

Policy Document Control Page

Title

Title: Complaints and Compliments Policy

Version: 11

Reference Number: CO3

Supersedes

Supersedes: Version 10

Description of Amendment(s):

- Reference added to Patient Experience Strategy
- Amendment of scope of the Policy to simplify
- Amendment to reflect initial acknowledgement of the complaint can be made by receiving service
- Addition of 'associated policies' section
- Simplification of reference to matters being investigated under the Incident Reporting, Management and Investigation Policy and Complaints Policy
- Simplification to reporting section, to reflect the governance structure of the Quality Group and Performance and Quality Assurance Committee
- Simplification of staff support section
- Amendment of appendix 1 to ensure inclusive of other NHS bodies

Originator

Originated By: Ben Woffenden

Designation: Complaints Manager

Equality Impact Assessment (EIA) Process

Equality Relevance Assessment Undertaken by: Complaints Manager

ERA undertaken on:

ERA approved by EIA Work group on:

Where policy deemed relevant to equality-

EIA undertaken by: Complaints Manager

EIA undertaken on: 8 July 2011

EIA approved by EIA work group on: 22 July 2011

Approval and Ratification

Referred for approval by: Ben Woffenden

Date of Referral: 5 April 2016

Approved by: Quality Group

Approval Date: 5 April 2016

Date ratified by Executive Directors: 16th May 2016

Executive Director Lead: Executive Director of Nursing and Healthcare Professionals

Circulation

Issue Date: 17th May 2016

Circulated by: Performance and Information

Issued to: An e-copy of this policy is sent to all wards and departments

Policy to be uploaded to the Trust's External Website? YES

Review

Review Date: April 2018

Responsibility of: Ben Woffenden

Designation: Complaints Manager

This policy is to be disseminated to all relevant staff.

This policy must be posted on the Intranet.

Date Posted: 17th May 2016

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1. INTRODUCTION

- 1.1 The aim of the policy is to ensure the Trust listens to feedback from service users, carers and their relatives, responds openly and improves services as a result of lessons learned. Complaints and compliments form a key part of the Trust's mechanisms for seeking continuous improvement and the effective use of this policy is central to quality governance and the implementation of the Trust's Patient Experience Strategy
- 1.2 This policy has been prepared to comply with The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.
- 1.3 The aim of Pennine Care NHS Foundation Trust is to ensure complaints made by service users, relatives or their carers are resolved openly and promptly and that both complainants and staff are treated fairly.

To enable this, the process should be:

- *Accessible and well publicised* – through the Trust's website and provision of information leaflets for service users, carers and relatives.
 - *Fair and impartial* – through open and honest communication with complainants and any staff members involved.
 - *Well supported by training* – through Trust Induction (mandatory training for all staff) and specialist investigation training (for members of staff who may be asked to undertake complaints investigations). Complaints training (for details of the training provided see section 12 of this policy) will include "Being Open" principles.
 - *Confidential* – in that only members of staff who are required to be part of the investigation will be made aware of a complaint. Information from complaints may be used anonymously for the purposes of organisational learning.
 - *Timely* – in that the time taken to respond to the complainant is proportionate to the complexity of complaint.
 - *Simple* – in that the process is straightforward and easy to understand.
- 1.4 Pennine Care NHS Foundation Trust assures all service users that their access to the NHS Complaints Procedure will not affect their care with the Trust at any point.
 - 1.5 Assistance will be given to complainants in accessing the NHS Complaints Procedure. This includes providing an appropriate and

acceptable response to complainants who are unable to read English or who have sight or hearing difficulties.

2. ASSOCIATED POLICIES

- 2.1 This document should be considered in conjunction with Pennine Care NHS Foundation Trust's:
- Incident Reporting, Management and Investigation Policy
 - Personal Injury and Clinical Negligence Claim Policy
 - Losses and Compensations Policy
 - Information Security Policy

3. SCOPE

- 3.1 This document outlines the Complaints Policy for Pennine Care NHS Foundation Trust in relation to complaints made by any person who is affected by, or is likely to be affected by, an action, omission or decision of the Trust
- 3.2 This policy is applicable to all Trust staff.
- 3.3 This policy is applicable to any person wishing to make a complaint to the Trust.
- 3.4 Appendix 1 outlines the current agreement regarding complaints that cover services provided by two or more organisations, or services delivered by one organisation on behalf of another.

4. DEFINITIONS

- 4.1 The definition of a complaint for the purpose of this policy is an expression of dissatisfaction, either verbal or written, which requires a response.
- 4.2 The definition of a compliment for the purpose of this policy is an expression of praise received by a member of staff or department / team.

COMPLAINTS

5. MAKING A COMPLAINT

Persons who may make complaints:

- 5.1 A complaint can be made by any person who is affected by, or is likely to be affected by, an action, omission or decision of the Trust.
- 5.2 A complaint may be made by a person acting on behalf of another person in any case where that person:
- a) Has died;
 - b) Is a child;
 - c) Is unable to make the complaint themselves because of:

- (i) physical incapacity; or
- (ii) lack of capacity within the meaning of the Mental Capacity Act (2005); or
- d) Has requested the representative to act on their behalf.

Where a representative makes a complaint on behalf of a child, Pennine Care NHS Foundation Trust will consider the complaint if it is satisfied that there are reasonable grounds for the complaint to be made by a representative instead of the child.

5.3 In the case of an individual who has died, the representative must be a relative / other individual who, in the opinion of the Complaints Manager, had or has a sufficient interest in the individual's wellbeing and is a suitable person to act as the representative. If the Complaints Manager determines that a person is not suitable, a full explanation outlining the reasons for the decision will be provided. Advice will be sought from the Trust Solicitor as necessary.

5.4 Complaints excluded from consideration/handling under this policy are:

- a) A complaint by a responsible body (for example, a Local Authority, NHS body, primary care provider or independent provider).
- b) A complaint made by an employee about any matter relating to their employment.
- c) A complaint which has been made verbally and is resolved to the complainant's satisfaction in one working day.
- d) A complaint, the subject matter of which is the same as that of a complaint that has previously been made and resolved in accordance with sub-paragraph c).
- e) A complaint, the subject matter of which has previously been investigated via the NHS Complaints Procedure.
- f) A complaint, the subject matter of which is being or has been investigated by a Local Commissioner under the Local Government Act (1974), or a Health Service Commissioner under the 1993 Act.
- g) A complaint arising out of the Trust's alleged failure to comply with a request for information under the Freedom of Information Act (2000).

5.5 If the Trust is unable to consider a complaint made by a service user, relative or carer, a response will be provided explaining the reasons why the Trust is unable to consider the complaint.

Timescale for making complaints:

5.6 A complaint must be made within 12 months of:

- a) the date on which the matter which is the subject of the complaint occurred; or
- b) if later, the date on which the matter which is the subject of the complaint came to the notice of the complainant.

The 12 month time limit will not apply if the Trust is satisfied that:

- a) the complainant had good reasons for not making the complaint within that time limit; and
- b) it is still possible to investigate the complaint effectively and fairly.

Handling of complaint where there is possible legal action

- 5.7 Where the possibility of legal action is intimated before a complaint has been resolved, the Complaints Manager will consider whether by dealing with the complaint it might prejudice the legal action. Where it is thought that dealing with the complaint might prejudice the legal action, resolution of the complaint will be deferred until the legal action is concluded.
- 5.8 In the circumstances described above, advice will be sought from the Trust's Solicitor as necessary.

6. INVESTIGATION AND RESPONSE

- 6.1 The Trust will acknowledge any complaint received no later than three working days after the day on which it receives the complaint.
- 6.2 The acknowledgement may be made orally or in writing. The acknowledgement will be made by the Complaints Department, if the complaint is received directly by that Department. The receiving service may acknowledge the complaint if the complaint is received elsewhere with the Trust, but should notify the Complaints Department of the complaint immediately. The Complaints Department will then ensure that the following requirements have been complied with:
- 6.3 Where a complaint is made orally, the Complaints Department will ensure that an acknowledgement letter is sent accompanied by a written record of the complaint, with an invitation for the complainant to sign and return it to the Complaints Department.
- 6.4 The acknowledgement will include an offer by the Complaints Department to discuss with the complainant the manner in which the complaint is to be handled, the timescale within which the investigation of the complaint will be completed and the date when the response will be sent to the complainant. If the complainant does not accept the offer of a discussion, the Complaints Manager will decide on the timescale for responding to the complaint and notify the complainant in writing. The timescales for responding to complaints will therefore be agreed with the complainant, or where the complainant does not want to agree a timescale, be specified by the Complaints Manager.
- 6.5 In the acknowledgement letter, reassurance will be given that any disclosure will be confined to that which is relevant to the investigation of the complaint and only made to those people who have a demonstrable need to know for the purpose of the investigation of the complaint. The acknowledgement letter will also reassure the

complainant that the service user's care and treatment will not be affected as a result of accessing the NHS Complaints Procedure and will invite the complainant to contact the Complaints Department if they feel that it has been. The Complaints Department will address any such allegation with the relevant Divisional/Borough Governance Lead.

- 6.6 A risk assessment matrix (Appendix 2) will be utilised to categorise the complaints at the point they are received into the Complaints Department, depending on their complexity and severity. The risk category will be used to assist in deciding the level of investigation to be undertaken and the appropriate form of response to the complaint.
- 6.7 The Complaints Manager will ensure, via the appropriate Divisional/Borough Governance Lead, the allocation of an appropriate Complaint Investigator. If the complaint involves medical issues, the Complaints Manager will review the complaint with the Medical Director, who will advise of the appropriate clinician to arrange for the investigation of the complaint.
- 6.8 Investigations will be objective, impartial and open, in accordance with the Principles of Good Complaints Handling (Parliamentary and Health Service Ombudsman, 2009).
- 6.9 The Complaint Investigator will be provided with guidance via the Trust's agreed protocol as necessary to guide the investigation process and explain the required content of the report to the Chief Executive (Appendix 3). If the protocol is not provided, the Complaints Manager will ensure that the investigator receives the appropriate guidance.
- 6.10 As part of the investigation process, consideration should be given to meeting with the complainant and any representative, to clarify the issues involved and effect mediation. The Complaint Investigator and Complaints Manager should consider who is best placed to meet the complainant, e.g. a member of the care team, the Complaints Manager or the Complaint Investigator.
- 6.11 The investigation process includes providing anyone identified as the subject of a complaint with a full account of the reasons for the investigation, giving them a proper opportunity to talk to the Complaint Investigator and ensuring they are kept informed of the process. These actions must be taken by the person allocated to investigate the complaint.
- 6.12 The Complaint Investigator should interview staff involved in the complaint or obtain written statements. A written statement or record of any interview should be produced by the Complaint Investigator and signed by the interviewer and interviewee. The statement / interview record should be returned to the Complaints Department, via the Divisional Governance Manager/Borough Governance Lead, with the completed investigation report.

- 6.13 All staff involved in a complaint investigation should be informed of the support services that are available to them. The Complaints Department's information sheet 'Information for members of staff involved in a complaint' (Appendix 4) should be provided to all staff involved in the complaint by the Complaint Investigator. See Section 9 of this Policy for further information regarding the support for staff.
- 6.14 The Complaint Investigator's report must respond fully to each aspect of the complaint as identified in the Investigation Protocol / record of the complaint, along with any other issues that the Complaint Investigator identifies. It should contain:
- a) Explanations of the action taken to investigate the complaint;
 - b) Copies of any documents which support the investigation ;
 - c) Specify any recommendations or improvements; and
 - d) A formulation as to whether each aspect of the complaint is upheld, not upheld or unsubstantiated.

The Complaint Investigator should also clearly indicate in their investigation report to the Complaints Department if information that they do not want to be disclosed to the complainant is included in their report.

- 6.15 To ensure that information is relayed correctly, and bearing in mind that evidence may be required at a later stage by Trust Solicitors, Members of Parliament or the Parliamentary and Health Service Ombudsman, copies of any supporting documentation related to the report should be forwarded with the report findings to the Complaints Department.
- 6.16 Where it is identified that the matter the complaint relates to should be or is being investigated as a Serious Untoward Incident (SUI) or if is already being investigated under the Incident Reporting, Management and Investigation Policy, the case this will be discussed by the Complaints Manager, Divisional/Borough Governance Lead and Risk Department Management Team to ensure that the Trust's requirements regarding both the response to complaints and the investigation of incidents are met.
- 6.17 Upon receipt of the investigation report, the Complaints Manager will review it and ensure safety lessons are shared with outside stakeholders as necessary.
- 6.18 If a response cannot be sent within the agreed timescale, the Complaints Department will notify the complainant in writing or by telephone and explain the reason why. A new timescale will then be agreed between the complainant and the Complaints Department.
- 6.19 Where the complaint raises particularly complex issues or the investigation into that complaint has been ongoing for more than six months, the Complaints Manager will highlight the case at a senior level within the Trust (Service Director / Executive Director level).

- 6.20 A final reply to the complaint will be sent at the conclusion of the investigation by the Chief Executive. Responses will include the following:
- a) An explanation of how the complaint has been considered.
 - b) An explanation of events.
 - c) The conclusions reached, including any matters for which remedial action is required.
 - d) An apology where appropriate.
 - e) Confirmation as to whether the Trust is satisfied that any action needed in consequence of the complaint has been taken or is proposed to be taken.
 - f) Details of the complainant's right to take their complaint to the Parliamentary and Health Service Ombudsman.
- 6.21 First class post or, exceptionally, special delivery mail will be used in correspondence with complainants.
- 6.22 Recommendations will be made by the Complaint Investigator to ensure that any opportunities for improving the services offered by the Trust are taken. The Divisional/Borough Governance Lead will ensure that an action plan is formed and implemented in relation to the recommendations. The Divisional/Borough Governance Lead will monitor this on a monthly basis at the Local governance forum(s) to ensure that all recommendations are actioned.
- 6.23 Once provided with a written response, the complainant will be sent a questionnaire (Appendix 5) requesting feedback on how their complaint was handled. If a questionnaire is not being sent to a complainant, the reason for this will be clearly documented by the Complaints Manager. Feedback from the questionnaires will be provided by the Complaints Manager through the Local governance forum(s).
- 6.24 The Complaints Manager may, in any case where he/she thinks it appropriate to do so, and with the agreement of the complainant, make arrangements for conciliation, mediation or other assistance for the purpose of resolving the complaint. In such cases the Trust must ensure that appropriate conciliation or mediation services are available.
- 6.25 All communication regarding complaints must be recorded on the complaint file held in the Complaints Department. Correspondence should be date stamped upon receipt and all conversations should be recorded in a file note, with the date and participants' names all detailed.

7. GOVERNANCE PROCESSES AND MONITORING

- 7.1 The Complaints Department is responsible for maintaining a comprehensive data record of all complaints and for producing monthly, quarterly and annual monitoring reports for the Trust Board and other forums as detailed below.

- 7.2 Information on complaints, trends and service improvements resulting from complaints and informal concerns will be reported as follows:
- a) Monthly data to the Board of Directors and local governance forums;
 - b) Ongoing exception reporting via the governance structure of the Quality Group to the Performance and Quality Assurance Committee
 - c) Annual Report. This will be reported to the Performance and Quality Assurance Committee, local governance forums and will be made available to the CQC upon request.
- 7.3 A six-monthly review of the results from the Complaints Questionnaire (Appendix 5) will be conducted by the Complaints Manager to monitor the procedure in accordance with the Complaints Policy. The Complaints Manager will be responsible for formulating action plans to address any concerns or problems detailed in the Questionnaire responses. The action plans will be implemented and monitored through local governance forums.
- 7.4 Some complaints may require external agency involvement. The process for involving and communicating with internal and external stakeholders to share lessons learnt will vary depending upon the circumstances of the complaint. Please see Section 9 and Appendix 1 of this Policy for information on joint-working and complaints.

Managers will involve and communicate with internal stakeholders to ensure they are sufficiently supported during the complaints process and assist in sharing 'lessons learnt' from the complaint or from analysing complaints. This process could involve sharing information through direct contact, reports, presentations, briefings and bulletins.

Where a joint response to a complaint is produced by a number of organisations, the joint investigation report must include any necessary recommendations and the method by which they will be implemented and monitored. On completion of the joint investigation report, the parties involved in producing it should agree on the response and any necessary action plan before the response is sent to the complainant.

- 7.5 The Complaints Manager should consider the necessity to, where appropriate, inform the following agencies of any serious complaints:
- Local CCGs
 - Local Child Safeguarding Board
 - Social Services Department
 - Police
 - Local Adult Safeguarding Board

8. RESPONSIBILITIES

- 8.1 The post holder with responsibility for the management of complaints is the Complaints Manager; this post is accountable to the Executive Director of Nursing and Healthcare Professionals who, in turn, is responsible to the Chief Executive and Board of Directors for the

proper management of complaints, under The Local Authority Social Services and National Health Service (England) Regulations 2009.

- 8.2 The Chief Executive will ensure that action is taken, if necessary, in the light of the outcome of the complaint. The Chief Executive will approve and sign written responses to complaints. In the absence of the Chief Executive an appropriately appointed senior executive will undertake this.
- 8.3 The Complaints Manager will:
- a) Be accessible to anyone wishing to make a complaint and provide advice on the process.
 - b) Co-ordinate the administration of the complaints process.
 - c) Be responsible for ensuring any annual targets are met.
 - d) Ensure fairness and objectivity at all times.
- 8.4 Divisional Directors, Directorate Managers, Modern Matrons and Service Managers will monitor the way in which their services handle complaints and concerns, in terms of speed and efficiency of investigation, ensuring immediate action is taken when required. This will include ensuring that the allocated Complaint Investigator is provided with all the information available and facilitating meetings with staff, as appropriate. Service Managers are responsible for ensuring that the appropriate support is offered to staff involved in complaints (see Section 10 on this Policy for further information regarding the support for staff).
- 8.5 The Divisional/Borough Governance Lead will ensure that, where applicable, the allocated Complaint Investigator receives the Complaint Investigation Protocol / relevant documentation. On completion, the Divisional/Borough Governance Lead will ensure the completed investigation report is submitted to the Complaints Manager along with supporting documentation, following quality screening of the report.
- 8.6 The Complaint Investigator should complete the report, in line with the agreed format and submit it to the Divisional/Borough Governance Lead.

The role of all staff

- 8.7 All Trust staff must be familiar with the Complaints Policy and be able to advise service users, relatives or their carers on how to make a complaint or raise a concern. Staff have a personal responsibility to try and resolve complaints and informal concerns fully and quickly when they arise.
- 8.8 If staff receive verbal comments, concerns or complaints from service users, their carers or their relatives, the member of staff should establish the facts and clarify whether a complaint is being made. Staff are encouraged, in conjunction with their line manager and, if appropriate, PALS, to deal with concerns to which they can provide an immediate response. The aim is to resolve the matter causing concern, to reassure the person raising the concern, to learn from that

person's experience and to eliminate the potential for similar problems.

- 8.9 If a member of staff is able to resolve a complaint that has been made verbally by the end of the working day following the day on which it was made, the member of staff should immediately complete the Trust's 'Local Complaints Action Form' (Appendix 6) and return it to the Complaints Department indicating that no further action is required.
- 8.10 If a member of staff receives a complaint that the complainant is in agreement with the member of staff dealing with, and it does not fit within the circumstances described above in paragraph 8.9, the member of staff should immediately complete the Trust's 'Local Complaints Action Form' (Appendix 6) and return it to the Complaints Department, indicating the action that they are undertaking, the timescale that they have agreed with the complainant for taking that action and confirming that the complainant has been made aware of the following:
- a) The support available to them to make a complaint including PALS (Patient Advice and Liaison Service) and ICAS (Independent Complaints Advocacy Service); and
 - b) Their rights within the NHS Complaints Procedure, by providing the complainant with a copy of the Trust's 'Comments and Complaints' leaflet.

The Complaints Department will ensure that the Divisional/Borough Governance Lead is informed of the complaint and that it is recorded and reported appropriately.

- 8.11 If a member of staff receives a concern or complaint that they are either unsure of how to deal with or that the complainant does not want them to attempt to resolve, they should immediately complete the Trust's 'Local Complaints Action Form' (Appendix 6) and return it along with the complaint and any supporting/relevant documents to the Complaints Department, indicating that they have been unable to resolve the complaint.
- 8.12 If a member of staff is unsure of how to respond to any concern or complaint that they receive, they should contact the Complaints Department on 0161 716 3083 immediately to discuss.

9. JOINT WORKING

- 9.1 Where it appears that the complaint contains material which solely involves another NHS body, Local Authority Social Services or other external agency, the Complaints Department will acknowledge the letter within three working days and ask the complainant whether they wish the details of the complaint to be sent to the NHS body, Local Authority or other external agency and, if they do so wish, thereafter send the relevant details to the NHS body, Local Authority or other external agency within three working days.

- 9.2 Where a complaint spans more than one NHS organisation, Local Authority Social Services or other external agency, the Complaints Department will discuss with the relevant complaints manager(s)/Department who will take the lead in coordinating the handling of the complaint and communicating with the complainant to ensure that the complainant receives a coordinated response. One complaints department will be nominated to co-ordinate the investigation and to be the main point of contact for the complainant during the investigation.
- 9.3 Appendix 1 details the process for multi-agency complaints handling.

10. SUPPORT IN THE COMPLAINTS PROCESS

Support for the complainant

- 10.1 During staff training sessions (see Section 13 for further details of the sessions) staff are informed of the importance of only disclosing information regarding concerns/complaints to those who need to know. Staff are also reminded that the care and treatment of service users should not change as a result of a complaint being raised.

Complainants and/or service users must also receive written or verbal reassurance that they will not be treated differently as a result of making a complaint. They will also be provided with the Complaints Manager's contact details with whom they can raise any concerns that they may have about their care or treatment being affected by the making of a complaint.

- 10.2 Independent complaints advocacy is available for people who would like to access independent help in raising their concerns. Information about this service is provided to complainants when the complaint is acknowledged.
- 10.3 The Trust PALS service may support and assist service users and carers in resolving concerns and will provide information on the Trust's complaints procedure.
- 10.4 Local MIND and advocacy services are also available to support complainants.

Support for involved employees

Supporting staff following an incident which may lead to a complaint

- 10.5 Pennine Care NHS Foundation Trust has a responsibility to provide support to the staff involved in an incident, including where the incident may lead to a complaint. This includes staff directly affected by an incident, through injury or trauma. It also includes support for staff providing information to any subsequent complaint investigation. The level and extent of support required will be dependent upon each situation.

- 10.6 Initial support will be given to staff at the point of the incident by the Manager in Charge / Team Leader. This will include the staff member's immediate safety, physical health and emotional welfare. When a serious incident has occurred, the Team / Ward Manager should consider if the Staff Support Service or Occupational Health Department would be helpful for staff involved in the incident, particularly if the member of staff is experiencing difficulties associated with the event. The Team / Ward Manager is responsible for maintaining communication with the staff members involved and ensuring that there is adequate support available especially if the staff members experience difficulties associated with the event. Managers should ensure that regular meetings are arranged with staff members to monitor that the level of support is adequate.
- 10.7. Staff support is available within the Trust, and contact information is available on the Trust's intranet. Staff should be made aware of, and supported to access these services if appropriate. The Staff Counselling Service will advise regarding further additional external support, if assessed to be required, for as long as is required.
- 10.8 The Line Manager / Ward Manager should ensure that continuing support is available for staff throughout and following any complaint investigation process. This may include emotional support internally via the Staff Counselling Service, and also practical assistance and training where needed. For any staff in training, including trainee doctors/nurses students and/ other health care professionals, appropriate educational contacts should be notified as appropriate.
- 10.9 Pennine Care NHS Foundation Trust positively promotes the reporting of acts of violence and aggression against staff. The Trust is a participant in the joint protocol established between all Greater Manchester NHS Trusts, Greater Manchester Police and Greater Manchester Crown Prosecution Service. Every assistance will be given by managers in terms of co-operation, and providing evidence and witness statements by members of staff in those cases where the aggrieved member of staff supports action by the police.

During the complaint investigation process

- 10.10 All Trust employees involved in a complaint will be told the nature of the complaint and kept informed of what is happening by the person nominated as the Complaint Investigator.
- 10.11 Initial support for employees involved in complaints will be made available through discussion with their Line Manager. The Line Manager can arrange for the staff member to meet with the Complaints Manager or can recommend other ongoing avenues of support, including access to staff counselling. The Line Manager may also consider whether referral to the Occupational Health Department would be helpful for staff involved in a complaint, particularly if the member of staff is experiencing difficulties associated with the complaint.
- 10.12 A copy of the Complaints Department's 'Information for members of staff involved in a complaint' leaflet (Appendix 4) will be provided by the Complaint Investigator to any staff involved in the complaint who want a copy of the leaflet. Local governance forum(s)
- 10.13 Guidance and training on how to construct a statement for an investigation is available from the Complaints Department.
- 10.14 The Complaints Manager will send a copy of the Chief Executive's final response and any reinvestigation response to the Divisional/Borough Governance Lead. The Divisional/Borough Governance Lead will forward a copy of this response to staff named in the complaint. This will be monitored by the Complaints Manager and the Service Managers through the Local governance forum(s)s.
- 10.15 Upon receipt of the copy of the response, staff involved in the complaint will be given the opportunity to discuss the outcome with their Line Manager and/or the Divisional/Borough Governance Lead and Complaints Manager.

11. CONFIDENTIALITY AND CONSENT

Confidentiality

- 11.1 All information in relation to complaints and their investigation must be handled within the guidelines outlined within the Information Security Policy for Pennine Care NHS Foundation Trust.
- 11.2 All communication in relation to complaints should be documented. It is important to note that these documents are used in investigations and by external bodies, (for example the Parliamentary and Health Service Ombudsman). They must contain as much detail as possible, including date, time and signature, where appropriate.
- 11.3 Files and documentation relating to complaints will be stored centrally within the Complaints Department. Copies of complaints

correspondence must not be placed in service users' files and must be treated as confidential at all times. Advice should be sought from the Complaints Manager where clarity is needed.

- 11.4 The Complaints Department will be responsible for ensuring that complaints records are afforded the same confidentiality as clinical records and that records are easily accessible should further investigation be required.
- 11.5 All correspondence relating to the complaints process will be marked "Private and Confidential" and instruction of where undelivered post should be returned to (without making reference to Complaints Department).

Consent

- 11.6 Where someone, other than the service user, writes to complain about a service user's care and/or treatment, the Complaints Department will obtain written consent from the service user to confirm that they agree that the representative is complaining on their behalf and that they consent to details of their care and treatment being disclosed to the complainant/representative to respond to the complaint, if required.
- 11.7 If it is felt that a service user may not have the capacity to consent to the disclosure of their details, the Complaints Department will request confirmation of the individual's capacity to give informed consent to the disclosure of information from the person's Consultant Psychiatrist or Clinical Team.
- 11.8 Where capacity is judged to be lacking, the Trust's Caldicott Guardian will decide whether, in the absence of the individual's consent, it is in the individual's 'best interests' to disclose information to the complainant.
- 11.9 In the case of an individual who has died, the representative must be a relative / other individual who, in the opinion of the Complaints Manager, had or has a sufficient interest in the individual's well being and is a suitable person to act as the representative. If the Complaints Manager determines that a person is not suitable, a full explanation outlining the reasons for the decision will be provided. Advice will be sought from the Trust Solicitor as necessary.
- 11.10 In cases where an MP is complaining on behalf of one of their constituents and they state that they have received their constituent's permission, then it should be assumed to be the case and the complaint should be responded to (subject to paragraph 11.11 below). Information should only be disclosed on a need-to-know basis. Nothing more than the relevant information pertaining to a complaint should be given in the final response.
- 11.11 In cases where an MP or Advocate is representing a person who is acting on behalf of a service user, consent must be obtained from

the service user. Information must not be disclosed without the permission of the service user.

12. PARLIAMENTARY AND HEALTH SERVICE OMBUDSMAN

- 12.1 Where a complainant is dissatisfied with the outcome of the Local Resolution stage of the Complaints process, he/she has the right to apply to the Parliamentary and Health Service Ombudsman to consider the complaint.
- 12.2 The Trust should ensure that individuals making complaints are given accurate information about the role of the Parliamentary and Health Service Ombudsman and are made aware of their right to complain to her should they remain dissatisfied with the outcome of their complaint.

13. IMPLEMENTATION AND TRAINING

- 13.1 Information leaflets for service users and staff (including bank and agency staff) are available across the Trust.
- 13.2 Mandatory training for all newly appointed staff, covering the Complaints Policy and complaints handling, is given within the Trust Corporate Induction. Please see the Training Needs Analysis. The Learning and Development Department will notify the recruiting manager by email of any non-attendance at Trust Induction. The recruiting manager is responsible for ensuring attendance at a future date.
- 13.3 Additional training for Complaints Investigating Officers will be made available through the Learning and Development Department and will be available to staff throughout the Trust. The Complaints Manager will record attendance at training for Investigating Officers on an attendance register. The completed register will be provided to the Learning and Development Department, who will notify the authorising manager by email of any non-attendance, for the authorising manager to action.
- 13.4 Training will be delivered by the Complaints Department, in liaison with Learning and Development Department.
- 13.5 The Complaints Department will also consider providing ad-hoc training sessions on the complaints process and/or the investigation of complaints for specific staff groups upon request.

14. PROCESS FOR DEALING WITH UNREASONABLE AND PERSISTENT COMPLAINANTS

- 14.1 Complaints are processed in accordance with this policy and the Trust will make every effort to achieve a satisfactory outcome for each complainant. Staff are trained to respond to the needs of all complainants with patience and empathy; however, a small number of persistent and/or unreasonable complainants can be a significant problem for staff and can take up a disproportionate amount of time and resources. There are times when nothing further can reasonably be done to assist a complainant, or to rectify a real or perceived problem.

This section of the policy offers guidance to staff on the procedure for managing persistent or unreasonable complainants operated by the Trust. It provides information on the process that should be followed and the options open to complainants if the Trust decides to designate them as 'persistent or unreasonable'.

This policy should only be used as a last resort and after all reasonable measures have been taken to resolve a complaint.

Managing persistent or unreasonable complainants

- 14.2 The handling of persistent or unreasonable complainants can be difficult and it can place unwarranted demands on time and resources. It can also cause undue stress to staff, who may need to be supported in a difficult situation. Line Managers should ensure that staff are supported through the complaints process (see Section 10 of this policy) and should seek further advice from the Complaints Manager as required.
- 14.4 When handling persistent or unreasonable complainants, Trust staff should ensure that the complaints procedure has been implemented correctly, so far as possible, and that no material aspect of a complaint has been overlooked or inadequately addressed. Even persistent or unreasonable complaints may have substance and it is essential that in dealing with such complaints, staff maintain an equitable approach.
- 14.5 If it is possible that this process will be invoked, all dealings with a particular complaint or complainant should be fully and carefully recorded.
- 14.6 The purpose of this process for dealing with unreasonable and persistent complainants is:
- a) To identify situations in which a complainant may be deemed persistent or unreasonable and to suggest means by which those situations may be managed; and
 - b) To protect staff from the nuisance, abuse and threatened or actual harm that may be caused by such complainants.

Criteria for identifying persistent or unreasonable complainants

14.6 Complainants to whom this policy may apply include those who:

- a) Refuse to accept the remit of the process to be undertaken.
- b) Request actions that are not compatible with the process, or place unreasonable demands on staff and fail to accept that these may be unreasonable (e.g. insist on responses to complaints or enquiries being provided more urgently than is reasonable or normal recognised practice).
- c) Change the substance of a complaint or continually raise new issues or seek to prolong contact by continually raising further concerns or questions upon receipt of a response, or whilst the complaint is being addressed. (Care must be taken not to discard new issues that are significantly different from the original complaint. These might need to be addressed as separate complaints).
- d) Do not clearly identify the precise issues which they wish to be investigated, despite reasonable efforts by Trust staff and, where appropriate, the free advocacy available to those complaining about the NHS, to help them specify their concerns and/or where the concerns identified are not within the remit of the Trust to investigate.
- e) Submit concerns or complaints about the same issues that have previously been appropriately and fully considered and responded to.
- f) Focus on a trivial matter to an extent that it 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 judgement must be used in applying this criterion).
- g) Are unwilling to accept documented evidence of care and treatment given as being factual or 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.
- h) Have an excessive number of contacts with the Trust, in the course of addressing a registered complaint, placing unreasonable demands on staff. (A contact may be in person, or by telephone, letter, e-mail or fax. Discretion must be used in determining the precise number of 'excessive contacts' applicable under this section and each case must be judged according to its own circumstances).
- i) Fail to engage with staff in a manner which is deemed appropriate: e.g. repeatedly using unacceptable language; secretly recording telephone calls or meetings without consent (in contravention of the Data Protection Act, 1998); refusing to adhere to previously agreed communication plans or behaving in an otherwise threatening or abusive manner on more than one occasion, having been warned about this.
- j) Have 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. (All such incidents should be reported using the Trust's Incident Reporting, Management and Investigation Policy)

- 14.7 Where behaviour that might otherwise make the complainant persistent or unreasonable is, or may be, the result of mental or physical ill health, careful thought should be given to the desirability and implications of invoking this process.

Actions prior to designating a complainant 'unreasonable or persistent'

- 14.8 Consideration should be given as to whether any further action can be taken prior to designating the complainant as 'unreasonable' or 'unreasonably persistent'. This might include:
- a) Where no meeting with staff has been held, the Complaints Manager will consider offering this as a means to dispel misunderstandings and move matters forward – this option will only be appropriate where risks have been assessed, and a suitably senior member of staff can be present.
 - b) Where multiple departments are being contacted by the complainant, the Complaints Manager will consider setting up a strategy to agree a cross-departmental approach.
 - c) The Complaints Manager will consider whether the assistance of an advocate might be helpful and offer to find an independent one where this has not previously been taken up.
 - d) The Complaints Manager may issue a warning letter explaining that if the complainant's actions continue, the Trust may decide to treat him or her as an unreasonably persistent complainant and explain why.

Options for dealing with persistent or unreasonable complainants

- 14.9 In the first instance, the Complaints Manager will be approached to discuss the complaint and to negotiate the possible application of this policy. The Complaints Manager will be responsible for liaising with all parties to negotiate the application of this policy.
- 14.10 Where a complainant is identified as persistent or unreasonable in accordance with this policy, the Complaints Manager, in conjunction with the Medical Director and Director of Operations may decide to take any one, or more, of the following measures:
- a) Placing time limits on telephone conversations and personal contacts.
 - b) Restricting the number of calls that will be taken or made.
 - c) Requiring contact to be made with a named member of staff.
 - d) Requiring contact to be made through a third person (such as an advocate).
 - e) Limiting the complainant to one mode of contact.
 - f) Requiring any personal contact to take place in the presence of a witness.

- g) Refusing to register and process further concerns or complaints about the same matter.
- h) Only acknowledging the correspondence that is received after the completion of a case.
- i) Informing the client that future correspondence will be read and placed on file, but not acknowledged.
- j) Advising that the Trust does not deal with correspondence that is abusive or contains allegations that lack substantive evidence.
- k) Request that the complainant provide an acceptable version of the correspondence or make contact through a third person to continue communication with the Trust.
- l) Ask the complainant to enter into an agreement about their conduct. (Breach of any such agreement might result in the taking of one or more of the other steps set out here).
- m) Advise that irrelevant documentation will be returned in the first instance and, in extreme cases, may be destroyed.
- n) Inform the complainant that the Trust will, or may, pass any further communication to its solicitors for advice and/or action.

14.11 Once a restriction is put in place, a letter will be issued to inform the complainant about the decision; what it means for their future contact with the Trust; how long the restrictions will remain in place; and what they can do to have their position reviewed. The complainant will be provided with a copy of this policy.

Withdrawing persistent or unreasonable status from a complainant

14.12 Once complainants have been determined as persistent or unreasonable there needs to be a mechanism for withdrawing this status at a later date if, for example, complainants subsequently demonstrate a more reasonable approach, or if they submit a further complaint for which normal complaints procedures would appear appropriate. Staff should previously have used discretion in recommending persistent or unreasonable status at the outset and discretion should similarly be used in recommending that this status be withdrawn when appropriate. Such a decision may only be taken by the Medical Director, Director of Operations and Complaints Manager acting jointly.

14.13 Once a complainant who had been deemed persistent or unreasonable has been deemed no longer to be such, normal contact will be resumed with him/her and the NHS Complaints Procedure will once again apply.

Appeal

14.14 If a complainant, or someone with authority to act on their behalf, disagrees with the decision to deem him/her persistent or unreasonable, they may put their reasons in writing and address them to the Trust Chairman. Upon receipt of such a communication, the Trust Chairman will consider it as a request by the complainant for withdrawal of persistent or unreasonable status. The Trust

Chairman will reconsider the decision to impose such status on the complainant and will do so in consultation with the Medical Director, Director of Operations and the Complaints Manager.

COMPLIMENTS

14. PROCESS FOR HANDLING COMPLIMENTS

- 14.1 It is important that positive feedback is recognised, acknowledged and acted upon by the Trust.
- 14.2 The definition of a compliment for the purpose of this policy is an expression of praise received by a member of staff or department / team. When a compliment is received from a service user, family member or carer or outside organisation in relation to the services provided by the Trust, it should be forwarded on to the Complaints Department with a completed 'Compliment Details Form' (Appendix 7).
- 14.3 Compliments should be forwarded to the Complaints Department with the completed 'Compliment Details Form' within one month of receipt. If the compliment is forwarded outside this timescale or without a completed 'Compliment Details Form', the compliment will not be logged.
- 14.4 The recipients of all logged compliments will receive a letter of acknowledgement from the Trust's Chief Executive. This letter will be drafted by the Complaints Department and forwarded to the Chief Executive for signing with a copy of the compliment received.
- 14.5 Where there is evidence within a compliment of exceptional conduct by staff, consideration will be given to inviting the member to a lunch with the Trust's Chairman.
- 14.6 The Complaints Department will log all compliments received, including details of the member of staff / department, the service area and the borough that they relate to.
- 14.7 The Complaints Department will report on the number of compliments received on a monthly, quarterly and annual basis.
- 14.8 It is essential that positive feedback received that does not fall within the definition of a compliment for the purposes of this policy (for example cards expressing gratitude but no specific compliment or positive feedback from other Trust staff, student nurses or that has been provided when feedback has been sought) is recognised. This should be done through the Line Management and appraisal processes.
- 14.9 Any questions regarding whether or not communication received is a compliment or how that communication should be processed should be resolved by discussion between the Complaints Manager, Head of Corporate Governance and the relevant Service Manager.

15 CONTACT DETAILS

- 15.1 For advice on this policy please contact the Trust Complaints Department on 0161 716 3083 Monday to Friday 09:00 to 17:00.
- 15.2 Out of hours advice should be sought from the Senior Manager on call.

Multi-Agency Complaints Handling

This schedule outlines the practice for Pennine Care NHS Foundation Trust where multi-agency complaints are received. All organisations have a duty to co-operate to respond to a joint complaint.

This duty includes:

- Providing relevant information to the partner organisation regarding the complaint;
- Attendance at joint meetings in connection with the complaint; and
- Agreement of a lead organisation to co-ordinate the complaint response

The lead organisation must ensure:

- A comprehensive and appropriate response is sent. A single response letter should be sent where possible; and
- The complainant is kept informed

As with all complaints, a Trust employee receiving a multi-agency complaint should forward it to the Trust Complaints Manager on receipt.

The Trust Complaints Manager will then discuss with the relevant complaints manager(s) who will take the lead in coordinating the handling of the complaint and communicating with the complainant to ensure that the complainant receives a coordinated response. One complaints manager will be nominated to coordinate the investigation and to be the main point of contact for the complainant during the investigation.

This schedule will be reviewed in the light of further discussions or agreements with Acute NHS Trusts, CCGs and Local Authority bodies.

Compliance with these procedures will be monitored by the Complaints Manager. Any failure to comply will be address though the Local governance forum(s).

1 Local Authorities/Partnership

1.1 Where an individual makes a complaint in the first instance to the Trust, and the complaint relates to services provided by Pennine Care NHS Foundation Trust on behalf of a Local Authority, the complaint will be handled by Pennine Care NHS Foundation Trust. This will be in accordance with this Policy.

1.2 Pennine Care NHS Foundation Trust will acknowledge the complaint not later than three working days after the day on which it receives the complaint. At this time, consent will be sought from the complainant for details of the complaint, the investigation and the final response to be shared with the Local Authority Customer Care/Complaints Manager.

1.3 Where an aspect of the complaint is directly/solely related to dissatisfaction with the conduct of a Local Authority employee/service,

consent will be sought from the complainant to pass this aspect to the Local Authority for investigation. The Trust's Complaints Department will then liaise with the Local Authority, in order that a response is obtained to add to the investigation response that the Chief Executive sends to the complainant. The Local Authority aspect of the response will be clearly identified by the Chief Executive.

The Trust Complaints Manager will ensure that a copy of the Chief Executive's response is forwarded to the Local Authority.

- 1.4 Where the Pennine Care NHS Foundation Trust complaints response part is completed but the Local Authority aspect of the response is delayed, the Trust's Complaints Department should advise the Local Authority of this fact. The Chief Executive may forward the Trust's response and advise the complainant that the Local Authority aspect of the response will follow. The Trust Complaints Manager will liaise with the Complaints Manager and complainant from the other body on this matter.
- 1.5 In all such cases, once the complainant's consent is confirmed the Trust's Complaints Department will ensure close liaison with the Local Authority to the point of resolution.
- 1.6 Where the whole of the complaint is related to matters clearly and solely for Local Authority investigation, the Trust's Complaints Department will contact the complainant to seek consent for the complaint to be passed to the Local Authority for investigation. Consent will be sought within three working days of receipt of the complaint. The Trust's Complaints Department will supply the name, designation and contact details of whom the complaint will be passed to.

2 Other NHS bodies (eg CCGs, Acute Trusts or GPs)

- 2.1 Where a complaint is made by an individual in the first instance to the Trust, and a single aspect of the complaint relates to services provided by another NHS body - but the greater part of the complaint relates to Pennine Care NHS Foundation Trust services - handling of the complaint will be lead by Pennine Care NHS Foundation Trust.
- 2.2 The Trust's Complaints Department will acknowledge the complaint, within three working days of the complaint being made.
- 2.3 The Trust's Complaints Department will advise the complainant of the need to share the complaint with the appropriate organisation; identifying the organisation. The Trust's Complaints Department will seek consent from the complainant to share the complaint with that organisation for the purpose of investigation.
- 2.4 When consent is confirmed, the Trust's Complaints Department will forward a request for investigation to their appropriate counterparts, and request that a response on this aspect is returned to Pennine Care NHS Foundation Trust.

- 2.5 The response will be returned to Pennine Care NHS Foundation Trust Complaints Department and forwarded to the complainant by the Chief Executive, clearly identifying the aspect of the response relating to the other NHS body. The response will advise the complainant of the options open to them should they be dissatisfied with the Pennine Care NHS Foundation Trust aspect of the response, including details of the Parliamentary and Health Service Ombudsman. The response will also clarify the appropriate actions for the complainant should they be dissatisfied with the aspect of the response relating to the other organisation.
- 2.6 The Trust Complaints Manager will ensure that the other NHS body receives a copy of the Chief Executive's final response.
- 2.7 Where the response to Pennine Care NHS Foundation Trust's aspect of the complaint is ready by the due date, it may be forwarded to the complainant advising that the other NHS body's part of the response will follow. The Trust Complaints Manager will liaise with the Complaints Manager and complainant from the other body on this matter.
- 2.8 Where there is an equal balance of complaint matters related to the NHS bodies, the Trust Complaints Manager would liaise with the Complaints Manager of the other Trust to agree who will lead the investigation.

3 Other external agencies

- 3.1 Where a complaint is received by Pennine Care NHS Foundation Trust in which a proportion relates to an external agency other than another NHS body or Local Authority, the Complaints Manager will identify the person responsible within that external agency who has responsibility to handle complaints.
- 3.2 The Trust's Complaints Department will acknowledge the complaint, within three working days of the complaint being made.
- 3.1 The Trust's Complaints Department will advise the complainant of the need to share the complaint with the appropriate agency; identifying the organisation. The Trust's Complaints Department will seek consent from the complainant to share the complaint with that organisation for the purpose of investigation.
- 3.4 The Trust's Complaints Department will discuss and agree with the complainant and the person within the external agency the most appropriate way in which to respond to the complaint, ensuring that all aspects of the complaint relating to Pennine Care NHS Foundation Trust are investigated and responded to in accordance with the procedure detailed in this policy.

Risk Assessment of Complaints

The Complaints Department uses a risk assessment matrix to categorise complaints depending on their complexity and severity. The National Patient Safety Agency (NPSA) considers the risk assessment of complaints to be good practice. The matrix uses a traffic light system to indicate the most appropriate and proportionate way in which to address each complaint, dependent on the level of risk assigned.

Consequence Categorisation Table

The following table assists in determining how to categorise the consequences of a complaint, or the subject matter of a complaint.

CONSEQUENCE DESCRIPTION	
Serious	Issues regarding serious adverse events, long-term damage, grossly substandard care, professional misconduct or death that require investigation. Serious safety issues. Probability of litigation high.
Major	Significant issues of standards, quality of care, or denial of rights. Complaints with clear quality assurance or risk management implications or issues causing lasting detriment that require investigation. Possibility of litigation.
Moderate	Potential to impact on service provision/delivery. Legitimate consumer concern but not causing lasting detriment. Slight potential for litigation.
Minor	Minimal impact and relative minimal risk to the provision of care or the service. No real risk of litigation.
Minimum	No impact or risk to provision of care.

Likelihood Categorisation Table

The following table assists in determining the likelihood of recurrence of the incident or circumstances giving rise to the complaint.

LIKELIHOOD	DESCRIPTION
Frequent	Recurring – found or experienced often
Probable	Will probably occur several times a year
Occasional	Occurring from time to time
Uncommon	Rare – unusual, but may have happened before
Remote	Isolated or “one off” – slight connection to service provision

Risk Assessment Matrix

Having assessed the consequence and likelihood categories using the tables above, the risk assessment matrix below can be used to determine the level of risk that should be assigned to the complaint.

	Frequent	Probable	Occasional	Uncommon	Rare
Serious					
Major					
Moderate					
Minor					
Minimum					

- Green:** Consult complainant to see if concerns can be resolved informally (such as at a meeting, by a phone call from service manager etc); if not, follow process set out in this policy.
- Amber:** Proceed with process as in this policy.
- Red:** Appropriate Senior Managers / Board Members alerted immediately to complaint to agree any necessary action required in addition to the process set out in this policy to investigate and respond to complaint.

Guidance for the investigation of a complaint via the NHS Complaints Procedure

You should receive this document when you have been allocated to investigate a complaint via the NHS Complaints Procedure. Please return your completed investigation to the Governance Manager by the agreed date.

Consent:

In cases where the complainant is not the service user, the Complaints Department will ensure that consent is in place before this document is handed to you.

Please note that if the complaint is being investigated jointly with another organisation, the full version of final response letter will be copied to the Complaints Department of the other organisation(s)

Your report should contain the following information:

1. Investigator details:

Designation	
Department	
Contact Details	

Please ensure that that all staff involved in complaint have been provided with the 'Information for members of staff involved in a complaint' leaflet if they want the information.

2. Outline of Investigation:

Names of staff involved in the investigation	Job title of staff involved in the investigation

Records consulted as part of the investigation:

Policies / Guidance / Legislation / Regulations / Other documents referred to:

3. Formulation of Report:

You will be provided with a list of issues that have been agreed with the complainant. Your response to each issue should include a response to A), B) and C) listed below.

- A) A comprehensive text detailing your findings. This should include a summary of the investigation that you have undertaken into the issue. The text should be written in reader friendly terms and should not contain medical jargon or abbreviations. It would be helpful if the text could be written in such a way that it could be easily copied and pasted into the final response letter. Please ensure that all of the points identified in the description of the issue are addressed.
- B) This section should state if the issue has been upheld, not upheld or unsubstantiated and it should include your detailed rationale in reaching your decision.
- C) If an aspect of the complaint is upheld, you may need to offer an apology from the appropriate member of staff and provide a recommendation to improve services in the future. If you are not recommending an apology or making recommendations, please provide an explanation as to why. This could include details of action already undertaken to resolve matters raised in the complaint.

In some cases, the investigator may wish to provide information that is not to be shared with the complainant, any information of this kind is to be clearly indicated under the additional heading D). Please note, this section is not mandatory.

If, during the course of your investigation, you identify any matters of concern not identified in this document, please investigate them as an additional issue and respond to them in line with the above guidance.

Appendices and Supporting Documentation:

The Trust's response to a complaint must be evidence based. There should be a written record of any staff interviews or discussions that take place during the investigation of the case. Copies of any case notes, interview notes, staff statements etc that you refer to in your report must be included and submitted with your report. These documents should be clearly labelled and any relevant sections highlighted.

Advice and Support:

If you have any queries about either the investigation process or the details of the particular case that you are investigating, please contact the Complaints Department at the soonest opportunity. We will provide any support or guidance that we are able to. Our contact details are as follows:

Tel No: 0161 716 3083
Fax No: 0161 716 3073
E-mail: complaints.penninecare@nhs.net

Points for investigation in relation to complaint Ref:

Please read in conjunction with complaint letter

<p>Issue 1: Title of issue</p> <p>Details of issue raised by complainant and the specific points to address to be added by the Complaints Department</p>
<p>A. Formulation of response to point:</p> <p>To be added by Investigator</p>
<p>B. Upheld / Not upheld / Unsubstantiated?</p> <p>To be added by Investigator</p>
<p>C. Apologies / Recommendations:</p> <p>To be added by Investigator</p>
<p>D. If there is any additional information that you wish to include but should not to be shared with the complainant, please indicate this under section D. Please note, this section is not mandatory.</p> <p>To be added by Investigator, if appropriate</p>

Information for members of staff named in a complaint

What will happen if I am named in a complaint?

It is acknowledged that it can be very stressful to be named in a complaint and that individuals sometimes feel anxious whilst the investigation is ongoing. The Trust is under a statutory obligation to investigate and respond to all complaints received; in investigating a complaint, the Trust is complying with that obligation and seeking to improve the quality of the services we provide. It is important that you do not feel that the Trust has made a judgement as to the validity of the complaint by choosing to investigate it. The investigation is undertaken to establish the facts around the complaint, not because the Trust has concluded that wrongdoing has occurred.

Once a complaint is received, the Governance Lead for your division/borough will allocate an investigating officer (this is often the Service Manager or a Lead Consultant in the case of a complaint made about a doctor). A thorough investigation into the allegations will take place and you will have the opportunity to give your side of events and to answer any questions in relation to the issues raised. Once the investigation report has been completed, it is returned to the Complaints Department, where a response letter is formulated and sent to the Chief Executive for his signature and endorsement.

It is important to respond to complaints in an open and honest manner. If you have any concerns about the way in which a complaint is being investigated, please speak with either the investigating officer, your Governance Lead or the Complaints Department.

Who will know about the complaint?

It is important that complaints are treated with sensitivity and confidentiality, not only for the complainant but also for the members of staff named in complaints. The only people who will be made aware of the complaint are those who need to be involved in the actual investigation and response. This will include your line manager, the Governance Lead and the Complaints Team. Other members of staff will only be made aware of the complaint if it is felt that they could offer further information to the investigation.

Staff can also be reassured that correspondence relating to complaints is not kept in a service user's clinical notes, but held in a confidential file within the Complaints Department. Any reports that are generated to reflect the Trust's complaints and recommendations activity will be formatted to ensure anonymity.

Who will support me throughout the complaint investigation?

Your line manager should support you through the complaints process. In addition, you may wish to speak with your Divisional/Borough Governance Lead or the Complaints Department who will be able to advise you on the complaints process. There is also a Staff Counselling Service available to all members of staff.

Do I have to continue to work with the service user who has complained about me?

It is important that the care provided to a service user is not affected in any way when a complaint is made. If you have any concerns about continuing to work with a service user following a complaint, you should discuss these with your line manager.

Will I get to see the completed investigation report before it is sent?

If you want to view the parts of the investigation report that respond to complaints about you, please arrange this with your Divisional/Borough Governance Lead who is responsible for the final screening of information before a report is returned to the Complaints Department.

Will a complaint investigation include disciplinary action?

Disciplinary action is not a part of the NHS Complaints Procedure and this is made clear to all complainants. If, during an investigation, any matter that needs to be addressed through the Trust's disciplinary procedures is identified, that process will run independently and confidentially. The complainant would be notified that the matter is being managed appropriately, and they would be informed that due to confidentiality, the Trust would not be able to share the outcome of any disciplinary action with them.

How long will the investigation take?

The Trust agrees the timescale for responding to a complaint with the complainant. If a complaint is particularly complex or if staff that need to be involved in the investigation are unavailable due to sickness absence or leave, a longer timescale will be agreed with the complainant than a simple case. The investigating officer will keep you up to date with the progress of any investigation you are involved in.

What if the complainant is not happy with the response?

If the complainant is not happy with the response to their complaint, a further investigation or a meeting may be offered. Any further investigation may involve a second interview with you, in which you may be asked to go over the initial response and to clarify new areas of concern that may have arisen from the initial response.

A meeting may be offered if it is felt that it would be beneficial to resolving the complaint. Meetings are usually attended by service managers, consultants or other members of staff involved in the service user's care. If you have any concerns about being asked to attend a complaints meeting, please raise those with either your line manager, your Governance Lead or the Complaints Department.

If the Trust has been unable to resolve the complaint at a local level, complainants will then be given the option to contact the Parliamentary and Health Service Ombudsman. The Ombudsman would then review the complaint and the Trust's attempts at resolution and may make recommendations for further actions to be taken at a local level.

What if I have a question regarding the NHS Complaints Procedure and it has not been answered in this leaflet?

Any further enquiries should be forwarded to the Complaints Team, who are available on 0161 716 3083 and at complaints.penninecare@nhs.net. The Complaints Team are available Monday to Friday and will be happy to answer any further questions that you may have.



Have your say

The handling of your complaint

In order to continue to improve the quality and efficiency of Pennine Care NHS Foundation Trust's complaints handling, it is important to obtain feedback from those who have accessed the procedure and have experienced the service first hand. The completion of the questionnaire is optional and the feedback we receive will be used to improve the service we provide. Statistics and comments will be used for reporting purposes, but will remain anonymous.

The following sections contain statements about our complaints handling; if you wish to share your views, please indicate your opinion by ticking the box which most reflects your experience.

Making your complaint

1.	<i>Information about Pennine Care NHS Foundation Trust's Complaints Procedure was easily accessible.</i>		
	Strongly Agree.....	<input type="checkbox"/>	Comments:.....
	Agree.....	<input type="checkbox"/>
	Neither agree nor disagree.....	<input type="checkbox"/>
	Disagree.....	<input type="checkbox"/>
	Strongly disagree.....	<input type="checkbox"/>
2.	<i>I was involved in the decision making regarding how my complaint would be managed i.e. the agreed timescale, issues for investigation and how the response would be fed back to me.</i>		
	Strongly Agree.....	<input type="checkbox"/>	Comments:.....
	Agree.....	<input type="checkbox"/>
	Neither agree nor disagree.....	<input type="checkbox"/>
	Disagree.....	<input type="checkbox"/>
	Strongly disagree.....	<input type="checkbox"/>
3.	<i>When I contacted the Complaints Department by telephone, I was pleased with the way my call was handled (If you did not have contact by telephone, please tick 'not applicable' below).</i>		
	Strongly Agree.....	<input type="checkbox"/>	Comments:.....
	Agree.....	<input type="checkbox"/>
	Neither agree nor disagree.....	<input type="checkbox"/>
	Disagree.....	<input type="checkbox"/>
	Strongly disagree.....	<input type="checkbox"/>
	Not applicable.....	<input type="checkbox"/>

The outcome of your complaint

4. My response was clear and easy to understand.

Strongly Agree..... Comments:.....
Agree.....
Neither agree nor disagree.....
Disagree.....
Strongly disagree.....

5. I felt that the investigation into my complaint was thorough and addressed all of the issues I had raised.

Strongly Agree..... Comments:.....
Agree.....
Neither agree nor disagree.....
Disagree.....
Strongly disagree.....

6. I felt, given the issues that I raised, the Trust responded to my complaint in a timely manner.

Strongly Agree..... Comments:.....
Agree.....
Neither agree nor disagree.....
Disagree.....
Strongly disagree.....

7. I was satisfied with the outcome of my complaint.

Strongly Agree..... Comments:.....
Agree.....
Neither agree nor disagree.....
Disagree.....
Strongly disagree.....

8. The making of a complaint did not result in any discrimination or have any negative effect on the services / treatment I was complaining about.

Strongly Agree..... Comments:.....
Agree.....
Neither agree nor disagree.....
Disagree.....
Strongly disagree.....



Local Complaints Action Form

If you receive any complaint, please complete this form and return it immediately with the complaint and any supporting information to the Complaints Department at Trust HQ either by fax (0161 716 3073) or internal post. Please contact the Complaints Department on 0161 716 3083 if you would like to discuss any complaint or concern that has been raised.

Person receiving complaint

Name Job title
Location Tel number.....
Email

Service user complaint relates to

Name..... Date of birth
Address Telephone number
..... Email
.....
.....

Person making complaint (if different to above)

Name..... Email
Address Telephone number
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.....

Details of the complaint (continue on separate sheet if necessary)

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PTO

Action taken / to be taken in response to the complaint (continue on separate sheet if necessary)

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Please complete the following:

1. Was the complaint received verbally and were you able to resolve it within one working day?

Yes No

2. Has the complainant agreed to you taking action to attempt to resolve their complaint?

Yes No

3. Please tick the boxes below to confirm that you provided the complainant with:

- Details of the Trust's complaints procedure, including a copy of the 'Comments and Complaints' leaflet

- Details of the support available to people wanting to raise concerns, including PALS and advocacy (leaflets available from the Complaints Department)

Details of action that now needs to be taken (for example, 'none', 'complaint to be dealt with via Complaints Department', or details of continuing local action that it has been agreed with complainant will be undertaken to resolve complaint)

.....
.....
.....
.....
.....
.....

Signed

Print name

Date

Compliment logging form

If you or a colleague has received a compliment, please attach a copy of the compliment to this completed form and forward it to the Complaints Department.

You can forward the form by postal address to:

Complaints Department, Pennine Care NHS Foundation Trust Headquarters,
 225 Old Street, Ashton-under-Lyne, Lancashire, OL6 7SR

Or by fax to: 0161 716 3073.

The compliment is from:
 (Full name of person giving the compliment)

Address:

 (Address of person giving compliment if known)

The compliment is for:

An individual member of staff

.....
 (Full name and job title)
Address:

 (Work address and telephone number of staff member)

OR

A team, service or department

.....

 (Name of team etc and full name and job title of manager)
Address:

 (Address of team etc)

Date form completed and submitted: