

Clinical Governance/Quality Policy

Complaints & Concerns Policy

Policy reference	PTWRCOMCON
Version	3.0
Summary	This policy makes the process of complaints management within the Trust clear and sets out the roles and responsibilities of both the corporate and divisional teams in this process.
Name and designation of policy author(s)	Nicola Brown – Head of Risk and Compliance
Approved by (committee, group, manager)	Integrated Governance Committee
Approval evidence received (minutes of meeting, electronic approval)	Minutes of meeting received
Date approved	8 th June 2021
Review date	June 2024
Review type (annual, three yearly)	Three yearly
Target audience	All Trust staff
Links to other strategies, policies, procedures	<p>Incident Reporting Policy</p> <p>Serious Incidents Requiring Review Policy</p> <p>Safeguarding Policy</p> <p>Duty of Candour Policy</p> <p>Risk Management Policy</p>
Protective Marking Classification	Public
This document supersedes	V2.1

Consultation

	Authorised by	Date authorised	Comments
Equality Impact Assessment	Michelle Pennington- Document Control Manager & FOI Lead	29th April 2019	No requirement for full assessment
Fraud department	N/A	N/A	N/A

Circulation/Dissemination

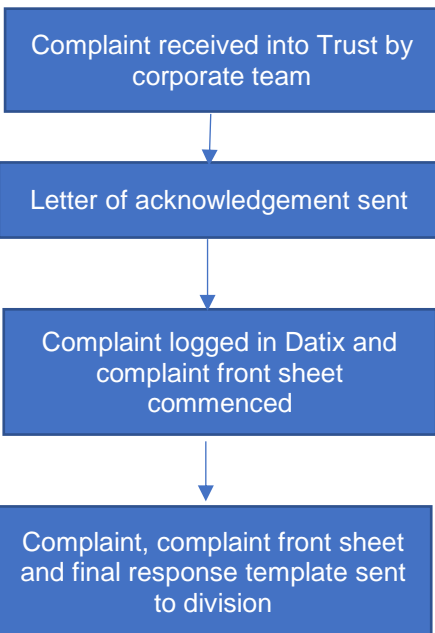
Date added into Q-Pulse	24 th June 2021
Date document posted on the Intranet	24 th June 2021

Version History

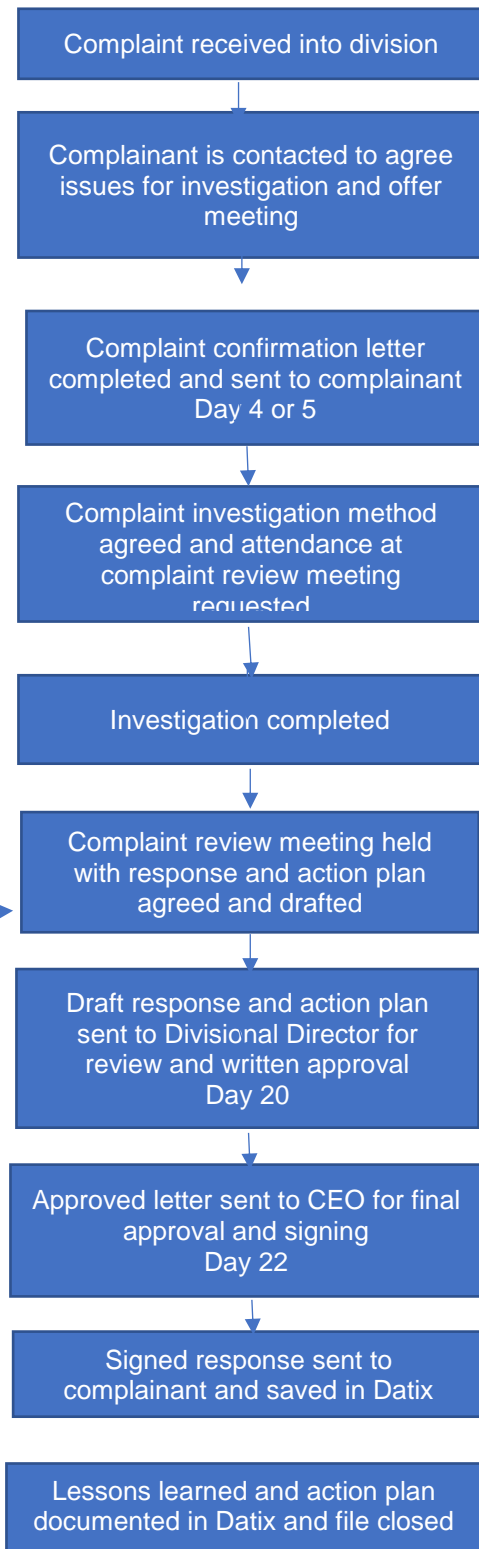
Date	Version	Author name and designation	Summary of main changes
March 2019	1.0	Sue Relph - Patient Experience Manager	New policy to reflect new SOP
May 2020	2.0	Nicola Brown – Head of Risk & Compliance	Policy updated with new process flow chart, new responsibilities.
November 2020	2.1	Gill Murphy, Associate Director for Improvement	Timescales defines as actual with no scope to realign.
May 2021	3.0	Nicola Brown – Head of Risk & Compliance	The complaints management process has been amended and the policy reflects this along with the roles and responsibilities of the corporate and divisional teams

Flowchart of the Complaints Process

Corporate Team (Day 1 – 3)



Divisional Team (until due date)



Draft response and action plan sent to HoR&C for QA and returned to DCGL (2 working days required)



Contents

1.0 INTRODUCTION	5
2.0 PURPOSE	6
3.0 SCOPE	6
4.0 DEFINITIONS	7
5.0 RESPONSIBILITIES	8
6.0 LAWS & REGULATIONS	12
7.0 MAIN BODY OF POLICY	13
7.1 Who can complain?	13
7.2 Patient Advice and Liaison Service (PALS)	16
7.3 Complaints	19
7.4 Complaints Process	19
7.5 Holding a Resolution Meeting	24
7.6 Process for handling of joint complaints between organisations	26
7.7 Independent Complaints Advocacy	27
7.8 The Parliamentary and Health Service Ombudsman	27
7.9 Complaints reporting	28
7.10 Access to health records	29
7.11 Managing complaints when Duty of Candour applies	29
7.12 Managing complaints that raise, or potentially raise, safeguarding issues	30
7.13 Managing complaints when a legal claim has been, or could be made	31
7.14 Managing complaints that raise, or potentially raise, disciplinary processes	31
7.15 Dissatisfied complainants	32
7.16 Complaint documentation	35
7.17 Ongoing care or treatment	35
7.18 Supporting staff	36
8.0 TRAINING	37
9.0 AUDIT	37
10.0 REFERENCES	37
11.0 APPENDICES	38
APPENDIX A – Patient Consent Form	39
APPENDIX B – Acknowledgement of Complaint template	40
APPENDIX C – Complaint Front Sheet	41
APPENDIX D – Complaint Final Response Letter template	43
APPENDIX E – Complaint Confirmation Letter template	45
APPENDIX F – Recollection of Events document template	47

1.0 INTRODUCTION

The Clatterbridge Cancer Centre NHS Foundation Trust (CCC) is committed to ensuring that patients, relatives, carers and visitors have a positive experience. The Trust acknowledges that its patients and other service users are entitled to bring to the attention of hospital staff and managers aspects of their care and treatment about which they are unhappy. Feedback received must be viewed as useful information with which the Trust can improve the way care and services are delivered to patients and the public.

This policy outlines the Trust's commitment to dealing with complaints about the service we provide. It also provides information about how we manage, respond to and learn from complaints made about our services.

In doing so, the policy meets the requirements of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, Regulation 16 (Receiving and Acting on Complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, conforms to the NHS Constitution, and reflects the recommendations from the Francis Report (2013).

Complaints and concerns should be handled in the spirit of the Parliamentary and Health Service Ombudsman's principles; these are the Principles of Good Administration, the Principles of Good Complaint Handling, and the Principles for Remedy. Key to this policy are the Principles for Good Complaint Handling, which are:

- Getting it right
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement

Issue Date: 8 th June 2021	Page 5 of 47	Reference: PTWRCOMCON	Issue No: 3.0
Author: Nicky Brown		Authorised by: Integrated Governance Committee	Copy No:

2.0 PURPOSE

This policy aims to ensure that all complaints and concerns received by The Clatterbridge Cancer Centre NHS Foundation Trust are consistently, fairly and effectively handled across the Trust by all staff.

3.0 SCOPE

This policy and procedure applies to all Trust staff responding to a concern or formal complaint about care or services delivered by the Trust.

The overarching principles of this policy and procedure are that:

- Anyone who is a patient (including members of staff who are patients) can make a complaint, as can any relative, friend or advocate on behalf of a patient, with their consent
- Patient care will not be affected because a complaint has been raised.
- Information in respect of the Trust's Complaints Procedure will be widely publicised. All complainants will be advised how to raise a concern or make a formal complaint via information available on all wards and departments
- The Trust's complaints procedure will be open, fair, flexible and conciliatory, encouraging communication on all sides
- High standards of conduct are always expected from all staff to ensure that complainants will be treated respectfully, courteously and sympathetically
- All complaints will be dealt with in a timely and efficient manner and meet national and CCC performance standards
- The Trust will aim to resolve complaints within the Trust as part of local resolution (the first stage of the national complaints regulations), wherever possible
- Confidentiality will be maintained during the complaints process where necessary and appropriate

Issue Date: 8 th June 2021	Page 6 of 47	Reference: PTWRCONCOM	Issue No: 3.0
Author: Nicky Brown	Authorised by: Integrated Governance Committee		Copy No:

- No complainant will be discriminated against on the grounds of religion, gender, race/ethnicity, disability, age or sexual orientation, or because they have complained
- All complainants will be advised of the various independent support agencies that are available to assist them in making their complaint
- As far as possible, complainants will be involved in decisions about how their complaints are handled and considered
- The Trust will seek to cooperate with other organisations when a complaint involves other outside bodies and consent has been provided to conduct a joint investigation
- Actions will be implemented to avoid future recurrence
- Violence, racial, sexual, verbal or any other forms of harassment are unacceptable and will not be tolerated on the part of staff or complainants
- The handling of and response to concerns and complaints will involve CCC offering the complainant an apology. An apology is not an admission of liability

4.0 DEFINITIONS

- A **complaint** is an expression of dissatisfaction about an act, omission or decision of CCC, either verbal or written (whether justified or not), that requires a response from the Trust; this is often a written response from the Chief Executive or nominated deputy.
- A **concern** is a minor criticism or informal complaint that can be addressed at department or ward level within 3 working days.
- A **complainant** is the individual who raises a concern or makes a complaint
- A **routine complaint** involves issues that can be reviewed and investigated locally within the Trust. It can however involve more than one speciality.
- A **complex complaint** a multi-factorial complaint that may involve more than one organisation or that requires an external opinion to be sought and will therefore require a longer time period to investigate.

Issue Date: 8 th June 2021	Page 7 of 47	Reference: PTWRCONCOM	Issue No: 3.0
Author: Nicky Brown		Authorised by: Integrated Governance Committee	Copy No:

Concern or complaint?

- A concern is a perceived difficulty which needs to be resolved. It is normally an ongoing or current concern regarding someone's care. It has the potential to be resolved to the enquirer's satisfaction. This should be managed at a local/department/divisional level in the first instance.
- A complaint is a problem which has not been resolved, or which concerns past treatment or care. A complaint will require an investigation and a formal response.
- A complaint is a formal process, the PALS route is not.
- A complaint will require time to undertake an investigation and is often complex, the PALS route is generally a quick resolution.

5.0 RESPONSIBILITIES

Role	Responsibilities
Chief Executive	The Chief Executive is the "responsible person" (Complaints Regulations 2009) for ensuring compliance with the arrangements made under the regulations, and in particular ensuring that action is taken if necessary in the light of the outcomes of a complaint. All complaint responses are signed by or on behalf of the Chief Executive.
Chief Nurse	The Chief Nurse has delegated responsibility as executive lead and guardian of the integrity of the complaints process, and for reporting to the Chief Executive and the Board on complaints related issues.
Associate Director of Governance, Risk & Quality	The Associate Director of Governance, Risk & Quality has strategic overview of the complaints and concerns feedback process, with overarching

	<p>responsibility for ensuring Trust compliance with national guidance.</p> <p>They will source and arrange complaints training as required.</p>
Associate Director of Corporate Governance	<p>Where there is a concern that a complaint may result in litigation, an early review by the Associate Director of Corporate Governance will be sought and advice taken.</p>
Head of Risk & Compliance (HoR&C)	<p>The HoR&C has responsibility for operational management of the complaints and concerns process, and for implementing the strategic direction for complaints and PALS; ensuring these services are congruent with the Trust's objectives and actively enhance the organisations reputation.</p> <p>The HoR&C will review the draft response letter prior to divisional sign off to ensure all aspects of the complaint have been responded to and the action plan is robust.</p> <p>The HoR&C will produce monthly and quarterly PALS and complaints reports to be presented at Board sub-committees.</p> <p>The HoR&C has responsibility to provide advice and support throughout the complaints process and will facilitate any resolution meetings to be held with the executive team.</p>
Divisional Director	<p>The Divisional Director has responsibility to implement the PALS and Complaints Policy within their division.</p> <p>The Divisional Director must review and approve the complaint response prior to it leaving the division.</p>

<p>Divisional Associate Medical Director (AMD)/Patient Safety Lead</p>	<p>The AMD/ Patient Safety Lead will support the Divisional Director to implement the PALS and Complaints Policy within the directorate. They have responsibility to approve and sign off the final complaint response prior to it leaving the division.</p>
<p>Divisional Nurse Director (DND)/Divisional Allied Health Professionals Director (DAHPD)</p>	<p>The DND/ DAHPD has responsibility to ensure all complaints/PALS concerns are responded to effectively and within the timescales set out in this policy. They will escalate any concerns or potential issues to the Divisional Director.</p>
<p>Matrons/Q&S Leads/Service Managers</p>	<p>Matrons/ Q&S Leads/Service Managers have responsibility to gain local resolution whenever concerns are raised by patients, their families or their carers, and will take the lead to address PALS concerns for their areas ensuring an outcome is reached within 3 working days.</p> <p>They have responsibility to support the DCGM and participate in complaints investigations for their areas and to ensure the draft complaint response is factually correct.</p>
<p>Divisional Clinical Governance Lead (DCGL)</p>	<p>The DCGL will direct/oversee the complaint investigation; request and receive staff recollections, arrange any meetings pertinent to the investigation and this policy, act as the liaison officer for the complainant, escalate any concerns or potential issues to the DND/DAHPD and ensure a comprehensive investigation has been completed within the timescales set within this policy.</p> <p>They will draft the response letter using the information gathered.</p>

	<p>The DCGL will develop an action plan from each complaint review and ensure this is monitored on a monthly basis within the division until completion. If an action cannot be achieved by the target date, the DCGL will add the risk of the open action to the risk register.</p> <p>The DCGL is responsible for ensuring the complaint response is approved by the Divisional Director at least 3 working days prior to the due date for completion of the complaint response.</p> <p>Once approved in the division, the DCGL will send the response to the CEO for final approval and signing.</p> <p>The DCGL is responsible for attaching all documentation received and referred to during the investigation to the DCIQ system, updating the lessons learned, the actions and closing the complaint.</p>
<p>PALS Risk Officer/CGST</p>	<p>The PALS Risk officer/CGST has responsibility to ensure that all concerns and complaints are logged on the Datix system. For PALS concerns the PALS officer will liaise with the relevant manager of the service and the enquirer to resolve concerns locally.</p> <p>Any actions or lessons learned from concerns raised will be added to Datix by the PALS Officer.</p> <p>The PALS Risk Officer can offer information on the NHS complaints procedure, including how to get independent help to make a complaint.</p> <p>The PALS officer will support the complaints process by sending out the acknowledgement letter to the complainant, commencing the complaint front sheet</p>

	and sending the relevant documentation to the appropriate division for investigation and response.
Trust Safeguarding Lead	Where a complaint has been made on behalf of a patient who lacks capacity the Trust Safeguarding Lead must be satisfied that the representative acting on behalf of the patient has formal authority to act on behalf of the person who lacks capacity.
All Staff	All staff have responsibility to try and resolve any issues raised at a local level in the first instance. All staff have responsibility to comply with any request for information to assist in a complaint/PALS investigation within the timescale requested.

6.0 LAWS & REGULATIONS

This policy is written in adherence to:

The Local Authority Social services and National Health Service Complaints (England) Regulations 2009.

1. (1) These regulations may be cited as the Local Authority Services and National Health Service Complaints (England) Regs 2009.

(2) These Regulations, except for regulations 2 93) and 11, came into force 1/4/2009.

(3) Regulations 2 (3) and 11 came into force on 1st April 2010

(4) The following provisions ceased to have effect on 1st April 2010-

(a) regulation 2 (2): and

(b) regulation 10

(5) These regulations apply in relation to England

CCC adheres to The DOH guidelines Statutory Instrument 2009 no 309 23/02/2009.

Issue Date: 8 th June 2021	Page 12 of 47	Reference: PTWRCONCON	Issue No: 3.0
Author: Nicky Brown		Authorised by: Integrated Governance Committee	Copy No:

7.0 MAIN BODY OF POLICY

7.1 Who can complain?

A concern or formal complaint may be made by:

- A patient or service user
- Any person who is affected by or likely to be affected by the action, omission or decision of CCC

Where representatives state that they are acting on behalf of patients who could otherwise complain themselves, it must first be established that the representative is acting with the patient's consent and an authorisation form must be sent to and be completed by the patient. A representative acting on behalf of another person may make a complaint in any case where that person:

- Is a child
- Has died
- Has physical or mental incapacity
- Has requested the representative to act on his or her behalf
- Has delegated authority to act on their behalf, for example in the form of a registered Power of Attorney, which must cover health affairs
- Is an MP, acting on behalf of and by instruction from a constituent; however, if the constituent is not the patient or service user, then their consent must still be confirmed before releasing sensitive patient information

The Head of Risk and Compliance, in discussion with the divisional team that is to investigate the complaint, will determine whether the complainant has sufficient interest in the patient's welfare to act as a suitable representative.

If the result of those discussions is that a representative is deemed not to have sufficient interest, the Divisional Director must notify that person in writing, stating the reasons for this.

Issue Date: 8 th June 2021	Page 13 of 47	Reference: PTWRCOMCON	Issue No: 3.0
Author: Nicky Brown	Authorised by: Integrated Governance Committee		Copy No:

7.1.2 Timescales for making a complaint

In accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, complaints should be made not later than:

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

However, if a complaint is raised beyond these timeframes, consideration must be given as to whether there are good reasons to explain the delay in making a complaint and whether CCC is still able to investigate the complaint effectively and fairly.

Where appropriate, the Head of Risk and Compliance will discuss with the relevant Division whether it is reasonable and appropriate to apply the time limit. If the time limit is not waived, the Head of Risk and Compliance will draft a response to the complainant to explain the reasons why CCC is not investigating the complaint, which will then go through the CEO for sign off.

7.1.3 Consent for the Release of Information

Under the Data Protection Act (1998), confidential patient information should never be disclosed to a third party unless the patient has given their consent.

Where a complaint is made on behalf of a patient who is 18 years of age or over, the PALS Risk Officer will seek the patient's written consent, within 3 working days of receipt of the complaint, by providing a consent form for the patient to sign (Appendix A – Consent Form). This empowers the Trust to disclose personal information (relating to the complaint) to the representative as part of the complaints procedure. The PALS Risk Officer is responsible for ensuring that no complaint response letter containing personal information is sent without consent.

Issue Date: 8 th June 2021	Page 14 of 47	Reference: PTWRCOMCON	Issue No: 3.0
Author: Nicky Brown	Authorised by: Integrated Governance Committee		Copy No:

If a complainant is the next of kin of the patient whose care the complaint is the subject of, the wishes of the patient must be sought before releasing any information. Where consent is provided by the patient's next of kin or other representative, the PALS Risk Officer will seek assurance that where possible this has been done with the patient's permission.

Where it is considered that, under the terms of the Mental Capacity Act (2005), the patient lacks capacity to provide informed consent for disclosure of information; the PALS Risk Officer can liaise with the Trust Safeguarding Lead for advice. The Trust Safeguarding Lead must be satisfied that the representative acting on behalf of the patient has formal authority to act on behalf of the person who lacks capacity.

Once consent has been obtained, information must only be disclosed to those people who have a demonstrable need to know for the purpose of investigating the complaint. Care must be taken at all times throughout the complaints procedure to ensure that any information disclosed about the patient is confined to that which is relevant to the investigation of the complaint. If the appropriate consent is not received once an investigation has been completed the information will not be released to the complainant until the consent is received.

The Patient Advice and Liaison Service (PALS) has a much shorter turnaround of patient issues and relies on verbal consent being obtained, where the person raising a concern or issue is not the patient. This is always recorded on the PALS record that is completed in Datix at every contact before closing the case.

7.1.4 Complaints that cannot be dealt with under this policy

The following complaints will not be dealt with under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009:

- A complaint made by any NHS organisation or private or independent provider or responsible body

Issue Date: 8 th June 2021	Page 15 of 47	Reference: PTWRCOMCON	Issue No: 3.0
Author: Nicky Brown	Authorised by: Integrated Governance Committee		Copy No:

- A complaint made by an employee about any matter relating to their employment
- A complaint, the subject matter of which has previously been investigated under these or previous NHS Regulations
- A complaint arising out of an NHS body's alleged failure to comply with a request for information under the Freedom of Information Act 2000
- A complaint that relates to any scheme established under Section 10 (superannuation of persons engaged in health services) or Section 24 (compensation for loss of office) of the Superannuation Act 1972 or to the administration of those schemes

7.2 Patient Advice and Liaison Service (PALS)

The Patient Advice and Liaison Service (PALS) offers confidential advice, support and information on health-related matters. They provide a point of contact for patients, their families and their carers.

PALS can:

- Listen to concerns
- Provide help, advice and support
- Provide information about independent advocacy services available
- Assist and support people through the NHS complaints process

PALS cannot investigate complaints, give legal advice or provide clinical advice.

Many matters that trouble patients, relatives and carers can be dealt with as they arise and be resolved immediately. Where possible and appropriate, all staff are expected to try to resolve concerns raised by patients or their representatives promptly and without the need for a formal investigation, in order that the experience of service users is not diminished. Concerns can be raised with any member of staff within the organisation. Concerns can be raised verbally, in writing, or with use of sign language/interpreter etc.

Issue Date: 8 th June 2021	Page 16 of 47	Reference: PTWRCONCOM	Issue No: 3.0
Author: Nicky Brown		Authorised by: Integrated Governance Committee	Copy No:

Concerns may be raised with staff in clinical areas, such as on a ward, or with staff in non- clinical departments providing a service.

Concerns may also be raised via one of the main points of access at CCC (e.g. reception areas). Such enquirers should be asked if they wish to speak directly with a member of staff from the relevant ward or department, or with the on call hospital coordinator if out of hours. This gives frontline staff the opportunity to resolve concerns locally.

Staff should seek to clarify with the enquirer what the concerns are and what outcome the person raising the concern is seeking. When listening to concerns, staff should also:

- Address their own personal safety
- If the complainant is a patient, make sure that the patient's immediate healthcare needs are met
- Stay calm and be professional, polite and courteous
- Ensure that any follow-up actions that are required are clearly recorded and passed to an appropriate manager
- Inform the enquirer regarding these actions and any timescales involved
- Offer assurance that raising concerns will not affect the care given to the patient.

If the staff member can resolve the concerns raised to the enquirer's satisfaction, then no further response / action is required. Staff are, however, required to record communication with patients, relatives or carers in line with recognised record keeping practice and procedures; thus although the enquirer may be satisfied with the response provided, consideration should be given to recording the discussion and outcome in the clinical notes.

Issue Date: 8 th June 2021	Page 17 of 47	Reference: PTWRCOMCON	Issue No: 3.0
Author: Nicky Brown	Authorised by: Integrated Governance Committee		Copy No:

Members of staff who are unable to resolve a concern themselves should escalate to their senior manager, such as a ward sister, matron, or hospital coordinator on call, informing the enquirer of the actions being taken and the proposed timeframes involved.

If such local escalation is unable to resolve the concerns, then the Patient Advice and Liaison Service (PALS) should be advised. They will then liaise with the patient or their representative to establish whether a formal complaint should be registered, and the issues raised formally investigated within the relevant division/department(s). If the patient or representative wish to open a formal complaint, the PALS Officer will explain the complaints process to them. The PALS officer will also record the conversation in the Datix system.

Where there has been an issue that amounts to an incident in line with the Incident Reporting and Management Policy, the staff involved must also complete an incident report in the Datix system.

If a concern is received directly by the PALS team, the PALS officer will log the concern in Datix and if unable to resolve the issue independently, will forward the concerns to the most appropriate team/staff member for their review. The person/team dealing with the concern will then contact the complainant themselves to resolve the issues and send an update to the PALS officer stating the actions taken and confirming if the Datix can be closed. The PALS officer will then close the concern.

Whether the PALS Officer has responded and resolved the concern raised or a member of a divisional team has resolved the concern, the PALS/Risk officer has responsibility to ensure any resulting actions or lessons learned are recorded in the Datix system.

The timescale for responding to and closing a PALS concern is 3 working days.

Issue Date: 8 th June 2021	Page 18 of 47	Reference: PTWRCOMCON	Issue No: 3.0
Author: Nicky Brown	Authorised by: Integrated Governance Committee		Copy No:

7.3 Complaints

Whilst it is CCC's commitment to always attempt to resolve concerns upon first contact within the ward or department, depending on the nature of the concerns raised and the wishes of the person raising the concerns, it may be appropriate for concerns to be considered as a formal complaint under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. Some patients or service users may request that their concerns are investigated as a formal complaint in the first instance. Under no circumstances will we deny a person the right to make a formal complaint.

A formal complaint may be written or verbal but if there is any doubt as to whether the complainant wishes to complain formally, advice can be provided by the PALS/Risk Officer. Verbal and written complaints have equal status.

If the formal complaints procedure is to be invoked, where possible, complainants can be asked if they could put their complaint in writing – letter or email. Written complaints should be addressed to the Chief Executive at The Clatterbridge Cancer Centre, emails should be sent to the PALS inbox: ccf-tr.pals@nhs.net.

Verbal complaints that are not received directly by the PALS team should be documented and emailed to the PALS team the same day the complaint is received.

7.4 Complaints Process

7.4.1 Corporate Team

Within three working days of receiving the formal complaint, the PALS/Risk Officer will register the complaint in the Datix system, acknowledge to the complainant the receipt and registration of their concerns and provide the name and contact details of the person who will be coordinating their complaint review (Appendix B – Acknowledgement of Complaint letter). This written acknowledgement will be made by email or letter.

Issue Date: 8 th June 2021	Page 19 of 47	Reference: PTWRCOMCON	Issue No: 3.0
Author: Nicky Brown	Authorised by: Integrated Governance Committee		Copy No:

Also within three working days of receipt of the complaint, the corporate team will commence the complaint front sheet (Appendix C – Complaint front sheet template) and forward the front sheet, the complaint and a final response letter template (Appendix D – Complaint Final Response Letter) to the relevant Divisional Director, DND/ DAHPD and Divisional Clinical Governance Lead (DCGL) responsible for the services involved.

Complaints will be allocated to the correct division until such a time as 1 division reaches a total of 5 open complaints. At this point the complaints will be sent out to the next DCGL on a rota basis to ensure that one division is not overloaded and the robustness of the complaint investigation is protected.

If the PALS/Risk Officer is on leave it is their responsibility to ensure a member of the corporate team will take over these tasks.

7.4.2 Divisional Team

Once the complaint has been received by the divisional team the DCGL will contact the complainant to discuss the issues raised in more detail and agree the specific aspects of the complaint to be investigated. The complainant will also be asked if they require any reasonable adjustments such as responses in a different format etc.

If the complaint is targeted at an individual member of staff the Divisional Director should ensure there is support offered (please see page 37).

If there is concern about HR issues, i.e. staff conduct, then the HR business partner for the division should be contacted for advice.

In the first instance, and if appropriate, a face to face resolution meeting should be offered. Please refer to the Holding Resolution Meetings section on Page 21.

Issue Date: 8 th June 2021	Page 20 of 47	Reference: PTWRCONCON	Issue No: 3.0
Author: Nicky Brown	Authorised by: Integrated Governance Committee		Copy No:

Regardless of whether the complainant accepts or declines the invitation to meet with staff, the DCGL will write to the complainant within 2 working days of the conversation to confirm the issues raised and agreed during the telephone call and to inform the complainant of the timescales involved in receiving their response (Appendix E – Complaint Confirmation Letter).

7.4.3 The timescales for responding to complaints are:

- 25 working days of receipt of the complaint if the complaint is routine.
- 60 working days if the complaint is complex and/or requires review by other NHS Trusts or external agencies.

If consent from the patient is required, the 25 or 60 working days will start from the day the written consent is received by the Trust.

If there will be a known delay to the response being completed, the complainant must be informed and given an apology and an explanation for the delay. All contacts with complainants must be documented in Datix.

Once the issues to be reviewed have been identified and agreed with the complainant, the divisional team will discuss and agree how the review will be completed, i.e. which staff to include, which policies to review etc. Staff involved with the care of the patient will be contacted via email by the DCGL and asked to provide a written recollection of their involvement with the patient (Appendix F – Recollection of events template) within 3 working days of the request being made. If no response is received the DCGL will escalate the issue to the line manager of the member of staff not responding and to the DND/ DAHPD accordingly.

Once staff recollections have been received and the information required has been collected, the DCGL will draft the response letter and arrange for the appropriate staff to attend one of the weekly complaints review meetings in order to discuss the complaint, the draft the response letter and agree the action plan.

Issue Date: 8 th June 2021	Page 21 of 47	Reference: PTWRCOMCON	Issue No: 3.0
Author: Nicky Brown		Authorised by: Integrated Governance Committee	Copy No:

If complaints have been sent to divisions via the rota system, the DND/ DAHPD for the appropriate division should be invited to the complaint response review meeting as a senior representative of the division that will have responsibility to complete the agreed action plan. The final response letter will be reviewed and approved by the appropriate divisional director and not the divisional director of the DCGL who completed the investigation. This is to ensure the division have full oversight of the complaints for their areas, the lessons learned and action plans developed.

Each division will hold a regular complaints review meeting to ensure all timescales will be met and to discuss any areas of concern that may require escalation.

If the DCGL is on leave, it is their responsibility to ensure another member of the divisional team is aware and will complete the relevant tasks.

7.4.4 Writing the final response

A final written response to a formal complaint must be sent to the complainant following the conclusion of the investigation.

The response letter must fully address all the issues raised and be thorough, clear, honest, open and sensitive to individual circumstances. The response should be the 'final product' and demonstrate knowledge of what an individual has experienced, and a strong feeling of empathy in the apology. Plain English must be used; jargon must be avoided as should abbreviations.

For each concern raised at the beginning of the investigation a robust explanation must be given about how the element was investigated and the conclusion reached. It must be clear whether the care or service provided was appropriate and if a failure of service has been identified the response letter must acknowledge this and contain an apology along with details of what actions will be taken in order to remedy the situation to avoid a recurrence.

Issue Date: 8 th June 2021	Page 22 of 47	Reference: PTWRCOMCON	Issue No: 3.0
Author: Nicky Brown	Authorised by: Integrated Governance Committee		Copy No:

At the end of each section state whether that element of the complaint has been upheld, partially upheld or not upheld and detail any remedial actions that have been, or are to be taken.

Where there is an admission of liability, the response letter must acknowledge this with an apology. In this event, the response letter must be forwarded to the Trust's Legal Team for approval before being sent to the Chief Executive for final approval and sign off.

Where there are disagreements, the letter should offer regret that the Trust is unable to substantiate the complaint.

In all responses, the complainant must be signposted to advise how they may pursue any outstanding concerns. Letters must include details of how the complainant may raise their complaint with the Ombudsman if they feel there is nothing further the Trust can do to resolve the complaint.

7.4.5 Response letter Approval Process

Following the complaint review meeting and agreement of the final response and action plan, the draft letter and action plan will be sent to the Head of Risk & Compliance for a quality assurance review. If the Head of Risk and Compliance is unavailable, the quality assurance will be completed by the Associate Director of Governance, Quality and Risk.

The final complaint response letter will then be reviewed and approved in writing by the Divisional Director. For those complaints that have been investigated by a different division, the final response letter will still be reviewed and approved in writing by the correct Divisional Director, for example:

A complaint that would ordinarily have been sent to Networked services for investigation and response, but was sent to the Acute Care Division due to workload as described on page 17, will still need to be reviewed and approved by the DND/

Issue Date: 8 th June 2021	Page 23 of 47	Reference: PTWRCOMCON	Issue No: 3.0
Author: Nicky Brown		Authorised by: Integrated Governance Committee	Copy No:

DAHPD and Divisional Director of Networked services and not the senior team of Acute Care. This is to ensure the correct division have sight of the complaint, the response and the action plan that their services will be asked to deliver.

Once approved in the division, the DCGL or DND/ DAHPD will email the Chief Executive, copying in their PA, and attach a copy of the initial complaint, the completed complaint front sheet and the final complaint response for final approval and sign off.

Once the signed response letter is received back in the division it will be sent to the complainant by the DCGL. The DCGL will then complete all sections of the complaint file in Datix, ensuring all documents, emails etc., collected as part of the investigation process are attached. The complaint can then be closed in Datix with any resulting action plan being monitored monthly until completion. If actions take 3 months or longer to complete they must be closed on the action plan and added to the relevant risk register for monitoring through the risk management process. The complaint ID number must be documented in the risk entry in the Datix system.

7.5 Holding a Resolution Meeting

A resolution meeting should be offered on first contact with the complainant following receipt of the complaint into the division. It can also be held at the end of the investigation to discuss the contents of the response in detail. Such resolution meetings provide the opportunity for complainants to express their concerns verbally and can be beneficial for members of staff as they can directly discuss and respond to each concern raised.

Complainants should be informed that they can bring an advocate, relative or friend with them to a meeting whether face to face or via video.

The meeting should be facilitated by the DCGL, who will also attend to support both the complainant and the staff member. The meeting will be chaired by the most

Issue Date: 8 th June 2021	Page 24 of 47	Reference: PTWRCOMCON	Issue No: 3.0
Author: Nicky Brown	Authorised by: Integrated Governance Committee		Copy No:

appropriate senior clinician/matron/manager who has knowledge of the complaint and the internal processes around it, and who will be able to answer the queries from the complainant.

Whether the meeting happens face to face or via a video link, the complainant will be asked for their consent to record the meeting as this removes the need for detailed minutes to be made. The complainant must be made aware that the recording of the meeting will be viewed as the Trusts response to their complaint and that no written response will be produced. CCC will regard the date of the meeting as the date of the response and this will be recorded as such in Datix.

Within one week of the meeting taking place the recording of the meeting must be sent to the complainant (Please refer to SOP Holding a Resolution Meeting)

Following receipt of a complaint response letter the complainant can request a meeting with a member of the executive team if they are dissatisfied with the response. If such a meeting is requested the Head of Risk and Compliance will facilitate and attend the meeting.

Whether the meeting is being held with the divisional team or the executive team at least 1 week prior to the meeting date, the DCGL/HoR&C will prepare a printed complaints file and ensure the chair of the meeting involved receives a copy of the file.

The complaint file must at a minimum, consist of:

- Complaint front sheet
- Staff recollections/statements
- The initial letter of complaint
- The written response letter
- Notes from any previously held resolution meetings
- The resulting action plan

Issue Date: 8 th June 2021	Page 25 of 47	Reference: PTWRCOMCON	Issue No: 3.0
Author: Nicky Brown		Authorised by: Integrated Governance Committee	Copy No:

At least 2 working days before the meeting with the complainant a pre-meeting should take place between the DCGL and the relevant executive to ensure all necessary information is available to be able to fully support the complainant.

The meeting will be recorded with the consent of the complainant as stated in SOP Holding a Resolution Meeting, the complainant must be made aware that no further written response will be produced and within one week of the meeting taking place the recording of the meeting must be sent to the complainant.

7.6 Process for handling of joint complaints between organisations

Where a complaint crosses organisational boundaries, complainants should be asked if they give consent for a joint investigation to take place with another organisation and for us pass on or share information. The responsibility of liaising with the complainant at this point lies with the division.

The divisional team, as part of their initial review of the complaint letter, will consider which organisations are involved and, after appropriate discussion with the relevant organisations, a decision will be made as to which organisation will be responsible for collating the final joint response. The lead organisation will normally be the organisation that is responsible for the largest proportion of issues raised.

If CCC is to be the lead organisation and requires information to be gathered from other organisations, this must be discussed and explained to the complainant who must give their consent for the complaint to be shared (Appendix I – Consent form to approach other agencies). Once written consent is received the DCGL can then share the letter of complaint and request information from other organisations. The internal investigation, approval and sign off process will proceed as above.

If another organisation is leading the complaint and CCC have been asked to contribute to the complaint response, the complaint investigation at CCC remains the same as above with the same approval and sign off process being followed. Once

Issue Date: 8 th June 2021	Page 26 of 47	Reference: PTWRCONCON	Issue No: 3.0
Author: Nicky Brown		Authorised by: Integrated Governance Committee	Copy No:

signed off, the response will be sent directly to the lead organisation by the DCGL. At this time the Datix file will be updated and closed with any resulting actions being monitored.

7.7 Independent Complaints Advocacy

Since April 2013, NHS Advocacy is provided by Merseyside and Cheshire Independent Complaints Advocacy. Health watch Advocacy provides practical support and information to people who want to make an NHS complaint.

Email: merseysideandcheshire@healthwatchadvocacy.co.uk

7.8 The Parliamentary and Health Service Ombudsman

Complainants may raise their concerns with the Ombudsman if they remain dissatisfied with the outcome of the Trust's local resolution. The Ombudsman is the second and final stage of the NHS complaints procedure. The Ombudsman is independent of the NHS and will review complaints to decide if there has been maladministration or service failure, and whether this has led to an injustice. The Ombudsman may make recommendations to address any un-remedied injustice.

NHS staff can also go to the Ombudsman if they feel that they have been poorly treated by the complaints procedure.

The request for an investigation by the Ombudsman must be made by the complainant in writing (including electronically). This request must only be made when the NHS complaints procedure at a local level has been exhausted. Complainants are normally expected to raise their complaint with the Ombudsman within 12 months of the events complained about occurring, or within 12 months of becoming aware that they had reason to complain; however, the Ombudsman has the discretion to waive this time limit if it considers it is reasonable to do so.

Issue Date: 8 th June 2021	Page 27 of 47	Reference: PTWRCOMCON	Issue No: 3.0
Author: Nicky Brown	Authorised by: Integrated Governance Committee		Copy No:

The Ombudsman will share the findings of any investigation with the Trust to enable us to learn from any analysis of complaints about the care and service we have provided.

7.9 Complaints reporting

Compliance with the timescales for complaint responses will be monitored monthly via the Quality Integrated Performance Report (IPR) with exception reports completed when due dates are breached. The Quality IPR is received at the Integrated Governance Committee (IGC), the Quality Committee and Trust Board.

A monthly PALS and Complaints update report will be presented by the Head of Risk and Compliance to the IGC along with a more detailed quarterly report which will also be shared with the Quality Committee. A PALS and Complaints report will also be a standing agenda item for the Patient Experience and Inclusion Group.

Any substantive actions arising from complaints must be documented by the DCGLs within the Datix system.

Oversight and management of actions arising from PALs and complaints should be a standing agenda item on the Quality and Safety meetings held monthly within each division. The DCGL will update the Quality and Safety presentation slides with information regarding the number of complaints opened during the month, the number of complaints closed during the month, lessons learned and any outstanding actions for completion. Where actions are not being progressed in a timely manner they will be escalated through the divisional performance review meetings and the divisional Triple A report that feeds into the Integrated Governance Committee.

Action plans resulting from a complaint investigation will be reviewed each month at the Quality and Safety meeting with all actions monitored until completion. The evidence of completion of actions will be uploaded to the Datix system by the DCGL. Should any actions require 3 months or more for completion they must be closed on

Issue Date: 8 th June 2021	Page 28 of 47	Reference: PTWRCOMCON	Issue No: 3.0
Author: Nicky Brown	Authorised by: Integrated Governance Committee		Copy No:

the action plan itself and added to the risk register to be monitored through the risk management process.

It should be noted that complainants can request a copy of the resulting action plan and any updates therein.

Complaints and concerns action plans and learning will be monitored through the following:

- Divisional Quality & Safety Meetings
- Integrated Governance Committee
- Patient Experience and Inclusion Group
- Patient Safety Group
- MAC

Good complaints handling is not limited to providing a response or remedy to the complainant, it should focus on ensuring that the feedback received through complaints is used to learn lessons and contribute to service improvement. Lessons learned from complaints will be fed back to the trust staff via a number of sources.

7.10 Access to health records

Where the complainant has requested to view health records, the PALS officer or the DCGL will send a copy of the Access to Information form to the complainant for them to complete and return to the Access to Information Office.

7.11 Managing complaints when Duty of Candour applies

Where the complaint raises a suspicion that it might amount to a serious untoward incident (SUI), the Head of Risk and Compliance will discuss with the senior managers of the division and will initiate a 72-hour review, to decide if a SUI investigation should take place.

Issue Date: 8 th June 2021	Page 29 of 47	Reference: PTWRCOMCON	Issue No: 3.0
Author: Nicky Brown		Authorised by: Integrated Governance Committee	Copy No:

Where such an investigation and Duty of Candour has been initiated, a member of the senior divisional management team will contact the complainant and advise that this alternative/incident management process takes precedence and that the complaint investigation will be suspended until the completion of the SUI investigation. Any verbal contact to explain this change must be followed up in writing. Although the Trust would not investigate the same event simultaneously via two different processes, if the complainant were then dissatisfied with the outcome of the SUI investigation / Duty of Candour, then the complaint can be re- opened so that any outstanding issues may then receive a response.

It is important to recognise, however, that sometimes the scope of an SUI investigation will not cover all issues that a complainant has raised (e.g. staff attitude or poor communication). It is therefore important that at the earliest possible stage the SUI investigation's terms of reference are clarified by the SUI review panel so that any issues not appropriate to the SUI investigation may continue to be investigated separately via the Trust's complaints process, adhering to the usual timescales laid down in this policy.

7.12 Managing complaints that raise, or potentially raise, safeguarding issues

Where initial review of a complaint raises a suspicion that it might amount to a safeguarding issue, the DND/ DAHPD or DCGL must immediately liaise with the Trust's Safeguarding Team, which will, if appropriate, initiate the Trust's safeguarding procedures.

If a Safeguarding investigation is required, the complaint investigation will be suspended. The complaint lead must then advise the complainant of the change in process and what the complainant may now expect regarding investigation timescales and potential outcomes.

Issue Date: 8 th June 2021	Page 30 of 47	Reference: PTWRCOMCON	Issue No: 3.0
Author: Nicky Brown		Authorised by: Integrated Governance Committee	Copy No:

7.13 Managing complaints when a legal claim has been, or could be made

The use of the complaints procedure is not necessarily precluded in circumstances when there is a clear intention to bring legal proceedings for clinical negligence. The Head of Risk and Compliance will discuss the circumstances with the Associate Director of Corporate Governance to determine whether progressing the complaint might prejudice subsequent legal or judicial action.

If there is no clear legal reason why the complaint should not be investigated, the complaint will continue to be investigated under the Trust Policy. All cases must be considered, discussed and decided on an individual basis and where possible the Trust will seek to continue to resolve the complaint unless there are clear legal reasons not to do so.

If it is necessary to hold a meeting with the complainant and the complainant wishes to be accompanied by a solicitor, support will be provided by the Associate Director of Corporate Governance and/or the Legal and Governance Manager.

7.14 Managing complaints that raise, or potentially raise, disciplinary processes

The complaints procedure is a means for addressing patient complaints, not disciplining healthcare professionals but, inevitably, some complaints will identify matters that suggest a need for disciplinary investigation, either locally or at the GMC or other regulatory body.

The complaints and disciplinary procedures are different and separate, but they may run concurrently. However, if a complaint at any stage is also the subject of a disciplinary investigation or regulatory body enquiry, advice should be sought via the Deputy Director of Human Resources in order to ensure that neither process is compromised.

Issue Date: 8 th June 2021	Page 31 of 47	Reference: PTWRCOMCON	Issue No: 3.0
Author: Nicky Brown	Authorised by: Integrated Governance Committee		Copy No:

Where a complaint includes issues that relate to possible professional misconduct on the part of clinicians, consideration should be given to obtaining a view from the relevant clinical service lead and/or executive Medical Director or Chief Nurse to determine whether the complaint falls outside the complaints procedure and should, more appropriately, be dealt with through the disciplinary procedure. For other members of staff, the relevant manager must be involved.

Where a decision is made to embark upon a disciplinary investigation, action under the complaints procedure on any matter that is the subject of that investigation must stop.

Where there are aspects of the complaint not covered by the disciplinary investigation, they may continue to be dealt with under the complaints procedure. A similar approach is adopted in a case referred to the GMC.

Where a decision is made to investigate a complaint via the disciplinary procedure then the Head of Risk and Compliance must update the complainant to advise of the change in process and what the complainant may now expect regarding investigation timescales and potential outcomes.

Disciplinary procedures are confidential between an employer and employee, or a contracting body and a contractor, and complainants have no right to know the details or the outcome of such procedures. However, if complainants ask to be informed of the outcome of a disciplinary investigation, they can be told, in general terms, that disciplinary action may be taken because of the complaint.

7.15 Dissatisfied complainants

If a complainant is unhappy with the Trust's response to their complaint and re-contacts the Trust, a resolution meeting should be offered as described on Page 25 of this policy.

Issue Date: 8 th June 2021	Page 32 of 47	Reference: PTWRCOMCON	Issue No: 3.0
Author: Nicky Brown	Authorised by: Integrated Governance Committee		Copy No:

When all avenues are exhausted and the complainant remains dissatisfied, then the complainant can refer the complaint to the Ombudsman.

7.15.1 Identifying a persistent complainant

There are occasions when a person may pursue a complaint to the point where it becomes unreasonable, despite every effort by the Trust to try and resolve matters.

The decision to end such a persistent complaint rests solely with the Chief Executive. This will be following review of the complaint by the relevant executive director, who must be satisfied that the complainant is exhibiting one or more of the following behaviours:

- Persist when the Trust complaints procedure has been fully and properly exhausted e.g. when an investigation has been deemed as “out of time” or where the complainant is unwilling to pursue the next stage by referring to the Parliamentary and Health Service Ombudsman (PHSO)
- Change the substance of the complaint or continually raise additional issues when the complaint has been answered. Care must be taken to ensure that new facts are not excluded from the primary complaint when they are genuinely identified late in the process. Care must also be taken not to discard new issues which are significantly different from the original complaint - these should be considered as new complaints
- An unwillingness to accept documented evidence of treatment given as being factual or will not accept that facts can be difficult to verify when a long period of time has elapsed
- Do not clearly identify their precise issues of complaint despite reasonable efforts of staff to clarify their concerns
- Focus on a trivial matter to an extent where it is out of proportion to its significance and continue to focus on this point. Careful judgement must be used in applying the description “trivial”
- Repeatedly verbally abuse staff during the investigation of their complaint and have threatened physical violence or present a danger to staff

Issue Date: 8 th June 2021	Page 33 of 47	Reference: PTWRCOMCON	Issue No: 3.0
Author: Nicky Brown		Authorised by: Integrated Governance Committee	Copy No:

- Place unreasonable demands by an excessive number of contacts. This may be in person, by telephone, email or letter
- The publication of online threats or abuse regarding staff in a variety of web based platform. For example social media or public blogs

Where complainants are patients detained under the Mental Health Act and their behaviour may be attributed to psychiatric or organic disease, the opinion of the patient's consultant should be sought before a decision is reached on whether to classify the patient as a persistent complainant.

7.15.2 Process for dealing with a persistent complainant

Where a complainant is considered to be persistent or unreasonable, the relevant executive director will determine what appropriate action is to be taken and be assured that:

- The complaints procedure has been correctly applied and that all the material elements of the complaint identified during the process are being or have been addressed. In doing so, it should be appreciated that all complaints, even those that seem most trivial, may contain some substance
- There is nothing more within the terms of the complaints procedure that the staff could reasonably be expected to do to help the complainant (e.g. arrange a meeting, get a second opinion, etc.)

Where a complainant has been identified as unreasonable in accordance with the above criteria, the decision to treat a complainant as unreasonably persistent or vexatious will only be taken by, and with, the authorisation of the Chief Executive of the Trust. This may result in a patient being transferred to another Hospital's care.

The Chief Executive will notify the complainant in writing of any action and the reason the Trust finds this necessary. Once a complainant has been deemed as unreasonable, discretion must be used to determine when this status is withdrawn.

Issue Date: 8 th June 2021	Page 34 of 47	Reference: PTWRCOMCON	Issue No: 3.0
Author: Nicky Brown		Authorised by: Integrated Governance Committee	Copy No:

The Trust Board will be informed where there are vexatious complainants. It may also be necessary at this stage to seek legal advice from the Trust solicitors and liaise with the communications team in case a statement is required from the Trust.

7.15.3 Withdrawal of unreasonable or vexatious status

Having deemed a complainant as unreasonable or vexatious, this status may be withdrawn at any time. This should be exercised where for example, the complainant agrees to, and demonstrates a more reasonable approach or they submit a further complaint for which the normal complaints procedure would appear appropriate. The Chief Nurse will discuss options with the Chief Executive and if considered appropriate, the Trust's complaints procedure will apply and the complainant will be notified.

7.16 Complaint documentation

All correspondence relating to the complaint will be collated within the complaints module in Datix. This includes documentation generated because of any internal investigation into the issues raised by the complainant.

An accurate record must be kept within the complaint file in Datix of all communications with the complainant and relevant clinical staff, including notes of telephone conversations and copy correspondence.

A copy of the signed, final response letter will be kept in the complaints file in Datix.

7.17 Ongoing care or treatment

It is important that patients, relatives and carers do not feel that raising a concern has a detrimental effect upon the care that is delivered by Trust staff. This philosophy will be promoted in the information leaflets that will be given to all patients or their representatives who raise a complaint. However, if there is mutual loss of confidence and trust, to the extent that the relationship between the complainant and the

Issue Date: 8 th June 2021	Page 35 of 47	Reference: PTWRCONCON	Issue No: 3.0
Author: Nicky Brown		Authorised by: Integrated Governance Committee	Copy No:

clinician(s) can no longer be maintained, CCC staff will ensure that ongoing care is provided by alternative means.

The Trust asks to be notified if any complainants feel that their care suffers because of raising a concern or complaint. If the PALS/CGST is advised that a patient has been treated differently because of raising a concern, this will be investigated under Trust Human Resources policies.

Patients and/or their carers should also be provided with support that is appropriate to their needs. The needs of people with specific circumstances should be considered, for example linguistic or cultural needs and those with learning disabilities. Independent patient advocates should be considered or the use of a translator. The PALS Risk Officer is able signpost patients and/or their carers to relevant support services as appropriate.

All patients must be treated in a manner that respects their human rights and diversity in a fair and equal way.

7.18 Supporting staff

The Trust acknowledges that staff whose actions may have led to another person raising a concern or making a complaint are often upset and distressed and may need support while any investigation is ongoing.

It is crucial that individuals are offered support where necessary. It is also necessary to examine the details of a concern or formal complaint event as quickly as possible to assess if any immediate action needs to be taken to protect patients, staff or Trust property or to secure information that might be subsequently lost. Staff need to be assured that it is not the intention of the complaints handling process to apportion blame. Staff should be assured that the intention is to resolve the issue and to take steps to learn from the event and prevent reoccurrence.

Issue Date: 8 th June 2021	Page 36 of 47	Reference: PTWRCOMCON	Issue No: 3.0
Author: Nicky Brown	Authorised by: Integrated Governance Committee		Copy No:

Immediate support must be offered by the nominated manager to all staff involved in a complaint. The offer of support should be recorded in Datix. No staff member is obliged to accept any offer of support.

Examples of support include:

- Opportunity for staff member to talk about events and ask questions
- Provision of named person for staff member to contact if further support is anticipated or desired. This may include information about what will happen next regarding the complaint
- Referral to internal or external sources of advice
- Staff side to support statement writing
- Occupational Health Services

8.0 TRAINING

Ad hoc training sessions in how to manage complaints and concerns is provided by the Trust when a training need is identified for a department or group of staff. Additional complaints training sessions can also be provided for staff who are involved in responding to complaints. All training will be provided by an external provider

9.0 AUDIT

An audit of compliance with the stated timescales within this policy will be completed annually through the annual Risk Management report

10.0 REFERENCES

- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (No. 309, Office for Public Sector Information)
- Department of Health Listening, Responding, Improving – A guide to better customer care (Gateway reference 11215, February 2009)
- Advice sheet 1: Investigating complaints Department of Health, 200

Issue Date: 8 th June 2021	Page 37 of 47	Reference: PTWRCONCOM	Issue No: 3.0
Author: Nicky Brown		Authorised by: Integrated Governance Committee	Copy No:

- Advice sheet 2: Joint working on complaints – an example protocol
Department of Health, 200
- Advice sheet 3: Dealing with serious complaints Department of Health, 200
- Care Quality Commission Essential Standards for Quality and Safety 2009
- NHSLA Risk Management Standards for Acute Trusts 2013
- The Mid Staffordshire NHS Foundation Trust Public Inquiry, Robert Francis
QC, 2013
- A Review of the NHS Hospitals Complaints System Putting Patients Back in
the Picture, Ann Clwyd, 2013
- Good practice standards for NHS Complaints Handling, Patients Association,
2013
- Complaints Matter, CQC, 2014
- My Expectations for Raising Concerns and Complaints, Parliamentary and
Health Service Ombudsman, 2013

11.0 APPENDICES

Issue Date: 8 th June 2021	Page 38 of 47	Reference: PTWRCOMCON	Issue No: 3.0
Author: Nicky Brown	Authorised by: Integrated Governance Committee		Copy No:

APPENDIX A – Patient Consent Form

Patient`s Authorisation to Proceed with the Investigation of a complaint

In signing this consent form, I agree that The Clatterbridge Cancer Centre NHS Foundation Trust may investigate the issues raised on my behalf, and that such action will not constitute a breach of my confidentiality.

Printed name:

Signature:

Date:

Issue Date: 8 th June 2021	Page 39 of 47	Reference: PTWRCOMCON	Issue No: 3.0
Author: Nicky Brown	Authorised by: Integrated Governance Committee		Copy No:

APPENDIX B – Acknowledgement of Complaint template

PRIVATE & CONFIDENTIAL

Address

Date

***This template can used as a formal letter through the post, or the content can be copied and pasted into an email.**

****This template is for the corporate team to acknowledge receipt of the complaint and to inform the complainant of the name of the review coordinator.**

Dear *name*,

Thank you for your letter/email dated *date on letter/email*, which we received on *date received*.

I am sorry to learn of your experience at The Clatterbridge Cancer Centre and can assure you that this is not the level of service we would wish for our patients.

Your concerns have been registered with us and an investigation of the issues you have raised will now be undertaken.

Your complaint has been passed to thedivision/department for review which will be facilitated by (NAME, Directorate Clinical Governance Manager). *Add the facilitator name here*, or someone from the division, will contact you in the next few days to discuss your concerns in detail. Should you wish to contact (add name).... you can do so on email....., or via phone on

Thank you for taking the time to bring your concerns to our attention. We welcome all patient feedback as this provides us with a valuable insight into our services from the patient's perspective and can inform service improvement.

Please do not hesitate to contact me if you have any queries about the complaints process.

Yours sincerely,

Nicky Brown
Head of Risk and Compliance
Tel: 07867 550042
Email: nicola.brown14@nhs.net

Issue Date: 8 th June 2021	Page 40 of 47	Reference: PTWRCOMCON	Issue No: 3.0
Author: Nicky Brown		Authorised by: Integrated Governance Committee	Copy No:

APPENDIX C – Complaint Front Sheet

Complaint Front Sheet

SECTION 1

Complainant Name			
Complaint ID number			
Date received into Trust			
CCC complaint or other trust requesting information	CCC	Other: Please state	
Directorate/Department Leading			
Date sent to Directorate/Department			
Date response due out to complainant	Routine: add date or N/A	Complex: add date or N/A	
Complaint Lead Person (Name and Job Title):			
Claims and litigation team informed	Yes	Date:	N/A

SECTION 2

Checklist

Action	Date
Initial acknowledgement letter sent to complainant	
Complainant contacted and issues agreed	
Meeting offered	
Meeting took place	
Complaint Confirmation Letter sent	
Draft response approved by Divisional Director	
Draft response approved and signed by CEO	
Response letter sent to complainant	
Datix file updated with lessons learned	
Datix file updated with action plan	
Datix file closed	

SECTION 3

Timeline of Events – please delete this text prior to submission

Complete the table below in chronological order with the following information, plus any other significant actions:

- *All dates the complaint is discussed/reviewed in the division with an outcome summary documented in the comments box*
- *Date written recollections were requested and from whom*
- *Date written recollections are received and from whom*
- *If recollections are not received on time, date re-requested and who this was escalated to*
- *If other organisations are involved then state which organisation, the dates of contact and the job title of the person contacted*
- *Dates/times of meetings/conversations with the complainant/family with outcome summary in comments box*
- *Date response is drafted*

Date	Action	Comments

APPENDIX D – Complaint Final Response Letter template

PRIVATE & CONFIDENTIAL

Address

Date:

Dear ***name***,

I would like to thank you for raising your concerns and I apologise on behalf of the organisation for the frustrations and distress caused by these issues. It is important for people to be able to tell us when they feel we have not provided the expected level of service. I hope you will accept my assurance that the issues you raised have been taken seriously and thoroughly investigated, and that my letter helps to resolve your concerns.

The investigation has been completed by **NAME AND JOB TITLE**, with assistance from **ALL TITLES OF STAFF INVOLVED IN THE REVIEW**.

I am now in a position to address the concerns you raised.

ADD IN THE COMPLAINT RESPONSE:

- Go through each bullet point as per the confirmation letter and add information about how the element was investigated and the conclusion reached
- At the end of each section state whether that element of the complaint has been upheld, partially upheld or not upheld.
- At the end of each section add in the remedial actions to be taken
- Write the response in the third person
- Be factual and succinct, try not to be repetitive
- Write in layman's terms and give a short explanation of things like SRG's etc.
- Apologise where necessary
- Make sure the pages are numbered and the text is justified

As a result of your complaint we have now instigated the following action plan:

Add in the action plan developed from the actions identified above

I am very sorry that your experience within The Clatterbridge Cancer Centre did not meet your expectations (and we fell below the standard of care we aim to achieve **ADD IF NECESSARY**). Thank you for bringing your concerns to my attention and I hope that I have been able to answer your questions satisfactorily and have given you assurance that positive action is being/has been taken as a result to prevent this happening in the future.

Issue Date: 8 th June 2021	Page 43 of 47	Reference: PTWRCOMCON	Issue No: 3.0
Author: Nicky Brown	Authorised by: Integrated Governance Committee		Copy No:

If you have any further questions or would like to discuss the content of this letter please do not hesitate to contact **....name of the DCGL leading the review and add the contact details.....**If you would like to meet with the relevant staff please let **...DCGL name....** know and this can be arranged for you.

If you remain dissatisfied with the response to your complaint, you have the right to escalate your concerns to the Parliamentary & Health Service Ombudsman. You can do this via www.ombudsman.org.uk or call 0345 015 4033.

Yours sincerely,

Dr Liz Bishop
Chief Executive Officer

Issue Date: 8 th June 2021	Page 44 of 47	Reference: PTWRCOMCON	Issue No: 3.0
Author: Nicky Brown	Authorised by: Integrated Governance Committee		Copy No:

APPENDIX E – Complaint Confirmation Letter template

PRIVATE & CONFIDENTIAL

Address

Date

Dear,

I would like to thank you for taking the time to talk with me today.

During our conversation we agreed that I would lead a review into the following specific concerns on your behalf:

Bullet point a summary of the main points to be investigated

The investigation will be completed using a combination of processes, for example: review of the electronic health record, any relevant policies/procedures/guidelines, individual staff recollections, team meetings, peer review etc.

I would like to inform you that during our investigation all staff who may have been connected with this case may, if required, be given access to the relevant sections of your health records and the complaint file. I hope it will reassure you to know that all Trust employees and indeed all NHS staff are governed by strict codes of confidentiality in addition to the requirements of the Data Protection Act.

I would also like to assure you that any ongoing or future care you receive will not be prejudiced by making a complaint and that if you are in any way concerned about this please let me know. **Delete if the patient involved has passed away**

If Routine use this paragraph:

**As soon as the outcome of our investigation is known, the Chief Executive will write to you with the findings. I anticipate you will receive this letter by (25 working days). If, however, it appears that our investigation is going to require longer to complete, I will contact you to explain why.

If Complex use this paragraph:

**Due to the different departments and other NHS Trusts involved in this review, I anticipate that our investigation may require up to 60 working days from the date of receiving your complaint to completion. As soon as the outcome of our investigation is known, the Chief Executive will write to you with the findings. I anticipate you will

Issue Date: 8 th June 2021	Page 45 of 47	Reference: PTWRCOMCON	Issue No: 3.0
Author: Nicky Brown		Authorised by: Integrated Governance Committee	Copy No:

receive this letter by (60 working days). If, however, it appears that our investigation is going to require longer to complete, I will contact you to explain why.

You are more than welcome to contact me at any time for an update, my contact details are below my signature.

If you feel I have not covered the issues raised adequately please contact me as soon as possible so I can make any amendments. If you are satisfied that the above issues are correct you do not need to acknowledge this letter unless you wish to do so.

If there is anything further I can help you with regarding your complaint please do not hesitate to get in touch.

Yours sincerely,

Divisional Clinical Governance Lead

Tel:

Email:

Issue Date: 8 th June 2021	Page 46 of 47	Reference: PTWRCOMCON	Issue No: 3.0
Author: Nicky Brown		Authorised by: Integrated Governance Committee	Copy No:

APPENDIX F – Recollection of Events document template

Staff Recollection of Events

Name:

Job title:

Professional address:

Subject of Recollection: *[for example, patient/client X at what incident/location]*

I am employed by *[insert your employer]*. I qualified as *[profession]* in *[month/year of qualification]*. I have worked in my current job for *[months/years]*.

This recollection is based on *[personal recollection/review of records – or a combination]*.

I have been involved in the care of Patient X since *[date]*. My last involvement in their care was on *[date]*.

I am responding to a request for a written recollection of events.

Insert the content of your recollection of events here – see `Recollection of Events Writing Guidance` document

This recollection is true to the best of my knowledge and belief, based on the information available to me at this time.

Name: *Please print*

Job title: *Please print*

Signature: *Electronic signature of hand written signature*

Date:

Note:

For help on how to complete this document, please refer to the Recollection of Events Writing Guidance. This can be found in the Document Hub of the staff intranet under Clinical Governance >> Guidelines

Issue Date: 8 th June 2021	Page 47 of 47	Reference: PTWRCONCOM	Issue No: 3.0
Author: Nicky Brown		Authorised by: Integrated Governance Committee	Copy No: