

TRUST CORPORATE POLICY
MANAGEMENT OF PATIENTS' CONCERNS AND COMPLAINTS

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STANDARDS	<p>The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 Care Quality Commission Fundamental Standards Regulation 19</p>		
OWNER	Chief Nurse		

AUTHOR/FURTHER INFORMATION	Central Complaints Manager – 0207 480 4776 / 0207 480 4600
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INTRANET LOCATION(S)	

CONSULTATION	<i>Barts Health</i>	
	<i>External Partner(s)</i>	

SCOPE OF APPLICATION AND EXEMPTIONS	<p>Included in policy: <i>For the groups listed below, failure to follow the policy may result in investigation and management action which may include formal action in line with the Trust's disciplinary or capability procedures for Trust employees, and other action in relation to organisations contracted to the Trust, which may result in the termination of a contract, assignment, placement, secondment or honorary arrangement.</i></p>
	All Trust staff, working in whatever capacity
	Other staff, students and contractors working within the Trust
	<p>Exempted from policy:</p>
	No staff groups are exempt from this policy.”]
	<p>Those employed by the Trust's private sector partners providing facilities management services. Capital Hospitals Limited (CHL) and its service providers are therefore expected to comply with this policy. Compliance with Trust policies that have been agreed as core Private Finance Initiative (PFI) Trust policies will be monitored in accordance with the Project Agreement. Any non-compliance with these core PFI Trust Policies by staff employed by either CHL or the service providers (including Retention of Employment – RoE – staff) will be addressed in accordance with the procedures detailed in the project.</p>

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1 INTRODUCTION

- 1.1 Barts Health NHS Trust ('the Trust') is committed to delivering the safest and best quality care possible.
- 1.2 The Trust welcomes concerns and complaints, as it seeks to learn from them in order to drive improvements and further enhance our Patients' and carers' experience
- 1.3 The Trust will aim to resolve concerns at the point of contact wherever possible.
- 1.4 The Trust will ensure concerns that cannot be resolved at point of contact or via the Patient Advice and Liaison Service ('PALS') are investigated and managed appropriately, in accordance with the wishes of the individual raising the concern.
- 1.5 The Trust will ensure that all complainants feel they are listened to, that we have responded to all their concerns and shown an appropriate level of empathy in our response to their complaint.
- 1.6 Anyone choosing to make a complaint, or a patient who complains, will not be treated differently as a result of a complaint having been made. To support this process, complaint documents will be held separately to the patient's clinical records and the importance of this is highlighted in relevant training programmes for our staff
- 1.7 The Trust investigates complaints to establish **what** went wrong rather than **who** did wrong.
- 1.8 The Trust will comply with current complaint legislation and regulation requirements (The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009) ('current legislation') and guidance from the NHS Constitution for England and the Parliamentary and Health Service Ombudsman ('PHSO') when dealing with complaints
- 1.9 The Trust will ensure that in managing concerns and complaints it complies with confidentiality and data protection policies and in accordance with 'Being Open' and the statutory 'Duty of Candour following significant harm incidents.
- 1.10 The Trust will ensure robust analysis and monitoring of concerns and complaints in its governance and quality improvement processes.

Definitions

<p>A concern (non-reportable)</p>	<p>An issue or problem raised by a patient or their representative to a member or staff or service (usually not in writing) and that can be resolved locally, by the end of the next working day and no longer than 2 days.</p> <p>These are recorded as non-reportable concerns in Datix (the Trust's risk management system)e</p>
<p>A complaint (Reportable concerns/ complaints)</p>	<p>An expression of dissatisfaction requiring a response.</p> <p>Complaints which fall under the scope of Local Authority Social Care and NHS (England) 2009 Complaint Regulations.</p> <p>Complaints can be made verbally (then written down) electronically/ email or in writing.</p> <p>A concern that the Trust tried to resolve and deal with quickly e.g.in 1 to 2 days but has been unable to do so and the concern is deemed to require a longer investigation and response time</p> <p>Complex serious concerns which require a full investigation by the Trust</p> <p>A concern in which the complainant feels that the Trust's initial investigation/or attempts to resolve it have not done so satisfactorily</p> <p>A concern where the person raising it requests an investigation and formal response in compliance with Local Authority Social Care and NHS (England) 2009 Complaint Regulations</p>
<p>Local Resolution</p>	<p>Early intervention and problem solving to achieve quick resolution of a concern, issue or complaint, to the satisfaction of the person raising it. Often local resolution is the first stage of good complaint handling.</p>
<p>GP Complaint (formerly known as GP alerts or QIR's)</p>	<p>A non-emergency concern or issue raised by a GP about the quality of Bart's Health care or services "provided" to their patient and which requires acknowledgement, investigation and a response within 13 working days</p>
<p>Duty of Candour</p>	<p>Duty of candour is a statutory and professional duty imposed on all NHS and non-NHS providers of services to NHS patients in the UK to 'provide to the service user and any other relevant person all necessary support and all relevant information' in the event that a 'reportable patient safety incident' occurs. A 'reportable patient safety incident' is one which could have or did result in moderate or severe harm or death.</p>
<p>Redress</p>	<p>Redress is setting right what has gone wrong following a complaint investigation and should be proportional to the nature of the service failure, hardship or injustice suffered</p>

<p>Complaints outside the scope of the Policy</p>	<p>Complaints that have previously been investigated and closed under the complaint regulations and reviewed by the Parliamentary Health Service Ombudsman (PHSO)</p> <p>Complaints from professionals about other professionals</p> <p>Staff complaints about employment issues</p> <p>Allegations of a criminal nature such as fraud</p> <p>Complaints which are the subject of an on-going police investigation</p> <p>Complaints that allege a failure to comply with a request for information under the Freedom of Information Act 2000 or failure to comply with a data subject request under the Data Protection Act 1998. These complaints will be managed by the Trust Information Governance Team</p> <p>Complaints made by another NHS organisation or local authority</p>
<p>Persistent or unreasonable complainants</p>	<p>Complainants may be demed to be unreasonable or persistent where previous or current contact with them shows they meet two or more criteria outlined in the Policy at section 5</p>
<p>Honest Broker</p>	<p>A neutral mediator (Central Complaints Team) that ensures the organisation objectively and fairly implements all aspects of the complaints regulations.</p>

2 HIGH LEVEL PROCESS

2.1 This section describes the broad principles of the Management of Concerns and Complaints Policy. Detailed operational instructions are provided in the associated Standard Operation Procedure and associated guidelines and SOPs, accessed via links in the body of this document.

Who can make a complaint?

2.2 Under the scope of the Local Authority Social Services and NHS Complaints (England) 2009 Regulations, any person who is receiving or has received NHS treatment or services can make a complaint. Any person can also complain if they are or may have been affected by an action or decision taken by the Trust.

2.3 A complaint can also be made by a representative acting on behalf of a person who receives or has received services from the above and who;

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

If a complaint is made on behalf of a patient the Trust must obtain consent from the patient before carrying out an investigation. If the patient is unable to provide consent for a person to make the complaint on their behalf, e.g., they lack capacity or they are a child, then their parent or legal guardian or other verified appropriate representative is acceptable to act on their behalf.

See appendix 2

[Complaints Requiring Consent](#)

- 2.4 Further guidance on complaints where the person lacks capacity and complaints involving children is also outlined in paragraph 7 of this policy
- 2.5 A concern is an issue or problem raised directly by a patient or their representative to a member of staff and /or PALS, which is resolved quickly and usually does not require a written response.
- 2.6 A complaint is defined as ‘any expression of dissatisfaction made verbally, by email or in writing which requires investigation and a written response.
- 2.7 Complainants who write directly to the Group Chief Executive (CEO) or Trust Chairman to raise a concern or complaint will receive a signed response or email directly from the CEO or Chairman. In some instances, this responsibility is delegated by the “responsible Person” (Group CEO) to the relevant hospital executives.

See appendix 1

[Complaints Process High Level Flow Chart](#)

The high-level complaint process - key stages

Stage 1 - Administered by CCT

- 2.8 All complaints are received in to the Central Complaints Team (CCT) inbox: bhnt.centralcomplaints@nhs.net and they are triaged, risk assessed (e.g. possible Serious Incident, Safeguarding, multi-organisation input, PALS, AIRS, GP complaints etc.) and dispersed as appropriate **within 1 working day of receiving the complaint in the Trust.**
- 2.9 Complaints may occasionally arrive via different routes such as TO, directly to hospitals or services. Such complaints should be sent directly to the hospital governance team, but copied to the CCT

Stage 2 – Administered by Governance Teams

- 2.10 **Within 3 working days** of receiving complaints in the Trust, Governance Teams undertake any further triage necessary, negotiate timescales with complainants, acknowledge complaints, and create a record (DATIX). **3 days includes the date of receipt in the Trust.**

- 2.11 Serious or high-risk complaints will be notified to the Trust's Hospital Director of Nursing (DoN), Hospital Medical Director and Hospital Managing Director in accordance with the complaint escalation SOP.
- 2.12 On receipt of complaints, complainants are contacted by telephone in the first instance and if they are not contactable, they will be contacted again by email or letter; this affords opportunity for an apology for their experience to be given and to discuss the complainant's preference for managing and responding to their concern.
- 2.13 Valid consent is obtained

See appendix 2

Complaints Requiring Consent

- 2.14 The Hospital Governance Team will agree a time line for the investigation and response in agreement with the complainant.
- 2.15 Once a timeline is agreed, a lead investigator is identified in accordance with local / hospital operational procedures.
- 2.16 The complaint is investigated and a draft response written. The draft letter is subject to local quality checks in accordance with local/hospital operational procedures before approval and sign off by the Hospital CEO or other appropriate Hospital Executive Lead
- 2.17 The Trust uses standard response templates for local adaptation but which also set out expected standards for layout and mandatory content e.g. what to do if not satisfied with the investigation or response and including sign posting the complainant to the Parliamentary Health Service Ombudsman (PHSO).

3 COMPLAINTS SUBJECT TO LITIGATION, INQUESTS AND OTHER SERIOUS INVESTIGATIONS

- 3.1 Since 1 April 2009 the Complaint Regulations state that where a complainant expresses an intention to take legal proceedings, an NHS body should continue to try to resolve the complaint quickly unless there are compelling legal reasons not to do so.
- 3.2 The Department of Health issued a clarification note in January 2010 to remind NHS bodies of the revision to the previously published complaints regulations. Previously and before the amendment (to the 2004 Regulations), an exclusion prevented a complaint from being considered where the complainant had stated in writing that they intended to take legal proceedings.
- 3.3 The following clarifies NHS England's policy on handling complaints cases that are subject to litigation:
- the underlying requirement is that the Complaints Regulations 2009 must be followed when handling any complaint.

- all complaints should be investigated properly and responded to as soon as possible.
- where the complainant is taking, or plans to take, legal proceedings, a complaint may only be put on hold where there are exceptional reasons to justify it, or the complainant has requested that the investigation be delayed
- exceptional circumstances for putting a complaint on hold may include formal requests to do so by the police, a coroner or a judge.
- any concerns about continuing with the investigation of a complaint should be raised during the discussion with the complainant of how the complaint is being handled in order to allow the complainant's views to be heard.
- if, exceptionally, an NHS Trust decides to put a complaint on hold against the wishes of the complainant, the complainant should be informed of this as soon as is practicable and provided with a full explanation (in writing, unless requested not to) of the reasons for this.
- Any decision to put the complaint on hold in these circumstances would be expected to be made with the involvement of the appropriate executives.

4 SPECIAL ISSUES RELATING TO MANAGING CONCERNS AND COMPLAINTS

Concerns or complaints raised by Members of Parliament (MPs) on behalf of a constituent or their representative

- 4.1 The Group CEO's office acknowledges receipt of correspondence from MPs and notifies the CCT and the external stakeholder relation manager in Communications. Once received, the CCT and governance teams follow the same processes in stage 1 and 2. MP complaints are investigated by the hospital teams by following the same process as a reportable complaint, when handed over from the CCT. The complainant's response letter is approved and signed by the Hospital Executive Lead and a copy of the signed response is attached to the complainant's record in Datix. The Group CEO's business manager edits the cover letter template and sends both the response and the cover letter to the complainant
- 4.2 The MP's office does not receive a copy of the complainant's letter but is notified in writing when the investigation is complete and the complainant responded to. The MP is provided with a brief synopsis of key findings, outcomes, actions taken etc. This latter action is a Communications (external stakeholder relations manager) responsibility and is done when the Hospital log the final response in Datix and closes the complaint.
- 4.3 There is a flow chart for the management of written concerns and complaints from an MP in the Standard Operation Procedure at

See Appendix 3

[MP Complaints SOP](#)

5 UNREASONABLE OR PERSISTENT COMPLAINANTS

- 5.1 The CCT acts as the Trust's Honest Brokers and ensures all aspects of the complaints policy are objectively and fairly processed in accordance with the Local Authority Social Services and National Health Service Complaints

Regulations 2009. During this process, staff may have contact with a small number of complainants who absorb a disproportionate amount of resources in dealing with their concerns or complaints. The role of the CCT as Honest Brokers includes supporting hospital teams with ensuring these complainants are treated fairly and that all staff involved in such complaints receive the necessary support required.

5.2 While it is recognised that people can act out of character when in distress or unwell, staff must respond with empathy to people raising concerns or complaints. Nevertheless, staff are not expected to tolerate abusive or threatening behaviour and should refer to the Trust's Managing Abuse and Violence Policy for Patients and Visitors in such circumstances.

5.3 The Hospital teams must make every effort to resolve the concern or complaint before someone is described as an 'unreasonable or persistent' complainant. In determining how to manage the case, the following guidance can be considered to identify the stage at which a complainant became persistent or unreasonable.

- The complaints procedure has been correctly implemented as far as is possible and no material aspects of the complaint has been overlooked. It is recognised that even persistent or unreasonable complaints may have aspects which contain some genuine substance
- An equitable approach has been followed

5.4 Complainants may be deemed to be persistent or unreasonable where previous or current contact shows they meet two or more of the following criteria:-

- The complainant persists in pursuing a complaint when the complaints procedure has been fully implemented and exhausted, e.g. when an investigation had been denied as 'out of time' / exceeded the length of time by which the Trust could reasonably be expected to adequately investigate a complaint or where the PHSO has declined a request for an independent review.
- The complainant changes the substance of the complaint or continually raises new issues or seeks to prolong contact by repeatedly raising further concerns or questions upon receipt of a response or information

N.B: care should be taken not to discard new issues which are significantly different from the original complaint and these should be addressed as separate complaints

- The complainant is unwilling to accept documented evidence of treatment given as factual, or denies receipt of an adequate response despite correspondence specifically answering their questions, or does not accept that facts can be difficult to verify when a long time has elapsed
- The complainant focuses on a trivial matter to the extent that it is out of proportion to its significance and continues to focus on this point

N.B: .it is recognised that determining what is 'trivial' can be subjective and careful judgement must be used before applying this criteria

- The complainant in the course of addressing their concern or complaint, has had an excessive number of contacts with the Trust placing unreasonable demands on services or staff. Contact could be in person, or by telephone , email or letter or through a third party organisation
- The complainant displays unreasonable demands or expectations and fails to accept that these are unreasonable when highlighted , e.g. insisting on responses to complaints or enquiries being provided more urgently than is reasonable or recognised standard practice. Constantly and/or unreasonably seeking access to senior management or individual members of staff .
- The complainant has harassed or been personally abusive or verbally aggressive on more than one occasion toward any member of staff dealing with their concern or complaint or their representative or associates have. All incidents of harassment or threatening behaviour must be reported as an incident and if necessary to the police

N.B: it is recognised that at times of illness, when anxious or stressed, people can sometimes act out of character. Staff should make reasonable allowances for this. Staff should also seek support and assistance from senior colleagues and escalate difficult situations or encounters rather than deal with them alone.

- 5.5 If a complainant has threatened or used actual physical violence toward staff or their families or associates at any time, this in itself should evoke all personal contact with the complainant or their representative to be discontinued and the complaint to be only pursued through written or electronic communication. In this instance, an incident form must be completed and if necessary processes set out in the Managing Abuse and Violence Policy for Patients and Visitors must be (COR/POL/051/2014-01) followed.
- 5.6 Hospital governance teams and any staff dealing with complainants should record /make notes of all contact with individuals demonstrating unreasonable behaviour.
- 5.7 Staff should seek the advice of CCT as the Trust's Honest Broker and should notify the Head of Governance for the hospital concerned of any concerns about individual complainants' behaviour or if complainants demonstrate one or more of the above criteria. The Head of Governance will notify and escalate the case to the hospital DoN or other Hospital Executive Leads for decision making and determining an appropriate management action
- 5.8 Where a complainant is deemed persistent or unreasonable, the Hospital Executive lead will decide what action to take on behalf of the Chief Executive.
- 5.9 The appropriate CEO will be notified why the complainant is deemed to be unreasonable and/or persistent, what management action is proposed and will be implemented.
- 5.10 The Trust or Hospital Executive Lead may decide to deal with the complainant in one or more of the following ways.
- To try to resolve matters before invoking this policy by drawing up a

signed agreement with the complainant setting out the expected standard of behaviour for the individual or parties involved, if the Trust is to continue to investigate and respond to the complaint. If these terms are contravened the complainant is advised that implementing further action will be considered.

- Once it becomes clear the complainant's actions or behaviour meets any one of the criteria above, it may be appropriate to inform them in writing that they may be classified as a persistent or unreasonable complainant. A copy of the policy will be provided and the complainant will be required to consider the Policy criteria in any future dealings with the Trust
- Asking the complainant to use a single telephone contact or limit their contact to written correspondence only. If necessary, and following discussions with the CCT, the hospital or service can request the single point of contact is the CCT
- Notifying the complainant in writing that the Trust has responded in full to their concerns, has nothing further to add, and will not enter into any further discussion. The complainant should also be advised in writing that continuing contact on the subject will serve no useful purpose and future correspondence will be acknowledged but not answered
- Informing the complainant that in extreme circumstances the Trust reserves the right to pass accounts of their unreasonable complaints and or behaviour to its solicitors or the police
- To write to and advise the complainant the Trust is temporarily suspending all contact with the complainant whilst seeking legal advice or advice from other agencies e.g. PHSO, NHS Improvement, or NHS England

5.11 When management action is agreed, the Trust's Chief Nurse and CEO should be notified by the Hospital Director of Nursing and kept informed of developments.

5.12 All relevant correspondence and action must be recorded in Datix

Withdrawing unreasonable or persistent complainant status

5.13 Once a complainant is deemed unreasonable or persistent, there must be a mechanism for withdrawing the status at a later juncture, if for example the person subsequently demonstrates a more reasonable approach, complies with any conditions or standards set out previously in writing, or if they submit a new complaint for which normal procedures would appear appropriate.

6 STAFF SUPPORT AND WELFARE DURING THE COMPLAINT PROCESS

6.1 When a member of staff receives a letter of complaint about them or their service, a first response may well be resentment or irritation. It is a natural /human response as nobody likes to be criticised, and have ones efforts faulted. Complaints can feel like a personal attack.

- 6.2 However, it is important for staff to appreciate and managers to reinforce that all letters of complaint are feedback of the patient's perceived experience of the service they have received.
- 6.3 They may be fully justified in complaining or sometimes their viewpoint may seem unreasonable – yet, irrespective of our initial feelings, all complaints give an insight into what our patients are thinking and provide an opportunity to change the actual service if something is not working, or to provide appropriate information to change public perception, if that is the problem.
- 6.4 Some complaints may invoke unusually strong emotions causing staff to feel overwhelmed or very anxious. Although not an exhaustive list, these types of complaints may include themes such as:
- failings in basic care or lack of compassion
 - severe harm or injury of a patient
 - the death of a patient
 - allegations of gross negligence or abuse
 - threats of aggression or violence from the complainant, the patient or their representative
 - excessive verbal aggression or use of inappropriate or abusive language
- 6.5 Line managers are responsible for providing support immediately a complaint is received about a member of staff, and should provide advice about additional support available to the member of staff concerned.
- 6.6 In cases where a complaint is traumatic or distressing, line managers should consider support such as debriefing sessions, time out or a referral to the staff counselling and/or occupational health services.
- 6.7 Staff support provided in partnership with CiC (an Employee Assistance Provider organisation) includes a 24-hour advice line, face-to-face personal counseling including legal and financial advice. These services are free of charge for staff and completely confidential. Staff and managers can access counseling support to talk through any personal or work-related issues concerning them by calling the CiC Confidential Care Advice Line: **0800 085 1376**. The advice line is open 24-hours a day, 365 days a year, and is staffed by fully trained, experienced and accredited counsellors.
- 6.8 Line managers can also contact the CCT for guidance and support when providing support to their own staff involved in a difficult or traumatic complaint.
- 6.9 Staff may also need the support of an appropriate senior or colleague if required to participate in a Local Resolution Meeting (LRM) or complaint review meeting with a patient and /or family.

7 COMPLAINTS INVOLVING CHILDREN AND YOUNG ADULTS

7.1 The Local Authority Social Services and NHS (England) Complaint Regulations 2009 refer to a 'child' as a person who has not yet reached 18 years of age. When a complaint is made about care and treatment involving a child, it will be necessary to obtain consent to investigate from the parent or someone with legal parental responsibility for that child.

7.2 Once a child has reached the age of 16, they are presumed in law to be competent to give consent, however, it is still good practice to encourage them to involve their families in decision-making. Children under 16 are not automatically presumed to be legally competent to make decisions about their healthcare, however as the law currently stands, under 16s are deemed competent to give valid consent if they have "sufficient understanding and intelligence to enable him or her to understand fully what is proposed". If this is the case the child is classed as being 'Gillick' or 'Fraser' competent.

7.3 If a child of 16 or 17 is not competent to make decisions, then a person with parental responsibility can take decisions for them. This will often, but not always be the parent of the child. The Children's Act 1989 has set out the following as people who would have parental responsibility

- The child's parents, provided they were married to each other at the time of conception / birth
- The child's mother, but not the father if they were not married unless he has acquired parental responsibility via a Court Order; has a parental responsibility agreement; the couple has subsequently married; or the child was born on or after 1 December 2003 and the father is named on the birth certificate
- The child's legally appointed guardian, appointed by a Court or by a parent with parental responsibility
- If staff are in doubt in particular cases, they should in the first instance contact the trust's Safeguarding Lead, Central Complaints Team or Legal Services.

7.4 All concerns and complaints received by CCT relating to children regardless of type or risk grading are notified (a copy of the complaint) by email to the Children's Safeguarding Lead. This is actioned at the point of the CCT dispersing the case to the relevant hospital or hospital governance team who determine the next course of action.

8 PATIENTS WHO MAY OR DO LACK CAPACITY TO MAKE A COMPLAINT (MENTAL CAPACITY ACT)

8.1 Information relating to an incapable patient can be given to the patient's nominated next of kin or to any person acting in a legal capacity on behalf of the patient (e.g. a solicitor, person with Lasting Power of Attorney relating to Health and Welfare, Court Appointed Deputy, Independent Mental Capacity Advocate).

- 8.2 Someone acting on behalf of the patient and in his or her best interests, (where the patient lacks the mental capacity as defined by the Mental Capacity Act 2005) can make a complaint about the patient's care.
- 8.3 If any concern is raised about whether the complainant is acting in the best interests of the patient or is entitled to receive information about the patient's care in response to their complaint, the issue should be referred to the Trust Mental Capacity Act Lead, Legal Services Team or Information Governance lead, as appropriate. A decision will then be taken, in liaison with the patient's Consultant and/or the relevant Hospital Director of Nursing, as to whether it is appropriate for a complaint response to be sent to the complainant.
- 8.4 If a decision is made that the complainant is not acting in the best interests of the patient in making the complaint, or is not entitled to receive a response containing information about the patient, the Hospital Director of Nursing will notify the complainant and explain the reasons for the decision in writing. Although the complainant will not receive a response to the complaint, any issues of concern raised by the complainant will be forwarded to the relevant service manager who will determine whether there is any need for an investigation or action. Any investigation or action taken will be summarised and documented in the Datix record.

9 DECEASED COMPLAINANTS

- 9.1 In cases where the patient passes away during the complaints process, if the complainant is a relative, next of kin or friend acting on behalf of the deceased it may be appropriate to retain the final response on file for a period before getting in touch, this is in respect for the bereavement process.
- 9.2 If the deceased was the complainant, the Hospital Governance team are advised to keep the final response on file for a period (preferably until after the funeral) then contact the next of kin to offer condolences and inform them that the deceased was processing a complaint before they died. An explanation can be provided, if in the interests of sensitivity, it did not seem appropriate to make contact any sooner.
- 9.3 The Hospital Governance team should seek confirmation what the next of kin /relative wants to do about the response. Preferences and options can be discussed e.g. would they like the response posted or prefer to come in and meet a member of the clinical team so the investigation process can be explained, the letter can be handed to them in person or do they prefer not to know the outcome at all etc.
- 9.4 It is prudent and helpful to undertake initial background checks (Consultants and Clinical Nurse Specialists are usually a good starting point) to make sure there are no on-going inquest or serious incident issues with the Trust about the deceased's care.
- 9.5 It is also best practice to deal with complaints related matters after the patient's funeral. GPs, District Nurses, Community Palliative Care Teams and other staff directly involved in the patient's care are typically a good starting point for confirming information about the patient's funeral.

10 PUTTING THINGS RIGHT

- 10.1 When a complaint is partly or fully upheld, best practice requires that the Trust considers actions necessary to “put things right” for the complainant
- 10.2 Such actions could include but are not limited to: acknowledging that something went wrong, an apology or making a payment
- 10.3 Payments in the complaints process are limited to financial redress (*financial remedy implemented in response to hardship experienced as a result of a complaint*) and not ex-gratia payments (*one off payment made out of good will*).
- 10.4 Financial redress in the complaints process can be required for a number of reasons including to acknowledge: the impact of poor care, the distress caused to a complainant by seeing a loved one in pain, or costs incurred by the complainant in pursuing the complaint. In these cases, the PHSO makes recommendations for the sum to be given
- 10.5 Cases where a potential negligence claim is emerging are excluded from being redressed through the complaints process and may require further discussion with the Trust’s Legal Services Team

11 COMPLAINT ANALYSIS MONITORING AND REPORTING

- 11.1 Complaint handling performance by hospitals and services is reported weekly and monthly through dashboards and ‘sit rep’ reports generated from Datix. The data and reports are used to brief Executives and inform Hospital Performance Reviews (PRs).
- 11.2 Complaints data and performance is included in the Integrated Performance Dashboard and Report (IPR).
- 11.3 Complaints data and performance is included in the quarterly and annual Patient Experience report
- 11.4 Outcomes of hospital thematic learning reviews of complaints are reported quarterly to the Trust’s Quality Assurance Committee. These reports are also provided to local Health watch and Clinical Commissioning Groups through the quality contract monitoring process.
- 11.5 The Trust will write an annual complaint report for the Trust Board, Quality Assurance Committee, and external stakeholders as appropriate
- 11.6 Learning and patient safety issues arising from the investigation of complaints will also be shared with other organisations where appropriate. This information will not contain any information that identifies either patients or clinicians.
- 11.7 Where a complaint raises concerns about patient safety, this is escalated via the Trust’s Incident Management and Learning Policy
- 11.8 When more than one organisation is involved in a complaint, the investigation recommendations and action plans are shared with all involved.

12 ROLES AND RESPONSIBILITIES IN MANAGING CONCERNS AND COMPLAINTS

<p>Chief Executive Officer</p>	<p>is the 'Responsible Person' identified by the Board as required to ensure compliance with arrangements made under the Local Authority Social Services and National Health Service (England) Complaints Regulations 2009</p> <p>May delegate functions of the complaints management role as s/he deems appropriate</p>
<p>Chief Nurse</p>	<p>Executive Board member responsible for effective complaints handling and compliance with the Trust's Policy</p> <p>Has delegated responsibility for the complaints management function held within the Quality and Governance portfolio</p>
<p>Hospital Executive Team</p>	<p>Accountable to the Group CEO as the Board nominated and delegated 'Responsible Persons', for the implementation of the policy in hospitals, response approval and performance against complaint management KPIs</p> <p>Has delegated responsibility for signing off complaint responses on behalf of the CEO</p>
<p>All staff working in the Trust, including contractors such as CHL and SERCO</p>	<p>Compliance with the Policy and Standard Operation Procedure 2018</p> <p>Ensuring safe and compassionate care. Listening to patients issues and concerns and working to resolve them as quickly as possible.</p> <p>Must know when and how to escalate issues and concerns to hospital management or governance leads if unable to resolve them.</p>

<p>Hospital Directors of Nursing</p>	<p>Responsible for the application of the Policy across the hospitals and in every service.</p> <p>Establishing local mechanisms through which performance of complaints handling can be monitored</p> <p>Developing hospitals based local complaint handling processes and procedures</p> <p>Ensuring there is an effective Hospital Governance Team in place with the right skills and experience in concerns and complaint management</p> <p>Ensuring actions are taken in response to concerns and complaints and learning is used to drive improvement.</p> <p>Responsible for regular thematic learning reviews of complaints, reporting and sharing the findings with all staff.</p>
<p>Corporate Directors and Corporate Senior Managers</p>	<p>Responsible for the application of the Policy within the Corporate Directorate.</p> <p>Establishing local mechanisms through which performance of complaints management can be monitored.</p> <p>Developing local complaint handling SOPs.</p> <p>Ensuring actions are taken in response to complaints and learning is used to drive improvement.</p> <p>Ensuring that corporate staff involved in complaints are supported</p> <p>Responsible for regular thematic learning reviews of complaints, reporting and sharing the findings with all staff.</p>

<p>Ward Managers Service and Department Managers/ Matrons, Clinical leaders</p>	<p>Responsible for proactively seeking to resolve issues and concerns raised by patients or their representatives as timely as possible</p> <p>Ensuring all staff and teams are aware of the Policy</p> <p>Supporting ward staff and teams in resolving managing concerns and complaints and when escalated to them</p> <p>Undertaking investigations (Lead Investigator role) and drafting complaint responses</p> <p>Ensure that staff involved in complaints are supported</p> <p>Ensuring actions are taken in response to complaints and learning is used to drive improvement.</p> <p>Ensure that concerns and complaints are managed sensitively and patients are not discriminated against for having made a complaint</p> <p>Ensuring that adequate stock of 'Tell Us What You Think of Our Services leaflet and posters and PALS information is maintained and is displayed and available to patients/users</p>
<p>Heads of Governance</p> <p>Associate Directors of Governance</p>	<p>Local application of the Policy and SOP to ensure agreed timeframes for responses and expected quality of responses are adhered. to</p> <p>Developing and communicating local procedures and SOPs</p> <p>Advising and supporting governance teams and all staff in concerns and complaint management</p>
<p>Hospital Governance Teams</p>	<p>Local application of the Policy, to ensure agreed timeframes for responses and expected quality of responses are adhered. to</p> <p>Implementing local guidance, SOPs and bespoke training for complaints handling</p> <p>Supporting staff involved in complaints</p>
<p>Lead Investigators</p>	<p>Any member of staff who has the appropriate skill and experience may be allocated to investigate a complaint</p> <p>Responsible for co-ordinating a comprehensive complaint investigation, preparing a draft response with actions and recommendations</p>

<p>Patient Advice and Liaison Service</p>	<p>Providing a confidential advice and liaison service</p> <p>Helping patients and their representatives to resolve raised concerns and issues</p> <p>Support Hospital Governance teams, Hospital Executives, and front line staff with local resolution when carrying out hospital presence role</p>
<p>Central Complaints Team (CCT)</p>	<p>Central Hub for receiving complaints on behalf of the Trust</p> <p>Initial point of contact for all complainants at the beginning of their complaint pathway</p> <p>The Trust's Honest Broker, responsible for mediating between hospitals and complainants and ensuring the complaints policy is fairly and objectively implemented</p> <p>Responsible for overseeing the formal complaints process from a regulatory and quality assurance point of view.</p> <p>Providing a dedicated complaint access service for patients and/or their representatives telephone, email, written concerns or complaints</p> <p>Providing expert advice and support to Trust staff in all aspects of concern and complaint management</p>
<p>Access Issues Resolution Service (AIRS)</p>	<p>Providing patients and GPs support and resolution of Access type issues and concerns (e.g. outpatient appointments, diagnostic appointments, repeat referrals etc.)</p>
<p>The Patient Experience and Engagement Operational Group</p>	<p>Receive reports on patient experience and complaints themes / handling, identifying issues of concern and escalating to Trust committees with recommendations for further work or action</p>
<p>Quality Assurance Committee</p>	<p>To seek assurance of management of the effectiveness of the Policy and standard operation procedure. To receive reports and information relating to all aspects of complaints handling</p>
<p>Quality Board</p>	<p>Oversight and monitoring the effectiveness of the Trust complaints process and Policy To receive hospital based complaints reports and information</p>

<p>Hospitals Quality and Safety Board or Committees</p>	<p>Responsible for oversight and monitoring of the hospitals complaint handling performance against internal standards, and the numbers and types of complaints being received (both local concerns & issues and formal/reportable complaints).</p> <p>The Q&S Board's will request and receive a monthly report compiled by Hospital Governance and a quarterly complaint thematic analysis to ensure lessons are learnt, shared and complaints inform the hospitals' and Trust's quality improvement activities and programmes.</p>
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13 MONITORING THE EFFECTIVENESS OF THIS POLICY

Issue being monitored	Monitoring method	Responsibility	Frequency	Reviewed by and actions arising followed up by
Quality of record keeping in Datix	Data reviews / cleansing	Central Complaints Team	Weekly	Central Complaints Manager / Head of Compliance / Clinical Governance Group
Quality of patients' experience	Complainant satisfaction audit	Central Complaints' Team	Quarterly	<p>Central Complaints Manager / Head of Compliance / Clinical Governance Group</p> <p>Central Complaints Manager / Head of Compliance / Clinical Governance Group</p>
Process Effectiveness	<p>Monthly KPI exceptions reporting</p> <p>Quarterly QAC reporting</p>	<p>Central Complaints Team</p> <p>Central Complaints Team</p>	Monthly	Central Complaints Manager / Head of Compliance / Clinical Governance Group

Change Log

Change Log – Managing Concerns and Complaints Policy		
Substantive changes since previous version	Reason for Change	Author & Group(s) approving change(s)
Policy streamlined, operational detail as this contained in separate SOPS	Standard Operation procedures updated	Head of Compliance Central Complaints Manager
New Standard Operation Procedure(s) and updating of others	To reflect new hospitals model and LOM changes To reflect expected standards for coordinating local resolution meetings Fan external complaint review and to implement recommended process changes	Director for Quality Governance Central Complaints Manager Central Complaints & PALS Team Chief Nurse, Hospital DoNs Hospitals Governance , Assoc. DoNs Weekly hospital DoNs and Governance SI and Complaints meeting Group
Roles and responsibilities in concerns and complaint handling	Changes in function for central complaints, Hospital based PALS, AIRs role in GP complaints and local resolution, hospital based Governance teams, lead investigator role	Same as above

Impact assessments

Equalities impact checklist - must be completed for all new policies



equalities

Not renewed as this is an existing policy

Organisational impact checklist - must be completed for all new policies

Not required as this is an existing policy

Additional guidance and information

- (1) Putting Things Right: <https://www.ombudsman.org.uk/organisations-we-investigate/putting-things-right>
 - (2) The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009:
http://www.legislation.gov.uk/uksi/2009/309/pdfs/uksi_20090309_en.pdf
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In the event of there being any challenges with any of the links below, please contact bhnt.centralcomplaints@nhs.net and the complaints team will be able to provide copies of the documents.

Appendix 1- 13 - Standard Operating Policies

[Appendix 1: Complaints process and high-level flow chart](#)

[Appendix 2 Consent](#)

[Appendix 3 MP Complaints SOP](#)

[Appendix 4 Ward LR escalation flow chart](#)

[Appendix 5 Local resolution and complaints handling roles and responsibilities](#)

[Appendix 6 Serious or high-risk complaints escalation flow chart](#)

[Appendix 7 GP Complaints SOP and response template](#)

[Appendix 8 CEO complaints response, sign off and acknowledgement process](#)

[Appendix 9 Logging complaints](#)

[Appendix 10 Investigation Pack tips, staff letter and investigation report template](#)

[Appendix 11 Local resolution meeting guidance](#)

[Appendix 12 PHSO complaints management SOP](#)

[Appendix 13 Payment Request forms – Financial Redress process](#)
