

CUSTOMER CARE POLICY

Compliments, Comments, Concerns and Complaints

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1.0 EXECUTIVE SUMMARY

1.1 Principles of the policy

1.1.1 Improving patient experience is a key aim for the Trust. By asking, monitoring, and acting upon patient feedback, we are able to make improvements in the areas that patients say matter most to them. This policy outlines the importance of encouraging feedback from service users and carers and learning from feedback. It sets out the procedure to follow when a complaint, concern, comment, or compliment is received.

1.2 Comments and enquiries

1.2.1 Kent Community Health NHS Foundation Trust seeks to distinguish between requests for assistance in resolving a perceived 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.

1.3 Concerns and Complaints

- 1.3.1 The aim of this policy is to ensure that all concerns and complaints are resolved quickly and simply and that information gained from them is used to improve our services. The policy and resource pack which supports it focus on satisfying complainants' concerns while being fair to services and staff.
- 1.3.2 This document is applicable to all staff employed by Kent Community Health NHS Foundation Trust and is for use by all patients, relatives and carers.
- 1.3.3 Complaints may be made verbally by telephone or in person, via email or in writing.
- 1.3.4 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 complaint or concern to be investigated and responded to appropriately.
- 1.3.5 Every effort must be made locally by the staff within the service to put right quickly any complaints or concerns highlighted by patients, relatives and carers. We encourage our staff to say sorry for the inconvenience or upset caused at the time that matters are brought to their attention or mistakes have been made. Saying sorry in the right way and qualifying that with "let's have a look at what's happened" or "I will escalate your concern/complaint and make sure that this is properly looked into" can greatly assist in beginning the process of resolution of a concern or complaint, and does not constitute an admission of liability.

- 1.3.6 If the issues cannot be resolved the complaint may be escalated to the Patient Experience Team who co-ordinate a response. The final decision as to whether a complaint or concern is dealt with informally by staff within the service or a formal complaint should be the complainant's. This decision should be based upon information provided by staff about the options available.
- 1.3.7 All complaints must be acknowledged within three working days. Where a complaint has been made direct 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 Experience Team. In all cases the complainant must be provided with the 'Making a complaint' fact sheet in an appropriate format.
- 1.3.8 The Trust's timescale for reply to a complaint is 25 working days from receipt of the complaint. In exceptional cases a longer timescale may be needed and this should be negotiated with the complainant and the service.
- 1.3.9 An investigating officer will be appointed by the service to investigate the complaint. Where the service is dealing with the complaint direct they will work in partnership with the complainant and with any other parties involved, i.e. should consent be required from the patient. The service must advise the Patient Experience Team of all complaints that are being dealt with locally.
- 1.3.10 Where the complaint is being co-ordinated by the Patient Experience Team the investigating officer will work in partnership with the complaints officer appointed to assist with the case.
- 1.3.11 Where a written response is needed, the investigating officer will draft a response and send it to the complaints officer for quality control. This will then be passed to head of legal services for comment if felt appropriate before being sent to the head of service for sign off. Responses must clearly and plainly answer all points raised in the complaint. The Trust will provide the response in easy read, Braille or audio upon request.
- 1.3.12 All complaints of a serious nature must be brought to the attention of the relevant head of service immediately, including linking into the legal team, in order that appropriate action can be taken. This includes complaints linked to Serious Incidents or Safeguarding, level 3 and level 4 complaints and complaints risk-rated as medium or high risk.
- 1.3.13 All complaint responses between levels 2 and 4 must be approved off by the relevant Service Director, and then signed off by the Trust's Chief Executive following a review by the chief nurse's office. All responses to complaints received from MPs on behalf of their constituents are to be reviewed by the Head of Communications as they have wider public affair implications and are useful to know for potential media enquiries.
- 1.3.14 All complaints will be reviewed by the Chief Executive on a weekly basis in order for the Chief Executive to assure the Board that complaints are being responded to appropriately.

1.4 Compliments

1.4.1 Compliments and expressions of gratitude from patients, relatives and carers should be shared with the team involved and forwarded to the Customer Care Team.

1.4.2 All compliments will be recorded and reported to the Board.

1.5 Governance arrangements

Directorate or functional governance group responsible for developing document	Nursing & Quality / Adult Quality Group
Circulation group	All Directorate Quality Groups, Patient Experience and Quality Committee, Staff Partnership Forum
Authorised ratified by governance or functional governance group	Quality Committee
Authorised/ratified on	13 June 2017
Review date	June 2020
Review criteria	Change in legislation or NHS guidance

1.6 Key references

Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 Statutory Instrument 309
Guidance to support implementation of the National Health Service Regulations: Listening, Responding, Improving: A guide to better customer services (Gateway reference 11215) published 26 February 2009
The NHS Constitution
The Ombudsman publications: Principles of Good Complaint Handling Principles of Good Administration Principles for Remedy
The NHS Litigation Authority (NHSLA) Risk Management standards
The Francis Report
The Clwyd Hart Report
The NHSLA 'Saying Sorry' leaflet
Care Quality Commission (Registration) Regulations 2009: Regulation 16 Receiving and acting on complaints

1.7 Related policies/procedure

Title	Reference
Being Open Policy	IML004
Privacy and Dignity	QC001
Accessible Information Policy	IML006

1.8 Document Tracking Sheet

Version	Status	Date	Issued to/approved by	Comments / summary of changes
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	Major amendments see summary below

Summary of Changes

- a) Document aligned to Trust template.
- b) Related policies and procedures updated.
- c) Formatting tidied.
- d) Header and footer updated.
- e) Mandatory equality diversity and inclusion wording added to section 19 and header for that section updated.
- f) All references to Customer Care Team changed to Patient Experience Team
- g) Patients' rights to complain under the NHS Constitution updated.
- h) Complaints approval process updated. All complaint responses levels 2 to 4 are now signed off by the Chief Executive following a review by the chief nurse's office. All responses to complaints received from MPs on behalf of their constituents are reviewed by the Head of Communications.
- i) The chief nurse to be notified of complaints referred to the Parliamentary and Health Service Ombudsman within 3 working days. Chief Nurse informs the Commissioners of the service involved.
- j) Principles of agreed joint working protocol included, detailing how local agencies liaise in their involvement with multi agency complaints. 60 working day timeline agreed for organisation leading on a complaint.
- k) Information to be supplied in a manner to meet complainants' needs in line with the Accessible Information Standard.
- l) Current complaints signatory hierarchy added in Appendix A.

2.0 PURPOSE AND SCOPE

2.1 Improving patient experience is a key aim for the Trust. By asking, monitoring, and acting upon patient feedback, we are able to make improvements in the areas that patients say matter most to them. This policy aims to implement a process which promotes a trust wide culture of openness and learning from patient, client and carer feedback.

2.2 Being open includes:

- Acknowledging, apologising for distress caused and explaining when things go wrong
- Conducting a thorough investigation into the complaints and reassuring service users, their families and carers that lessons learned will help prevent the same occurring again
- Providing support for all involved

2.3 The NHS Constitution states that as complainants:

You have the right to have any complaint you make about NHS services acknowledged within three working days and to have it properly investigated.

You have the right to discuss the manner in which the complaint is to be handled, and to know the period within which the investigation is likely to be completed and the response sent.

You have the right to be kept informed of progress and to know the outcome of any investigation into your complaint, including an explanation of the conclusions and confirmation that any action needed in consequence of the complaint has been taken or is proposed to be taken.

You have the right to take your complaint to the independent [Parliamentary and Health Service Ombudsman](#) or [Local Government Ombudsman](#), if you are not satisfied with the way your complaint has been dealt with by the NHS.

You have the right to make a claim for judicial review if you think you have been directly affected by an unlawful act or decision of an NHS body or local authority.

You have the right to compensation where you have been harmed by negligent treatment.

2.4 The Parliamentary and Health Service Ombudsman has six key principles in relation to complaints which inform the process outlined in this policy

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

2.5 The unsatisfactory handling of a complaint or concern may become the reason for a further complaint. Therefore this policy aims to support staff in achieving a satisfactory resolution first time.

2.6 When handling a complaint or concern we undertake to:

- Say sorry that the complainant is unhappy about what has happened, or failed to happen.
- Treat complainants impartially and without discrimination or prejudice.
- Offer to meet with the complainant to help resolve their complaint or concern.
- Ensure that complaints and concerns are investigated thoroughly and fairly to establish the facts.
- Ensure that all decisions made will be proportionate, appropriate and fair.
- Act fairly towards staff complained about as well as towards complainants.
- Offer any support we can to enable people to understand and use the complaints procedure effectively. This may include providing alternative versions of literature (large print, audio, braille or languages other than English) and providing an interpreter if required. We will also advise people where and how they can access advice and advocacy services.
- Review all complaints and concerns immediately on receipt and contact complainants within three working days to agree how the complaint will be investigated. This will include offering to meet the complainant if that would help with the investigation or resolution of the complaint.
- Respond to the complaint within 25 working days and if there is any delay, keep the complainant informed of progress and the reason for the delay.
- Co-operate with other organisations involved in the complaint to ensure that a single co-ordinated response is sent wherever practical.
- Respond to complaints that KCHFT is leading on that involve other organisations within 60 days.
- Acknowledge mistakes where they have happened, say sorry and provide an explanation after we have investigated.
- Use all the feedback and lessons learned from complaints and concerns in our efforts to improve the care we provide.
- Be open and transparent in our communication
- Regularly review the lessons to be learned from complaints and concerns.
- Tell complainants about the lessons learned and any changes made to services, guidance or policy.

3.0 ROLES AND RESPONSIBILITIES

3.1 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.

3.2 KCHFT Board

- 3.2.1 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.
- 3.2.2 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.
- 3.2.3 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.

3.3 Quality Committee

- 3.3.0 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 monthly report on patient experience including complaints via the operational services.
- 3.3.1 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.

3.4 Directors

- 3.4.1 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.

3.5 Service managers and heads of service

- 3.5.1 The service manager is responsible for ensuring an acknowledgement has been sent to the complaint within 3 days. The Trust can be fined by the Ombudsman for a breach of this timescale.
- 3.5.2 Service managers and heads of service are responsible for seeking advice from Safeguarding or the Serious Incidents Team if relevant, prior to carrying out investigations into complaints or concerns and for drafting a response to the complainant, with the support of the Patient Experience Team.
- 3.5.3 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 Experience Team, ratification will be requested by the relevant Community Services Director or Assistant Director,
- 3.5.4 Service managers and heads of service must ensure that any complaints or concerns about their service are reported to the Patient Experience Team promptly. Whenever possible service managers and heads of service will also offer to meet with complainants as part of resolving the complaint or concern.
- 3.5.5 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. Training is provided by the Patient Experience Team.
- 3.5.6 Service managers and heads of service are responsible for ensuring that complaints and concerns are investigated within the Trust's timescales. In order to assist their role, 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.
- 3.5.7 Service managers and heads of service should take the lead 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 discussion from the meeting. The head of legal services can provide pre-meet advice to heads of service where they've raised concerns about the meeting and/or possible litigation. If the complainant wants to bring a lawyer along then KCHFT legal should attend.
- 3.5.8 Service managers and heads of service may delegate the investigation of a complaint to a deputy, other manager or team lead within their service as long as the deputy is not involved in the reason for the complaint. Any person appointed to investigate a complaint should have the appropriate level of training or experience to competently investigate the complaint.
- 3.5.9 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 and clinical supervision. Final response letters sent to complainants should also be shared with relevant staff.

- 3.5.10 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 Experience Team. Improvement plans should be available for review during mock CQC inspections and Quality and Safety Walkabout visits
- 3.5.11 Service managers and heads of service must inform the Patient Experience Team if they are contacted by the Ombudsman, either by phone, email or writing in connection with an investigation.
- 3.5.12 Service managers are responsible for sharing feedback within teams and via appropriate quality meetings when there are lessons to be learnt. This includes sharing of patient experience data including friends and family test and Meridian data.

3.6 The Patient Experience Team

3.6.1 The Patient Experience Team are responsible for:

- Logging all concerns and complaints received on Datix, including the level of complaint, using the defined four levels of complaint
- Recording the communication needs of the complainant related to a disability – learning, physical or sensory
- Acknowledging all complaints with 3 working days, where the complaint has not been acknowledged by the service, and ensuring the complainant has received the 'Making a complaint' fact sheet
- Agreeing with the complainant whether they wish to raise a concern or make a formal complaint
- Contacting the relevant service manager or head of service to initiate the investigation of the complaint
- Advising the service on the most appropriate way to handle the complaint, including how to organise a meeting with the complainant if appropriate
- Providing guidance to the service manager or head of service on the response letter
- Checking that responses cover all of the issues raised in the complaint that relate to KCHFT services
- Liaising with other agencies involved in multi-agency complaints to agree who the lead response agency is in accordance with the joint working protocol
- Ensuring that the Trust's timescales are communicated to all parties
- Keeping the complainant updated on the progress of the investigation, including communicating any significant delays and the reasons for the delay
- Ensuring that complaints files are accurate, complete and scanned once closed

- Producing data reports on complaints and patient experience for services, Directorate Quality Groups, Quality Committee and the Board as required and sharing and identifying learning to share
- Logging outcomes from complaints on to the Datix system
- Providing case studies for the Board, to assist learning from complaints
- Acting as a point of contact for all complaints that subsequently are investigated by the Parliamentary and Health Service Ombudsman.
- Notifying the chief nurse of complaints referred to the Parliamentary and Health Service Ombudsman within 3 working days who will inform the Commissioners of the service
- Seeking advice from the legal and communications team when appropriate.
- Developing and delivery of appropriate training on complaints processes and utilisation of patient experience feedback

3.7 The complaint investigator

- 3.7.1 Any person appointed to investigate a complaint should have the appropriate level of training or experience to competently investigate the complaint.
- 3.7.2 The investigator must keep in regular contact with the complaints officer in the Patient Experience Team, and must work to the Trust's timescales in order to prepare a draft response. If the complaint requires a more in depth investigation and therefore will be delayed they must inform the complaints officer in the Patient Experience Team.
- 3.7.3 The complaint investigator should use the guidance available as supplied by the Patient Experience Team.

3.8 All staff

- 3.8.1 All staff will be expected to:
- Adhere to this policy
 - Say sorry for the inconvenience or upset caused at the time that matters are brought to their attention or when a mistake has been made. Be aware that apologising can assist to begin the process of resolution of a concern or complaint, it does not constitute an admission of guilt
 - Listen, take action and make every effort to resolve concerns, complaints and problems locally wherever possible
 - Attend the Trust's Introduction to Customer Care training where this will assist them to adopt customer care practices.
 - Report complaints and concerns to their manager and to the Patient Experience Team
 - Co-operate with any investigation into a concern or complaint
 - Give patients, their relatives and carers information in the format of their choice about the complaints process and where to seek advice, including advocacy support
 - Not discriminate against, or treat unfairly, a patient or their representative who has made a complaint, comment or raised a concern.

4.0 PRINCIPLES UNDERLYING THE POLICY

- 4.1 People offer comments, complain, or raise concerns for many different reasons.
- 4.2 The vast majority of people receiving NHS health care 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 highly significant thing for them to do. A complaint that is well handled may mean that a claim is avoided which saves the Trust time and money. Many claimants will say “I only wanted them to acknowledge their mistake and apologise.”
- 4.3 When members of the public raise issues where things have gone wrong or where we have failed to deliver the care or treatment we promised to, we commit to:
- Say sorry they are unhappy with the service they have experienced
 - Invite them to have a say in how the complaint is handled and how things may be put right
 - Provide an honest and open response to all the issues raised
 - Provide a thorough and detailed explanation about events leading up to the complaint or concern
 - Be open where things have gone wrong and say sorry
 - Provide a response to the complaint or concern stating what the organisation will learn from this experience, with a reassurance that other patients will have a better experience as a result
 - Where possible, contact to provide care or treatment to reinstate the patient to the point at which the problem occurred
 - Consider making a financial contribution to the complainant if they have suffered a financial loss as a direct consequence
- 4.4 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 way and non-judgemental way.
- 4.5 When a member of staff or the service resolves a concern or complaint informally this should be logged and sent to the Patient Experience Team. A contact form to log locally resolved complaints is on the Trust’s intranet (flo). This should also always be risk assessed.
- 4.5 Where patients find it difficult to complain or are unable to complain, KCHFT will welcome complaints from a family member or a patient representative. When someone complains on behalf of a patient, staff will need to satisfy themselves 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 that consent, mental capacity to consent or any suspicion of duress, advice should be sought from legal or safeguarding teams as appropriate. There are consent forms to be

completed, but the patient may give consent verbally to the Patient Experience Team where they are unable to write or see the form.

- 4.6 Information received from a complainant will remain confidential and be communicated only to those people who need to know.
- 4.7 Each complainant will be sent a copy of the Patient Experience Team's 'Making a complaint' factsheet which explains what they can expect from the complaint process. This can be provided in alternative formats upon request.
- 4.8 Every effort should be made to resolve concerns and complaints. This may include contacting or meeting with the complainant, where appropriate and with the approval of the complainant.
- 4.9 If the complainant is dissatisfied with the final response he or she has the right to take their complaint to the Parliamentary Health Service Ombudsman and request that they investigate their complaint independently.

5.0 AREAS NOT COVERED BY THIS POLICY

- 5.1 This procedure cannot be used by health organisations or other local authorities to make a complaint about another health authority or organisation.
- 5.2 It cannot be used by staff working within KCHFT or contracted to it to complain about any aspect of their employment, contractual or pension issues.
- 5.3 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.
- 5.4 It cannot be used to investigate a matter that has already been investigated under the complaints 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.
- 5.5 It cannot be used 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.
- 5.6 It cannot be used to complain about the Trust's recruitment or employment policies or practices.
- 5.7 Where the complaint relates to alleged theft of a patient's property or verbal or physical assault of a patient, the service / Patient Experience Team must advise the complainant to alert the police and the service/Patient Experience Care 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 Experience Team may act as a point of contact for the complainant at the request of the service.

- 5.8 Where KCHFT believes that a complaint does not fall within the remit of the regulations or of 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.

6.0 WHO MAY MAKE A COMPLAINT OR RAISE A CONCERN OR ENQUIRY

- 6.1 A complaint or enquiry may be made by 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.
- 6.2 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.
- 6.3 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.
- 6.4 If the complainant is physically unable to sign the form, the Patient Experience Team will seek verbal consent directly from the complainant and record this. If the patient lacks capacity the Patient Experience Team will require evidence that the patient's representative has Power of Attorney or is acting in the 'best interest' of the patient in order to support their healthcare needs. 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 Experience Team will send a reminder to the complainant restating why it is needed and asking for it to be returned. No reply will be sent to the representative without the patient's authority, except in the circumstances outlined in section 6.4.

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.
- 7.2 There is discretion for the Patient Experience 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, CONCERNS AND ENQUIRIES COVERING MORE THAN ONE ORGANISATION

- 8.1 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.
- 8.2 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.
- 8.3 As detailed in the joint working protocol the principles of joint working include:
- The complainant's consent will be obtained before any information is passed to any other organisation.
 - The recipient organisation will take responsibility for establishing a named lead organisation, which will normally be the organisation which is the primary subject of the issues being raised, and for sending an acknowledgement within the timescales required.
 - If leading on a complaint KCHT Patient Experience Team will advise the complainant that the timeline to respond may be up to 60 working days to allow a thorough investigation to take place by all parties involved.
 - The complaint managers or Patient Experience managers in the relevant organisations will discuss and agree which organisation is to take the lead.
 - The recipient organisation will remain as the named lead organisation until there is a formal transfer of responsibility for which a clear audit trail will be kept.
 - A joint complaint handling plan will be agreed at the earliest opportunity.
 - Reports from all agencies involved in the investigation will be incorporated into a single co-ordinated response which will be shared with all the agencies involved once the response has been sent to the complainant.

9.0 COMPLAINTS MADE TO THE COMMISSIONING BODY

- 9.1 A complaint can be raised either with the organisation providing the service or to the commissioning body. If the commissioning body decides that it is best placed to investigate a complaint made to it about KCHFT, staff should co-operate with any requests made to them as they would with any other complaint investigation.
- 9.2 If the commissioning body decides that KCHFT would be best placed to investigate the complaint it will be dealt with in line with this policy.
- 9.3 As part of its commissioning function, the commissioning organisation will use information relating to complaints about provider organisations such as KCHFT to assist in the monitoring of their performance and to identify potential gaps in the services it commissions.

10.0 COMPLAINT RECORDS

- 10.1 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.
- 10.2 Complaint records must be treated with the same degree of confidentiality as normal medical records and would be open to disclosure in legal proceedings.
- 10.3 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.

11.0 SUPPORT TO COMPLAINANTS

11.1 Independent Complaints Advocacy Service (ICAS)

- 11.1.1 ICAS provides free unbiased support to people if they have a complaint regarding their NHS treatment.
- 11.1.2 The Trust will advise all complainants of the support available to them from ICAS and will provide contact details.
- 11.1.3 They can:
- Help deal with the complaints process, providing an opportunity to explore the issues with someone who is independent of the health service
 - Help the complainant explore all the issues
 - Help represent the complainant's issues to the NHS independently and objectively
 - Refer to other relevant agencies regarding the complaint

- Meet the complainant in their own home or in a mutually convenient location and attend meetings with them
- Provide interpreters if there is a communication issue
- Generally support the complainant throughout the complaints process

11.2 Mediation

11.2.1 Mediation can be helpful in resolving disputes between healthcare providers and patients, relatives or their carers.

11.2.2 Healthcare Resolutions can provide a mediation service, on a cost per case basis to the Trust, to help resolve complaints. The service is free to the complainant.

11.2.3 Healthcare Resolutions provides well trained health mediators who are independent of the Trust and do not personally know the parties involved in the complaint. The mediator will listen to all aspects of the complaint and assist in finding a solution to the problem. The mediator can meet separately with each party, avoiding conflict.

11.2.4 Mediation - Depending upon what parties agree to mediation, there may be no legally binding agreement at the end of it and it may be that other procedures or processes remain open to them to pursue.

11.2.5 Local voluntary organisations may also provide a mediation service and the Trust will undertake to work with such organisations, with the complainant's permission.

11.3 Communicating with complainants and those raising concerns

11.3.1 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.

11.3.2 We will communicate with people contacting us in their preferred manner. This may be by telephone, email or in writing, or a combination of all of these, or by meeting with them. Information will be supplied in a manner to meet the individual's need in line with the Accessible Information Standard.

11.3.3 Communication may need to be in a language other than English or in another format, for example Easy Read or Braille. We can provide an interpreting and translation service to assist people who contact the Patient Experience Team, where required.

11.3.4 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. However complainants should restrict their complaint to factual concerns and avoid making personal unsubstantiated comments about staff.

12.0 TRAINING AND SUPPORT FOR STAFF

- 12.1 The trust will support staff about whom a concern has been raised, or who have been complained about.
- 12.2 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)
- 12.3 All new staff will receive an awareness session on good customer care and complaints handling as part of the corporate induction programme.
- 12.4 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 Learning and Development.
- 12.5 Managers and other staff members who are likely to lead a complaint investigation should view the initial complaints PowerPoint training on Flo and then attend the half day face to face 'Handling Complaints Effectively' training which can be booked via Learning and Development.
- 12.6 Members of the Patient Experience Team can provide ad hoc training or presentations for teams on request, which can be tailored to that team's needs.
- 12.7 Members of the Patient Experience Team will be available for help and advise staff on dealing with comments, concerns and complaints.
- 12.8 To enable a full and thorough investigation to take place, the issues raised within the complaint must be shared with those being complained about. Managers should therefore ensure that staff are shown a copy of any letter of complaint concerning them, before being interviewed as part of the investigation.
- 12.9 Managers should also ensure that any member of staff mentioned in the response to a complaint receives a copy of the final response to the complainant.
- 12.10 Staff will be made aware of the need not to discriminate against people who raise concerns or complaints via the corporate induction and training in complaints handling.

13.0 REPORTING AND LEARNING FROM COMPLIMENTS, COMMENTS, CONCERNS, AND COMPLAINTS

- 13.1 KCHFT is committed to learning from all forms of feedback. Compliments should be shared across the Trust to ensure that services learn from examples of good practice. Concerns and complaints are also a positive aid to informing and influencing improvements to services.
- 13.2 Compliments, concerns, enquiries and complaints will be recorded on the Datix database. Data will be provided on a monthly basis to the Directorate

Quality Groups, who will review all concerns and complaints and improvement plans in order to ensure that the organisation is learning from complaints and update risk registers if appropriate.

- 13.3 The overall purpose of reporting is to:
- enable patients and their representatives to see that their comments and complaints are being dealt with and that any complaint investigations have been thorough and fair
 - enable KCHFT to demonstrate that compliments, comments, concerns and complaints are taken seriously
 - provide a record of how complaints have been resolved and what improvement plans are in place
 - enable Directorate Quality Groups to review the improvement plans from complaints and share learning
 - ensure that feedback from compliments, comments enquiries and complaints lead to improvements in planning and delivering services
 - enable themes and trends from complaints, concerns and compliments to be shared with the Board, commissioners, Healthwatch and others in order to provide assurance that lessons are being learnt.
 - To enable the Trust to look holistically at the interaction between incidents and complaints and development into claims and consider changes and improvements that will both improve quality and patient experience and reduce risk profile and financial exposure
- 13.4 The Patient Experience Team will ensure that the Directorate Quality Groups are provided with a full breakdown of comments, concerns and complaints about the Directorate's services, in order to enable the reviewing of improvements and to share learning from concerns and complaints.
- 13.5 The Directorate Quality Groups will review on a monthly basis complaint themes and trends, improvement plans from complaints, and progress on implementing improvements and sharing learning.
- 13.6 The Patient Experience Team will ensure that the Quality Committee are provided with a quarterly report of concerns and complaints about the trust's services.
- 13.7 The report will include:
- Number of concerns and complaints received
 - Types of complaints
 - Outcomes
 - Emerging themes or trends in the subject of complaints or services being complained about
 - Lessons learned
 - Details of any complaints being considered by the Ombudsman
- 13.8 Relevant data on complaints will also be made available to the commissioning organisation, and lessons learnt will be shared.
- 13.9 The Patient Experience Team will ensure that the KO41 quarterly return to the Department of Health is completed.

13.10 The Patient Experience Team will ensure that information covering concerns and complaints is provided for inclusion in the Trust's annual report and quality account.

14.0 UNREASONABLE OR UNREASONABLY PERSISTENT BEHAVIOUR

14.1 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 take action to manage such behaviour.

14.2 We will make every effort to ensure that our Patient Experience Team is accessible to all. To achieve this we will make reasonable adjustments to meet the individual and particular needs of anyone who contacts us.

14.3 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.

14.4 A complainant and or anyone acting on their behalf may be deemed to be unreasonable where previous or current contact with them shows that:

- The complainant has threatened or 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.

14.5 Other criteria which may constitute unreasonable or unreasonably persistent behaviour includes:

- 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 prolong contact by continually raising further concerns or questions while the complaint is being addressed. However care must 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
 - Recording meetings or face to face/telephone conversations 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.
- 14.6 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 Legal Department.
- 14.7 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
- 14.8 In all cases we will write to tell the complainant why we believe their behaviour is unreasonable, what action we are taking and the duration of that action. We will also tell them how they can challenge the decision if they disagree with it.
- 14.9 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.
- 14.10 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.
- 14.11 After a period of three months, or should a complainant cease to exhibit unreasonable behaviour we will review the situation and consider withdrawing the limitations imposed.

15.0 LEVEL OF COMPLAINT

Category	Description	Action
Level 1 Minor	Something for which it should be possible to get a quick solution and which does not warrant full complaints investigation	Verbal permission to make contact to try to resolve within agreed timeframe with a return call by service or Patient Experience Team. If the complainant is happy with outcome there is no need to take the matter further. A copy of the <u>contact form</u> should be sent to Patient Experience Team at Trinity House by the Service.
Level 2 Significant	Something which will require contact with one or more services which may take a short time, might involve some correspondence but unlikely to warrant an in-depth investigation	Verbal permission to take forward to try to achieve solution quickly. If unable to resolve within agreed timeframe would then ask for investigation for completion within mutually agreed timescales. Service may deal with the matter direct but Patient Experience Team must be informed by copy of the <u>contact form</u> or assist with the response via letter / email if needed, which needs to be signed off by the Chief Executive.
Level 3 Major	A serious complaint that may involve more than one provider and that requires full investigation.	<ul style="list-style-type: none"> ▪ Verbal permission to forward complaint to the Patient Experience Team. ▪ Contact the Patient Experience Team by telephone and alert them to the complaint. ▪ E-mail/post the contact form or complaint letter/email to Patient Experience Team immediately. ▪ Service to investigate the complaint / concern and draft the response within 10 working days
Level 4 Complex	A serious complaint involving more than one provider. For example GP out of hours service, an Acute Trust and Community Services.	As above, but in addition we will require the patient's consent to share details of the complaint with other organisations
Contact Details	Patient Experience Team 01233 667731	Complaints email: kcht.complaints@nhs.net

16.0 MONITORING COMPLIANCE AND EFFECTIVENESS OF THIS POLICY

16.1 Monitoring matrix

What will be monitored?	How will it be monitored?	Who will monitor?	Frequency
Staff training	L&D 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 Customer Care Team / Patient Experience 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	Patient Experience Team	Quarterly as part of Board report
	Survey on close of complaint or enquiry	The Board	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 Experience Team	As complaint dictates

17.0 GLOSSARY, DEFINITIONS AND ABBREVIATIONS

Complainant	The individual who raises or makes a complaint, concern, comment or enquiry
Complaint	An expression or dissatisfaction requiring a response (Citizens Charter Complaints Taskforce)
Compliment	A verbal or written admiring comment or expression of praise
External agency	Any organisation other than Kent Community Health NHS Foundation Trust
ICAS	Independent Complaints Advocacy Service
Investigation	An enquiry into the cause for a complaint to establish the facts, events and opinions of involved parties
KCHFT	Kent Community Health NHS Foundation Trust
Local resolution	A service deals with the complaint or concern at the time it is raised, to the satisfaction of the complainant
NHSLA	The NHS Litigation Authority
Root cause analysis	Consideration of a complaint which looks beyond the individuals concerned to understand the underlying causes and context in which the incident happened

18.0 REFERENCES

Local Authority Social Services and National health Service Complaints (England) Regulations 2009 – Statutory Instrument 309
http://www.legislation.gov.uk/ukxi/2009/309/pdfs/ukxi_20090309_en.pdf

The NHS Constitution (updated 2015)
<https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england>

Principles of Good Complaint Handling. The Parliamentary and Health Service Ombudsman available at
<https://www.ombudsman.org.uk/about-us/our-principles/principles-good-complaint-handling>

Principles for Remedy. (2009) The Parliamentary and Health Service Ombudsman. <https://www.ombudsman.org.uk/about-us/our-principles/principles-remedy>

The Francis Report (2013)
<http://webarchive.nationalarchives.gov.uk/20150407084003/http://www.midstaffspublicinquiry.com/report>

Clwyd Hart (2013) A Review of the NHS Hospitals Complaints System Putting Patients Back in the Picture
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/255615/NHS_complaints_accessible.pdf

NHSLA 'Saying Sorry' leaflet
<http://www.nhsla.com/Claims/Documents/Saying%20Sorry%20-%20Leaflet.pdf>

19.0 EQUALITY, DIVERSITY AND INCLUSION

- 19.1 Communication and the provision of information are essential tools of good quality care. To ensure full involvement and understanding of the patient and their family in the options and decision making process about their care and treatment, all forms of communication (e.g. sign language, visual aids, interpreting and translation, or other means) should be considered and made available if required. These principles should be enshrined in all formal documents.
- 19.2 Kent Community Health NHS Foundation Trust is committed to ensuring that patients whose first language is not English receive the information they need and are able to communicate appropriately with healthcare staff. It is not recommended to use relatives to interpret for family members who do not speak English. There is an interpreter service available and staff should be aware of how to access this service.
- 19.3 The privacy and dignity rights of patients must be observed whilst enforcing any care standards e.g. providing same sex carers for those who request it. (Refer to Privacy and Dignity Policy).
- 19.4 Kent Community Health NHS Foundation Trust is committed to ensuring that information is provided in accessible formats and communication support is met for people (patients, carers, parents/guardians) with a disability, impairment or sensory loss. The Accessible Information Standard (AIS) is a legal requirement of the Equality Act 2010 which applies to all organisations included within the Health and Social Care Act. <https://www.england.nhs.uk/ourwork/patients/accessibleinfo/>. Guidance on professional support services for the Trust is available in the Accessible Information Policy.
- 19.5 Staff must be aware of personal responsibilities under Equality legislation, given that there is a corporate and individual responsibility to comply with Equality legislation. This also applies to contractors when engaged by the Trust, for NHS business.

19.7 Equality Analysis

- 19.7.1 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.
- 19.7.2 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.
- 19.7.3 Protected Characteristics under the Equality Act 2010 are:
- Race
 - Disability
 - Sex
 - Religion or belief

- Sexual orientation (being lesbian, gay or bisexual)
- Age
- Gender Re-assignment
- Pregnancy and maternity
- Marriage and civil partnership

19.7.4 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.

19.7.5 The Equality Analysis for this policy is available upon request by contacting the Engagement Team via kchft.equality@nhs.net.

APPENDIX A - COMPLAINTS' SIGNATORY HIERARCHY

Complaints' signatory hierarchy

Investigator

Complaints Officer (for review of draft)

Patient Experience Manager

Head of Service

Deputy CSD (via complaints' team)

AD/CSD (via complaints' team) **and cc: Deputy Chief Operating Officer** (for information)

(Head of Comms / Head of Legal if required)

Head of Practice Excellence and Quality

Deputy Chief Nurse

Chief Nurse

Chief Executive or designate if unavailable

Once complaint has been signed off, send a copy of response letter to Chief Operating Officer for information only and a copy to investigator/head of service.