

## Comments, concerns and complaints policy

Document Reference No.	IML002
Status	Final
Version Number	6.0
Replacing/Superseded policy or documents	Customer Care Policy
Target audience/applicable to	Staff, patients and carers
Author	Assistant Director Participation and Involvement
Acknowledgements	Complaints Focus Group
Equality Initial Screening Tool / full Equality Analysis (state which)	Full Equality Analysis
Contact Point for Queries	kcht.complaints@nhs.net
Date Ratified	May 2021
Date of Implementation/distribution	May 2021
Review date	May 2024
Has this document been adopted?	No
Where has this document been adopted from?	N/A

**CONTENTS**

		<b>PAGE</b>
1.0	EXECUTIVE SUMMARY – AN EFFECTIVE AND FAIR COMMENTS, CONCERNS AND COMPLAINTS HANDLING PROCESS	3
2.0	PRINCIPLES	4
3.0	ENQUIRIES, COMMENTS AND CONCERNS	4
4.0	CONCERNS AND COMPLAINTS	4
5.0	COMPLAINTS ABOUT MORE THAN ONE ORGANISATION	6
6.0	WHO MAY MAKE A COMPLAINT OR RAISE A CONCERN OR ENQUIRY	6
7.0	TIME LIMITS ON MAKING A COMPLAINT	7
8.0	COMPLAINTS MADE TO THE COMMISSIONING BODY	7
9.0	COMPLAINT RECORDS	8
10.0	SUPPORT FOR COMPLAINANTS	8
11.0	REPORTING AND LEARNING	8
12.0	UNREASONABLE OR UNREASONABLY PERSISTENT BEHAVIOUR	9
13.0	AREAS NOT COVERED BY THIS POLICY	10
14.0	TRAINING AND AWARENESS	11
15.0	ROLES AND RESPONSIBILITIES	11
16.0	GOVERNANCE SCHEDULE	15
17.0.	KEY REFERENCES	15
18.0	DOCUMENT TRACKING SYSTEM	16
19.0	EQUALITY ANALYSIS	17
20.0	MONITORING COMPLIANCE AND EFFECTIVENESS OF THIS POLICY	18
Appendix A	A guide about making a complaint	19
Appendix B	Risk Assessment Matrix	24
Appendix C	Patient Consent Form	25
Appendix D	Complaints Approval Process Structure	26
Appendix E	Standard Operating Procedure for Handling Formal Complaints	28

**1.0. EXECUTIVE SUMMARY:****AN EFFECTIVE AND FAIR COMMENTS, CONCERNS AND COMPLAINTS HANDLING PROCESS**

- 1.1. The aim of this policy is to support the organisation to use comments, concerns and complaints as an opportunity to improve and develop our services and enable our staff to learn and improve the quality care we deliver. It sets out clear expectations to embed an open, non-defensive approach to learning from feedback.
- 1.2. This policy outlines the importance of encouraging feedback from patients, service users and carers and learning from feedback. It sets out the procedure to follow when a complaint, concern or comment is received. This policy is applicable to all staff employed by KCHFT and is for use by all patients, relatives and carers.
- 1.3. People offer comments, raise concerns or make a complaint for many different reasons. The vast majority of people receiving NHS healthcare do not set out to become complainants, so when they do express a concern or raise a complaint we recognise that it is usually a significant thing for them to do.
- 1.4. We pledge to make it easy for all people using our services to raise a concern, make a complaint or give feedback by making our methods accessible to all.
- 1.5. We commit to act promptly to complaints and recognise them as a helpful way to improve services.
- 1.6. We will create a positive experience by welcoming feedback.
- 1.7. We will ensure that our staff have the freedom to resolve issues quickly and to the satisfaction of everybody involved.
- 1.8. We will be thorough and fair when looking into complaints and we will give an open and honest answer as quickly as possible in light of the complexity of the issues. We will make sure that people who give feedback and the staff involved in the issues have their say and are kept informed throughout.
- 1.9. We will give a fair and accountable decision about what happened and whether mistakes occurred or not. The outcome will recognise the experience of everybody concerned to ensure a culture of learning and accountability. We will make sure that our staff have the confidence and freedom to offer fair remedies, to put things right when needed, and to take action to make sure any learning is identified and acted on to improve services.
- 1.10. By asking, monitoring and acting upon patient feedback, we will be able to make improvements in the areas that patients and carers say matter most to them.

## **2.0. PRINCIPLES**

2.1. When patients, service users, carers or visitors raise concerns where things have gone wrong or where we have failed to deliver the level of care or treatment we promised to, we commit to:

- Say sorry they are unhappy with the service they feel they have experienced
- Invite them to have a say in how their complaint is handled and how things may be put right
- Provide an honest and open response to all the issues raised, in a way which is preferred by them and is accessible
- Provide a thorough and detailed explanation about events leading up to the complaint or concern
- Be honest about where things might have gone wrong and say sorry
- Provide a response stating what the organisation will learn from the experience, with reassurance that we have acted to prevent it from happening again
- Consider making a financial contribution to the complainant if they have suffered a financial loss as a direct consequence

## **3.0. ENQUIRIES, COMMENTS AND CONCERNS**

3.1. It is important to listen and react appropriately when patients, carers or relatives express a concern or make a complaint. Not everything that patients, carers or relatives raise as a concern is necessarily a complaint. Most complaints and concerns can and should be resolved informally by the people to whom they are addressed or by their immediate manager. All possibilities should be explored in an attempt to resolve the complaint or concern in a positive and non-judgemental way.

3.2. KCHFT seeks to distinguish between requests for assistance in resolving a problem and an actual complaint. Comments and enquiries where people are requesting assistance will be dealt with in a flexible manner, appropriate to the nature of the problem. Complaints and concerns will be dealt with in accordance with the procedures set out in this policy.

## **4.0. CONCERNS AND COMPLAINTS**

4.1. Concerns and complaints may be made using our online contact form, made verbally by telephone or in person, by text, via email or in writing through our Patient Advice and Liaison Service (PALS). The online form is available in Easy Read.

4.2. A concern or a complaint taken verbally, over the telephone or during a face to face meeting is just as valid as a written complaint and should be treated with the same consideration and sensitivity. Care should be taken to ensure that sufficient details are gained to allow the issue to be investigated and responded to appropriately.

4.3. If the issues cannot be resolved immediately by PALS, then the complaint should be escalated. The final decision as to whether a complaint or concern is

- dealt with informally by staff within the service or as a formal complaint should be the complainant. Their decision should be based upon information provided by staff about the resolutions available.
- 4.4. All complaints must be acknowledged within three working days. Where a complaint has been made directly to a service or individual, the service should acknowledge either by telephone, email or in writing and if appropriate explain that the complaint has been forwarded to the Patient & Carer Partnership Team.
  - 4.5. In all cases the complainant will be sent a copy of the Patient & Carer Partnership Team's 'Making a complaint' factsheet which explains what can be expected from the complaint's process. This can be provided in alternative formats upon request (Appendix A).
  - 4.6. The Trust's timescale for replying to a KCHFT complaint is 25 working days from receipt and where the complainant is not the patient, receipt of consent. In exceptional cases a longer timescale may be needed and this should be negotiated with the complainant and the service.
  - 4.7. All complaints must be logged with the Patient & Carer Partnership Team. This includes when a member of staff or the service resolves a concern or complaint informally. A contact form to log locally resolved complaints is on the Trust's intranet (flo). These should also always be risk assessed.
  - 4.8. All complaints are assigned a level by the Patient & Carer Partnership Team to ensure the nature of the complaint is easily recognised and to establish how it will be handled. A full risk assessment of the complaint should be made within three working days of receipt of the complaint. The risk assessment tool is a three-step process to help determine the level of risk by assessing the consequences and likelihood of recurrence (APPENDIX B).
  - 4.9. All concerns and complaints will be recorded on the trust's incident management system (Datix) by the Patient & Carer Partnership Team.
  - 4.10. Where patients find it difficult to complain or are unable to complain, KCHFT welcomes complaints from a family member or a patient representative (advocate). When someone complains on behalf of a patient, staff will need to be satisfied that the patient has agreed to their information being shared for the purposes of investigation and resolution of the complaint. Where there is doubt about consent, either mental capacity to consent or any suspicion of duress, advice may be sought from the legal or safeguarding teams as appropriate. There are consent forms to be completed, however, the patient may give consent verbally to the Patient & Carer Partnership Team if they are unable to write or see the form (Appendix C).
  - 4.11. An investigating officer will be appointed by the service to investigate the complaint. The service will work in partnership with the complainant and with any other parties involved. If the service is dealing directly with the complainant, advice must be sought from the team throughout, for example, if consent needs to be sought from the patient.
  - 4.12. The investigating officer will work in partnership with the complaints officer appointed to assist with the case for all complaints.

- 4.13. Every effort should be made to resolve concerns and complaints as quickly and as easily as possible. Complainants should always be contacted immediately to fully understand the complaint and to offer a meeting where appropriate
- 4.14. Where a written response is needed, the investigating officer will draft a response and send it to the complaints officer for quality assurance before being sent back to the service for sign off. Responses must be written in plain language and clearly answer all points raised. The Trust can provide the response in accessible formats upon request, including Easy Read, Braille and audio. The Patient and Carer Partnership Team can give advice about producing information in accessible formats.
- 4.15. All complaints of a serious nature must be brought to the attention of the relevant staff. Please see Appendix D (page 5 for the approval process).
- 4.16. Information received from a complainant will remain confidential and be communicated only to those people who need to know.
- 4.17. If the complainant is dissatisfied with the final response, they have the right to take their complaint to the Parliamentary & Health Service Ombudsman and request that they investigate their complaint independently.

## **5.0. COMPLAINTS ABOUT MORE THAN ONE ORGANISATION**

- 5.1. Complaints relating to more than one NHS organisation or including the involvement of local authority social services may be investigated jointly with a single co-ordinated response being sent to the complainant.
- 5.2. The overarching principle for joint working is that the focus will always be on the complainant and all work will be undertaken with due regard to the agreement, understanding and acceptance of the complainant.
- 5.4. In order to co-ordinate a joint response, complaints that KCHFT is leading on that involve other organisations will be resolved within 60 working days.

## **6.0. WHO MAY MAKE A COMPLAINT OR RAISE A CONCERN OR ENQUIRY**

- 6.1. A complaint or enquiry may be made by:
  - 6.1.1. A service user or any person affected by or likely to be affected by the action, omission or decision of the NHS body, independent provider or local authority that is the subject of the complaint.
  - 6.1.2. Someone acting on behalf of another person may make a complaint or enquiry on behalf of that person, where that person is unable to make the complaint themselves or has asked the person to make the complaint on their behalf. Where the person is an adult but unable to make a complaint themselves, their representative will need to have or have had sufficient interest in the service user or patient's welfare, and be an appropriate person to act on their behalf.

- 6.2. Where the person has asked another person to make the complaint or enquiry on their behalf, the Trust will require the patient's written consent to reply. The Trust can provide a form which will be sent to the complainant, with a request that they obtain the patient's signature to authorise the representative to act on their behalf and for the Trust to reply to the representative on the issues raised in the complaint or enquiry.
- 6.3. If the complainant is physically unable to sign the form, the Patient & Carer Partnership Team will seek verbal consent directly from the complainant and record this. If the patient lacks capacity the Patient & Carer Partnership Team will require evidence that the patient's representative has power of attorney or is acting in the 'best interest' of the patient to support their healthcare needs.
- 6.4. If the complaint relates to a patient who has died, or who dies during the investigation of a complaint, the Trust will investigate the concern or complaint at the request of the next of kin.
- 6.5. If such authorisation is not received, the Patient & Carer Partnership Team will send a reminder to the complainant restating why it is needed and asking for it to be returned.
- 6.6. No reply will be sent to the representative without the patient's authority, except in the circumstances outlined above.

## **7.0. TIME LIMITS ON MAKING A COMPLAINT**

- 7.1 Normally a complaint should be made within 12 months from the date the incident occurred or within 12 months of the date of discovering the problem (The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009).
- 7.2 There is discretion for the Patient & Carer Partnership Team to extend this time limit where it would be unreasonable in the circumstances of a particular case for the complaint to have been made earlier and where it is still possible to investigate the facts of the case effectively.
- 7.3 Where it is decided not to investigate, the complainant will have the opportunity to approach the Ombudsman.

## **8.0. COMPLAINTS MADE TO THE COMMISSIONING BODY**

- 8.1. A complaint can be raised either with the organisation providing the service or the commissioning body. If the commissioning body decides that it is best placed to lead on a complaint made to it about KCHFT, the normal process for a complaint's investigation will be followed and the outcome or response sent to the commissioning body for them to respond to the complainant.
- 8.2. If the commissioning body decides that KCHFT would be best placed to investigate the complaint, it will be dealt with as a normal complaint with a copy sent to the commissioning body.

## **9.0. COMPLAINT RECORDS**

- 9.1. Complaint records should be kept separate from health records, subject to the need to record information which is strictly relevant to the patient's health.
- 9.2. Complaint records must be treated with the same degree of confidentiality as normal medical records and would be open to disclosure in legal proceedings.
- 9.3. Complaint records will be retained for a period of seven years before being considered for destruction. Prior to mid 2016 paper complaints' files were archived. Since that time complaints' files are scanned and saved electronically.

## **10.0 SUPPORT TO COMPLAINANTS**

- 10.1. The Trust will be supportive of those who may find it difficult to complain or raise a concern and will ensure that patients, their relatives and their carers are not discriminated against as a result of raising a concern or complaint.
- 10.2. We will communicate with people in the way that best meets their needs. This may be by telephone, email, in writing, or a combination of all of these, or by meeting with them in person. Information will be supplied in a format to meet the individual's needs for example easy read or Braille in line with the Accessible Information Standard.
- 10.3. Communication may need to be in a language other than English. We will provide an interpreting and translation service to assist people where required.
- 10.4. We have implemented the recommendations of NHS England's Ask Listen Do project making sure service users with a learning disability and/or autism, and their families and carers, can easily raise a concern or make a complaint.
- 10.5. Patients and their families should be encouraged to speak openly and freely about their concerns and should be reassured that whatever they say will be treated with the appropriate confidentiality and sensitivity.

## **11.0. REPORTING AND LEARNING FROM COMMENTS, CONCERNS, AND COMPLAINTS**

- 11.1 Concerns, enquiries and complaints are recorded on the trust's incident management system, Datix. Data will be provided on a bi-monthly basis to the Directorate quality groups, who review all concerns and complaints and improvement plans to ensure that the organisation is learning from complaints and updating risk registers as appropriate.
- 11.2. Newly received complaints are shared and discussed at the weekly Patient Safety Summit.
- 11.2 The Patient & Carer Partnership Team ensures that the KO41 quarterly return to NHS Digital is completed.



11.3 Themes, trends and learning from complaints is shared at locality governance meetings, the trust's Patient & Carer Council, Quality Committee, the Board and Council of Governors.

11.4 The Annual Complaints Report is shared on the trust's public website.

## **12.0. UNREASONABLE OR UNREASONABLY PERSISTENT BEHAVIOUR**

12.1. We are committed to dealing with all patients, complainants, carers and relatives fairly and impartially and to providing a high quality service. As part of this service we do not normally limit the contact that people have with our staff. However, we do not expect our staff to tolerate behaviour which is, for example, abusive, offensive or threatening or which, because of the frequency of the contact with us, hinders our consideration of complaints and we will act to manage such behaviour.

12.2. When we consider that a person's behaviour is unreasonable we will tell them why and we will ask them to change it. If the unreasonable behaviour continues we will take action to restrict the person's contact with us. Advice will be sought from the trusts Health & Safety; Security and Legal Teams

12.3. Criteria which may constitute unreasonable or unreasonably persistent behaviour include:

- The complainant has displayed threatening behaviour, used actual physical violence towards staff or their families or associates at any time. This will in itself cause personal contact with the complainant and/or their representatives to be discontinued and the complaint will thereafter only be pursued through written communication.
- Persistence in pursuing a complaint where the NHS complaints procedure has been fully and properly implemented and exhausted
- Changing the substance of a complaint or to continually raise new issues or seek to prolonged contact by continually raising further concerns or questions while the complaint is being addressed. However, care will be taken not to discard any new issues which are significantly different from the original complaint – these might need to be addressed as separate complaints
- Unwillingness to accept documented evidence of treatment given as being factual e.g. drug records, clinical manual or computer records
- Denial of receipt of an adequate response despite correspondence specifically answering the questions raised or refusal to accept that facts can sometimes be difficult to verify when a long period of time has elapsed
- Failure to clearly identify the precise issues the complainant wishes to have investigated despite reasonable efforts of staff and where appropriate ICAS to help them specify their concerns
- Continual focusing on a trivial matter where the extent of focus is out of proportion to its significance
- Having in the course of addressing a complaint had an excessive number of contacts with the NHS placing unreasonable demands on staff
- Harassment or personal abuse or verbal aggression on more than one occasion towards staff dealing with a complaint, or their families or associates

- Threatening the use of recordings of meetings or face to face/telephone conversations made without the prior knowledge and consent of the other parties involved
- Displaying unreasonable demands or patient/complainant expectations and failure to accept that these may be unreasonable
- Repeated phone calls or emails in a single day to Trust staff, including those unconnected to the complaint.

12.4 A decision to restrict access will normally only be taken after we have considered possible adjustments to our service which may help the complainant to avoid unreasonable behaviour. Such decisions will be taken at director level or above, with advice from the Head of Safety and Security and from the legal department.

12.5 Any restrictions imposed will be appropriate and proportionate and may include:

- Requesting contact in a particular form, for example letters only
- Requiring contact to take place with a named member of staff
- Restricting telephone calls to specified days and times
- Asking the complainant to enter into an agreement about their future conduct
- Asking the complainant to contact us through an advocate

12.6 Where a complainant continues to behave in a way which is unreasonable, despite any adjustments we have made, we may consider terminating contact with that complainant. Should this happen we will advise them of their right to contact the Parliamentary and Health Service Ombudsman.

12.7 Where the behaviour is so extreme that it threatens the immediate safety and welfare of staff or others we will consider other options, for example reporting the matter to police or taking legal action. In such cases we may not give the complainant prior warning of that action.

### **13.0. AREAS NOT COVERED BY THIS POLICY**

13.1. This process cannot be used by:

- health organisations or other local authorities to make a complaint about another health authority or organisation
- by staff working within KCHFT or contracted to it to complain about any aspect of their employment, contractual or pension issues
- If a complaint is also part of an on-going police investigation or legal action it will be discussed with the relevant police authority or legal advisor and only continue as a complaint if it does not compromise the police investigation or legal action
- to investigate a matter that has already been investigated under the complaint regulations. It cannot be used to investigate matters which are being or have been investigated by the Parliamentary and Health Service Ombudsman under the 1993 Act
- to complain about a matter arising out of an alleged failure to comply with a request for information under the Freedom of Information Act 2000. Such complaints should be referred to the Trust Secretary
- It cannot be used to complain about the Trust's recruitment or employment policies or practices

- Where the complaint relates to alleged theft of a patient's property or verbal or physical assault of a patient, the service / Patient & Carer Partnership Team must advise the complainant to alert the police and the service/Patient & Carer Partnership Team must seek advice from the safeguarding team and employee relations. Complaints of this nature will be logged as an incident and investigated using the Trust's management investigation and / or safeguarding procedures. The complainant will retain the right to take their complaint to the Ombudsman if they believe the Trust has not investigated or responded appropriately. The Patient & Carer Partnership Team may act as a point of contact for the complainant at the request of the service.

13.2. Where KCHFT believes that a complaint does not fall within the remit of the regulations in this policy, we will provide a written explanation to the complainant setting out the reasons for not dealing with the complaint and advising them on the other options available to them.

#### **14.0. TRAINING AND AWARENESS**

14.1 The Trust will support staff about whom a concern has been raised, or who have been complained about.

14.2 All staff should know how to react and what to do if someone raises a concern or makes a complaint. Guidance on responding to concerns and complaints is on the intranet (flo) and staff may contact the Patient & Carer Partnership Team at any point.

14.3 All new staff will receive an awareness session on good customer care and complaints handling as part of the normal corporate induction programme.

14.4 Any staff that have direct contact with patients or members of the public are encouraged to attend an 'Introduction to Customer Care' training session which can be booked via the Employee and Development Team.

14.5 Managers and other staff members who are likely to lead a complaint investigation should undertake the level 1 complaints handling e-learning training and then attend the further face to face 'Handling Complaints Effectively' training which can be booked via EWD.

14.6 The level 1 complaints handling e-learning package is available for all staff to give them the knowledge they need on how to log and handle complaints.

14.7. Members of the Patient & Carer Partnership Team are available for help and can advise staff on dealing with comments, concerns and complaints.

#### **15.0. ROLES AND RESPONSIBILITIES**

15.1. Chief Executive

The Chief Executive has the overall responsibility for the development, implementation and enforcement of this policy. The Chief Executive reviews all complaints on a weekly basis and signs off responses to all complaints level 2 - 4.

## 15.2. The Board

15.2.1 The Board has the responsibility for ensuring that there are robust systems and processes in place that allow patients, relatives and carers to raise concerns and complaints. That they are investigated and responded to in a timely manner and that lessons are learnt from both feedback and complaints.

15.2.2 The Board will receive information on complaints, concerns, comments and compliments on a monthly basis and may request additional reports on themes, trends and learning from complaints and concerns. A fuller report is submitted quarterly.

15.2.3 The Chief Executive and the Board, through the Quality Committee, are accountable for ensuring that complaints and concerns are investigated and analysed, to prevent their recurrence. They must implement changes and review their effectiveness, and disseminate learning to healthcare workers.

## 15.3. Quality Committee

15.3.1 The Quality Committee has responsibility for ensuring complaints and concerns have been investigated and responded to in accordance with the policy. The Quality Committee will receive a bi-monthly report on patient experience including complaints.

15.3.2. An in-depth report will be submitted quarterly. This will include patient, client and carer feedback to identify any themes or trends. These will then be reported to the KCHFT Board along with recommendations for further improvements to ensure lessons are learnt.

## 15.4. Directors

15.4.1. Directors have responsibility for:

- Ensuring that their service managers and heads of service are appropriately trained in investigating and responding to complaints
- Reviewing all responses to complaints related to their services.
- Ensuring that improvements plans arising from complaints/concerns are implemented appropriately and effectively and shared with regulatory bodies when requested
- Ensuring that learning from patient experience feedback is shared via the Directorate Quality Groups.

## 15.5. Service managers and heads of service

15.5.1. Service managers and heads of service must ensure that any complaints or concerns about their service are reported to the Patient & Carer Partnership Team promptly. Whenever possible service managers and heads of service must call and offer to meet with complainants in the first instance as part of resolving the complaint or concern.

15.5.2. Service managers and heads of service must ensure that their staff are aware of how to deal with concerns and complaints made by patients, or their relatives or carers. Face to face training is provided by the Patient & Carer Partnership Team for managers and team leaders. An e-learning training course on how to

handle complaints is also available for all staff and training records of completion are kept.

15.5.3. The service manager is responsible for ensuring an acknowledgement has been sent to the complainant within 3 days.

15.5.4. Service managers and heads of service are responsible for carrying out a full risk assessment of the complaint, which should be made within three working days. If the risk assessment is queried by the Patient & Carer Partnership Team, ratification will be requested by the relevant Community Services Director or Assistant Director,

15.5.5. Service managers and heads of service are responsible for seeking advice from Safeguarding or the Patient Safety Team (for possible Serious Incidents), prior to carrying out investigations into complaints or concerns. They also draft a response to the complainant with the support of the Patient & Carer Partnership Team.

15.5.6. Service managers and heads of service are responsible for ensuring that complaints and concerns are investigated within the Trust's timescales. To gain support managers and heads of service should attend face to face complaints training as defined within the Trust's training needs analysis relevant to their role.

15.5.7. Service managers and heads of service should take the key role in any local resolution meeting held; including leading the meeting, ensuring the complainant feels able to have their say, supporting the staff members to explain and respond, and ensuring evidence of the discussion at the meeting is captured.

15.5.8. Service managers and heads of service are responsible for ensuring that the staff investigating a complaint, or subject to a complaint, are provided with support during and after the investigation. This may include counselling, clinical supervision and/or training. Final response letters sent to complainants should also be shared with relevant staff as part of the learning.

15.5.9. Service managers and heads of service are responsible for drawing up improvement plans where the investigation identifies this is needed and adding any potential risk to the Trust's risk register. The improvement plans must be specific with clear timescales and are monitored through to completion by the Patient & Carer Partnership Team.

15.5.10. Service managers and heads of service must inform the Patient & Carer Partnership Team if they are contacted by the Ombudsman, either by phone, email or writing in connection with an investigation for them to take forward.

15.5.11. Service managers are responsible for sharing feedback within their teams and via appropriate quality meetings when there are lessons to be learned.

15.6. The Patient & Carer Partnership Team

15.6.1.1. The Standard Operating Procedure in Appendix E (page 2) details the responsibilities of the Patient & Carer Partnership Team during the complaints process.

- 15.6.1.2. Producing reports on complaints and patient experience data for services, relevant quality and board meetings as required and sharing and identifying learning to be shared.
- 15.6.1.3. Providing case studies for patient stories for the Board to assist with learning from complaints.
- 15.6.2. Notifying the Director of Participation, Experience and Patient Engagement of complaints referred to the Parliamentary and Health Service Ombudsman within 3 working days who will inform the Commissioners of the service.
- 15.6.3. Development and delivery of appropriate training on complaints' processes and how best to review patient experience feedback.
- 15.6.4. Offering complainants the opportunity to improve services by joining the People's network and being involved in the involvement work of the organisation.
- 15.7. The complaint investigator
- 15.7.1 Any person appointed as investigator should have the appropriate level of training or experience to competently investigate the complaint.
- 15.7.2 The investigator must keep in regular contact with the complaints officer in the Patient & Carer Partnership Team and must work to the Trust's timescales to prepare a draft response. If the complaint requires a more in depth investigation and a delay is expected the complaints officer in the Patient & Carer Partnership Team must be informed.
- 15.7.3 The complaint's investigator should use the guidance available for staff as supplied by the Patient & Carer Partnership Team. These can also be found on the "Handle complaints and compliments" flo page.

## **15.8. All staff**

- 15.8.1. All staff will be expected to:
- Adhere to this policy
  - Complete the e-learning course on complaints handling
  - Attend the Trust's Introduction to Customer Care training to assist them to adopt best practice in customer care
  - Report complaints and concerns to their manager and to the Patient & Carer Partnership Team
  - Co-operate with any investigation into a concern or complaint
  - Give patients, their relatives and carers information about the complaints' process in the format of their choice and information on where to seek advice, including advocacy support
  - Not to discriminate against, or treat unfairly, a patient or their representative who has made a complaint, comment or raised a concern.

**16.0. GOVERNANCE SCHEDULE**

<b>Governance Group responsible for developing document</b>	Patient & Carer Council
<b>Circulation group</b>	All Trust Employees via FLO and managerial dissemination
<b>Authorised/Ratified by Governance Group/Board Committee</b>	Quality Committee
<b>Authorised/Ratified On</b>	12 <sup>th</sup> May 2021
<b>Review Date</b>	May 2024
<b>Review criteria</b>	<i>This document will be reviewed prior to review date if a legislative change or other event dictates.</i>

**17.0. KEY REFERENCES**

<b>Title</b>	<b>Reference</b>
Local Authority Social Services and National health Service Complaints (England) Regulations 2009 – Statutory Instrument 309:	<a href="http://www.legislation.gov.uk/ukxi/2009/309/pdfs/ukxi_20090309_en.pdf">http://www.legislation.gov.uk/ukxi/2009/309/pdfs/ukxi_20090309_en.pdf</a>
The NHS Constitution (updated 2015)	<a href="https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england">https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england</a>
Principles for Remedy. (2009)	<a href="https://www.ombudsman.org.uk/about-us/our-principles/principles-remedy">https://www.ombudsman.org.uk/about-us/our-principles/principles-remedy</a>
The Parliamentary and Health Service Ombudsman Principles of Good Complaint Handling.	<a href="https://www.ombudsman.org.uk/about-us/our-principles/principles-good-complaint-handling">https://www.ombudsman.org.uk/about-us/our-principles/principles-good-complaint-handling</a>
The Parliamentary and Health Service Ombudsman. Making Complaints Count (2020)	<a href="https://www.ombudsman.org.uk/publications/making-complaints-count-supporting-complaints-handling-nhs-and-uk-government-1">https://www.ombudsman.org.uk/publications/making-complaints-count-supporting-complaints-handling-nhs-and-uk-government-1</a>

**18.0. DOCUMENT TRACKING SYSTEM**

<b>Version</b>	<b>Status</b>	<b>Date</b>	<b>Issued to/approved by</b>	<b>Comments / summary of changes</b>
2.0	Approved	3 July 2012	Quality Committee	Replaces the old Complaints Policy, and now includes reference to compliments, comments and concerns. Guidance on implementing the policy is in a resource pack on the intranet.
3.1	Approved	5 March 2013	Quality Committee	Amended to make the monitoring and governance arrangement clearer in line with NHSLA requirements.
0.1	Draft	8 April 2014	Quality Committee	Updated to reflect recommendations of the Francis Report, Clwyd Hart Report, and the Trust's internal timeline for complaints handling
4.0	Approved	8 April 2014	Quality Committee	Published
5.0	Approved	13 June 2017	Quality Committee	Updated to align to KCHFT template. References to Customer Care Team changed to Patient Experience Team. Related policies and procedures updated.
6.0	Approved	12 May 2021	Quality Committee	Replaces the old Customer Care Policy and has been co-designed with Complaints Focus Group



**19.0. EQUALITY ANALYSIS**

<p><b>Has an Equality Analysis (EA) been completed?</b></p> <p>No <input type="checkbox"/></p> <p>The document will have no impact on people with any of the nine protected characteristics</p> <p><b>Yes X</b></p> <p><i>Include summary of any reasonable adjustments or actions required to avoid significant impact on patients, patients' families and employees and volunteers with protected characteristics.</i></p> <p>The Equality Analysis for this policy is available upon request by contacting the Engagement Team via <a href="mailto:kchft.equality@nhs.net">kchft.equality@nhs.net</a>.</p> <p><b>NOTE:</b></p> <p><i>Kent Community Health NHS Foundation Trust is committed to promoting and championing a culture of diversity, fairness and equality for all our staff, patients, service users and their families, as well as members of the public.</i></p> <p><i>Understanding of how policy decisions, behaviour and services can impact on people with 'protected characteristics' under the Equality Act 2010 is key to ensuring quality and productive environments for patient care and also our workforce.</i></p> <p><b>Protected characteristics:</b> <i>Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion and Belief, Sex, Sexual Orientation.</i></p> <p><i>An equality analysis should be completed whilst a policy is being drafted and/or reviewed in order to assess the impact on people with protected characteristics. This includes whether additional guidance is needed for particular patient or staff groups or whether reasonable adjustments are required to avoid negative impact on disabled patients, carers or staff.</i></p> <p><b>Equality Analysis Liaise with the Engagement Team if support is required at</b> <a href="mailto:kchft.equality@nhs.net">kchft.equality@nhs.net</a></p>
---

**20.0. MONITORING COMPLIANCE AND EFFECTIVENESS OF THIS POLICY**

<b>What will be monitored?</b>	<b>How will it be monitored?</b>	<b>Who will monitor?</b>	<b>Frequency</b>
Staff training	EWD department activity report	Heads of Service Education and Workforce Group	Quarterly Quarterly
Process for raising complaints, concerns and enquiries	Availability on website, leaflets and enquiries to PALS / Patient & Carer Partnership Team	The Board	Annual as part of Board report
Process for ensuring patients are not discriminated against when raising a complaint or concern	Feedback from person involved Survey on close of complaint or enquiry	Patient & Carer Partnership Team The Board	Quarterly as part of Board report Quarterly as part of Board report
The number and type of concerns and complaints received	Monthly report on concerns and complaints	Directorate Quality Groups and Quality Committee	Monthly
Improvement plans are implemented	Monthly report to include improvement plans from complaints. Quality Group to review progress on improvements.	Directorate Quality Groups	Monthly
Learning from complaints, comments, concerns and compliments	'Deep Dive' analysis and outcome report	Quality Committee	As dictated by themes/trends/triangulation of data
Internal and external communication process	Individual case review and reports	Patient and Carer Partnership Team	As complaint dictates

Appendix A:

## A guide about making a complaint

**This factsheet tells you what you can expect to happen when you make a complaint about your healthcare provided by Kent Community Health NHS Foundation Trust.**

### Who can complain?

- A patient.
- A relative, carer or person who is affected, or likely to be affected, by the action, omission or decision of the trust related to the patient's healthcare.
- Someone acting on behalf of the patient, for example a parent/guardian/carer of a child, a person who has physical incapacity, or someone who is unable to complain due to a lack of mental capacity.
- Someone who has requested a representative to act on their behalf, as long as they have their written consent, or a court order providing consent.

### What can't be dealt with under this process?

- Complaints about privately funded healthcare.
- A complaint that has already been investigated.
- Matters relating to the Freedom of Information Act or the Data Protection Act.
- A matter that may compromise any legal proceedings or police investigation.
- A complaint made by a health organisation about another health organisation.
- A complaint about employment or contractual issues with the NHS.

### When should you complain?

- As soon as possible, while memories are still fresh.
- Usually the NHS will only deal with complaints made within 12 months of the event, or within 12 months of you finding out that you had something to complain about.
- This time limit may be waived if there are good reasons why you were not able to complain earlier **and** it is still possible to carry out a fair and effective investigation.

### How do you make a complaint?

- You can make a complaint in person, directly to the staff member or service.
- You can make a complaint by telephone directly to the Customer Care Team, and we will write down your complaint and send you a copy of it.
- You can complain by email or by letter.

### Who can help you make a complaint?

- The Health Complaints Advocacy Service (HCAS) can support you and represent your views when making a complaint about the NHS.
- It can help you to write letters and explore your options at every stage of the complaint.
- It can prepare you for and accompany you to meetings to discuss your complaint and can request an interpreter or a translator if you need one.

**Address:** SEAP, PO Box 375, Hastings, TN34 9HU

**Phone:** 0330 440 9000

**Fax:** 01424 204687

**Email:** [info@theadvocacypeople.org.uk](mailto:info@theadvocacypeople.org.uk)

**Website:** [www.theadvocacypeople.org.uk](http://www.theadvocacypeople.org.uk)

### What information do we need to help us investigate a complaint?

- Your name, address, email address (if you have one) and a daytime telephone number.
- The full name, address, date of birth, email (if possible) and telephone number of the patient if it is someone other than yourself. We will need to check they have given their permission for us to investigate their care.

- A summary of what happened, with dates if possible.
- A list of the questions you would like answered.
- What you want to happen as a result of your complaint.
- Permission for us to copy the complaint to the people who need to take part in the investigation.

**What will happen next?**

- We will contact you within three working days of receiving your complaint to agree how your complaint will be investigated.
- We will investigate your complaint as quickly and effectively as possible. We aim to provide you with a response within 25 working days. However, some complaints are more complex than others and will take longer to investigate. If we expect it to take longer than 25 working days we will discuss this with you and agree a timescale.
- We will keep you informed about the progress of the investigation.
- When the investigation is completed we will contact you to let you know the outcome and tell you about any improvements that have already been made, or will be made, as a result of your complaint
- If your complaint relates to more than one organisation we will co-operate with them to ensure that you receive a single co-ordinated response wherever possible.

**What you can do if you are not happy with our response**

- We hope that we can resolve your complaint at this stage. However, if we have not done so, please contact us and we will discuss with you what else we might be able to do to resolve your complaint.
- If you are still unhappy with the outcome of your complaint you can ask the Health Service Ombudsman to review your complaint.

**Address:** The Parliamentary and Health Service Ombudsman, Millbank Tower, Millbank, London SW1P 4QP

**Phone:** 0345 015 4033

**Email:** [phso.enquiries@ombudsman.org.uk](mailto:phso.enquiries@ombudsman.org.uk)

**Website:** [www.ombudsman.org.uk](http://www.ombudsman.org.uk)

**Access to medical records**

- You have the right to see your own medical records.
- The legal services department can send you an application form to apply for access to your records.

**Address:** Kent Community Health NHS Foundation Trust, Legal Services Department, Trinity House,

110-120 Upper Pemberton, Eureka Business Park, Ashford, Kent TN25 4AZ

**Phone:** 01233 667982

**Email:** [kcht.legal@nhs.net](mailto:kcht.legal@nhs.net)

**The NHS Constitution**

The NHS Constitution sets out your rights as a patient, and explains the commitments the NHS has made to providing you with a high-quality service. Organisations providing NHS care must take account of the NHS Constitution when treating you, so you may find it helpful to refer to it if you are thinking about making a complaint. For details go to:

[www.gov.uk/government/publications/the-nhs-constitution-for-england](http://www.gov.uk/government/publications/the-nhs-constitution-for-england)

**Our pledge to you**

When dealing with your complaint we will:

- treat you with courtesy and respect at all times
- we will apologise for how we have made you feel
- treat you impartially and without discrimination or prejudice
- ensure that making a complaint about NHS services will not prejudice the care that you or your relatives are given

- ensure that complaints are investigated thoroughly and fairly to establish the facts
- ensure that all complaints are reviewed by someone not involved in the events leading to the complaint
- support you to understand and use the complaints procedure. This might include providing alternative versions of literature (large print, audio or languages other than English) and providing an interpreter
- acknowledge mistakes where they have happened and apologise for them
- use the feedback and lessons learned from complaints in our efforts to improve the care we provide, and tell you about the changes that have been made to services, guidance or policy.

We share the themes and trends of complaints with the clinical commissioning groups (CCGs). This will assist us in improving our services. The clinical commissioning groups may also request to audit our complaints handling and therefore details of your complaint may be shared in confidence with them.

**However no personal information or correspondence will be used in any public report.**

### **Useful contacts**

**The Care Quality Commission (CQC)** is an independent regulator for all health and social care services in England. It cannot normally investigate an individual complaint but it does like to hear about patients' experiences as part of its role in monitoring health and social care services.

**Phone:** 0300 061 6161

**Email:** [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

**Website:** [www.cqc.org.uk](http://www.cqc.org.uk)

**Address:** Care Quality Commission, Finsbury Tower, 102-105 Bunhill Row, London EC1Y 8TG

**Healthwatch Kent** is the 'consumer voice' for people that use health and social care services and their families. It is unable to investigate individual complaints but they do monitor feedback and can also sign-post you to the appropriate organisation. Its information and sign-posting service can be contacted on:

**Phone:** 0808 801 0102

**Text:** 07525 861639

**Email:** [info@healthwatchkent.co.uk](mailto:info@healthwatchkent.co.uk)

**Website:** [www.healthwatchkent.co.uk](http://www.healthwatchkent.co.uk)

### **Cruse Bereavement Care**

When somebody dies, the bereavement and grief felt can often be the most distressing time we will ever experience. Cruse Bereavement Care offers specialist help to those who need support to try and cope with their loss.

**Helpline:** 0844 477 9400

**Email:** [helpline@cruse.org.uk](mailto:helpline@cruse.org.uk)

**Website:** [www.cruse.org.uk](http://www.cruse.org.uk)

### **Contact us**

This guide was produced by the **Patient and Carer Partnership Team**.

**Phone:** 01233 228850

**Email:** [kcht.complaints@nhs.net](mailto:kcht.complaints@nhs.net)

#### **Write to us:**

Patient and Carer Partnership

Kent Community Health NHS Foundation Trust

Trinity House

110-120 Upper Pemberton

Eureka Business Park

Ashford  
Kent TN25 4AZ

**Please note:** The Patient and Carer Partnership Team aims to respond to your email in three working days. If you do not receive a response within this timescale please do not hesitate to contact us using the details above.

Due to the higher security levels of emails sent to NHS.net email addresses we are aware that on rare occasions some emails get blocked by our server. Unfortunately, we cannot prevent this, so please don't hesitate to contact us if you are concerned this may have happened to your email. We are very sorry for any inconvenience.

Appendix B: **RISK ASSESSMENT MATRIX**

**Complaint reference number** .....

This risk assessment tool is a four step process to help determine the risk level of any complaint by assessing the consequences and likelihood of recurrence.

**Step 1 - Consequences**

Score	Category	Description	Tick
1	Insignificant	<ul style="list-style-type: none"> <li>No impact or risk to provision of healthcare</li> <li>Injury or illness not requiring attention</li> <li>Minimal financial loss</li> </ul>	
2	Minor	<ul style="list-style-type: none"> <li>Minimal impact and relative minimal risk to the provision of healthcare or the organisation</li> <li>Minor injury requiring first aid or self treatment, no incapacity</li> <li>Small financial loss</li> <li>No real risk of litigation</li> </ul>	
3	Moderate	<ul style="list-style-type: none"> <li>Significant ill health or injury requiring medical intervention, temporary incapacity</li> <li>Significant financial loss</li> <li>Partial failure of system</li> <li>Potential to impact on service provision</li> <li>Slight potential for litigation</li> </ul>	
4	Major	<ul style="list-style-type: none"> <li>Significant issues of standards, quality of care or denial of rights</li> <li>Complaints with clear quality assurance or risk management implications</li> <li>Major injuries, long term incapacity or disability, death</li> <li>Large financial loss</li> <li>Possibility of litigation</li> </ul>	
5	Catastrophic	<ul style="list-style-type: none"> <li>Issues regarding serious adverse events, grossly substandard care, professional misconduct</li> <li>Serious patient safety issues</li> <li>High probability of litigation</li> </ul>	

**Step 2 – Likelihood**

Score	Category	Description	Tick
1	Rare	The event may occur only in exceptional circumstances	
2	Unlikely	The event could occur at some time	
3	Possible	The event might occur at some time	
4	Likely	The event will probably occur	
5	Certain	The event is expected to occur	

**Step 3 – Risk matrix**

Having assessed the consequence and likelihood of recurrence using the tables above, enter the results into the matrix below. Please add an x where the two scores meet.

Likelihood	Rare 1	Unlikely 2	Possible 3	Likely 4	Certain 5
Consequences					
Insignificant – 1					
Minor – 2					
Moderate – 3					
Major – 4					



**Step 4 – Rationale**

Please add your reasons for your scoring:

.....

.....

.....

.....

.....



## Appendix C: PATIENT CONSENT FORM

Please complete this authorisation form and return it to us at the above address. Kent Community Health NHS Foundation Trust will copy documents relating to this complaint to any organisation that is mentioned in this complaint or who can assist in the investigation if necessary.

Please tick the boxes below to confirm what action you are happy for us to take.

***Please note that if you are making a complaint on behalf of someone else, their signature is required on this form and you should indicate your relationship to them.***

	Please tick:
I hereby authorise the following person(s) to act on my/our behalf when discussing and making enquiries relevant to the complaint.	
I hereby authorise the following person(s) to be sent any information that may be relevant to the complaint including the final response.	
I hereby authorise KCHFT to be share any information and documentation that may be relevant to the complaint (including the final response) with other organisations mentioned in the complaint or who can assist in the investigation.	

Ref No:	
Name and address of patient:	
Date of Birth:	
Patient's Signature:	
Name and address of complainant (including email) if different:	
Telephone number of complainant:	
Relationship to patient:	
Complainant's signature	
Date signed:	

## Appendix D: Complaints Approval Process Structure

- The approval process is outlined in the **Comments, Concerns and Complaints Policy**.
- Level 1 complaints are signed off after step 3.
- Level 2 to 4 complaints continue through all steps of process.
- Responses sent after conversations or meetings with complainants will be signed by that staff member but approval process will still be followed.
- Each step allows 2 working days for approver to respond. If no response, follow escalation process.
- The CEO has 5 working days for approval.
- At each of the following stages the draft may need to be returned to the investigator for information or an amended draft.

<b>Step 1:</b>	Initial draft received and amended by Complaints Officer and returned to investigator/draft composer for further comments/questions or review of changes and approval.
	Investigator makes changes or adds comments and returns to Complaints Officer.
	Draft updated and sent for approval to investigator to continue approval process.
	Investigator accepts changes to draft and gives approval for draft to continue approval process.
<b>Step 2:</b>	Draft updated and sent to next approver (manager of investigator, Operational Manager, Local Clinical Resource Manager, Strategic Delivery Manager or Clinical Services Manager).
<b>Step 3:</b>	Draft sent to Assistant Director of Participation & Involvement for 1st review.
	Levels 2 to 4 or MP continue approval process.
	Level 1 complaint response sent to complainant from Head of Service, Local Clinical Resource Manager, Strategic Delivery Manager or Clinical Services Manager.
<b>Step 4:</b>	Approved draft sent to CSD or AD for approval.
<b>Step 5:</b>	Draft sent to Head of Communications and Head of Legal for review as required.
<b>Step 6:</b>	Draft sent to Assistant Director of Participation & Involvement for 2nd review.
<b>Step 7:</b>	Draft sent to Director of Participation, Experience and Patient Engagement for review.
<b>Step 8:</b>	Draft sent to Chief Executive for review if needed, copying in Senior Executive Assistant to Chief Executive and Chairman.
<b>Step 9:</b>	Once approved by Chief Executive (or Deputy Chief Executive in Chief Executive's absence) response letter sent to complainant.
	Copy sent to investigator/Head of Service and Head of Quality.
	Copy placed in electronic COO file to be sent to COO weekly.
	Copy to advocate or multi-agency trust/organisation as relevant.

Complaints Approval Process Structure Table



Kent Community Health

NHS Foundation Trust

		<u>Community Nurses/ Rapid Response/ ICT</u>	<u>Specialist Services</u>	<u>Community Hospitals</u>		<u>Minor Injury units</u>		<u>Children and Young People</u>		<u>Dental Service</u>
Level 2 – 4 Complaints → final sign off by CEO	Level 1 Complaints → final sign off by Head of Service, Local Clinical Resource Manager or Operational Manager	Team Coordinator/ Cluster Lead/ Clinical Lead/ Therapy Lead		Matron/ Ward Manager/ Therapy Lead		Clinical Team Leader/ Matron		Area Clinical Manager/ Locality Clinical Manager/ Professional Lead		
		Local Clinical Resource Manager (east)	Operations Manager (west)	Team Coordinator/ Locality Manager/ Clinical Lead	Local Clinical Resource Manager (east)	Operational Lead (west)	Local Clinical Resource Manager (east)	Operational Lead (west)	Head of Service/ Clinical Director	Dental Clinical Director
		Strategic Delivery Manager (east)	Head of Service (west)	Head of Service/ Deputy Head of Service	Strategic Deliver Manager (east)	Head of Service (west)	Strategic Deliver Manager (east)	Head of Service (west)	Clinical Services Manager	Dental Director/ Strategic Dental Director
		Assistant Director of Participation & Involvement 1st review		Assistant Director of Participation & Involvement 1st review	Assistant Director of Participation & Involvement 1st review		Assistant Director of Participation & Involvement 1st review		Assistant Director of Participation & Involvement 1st review	
	Clinical Services Director		Assistant Director of Specialist Services	Clinical Services Director		Clinical Services Director		Assistant Director (Specialist Services)	Assistant Director (Public Health)	
	Assistant Director of Participation & Involvement 2nd review		Assistant Director of Participation & Involvement 2nd review	Assistant Director of Participation & Involvement 2nd review		Assistant Director of Participation & Involvement 2nd review		Assistant Director of Participation & Involvement 2nd review		Assistant Director of Participation & Involvement 2nd review
	Director of Participation, Experience and Patient Engagement		Director of Participation, Experience and Patient Engagement	Director of Participation, Experience and Patient Engagement		Director of Participation, Experience and Patient Engagement		Director of Participation, Experience and Patient Engagement		Director of Participation, Experience and Patient Engagement
Chief Executive		Chief Executive	Chief Executive		Chief Executive		Chief Executive		Chief Executive	

		(Total: 8)	(Total: 7)	(Total: 8)	(Total: 8)	(Total: 8)	(Total: 6)
--	--	------------	------------	------------	------------	------------	------------

## Complaints Escalation Process

- Each person identified as needing to provide approval in process is sent email with the complaint and given 2 working days to respond.
- The date the response is due is noted on coversheet, in body of email and added to subject line of email to ensure each member of approval process is aware of timeline and what is required of them.

<b><u>Step 1</u></b>	If no approval or amended draft/draft with comments is received within the 2 allocated days, reminder email sent to staff member. Both their manager and Patient Experience Manager copied into email requesting a response by following day. Telephone contact also made whenever possible and messages left.
<b><u>Step 2</u></b>	If no response is received by revised due date, further email sent from Patient Experience Manager requesting response by next working day.
	Depending on level of complaint and delays already incurred, the following people may be copied into the email:
	<ul style="list-style-type: none"> <li>• the member of staff's line manager</li> </ul>
	<ul style="list-style-type: none"> <li>• their Clinical Services Director (CSD) or Assistant Director (AD)</li> <li>• their Quality Lead and the Assistant Director of Participation &amp; Involvement</li> </ul> Telephone contact is also made whenever possible and messages left.
<b><u>Step 3</u></b>	If still no response received the matter is escalated to Assistant Director of Participation & Involvement to chase and all above staff including the Chief Operating Officer are copied into email.
<b>Every stage of the escalation process is noted on the coversheet.</b>	

## Appendix E:

**Standard Operating Procedure (SOP) for Handling Formal Complaints (Levels 1-4)**

<b>Day 1, Receipt of complaint</b>	<b>Complaint assigned to Complaints Officer - caseload dependent - who completes the following tasks:</b>
	1. Log on Datix, including names, addresses, subject codes, description summary (no abbreviations), service manager and locality.
	2. Create electronic folder in K: Drive using complaint reference, month and year.
	3. Create paper file for all documentation during complaint.
	4. Create email folder for all electronic communications.
	5. Allocate one of the following levels at outset (levels may change when more information is available) a) MP comment/enquiry b) Comment/enquiry or Level 1 when complaint can be dealt with directly and immediately by the service involved c) Levels 2, 3 or 4 when a more formal investigation is needed.
	6. Ensure any immediate practical action is taken
<b>Working days 1 to 3</b>	<b>Complaints Officer phones service to advise complaint on way and sends email to service (copies in Head of Quality) to include:</b>
	1. Details of Complaint
	1a. Asking service to make direct contact within 3 days if appropriate
	2. Bullet point summary of key concerns raised
	3. Risk assessment matrix (to be completed and returned within 3 working days)
	4. Details of deadlines e.g. dates draft and final response due
	5. Who will sign off response
	6. Request for patient's ethnicity
	<b>The following teams/roles are copied in as below:</b>
	a. Legal Team if possible claim. If confirmed, process stopped and case closed. Complainant notified.
	b. Communications Team if MP or potential media coverage
	c. Serious Incident (SI) Team (possible harm/outcome for patient). If SI reported, complaint closed. Can be re-opened if further complaint following receipt of SI investigation report.
	d. Medical Director for complaints involving doctors employed by KCHFT.
	e. Safeguarding Team for potential safeguarding concerns.
	f. End of Life Complaints to End of Life Nurse consultant and Deputy Chief Nurse
<b>By working day 3</b>	<b>Complaints Officer/service acknowledges receipt of complaint by letter, email or telephone to include:</b>
	1. Complaints Officer introduction, summary of complaint, explanation of process, time frames and preferred method of communicating / responding.
	2. Complainant provided with 'making a complaint factsheet' detailing advocacy options and complaints process.
	3. Link to Customer Care Policy provided or offer to send paper copy.
	4. If consent to share with complainant needed, consent form sent with acknowledgement for completion or verbal consent confirmed.
	5. If complaint needs to be shared with another organisation / trust the patient will be informed.
	6. The complainant is given opportunity to decline receipt of survey on complaints process on closure of complaint.
	<b>NOTE:</b> If service acknowledges directly and factsheet not provided, further

	acknowledgement sent by Complaints Officer.
	<b>Chase risk assessment if not received and confirm service has started looking into complaint.</b>
<b>By working day 10</b>	<b>Draft response due from service.</b>
	1. Send draft reminder on day 9.
	2. If received, draft is reviewed. Amended draft sent back to service for review / comment / more information.
	3. If not received, email sent by Complaints Officer to follow escalation process if required, to chase for draft and request update on response time.
	4. Service may have offered to meet or speak to complainant and response is needed following this. Staff expected to create response within 10 days of meeting or talking to complainant.
<b>Working day 10 to 20</b>	<b>Approval process commences dependent on complaint level including:</b>
	1. Coversheet created and sent to reviewer / approver, records timeline and any delays. Date draft due back included on coversheet and in subject line of email.
	2. For level 1, complaint is signed off by Head of Service, Local Clinical Resource Manager, Strategic Delivery Manager or Clinical Services Manager.
	3. For levels 2 to 4, follow approval process, see page 5, up to CEO for sign off.
	<b>Escalation procedure followed at any point during approval process.</b>
	Complaints Officer to contact complainant in advance if delays are foreseen to agree extension.
<b>By working day 20</b>	<b>Draft ready for director or CEO review / approval.</b>
	Complaints Officer contacts complainant if additional delays foreseen to agree extension and follows escalation process if draft not ready for CEO review.
<b>By working Day 25 – CEO approval to send</b>	<b>CEO's office advises draft approved and can be sent.</b>
	<b>Or CEO requests changes. Changes made and draft re-sent to CEO for further approval if requested.</b>
	When complaint closed Complaints Officer will:
	1. Send response in letter by post or as PDF document attached to email
	2. Send complaints process survey with response and update spreadsheet (unless survey declined, MP or multi-agency complaint, potential claim, warning letter sent or any other reason where it is felt existing situation would be enflamed by asking for feedback).
	3. Send copy of signed response to service for records and sharing with staff involved in investigation.
	4. Close complaint. Datix record completed with:
	a. Closed date
	b. Outcome code and outcome
	c. Date met or not
	d. Improvement plan to be created
	e. Notepad updated and paper file checked to match notepad
	f. Paper file scanned and saved on Datix and in electronic folder.
	5. PDF copy of initial complaint and response saved in 'COO weekly final responses' electronic folder.

<b>Up to day 60 (level 4, leading)</b>	1. Level 4 multi-agency complaints where KCHFT leading paused before executive review until comments from other organisation(s) provided.
	2. Complaints Officer incorporates comments from other organisation into draft response.
	3. Draft response goes back to step 6 of approval process and continues as normal until approved by CEO.
	4. Complaints Officer closes complaint
	5. Copy of final response letter shared with other organisations / trusts that provided comments for inclusion.
<b>Post complaint process</b>	1. If after response sent, complainant informs Patient Experience Team unhappy with response and wish to escalate or have further response / meeting / telephone call, complaint re-opened and process starts again from beginning
	<b>Or</b> if complaints process has been exhausted complainant directed to:
	a. Parliamentary & Health Service Ombudsman (PHSO)
	b. KCHFT Legal Services Team
	c. Other relevant organisations
2. Complaints Officer saves all additional information post-complaint on Datix and in K: Drive	