

Document level: Trustwide(TW)
Code: GR4
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Policy for the recording, investigation and management of complaints/ concerns

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Authors details	Complaints & Incidents Manager

Type of document	Policy
Target audience	All CWP Staff
Document purpose	This document details the CWP process for the recording, investigation, management and response to complaints

Approving meeting	Quality Committee	Date 12/09/2018
Implementation date	01-Dec-18	

CWP documents to be read in conjunction with	
HR6	Mandatory Employee Learning (MEL) Policy
HR19	Policy for supporting staff involved in traumatic events at work including incidents, complaints, claims and inquests
CP3	Health records policy
GR1	Incident reporting and management policy
FR1	Integrated Governance Strategy (IG)
FR2	Management of internal and external recommendations policy
	Person Centred Framework

Document change history	
What is different?	New levels of complaint investigation, adjusted timescales in line with the Complaints National Guidelines. New Investigation Report.
Appendices / electronic forms	Incorporated action plans to investigation report. Additional guidance/ template letters.
What is the impact of change?	More user friendly and focuses of learning from complaints

Training requirements	There are specific training requirements for this document. Training is in accordance with CWP TNA detailed in HR6
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Document consultation	
Clinical Services	Consultation via Quality Committee
Corporate services	Consultation via Quality Committee
External agencies	N/A

Financial resource implications	No
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External references	
1. Local Authority Social Services	

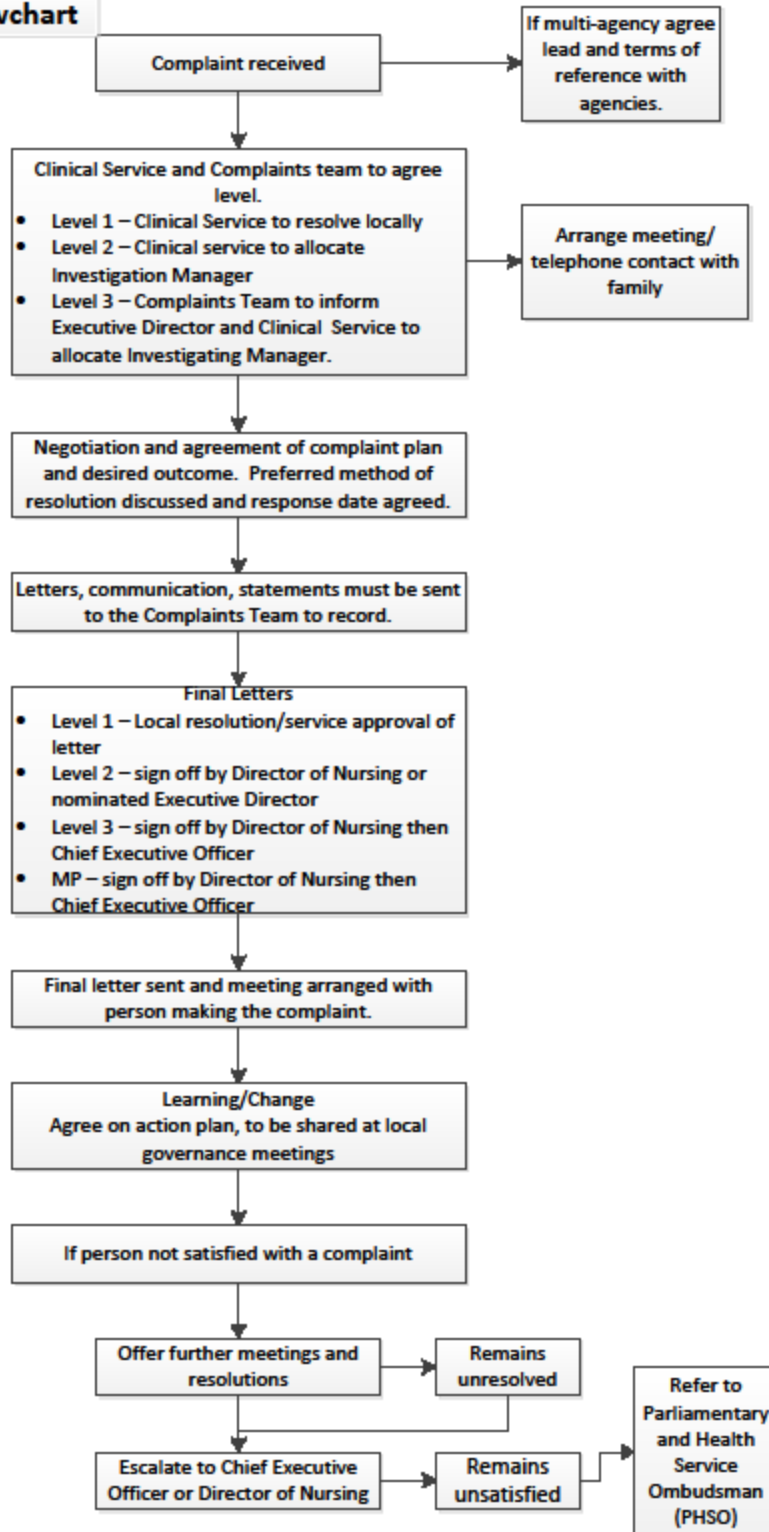
2. National Health Service Complaints (England) Regulations 2009
3. Parliamentary and Health Service Ombudsman (PHSO) Principles of Good Complaints Handling 2009
4. Freedom of Information Act 2000
5. Health Service Commissioner under the 1993 Act
6. Superannuation Act 1972
7. Mental Capacity Act 2005
8. Data Protection Act 1998

Equality Impact Assessment (EIA) - Initial assessment	Yes/No	Comments
Does this document affect one group less or more favourably than another on the basis of:		
- Race	No	
- Ethnic origins (including gypsies and travellers)	No	
- Nationality	No	
- Gender	No	
- Culture	No	
- Religion or belief	No	
- Sexual orientation including lesbian, gay and bisexual people	No	
- Age	No	
- Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? Select		
Is the impact of the document likely to be negative?	No	
- If so can the impact be avoided?	N/A	
- What alternatives are there to achieving the document without the impact?	N/A	
- Can we reduce the impact by taking different action?	N/A	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.		
If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact. For advice in respect of answering the above questions, please contact the human resource department.		
Was a full impact assessment required?	No	
What is the level of impact?	Low	

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Quick reference flowchart



1. Introduction

Cheshire and Wirral Partnership NHS Foundation Trust (CWP) is committed to providing any person who accesses or has accessed services of the Trust, their family, carer/s, or members of the public with the opportunity to make a compliment or a comment, seek advice, raise concerns or make a complaint about any of the services it provides.

2. Definitions

Compliment – An expression of gratitude about a service which CWP provides.

Complaint – An expression of dissatisfaction about a service which CWP provides.

3. Who can make a complaint or raise a concern?

A complaint can be made by the person who is accessing or has accessed services provided by CWP. In addition, a complaint can also be made by a relative/ carer or representative in the following circumstances:

- When the person concerned has died;
- If the person is unable to make a complaint due to physical incapacity or lack of capacity within the terms of the Mental Capacity Act 2005;
- If the person has granted consent for a representative to act on their behalf.
- If the person concerned is under the age of 16 and is not deemed as Gillick competent; Gillick competent is described as “A young person under the age of 16 should be deemed to have the competence to consent if they have sufficient maturity and understanding to consent”.

3.1 Complaints that cannot be dealt with under this policy

The following complaints are not dealt with under the NHS Complaints Regulations 2009 and therefore not covered by this policy:

- A complaint made by a local authority, NHS body or independent provider;
- A complaint relating to services not provided by CWP;
- A complaint made by an employee of a local authority or NHS body relating to an employment issue;
- A complaint which is or has been investigated by a Health Service Commissioner under the Health Service Commissioners Act 1993;
- A complaint arising from the alleged failure by CWP to comply with a request for information under the Freedom of Information Act 2000.

3.2 How do people make a complaint, raise a concern or compliment?

People can record any of the above by:

- Completing a Service User Feedback Form ([appendix 1](#))
- By email cwp.complaints@nhs.net
- By Telephone 01244 393145 / 01244 393163
- In person via services
- In writing to Freepost RRBA UEGB AZJA, Complaints Team, Trust Headquarters, Redesmere, Countess of Chester Health Park, Liverpool Road, Chester, CH2 1BQ

3.3 Time limit for making a complaint

As it becomes more difficult to investigate complaints as time goes on, the Trust normally asks for complaints to be made within twelve months of the event giving rise to the concern or twelve months on becoming aware of the event. This is to ensure people's recollection of events is fresh. There might be situations where the person wishing to make a complaint was unable to do so at an earlier time, for example if they were grieving or going through a trauma, therefore this time limit can be extended if it is still possible to reasonably investigate the facts of the case.

4. Openness, transparency and candour

The Trust and everyone working for the organisation will be honest, open and truthful in all their dealings with people wishing to make a complaint or raise a concern, and organisational and personal interests will never be allowed to outweigh the duty to be honest open and truthful. Duty of Candour is the statutory and regulatory requirement to ensure that trusts are being open and honest following an incident where a patient may have been harmed or had the potential to be harmed. The Duty of Candour ensures that a person who accesses services/ their families are told about safety incidents that affect them, receive appropriate apologies, are kept informed of investigations and are supported to deal with the consequences. This must take place within **10 days** of the incident occurring. **The Trust is committed to ensuring that the care and treatment provided to people who access services is of a high standard at all times, and will not suffer as a result of raising a concern or complaint.**

Communication with people involved in complaints is recorded within the complaints file. Details relating to the complaint do not form part of the clinical record but will be recorded separately.

4.1 Being open involves:

- Acknowledging, apologising and explaining when things go wrong;
- Conducting a thorough investigation into the complaint or concern;
- Assuring people who access services, their families and carers that lessons learnt will help prevent incidents occurring again;
- Providing support for those involved to cope with the physical and psychological consequences of what happened.

4.2 Person Centredness

The Trust has a Person Centred Framework and is committed to providing a person centred service to all people who access services and their carers. Complaint investigations will involve the person who is accessing or has accessed services/ their representative throughout to ensure their views are included and any specific questions they have are answered. They will also agree the timescale to investigate the complaint with the Investigation Manager.

When the family/ carer are notified of the death of the person they care for, they can comment on the care the person received. The staff member who tells the family about the death should ask if they have comments, questions or concerns about the care their loved one received or the circumstances of their death. This may not always be appropriate immediately after the death, but should be done at a suitable point.

It is important to recognise that families may not feel able to raise concerns, or to discuss their loved one's care, immediately after becoming aware or being informed of their death. They may think of questions or issues they would like to discuss once they have had time to reflect. It is important to let families know they can provide feedback whenever they are ready, but also tell them about certain processes – for example when making a complaint, the timescale is usually 12 months unless there are exemplary circumstances as described in section 3.3.

5. How to deal with a complaint or concern

5.1 Different levels of investigation appropriate to the severity of the event

All CWP complaints are to be recorded as Level 1, Level 2 or Level 3 depending on the level of investigation needed. All complaints should be acknowledged within 3 working days. Examples and further explanations are below:

Level of Investigation	Definition	Example event detail/ description	Timescales for completion
Level 1	Simple non complex issues	Delayed/ cancelled appointments. Loss of property. Less serious staff attitude concerns.	Within 6 months (see below for further guidance)
Level 2	Several issues possibly involving more than one organisation. Issues which moderately affect, or have the potential to affect, the health or the psychological wellbeing of the individual involved.	Failure to meet care needs. Medical errors. Serious staff attitude concerns.	
Level 3	Multiple issues relating to potential serious failures causing serious harm	Events resulting in serious harm or death abuse/ neglect	

The timescale for investigating a complaint is 6 months. All complaints should be resolved as early as possible to ensure a positive experience for all those involved; however a reasonable and proportionate date for a response will be agreed with the Investigation Manager and the person making the complaint as the different levels of investigation will indicate if a longer or shorter investigation is needed. The person making the complaint will be kept informed of updates by the Investigation Manager throughout the investigation.

MP Letters or emails will be acknowledged within 5 days to explain the plan of action to the MP. If longer is needed, this can be arranged with the MP.

5.2 Compliments

All compliments should be recorded on the Datix Compliment Form which is in the favourites bar on all PCs. The link for this form is:

http://datix.cwp.nhs.uk/datix/datixlive/index.php?form_id=2&module=COM

5.3 Unresolved complaints

If a person remains dissatisfied with the complaint response provided by CWP, one or more of the following criteria define an unresolved complaint and this will be recorded as reopened.

- Feedback expressing dissatisfaction at the complaint response;
- Where no new issues are raised as part of this feedback by the person making the complaint;
- Where the CWP Complaints Policy is not exhausted.

If any new issues are raised by the person making the complaint, this will be treated as a new complaint investigation.

5.4 Parliamentary & Health Service Ombudsman (PHSO)

If a person remains dissatisfied with the response provided by CWP (local resolution), they have the right to ask the PHSO to review their case. The remit of the PHSO is to assess complaint cases where the local resolution has been unsuccessful.

In circumstances whereby the PHSO contacts CWP to advise that they have been asked to review a complaint, the following actions will need to be taken:

- The complaints team should contact the relevant service to advice.
- The service should provide all requested documentation and information to the complaints team.
- The complaints team should provide the PHSO with the information requested within the

timescale where practicable.

5.5 Care Quality Commission (CQC)

A patient can make a complaint to the Care Quality Commission (CQC) about any aspect of their care and treatment from CWP. If the complaint is about the use of powers or how duties have been carried out under the Mental Health Act, the CQC will investigate as it is their role to make sure patients' human rights are maintained while they are being cared for under the Mental Health Act. If a complaint is made to the CQC about any other aspect of a patients' care, the CQC will write to the Trust and ask that the complaint is investigated by the Trust and the CQC is kept informed of correspondence with the patient.

The CQC also provides information to patients on what to expect if they are being cared of under the Mental Health Act or given a community treatment order (CTO).

5.6 Safeguarding

There may be circumstances whereby serious concerns are raised through the complaints process, relating to a safeguarding adult/ child issue, or where there are concerns that the person's representative is not acting in their best interests. In such circumstances, liaison will take place between the Director of Nursing, Therapies & Patient Partnership, the Complaints & Incidents Manager, and the Safeguarding Lead, to establish which procedure to instigate – any decision made must be in the best interests of the person who is accessing/ has accessed services, and must address the concerns highlighted.

6 Unreasonable complaint

This process is necessary for responding to the small minority of occasions when a person and/ or their representative is unreasonable in their expectations of the NHS Complaints Procedure. This process should only be considered when all other avenues have been exhausted and then always in line with the NHS Complaints Procedure, as outlined within this policy and supporting guidance.

6.1 A complaint may be categorised as unreasonable where previous or current contact shows that **one or more** of the following criteria are met:

- Persist in pursuing a complaint where the Trust complaints procedure has been fully and properly implemented and exhausted (e.g. where an investigation has been denied as “out of time” or where the person is unwilling to move to the next stage, i.e. by referring their complaint to the PHSO (Parliamentary Health Service Ombudsman).
- Persistently changing the basis of the complaint as the investigation proceeds.
- Are unwilling to accept documented evidence of treatment given as being factual, (e.g. drug records, clinical records).
- Deny receipt of an adequate response in spite of correspondence specifically answering their questions or do not accept that facts can sometimes be difficult to verify when a long period of time has elapsed.
- Do not clearly identify the precise issues that they wish to be investigated despite reasonable efforts of staff and where appropriate, ICAS (Independent Complaints Advocacy Service) or other agencies to help them specify their concerns.
- Where the concerns identified are not within the remit of the Trust to investigate.
- Focus on a trivial matter to an extent, which is out of proportion to its significance and continue to focus on this point (it is recognised that determining what a “trivial” matter is can be subjective and careful judgment must be used).
- Have been verbally abusive or physically abusive during the investigation of complaint or present a risk towards staff or others.
- Making excessive demands on time and resources of staff with lengthy phone calls, e-mails or detailed letters every few days and expecting immediate responses.
- Are known to have recorded meetings or face to face/ telephone conversations without the prior knowledge and consent of the other parties involved.

6.2 How to deal with unreasonable complaints

The Chief Executive (or nominated deputy) will implement such action and will notify the person in writing of the reasons why their complaint has been classified as unreasonable and the action to be taken. This action should be kept under regular review by the Complaints team in conjunction with the Executive team. Once it is clear that a person meets any of the criteria above, it may be appropriate to inform them in writing that their complaint may be classified as unreasonable, a copy this policy to them and advise them to take account of the criteria in any further dealings with the Trust. In some cases it may be appropriate, at this point, to suggest that the person making the complaint seek advice in processing their complaint, e.g. through ICAS, Healthwatch or other agencies.

It may be necessary to:

- Have one point of contact on behalf of the Trust.
- Inform the person making the complaint that in extreme circumstances the Trust reserves the right to pass unreasonable complaints to the Trust's solicitors.
- Temporarily suspend all contact with the person making the complaint or the investigation of the complaint whilst seeking legal advice or guidance from relevant agencies.

This notification may be copied for the information of others already involved in the complaint, e.g. practitioners, conciliator, ICAS, MP. A record must be kept in the complaints file for future reference of the reasons why a complaint has been categorised as unreasonable.

7. Consent and confidentiality

For any complaint not made directly by the person who is accessing or has accessed services, consent must be sought. Consent can be obtained in writing see [appendix 2](#), it must be recorded on the complaints file by the complaints team. In circumstances where the person who has accessed services has died, the person acting on behalf of the deceased is able to make a complaint. If it was documented in the person's clinical notes that information is not to be shared, this will be considered. The complaint investigation will commence, but no information will be shared with the person making the complaint until consent has been received. In a case where consent is not received, the representative must be advised in writing that CWP is unable to disclose any confidential information about the person who had accessed services, however, a general response to the issues raised will be provided by the relevant service, following an investigation if warranted.

7.1 Consent where the person who accesses services lacks capacity

7.1.1 Adults

In circumstances whereby a person who is accessing or has accessed services, aged 16 years or over, is not assessed as having capacity to consent, as identified under the provisions of the Mental Capacity Act 2005, a check must be made to ascertain whether a Lasting Power of Attorney (LPA) for the person's personal welfare is in place. If so, consent must be sought from the attorney who will make a decision on behalf of the person. If there is no LPA in place, unless there are best interest issues, liaison between the complaints team, clinical team and the safeguarding team will take place to review whether consent can be deemed for the purposes of the complaint.

7.1.2 Young persons under the age of 16

If the person who is accessing or has accessed services concerned is under the age of 16 and is not deemed as Gillick competent, CWP have a duty to ensure that they are satisfied that there are reasonable grounds for the complaint being made by a representative/ carer instead of the person who is accessing or has accessed services. Gillick competent is described as "A young person under the age of 16 believed to have enough intelligence, competence and understanding to fully appreciate what is involved in their treatment". . Guidance is sought from the Trust's Caldicott Guardian in these circumstances. If it is assessed that the complaint is not being raised in the best interests of the person, the complaint will not be progressed at this point in time. This decision is made by the Director of Nursing, Therapies & Patient Partnership in conjunction with the Trust's Caldicott Guardian. This decision will be kept under review.

7.2 Circumstances where investigating the complaint is not in the best interest of the person who accesses services mental health

Where it is clear upon investigating the complaint that it is not in the best interests of the person's mental health, the following steps should be taken:

- The complaint should initially follow the usual complaints process.
- The concern that the illness is the root cause of the complaint and that responding to it would adversely affect the person's mental health problems should be considered by the care team. Based on clinical opinion, they will advise either the complaints team or the investigating manager. This decision must be clearly documented in the complaint file supported by the rationale for it, and kept under review.

Possible outcomes could include:

- Delaying the investigation until the person's health has improved.
- Not pursuing the investigation as the complaint is part of the person's pathology.
- That it is not in the person's best interests to respond to the complaint at this time.

8. How the organisation makes improvements as a result of a concern or complaint

The complaints team holds all complaints files and data. This information is analysed and shared across the Trust and contributes to the continuous improvement agenda. Following a completed investigation an action plan is developed and recorded in line with the process outlined. The action plan is shared with the commissioners and Trustwide dependent upon the learning identified and changes to practice are implemented accordingly.

8.1 How this information will be shared with relevant individuals or groups

The Learning from Experience report, produced 3 times a year, is submitted to the Board of Directors (BOD) and also other meetings within the governance structure, including:

- Quality Committee.
- Locality and Care Group governance (Learning from Experience) meetings.
- Clinical Commissioning Groups.
- CWP Board.
- Health, Safety and Wellbeing Sub Committee.

The Learning from Experience report is discussed and disseminated at the local Learning from Experience Group meetings, and then discussed at the ward/team business meetings. The report is also distributed via Trust communication channels, e.g. CWP Essential.

8.2 How the organisations shares safety lessons with internal and external stakeholders

The Trust shares safety lessons internally via the following:

- Lessons learned outlined within the learning from experience reports,
- Safety bulletins circulated to staff, when an urgent safety lesson needs to be cascaded.
- Newsletters.
- Feedback to staff via mechanisms such as share learning bulletins.
- Monthly data provided to the Information Team for use in various dashboards and reports.

The Trust shares safety lessons externally via the following locality local governance arrangements:

- Learning from experience report.
- Liaising with staff from outside the organisation of incidents involving other trusts/ organisations.
- Reporting incidents externally via the National Reporting and Learning System (NRLS), which allows other trusts to learn lessons from safety alerts published by NHS Improvement through the Central Alerting System (CAS).
- Annual complaints report.
- The Trust works closely with partner organisations to share information, e.g. to learn from complaints in other areas to help the Trust's own complaint investigations and improve outcomes for people who access services.

8.3 How this information is combined to provide a risk profile for the organisation

The Learning from Experience report, produced three times a year, aggregates information on incidents, claims, complaints, compliments, PALS, inquests and Speak Up Guardian feedback, which contributes to the risk profile for the organisation and as such if any risks/ assurances are highlighted in the report this will be escalated and managed in accordance with the Trust's risk management processes.

However, it should be noted that any potential risk identified from an incident, complaint or claim investigation will be included on the appropriate clinical service/ Care Group risk register, with outlined risk reduction measures at any time following such an occurrence. Any high level risks identified, i.e. risks of 15 or above, are considered for inclusion on the Trust strategic risk register.

9. Further Assistance/ Support

9.1 Patient Advice and Liaison Service (PALS)

The PALS service is available to assist with concerns, it is a distinctly different function from the complaint handlers and can provide ongoing assistance to people who are accessing or have accessed services/ their representatives should they wish. PALS leaflets are given to all patients, families or carers who raise a concern.

9.2 People whose first language is not English

The Trust is committed to ensuring that people whose first language is not English receive the information they need and are able to communicate appropriately with healthcare professionals. It is not appropriate to use family or friends to interpret for those who do not speak English. For assistance with translators/ interpreters, staff must refer to the following link: [Translation Service](#)

9.3 People with a sensory impairment

Wards and departments all have access to communication aids, for example, hearing aid loops or communication boards. For further guidance, contact the relevant ward/ department for access to this equipment.

9.4 Support for staff

Members of staff named in the complaint, either personally or by role, should be informed of the complaint by the Investigating Manager. Staff should be fully supported by their line manager and consulted during the investigation. The investigation should be robust, fair and timely and should not apportion blame. Refer to [HR19 Policy For Supporting Staff Involved In Traumatic Events At Work Including Incidents, Complaints, Claims And Inquests.](#)

9.5 Joint complaints handled between organisations

Where a complaint includes issues which relate to CWP and other NHS bodies or local authorities, the complaints leads for the respective organisations will work together, where possible, to coordinate a joint response to the complaint. It is usual practice for the organisation to which the majority of the issues pertain to take the lead in communicating with the person who is accessing or has accessed services/ their representative and coordinate the response; this should be done in conjunction with the other organisations named.

9.6 Complaints training for staff

All staff must complete the training as outlined within the Trust's training needs analysis detailed within [HR6 Mandatory Employee Learning Policy.](#)

This policy is in line with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and is structured around the Parliamentary and Health Service Ombudsman's (PHSO) Principles of Good Complaints Handling 2009.

The principles of good complaints handling produced by the Parliamentary and Health Service Ombudsman includes:

1. Getting it right

2. Being customer focused
3. Being open and accountable
4. Acting fairly and proportionately
5. Putting things right
6. Seeking continuous improvement

10 National Guidance:

- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (the Regulations 2009)
- NHS Constitution (2009)
- Making Experiences Count – A New Approach to Responding to Complaints (June 2007)
- Principles of Good Complaint Handling, Parliamentary and Health Service Ombudsman (2009)
- Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (2013)
- Berwick Review: A promise to learn – a commitment to act; Improving the Safety of Patients in England (2013)
- Clwyd & Hart: A Review of the NHS Hospitals Complaints System: Putting patients back in the picture (2013)
- Hard Truths: Mid Staffordshire NHS FT public inquiry; government response (2014)
- Transforming Care: A national response to Winterbourne View Hospital: DH final report (2012)

Copies of these documents are available from the complaints team.

Appendix 1 – Service User Feedback Form

This form is to record any comments, concerns, compliments and complaints made by, or on behalf of people who are accessing services or members of the public.

Type of feedback	<input type="checkbox"/> Compliment	<input type="checkbox"/> Comment	<input type="checkbox"/> Concern	<input type="checkbox"/> Complaint
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Name of person completing form	
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<input type="checkbox"/> Person accessing services (patient, service user, client)	<input type="checkbox"/> Carer/ relative	<input type="checkbox"/> Member of staff	<input type="checkbox"/> Member of public
--	--	--	---

Address	
---------	--

Telephone number	
------------------	--

Name of person who accesses services	(if different from person giving feedback)
--------------------------------------	---

Address	
---------	--

Telephone number	
------------------	--

It is acceptable if the person giving feedback wishes to remain anonymous	
---	--

If this is a complaint, is the person who is accessing services aware of it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

Date of event giving rise to feedback	
---------------------------------------	--

Details	
---------	--

To be completed by staff

Response and action taken (if applicable)	
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If this is a record of a complaint, was it resolved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Email:

Cwp.complaints@nhs.net

Fax: 01244 385191

Post: Freepost RRBA UEGB AZJA, PALS, Complaints and Incidents Team, Trust Headquarters, Redesmere, Countess of Chester Health Park, Liverpool Road, Chester, CH2 1BQ

Appendix 2 – Consent form

Trust Ref: **(Insert ref)**

To: **Complaints Handler**
Cheshire and Wirral Partnership NHS Foundation Trust

I confirm that I give consent for **(Insert person making the complaint’s name)** to make a complaint on my behalf regarding

What is the relationship of the person making the complaint to you, i.e. friend, relative, advocate, partner, other?
.....
.....

Any and all relevant documents, including medical and nursing records, may be accessed during the investigation and relevant issues disclosed to:
(Insert person making the complaint’s name)

Name: **(Insert name of person who is accessing/ has accessed services)**

Signed:

Name:
(Please print)

Address:
.....
.....

Date:

Appendix 3 – Suggested acknowledgement letter confirming handling plan following discussion with the person making the complaint

For Level 1, Level 2 and Level 3 complaints

Our Ref: RSP/ Date
Name
Address

Dear

Re:

Further to our letter dated.....acknowledging your complaint, please find below the issues you have raised and an agreed investigation plan as part of the investigation process.

Issues raised

Agreed handling plan

If you feel that the issues are incorrect or wish to discuss the investigation plan please do not hesitate to contact me at your earliest convenience.

Yours sincerely

Appendix 4 – Staff Support Letter

Our Ref: RSP/
Date
Name
Address

Dear

As you may be aware, a complaint has recently been received which relates to you. If you have not already done so, please arrange to discuss this complaint with your manager. This letter is to supplement that discussion. The complaint is being investigated and the investigator may contact you to ask for a statement. The details are as follows:

Person making the complaint: Summary of complaint:
Date received:
Case number:
Investigating
Manager:

We do realise that it can be distressing and worrying to be the subject of a complaint. If you would find it helpful to discuss this complaint with someone unconnected with the investigation, your line manager will be able to arrange this. If your line manager is the investigator it may be possible to identify another person to support you.

If you feel that stress as a result of the complaint is interfering with your ability to do your job, or is seriously affecting you in any other way, please seek advice from Occupational Health or from staff support (leaflet enclosed) who may be able to provide direct support or refer you for further support. Please be assured that the investigation of the complaint will be undertaken in the context of being fair and open.

We recognise that complaints can be the result of misunderstanding and that, even where there has been some error on the part of Trust staff, it is important to recognise the systems issues that can lead to errors. The key objective of investigating complaints is to allow the situation to be understood, so that we can learn from it and give the person making the complaint assurance that we are doing this. Please feel free to contact me if there is any other information that you would like in relation to this issue.

Yours sincerely

Appendix 5 – Draft Template Complaint Response Letter

Our Ref: RSP/
Date

PRIVATE AND CONFIDENTIAL

Name
Address

Dear

Paragraph 1

We are writing in response to your letter dated, in which you raised concerns about..... We would like to apologise for the distress this matter has caused you and we hope you find the following response helpful. You indicated that you wished your comments to be treated as a complaint and we have therefore investigated the issues raised in accordance with the Trust's Procedure for the investigations and management of complaints, concerns and compliments.

Paragraph 2 – (if appropriate)

In order to conduct an appropriate investigation into the circumstances of your complaint we have requested and received statements from the following members of Trust staff;

Dr.....

Staff Nurse.....

Paragraph 3 – (an apology and full explanation should be given ensuring that all questions raised by the person making the complaint have been answered; please note that an apology is not an admission of liability)

Paragraph 4 – (if appropriate)

As a result of your complaint the Trust will make the following improvements:

(e.g.)

- There will be a review of
- The member of staff concerned will undergo additional training.....

PHSO Information – this MUST be included

If you are unhappy with the outcome or the way in which your complaint was handled, you can contact the Parliamentary and Health Service Ombudsman (PHSO). The PHSO provide an independent complaint handling service and are not part of Government or the NHS in England. They are the final stage for complaints that have not been resolved by the NHS in England; you can also contact the PHSO during our investigation if you do not feel happy with the way it is going. Their contact details are below:

The Parliamentary and Health Service Ombudsman
Millbank Tower
Millbank
London
SW1P 4QP

Website: www.ombudsman.org.uk

Complaints Helpline 0345 015 4033 – open between 8.30 am – 5.30 pm Monday to Friday

Email: phso.enquiries@ombudsman.org.uk

Fax: 0300 061 4000

Yours

sincerely

Appendix 6 – Investigation Report

Complaint Investigation Report

Investigating Manager

insert name, job title, work team/ward, locality

Complaint Reference/ Level	Work Team/ Ward	Care Group	Received Date

Person making the complaint			
Name		Relationship to person	
Address and postcode			
Telephone numbers		Email address	
Preferred contact		Has consent been recorded/ received	

Details of the person who is accessing/ has accessed services:			
Name		Ethnicity	
NHS number		Date of Birth	

Agreed completion date:	
To be agreed with the person making the complaint during initial contact	

Complaint details

What happened? (Use Electronic patient record, conversations, etc.)

Learning Points

Action plan to address the recommendations of the complaint investigation in relation to insert initials of patient, complaint reference, NHS number and date of birth

Actions to address the recommendations identified above. These should be SMART – Specific, Measurable, Achievable, Realistic, Timely]

Date actions agreed between Head of Clinical Services and the care team				<u>Insert date</u>		
Recommendation	Action/ Evidence required	Person responsible [designation]	Local [state which team/s] or Trustwide	Date due to be completed	Embed/ Note updates and assurances	Date completed
Action plan as at <u>insert date</u>						
1.						
2.						
3.						
4.						
5.						
6.						
7.						

Authorisation

Investigation Manager Name		Date Investigation concluded	
Head of Operations Name		Date of approval	
Director of Nursing Name		Date of approval	

NB. If an electronic signature is provided, it is assumed that the person providing the signature has read and approved the document.

Points to consider when reviewing report:

- Have the issues of complaint detailed in the being open discussion been addressed?
- Has a letter to the person making the complaint been drafted?
- Has all learning been included within the response to the person making the complaint?
- Has the person making the complaint been kept informed if there has been a delay in responding?
- Has an action plan been developed in response to recommendations?

Appendices:

Revision history

Version history

Version	Date revised	Change made by	Brief summary of changes