

Policy on Responding to Concerns, Complaints and Compliments

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Associated documents (BHT Intranet/Trust Policies/Corporate Policies)

BHT Pol 092 Raising Concerns Policy
 BHT Pol 186 Policy for the Management of Incidents Including the Management of Serious Incidents
 BHT Pol 007 Being Open and Duty of Candour Policy
 BHT Pol 090 Stress Policy
 BHT Pol 149 Safeguarding Children Policy
 BHT Pol 093 Safeguarding Adults Policy
 BHT Pol 097 Procedure for Aggregating Data
 BHT Pol 045 Handling of Clinical Negligence
 BHT S012 Risk Management Strategy
 BHT Pol 079 Risk Management Policy

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Definitions:

1. The Trust is Buckinghamshire Healthcare NHS Trust (BHT).
2. A Concern is an issue raised by a patient, their relative or carer that can be resolved without formal investigation within 7 days.
3. A Complaint is an expression of dissatisfaction requiring a response.
4. PALS is the Patient Advice and Liaison Service for BHT, dealing primarily with concerns which can be resolved within 2 working days. PALS also deal with concerns exceeding this time constraint that do not require formal investigation.
5. Categorising of Complaints: Complaints are categorised according to complexity, length of time needed to resolve, the level of investigation required and the possible impact on the individual and the Trust.
6. The Complaints Advocacy Service (SeAp) is a free, independent and confidential service provided to support people in expressing concerns or making complaints.
7. Parliamentary and Health Service Ombudsman (PHSO) provides a service to the public by undertaking independent investigations into complaints that government departments, a range of other public bodies in the UK, and the NHS in England have not acted upon properly or fairly or have provided a poor service.
8. Care Quality Commission (CQC) is the independent regulator for all health and social care services in England, whether they are provided by the NHS, local authorities, private companies or voluntary organisations.
9. Healthwatch gives people a powerful voice locally and nationally. At a local level, Healthwatch Bucks works to help local people get the best out of their local health and social care services.

1. Key messages

This document outlines our commitment to dealing with complaints about the services we provide. It also provides information about how we manage, respond to and learn from complaints made about our services. In doing so it meets with the requirements of the Local Authority Social Care and National Health Service Complaints (England) Regulations 2009, conforms to the NHS Constitution and reflects the recommendations made by both the Francis report 2013 and Clwyd Hart reports of 2013 and 2014.

The key issues taken into consideration when formulating this policy are that a complainant needs to feel that their complaint will be dealt with seriously and that the Trust will learn from complaints and feedback it receives. We are committed to ensuring that the complaints process is fair to both complainants and staff. When dealing with complaints we aim to adhere to BHT organisational principles and uphold the standards of openness and transparency and evidence-based complaints investigations outlined by the Patients Association in Good Practice Standards NHS Complaints Handling (Sept 2013). These regulations and guidance place an emphasis on better complaint resolution and learning from the issues raised.

2. Background & scope

The Trust delivers a complaints service which complies with the Parliamentary and Health Service Ombudsman's (PHSO) best practice. The six principles of best practice are: Getting it right; Being customer focussed; Being open and accountable; Acting fairly and proportionately; Putting things right; Seeking continuous improvement. The PHSO "My Expectations" model will also be adhered to:

Local Government
OMBUDSMAN

healthwatch

Parliamentary
and Health Service
Ombudsman

A user-led vision for raising concerns and complaints



The Trust has developed a process for dealing with complaints in a manner that embodies these principles and reflects the Regulations. This policy provides the overarching framework to support the process and ensure that the principles described are met. All staff within the Trust must take responsibility for resolving concerns and complaints when they arise. If this is not possible, patients, relatives and carers are to be advised of the Trust's complaints policy. It is recognised that early resolution of concerns and complaints as close as possible to the point at which the concern or complaint has been identified is most likely to lead to a satisfactory outcome for both the complainant and the Trust.

3. Purpose and principles

This policy should be read by all staff acting on behalf of BHT so that they can assist service users when they raise a concern or complaint. The Trust recognises the need to learn from complaints, concerns and compliments which are an important source for improving patient safety within the organisation and a tool for improving care.

The principles underlying the policy are the commitment of the Trust to:

- Ensure that staff have the information and guidance necessary to resolve concerns or complaints in a manner and timescale that meets the complainants' needs.
- Use the National Patient Safety Authority (NPSA) Root Cause Analysis (RCA) Tool for the investigation of complaints where appropriate.
- Ensure that staff have the necessary advice and information to be able to advise patients and members of the public on how to raise concerns and complaints in a manner and timescale that meets their needs.
- Ensure that the complaints process does not result in patients being treated differently if they raise a concern or make a complaint.

Ensure that all complaints and concerns are dealt with in the following manner:

- Within the Trust's Care Values.
- In an open, honest and constructive manner in line with the Trust's 'Being Open and Duty of Candour' policy and our legal duty of candour.
- As promptly as possible and in a manner appropriate for the complainant.
- That complainants are reassured that they will not be treated differently as a result of making a complaint.

Where a full written response is required, this must be provided within 25 to 40 working days unless otherwise agreed with the complainant.

Ensure that the organisation values complaints and concerns as a means of identifying unsatisfactory service delivery and as an opportunity for learning, and has in place the processes and mechanisms with which to do so. Ensure compliments and accolades are shared across the organisation.

4. Equity of access

The aim of the Trust is to provide open and easy access to all users of its services wishing to make a complaint, raise a concern or convey a compliment. If interpreting services are required, the Trust will make every effort to ensure that these are available in a timely manner so that a complainant can voice their opinion. The Trust will try to provide information in the form that the complainant requires, according to the complainant's needs pertaining to their complaint. This may involve taking the complaint verbally or providing complaint responses that are appropriate for any disability that the complainant might have. The Trust's staff will meet with complainants and their advocates where appropriate, to ensure all people can access the complaints process in an equal and timely manner.

5. Duties

The Board has a duty to: Ensure that the Trust complies with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and to conduct complaint handling with reference to the accompanying guidance 'Listening, Responding, Improving' and the Ombudsman's Principles of Complaint Handling and assure itself that the Trust is meeting its obligations through:

- Implementation of this policy.
- Appropriate reports to the Board from the Committee with overarching responsibility.
- The identification of a 'Responsible Person' and of designated Board members with a special interest in this policy.

The Quality Committee is to provide the Board with assurance concerning all aspects of quality and safety relating to the provision of care and services in support of getting the best clinical outcomes and experience for patients. The Committee is authorised to seek any information it requires from any member of staff and all members of staff are directed to cooperate with any request made by the Committee. In order to fulfil its purpose the Committee will provide leadership and assurance to the Board on the effectiveness of the structures, policies, systems and processes for quality assurance, clinical, information and quality governance.

- Review the Quality Strategy to ensure continuous improvement is delivered in quality and safety.
- To examine in-depth key quality issues and thereby contribute to the development of a quality culture.
- Oversee implementation of all elements of the quality strategy. In particular, obtaining assurance that the measures for success are implemented within the appropriate timescales.
- Gain assurance over the full range of quality performance via the quality report, quality dashboard, minutes and reports from relevant stakeholder groups and the provision of any other quality related information that the committee may request.
- To oversee the development of the Quality Accounts, ensuring they reflect the views of key stakeholders and advise the Audit Committee on publication.

The Quality and Patient Safety Group is a forum for providing assurance to the Quality Committee with regard to progress against the Quality Improvement Strategy and top clinical risks in the organisation. In support of this policy, it is responsible for:

- Reviewing the Quality Improvement Plan and associated Key Performance Indicators.
- Receiving information from divisional and corporate services about top clinically related risks.
- Monitoring trends for incidents, complaints, claims and PALS.
- Communicating learning from incidents / complaints / claims where there is a wider application than the division where the event occurred. Approving the terms of reference for groups reporting to the Group and receiving reports as described within their terms of reference. Reviewing and sharing learning identified from clinical audit.
- Providing assurance to the Quality Committee with regard to progress against the Quality Improvement Strategy and top clinical risks in the organisation.

Designated Board Members

One Non-Executive Director of the Trust has designated authority to review the complaint handling process, this is achieved through:

- Completing a sample of complaint files each month.
- Scrutinising compliance with the process, which is followed from receipt of the complaint through to the final resolution and learning actions.
- Evaluation of lessons learned, effectiveness of action plans and their associated implementation, and seeking assurance improvement outcomes are being achieved.
- Report their findings to the Complaints Manager or Patient Experience Manager.

The Trust Chief Executive, on behalf of the Board, is the 'Responsible Person' identified by the Board, as required, to ensure compliance with arrangements made under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and any subsequent amendments.

The Medical Director/Chief Nurse jointly hold the portfolio for Governance and are the responsible members of the Board to ensure that outcomes and learning from complaints, and any subsequent organisational change, are reported to the Board. They are responsible for ensuring that a process is in place to respond to all forms of concern and complaint expressed by patients and members of the public.

The Divisional Directors and Divisional Chief Nurses are responsible for ensuring that:

- Each complaint is investigated fully within the required timescale and to the satisfaction of the Chief Executive, using recognised investigation root cause analysis methodology.
- Where necessary, using their discretion, the Investigating Officer contacts the complainant by phone to provide a contact name, clarify information relating to the complaint where necessary and seek to resolve the matter verbally wherever possible (providing a follow-up letter to summarise actions).
- The investigation report and any supporting documents are supplied to the complaints department within the required timescale of 15 working days.
- They or the most appropriate member of staff, in consultation with the complainant must be available to meet with complainants to resolve issues, where this is jointly agreed as the best way forward for resolving the complaint.
- Key information, including number of complaints, deadline status of complaints, 25 day percentage data outcomes are shared within divisions and across the organisation using the organisational governance structures.
- To ensure that the response answers each point within the complaint letter and that it is compliant with our regulatory obligations of transparency and openness when responding to complaints.
- All complaint responses are prepared in-line with the PHSO principles apologising and explaining what happened to patients and to their carers and relatives.
- A divisional record is held of all agreed complaint action plans and their progress monitored within divisional governance structures.

The Investigating Officer is responsible for

- Where is identified as appropriate, contacting the complainant by telephone on receipt of the complaint to gain any clarity or additional information required to investigate the concerns thoroughly. Where possible this contact may be used to resolve less complex complaints and action taken summarised in a follow-up letter to close the complaint.
- Conducting a full investigation into the complaint following a Root Cause Analysis framework.
- In cases of joint directorate liability the IO is responsible for ensuring that the division with the largest portion of the complaint takes the lead.
- In cases of joint directorate liability the IO of the lead directorate is responsible for ensuring that statements from other divisions are submitted.
- Ensuring that all staff involved in a complaint are included in the investigation process and made aware of the findings and outcome.
- Providing the complaints team with a full response in report or letter format for the complainant on the findings of the investigation within the timescale identified by the Complaints Officer.
- Identify and secure which clinicians will attend complaint resolution meetings.
- To ensure that the response has been reviewed by all staff involved in the complaint.
- Ensuring that the response answers all of the complainant's questions.
- Ensuring that the response explains what went wrong and how we plan to address the matter.
- Ensuring that the complaints team are provided with the details of all staff involved in the complaint and all statements used to compile the response.
- Where a report has been supplied in response (rather than a comprehensive letter), working with the complaints team to draw up a covering letter to the complainant to accompany the investigation report.
- To identify any actions required as a result of the complaint and include an action plan in the response to address any issues with timescales and persons responsible.

Complaints/PALS Manager is responsible for:

- Overseeing the implementation of the policy including providing support in ensuring staff awareness and introducing process change where required
- Ensuring all IOs and divisional leads are aware of how they are tracking against complaint response targets on a fortnightly basis, listing all complaints due out to complainants in the coming weeks.
- Providing training to staff in handling complaints at a local level and writing complaint responses.
- Providing an analysis of complaints for board, quality and governance meetings and reviews.
- Providing support in ensuring public awareness, through the provision of leaflets and posters
- Ensuring all formal complaints and PALS cases are accurately recorded on the Risk Management System (Datix).
- Ensuring that when complaints that include issues relating to more than one organisation have been identified, the Trust's joint working protocols are used and managed effectively.
- Ensuring that all formal complaints are dealt with and registered in accordance with the complaints policy and procedure.
- Collation and analysis of reports from Complaints and PALS activity, including themes, causal factors and recommended actions.
- Assisting with complex case escalations from the PALS and complaints teams.
- Ensuring complaints are acknowledged within 3 working days.
- Ensuring that compliments and accolades are collated, recorded centrally and that they are shared with departments and individuals across the Trust to encourage best practice and learning.
- Ensuring that, when required, the Trust complies with requests for assistance from the Parliamentary and Health Service Ombudsman (PHSO), and addresses the recommendations made by the PHSO as a result of their reviews.

The Patient Experience Manager is responsible for:

- Monitoring progress of complaints against defined timescales, and taking action where required. Providing advice to Investigating Officers, Associate Director of Operations and Associate Directors of Nursing in complex cases.
- Ensuring that response rates and requests for re-investigation are monitored, and notified to the organisation through the corporate governance structure.
- Provision of analysis to appropriate governance, risk and patient safety leads and committees on a quarterly basis, e.g. The Quality Review Meeting and Board, including main themes and actions taken to improve services.
- Provision of Complaints information for the Board reports and Healthcare Governance Annual report. The facilitation of patient-led improvement projects as a result of complaints, where appropriate.
- Ensuring that, when required, the Trust complies with requests for assistance from the Parliamentary and Health Service Ombudsman (PHSO), and addresses the recommendations made by the PHSO as a result of their reviews.

The Complaints Officers are responsible for:

- Responding to concerns received according to PHSO good handling principles.
- Developing good relationships with divisions, to support them in the investigation and reporting process, with advice and practical help.
- Providing regular complaint status reports on complaints to their respective divisions.
- Ensuring files are appropriately opened, coded, maintained and closed on Datix as well as the hard copy complaints file.
- Secure meeting room for complaints resolution meeting and send invitations out as required.
- Following up with the Investigating Officer when an action plan is not received back with a complaint response.

- Ensuring each complaint response is reviewed for grammar and spelling errors and to ensure the response is jargon-free and all terminology is explained.
- Ensuring that all complainants are advised of the availability of the Complaints Advocacy Service (SeAp) and to work with SeAp to ensure that complainants have support where needed.
- Ensuring that complainants have been properly advised of their right, if dissatisfied with the response they have received, to approach the Parliamentary and Health Service Ombudsman to review their case.

The PALS Officers are responsible for:

- Responding to concerns received according to PHSO good handling principles.
- Escalating concerns via triage to formal complaints team that require formal investigation.
- Dealing with concerns that do not require a formal investigation or written response through liaison with departmental staff.
- Responding to enquiries and concerns via telephone and email that do not require a formal investigation.
- Recording concerns and complaints received and resultant actions and outcomes in the Risk Management System (Datix).
- Ensuring that all complainants are advised of the availability of the Complaints Advocacy Service (SeAp) and to work with SeAp to ensure that complainants have support where needed.

All Staff

- All members of staff have a responsibility to resolve any complaints and concerns as quickly and effectively as possible and to highlight any issues which could warrant further investigation.
- All staff must be fully open and cooperative with any process to investigate complaints and concerns. At all times, staff should be mindful of the Trust's Care Values.

6. Support for patients, carers and relatives

It is recognised that raising a concern or making a complaint is stressful and that the Trust should make an effort to support patients, their carers and relatives through the process. PALS will assist those complainants who find it difficult to make a complaint in writing; have special needs; require information in a different format (with reference to the Accessible Information Standard 2016), or find the experience daunting. All complainants are to be made aware of any appropriate independent bodies such as SeAp (independent complaints advocacy service) who can support them through the process. The Trust's "Being Open and Duty of Candour Policy" requires the Trust to apologise and explain what has happened as part of the Trust's commitment to the principle of a culture of openness with other healthcare organisations, healthcare teams, staff, patients, relatives and carers.

SeAp Advocacy Service is a nationally organised service with local offices to support people who request independent help and support when making a complaint against healthcare organisations. If a complainant needs help with making a complaint, they can contact SeAp. SeAp are the (IHCA - Independent Health Complaints Advocacy) provider who will assist them in making sure all their concerns are represented and resolved. For complaints by Buckinghamshire residents, SeAp can be contacted on 0300 343 5705, or for more information go to www.seap.org.uk/services/nhs-complaints-advocacy/ You can also email them on: buckinghamshire@seap.org.uk or fax them on 01424 20 46 87.

Healthwatch England is the national consumer champion in health and care. Healthwatch Bucks is the local division. **Healthwatch Bucks** talk to the people that run health and social care services, including hospitals, dentists, GPs and care homes. Using public feedback they create independent reports to help shape health and social care services in Buckinghamshire. Healthwatch Bucks identify priority areas for

focus each year. These are agreed at public board meetings and are based on feedback that the public provide, coupled with an understanding of the key developments in health and social care.

Email: info@healthwatchbucks.co.uk Telephone: 0845 260 6216.

7. Support for and liaison with staff

The Trust ensures that all managers are fully aware of the policy for handling concerns and complaints by:

- Placing the policy on the Trust intranet and public web site.
- Ensuring all nominated IOs receive a copy of the policy.
- Informing staff of its publication in the staff bulletin.
- Dissemination of the policy/procedure and any subsequent amendments through divisional leads.

It is recognised that involvement in a complaint can be a stressful and upsetting experience for staff. The complaints team ensure that all possible support is provided to staff throughout the process of a complaint. Members of staff named in a complaint either personally or by role, must be informed of the complaint by their manager. Staff should be fully supported by their line manager and consulted during the investigation. Consideration should be given to the appropriateness of staff attending complaint meetings and if they do it is essential that they are supported by senior staff at the meeting. The Trust's Stress Policy provides advice for staff who find themselves in stressful situations in the workplace. It has guidance and contact information both for staff who find themselves in stressful situations and for managers who identify potential or actual stress in the workplace arising from complaints. The Trust's Occupational Health Department management referral and can obtain external help if it is required.

8. Who can make a complaint?

A complaint can be made by any person who is receiving or has received NHS treatment or services. Any person can also complain if they are or may have been affected by an action or decision of the Trust. A complaint can also be made by a representative acting on behalf of a person who receives or who has received services from the above, who:

- Is a child.
- Is unable to make the complaint themselves because of physical incapacity or lack of capacity within the meaning of the Mental Capacity Act 2005.
- Has died.
- Has requested the representative to act on their behalf.

If a complaint is made on behalf of an individual, then the Trust needs to obtain consent from the patient before carrying out a full investigation. If the individual is not able to provide consent for a person to make the complaint on their behalf (for example, they are incapable due to lack of physical or mental capacity or they are a child) then their legal guardian, or parent, or other verified appropriate representative will be accepted to act on their behalf. If a patient is deceased, the relationship of the complainant to the deceased patient must be clarified and confirmed as the next of kin or Executor of Estate. If a Member of Parliament (MP) makes a complaint on behalf of a constituent it will be assumed that implied consent has been given by that patient. If however, the complaint relates to a third party, consent will need to be obtained from the patient prior to the release of personal information. In the event that consent is not received, the complaints team will notify the MP in writing confirming that they will not receive any details relating to the patient or any information obtained via health records.

NB: It must be remembered that an assessment of capacity is time and decision specific. A lack of capacity in regard to one issue may not equal a lack of capacity in another (Mental Capacity Act Code of Practice).

9. Time limit for making a complaint

There is a time limit within which a complaint can normally be made. This will usually be within **twelve months** of the date on which the matter which is the subject of the complaint occurred, or within twelve months of the date on which the matter which is the subject of the complaint came to the complainant's notice. However, the Trust reserves the right, at its own discretion, to extend this time limit in cases where it would have been unreasonable to expect the complaint to have been made earlier and it is still possible to investigate the case effectively and efficiently.

10. Complaints that will not be dealt with under this policy

The following complaints will **not** be dealt with under the NHS Complaints regulations:

- A complaint made by a local authority, NHS body, Primary Care Provider or independent provider.
- A complaint made by an employee or a local authority or NHS body about any matter relating to employment.
- A complaint which is the same as a complaint that has previously been made and resolved. (A complaint which has previously been investigated under the 2004, 2006, or 2009 regulations).
- A complaint which is or has been investigated by a Health Service Commissioner under the 1993 Act.
- A complaint arising out of the alleged failure by the organisation to comply.

11. Confidentiality

Complaints and concerns will be handled in the strictest confidence at all times. Care will be taken that information is only disclosed to those who have a demonstrable need to have access to it. Information will not be disclosed to patients or complainants unless the person who has provided the information has given explicit consent to the disclosure of that information. If the complaints team require consent from an individual they will send a consent form which can be signed and returned to the Trust. Particular care must be taken where the patient confidence by or about a third party who is not a health professional. Complaints and concerns will be dealt with in the strictest of confidence and must be kept separately from patients' medical records.

12. Monitoring policy and learning from complaints

- Weekly Quality Review Meeting with Chief Operating Officer and Chief Nurse to review compliance in terms of speed of response, breached cases and
- Monthly Divisional Quality Review Meetings include divisional complaint numbers, speed of response and themes for the month of complaints received
- Monthly Trust Board Report includes response performance, complaints received and re-opened
- Quarterly non-executive review of 5 randomly selected closed complaints

It is Trust Policy that staff adopt the National Patient Safety Agency (NPSA) Root Cause Analysis tool when investigating complex complaints. This ensures a rigorous and systematic approach to identifying the root cause of issues. Lessons learnt from complaints are shared across the organisation as described above, and disseminated through the routine reports, through the Divisional Boards, in Lessons Learnt seminars and in the Staff Bulletins. The themes of current complaints and the identified actions from recently closed complaints are reviewed on a monthly basis and analysis is provided through the structure of governance and service delivery unit meetings.

13. Duties to outside organisations

The Trust has an obligation to work with a number of other organisations in order to comply with the complaint regulations and to provide an efficient and effective complaint-handling process.

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 requires NHS trusts to work with other NHS trusts and local authority Social Services departments when handling complaints that include issues relating to more than one organisation in order to provide the complainant with a single combined response where possible. The Trust has **joint working protocols with local NHS trusts** in order to ensure that this is managed effectively.

Under the Complaints Regulations 2009, a complainant has a right if dissatisfied with the response they have received to approach the **Parliamentary and Health Service Ombudsman (PHSO)** to review their case. It is the duty of the Trust to advise complainants of their right to ask the PHSO for a second stage review and to comply with the PHSO's requests as part of their investigations. It is also the Trust's responsibility to address the recommendations made by the PHSO as a result of their review.

As the complaint process can be difficult for complainants, the **Complaints Advocacy Service (SeAp)** is available to provide impartial support and advocacy for those complainants who require this type of support. The Trust has a duty to advise all complainants of the availability of this service and to work with SeAp to ensure that complainants have support where needed.

The Care Quality Commission (CQC) cannot consider individual complaints about health and social care services, apart from when they involve the Mental Health Act. However, the CQC does invite service users to provide feedback about their experience. The Trust therefore has a duty to advise complainants of this right in correspondence relating to their complaint.

14. Process for handling concerns and complaints

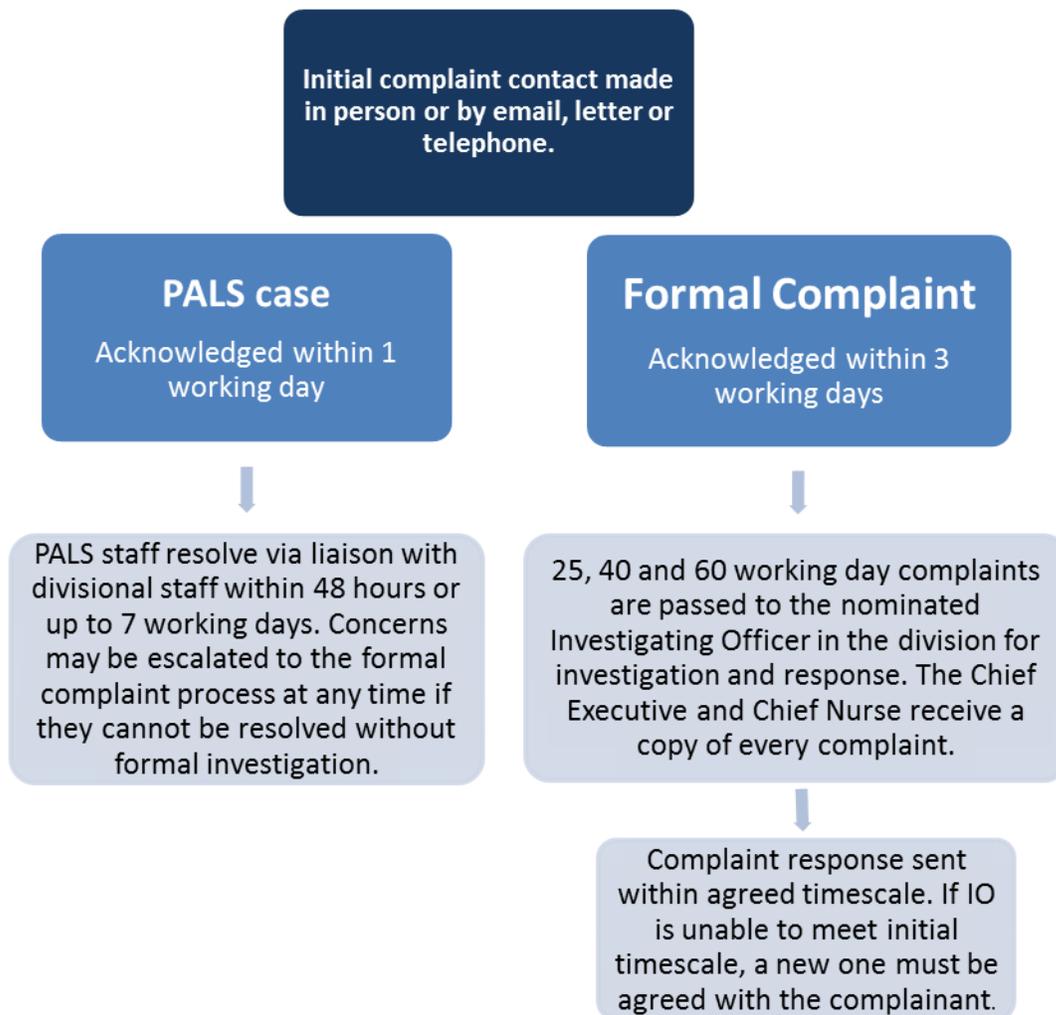
Initial Contact

Verbal - By talking to staff in the ward, department or service concerned who will seek to resolve the concern at this stage. By telephone or in person to the PALS team on 01296 316042. By requesting that a written record of their complaint be made on their behalf and passed to the complaints team.

In Writing - By email to the PALS or complaints mailbox on the Trust website or by letter to the Chief Executive.

Concerns and complaints received by the PALS and complaints teams will be categorised using the flowchart below. This has been designed to simplify the process of determining how the concern or complaint should be handled in a flexible manner to meet the needs of the complainant and the organisation.

15. Flowchart for categorising concerns and complaints



16. Matrix for categorising concerns and complaints

Category	Handled by	Criteria	Resolution time
PALS concern	PALS	Full investigation* not required. Single issue	48 hours
		Multiple issues but readily resolved	48 hours
		Single complex issue	Up to 7 working days
		Multiple issues/bereavement/advocacy support	Up to 7 working days
25 day complaint	Complaints Team/Division's Investigating Officer	Full Investigation* required Single issue Multiple issues within same division	Up to 25 working days
40 day complaint	Complaints Team/Division's Investigating Officer	Full investigation* required Single complex issue Multiple issues Involves more than one division	Up to 40 working days
60 day complaint	Complaints Team/Division's Investigating Officer	Full investigation* Exceptionally complex May also have an associated Serious Incident Investigation (SI) or Inquest	Up to 60 working days or timeframe agreed with complainant.

*Full investigation lead by nominated IO with interviews and statements supplied and RCA where required

17. Grading complaints

On receipt, after the complaint is logged and added to the risk management system, the Complaints Manager will read and grade every complaint using the NPSA matrix "Consequence Scores". This grading process will include review of any associated incidents and highlighting any potential for the complainant pursuing media or litigation with the investigating division. At this stage if a potential incident requiring investigation is identified, this should also be raised with the division when the complaint is sent to the Investigating Officer. The grading system is an initial assessment based on the complainant's first contact to enable the executive team to observe the seriousness of complaints and track these accordingly. The outcome and *final* assessment of the complaint will be based on the conclusion, action plan and outcome code recorded to the complaint on closure.

18. Acknowledgment

- PALS concerns team by the end of the next working day.
- All formal complaints to be acknowledged within 3 working days of receipt by the complaints team.

All complaints should be categorised and acknowledged as soon as possible after receipt.

PALS concerns with a view to a quick resolution. The following should be established or advised at acknowledgement:

- Complainant's preferred method of communication.
- When it is best to contact them.
- What outcome the complainant is hoping to receive.
- When the PALS Officer or other staff member will next contact them. When they are likely to receive a resolution.

Formal complaints are handled by the complaints team with an aim to respond within the defined timescales. As part of the acknowledgement process it is important to agree on how the complaint will be handled and so the acknowledgement letter (or telephone call or email if appropriate) will offer the complainant the opportunity to call to discuss the following:

- Complainant's preferred method of communication.
- What outcome the complainant is hoping to receive.
- Expected response timescales.
- Any consent required if the complainant is not the patient.

Verbal Complaints will be processed in the same manner as other written complaints. However, the completed verbal form will be sent to the complainant at the time of acknowledgement for verification if not done so when the complaint was initially recorded.

19. Resolution and response

PALS Concerns

- Straightforward PALS concerns to be resolved by the end of the next working day.
- More complex PALS concerns to be resolved as quickly as possible and if possible within 7 working days of receipt.
- Concerns and complaints to be passed by telephone or preferably in person to the relevant staff as soon as possible in order to achieve a quick resolution.
- Agree with staff and complainant as to appropriate action required, which may include staff calling complainant direct or meeting with them.

- All details of concerns and complaints to be recorded on Risk Management System.

Formal Complaints – Investigation and Response

- Complaints are categorised by the complaints team on receipt according to complexity outlined above. This category may be changed at a later stage by the lead division.
- Complaints are sent by email by the complaints staff to the relevant Investigating Officer requesting a response within the prescribed timescale. The Divisional Chief Nurse, Divisional Director, Chief Nurse and Chief Executive are copied to every complaint sent for investigation to ensure they are fully informed.
- At this stage the complaints team may contact the complainant by telephone to confirm receipt, clarify details or discuss consent.
- The Investigating Officer commences an investigation of the complaint, having identified and advised all staff involved in their division and other divisions of information required if needed.
- The Investigating Officer should call the complainant to discuss the points of the complaint, desired outcomes and timeframes for response. If appropriate, a phone call at this stage is always best practice as it ensures a shared understanding at the start of the investigation. In some cases, a phone call may provide the IO with the opportunity to resolve the complaint with the need for a formal investigation.
- If the complainant has requested a meeting this will be organised by the complaints team once there is an understanding of which staff are required to attend. The timing of the meeting will be determined by the complainant and will usually take place once the investigation has taken place and the response has been sent, although it may take place earlier in the process if requested or appropriate.
- An investigation report with action plan or comprehensive letter of response with action plan (where relevant) is completed by the Investigating Officer and forwarded to complaints team, along with a list of the staff involved in the complaint and copies of all statements and evidence used in the complaint response.
- If a report is supplied, the complaints team prepare the response letter using the information and outcomes within the investigation report.
- The finalised investigation report must be approved by all staff involved.
- The finalised investigation report and letter must be signed off by the Divisional Director or Divisional Chief Nurse as appropriate for that division.
- The response letter is proof-read by a Complaints Officer who has not been involved in completing the response and a proofreading tick sheet is completed.
- The response is reviewed by the Chief Executive (or nominated Executive) and signed.
- The response letter and investigation report (where relevant) is sent to complainant with a leaflet outlining the role of outside agencies and the complaints process. A copy is retained for file.
- If the complaint requires information from more than one organisation (if the Trust is leading on the response) it is the responsibility of the complaints team to coordinate the response.
- The complaints team will be the point of contact for the complainant during the complaints process unless the Investigating Officer telephones the complainant and provides them with a direct number; or it is clear that it is likely that the timescale will be exceeded. In this case, it will be the responsibility of the Investigating Officer to contact the complainant to discuss this extension and negotiate a new timescale or to work with the Complaints Officer to draft a letter clearly explaining a new expected timescale and reasons for the delay to the investigation.

20. Meetings

The timescales designated for the categories of complaint are considered reasonable for an investigation of a complaint and for the written response to be signed by the Chief Executive, but do not allow for meetings. If a meeting is requested by the complainant then the complaint will automatically be categorised as a 40 day case and thereafter monitored separately to the normal timescales if it exceeds 40 working days. The scheduling of a meeting may be delayed by complainant and clinician availability, particularly if more than one clinician is required to attend.

21. Re-opened complaints

It is recognised that on occasions the response sent to a complainant is not adequate in their view or they would like a further investigation as a result of the information provided. In these situations it may be necessary to re-open a complaint that has been closed. A letter of acknowledgment will be sent on receipt of further telephone, email or letter contact outlining an expected 25 to 40 working day timeframe. However, once the additional enquiry is passed to the division it may be identified that the response can be completed sooner, a meeting offered or in some circumstances that a referral to the PHSO is necessary. In this case, the Investigating Officer should make contact with the complainant to agree a new timescale.

22. Joint complaints with other organisations

On receipt of a complaint which involves outside agencies, the complainant will be contacted for consent to contact other organisations in order to provide a joint response. The process of a joint response and the duty to co-operate will be explained. Should the complainant request separate responses, the complaint passed will be to the other agency so that they may respond directly to the complainant.

If the complainant consents to a joint working approach to their complaints, contact will be made with the other organisation/s to determine which agency should lead based on the number and complexity of the issues relating to each Trust within the complaint. If another Trust is not in the position to provide the information required within this Trust's agreed timescales, complaints staff will negotiate with the complainant and may agree to extend the timescale or agree send a separate response if that is more appropriate.

23. **Formal complaint - example investigation timescales and responsibilities for Category 4 complaint**

Days 1-3	Complaint received and acknowledged by complaints team Graded and categorised by the complaints team. Complaint sent to Investigating Officer, divisional and executive leads with timescale/category and any risk flags.
Days 1-7	IO assesses complaint and identifies issues for resolution IO telephones complainant to discuss the points of the complaint, desired outcomes and timeframes for response. The complaint by be resolved at this stage without a formal investigation if appropriate. IO arranges a meeting assisted by complaints team if appropriate.
Days 1-15	IO investigates concerns: conducts interviews with staff; reviews medical notes and/or patient pathway; requests statements and identifies if an investigation report or comprehensive letter of response is required. IO completes response report or letter with action plan.
Days 15	Response passed to Complaint Officer. Covering letter composed by Complaints Officer if required. If the response is inadequate or requires additional information the Complaints Officer must communicate this to the IO at the earliest opportunity.
Days 20	Response passed to DCN and DD for review and approval.
Day 20-24	Response passed to Chief Executive with file for review and signature.
Day 25	File closed, outcome code and action plan recorded.

24. Responsibilities and support

Early personal contact with the complainant can be a highly effective way of resolving concerns. However, if not handled sensitively, it can sometimes make matters worse and it is therefore essential that the following points are considered, particularly with respect to more serious issues:

- Find somewhere private and free from interruptions, where practically possible, taking due regard for your personal safety.
- Allow sufficient time for people to relax and feel listened to.
- Reflect on the main issues of what is being said, and record the key points.
- Apologise for any distress caused – do not try and blame other causes, and do not worry that an apology is an admission of fault; this is not the case.
- Assure the complainant that any concern raised will not affect care and that it will not be recorded in any relevant medical records.
- Complainants often wish to ensure others do not experience the same problems, so make efforts to reassure them of this, and pass actions on to the senior manager responsible for the service.
- Dealing with complaints can be stressful and staff are reminded that the Trust has a policy on Stress that can be found on the Trust intranet (Trust policies/OH Policies).
- If you are unable to resolve the matter yourself or via escalation to your line manager, the complainant should be referred to the PALS office based at SMH and WGH either in person or by the telephone.

NB: If you require immediate assistance from someone more senior to help resolve a concern or complaint, in the evenings you should contact the Bed Managers, and at night, the Night Nurse.

Matters that are excluded from this policy:

- A request for information relating to general service provision or protocols from an MP or another NHS organisation, where the request is not connected to any complaint from their constituent.
- A complaint made by an employee about any matter relating to their contract of employment.
- A complaint that has been investigated by the Parliamentary and Health Service Ombudsman.
- When it is decided that investigation should take place or is already taking place under the disciplinary procedure. However, if there are other matters in the complaint not relating to the disciplinary procedure, these other matters should continue to be investigated under the Complaints Policy.
- A complaint that has been referred to the Police or to a health regulatory body.
- A complaint made by an independent provider or an NHS foundation trust about any matter relating to arrangements made with them.
- A complaint arising from the alleged failure to comply with a data subject request under the Data Protection Act 1998 or a request for information under the Freedom of Information Act 2000.

NHS Private Pay Beds

This Policy does not cover complaints about private medical treatment provided in an NHS setting, but it does cover any complaint made about an NHS organisation's staff or facilities used for private pay beds.

25. Independent review

Handling and Consideration of Complaints by the Parliamentary and Health Service Ombudsman (PHSO)

The Parliamentary and Health Service Ombudsman make final decisions on complaints that have not been resolved by the NHS in England and UK government departments and other UK public organisations. They look into complaints where someone believes there has been injustice or hardship because an organisation has not acted properly or has given a poor service and not put things right. They look into complaints fairly and the service is free for everyone.

Complainants have a right to ask for a review of their complaint by the Health Service Ombudsman after they have received the Trust's final complaint response. They may ask the Parliamentary and Healthcare Ombudsman to conduct an independent review of their complaint if:

- They are not satisfied with the result of the local resolution investigation.
- The local resolution investigation is not completed, without good reason, within six months of the date on which the complaint was made.
- The Patient Experience Manager has decided not to investigate the complaint on the grounds that the complaint was made 'out of time'.

The complainant must make their request to the PHSO verbally or in writing (including electronically) within one year from the time they first became aware of the matters complained about. Having considered the request, the PHSO will notify the complainant as to whether the PHSO proposes to:

- Take no further action
- Make recommendations to the Trust as to what action might be taken to resolve the complaint
- Investigate the complaint further
- Consider the subject matter of the complaint as part of or in conjunction with any other investigation which it is conducting or proposes to conduct
- Refer the complainant to a health regulatory body.

In order to make any of the above decisions, the PHSO may take specialist advice as required. If the decision is made to investigate the complaint, the PHSO will contact the Trust and request the appropriate documentation. The Trust will be given the opportunity to comment on the complaint before the investigation commences and the PHSO will normally contact the Trust to advise of the outcome. The PHSO will not normally contact the Trust about a case if it has been decided not to investigate.

The Trust's Complaints Department will take responsibility for ensuring that all Trust staff involved in the complaint are kept fully informed of its progress through all stages of the complaints procedure.

Where the PHSO investigates a complaint, a written report of the investigation will be prepared, which:

- Summarises the nature and substance of the complaint.
- Describes the investigation and summarises its conclusions including any findings of fact, the PHSO's opinion of those findings, and the reason for the opinion.
- Recommends what action should be taken and by whom to resolve the complaint. Identifies what other action, if any, should be taken and by whom.
- The PHSO's report will be sent to the complainant and to the Trust and may also be copied to the CQC and NHS Improvement.

15. Vexatious or habitual complainants

All complaints should be processed in accordance with the Local Authority Social Services and National Health Service Complaints Regulations 2009. During this process, staff may have contact with a small number of complainants who absorb a disproportionate amount of resources in dealing with their complaints. The aim of this policy is to identify situations where the complaint might be considered to be habitual or vexatious and to suggest ways of responding to these situations.

In determining how to appropriately manage complaints, the following must be considered in order to be able to identify the stage at which a complaint has become habitual or vexatious:

The complaints procedure has been correctly implemented so far as is possible and that no material element of a complaint has been overlooked. It must be appreciated that even habitual or vexatious complaints may have aspects which contain some genuine substance. An equitable approach has been followed.

Definitions

Complainants may be deemed to be habitual or vexatious, where previous or current contact with them shows that they meet two or more of the following criteria. The complainant:

- Persists in pursuing a complaint when the complaints procedure has been fully and properly implemented and exhausted (e.g. where an investigation has been completed and a final response provided and the PHSO has declined a request for independent review).
- Has harassed or been personally abusive or verbally aggressive on more than one occasion towards staff dealing with their complaint or their families or associates. However, staff must recognise that complainants may sometimes act out of character at times of stress, anxiety, or distress and should make reasonable allowances for this. All incidents of harassment must be documented and logged.
- Changes the substance of a complaint, continually raises new issues, or seeks to prolong contact by continually raising further concerns or questions upon receipt of a response whilst the complaint is being addressed. NB: care must be taken not to discard new issues, which are significantly different from the original complaint; these should be addressed as separate complaints.
- Is unwilling to accept documented evidence of treatment given as being factual, e.g. drug records, hand-written or computer records, nursing records, or deny receipt of an adequate response, despite correspondence specifically answering their questions, or do not accept that facts can sometimes be difficult to verify when a long period has elapsed.
- Does not clearly identify the precise issues they wish to be investigated, despite the reasonable efforts by staff to help them specify their concerns, and/or where the concerns identified are not within the remit of the Trust to investigate.
- Focuses on a trivial matter, to an extent that it is out of proportion to its significance and continues to focus on this point (it is recognised that determining this can be subjective and careful judgement and consultation must be used in applying this criterion).
- Has threatened or used actual physical violence towards staff or their families or associates at any time. This will in itself cause personal contact with the complainant and/or their representatives to be discontinued and the complaint will thereafter only be pursued through written communication (all such incidents must be documented and logged).
- Has, in the course of addressing a registered complaint, had an excessive number of contacts with the Trust, placing unreasonable demands on staff (a contact may be in person

or by telephone, letter or email and discretion must be used in determining the precise number of contacts).

- Is known to have recorded meetings or face-to-face/telephone conversations without the prior knowledge and consent of the other parties involved.
- Displays unreasonable demands or patient/complainant expectations and fail to accept that these may be unreasonable (e.g. insist on responses to complaints or enquiries being provided more urgently than is reasonable or normal recognised practice).

Options for dealing with vexatious complainants

Where a complainant has been identified as habitual or vexatious, in accordance with the above criteria, the Chief Executive and Chairperson (or appropriate deputies in their absence) will determine what action to take. The Chief Executive (or nominated Executive) will implement one or more of the following actions and will notify the complainant in writing of the reasons why they have been classified as habitual or vexatious complainants and the action to be taken.

- Once it is clear that a complainant meets two or more of the criteria above, it may be appropriate to inform the complainant in writing that they may be classified as a habitual or vexatious complainant, with a copy of this policy to them and advice to take account of the criteria in any further dealings with the Trust.
- Decline contact with the complainant either in person, by telephone, email, letter or any combination of these, provided that one form of contact is maintained or alternatively to restrict contact to liaison through a third party.
- Notify the complainant in writing that the Chief Executive has responded fully to the points raised and has tried to resolve the complaint, but there is now nothing more to add and continuing contact on the matter will serve no useful purpose. The complainants should also be notified that the correspondence is at an end and that further letters received will be acknowledged, but not answered.
- Inform complainants that in extreme circumstances, the Trust reserves the right to pass unreasonable or vexatious complainants to the Trust's solicitors.
- Temporarily suspend all contacts with the complainants or investigations of a complaint, whilst seeking legal advice or guidance from the Strategic Health Authority, NHS Executive or other relevant agencies.

Withdrawing support from a habitual or vexatious complainant

Once a complainant has been determined as habitual or vexatious, there needs to be a mechanism for withdrawing this status at a later date if, for example, a complainant subsequently demonstrates a more reasonable approach, or if they submit a further complaint for which normal procedures would appear appropriate. Complaints staff should previously have used discretion in recommending habitual or vexatious status at the outset and discretion should similarly be used in recommending that this status be withdrawn when appropriate. Where this appears to be the case, discussion will be held with the Chief Executive and/or the Chairman (or their deputies). Subject to their approval, normal contact with the complainant and the application of the complaints regulations of 2009 procedures will then be resumed.

26. Compliments and accolades

Patients and relatives who take the trouble to write in about their positive experiences can make a significant difference to morale, and to standards of practice in that area or service.

If a compliment or accolade is received, the manager responsible for that area should ensure that:

- It is shared with the team.
- It is shared with their line manager.
- It is recorded and sent to compliments@buckshealthcare.nhs.uk, which will ensure it is circulated more widely where appropriate.

The numbers of compliments and accolades received should be recorded on the form on page 25 of this policy and sent to compliments@buckshealthcare.nhs.uk on a monthly basis.

A total of all types of complaints and accolades, including cards and gifts, must be recorded on the form. Please do not send the cards, letters or gifts to the complaints team.

These figures are included in the quarterly Healthcare Governance reports to the Healthcare Governance Committee and reported to the Board.

Compliments and Accolades Form

Wherever possible, please nominate one person to be responsible for returning this form by email per ward/dept on a monthly basis, to avoid duplication and ensure all feedback is recorded.

Please only send one month at a time.

We only require total numbers. Please do not send cards and letters.

Please email completed forms to: compliments@buckshealthcare.nhs.uk

Month:	
Division:	
Hospital/Area:	
Specialty:	
Contact name/ext:	

Please enter compliments below:

MONTH	CARDS/LETTERS	GIFTS	MONEY	OTHER	TOTAL
EXAMPLE					
June 2017	5	1	2	1	9

Many thanks

Complaints & Compliments Team – 01494 734958

29. References and Contacts

References

- “The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009”, DOH. 2009
- “Good practice standards for NHS complaints handling”, Patients Association, Sept 2013
- “A Review of the NHS Complaints System – putting patients back in the picture”, Clywd and Hart (PHSO), Oct 2013
- “My Expectations for Raising Concerns and Complaints”, Clywd & Hart (PHSO), November 2014
- “Listening, responding, improving: a guide to better customer care”, Department of Health, 2009
- The Data Protection Act 1998
- The Francis Inquiry Report 2013
- Accessible Information Standard 2016
- Freedom of Information Act 2000
- Health and Social Care Act 2012
- NHS Constitution 2009

Contacts

- Complaints can be contacted on 01494 734958
- PALS can be contacted at Stoke Mandeville Hospital on 01296 316042 and High Wycombe Hospital on 01494 425882.
- Complaints Advocacy Service (SeAp) for South East England can be contacted on 0330 440 9000.
- Parliamentary and Health Service Ombudsman (PHSO) can be contacted on 0345 015 4033.
- Healthwatch.