

Complaints and Concerns Policy

Board library reference	Document author	Assured by	Review cycle
P080	Patient Safety, PALS and Complaints Manager	Critical Incident Overview Group	3 Years

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1. Introduction

Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) are committed to responding to service user, carer, family and their representative's complaints and concerns.

The Trust recognises that promoting a culture of openness is a prerequisite to improving service user safety and the quality of healthcare services. It involves apologising and explaining what happened to service users who have been harmed as a result of their healthcare treatment or when things have gone wrong.

The reporting, management and investigation of complaints and concerns are fundamental elements of risk management. Sharing the learning about complaints and concerns enables the organisation to implement changes to practice, processes and systems so that the risk of harm is reduced. In addition to the human costs, if complaints are not properly managed, they may result in a loss of public confidence in the organisation.

Robust management of complaints and concerns is more likely to take place in an organisation where there is a well-developed safety culture and strong leadership. The Trust Board have made their support for safety transparent by their actions, and will not strive to achieve other objectives at the expense of safety.

2. Purpose or aim

The report 'A Review of the NHS Hospital's Complaints System – Putting Patients Back in the Picture' (Oct 2013) described what service users, their relatives, friends and carers want to see improved. The Trust Board has adopted these principles as their own.

Information and accessibility – Service users want clear and simple information about how to complain and the process should be easy to navigate.

Freedom from fear – Service users do not want to feel that if they complain their care will be worse in the future.

Sensitivity – Service users want their complaint dealt with sensitively.

Responsiveness – Service users want a response that is properly tailored to the issues they are complaining about.

Prompt and clear process – Service users want their complaint handled as quickly as possible.

Seamless service – Service users do not want to have to complain to multiple organisations in order to get answers.

Support – Service users want someone on their side to help them through the process of complaining

Effectiveness – Service users want their complaints to make a difference to help prevent others suffering in the future.

Independence – Service users want to know the complaints process is independent, particularly when they are complaining about a serious failing in care.

The Francis Report (2013) has also led to the introduction of a 'duty of candour' within the NHS. This policy embraces all of these requirements.

3. Policy statement

All complaints and concerns will be treated as feedback and an opportunity to learn, develop and improve. The key purpose of our complaints and concerns handling process is to identify what, if anything, went wrong, apologise where appropriate, describe the learning from the investigation and set out clearly the action the Trust has taken to minimise the risk of recurrence.

4. Purpose or aim

This policy sets out the approach the Trust takes in handling complaints and concerns. It signposts to more detailed procedures addressing all relevant areas ensuring the Trust is responsive and complies with Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

5. Scope

This policy relates to all staff (including temporary staff) and relates to all concerns, requests for information, or complaints made by service users, carers, families, friends and representatives.

Under the NHS Complaints Procedure, a complaint may be made by:

- A person who receives, or has received, services from the Trust
- Any person who is affected by or likely to be affected by the action, omission or decision of the NHS body which is the subject of the complaint. This includes carers and relatives
- A person acting on behalf of a service user or affected by/likely to be affected by the actions of the Trust in any case where the individual
 - has died
 - is a child
 - is unable by reason of physical or mental capacity to make the complaint themselves
 - has requested the representative to act on their behalf

6. Complaint management procedures

The Trust endeavours to ensure a timely, appropriate response and effective management of complaints and reference should be made to the following documents:

- **A1:** [Complaint investigation procedure](#) - this procedure describes how complaints will be investigated.
- **A2:** [Guidance on supporting staff following an unexpected death; serious incident; complaint or a claim by a service user](#) - This is guidance for managers on supporting staff that is relevant not only to complaint management but also unexpected deaths, incidents and claims.
- **A3:** [Guidance on working with families after an unexpected death](#)
- **A4:** [Guidance on appropriate complainants, consent and scope of NHS complaints procedure](#) - who can complain, when can someone complain, and matters that fall outside of the scope of the NHS complaints procedure.
- **A5:** [Guidance for managers conducting staff Interviews](#) -This guidance provides advice for managers when conducting staff interviews as part of an investigation.
- **A6:** [Procedure for cross organisational complaints](#) - Joint South West Health and Social Care Network Protocol for the management of investigations regarding complaints made about AWP and other organisations.

- **A7:** [Procedure for the management of persistent and unreasonable complainants](#)
- **A8:** [Guidance on writing complaint responses](#)
- **A9:** [Guidance for financial redress in complaints](#)

This policy does not cover learning from complaints as this is set out in the [Procedure for learning from and responding to adverse incidents](#)

7. Roles and responsibilities

Trust expectations of individual members of staff are included in the procedures attached as appendices. These describe the roles of staff (at all levels of the organisation) with regard to reporting, managing and investigating complaints and concerns; cooperating with external investigations and sharing learning and implementing recommendations.

7.1 Chief Executive

The Chief Executive is ultimately responsible for ensuring that the necessary resources and systems are in place to provide for the effective management of and learning from complaints.

7.2 Quality and Standards Committee

The Quality and Standards Committee will seek assurance on behalf of the Trust Board that the principles of this policy are being applied within the organisation.

7.3 Director of Nursing and Quality

The Director of Nursing and Quality is responsible for ensuring that the policy is fully implemented throughout the organisation in line with national standards and Trust requirements including all relevant complaints legislation and guidance.

7.4 Critical Incident Overview Group (CIOG)

CIOG will consider complaints and concerns information alongside other patient safety information to maximise learning and will additionally scrutinise red graded complaints and Parliamentary Health Service Ombudsman's reports.

7.5 Head of Service User and Carer Experience

The Head of Service User and Carer has overall responsibility for the management of the PALS and Complaints Service.

7.6 PALS and Complaints Manager

The PALS and Complaints Manager takes day to day responsibility for the PALS and Complaints Service. S/he will ensure that the Trust operates within all relevant guidance, legislation and guidance.

S/he is responsible for maintaining a central electronic record of all complaints and concerns, providing reports which highlight trends, offering support and advice regarding the processes of reporting, managing and investigating complaints and concerns, and cooperating with the processes for sharing learning and implementing recommendations. S/he will link with external investigations where appropriate.

The PALS and Complaints Manager will be the single point of contact with the Parliamentary and Health Service Ombudsman and will ensure the Trust is responsive to their needs and supports them to complete their investigations in a timely way.

7.7 PALS and Complaints Team

The PALS and Complaints Team will support service users, families, friends, carers and representatives in raising complaints and concerns and will help in their resolution. They will also signpost to advocacy or support agencies.

7.8 All Staff

All staff have a responsibility to adopt the principles of good complaint handling and described in https://www.ombudsman.org.uk/sites/default/files/Report_My_expectations_for_raising_concerns_and_complaints.pdf and have a responsibility to contribute to a positive environment and open culture and promote raising complaints and concerns.

All staff are obligated to try their best to resolve concerns at the earliest opportunity.

8. Standards

The policy is cognisant of statutory obligations such as those laid out by The Local Authority Social Services and National Health Service Complaints (England) Regulations (2009).

This policy is also governed by the outcome measures publicised by the Care Quality Commission {outcome 17} and is also informed by their reporting requirements, the [NHS Constitution](#) and is in line with the [Parliamentary Health Service Ombudsman's Principles for Remedy](#)

9. Training

The Trust's overarching policy for training is the [Learning and Development Policy](#) and this should be read in conjunction with that policy. Attached as appendices to that policy are the Trust's learning and development matrices. These matrices describe the minimum statutory, mandatory and required training for all staff groups in respect of managing complaints and concerns.

The Learning and Development Policy also describes the Trust's arrangements for training, in particular how there are processes in place to ensure staff receive the training they require and how non-attendance is followed up. These arrangements are further supported by management supervision and appraisal processes.

The Trust lead for PALS and Complaints has agreed the training standard with the Learning and Development Team and training standards have been informed by statutory requirements, professional standards and national best practice.

The Trust lead for PALS and Complaints participates in a programme of continuous professional development to ensure that they remain up to date and keep abreast of developments in this field.

10. Monitoring or audit

This policy will be reviewed after three years or earlier if indicated. Compliance with the policy will be monitored through a variety of different mechanisms as follows:-

The Trust reports on the efficacy of its management of complaints and concerns through an annual assurance report to the Quality and Standards Committee. The Trust's arrangements will be evaluated against [CQC Outcome Measure 17](#).

The Trust will make a quarterly declaration in respect of numbers of formal complaints, upheld complaints and thematic statistics as required by the Department of Health. (KO41)

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Quarterly reports are submitted to Locality Governance Groups that include performance data in respect of response times, thematic review statistics and qualitative data to enable review and shared learning.

The Trust reports on the number and subject matter of complaints and timeliness of investigation via performance monitoring with its commissioners.

The Trust has quality control processes so that all red complaints are investigated by an independent manager.

Periodically the Trust's complaints management arrangements are audited by external agencies.

An annual report of the PALS and Complaints Service is produced and is reported to the Trust Board.

Complainants are surveyed to assess the efficacy and experience of complaining to the Trust. This is reported to the Critical Incident Overview Group.

11. Definitions

Complaint – a complaint is an expression of dissatisfaction about a service which is provided, or the failure to provide a service, which requires a response.

Concern – a concern is defined as a perceived difficulty which needs to be resolved. If it is not possible to resolve this locally, it should be directed to the PALS office.

12. Associated and related procedural documents and references

<http://www.midstaffspublicinquiry.com/report>

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/255615/NHS_complaints_accessible.pdf

<http://www.ombudsman.org.uk/>

http://www.legislation.gov.uk/ukxi/2009/309/pdfs/ukxi_20090309_en.pdf

<https://www.gov.uk/government/publications/the-nhs-constitution-for-england>

[Procedure for learning from and responding to adverse incidents](#)

[Learning and Development Policy](#)

A1: [Complaint investigation procedure](#)

A2: [Guidance on supporting staff following an unexpected death; serious incident; complaint or a claim by a service user](#)

A3: [Guidance on working with families after an unexpected death](#)

A4: [Guidance on appropriate complainants, consent and scope of NHS complaints procedure](#)

A5: [Guidance for managers conducting staff Interviews](#)

A6: [Procedure for cross organisational complaints](#)

A7: [Procedure for the management of persistent and unreasonable complainants](#)

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Version History				
Version	Date	Revision description	Editor	Status
1.0	May 2010	Quality & Healthcare Governance Committee	PT	Approved
2.0	05 July 2011	Approved by Quality & Healthcare Governance Committee	AG	Approved
3.0	21 April 2017	Administrative change and review the reflect changes in staff structure and responsibilities. Approved by Director of Nursing	PALS and complaints manager	Approved