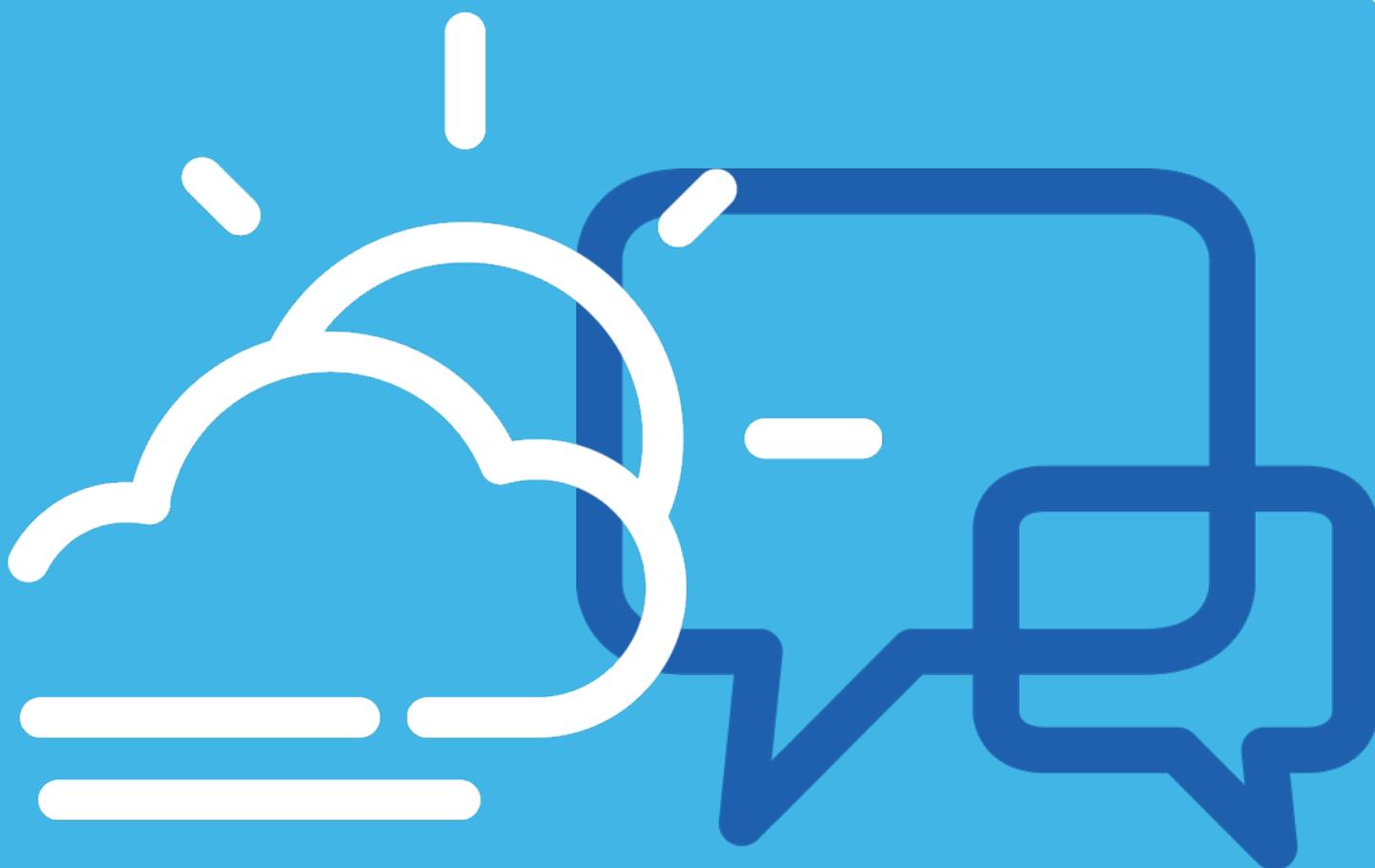




**Greater Manchester
Mental Health**
NHS Foundation Trust

**Customer Care Policy and Procedure for Managing
Complaints, Concerns, Comments and Compliments**
Greater Manchester Mental Health NHS Foundation Trust



Improving Lives

Customer Care Policy and Procedure for Managing Complaints, Concerns, Comments and Compliments	
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Document Type:	Policy
Target Audience:	All Staff
Document Purpose/ Scope:	<ul style="list-style-type: none"> - To set out the organisational arrangements for complaints handling. - To provide a structured process for the resolution of complaints across the Trust. - Determine lines of communication for effective complaints handling and receipt of compliments. - Ensure the Trust listens to feedback from service users, carers and their relatives, responds openly and improves services as a result of lessons learned. Complaints, concerns, comments and compliments will form a key part of the Trust's means of seeking continuous improvement. Effective use of this policy will be central to good governance.

Date Approved/ Ratified:	TBC
Approved/Ratified by:	Quality Governance Committee
Consultation:	Via Share-point to Document Consultation Leads and Trust Customer Care Leads.
Implementation date:	July 2012
Review date:	July 2020
Date of Equality Impact Assessment:	July 2012
Training Requirements:	
See Section 6 for details.	

NB: Do not retain a paper version of this document, always view electronically from the Trust staffnet to ensure it is the correct version.

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Description of document changes in this review to aid Consultation Process:

- Minor word changing no change to processes.
- Addition of level matrix to appendices 7/07/2017
- Addition of putting complaints onto DATIX guidance to appendices 7/07/2017

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Introduction

This policy sets out the framework for the management of complaints, concerns, comments and compliments within Greater Manchester Mental Health NHS Foundation Trust (hereafter called the Trust).

In 2006, the Government made a commitment to help NHS and adult social care organisations improve the way they deal with complaints, in order to make services more effective, personal and safe. A single complaints approach was introduced to give organisations greater flexibility to respond and to encourage a culture that seeks and then uses peoples' experiences of care to improve quality.

The single approach for dealing with complaints was introduced in April 2009. The arrangements encourage the NHS and social care to ask people what they think of their care, resolve problems more effectively and to use the opportunities to learn.

The Trust is committed to being open and striving to achieve patient and public satisfaction. Our Customer Care Policy shifts the emphasis from defending the Trust in the face of complaints, to a culture of value and a commitment to continually improve services, to learn and strive to deliver the best care possible. All complaints will be received positively, investigated promptly and responded to sympathetically within agreed time frames, with action, where appropriate, to prevent recurrence of the circumstances leading to the complaint.

Policy objectives

- To ensure that the Trust is able to effectively manage feedback from service users, their relatives and carers in a timely, customer centred way
- To ensure that the Trust actively seeks peoples' views about the service they receive by making information about how to complain, raise concerns, comments and compliments clear and accessible
- To be open and accountable for decisions and actions when responding to complaints
- To investigate complaints thoroughly, objectively and fairly
- To act fairly towards staff as well as service users, their relatives and carers
- To provide a confidential complaints service seeking consent where appropriate
- To put things right by providing fair and proportionate remedies to complainants
- To seek continuous service improvement by taking action following a complaint / concern
- To have arrangements in place for managing unreasonable or persistent complainants
- To identify links with other relevant trust policies and procedures

Definitions

Complaints

Any expression of dissatisfaction made orally, in writing or electronically about any aspect of service provided by the Trust made by a patient, service user, carer or representative (with the patient's consent), or anyone affected by any action or decision made by or on behalf of the Trust.

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Complaints can be upheld, partially upheld or not upheld.

Concerns

A request for the resolution of a problem or difficulty by a patient, service user, carer or representative.

Concerns can be resolved, partially resolved or not resolved.

Comments

Comments are any points of view expressed formally to the Trust about the quality of the Trust's services

Compliments

Any appreciative statement about a service or employee from a patient, service user, carer or representative. Compliments will be recorded on DATIX and can be used to facilitate learning, bring attention to service developments and reinforce good practice.

Duties

Management of complaints is a shared responsibility of the Trust corporately and each service Division.

Lead Committee / Group

Quality Governance Committee

The Quality Governance Committee is responsible for the approval and monitoring of this policy.

Network Boards & Trust Board

These boards are responsible for receiving reports on Customer Care statistics for example, number, outcomes and trends etc. See Section 7 for further details.

Chief Executive

The Chief Executive has overall responsibility for the management of complaints.

The Chief Executive will respond to level 4 and 5 complaints.

Heads of Operations / Directors of services or deputies

Heads of Operations / Directors of Services are responsible for effective complaints management and coordination within their Divisions. Heads of Operations / Directors of Services may nominate a member of their staff to act on their behalf as their Division's Customer Care Lead.

The Head of Operations / Director of Services or deputies will provide responses for level 1, 2 and 3 complaints and concerns and coordinate any subsequent actions or changes to service.

The Head of Operations / Director of Services or deputies will provide responses for Level 4 and 5 complaints to Customer Care and coordinate any subsequent actions or changes to service.

Customer Care Coordinator

The Customer Care Coordinator will be responsible for the administration of complaints concerns and compliments within their Division. They will be the Division's contact for the Customer Care Team.

Cover must always be arranged when a Customer Care Coordinator is off work.

The Customer Care Coordinator will inform the Customer Care Team of any complaint that cannot be resolved by the end of the following working day, by ensuring it is logged onto DATIX.

The Customer Care Coordinator and Head of Operations / Complaints Lead with agreement of the complainant and / or the Customer Care Team will direct an Investigating Officer to undertake the consideration of or investigation into a complaint or concern.

Customer Care Team

The Customer Care Team will coordinate:

The application of this policy and related procedures across the Trust including the management and recording of Customer Care issues (See Section 5.20). Customer Care will also in collaboration with Divisions provide regular reports about Customer Care issues across the Trust (See Section 7).

The provision of information on this policy for staff, service users, carers and relatives.

The Patient Advice and Liaison Service (PALS) function including seeking quick resolution to concerns and problems, sign posting and providing information about Trust and non-Trust services.

Linking learning from Customer Care into the Patient and Public Involvement and Patient Experience agendas.

Finalising Level 4 and 5 letters of response and preparing them for the Chief Executive.

Provision of any support required for complaints administration.

Investigating Officers

Investigating Officers are designated by the Head of Operations / Director of Services or deputies, with agreement of the Complainant and / or Customer Care Team. Investigating Officers are responsible for coordinating the consideration and response to complaints.

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An Investigating Officer may be a senior officer within the Trust, a ward manager, clinician, deputy ward manager, senior nurse, matron etc. Investigating Officers have the responsibility to implement this policy and to ensure that complaints are fully considered within the agreed timeframes.

Investigating Officers will receive the support required to conduct their duties in accordance with this policy. Depending upon the wishes of the complainant, Investigating Officers may work within or alternatively outside of a service in which a complaint originated.

For level 2 and 3 complaints Investigating Officers will be responsible for affirming or agreeing action plans with the complainants, considering complaints, finding out what has happened, coordinating the communication of outcomes of complaints to complainants including writing response letters and informing their Heads of Operations / Directors and the Customer Care Team about any learning or subsequent changes to service delivery.

For level 4 and 5 complaints Investigating Officers will also be responsible for conducting more formal investigations and writing subsequent reports, Customer Care will be responsible for finalising letters of response and preparing them for the Chief Executive.

Further details of responsibilities can be found in the appendices.

Risk Manager

To support the Customer Care Team to contribute to the identification, analysis and aggregation of complaints, claims and incidents information and the production of analysis reports and submit to the RMSGs.

All employees

All employees have a responsibility to abide by this policy and any decisions arising from the implementation of it.

Other managers / officers responsible for risk controls

Managers / officers responsible for risk and governance - e.g. risk management, local security management, fire safety, infection control, health and safety, legal services including claims and inquests, human resources will provide specialist advice to the organisation for their area of expertise in relation to the investigation of complaints and concerns.

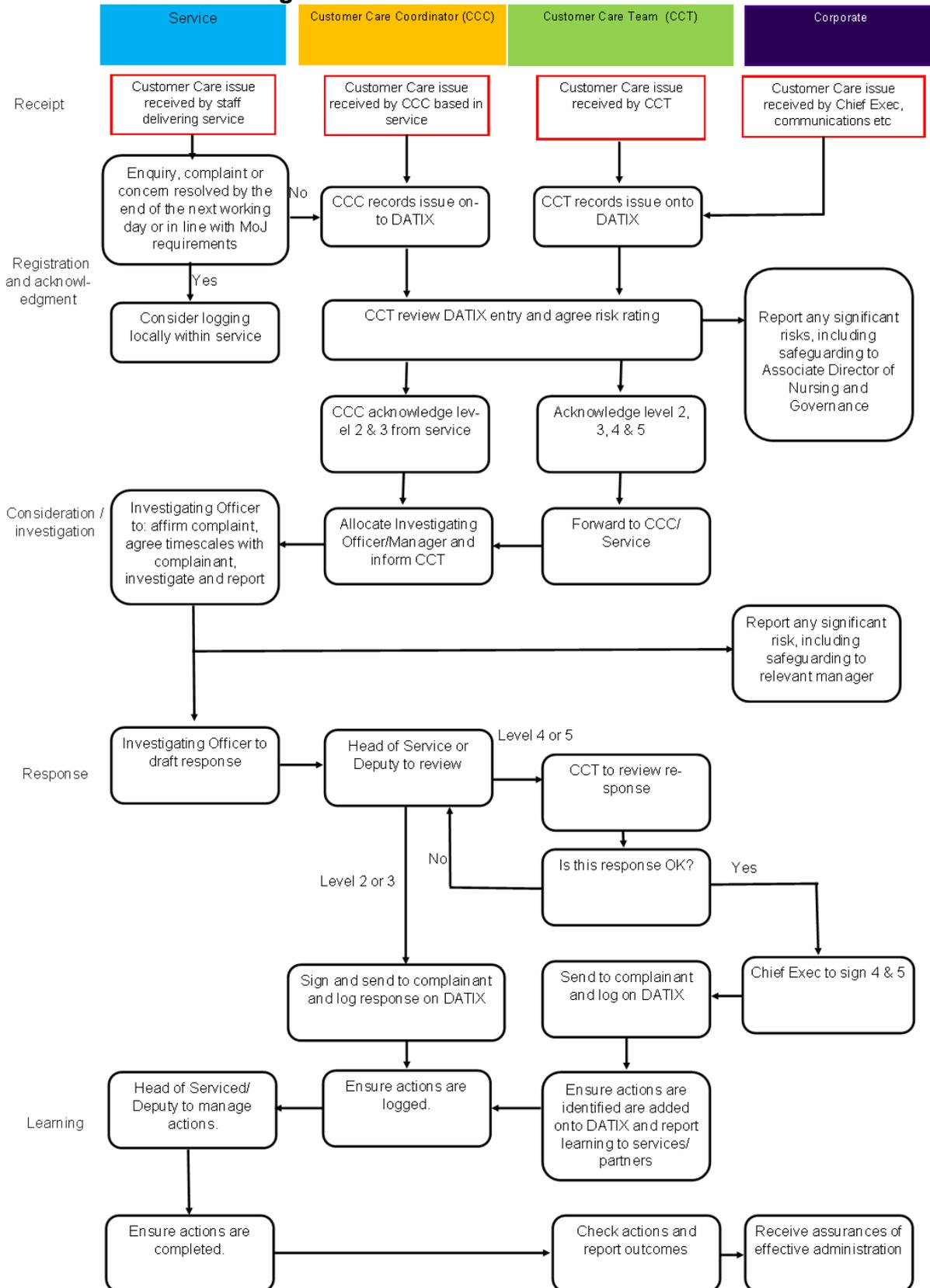
Staff named in a complaint

All staff named in a complaint are expected to cooperate in an open manner to assist with the resolution of a complaint or concern, including attending meetings, preparing and submitting statements. Staff named in a complaint will be able to access a variety of forms of support ranging from line management to more independent sources such as counselling services.

Commissioners

Complainants have the right to refer their complaint directly to the commissioners of the Trust's services and request that they investigate their concerns about any service provided by the Trust. Commissioners will be responsible for ensuring complaints are dealt with in accordance to their own policies and procedures.

Document overview diagram



Who can raise a complaint or concern

A complaint or concern may be raised by: -

- A person who receives or has received services from the Trust or
- A person who is affected by an action, omission or decision of the Trust
- A carer, relative or a person (representative*) acting on behalf of a person mentioned above who has (i) died, (ii) is unable to make the complaint themselves because of physical incapacity or lacks capacity within the meaning of the Mental Capacity Act (2005) or (iii) has asked the representative to act on their behalf.

(*A representative could be the Independent Complaints Advocacy, the service user's Member of Parliament, local councillor or the service user's advocate.)

In cases where the service user lacks capacity, if a complaint or concern is made by a representative and the Trust is satisfied that the representative is not conducting the complaint or concern in the service user's best interests the complaint or concern must not be considered under the Local Authority Social Services and National Health Service Complaints (England) Regulations (2009). The Trust must notify the representative in writing and state the reasons for its decision. Regulations (2009) - (5).

Complaints and concerns that do not fall under the regulations

- A complaint made by a responsible body i.e. a Local Authority, NHS body, primary care provider or independent provider, including their members of staff, whilst acting as staff, and not service users, patients or carers and relatives
- A complaint made by an employee about any matter relating to their employment including redundancy and pensions
- A complaint which has been made verbally and is resolved to the complainant's satisfaction by the end of the following working day
- A complaint where the subject matter is the same as one which has been resolved
- A complaint, which has previously been investigated under the NHS Complaints Regulations (2009), (2006) or (2004)
- A complaint which has been investigated, or is being, by the Local Government Ombudsman under the Local Governments Act (1974)(a) or the Health Service Ombudsman under the (1993) Act
- A complaint arising out of the alleged failure of the Trust to comply with a request for information under the Freedom of Information Act (2000)
- Privately funded healthcare - e.g. not being able to complain about services purchased by direct payment. However, a service user can use the system if they have a complaint about the allocation of the funding or the support provided by the Local Authority to enable them to manage the direct payment

Dealing with a complaint or concern

Complaints and concerns can be received by letter, fax, email or verbally.

When a complaint is received within Divisions that cannot be resolved by the end of the following working day, Customer Care Coordinators must log all details onto DATIX. The Customer Care Team will be alerted to the new complaint and will be responsible for

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agreeing the complaint's risk rating using the Risk Rating Table. Level 2 and 3 complaints will be acknowledged by the Division and managed locally. Level 4 and 5 complaints will be acknowledged by the Customer Care Team.

The Customer Care Team will determine what level of support and guidance Investigating Officers will require for the consideration of level 4 and 5 complaints once they have been acknowledged. The level of support and guidance will be confirmed with the Investigating Officer once they have been allocated to a complaint.

When a complaint is received by or made directly to the Customer Care Team, it will be logged on DATIX, risk rated using the Risk Rating Table, and acknowledged. Heads of Operations / Directors of Services or their nominated deputies will be alerted to the new complaint. Divisions will then be responsible for the management of Level 2 and 3 complaints, with the Customer Care Team supporting the management of level 4 and 5 complaints.

The risk rating will determine further actions required to resolve the complaint or concern.

Detailed guidance of how to deal with a complaint or concern can be found in the Appendix 2.

See Appendix 4 for the investigation framework.

Processes in place to ensure that individuals who raise concerns or complaints are not treated negatively as a result

There are processes in place to ensure that individuals who raise concerns or complaints are not treated negatively as a result of doing so; this is communicated to individuals via Trust Customer Care leaflets and in the acknowledgement of concerns and complaints. Processes include:

- Ensuring that individuals can raise concerns anonymously if they wish, via the Customer Care Team
- Ensuring that investigations are standardised across the Trust
- Individuals can report concerns directly to the service managers / frontline staff or to staff external to that service
- Any documentation relating to investigations regarding concerns / complaints are not filed within the service user's health records
- Provision for investigation if an individual does report that they have been treated differently as a result of raising a concern or registering a complaint

Right to service and confidentiality

Although a patient's express consent is not required by the Trust to use personal information it possesses to investigate a complaint, the Trust will ensure that any information disclosed is confined to the minimum essential for that purpose. Such information will only be disclosed to those people on a need to know basis.

Personal health information will not be disclosed to anyone acting on behalf of a patient or service user unless consent has been provided by the individual allowing another person to act upon their behalf. However, a person other than the patient / carer / relative, may be

provided with personal health information without consent in certain circumstances, i.e., where it is clear through death, illness or infirmity the patient is unable to act for themselves. In any circumstance where it was judged that the person seeking to represent the complainant was not reasonably placed to do so, the service must give a reason as to its unwillingness to disclose information.

The duty of confidentiality will also extend to third parties that are not health professionals, who provide personal information contained in clinical health records. Consent of the third party will be required before such information is disclosed to:

- The patient
- People outside of the Trust, unless there is an overriding public interest in doing so

Information related to a complaint is subject to legal requirements under the Data Protection Act (1984), the Access to Personal Files Act (1987) and the Access to Personal Files (Social Services) Regulations (1989) (see PPG1 (90)).

Recommendations and action plans following complaints, including learning both internally and externally

One of the key components within this policy is the importance of learning from complaints and concerns and demonstrating changes in practice.

Process for following up relevant action plans

Action plans will be developed as and when necessary by Investigating Officers. All action plans will include a review date and be included on the DATIX Action Module.

Action plans will be monitored at meetings convened by Divisions. The Customer Care Team will check whether action plans have been put on to DATIX on a monthly basis.

Where there are concerns identified about the administration of action plans, the Risk Manager can be informed and concerns may be reported to the Risk Management Strategy Group

Within the 'Principles of Good Complaint Handling' document published by the Parliamentary and Health Service Ombudsman, importance is placed on using all feedback and the lessons learned from complaints to improve service design and delivery. Moreover, having systems in place to record, analyse and report on the learning from complaints is clearly outlined as a principle of good practice.

It is important that the Trust will therefore regularly review lessons learned from complaints and have systems in place for demonstrating changes in practice to a wide range of stakeholders including complainants, commissioners and the Trust Board.

Internal learning

The Customer Care Team will monitor learning and improvements from complaints and share this learning across Divisions in the Lessons Learned Bulletin. The Customer Care Team will identify recommendations and add draft actions to DATIX, therefore ensuring all actions are logged on DATIX and then monitored. It is the responsibility of each Division to ensure that draft actions are reviewed given timescales and allocated to managers for their

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consideration. Learning outcomes from complaints should be communicated to appropriate audiences using the most effective means. See Appendix 2.23 for further details. Analysis of complaint's trends, themes, spikes and dips are reported to the Trust's Care Hub meeting on a quarterly basis.

External learning

The Customer Care Team will ensure learning across organisational boundaries through involvement in and membership of various formal and informal networks, including the North West Complaints Collaborative.

The Parliamentary Health Service Ombudsman

If a complainant remains unhappy with the handling of the complaint by the Trust he or she has the right to refer the complaint to the Parliamentary and Health Service Ombudsman.

The Customer Care Team will ensure that the complainant is made aware of their rights to refer to the Ombudsman, information about which is included in leaflets about how to make complaints and in correspondence with complainants.

Time limits for making complaints

Complaints or concerns must be raised within twelve months of the date on which the issue(s) which is the subject of the complaint occurred or twelve months of the date on which the issue(s) came to the notice of the complainant. However, if there is a valid reason why the complainant did not or could not make the complaint within that timescale, or if there is reasonable possibility for the complaint to be effectively and meaningfully investigated then it should be investigated and responded to.

Unreasonable and persistent complainants

We are committed to dealing with all enquirers fairly and impartially and to providing a high quality service. As part of this service we do not normally limit the contact enquirers have with the Trust or the Customer Care Team. However, from time to time, there are a small number of complainants who because of the frequency of their contact with the Trust, hinder the Trust's consideration of their or other people's complaints. We refer to such complainants as exhibiting persistent unreasonable behaviour and in these circumstances we will take action to limit their contact.

Examples of unreasonable and persistent complainant behaviours include:

- Introduction of trivial or irrelevant new information and expecting it to be taken into account and commented on, or raising large numbers of detailed but unimportant questions and insisting they are all fully answered
- Adoption of a 'scattergun' approach - pursuing a complaint with one department and, at the same time, with other departments within the Trust and / or with other parties, e.g. the MP, Councillors, the Police, or solicitors

- Making excessive demands on the time and resources of staff whilst the complaint is being investigated - e.g. excessive telephoning or sending e-mails to numerous staff, writing lengthy complex letters every few days and expecting immediate responses
- Submission of repeat complaints - after the complaints process has been completed - essentially about the same issue but with additions / variations which the complainant insists make these 'new' complaints which they want to be considered as new complaints
- Refusal to accept the decision reached on the complaint - repeatedly arguing the point and complaining about the decision

When we consider that a complainant's level of contact with us is unreasonable and persistent we will tell them why we believe their behaviour falls into this category, and ask them to change it. If the behaviour continues, we will take action to restrict the complainant's contact with the Trust.

The decision to restrict contact with the Trust will be taken by the Customer Care Team Manager (or above). Any restrictions imposed will be appropriate and proportionate. The options we are most likely to consider are:

- Placing time limits on telephone conversations and personal contacts
- Restricting the number of telephone calls that will be taken (e.g. one call on one specified day of the week)
- Limiting the complainant to one contact medium (e.g. telephone, letter, e-mail) and / or requiring the complainant to communicate with one named member of staff
- Requiring personal contacts to take place in the presence of a witness
- Refusing to register / process further complaints about the same matter

In all cases we will write to tell the complainant why we believe their behaviour is unacceptable, what action we are taking and the duration of that action. We will also tell them how they can challenge the decision if they disagree with it.

Where a complainant continues to behave in a way which is unreasonable and persistent, we may decide to terminate contact with the complainant.

Where the behaviour is so extreme that it threatens the immediate safety and welfare of our Trust's staff or others, we will consider other options, for example enlisting help from the Local Security Management Specialist, reporting the matter to the Police or taking legal action, in such cases we may not give the complainant prior notice of that action.

Future complaints by the same complainant

When or if the complainant makes a complaint about a new issue, this should be treated on its merits and a decision will need to be taken on whether any restrictions which have been applied before are still necessary.

Malicious or offensive callers

The decision as to whether a caller is malicious or offensive may be taken by any member of staff answering the phone.

If staff believe that the service is being contacted for malicious purposes or for the purpose of being offensive, they will seek to explain this in an assertive and sensitive manner.

If the caller continues, they will be assertively refused further contact with the service until they can demonstrate a willingness to conduct themselves in a reasonable manner. Consideration should be made about alternative methods of communication such as email, fax or letters. Specialist support, help and guidance is available from the Trust's Local Security Management Specialist. Customer Care has a stock of DVDs which provide staff with guidance for handling difficult callers.

5.14 Where a number of complaints are made at the same time about the same subject by different complainants

Occasionally people may choose to complain about the same subject at the same time, e.g. petitions. When multiple complaints are received about the same subject the Customer Care Team Manager may elect to count the complaints as one on the database. The name of the first complainant will be added to the DATIX record with other names added in contacts. If complainants have written individual letters of complaint about the same subject, responses to each individual should be provided.

5.15 Where a complainant makes a number of complaints over a short space of time

When an individual makes a number of complaints over a short space of time, the Customer Care Team manager or deputy can elect to treat the complaints as one complaint. Each part of the complaint must be acknowledged within three working days.

5.16 Databases and Archiving

Level 1 complaints, concerns, comments and compliments, including those which have been dealt with immediately or on the spot by staff and the resultant action taken can be logged onto DATIX if services feel that they are repetitive or that other services would benefit from any learning.

Level two, three, four and five complaints and concerns assessed according to the Trust's Complaints Risk Rating Table will be logged on the DATIX database.

Recording of complaints, concerns, comments and compliments will demonstrate the responsive nature of Trust's services. Moreover, recording will provide management with information for monitoring the current quality of service provision and inform for future service changes and developments.

Under the scope of this policy, the Trust must ensure that it keeps formal records of each complaint received, it's subject matter and outcome.

The Trust will also ensure that records are kept of all communications with the complainant.

Records must be kept to indicate whether or not a report of the outcome of the investigation was sent to the complainant within the agreed period or any amended period.

All old files are archived in line with the Trust's Information Governance Retention Schedule

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5.17 Leaflets and publicity

The Trust is required to make information available to the public which clearly publicises our arrangements for dealing with complaints and how further information about those arrangements may be obtained. Posters publicising the arrangements for raising concerns, complaints, comments and compliments at the Trust are available for all services where care and treatment is provided to service users.

It is vital that service users, carers and visitors are aware of their right to make a complaint or raise a concern. Staff, service users, carers and members of the public can access this policy and procedure via the Trust's website

5.18 Cross agency complaints

Where the Trust receives a complaint about more than one agency, the Trust will contact the complainant to gain their consent to forward the concerns to the other organisation(s) involved.

A lead organisation, usually the one which is required to deal with the majority of the concerns raised will be responsible for coordinating the joint response and communicating directly with the complainant. In circumstances where two or more organisations are required to contribute to a joint response and where one single organisation does not receive a majority of concerns, all organisations are required to seek agreement on how the complaint should be handled and who should take a lead role in coordinating the response.

Where the Trust is required to contribute to a response under the coordinated handling arrangements, the Customer Care Team will provide any information relevant to the complaint which is required by the lead organisation. The Customer Care Team will also attend, or ensure representation, at any meeting in connection with the resolution of a complaint.

5.19 Complaints wholly relating to another organisation

If a complaint is received that does not fall within the scope of this policy, the Customer Care Team will contact the complainant to ask if they would like the complaint to be sent on to the organisation to which it relates. If the complainant wishes it to be sent on then it should be done as soon as is reasonably possible. The complaint will not need to be formally recorded.

5.20 Training requirements

The following training will be offered to ensure that the Trust delivers a robust complaints, concerns, comments and compliments handling system:

Staff will attend Customer Care training as part of their local induction; this training will incorporate listening and responding to service users, carers and members of the public.

Division Customer Care Leads, Division Managers and nominated Investigating Officers will receive guidance and / or training on how to manage, investigate and respond to a complaint in line with the complaints level and this policy and its procedures, including access to this

policy and procedures, examples of good practice eg reports and letters of response and advanced investigation skills and root cause analysis training.

Training services will keep a list of staff who have received investigation training. Training services will be responsible for arranging updated training as required.

See Organisation Training Needs Analysis within the Induction and Mandatory Training Policy

5.21 Trends and spikes

Trends and spikes of complaints and concerns will be reported monthly, quarterly and annually. Significant variance in the number of complaints and concerns from specific services will require further analysis by the Customer Care Team. The results of further analysis will be shared with senior managers responsible for the identified services.

6 Monitoring

Minimum Requirement	Frequency	Process for Monitoring e.g. audit	Evidence	Responsible Individual	Responsible Committee for action plan monitoring
Customer Care monitoring reports (This report template includes both qualitative and quantitative analysis)	Monthly	Minutes of meetings	DATIX	Customer Care Team	Trust Board
Learning report in Lessons Learned	Quarterly	Publication	DATIX	Governance manager	Network Boards
Customer Care Quality reports (inc. analysis of number of new and closed complaints)	Quarterly	Minutes of meetings	DATIX	Customer Care Team	Trust Board
Customer Care Care Hub	Quarterly	Minutes of meetings	DATIX	Customer Care Team	Quality Governance Committee
Annual Report (inc. analysis of number & types of enquiries, learning, recommendation & actions)	Annually	Publication on internet and minutes of meetings	DATIX	Customer Care Team	Quality Governance Committee

7. Resource / service implementation issues

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There are no resource issues which have arisen out of the review of this document.

8 Risk issues

If the Trust did not have a Customer Care Policy for dealing with complaints the Trust would be in breach of its license to provide services from the Care Quality Commission. The Trust would also be contravening The Local Authority Social Services and National Health Service Complaints (England) Regulations (2009).

9 Requirements, references & supporting documents

Trust external / internal requirements:

Board Objective Ref:	Objective 6
CQC Ref:	Outcome 17 plus 1H.2/ 7A.5/ 16A.2/ 16B.3
NHSLA Ref:	2.3, 2.5, 2.6

10 Reference documents

- Guidance to support the implementation of the NHS (Complaints) Regulations (2004).
- Statutory Instrument (2004) No.1768 NHS (Complaints) Regulations (2004), Statutory
- Instrument 2006 No. 2084 The NHS (Complaints) Regulations (2006)
- S12009 No. 309, The Local Authority Social Services and NHS Complaints
- Making Experiences Count
- Listening, Responding, Improving
- NHS Constitution

11 Supporting documents

- GMMH Claims Handling Policy
- GMMH Incident and Near Miss Policy
- GMMH Information Governance Policy
- GMMH Supporting Staff Following Traumatic or Stressful Incidents, Complaints or Claims
- GMMH Being Open Policy
- GMMH Safeguarding Policy
- GMMH Aggregating Data and Learning from Incidents, Complaints and Claims Policy

12 Review

This document will be reviewed in five years, or sooner in the light of organisational, legislative or other changes.

Appendix 1 - Complaints Risk Rating Table

Levels	LEVEL 0	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5
	Compliment	Minor impact	Low impact	Moderate impact	Major impact	Serious & adverse impact
Description	Any verbal or written compliment about services provided	Issue brought to front line staff who able to resolve it by the end of the next working day.	Issue has minimal or relatively minimal impact to provision of healthcare or the Trust.	Potential to impact on service provision or delivery. Satisfied with Division response to complaint.	Issues that are significant with regard to standards, quality of care, denial of rights, personal injury. Request for Chief Executive response.	Serious patient safety issues.
Example	Could be a compliment or positive comment	Could be a complaint, concern or comment	Could be a complaint or concern	Legitimate complaint or concern but not having serious implications for delivery of service.	Complaints where something has seriously affected patient care, the patient, relative or carer, with clear implications for the delivery of service that require a formal investigation	Issues regarding serious adverse events, long term damage, grossly substandard care, professional misconduct or death that require investigation
Risk of litigation	None	None	No real risk of litigation	Slight potential for litigation.	Possibility of litigation	High probability of litigation
Staff involved with resolution	N/A	Front line staff	Individual staff with support from line managers	Managers within Division e.g. Ward Manager, CMHT Manager, CDT manager	Senior Managers within Division, option for Managers from outside service to investigate.	Senior Managers within Division, option for Managers from outside service to investigate
Amount of work time needed to respond	N/A	Up to 2 hours	Up to 4 hours	Around 6 – 8 hours	Between 10 – 20 hours	20 hours or over
Administration	Local arrangements. Record on DATIX if required	Local arrangements. Record on DATIX if enquiry is repetitive or other services could learn	Customer Care Team Informed Records of intervention to be maintained at service level and on DATIX	Customer Care Team Informed Records of intervention to be maintained at service level and on DATIX	Customer Care Team Coordinate Copy of the investigation report and an action plan showing action to be taken by the Trust wherever indicated. Records to be entered on DATIX	Customer Care Team Coordinate Copy of the investigation report and an action plan showing action to be taken by the Trust wherever indicated. Records to be entered on DATIX
Response from	N/A	Front line staff	Head of Operations, Director or Deputy	Head of Operations, Director or Deputy	Chief Executive	Chief Executive

Appendix 2 - Procedure for dealing with a complaint

Complaints may be received by services, Customer Care Leads, the Customer Care Team, or Corporate Services such as the Communications Team and the Chief Executive's Office.

2.1 Receipt of a complaint within a service

Concerns and complaints may be received by any member of staff. It is important that they are dealt with promptly and effectively, taking full account of the wishes of the complainant.

If it is judged by the Head of Operations / Director of Services or deputies that concerns and complaints that can be resolved by the end of the working day would benefit from wider reporting, details should be logged on DATIX. The Customer Care Team will then be alerted by an automatic email.

All complaints and concerns judged to be level 2 – 5 must be uploaded onto DATIX by the end of the following working day and acknowledged within three working days. All further correspondence must be scanned and uploaded onto DATIX.

The Customer Care Team upon being alerted about a complaint by DATIX will be responsible for checking the entry, agreeing a risk rating, and agreeing the most suitable response in accordance with the risk rating.

2.2 Receipt of a complaint by the Customer Care Team

The Customer Care Team will log every complaint received onto DATIX by the end of the following working day. The Customer Care Coordinator and other workers within the Division to which the complaint refers will be alerted by automatic email.

The Customer Care Team will be responsible for the coordination and data quality of information logged on to DATIX.

2.3 Risk rating

On receipt by the Customer Care Team, all concerns and complaints will be risk rated (see Appendix 1). The level allocated will be relevant to the proposed interventions for resolution and also to likely timescales.

2.4 Issues (process for notification of external agencies)

The list of issues which cannot be addressed through NHS Complaints process is included in the Customer Care Policy. Complaints should be dealt with as far as possible where issues relate to claims against the Trust; to issues being investigated by the Police; or issues which have been referred to the Coroner. The fact that others are involved in the case does not automatically mean that no aspect of a complaint can be considered.

Allegations of a serious nature, such as wilful neglect, physical, racial or sexual abuse, theft or fraud should be escalated immediately to senior managers responsible for identified services and senior management responsible for Customer Care.

2.5 Safeguarding issues

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Complaints, concerns and comments may raise safeguarding concerns in relation to children or vulnerable adults. On receiving any complaint or comment members of the Customer Care Team will review it within 24 hours and ask the question: 'Is this a Safeguarding Concern?' If unsure, the Customer Care Team member will contact the safeguarding lead for the Division where the complaint originated, or a corporate safeguarding lead for advice. If yes, the safeguarding lead will facilitate the completion and forwarding of a safeguarding alert to the appropriate local safeguarding team. Referral to the Police will be considered by the local safeguarding team, but the Customer Care Team may also make a direct referral to the Police if it would be unsafe for this to be in any way delayed.

2.6 Other organisations

If it is clear that the complaint has been addressed to the wrong organisation and there are no issues for the Trust to consider, the complainant should be informed and consent obtained to forward the complaint to the correct organisation.

Where some aspects of the complaint relate to responsibilities of other health or social care organisations, the complainant should be informed and consent obtained to sharing the complaint with them; if this is obtained, then a joint response should be prepared, normally by the organisation with responsibility for the largest part or most serious aspects of the complaint, in co-operation with the other relevant organisation(s). If consent is not given, then the trust can only respond to issues for which it is responsible.

2.7 Acknowledgement

The Local Authority Social Services and National Health Service Complaints (England) Regulations (2009) require that concerns and complaints are acknowledged at the earliest opportunity and within a maximum of three working days. The Customer Care Team will acknowledge all complaints they receive. Customer Care Leads will be responsible for acknowledging level 2 and 3 complaints that are received from services. Level 4 and 5 complaints from services will be acknowledged by the Customer Care Team. The acknowledgement must include:

- The issues raised by the complaint
- The complainant's desired outcome (and manage expectations, where appropriate)
- Preferences around communication
- Availability of advocacy support such as ICA
- Likely timescales
- Named contact (particularly important for more vulnerable complainants who do not have advocacy support)

Where it is not possible to contact the complainant, this information will be sent to the complainant in writing with an invitation to discuss. Making Experiences Count advises that complainants should be provided with an action plan. Letters of acknowledgment fulfil this function.

2.8 Consent

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Where someone, other than the service user, writes to complain about a service user's care and / or treatment, written consent from the service user will be required to confirm that they agree that the representative is complaining on their behalf and that they consent to details of their care and treatment being disclosed to the representative in order to respond to the complaint.

If it is felt that a service user may not have the capacity to consent to the disclosure of their details, the Customer Care Team will request confirmation of the individual's capacity to give informed consent to the disclosure of information from the person's Consultant Psychiatrist or Clinical Team.

Where capacity is judged to be lacking, a best interest meeting must be organised by the clinical team to assess whether, in the absence of the individual's consent, it is in the individual's best interests to disclose information to the complainant.

In the case of an individual who has died, the representative must be a relative / other individual who, in the opinion of the Customer Care Team, had or has a sufficient interest in the individual's well-being prior to their death and is a suitable person to act as the representative. If the Customer Care Team determines that a person is not suitable, a full explanation outlining the reasons for the decision will be provided. Advice will be sought from the Trust Solicitor as necessary.

In cases where an MP is complaining on behalf of one of their constituents and they state that they have received their constituent's permission, then it should be assumed to be the case and the complaint should be responded to.

In cases where an MP or Advocate is representing a person who is acting on behalf of a service user, consent must be obtained from the service user. Information must not be disclosed without the permission of the service user.

2.9 Interventions

There is no single method which is appropriate for handling every concern and complaint. Options include:

- Liaison between involved parties
- Quick informal resolution
- Meeting with appropriate staff
- Investigation by senior managers
- Investigation by managers from outside the Division or even external to the Trust
- Cross-boundary handling where other providers or health and social care are involved in the issues raised
- A combination of these

2.10 Investigation

Decisions on the most effective way of dealing with a complaint will be taken following consideration of the risk category of the case (See appendix 1), the complainant's views, and the seriousness of the alleged issues.

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Level 1 Complaints and Concerns

Should require minimal consideration for a quick resolution. Level 1 Complaints and concerns will ordinarily take up to 2 hours' time and effort to resolve

Level 2 Complaints and Concerns

Should require basic consideration such as confirmation of the issues with the complainant, a brief review of PARIS patient records, a conversation with one or at most two staff. We would expect consideration of a Level 2 concern or complaint to take up to four hours.

Level 3 Complaints and Concerns

Level 3 Complaints and concerns will require in depth consideration including confirmation of the issues with the complainant, a review of PARIS patient records and / or other documentation such as DATIX Incidents, meetings with staff and witnesses, discussions with Division management. Level 3 Complaints should take 6-8 hours.

Level 4 and 5 Complaints

Level 4 and 5 complaints will require formal investigation by an Investigating Officer who has received advanced investigation skills training and / or root cause analysis training, or close supervision from a member of staff who has.

The Investigating Officer will normally be appointed from within the Division concerned. They should not have been involved in the care and treatment of the service user who has either made the complaint or is the subject of the complaint.

In specific cases consideration should be given to appointing an investigator from another Division or seeking the assistance of someone suitably qualified from another trust. It is important that investigations are seen to be objective and unbiased.

In undertaking an investigation, the Investigating Officers will make every effort to interview all relevant parties including the complainant and or patient and any witnesses to events, such as staff, family members or other patients. Copies of interview notes / statements must be signed and dated and kept as appendices to the investigation report. Guidelines as to how to approach an investigation are laid out in the document 'Investigation Framework' (see Appendix 4).

The complaint should be investigated to the extent necessary and in the manner which appears to be the most appropriate to resolve the issues speedily and efficiently. The investigation must then be written up in a clear but concise way. Guidelines as to how to lay out a report are provided in the document 'Investigating Officer Report Structure' (see Appendix 5).

The Investigating Officer should write a draft response letter from the Chief Executive to the complainant from the report. The letter should summarise the nature and substance of the complaint, describe the investigation, give a clear indication as to each aspect of the complaint, our findings, our response, any recommendations that are made, apologies for any errors, poor practice or judgement and reference to any actions already taken. Further

guidelines as to how to draft such a letter can be found in the document: 'Writing Response Letters' (see Appendix 8)

The investigation report and draft letter must be sent to the Customer Care Team within agreed time scales. Divisions can impose their own deadlines so that the report and draft letter can be checked locally first. Guidance for conducting an investigation in relation to the complaints process is detailed in Appendix 6 & 7.

If an investigation indicates a case for referral to:

- Investigation under disciplinary procedures
- A professional regulatory body
- Independent inquiry into a serious incident
- Investigation of a criminal offence

All information will be passed to the Service Director who will decide whether to initiate the action. The complainant will be informed and a record of the investigation so far will be provided. Referral for another type of investigation does not automatically preclude the continuation of investigation of other issues raised by the complaint. Level 4 complaints should take 10 – 20 hours to complete. Level 5 complaints should take upwards of 20 hours to complete.

Timescales

The important issue is to work out what would be a realistic amount of time to consider and respond to a complaint and agree this with the complainant. Timescales may take less or more time depending on factors outside the control of the person responding to the complaint, such as shift patterns, illness, holidays etc.

If the complaint is going to take longer than agreed timescales, complainants must be updated. Updates and agreed timescales must be documented on DATIX.

2.11 Level 2 and 3 responses

After a level 2 or 3 complaint has been looked into and considered, a response must be provided, this can be done either in writing or at a meeting. If at a meeting, a letter detailing the response must be provided as well.

The Investigating Officer who has looked into and considered the complaint is responsible for writing the letter of response. The letter of response will be sent from the Head of Operations / Director or deputy. The Customer Care Coordinator can ask the Customer Care Team to review responses before they are sent. The Customer Care Team may wish to suggest changes to the style, grammar and content and occasionally ask for it to be re drafted if it has not addressed issues raised in the complaint.

Once a letter of response has been reviewed it can be signed by the Director of Operations Director or Deputy and sent to the complainant.

2.12 Level 4 and 5 responses

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The Investigating Officer must provide the response to the Head of Operations / Director of Services or Deputy for approval. After approval, the response must be sent to the Customer Care Team.

The Customer Care Team may wish to change the letter of response's style, grammar and content and occasionally ask for it to be re drafted if it has not addressed issues raised in the complaint.

The complainant should be informed of the conclusions reached and action to be taken, in the way specified in the letter of acknowledgement.

Level 4 and 5 responses will be signed by Chief Executive.

See appendices for guidance on the form and content of response letters. In complex and difficult cases, consideration should be given to alerting the complainant to the likely conclusions, perhaps by providing a draft response, to allow them to identify any inaccuracies or misunderstandings prior to sending the final response.

If the complainant is dissatisfied with the outcome, the response should be reviewed to ensure that it fully address all points raised and a meeting offered to discuss any further issues. If the complainant remains dissatisfied, then they should be signposted to the Parliamentary and Health Service Ombudsman. If additional issues are raised, these can be addressed as a new case.

2.13 Where the complainant remains an inpatient or service user

Where the complainant remains an inpatient or service user of Trust services, consideration should be taken as to whether a meeting would be beneficial. Meetings will aim to clear the air and draw a line after the end of a complaints administration. The meeting should be coordinated by the Team Manager concerned, service user and other staff that were subject of the complaint. The meeting should be kept informal as possible, and allow participants to talk about how they will work together in the future.

2.14 When a complaint is about a serious untoward incident and the complainant requests a meeting

When a complaint is about a serious untoward incident, such as a death, and a meeting is requested by the complainant after a response has been provided, a meeting should be offered to the complainant by the Division's Senior Management. The meeting should be conducted with reference to the Trust's Being Open Policy.

Such meetings can cause undue stress for those members of staff seen to be responsible through their action or inaction for an incident. If it is considered by Senior Management that it would be inappropriate for such staff to attend, the reasons why should be explained to the complainant, with the explanation that systems in place to prevent serious untoward incidents are the responsibility of the Senior Managers within the Division.

2.15 Response deadline

All complaints response letters will be sent to the complainant within agreed timescales and in accordance with the risk rating (See Appendix 1). Where it is not possible to meet this

deadline, all efforts will be made to ensure that the complainant is kept up to date with the complaint's progress, the reasons for any delay and an updated response date where possible.

2.16 Extensions to the deadline

If it is found that the investigation is more complex and may take more time, then with the complainant's agreement, an extension to the agreed timescales may be made. Such complaints will be recorded as having been responded to within agreed time scales if the agreed deadline is met.

2.17 Feedback to services

Once the complaint response has been signed and sent off, the response should be considered by the Customer Care Lead. The information within the response letter should then be shared with the management team (via whatever forum each Division deems most suitable), the specific area of service involved, and any member of staff named in the complaint.

2.18 Continued efforts to resolve

At the end of each letter of response, an invitation should be extended to the complainant to meet with the Trust should they feel there are outstanding or unresolved issues. Every effort should be made to encourage this meeting so that complaints are resolved within the Trust. Any meetings carried out should be done with representatives who are as close to the area of service complained about as possible. Any results of such meetings or actions to be recommended or taken should be shared with all concerned parties as above in Section 2.17. Any meeting should be minuted and the record added to DATIX

2.19 Financial remedy

On occasion there may be scope for financial remedy, particularly when requested by the Parliamentary and Health Service Ombudsman. Each occasion will be assessed by the Associate Director with the responsibility for complaints and agreed with the Chief Executive and / or Deputy.

2.20 Communication with the Parliamentary and Health Service Ombudsman

Any complainant who is dissatisfied with the Trust's responses to their complaint can refer it to the Parliamentary and Health Service Ombudsman. The Customer Care Team will ensure that the complainant is made aware of their right to do so.

The Customer Care Team will act as the Ombudsman's main contact point with the Trust and will ensure that the Ombudsman's staff have access to staff and relevant documentation to assess whether a complaint should be investigated.

Where the Parliamentary and Health Service Ombudsman recommends action following an investigation of a complaint the Trust Board will be responsible for considering how recommendations should be implemented.

2.21 Staff named in a complaint

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Being complained about can be an extremely stressful process for all staff, no matter what their position or authority. Staff named in a complaint should ordinarily be made aware of this as soon as possible, this should be done by their direct line manager. When a complaint is about a Doctor, the Division's Lead Consultant / line manager should be informed.

Staff named in a complaint must be:

- Given a brief description of the complaint, a copy of the letter of acknowledgement would be helpful
- Information about the Trust's Customer Care Policy and Procedure
- Offered support throughout the process from either inside or alternatively outside their respective service
- Offered the opportunity to view the report when it has been completed by the Investigating Officers
- Provided with a copy of the letter of response

When a member of staff is identified as being responsible for a complaint Customer Care should check the database to see whether that member of staff has been responsible for any other complaints. Any concerns about staff must be communicated to senior managers within identified services.

2.22 Supporting staff involved in dealing with a complaint

It is vital to support staff who are involved in investigation processes within the Trust. Immediate support for staff must be identified and provided by their line manager. Support may include flexible working hours or time away from daily duties. Advice can be sought from the Trust's Human Resources Department.

2.23 Recommendations action plans and service improvements / changes

Recommendations, action plans and service improvement and changes will be considered by the Investigating Officer after the investigation has been carried out and before the response is given; this provides an opportunity for actions and changes to be included in the response to the complainant.

The Investigating Officer will draw up an action plan from the investigation and forward it to the Heads of Operations / Directors of Services for implementation and to provide the Customer Care Team with feedback on progress and evidence of service changes.

The Customer Care Team will check whether actions have been logged on DATIX at the end of the month. Identified actions, completed actions and outstanding actions are reported on a monthly quarterly and annual basis.

Failure to comply with agreed recommendations or adopt agreed actions in plans may be reported to the appropriate Director.

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Service improvements will be communicated to managers and staff through reports to Trust meetings and the Lessons Learned newsletters to ensure trust wide learning.

Where learning could cross organisational boundaries the Customer Care Team will discuss the most appropriate method of sharing service improvements with the appropriate Director.

2.24 When subject matter of complaints are to be considered as part of a Post Incident Review (PIR) or other investigation

Complaints may occasionally be made about issues which will be considered by a PIR. The Chair of the PIR must be informed that a complaint has been logged and acknowledged. To avoid duplication, wherever possible, the terms of reference for the complaint investigation should be incorporated into the PIR. Complainants must be informed that the Trust is going to investigate the complaint in this way.

After the PIR has been completed a letter of response must be written by the PIR Investigating Officer and sent to Customer Care Team for consideration.

2.24 Compliments

Compliments should be logged on DATIX. Monthly reports about compliments will be included within Division and Board reports

Appendix 3 - Investigation Framework

The following will give you a framework and process to follow when carrying out an investigation.

Why are you doing an investigation?

- To establish the facts
- To ascertain what did or did not happen, what should or should not have happened
- To make recommendations that constitute an improvement

How should you go about conducting an investigation?

- Step by step process
- Read the complaint thoroughly to understand the specifics and the underlying issues
- Create a list of questions that need answering and where, and with whom, you might find the answers
- Create a list of people you need to speak to, places you might need to visit and documents you need to read
- Begin to develop your report - terms of reference will be a good starting point

Collecting information

- Speak to people. Interview the complainant and all other people that would have knowledge about or have witnessed the events leading up to the complaint
- Read through relevant documents such as medical records, nursing records, policies, procedures, staffing schedules etc
- Do the above as soon as possible so details are as clear as possible

Information management

- Keep the information you gather clearly labelled and documented
- Create visual tools that help you assimilate the information, like a timeline
- As you find things out begin to make a list of facts established
- Continue to write down questions as they come up

Information analysis

- Look for the consistencies and the discrepancies and where they occur
- Apply logic
- Look at what should have happened compared to what did happen and what the cause was

Review

- Look over what you have found out
- Identify what your next steps will be
- If you need to go back over things then do
- If there are still gaps in the information see how you might be able to fill them by speaking to more people or the same people you have already spoken to

Report

- This should be written as the investigation proceeds – not at the end

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- You only have the agreed amount of time detailed in the action plan to provide the report and draft letter back to the Customer Care Team, via your Customer Care lead, working on the report as you go will help towards meeting this deadline

Appendix 4 - Investigating officer report structure

1. Title

2. Contents page

- 2.1 If a report is in excess of 8 pages, a contents page is likely to be helpful - especially if the report contains appendices. Page and paragraph numbering is essential.

3. Background

- 3.1 Brief description of the complaint that has prompted the review, including the specific issues that need to be addressed within the report.
- 3.2 Care should be taken not to include information that should be the main body of the report.
- 3.3 Because this section establishes the tone of the document, particular care should be taken over use of language, clarity and brevity.

4. Terms of reference (TOR)

- 4.1 It is important to understand the purpose of the report, therefore the TOR need to be clear and unambiguous so that the lines of enquiry are relevant.
- 4.2 Facts emerging from an investigation may require the TOR to be reviewed e.g. further issues which need to be included within the TOR, or a separate investigation started.

5. Process (methodology)

- 5.1 Summary of the approach taken in undertaking the review (including the procedures under which the investigation has taken place) and how information was gathered e.g. who was interviewed and when, which documents have been examined and when.
- 5.2 Where appropriate include policy and other documents, interview notes etc. They can be included as appendices and referred to by number in this section.
- 5.3 Any anomalies in the process e.g. key witnesses being unavailable, should be mentioned here.

6. Facts established

- 6.1 A chronological account of what is known to have happened - this 'tells the story' of the unfolding events relating to the matters under review. This account includes any information about relevant policies, procedures and protocols.
- 6.2 If the facts emerging are particularly complex or relate to a number of different issues, subheadings may be useful.

7. Issues of concern in the evidence

- 7.1 This section highlights any conflict or ambiguity within the gathered evidence e.g. where people interviewed disagreed about significant matters, or where there are important gaps in the evidence.
- 7.2 The Investigating Officer's professional concerns about what they have discovered are not detailed here but are addressed under Conclusions and Recommendations.

8. Analysis / conclusions

- 8.1 Logical connections between facts are drawn out e.g. 'given x, y & z, it would be very likely that a, b & c would have been the case'.
- 8.2 Exploration of any mismatch between what is believed to have happened in practice and what should have happened (given policy / procedure and / or professional judgement of review team or expert witnesses). To include judgement concerning the root and contributory cause(s) of any such mismatch.
- 8.3 Conclusions should relate back to the TOR; they should be fully supported by facts and analysis.
- 8.4 It is important throughout the report, but especially important here, to avoid the use of emotive language.

9. Recommendations

- 9.1 Recommendations should reflect the 'improvement philosophy' for undertaking investigations.
- 9.2 Recommendations may address any factor that is judged to have contributed to less than satisfactory service delivery, or which may enhance already satisfactory service delivery. Such factors may be: situational; procedural; resource related; or related to personal style, communication, professional judgement, or personal application.
- 9.3 Authors should be sure that implementation of recommendations would address the root & contributory causes of any problems identified.
- 9.4 Where the authors of the report have the authority, it can be useful to formulate action points and responsibilities for each recommendation. If the author lacks this authority, they may consider approaching influential people who could champion a recommended course of action.
- 9.5 Recommendations can be strengthened if they can be related to examples of good and effective practice elsewhere.
- 9.6 All recommendations should be achievable

10. Wider organisational matters

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10.1 The author may advise that any concerns or recommendations relating to the wider organisational matters that have emerged but are outside the scope of the terms of reference may accompany the report but remain separate from it.

11. Authorship

11.1 Signed by investigator(s) and dated.

11.2 Copies of the report and appendices should be kept by each member of the investigating team.

12. Appendices

12.1 Copies of all interview notes, documents examined, and working documents such as plans of rooms and timeline.

Appendix 5 - Briefing note for managers considering level 2 and 3 complaints

First of all, thanks for agreeing to look into the complaint on behalf of your Division. Although the nature of the complaint may not seem too serious, we must ensure that our Trust demonstrates that it is properly considering complaints. The Chief Executive and Trust Board need to be confident about the way in which all complaints are investigated, addressed and learned from throughout our Trust.

Below are a number of points that you must be made aware of:

- The complaint will be coordinated locally by your Customer Care Lead. They will be able to advise about the process e.g. timescales
- Where a complaint is about a member of staff, a worker responding to the complaint should preferably be from a different profession
- Workers looking into complaints should either meet with or telephone the complainant to: discuss the complaint, confirm the nature of the complaint, agree timescales and consider possible outcomes
- Workers looking into complaints should confirm with the complainant that they are happy for them to look into their complaint
- Workers looking into complaints should consider whether you need to gain consent to look into a complaint if it is about a third party
- Workers looking into complaints should keep to agreed timescales and inform the complainant if there is going to be a delay
- Consider gaining the complainants consent if you have to share information
- The letter of response must be read and signed by your Service Director or Head of Operations or their Deputy
- If there is an apology in the letter of response, there must be a resultant action, and this must be recorded in DATIX
- If a response is delayed, an explanation should be provided. The explanation must be included in the letter of response
- The Customer Care Team have good examples of letters of response
- The Customer Care Team will review your letter of response and make changes where necessary
- If you are having any difficulties, please call us on (0161) 358 0600

When a complaint is made about a member of staff

Being complained about can be an extremely stressful process for all staff, no matter what their position or authority. Staff named in a complaint should ordinarily be made aware of this as soon as possible, this should be done by their direct line manager. When a complaint is about a Doctor, the Division's Lead Consultant / line manager should be informed.

Staff named in a complaint must be:

- Given a brief description of the complaint, a copy of the letter of acknowledgement would be helpful
- Information about the Trust's Customer Care Policy and Procedure
- Offered support throughout the process from either inside or alternatively outside their respective service
- Offered the opportunity to view the report when it has been completed by the Investigating Officers
- Provided with a copy of the letter of response

Appendix 6 - Briefing note for Investigating Officers of level 4 and 5 complaints

First of all, thanks for agreeing to act as an Investigating Officer. This part of the complaints process is crucial to ensuring that our Trust demonstrates that it is properly considering complaints. Following recommendations from the investigation into Mid Staffordshire, the Chief Executive and Trust Board have stated that they need to be confident about the way in which complaints are investigated, addressed and learned from throughout our Trust. The Chief Executive takes a personal interest in the Customer Care Policy and related procedures.

Below are a number of points that you must be made aware of:

Coordination of the complaint

- The complaint will be coordinated by you with support from Customer Care Team. They will be able to advise about the process e.g. timescales
- The Investigating Officer will be a senior manager and / or Doctor within your Division, from another Division or from outside the Trust
- Investigating Officers should have completed an Investigation Training Course or have close supervision by someone who has

Conducting the investigation

- Investigating Officers should read the guidance for writing a report in the Customer Care Policy
- In Making Experiences Count there is an expectation that a face to face meeting will be offered with the Complainant to discuss the complaint to confirm the nature of the complaint, agree timescales and consider possible outcomes
- Investigating Officers should confirm with the complainant that they are happy for them to investigate their complaint
- Complainants should be notified that Investigating Officers will have to access their records to carry out their investigation if they are a service user of the Trust
- Investigating Officers should consider whether they need to gain consent to investigate a complaint if it is about a third party
- Please keep to agreed timescales and inform the complainant if there is going to be a delay
- Investigating Officers should gain the complainants consent if and when they have to share information

Writing the report

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- Again, Investigating Officers should read the guidance for writing a report in the Customer Care Policy
- Complainants are legally entitled to a copy of the Investigating Officers Report
- Investigating Officers report will be requested by the Parliamentary and Health Service Ombudsman if the complainant wishes the complaint to be reviewed

Writing the response

- Responses must be forwarded to the Customer Care Coordinator for approval by the Head of Operations or Deputy
- The letter of response will be read and signed by the Chief Executive
- If the Chief Executive apologises in the letter of response, there should ordinarily be an action associated with this
- If a response is delayed, Investigating Officers will have to provide an explanation. The explanation will be included in the letter of response
- The Customer Care Team have good and exceptional examples of letters of response
- The Customer Care Team will review letters of response and make changes where necessary
- If Investigating Officers are having any difficulties, please call Customer Care Team on (0161) 358 0600

When a complaint is made about a member of staff

Being complained about can be an extremely stressful process for all staff, no matter what their position or authority. Staff named in a complaint should ordinarily be made aware of this as soon as possible, this should be done by their direct line manager. When a complaint is about a Doctor, the Division's Lead Consultant / line manager should be informed.

Staff named in a complaint must be:

- Given a brief description of the complaint, a copy of the letter of acknowledgement would be helpful
- Information about the Trust's Customer Care Policy and Procedure
- Offered support throughout the process from either inside or alternatively outside their respective service
- Offered the opportunity to view the report when it has been completed by the Investigating Officers
- Provided with a copy of the letter of response

Appendix 7 - Writing Response Letters

The Customer Care Team and local Customer Care Leads have examples of good response letters. Please request examples as they will make writing a letter much easier for you

Once you have completed your report, you will need to draft a response letter. The response letter will need to be signed by either your Head of Operations / Director of Services or our Chief Executive dependent upon the complaint's risk rating. Please note your Head of Operations / Director of Services or our Chief executive will wish to approve your response letter before signing it.

There are several things that we need to take into consideration in order to do this.

Consider how the complainant may be feeling?

Often it will be a range of emotions that could include helplessness, loss, guilt, hopelessness, fear, frustration, worry, lack of understanding or being ignored.

What does the complainant really want?

Most often what a complainant wants is information, help or assistance and reassurance.

The issues they have raised are interlinked with the emotions they are feeling as a result of events or incidents. They may also want to have closure, to be able to draw a line under the matter to bring it to an end.

They will often want to understand why something happened. Sometimes this will be because they want to have something or someone to blame, but this isn't always the case and isn't the purpose of the process. Often they want to know that they have done something to make a difference, or that they have done nothing wrong themselves.

Approach to letter writing

- Structure your thoughts. Make sure that you fully understand what the complaint is and what you have discovered in your investigation.
- Choose appropriate words both for the complaint and the complainant
- Stick to the format of answering each complaint issue separately
- Keep the response clear
- Try to anticipate any concerns that might be lying behind the questions
- If you were in their position, would your letter answer the concerns?
- Apologise if we were wrong or could have done better

Good response letters

A good response letter gives a full account of the information at hand and is not defensive. It should respond to all the complainants' questions, be clear as to the issues that it is addressing and explain how or why things happened. There should be full explanation of changes, improvements or actions that will occur as a result of the investigation.

Thank the complainant for helping resolve issues and improve services for them and others. It needs to be a factual letter but this must not be at the expense of the inclusion of emotion. Remember to include the right to refer to Ombudsman.

Appendix 8 - Enquiries from Patient Opinion and NHS Choices

The protocol for dealing with enquiries from Patient Opinion and NHS Choices is outlined in the embedded word document below:



Patient Opinion (PO)
and NHS Choices resp

Appendix 9: Level Matrix



Level matrix.docx

Appendix 10: Adding records to DATIX guidance



Complaints Help
Sheet.docx

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Appendix 11: Process for the provision of financial remedy

When the Trust decides to provide financial remedy or the Ombudsman recommends that the Trust makes a payment, the email below must be sent to the Executive Director of Nursing and Governance

Email to Executive Director of Nursing and Governance re: Payment for PHSO recommendation following publication of final report

Dear Gill,

The Parliamentary and Health Service Ombudsman have sent us their finalised report about the complaint made by COMPLAINANTS NAME

The Ombudsman have made a recommendation that we pay COMPLAINANTS NAME AND SUM OF MONEY to SUMMARY OF REASON, SUCH AS: acknowledge the frustration, loss, opportunity and uncertainty she experienced by DATE.

The payment needs to be made by cheque which a member of the Customer Care Team will collect from Finance once ready as we will include the cheque in our final letter to the complainant.

Jonathan Roberts tells me you need to authorise this payment in order for Finance to raise the cheque from charge code TB0803HZE90801. I have also copied Alison Tilley into this email.

If there are any queries regarding this request please contact Jonathan Roberts as soon as possible.

I have attached the report's recommendation to this email.

Best wishes,

Elisa Rayner

Customer Care & Claims Team Administrator

Prestwich

Email to Executive Director of Nursing and Governance re: Payment after decision to offer discretionary offer

Dear Gill,

Following her complaint to the Customer Care Team, I have been asked to arrange for a payment to be made to COMPLAINANTS NAME.

Bev has requested we organise a payment of AMOUNT to acknowledge the BRIEF SUMMARY OF REASON Such as: frustration, loss, opportunity and uncertainty she experienced by DATE

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The payment needs to be made by cheque which a member of the Customer Care Team will collect from Finance once ready as we will include the cheque in our final letter regarding the complaint.

Jonathan Roberts tells me you need to authorise this payment in order for Finance to raise the cheque from charge code TB0803HZE90801. I have also copied Alison Tilley into this email.

If there are any queries regarding this request please contact Jonathan Roberts as soon as possible.

I have attached the complaint's response letter for your information.

Best wishes,

Elisa Rayner

Customer Care & Claims Team Administrator

Prestwich

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