a response in accordance with the timescale and within the key performance indicator (KPI 2)
- Attend/chair any meetings
- Keep the complainant informed on the progress of the investigation and any delays if the deadline cannot be met, offering explanations and apologies
- Update the complaint file within DATIX
- Complete the actions and learning fields within DATIX for each complaint

Support Investigator

- Investigate elements of the complaint
- Gather statements/information from key staff and upload to the complaint file in DATIX
- Assist in drafting responses to support the Lead Investigator

2 Plan the investigation...

- Check you have capacity to conduct an investigation. If not, liaise with BU colleagues to see if it can be reallocated or if a Support Investigator can assist.
- Consider any immediate action needed to address current care issues
- Be flexible to the circumstances of the case, e.g. consider a home visit for patients who are too unwell to meet at the Trust, arrange a pre-meet to discuss the case if it is complex to aid understanding of the key issues
- Check the severity/complexity and level of investigation required
- Read the complaint thoroughly to understand the key issues and note any questions that come to mind as you are reading through
- Consider the context of the complaint, the narrative, questions raised and what facts need to be established.
- Identify the key senior staff who you will need to share the complaint with and request their input in the investigation (relevant clinicians, witnesses, managers of other services/organisations – GP, ambulance, other trusts)
- Where the clinician involved has left the Trust and cannot be contacted, ensure the Lead Clinician responds from the information in records
- If other organisations are involved, the Complaints Team will obtain the complainant's consent to contact the other party for information
- Where the complaint raises concern about the standard of care/treatment, consider obtaining a clinical opinion from a clinician who has not been involved in the care
- Determine what information is required and the best way to obtain this – statements, interviews, health record review, off-duty rotas, site visits, process/system evaluation, policy/guidance review, expert opinions, round table review, timeline, internal or serious investigation
- Have systems in place to monitor the progress of the investigation, bearing in mind the timescales
- Consider appointing an independent investigator from another Business Unit or Division if the complaint involves allegations against senior staff
- Commence the investigation as soon as possible (KPI 2 – 14 working days (25 day timescale), 29 working days (40 day timescale))

3 During the investigation...

- Conduct interviews with key staff as soon as possible
- Request witness statements
- Upload evidence to the complaint file in DATIX
- Review evidence and consider whether relevant care standards, guidance, policies were met
- Consider using RCA techniques for investigation
- Be objective
- If a meeting is to be held, prepare findings, conclusions and actions in advance

4 Drafting the response...

- Clearly set out the issues the complainant raised and the resolution/outcome they are seeking
- Explain how you have investigated the complaint and what evidence you considered
- Include an explanation of what happened with reference to the evidence, care standards, guidance, policies and good practice applicable
- Detail your conclusions (and those of other key staff) about the care or service provided and clear reasons for every decision/conclusion you have reached
- Use sensitive, empathetic language which is respectful of the person's feelings
- Offer condolences where appropriate
- Communicate with the complainant in a way that is appropriate to them and their circumstances (consider reasonable adjustments to respond with patients with special needs or those whose first language is not English)
- Be open and honest, give clear and evidence based explanations
- Ensure the response is proportionate to the circumstances, taking into account the seriousness of the issues, the effect on the complainant/patient
- Ensure all issues and questions have been addressed proportionately
- Give explanations of medical terminology
- Leave the complainant feeling they have been taken seriously and their concerns have been listened to
- Where you have found failings, include:
 - An acknowledgement of what went wrong and the responsibility for this
 - A suitable apology
 - Explanations of what lessons have been learnt
 - Details of what action has/will be taken to put matters right
 - Where appropriate, offer to involve the complainant in the improvements/actions and keep them updated on the action you take.

5 Local resolution meetings...

Before the meeting:

- Identify the attendees required to ensure all issues can be responded to
- Determine who from the division will chair the meeting
- Determine the purpose of the meeting – fact finding or feeding back following investigation
- Consider setting a timescale for the meeting, e.g. 1½ to 2 hours
- Arrange for the staff to meet 30 minutes before the meeting commences to go over the circumstances, review details and agree who will address which aspects
- Ensure staff are briefed and supported

During the meeting – Chair's responsibility

- Begin with introductions and the understanding of the reasons for the meeting – use the meeting script provided to introduce the meeting and commence the CD recorder
- Listen and give the complainant an opportunity to outline their 'story' and key issues, clarifying what is going to be covered and how the meeting is going to be run
- Establish with the complainant that they are happy with this approach
- Apologise and/or offer condolences, if appropriate, at the beginning of the meeting
- At the end of the meeting summarise the key points, any actions agreed, who will undertake them and by when
- Tell the complainant what will happen next and when, e.g. a follow-up letter summarising the key points discussed and actions taken will be sent to them within 10 working days
- Check with the complainant if they wish to have a copy of the CD – if they do, this will be sent after the meeting

Post-meeting

- Chair of the meeting to summarise the issues discussed and actions on the template letter. This will be signed by the Chair person. It is the Chair's responsibility to ensure this happens within four working days
- The post meeting letter sent to the Divisional Director of Nursing / Divisional Medical Director for quality assuring within two working days. It will then be sent to the complaints team for formatting, a covering letter to be produced from the Chief Executive and to co-ordinate signatures

For the majority of meetings held with complainants the complaints team will not be present. However, there are circumstances when it is appropriate for example:

- If the complainant has requested the attendance of a Complaints Officer
- If there is only one Trust representative and support is required
- Complex or highly sensitive complaints

This list is not exhaustive but to be used as a guide

Appendix 6

COMPLAINT INVESTIGATION TOOLKIT

1 Read through the complaint and identify issues, concerns and questions for investigation

The Complaint

Reference:
Complainant:
Patient:
NHS No.:
Date received:
Date due for QA:

Date telephoned
complainant:

Desired outcome of
complainant:

- Issues

- Concerns

- Questions

2 Identify how you will investigate the complaint and gather evidence

The Investigation

Patient records
required: Y/N

Date records
requested:

**** Please upload all
evidence to DATIX**

- People involved:

- Formal statements, interviews or information from key staff:
(Record names of staff, date statement/info received and upload to DATIX)

- Other departments involved:
(Contact other areas early in the process to gather & upload evidence to DATIX)

- What notes/records have been reviewed?
(Record findings and evidence/conclusions reached)

- What systems will you check?

- Other evidence:

3 The complaint response

The Response

- Issue 1 response:
- Issue 2 response:
- Issue 3 response:
- Issue 4 response:
- Issue 5 response

Actions & Learning

** Add to DATIX

- Action/learning/service change:
- Action/learning/service change:
- Action/learning/service change:
- Action/learning/service change:

Notes

Checklist

- Have you identified all the issues and questions within the complaint?
- Have you responded to each aspect of the complaint?
- Have you identified conclusions reached?
- Do you have evidence to support your conclusions?
- Is the evidence attached?
- Have you identified any outstanding matters that are not yet complete?
- Have all learning outcomes been identified and follow up actions recorded in DATIX?
- Have all abbreviations and clinical terminology been explained in full?
- Have you referred to relevant guidelines, policies and procedures?
- Have you established what should have happened, made a comparison to what actually happened and identified any gaps?

Statements:

- Provide a factual account of your personal involvement. What you did, when, how and why? Details should be in chronological order.
- Refer to any existing records made at the time of the incident, e.g. medical and nursing notes. Check for inconsistencies.
- Identify any other people involved.
- Record events from your own knowledge, based on what you saw and heard.