

POLICY FOR LISTENING AND RESPONDING TO CONCERNS AND COMPLAINTS

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PURPOSE AND SCOPE

At the Countess of Chester Hospital, patient safety and care are at the heart of everything we do. This policy provides information about the legislation, the processes we have adopted, and the timescales we are required to meet. The purpose of this policy is to ensure the concern/complaint is dealt with in an open and non-defensive way in order to maintain fairness for patient/relative/carer and staff alike.

- to improve quality of service using lessons learned from compliments, concerns and complaints. implementing improvements in service by sharing best practice.
- to ensure all staff are fully trained in the implementation of this policy.
- to resolve concerns and complaints as quickly and effectively as possible.
- to assist patients/relatives/carers through the process of complaints until their concerns are successfully resolved
- to ensure the complaints policy & procedure is easily accessible to all.
- to ensure complaints are managed and escalated appropriately.

This policy, which applies to all staff, outlines the structure and framework for managing concerns and complaints in the Countess of Chester Hospital NHS Foundation Trust (the Trust). The policy takes account of statutory regulations and guidance. It sets out clear standards for the management of concerns and complaints based on the principles of good complaints handling as set out by the Parliamentary and Health Service Ombudsman

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

EQUALITY IMPACT STATEMENT

The author of this policy has undertaken an Equality Impact Assessment (EIA) and concluded that there is no negative impact on any protected equalities groups. The completed EIA form is included in **Appendix 1**.

LEGAL FRAMEWORK

The legal framework for the management of NHS complaints is defined in the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (SI 2009:309) and the Local Authority Social Services and National Health Service Complaints (England) (Amendment) Regulations 2009 (SI 2009:1768) and the Health and Social Care (Community Health and Standards) Act 2003.

DEFINITIONS

A complaint is any expression of dissatisfaction with the Trust's care, services or facilities that requires a response. Comments, questions, concerns, general enquiries or suggestions are not complaints, although provide timely and accurate information and advice.

ROLES AND RESPONSIBILITIES

The **Chief Executive** (the Designated Responsible Person) has overall accountability and is the Executive lead for ensuring compliance with the Statutory Regulations. In the absence of the Chief Executive, the delegation of the role goes to the appointed deputy.

The **Medical Director** will deputise for the Chief Executive and sign the final response to a complaint in the absence of the CEO and ensure that all medical staff comply with this policy.

The **Director of Nursing & Quality** has operational accountability for the management of complaints and the development, implementation, and review of the Trust's Complaints Policy & Procedure. He/she should review and approve the final draft responses and action plans for complaints.

The **Deputy Director of Nursing** will deputise for the Director of Nursing & Quality in complaints management as required. He/she has management responsibility for the Patient & Family Support Team and is, therefore, accountable for delivering an effective complaints management and handling system.

The **Divisional Boards** will receive short summary style monthly reports with open complaints details and cumulative information on closed concerns and complaints. These reports will include top level location, theme and speciality data to enable the necessary action to prevent recurrence and monitor any service improvements. They also must ensure that their staff are provided with appropriate support during the complaints process.

The **Trust's Board of Directors** will receive annual and quarterly reports to ensure adequate controls are in place to manage and learn from complaints. Monthly Key Performance Indicators (KPI) reports relating to numbers of open complaints, timeliness and PHSO interest are provided to the board to assure performance by employing a dashboard.

The Head of Complaints is the Trust's designated Complaints Manager and is responsible for managing all concerns and complaints within the Trust under the Regulations.

Complaints Caseworkers are responsible for managing the complaints process, facilitating and collating thorough responses, supporting and keeping the complainant informed of progress.

Patient Experience Advisor and Assistants support patients, carers and relatives, representing their views and resolving concerns in partnership with Trust staff.

All Clinical Directors, Divisional Directors, Heads of Department and Divisional Directors of Nursing have responsibility for ensuring compliance with this procedure within their division. They are responsible for investigating relevant complaints, taking the necessary action to prevent recurrence and monitoring any service improvements made within the timescales required by the NHS Complaints Regulations. They also must ensure that their staff are provided with appropriate support during the complaints process.

Consultants, Heads of Nursing, Matrons and Managers are responsible for investigating elements of complaints relating to their area, providing comprehensive reports in response, identifying service improvements, implementing risk reduction measures, and monitoring the progress of any action taken within the timescales required by the NHS Complaints Regulations. Failure to comply with these timescales will escalate to the relevant Divisional Director of Nursing.

All staff are responsible for the early and effective resolution of concerns and complaints within their area and for resolving any concerns as they arise. They must also co-operate fully with any investigation into a complaint. The key to effective complaint handling is dealing with concerns in real-time, thus preventing escalation from informal concern to a formal complaint.

Weekly Triangulation Meeting (Complaints, Legal & Risk)

The meeting provides an opportunity for all potentially severe incidents, Coronial, litigation and complaints to be reviewed at a very early stage to triangulate, identify potential risks and determine the necessary route for further escalation and/or investigation.

Quality Governance Group (QGG)

The Quality Governance Group is an Executive Led assurance group. Patient experience (inclusive of complaints) forms part of the terms of reference and annual work programme. The Group meets monthly and monitors the key performance indicators for the range of quality governance function.

Patient Experience Operational Group (PEOG)

This Group reports to the QGG and comprises of staff, Governors and laypeople. It monitors learning from complaints and ensures that improvements are implemented in services when required with feedback to give confidence. The group meets bimonthly.

Formal Reporting Responsibilities

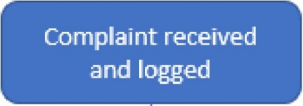

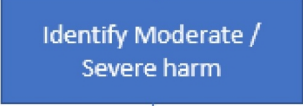

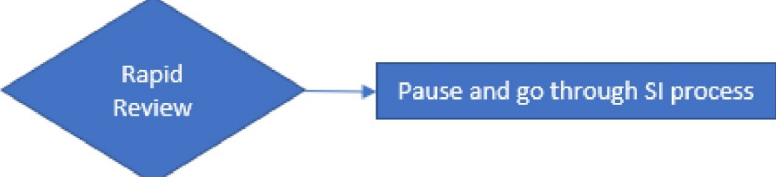





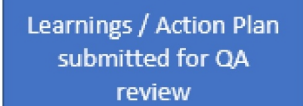

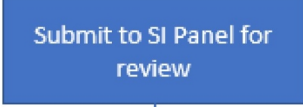



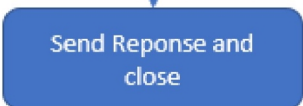

Governance of complaints, concerns, and compliments is actively monitored to review the safety, effectiveness, and responsiveness of our service for our patients and their families. This information is disseminated throughout the organisation to different levels of management. The reporting schedule is as follows:

Name	Responsible	Recipient	Frequency
Open /reopened complaints status and KPI Update	Deputy Head of Complaints	Divisional Triumvirate Head of Complaints	Weekly
Divisional Governance Status Report	Deputy Head of Complaints	Divisional Committee	Monthly
Complaint Status Report	Deputy Head of Complaints	QGG	Monthly
Complaint Status Report	Deputy Head of Complaints	PEOG	Bimonthly
Divisional Governance Complaints/concerns/compliments Insights Report	Deputy Head of Complaints	Divisional Committee QGG Q&S Committee	Quarterly
Analysis and aggregation of incidents, complaints, and claims	Deputy Head of Complaints	Director of Nursing	Biannual
K041a Audit	Deputy Head of Complaints	NHS Digital	Annual
Annual Complaints, Concerns and Compliments Performance and Insights Report	Head of Complaints	Q&S Committee	Annual

BEING OPEN

'Being Open' involves explaining what has happened to patients and/or their carers who have been involved in a patient safety incident/complaint, apologising where expectations have not been met, outlining lessons learnt, and any remedial action taken. The Trust will ensure that all communication with patients, relatives and staff following receipt of a complaint is open and honest.

Complaints and concerns are a valuable source of feedback on our services from patients and the public. As a Trust, we encourage feedback from patients and the public. We aim to use this as an opportunity to improve the service quality.

STEP	RESPONSIBLE
	
	
	
	
	
	
	
	
	

Investigation reports from such complaints should also be discussed at the appropriate Divisional Governance Boards.

Complaints received relating to open Serious Incidents

On occasions when additional issues within a complaint sit outside the scope of the Incident Investigation, the complaints team will address these in parallel with, but separate from, the Incident Investigation. The aim will be to provide a coordinated response to all the complainant's issues. In this scenario, the Head of Complaints will document the proposed investigation plan, including who's responsibility it is to liaise with the complainant and share this with both the complainant and the relevant Quality Governance Business Partner.

The following process is to be used in all complaints

The Head of Complaints will determine the timeframe following an initial complaint assessment and in consultation with the complainant. If any delay occurs in the investigation, the Complaints Caseworker will telephone or write to the complainant explaining the reason for the delay as soon as anticipated and will agree on a revised response time.

The investigating manager/clinician(s) will need to establish the facts; this may include a review of the patient's health records, computer records, and information obtained from statements or interviews conducted with staff. A timeline or chronology of events is a helpful tool to use in the process, which will enable the investigating manager/clinician to identify any gaps in information and any critical problems that arose. Once complete, the investigating manager/clinician should identify actions and learning arising from the complaint.

Upon completion of the investigation, the relevant clinician or manager from the Division will produce a comprehensive report and forward this to the Complaints Caseworker within the expected deadline. This report should include:

- a short summary of the patient's care and events;
- an outline of the investigation process;
- an apology, where appropriate (start and finish of response)
- details of the staff involved;
- answers to all aspects of the complaint using headed paragraphs.
- an apology, where appropriate (start and finish of response)
- any policies, procedures or national guidance which are relevant to the case (see Parliamentary and Health Service Ombudsman Clinical Standards Section)
- an outline of any agreed action or risk reduction measures.
- In all complaints, it is the responsibility of the Senior Clinician, Senior Nurse, Manager or Business Performance Manager to ensure that an action plan is in place, where appropriate, on completion of the investigation and to monitor its progress.
- With high-risk complaints, the investigation may be conducted by a Clinical Director, or a multidisciplinary team supported by the Patient Safety team. Other experts/expert opinion/independent advice may be sought.

Where it is evident that timescales will not be met, the relevant clinician/ manager should inform the appropriate Complaints Caseworker of the delay and indicate when it is anticipated the report will be available at the earliest opportunity so the complainant can be advised of a potential delay. The Complaints Caseworker will issue a prompt to the relevant clinician/manager two days before the due date. If the information is not received by the due date, the matter will be immediately escalated to the relevant Divisional Management Team.

Responding to Complaints

On completion of the investigation, the investigating Divisional manager/clinician will draft a response to the complainant on behalf of the Chief Executive with support from the Complaints Caseworker. The Caseworker will ensure that all aspects of the complaint are answered entirely, giving a clear and honest explanation of events. Where appropriate, an apology will be offered, and details of any corrective action outlined. A meeting may also be provided with the complainant and the relevant clinician/manager to resolve any concerns; in some instances, this may be undertaken following the initial receipt of the complaint.

The Trust will aim to investigate and forward a complete response to complaints within the timescale agreed. The Trust Board and Quality Governance Group will monitor this deadline with remedial action ordered where necessary.

Where omissions in care are identified, a full explanation will be given and an apology. To note an apology is not an admission of liability.