

Concerns, Complaints, Suggestions and Compliments Policy

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Signed on behalf of the Trust:

Anna Hills, Chief Executive Officer

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Executive Summary

The Concerns, Complaints, Suggestions, and Compliments policy articulates the process of how the Trust will respond to concerns, complaints, suggestions, and compliments.

The Trust recognises that this process provides a conduit for people who use our services to principally raise concerns about their or their families experience of care and treatment. Concerns and complaints are often about people sharing a deeply personal experience at a point of great vulnerability. While the emotions and feelings attached to the concern or complaint may be uncomfortable for individuals and for the organisation, it is crucial that empathy, integrity, transparency, and honesty is central to the culture within the organisation around the management of concerns and complaints. This is equally important for the complainant and for staff, and for ensuring that we as individuals, as a service or team and as an organisation are able to identify and implement the learning opportunities to improve services.

While much of this policy details the management of concerns and complaints, the PALS and Complaints team also receive a small number of suggestions and compliments. Details of how these are processed and managed are also included.

1. Introduction

Concerns, Complaints, Suggestions and Compliments are one way of identifying and understanding the experience and perspective of people (patients, service users and carers) using CPFT services. They can act as an early indicator that a system may or may not be functioning effectively or may be placing patients at risk. This feedback coupled with appropriate trend analysis of the factors which prompted the complaint, concern or enquiry can provide invaluable insight into areas where improvements may be required.

The National Health Service Complaint standards are set out by the Parliamentary and Health Service Ombudsman (PHSO). The [NHS Complaint Standards | Parliamentary and Health Service Ombudsman \(PHSO\) and The Local Government and social care Ombudsman \(LGSCO\)](#) regulations are the legislative framework for managing complaints against NHS bodies, all statutory providers of NHS care (including Foundation Trusts and Primary Care providers), Voluntary and Independent Sector organisations who provide services under contract to the NHS, and to Local Authorities who provide Adult Social Services and incorporates the need for effective handling of concerns about healthcare professionals. The NHS Constitution ([NHS Constitution for England - GOV.UK \(www.gov.uk\)](#) (DOH, 2021) outlines to the public their rights when making a complaint.

The PHSO complaints standards provide a framework of the key principles for an effective PALS and Complaints service: the key principles of framework are included below, and further details can be found in Appendix 1.

- **Promotes a learning culture by supporting the whole organisation to:**
- **Welcome complaints in a positive way.**

- **Is thorough and fair when looking into complaints.**
- **Gives fair and accountable responses.**

The aim this policy is to clearly articulate how the Trust will meet the PHSO standards included in Appendix 1. The Trust welcomes all feedback, including complaints, concerns, and suggestions and takes opportunities to learn from these very seriously. In addition, they provide opportunities for service development and forms an important part of the Trust's plans for improving the quality of services.

2. Purpose

This policy describes the procedure by which the Trust will meet the statutory legislation and the PHSO standards. It describes the means by which patients, relatives, carers and members of the public can make complaints and raise concerns and make suggestions and give compliments. It also provides information for all Trust staff regarding their responsibilities should they receive a complaint or concern.

The policy outlines the process which will be followed by the Trust in response to such feedback and in addition, the process by which the Trust aims to make improvements to services as a result of the feedback.

The Trust will welcome complaints as valuable sources of patient, carer, and family feedback, enabling the organisation to learn from people's lived experience so that services are continuously improved.

3. Scope

This policy applies to all CPFT staff and volunteers.

4. Key principles

The aim of this policy is to ensure that staff are aware of the process (and the support available for staff) required to ensure that complaints and concerns are addressed in line with the PHSO guidance. It outlines the responsibilities of all staff involved in complaints to ensure that the Trust is compliant with the national standards for the management of complaints.

5. Policy details

The PALS and Complaints team is responsible for the management of all complaints and concerns, including complaints made by the CQC on behalf of a patient (including patients who are sectioned under the Mental Health Act (MHA) and those which have followed the Fens Unit complaint process but have not been resolved. The PALS and Complaints team function as one team with each element having a different but complimentary role to the efficient management of Concerns, Complaints, Suggestions and Compliments

The PALS and Complaints Team follow a clear process to ensure the efficient management of Concerns, Complaints, Suggestions and Compliments. Details of this process including timescales for investigations can be found in the section 10 Procedure.

5.1 The Classification of complaints or concerns

Informal complaints:

Informal complaints are defined as those concerns or issues which can be resolved within a maximum of 10 working days and do not require a formal investigation.

If an informal complaint raised through PALS cannot be satisfactorily resolved within 5 working days, consideration must be given as to whether the informal complaint should be reclassified as a formal complaint or whether the informal complaint can be resolved in an additional 5 working days.

If an informal complaint cannot be resolved within 10 working days, it will be re-categorised as a formal complaint and a full investigation will be undertaken.

Formal complaints

Formal complaints are those which require a full investigation to be undertaken and a written response from the Chief Executive to be sent to the complainant following the investigation. Formal complaints are classified as follows:

Simple formal complaint: A non-clinical complaint or complaint comprising straightforward issues relating to one service or one episode of care. Simple complaints are to be investigated and responded to within 30 working days.

Complex formal complaint: Complaints involving more than one service, or several episodes of care, or other organisations, or particularly sensitive complaints e.g., involving bereavement, Complex complaints are to be investigated and responded to within 50 working days.

5.2 Simple and complex complaints time scales

All complaints informal and formal are managed through an investigation process with clear time scales as shown in tables 1 and 2 below. Further details are provided in Section 10 Procedures.

Day 1	Informal concern / complaint registered to the PALS Datix unit.
Day 1 - 5	Actions to resolve informal complaint (sign posting / liaising with the directorates. Any emails sent to CPFT staff should also be copied into their line manager as part of the PALS process.
Day 5	Feed back to the complainant (if not already completed). If issue is resolved close the Datix or agree additional time
Day 10	If the issue is not resolved move to the formal complaints (simple or complex) process

Table 2: Formal Complaints		
Simple 30 working days		Complex 50 working days
Day 1 to 3	<ul style="list-style-type: none"> • Formal acknowledgement of the complaint. • PALS and Complaints Team contact the complainant to clarify the points of the complaint. • All formal complaints registered to Datix. • PALS and Complaints team will send the complaint to the Directorate so that they can start identifying an investigating manager. 	Day 1 to 3
Day 3 to 5	Complaints officer prepares the investigation pack and sends to the in the Directorates, copying in Investigation Manager if one has already been identified	Day 3 to 5
Day 5 to 20	The investigating manager investigates the complaint	Day 7 to 40
Day 20	The investigating manager returns the pack to the PALS and Complaints Team	Day 40
Day 21	The complaints officer drafts the response letter	Day 41
Day 22	Draft shared with the IM and returned to PALS and Complaints Team. *	Day 42
Day 24	Draft shared with the directorate and returned to complaints	Day 44
Day 26	Draft shared with associate director and return to complaints	Day 46
Day 27	Draft shared with Director of Nursing, AHPs and Quality and returned to complaints	Day 47
Day 28	Final letter sent to CEO and returned to PALS and Complaints Team	Day 48
Day 29	Final letter sent to executive assistant for electronic signature	Day 49
Day 30	Final letter returned to the PALS and Complaints Team to be sent out to complainant and Datix closed	Day 50

- Please note that for the Fens Unit the template used for the letter will be individualised depending on any previous meetings held with the compliant.

5.3 Who may complain?

The Trust will welcome complaints as valuable sources of patient, family, and carer feedback, enabling the organisation to learn from people's lived experience so that services are continuously improved.

Complaints may be made directly to the Trust by:

- A patient.
- Any person who is affected by or likely to be affected by the action, omission or decision of Trust including family members and carers.
- A representative (including carers) of either of the above in a case when that person has died, is a child, is unable by reason of physical or mental incapacity to make the complaint themselves, has requested the representative to act on his behalf and provides consent to allow this.
- Carers and family members have the right to complain. This is because they are affected by or likely to be affected by the actions, omissions, or decisions of the Trust.
- CQC following a patient or carer raising their concerns with the CQC.
- Members of Parliament acting on behalf of constituents.
- Solicitor acting on behalf of a complainant.

5.4 How can a complaint be made?

Complaints can be made directly to the Trust by:

- Letter
- Email
- Telephone
- In person

5.5 Acknowledgement of a complaint

The team operates within normal office hours Monday to Friday excluding bank holidays. The team will aim to acknowledge to complaints or contact regarding complaints within three working days.

If a complaint is received outside of office hours or at the weekend the complaint will be recorded as being received on the next working day and the time scales for the response will be calculated from this first working day.

5.6 Time limits for making complaints.

A complaint should be made no later than twelve months after the date of the incident or twelve months after the end of the episode of care in question, or within twelve months of the complainant becoming aware of the incident. The PALS and Complaints Manager has discretion to extend this time limit when the complainant has good reason for not making a complaint within that time limit; and it is still possible to investigate the complaint effectively and fairly.

When the timescale is not extended, complainants will be advised of their right to refer the complaint to the Parliamentary Health Service Ombudsman or Local Government Ombudsman for a review of this decision.

5.7 Matters excluded under the PALS and Complaints procedure.

Some complaints fall outside of the remit of the NHS Complaints Procedure:

- A complaint made by a Trust employee about any matter relating to his/her employment, or a Trust volunteer about any matter relating to their time volunteering.
- A complaint arising out of the alleged failure by the Trust to comply with a request for information under the Freedom of Information Act.
- A complaint which has previously been investigated in accordance with the Trust's formal complaints procedure and the Concerns, Complaints, Suggestions and Compliments has been exhausted.
- A complaint that is or has already been investigated by the Parliamentary Health Service Ombudsman or Local Government Ombudsman.
- A concern that is raised by another NHS Trust, Integrated Care Board, local authority, or independent provider will be registered in the Complaints Datix under Health Care Professional feedback. It is the directorates responsibility for managing and addressing Health Care Professional feedback including providing feedback to the person who has raised the concern.

5.8 Complaints and Concerns and Consent

The process of seeking consent should not ordinarily delay the start of the complaint investigation.

Consent can be a significant issue in the management of complaints. A key principle for staff in implementing this policy will be to provide an appropriate response to the complainant within the constraints dictated by the level of consent given by the service user / patient. If consent is identified as an issue, each complaint will need to be assessed on an individual basis.

A simple blanket approach to complaints from carers in the absence of consent is not appropriate. Given the complexity of the issues around consent it may be helpful to consider it in conjunction with the investigating manager, the clinical team, the PALS and Complaints Team and the information governance lead. It is accepted that in the absence of consent it may be possible to only provide a general response to the issues raised in the complaint. The exception to this is when carers complain about their specific experience. As long as this can be responded to without sharing details about the patient or service user experience, the absence of consent should not impact on the content of the response.

The process of seeking consent should not ordinarily delay the start of the complaint investigation. Investigating managers may need to ensure that they are not unintentionally sharing information with the complainant for which consent has not been given to share.

The aim of seeking consent is to be able to provide as much information to the complainant within the constraints of the consent that has been provided while at the same time treating each case as a learning opportunity.

When a carer makes a complaint about their experiences then consent will not be required unless the complaint also relates to the care and treatment provided to the patient.

If the complaint from a carer relates to the care and treatment that a patient has received the PALS and Complaints Team will request consent from the service user / patient for information within the complaint to be shared with the carer or family member.

If consent is not given, the PALS and Complaints Team will engage with the service user or patient to identify if there are any elements of the complaint that they would be happy to share with the complainant. If the service user / patient agrees to this the response letter will reflect this.

If consent is still not given, the PALS and Complaints Team will explain this to the complainant. The response letter will include information which is relevant to the complaint without breaking patient or service user confidentiality.

If the patient has capacity to give consent and wishes a representative to act on their behalf, then signed authorisation will be sought by the PALS and Complaints Team.

If the patient has died, or is incapacitated, the PALS and Complaints Manager, in conjunction with the Caldicott guardian, must decide whether the complainant is a suitable person to pursue a complaint.

Consideration must be given to all relevant factors such as the closeness of the complainant's involvement with the patient over the time they had known them and the nature and frequency of their contact.

Where the complainant has Lasting Power of Attorney (LPA) on behalf of a patient, the PALS and Complaints Team will ensure that this is valid, registered with the Office of the Public Guardian and the extent of the powers held, in order to decide whether consent from the patient is required. A copy of the LPA will be kept on the complaint file.

Where the complaint is made on behalf of a child (under 18 years old), the PALS and Complaints Team will check with the clinician to get an opinion as to whether the child has competency to give consent for the complaint to be made on their behalf by a parent, carer, or advocate. If a child (under 18 years old) makes a formal complaint on their own behalf, the Complaints Officer will check with the clinician regarding their competency and the appropriateness of this.

Table 3: Touch Points with the Investigating Manager and the PALS and Complaints team		
Purpose of contact	Simple complaints	Complex complaints
Contact the directorate if IM has not been allocated	Day 7	Day 7
Contact the IM to offer support and ensure they are aware of the time scales	Day 8, day 15	Day 8, day 15, day 25 and day 35
Contact the IM if the investigation pack has not been received	Day 20	Day 40

5.9 Receiving a formal complaint.

Once a complaint has been received the PALS and Complaints Team will review the complaint at the morning PALS and Complaints meeting to identify if other teams need to be involved. These could include:

- Patient Safety team,
- Legal team,
- MHA lead
- Relevant clinical team

The PALS and Complaints Team will contact the complainant to confirm receipt of the complaint and the key points of the investigation. The complaint will be logged on Datix within the complaints module.

5.10 Investigation

The PALS and Complaints Team will complete the investigation pack and liaise with the relevant directorate who will allocate the complaint to an Investigating Manager (IM) informing the PALS and Complaints Team who will be investigating it.

The IM will be somebody who is working within the same directorate but independent of the area (s) and staff that are the subject of the complaint. On occasion there may be complaints where it is necessary to identify somebody who is external to the directorate or external to the organisation to act as the IM. This will be agreed on a case-by-case basis.

A member of the PALS and Complaints Team will contact the IM at regular points during the investigation process to provide support and ensure that the complaint will be completed within the appropriate time scale. The details on which days the PALS and Complaints Team will make contact can be found below. This should not prevent the IM making additional contact with the PALS and Complaints team if needed. If the complaint is not progressing in accordance with agreed timescales, this will be escalated.

The aim of an effective investigation is to gather a sufficient amount of relevant clinical, factual, and other information to be able to determine what has occurred and to identify any appropriate action required. Information about interviewing staff as

part of an investigation can be found in Appendix 2. The PALS and Complaints team can also be contacted for support.

The investigation will be fair to all parties. IMs will ensure that anyone who is the subject of a complaint is given a proper opportunity to talk to them and is kept informed of progress.

The IMs will complete the Complaints Investigation pack (Appendix 3) and ensure all information relevant to the investigation is recorded, and this is sent back to the PALS and Complaints Team to be kept in the complaint file. This will include records of interviews and telephone conversations. The case file may be required at a later stage by Commissioners or the Ombudsman.

It is the IM's responsibility to determine if the elements of the complaint are upheld, partially upheld, not upheld, or undetermined. The PALS and Complaints Team are responsible for providing a check on the outcome and recording this in the complaints Datix.

Where the complaint involves clinical issues, the findings and the response must be shared with the relevant clinicians to ensure factual accuracy in respect of those clinical issues. The findings of the investigation should be fed back to the team and an action plan developed with them.

The PALS and Complaints Team may, where appropriate and with the agreement of the complainant, make arrangements for conciliation, mediation, or other assistance for the purposes of resolving the complaint. This may happen following a bereavement or if the team feel that the issues would benefit from being discussed face to face. The minutes of this meeting will be completed by the PALS and Complaints Team and sent to the complainant.

The IM is responsible for ensuring that the complainant is kept up to date with progress at intervals agreed with them at the start of the complaint process.

Where a complaint relates to the actions of the Chief Executive or Chairman of the Trust, special arrangements will be made to ensure a fair investigation. This may be for example via a neighbouring NHS Trust or Local Authority.

5.11 Complaints response letter

A final response letter drafted by the Complaints Officer will be sent out at the end of the investigation. The Trust aims to provide a response within either 30 working days or within 50 working days depending on whether the complaint has been classed as simple or complex.

The response will be in the format of a letter and will include a summary of the nature and substance of the complaint, an open and honest description of the investigation and its findings and any recommendations to be taken as a result of the complaint. It will also include appropriate apology for any omissions by the Trust and the distress caused.

There may be circumstances when it is not possible to respond to a complaint within the specified timescales and in this case the IM will agree revised timescales with the complainant and will then notify the PALS and Complaints Team.

The final response letter will be subject to a quality assurance process which includes the IM, the Directorate, a member of the executive team and the Chief Executive. All complaints letters will be signed by the Chief Executive or, in their absence, by the Deputy CEO or a Director acting on behalf of the Chief Executive.

The response will also include the offer of further opportunities to clarify or discuss remaining concerns with relevant staff. It will also inform complainants regarding their right to refer the complaint to the Parliamentary Health Service Ombudsman (PHSO) if they remain dissatisfied following the Trust's conclusion of the complaint.

5.12 If a complainant is unhappy with the complaint response

If the complainant remains dissatisfied with the outcome of their complaint, the option for a meeting to be held with relevant senior clinicians, senior managers, and a member of the PALS and Complaints Team will be offered. The meeting will be minuted by a member of the PALS and Complaints Team and a copy of the minutes in letter form will be provided to the complainant.

If a complainant remains unhappy with the complaint response following a meeting, they have a right to ask the PHSO and / or the Local Government and Social Care Ombudsman (LGO) to investigate their complaint.

5.13 Complaints referred to the PHSO

If the Trust receive a notification that a case has been referred to the PHSO, the PALS and Complaints Team will:

- Ensure the PHSO is sent copies of the complaint investigation file within the timescale set by the PHSO.
- Liaise with the offices of the PHSO to provide additional information as requested.
- Update Datix to indicate that the complaint has been referred to the PHSO .
- Report any complaint referred to the PHSO via the weekly executive briefing.
- Report any complaint referred to the PHSO to the Patient Experience Executive Group (PEEG) and Patient Safety and Quality (PSQ) by inclusion in quarterly Patient Experience reports.
- Co-ordinate the formulation of an action plan for any actions identified as needed as a result of the PHSO's review of the complaint.
- Submit Action Plans to the appropriate Directorate Governance group for monitoring
- Communicate the outcomes of the PHSO's reviews to the directorate.

5.14 Suggestions, and compliments

Suggestions and Compliments received by the PALS and Complaints team will be sent to the relevant team and recorded on Datix. If appropriate, the person providing the suggestion or compliments will be directed to the public webpage and supported (if needed) to complete the appropriate survey.

6.0 Further information about the Concerns, Complaints, Suggestions and Compliments Policy

6.1 Learning from Complaints

As part of the investigation, where appropriate, the IM will identify areas of improvement and recommendations. The IM will agree with the Ward/Team Manager, Service Manager/Modern Matron or General Manager, the findings of the investigation and, where appropriate, agree achievable actions and in collaboration/agreement with the Team/Service Manager develop an Action Plan (Appendix 3) to be submitted as part of the complaints investigation pack. Details of the Action Plan will be included as appropriate within the complaint response letter.

The Action Plan will be recorded in Datix, and the Ward/Team Manager, Service Manager/Modern Matron or General Manager will submit evidence to confirm that the actions have been completed. The Directorate Associate Director of Nursing will confirm that they are happy that the actions have been completed and can be closed.

The Directorates are responsible for ensuring that the learning is disseminated through the Directorate governance meetings. Key themes will be highlighted across all directorates via the Quality, Nursing and Allied Healthcare Professionals newsletters. Learning from PALS and Complaints will be included in the quarterly Patient Experience report. The Patient Experience reports, and that Directorates will also include this in their Directorate Governance meetings.

6.2 Exceptional Circumstances

An exceptional circumstance refers to a reason why the Concerns, Complaints, Suggestions and Compliments policy may not be adhered to and there is a delay in the complainant receiving their response. Examples of these reasons are:

- The patient is in acute phase of their illness/in hospital and the complaint is unclear and requires clarification with them, contact should be made with relevant clinician to establish this and must be documented.
- The complaint is very complex e.g., involves serious harm or an avoidable death. This is likely to also fall under the Patient Safety Incident Response Framework (PSIRF) policy.
- Key witnesses whose statements are required are on annual leave or sick leave – this should be identified at the start of the investigation and explained to the complainant – if a member of staff is on long-term leave it may not be

possible to wait. In these circumstances advice should be sought from the PALS and Complaints Manager.

- If the IM goes on sick leave after starting an investigation consideration should be given as to whether the complaint should be reallocated – in this case the complaint should be reallocated immediately, and any delays kept to the minimum.

Please note: if it is known that the IM will be on planned leave this is not an exceptional circumstance and this must be considered when allocating a complaint to that person. They must be able to meet the time scale for completing the complaint. The complainant (and any other relevant people involved in this complaint) must be informed in all cases of the above and agreement should be sought on when the complaint will be completed.

There may be circumstances when it is not possible to achieve the agreed time scales. In this case the IM will agree timescales with the complainant and will then notify the PALS and Complaints Team.

Any extensions in excess of the agreed timescale together with the reason must be documented and will be monitored closely. This will also be monitored through the annual complaints audit.

6.3 Stopping the Clock

At times there may be reason to ‘stop the clock’ on the working day timeframe and a revised timeframe is used. The rationale for doing this will be reviewed on a case-by-case bases and a clear rationale for the decision will be recorded within Datix following discussion with a senior member of the Nursing and Quality Team.

Table 4: Stopping the clock	
Reason to Stop the Clock	Rule
Where elements of the complaint relate to an on-going Serious Incident investigation.	The response time will be calculated from the date the Serious Incident investigation report is submitted to the Integrated Care Board.
Where the complaint raises issues of a safeguarding nature	The complaint will be suspended and will commence once the Safeguarding Investigation has concluded and the findings shared with the patient/relative, or confirmation has been received and a safeguarding review is not required.

If during the course of the investigation the complainant wishes to suspend or withdraw their complaint, the PALS and Complaints Team will record the complaint

as closed. If the complainant wishes to recommence their complaints investigation within two months of the suspension the complaint will be re-opened. If the complainant wishes to complain about the same circumstances again in the future this will be recorded as a new complaint.

6.4 Complaints relating to Local Authority or other NHS Body

In cases when the complaint relates in part to a Local Authority, or another NHS body, the involved organisations must co-operate in coordinating the handling of the complaint and ensuring that the complainant, with their agreement, receives a coordinated response to the complaint. This includes agreeing which organisation takes the lead in coordinating the handling of the complaint and communicating with the complainant. This discussion will take place within a target of 2 working days of receipt of a complaint. Staff will endeavour to work with private organisations/agencies in the same way. Each organisation must provide information relevant to the complaint and attend any meeting required in connection with the complaint.

When the complaint relates entirely to services provided by another NHS body, or local authority, the PALS and Complaints Team will seek the consent of the complainant to forward the complaint to the relevant body within a target of 3 working days.

6.5 Complaints, Legal Action, and Criminal Proceedings

Where a complainant states that they are commencing legal action against the Trust in relation to their complaint, the PALS and Complaints Team will notify the Trust Legal Team, and information collated during an investigation of a complaint, may need to be disclosed when legal action is taken.

It should be noted that the updated Complaints Regulations 2009 no longer states that the complaint should be halted where legal action has started. It should also not necessarily be assumed that a complaint made via a Solicitor means that the complainant has decided to take legal action. If consent has been received, a response should be made in the normal manner. An apology is not necessarily an admission of liability.

If the subject of the complaint is a matter being referred to the police, the complaints investigation will be suspended pending the outcome of that investigation and the complainant will be informed of the reasons for this delay. Once the outcome is known the complaint may continue if appropriate.

6.6 Complaints and Disciplinary Action

Complaints can be investigated even if disciplinary action is being considered or taken against a member of staff. However, the confidentiality of the member of staff concerned must be respected and the Data Protection Act must be adhered to.

Care must be taken by the Trust to avoid disclosure to the complainant of any disciplinary action that has taken place as a result of a complaint.

6.7 Discrimination

Complainants need to feel confident that their care will not be affected as a result of their having made a complaint. This commitment will be communicated to patients throughout the Concerns, Complaints, Suggestion and Compliments Policy.

6.8 Complaints made by Member of Parliament on behalf of Constituent.

Complaints, concerns, or information requests from MPs are usually addressed to the Chief Executive and where this is the case, the Chief Executive will send acknowledgment that the letter or email has been received or passed to the PALS and Complaints Team for acknowledgement. The PALS and Complaints team would then follow the appropriate pathway for either formal or informal complaints.

- The PALS and Complaints Team will review the letter and determine the best route for addressing the issues raised. The Chief Executive's Office is notified of the direction this is taking and who is leading the response.
- If the letter or email is a formal complaint, this will be dealt with in the line with the Trust's Concerns, Complaints, Suggestions and Compliments Policy. Consent from the person concerned must be obtained if correspondence is to be copied to the MP.
- If the letter or email is dealt with via PALS, the response is to be sent within 10 working days from the Chief Executive.
- All responses to MPs will be signed by the Chief Executive.

6.9 Unreasonable and Persistent Complainants

Habitual complainants are becoming an increasing problem for NHS Staff, causing undue stress, and placing a strain on time and resources. Staff are trained to respond with patience and sympathy to the needs of all complainants, but there are times when there is nothing further which can reasonably be done to assist them or to rectify a real or perceived problem. The Trust will ensure that the Concerns, Complaints, Suggestions and Compliments Policy is followed so far as possible and that no material element of a complaint is overlooked, as complaints from unreasonable and persistent complainants may have some substance.

In cases where an unreasonable and persistent complainant has been identified, the PALS and Complaints Manager will discuss the case with the Chief Executive and decide what action to take. This may include a review of all the complaints documentation or seeking legal advice. Once a decision has been made, the Chief Executive will write to the complainant to advise them that their complaint has been classified as unreasonable or persistent and a record kept of the reasons why a complainant has been classed as unreasonable and persistent. Appendix 6 provides further information and guidance for Handling Unreasonable and Persistent Complainants and the policy for Managing Violence and Aggression Against Staff should also be consulted and followed where appropriate.

6.2 Confidentiality and Data Protection

6.21 General Data Protection Regulations

It is essential when dealing with complaints that staff comply with the Confidentiality Policy, Data Protection Policy, and Access to Health Records Policy. Any request to access clinical/medical records will be dealt with under the General Data Protection Regulations.

As the General Data Protection Regulations only relates to living persons access to deceased patient's records is via the Access to Health Records Act (1990). Any disclosure must be confined to that which is relevant to the investigation of the complaint and only disclosed to those people who have a demonstrable need to know it for the purpose of investigating the complaint.

6.22 Confidentiality and Consent

The PALS and Complaints Team will treat all information received about patients, carers, and staff in strict confidence. Information about a caller, including the fact that they have made contact, will not be disclosed to a third party, even to a partner or family member, without the express consent of the caller.

6.23 Record Keeping for PALS and Complaints

All concerns, enquiries, informal and formal complaints will be registered to the relevant Datix unit. Datix will be updated to reflect the actions taken to progress the complaint.

Records pertaining to a formal or informal complaint that a patient/relative has made will not be added or stored in the patient's electronic record.

7.0 Education and Training Requirements

The PALS and Complaints Team recognises that investigating complaints can be complex and therefore requires specific training. The PALS and Complaints Team provide formal training for any staff member who will be investigating complaints and are also there to offer informal one to one support while staff are undertaking an investigation. Staff within the PALS and Complaints Team will complete formal training to support them in their role.

8.0 Monitoring Effectiveness of Implementation

Key performance indicators for the PALS and Complaints Team will include:

- Number of formal complaints resolved within the agreed time scales.
- Number of overdue complaints.
- Number of reopened complaints.
- Number of complaints investigated by the PHSO.
- Number of outstanding complaints action plans
- Number of informal complaints (PALS enquiry) where a resolution is agreed within 10 days.
- Number of informal complaints which after 10 days become designated as formal complaints.

The performance of the PALS and Complaints Team will be monitored by the:

- Weekly review meetings with the PALS and Complaints Team to ensure that progress is monitored, and issues escalated if required.
- Metrics included in the Trust's monthly Quality dashboard report.
- The Patient Experience Executive Group on a bimonthly basis (reporting upwards to the Patient, Safety and Quality Group)

The Patient, Safety and Quality (PSQ) Committee has responsibility for ensuring that complaint handling throughout the Trust is monitored on behalf of the Trust Board, including reviewing, and revising the Concerns, Complaints, Suggestions and Compliments Policy, ensuring that it:

- Is easily accessible and well publicised
- Is applied for all informal and formal complaints
- Meets legal and other requirements
- Remains up to date in terms of regulations and Trust structural and organisational factors

PSQ will receive and approve the quarterly Patient Experience and PALS and Complaints review including themes and PALS and Complaints management including:

- Numbers of opened, closed and re-opened complaints.
- Subject matter
- Trends
- Response times
- Lessons learnt and actions taken as a result of complaints.
- Details of complaints referred to the PHSO and the outcome of these.

An annual PALS and Complaints report will be produced. PALS and Complaints performance will also be included in the Trust's Annual report and Quality Account.

9.0 Links to Other Procedural Documents

- Incident Management Policy including Serious Incidents and Near
- Patient Safety Incident Response Framework (PSIRF)
- Being Open and Duty of Candour Policy
- Whistleblowing Policy
- Access to Health Records, Personnel Records, and CCTV Data
- Protection Act 1988 Policy
- Confidentiality Policy
- Freedom of Information Policy
- Health Records Management Policy
- Safeguarding Children Policy
- Safeguarding Adults Policy

- Supporting Staff Following Traumatic or Distressing Events Policy
- Policy for Managing Violence and Aggression Against Staff
- Disciplinary Policy and Procedure

10.0 Procedures PALS and Complaints Flow chart

Single Point of Access for PALS and Complaints

Day 1 initial triage and assessment between PALS and Complaints team
 Identify if it is an informal or a formal complaint.
 Escalate with PALS and Complaints Manager agreement to Patient Safety Team, Legal Team, MHA Lead, or another relevant expert as appropriate.
 All formal and informal complaints added to Datix

Day 1 – 3: Contact complainant by phone or email to agree the following:
 How the complainant would like to be communicated with e.g., phone or email
 Is initial assessment correct and should the complaint be **informal, formal (simple or formal (complex))**.
 Any emails sent to CPFT staff should also be copied into their line manager as part of the PALS process.
Formal acknowledgement of complaint
 Ensure agreed process is what the complainant wants.
 Identify the key points of complaint to be investigated and the time scales for investigation.
 Start the process of obtaining consent if required from patient/service user and send consent form.
 Explain what will happen next.
 Consider whether a meeting should be offered as part of the investigation process.
 Associate Director of Nursing and Quality informed of the complaint and identify an investigating manager

Formal (Simple)	Formal (Complex)	Informal
Non-clinical complaint or one service 30 working days	Complaints involving more than one service, or other organisations, or particularly sensitive e.g., involving bereavement - 50 working days	Requests for information / immediate issues such as lost property / directions / date and time of clinical appointments.
<p>DAY 3 -5 Investigation pack sent to the investigating manager and the Associate Director of Nursing and Quality</p> <p>Pack states SIMPLE complaint and timescale for completion of investigation – 10 w/ds</p>	<p>DAY 3 - 5 Investigation pack sent to the investigating manager and Associate Director of Nursing and Quality</p> <p>Pack states COMPLEX complaint & timescale for completion of investigation</p>	<p>Day 3-5 Action to resolve informal complaint e.g. Sign posting Information Liaison with Directorate to resolve issues. Arranging for the complainant to speak to other staff members. Any emails sent to CPFT staff should also be copied into their line manager as part of the PALS process.</p>

		<p>Day 5 to 10 Contact the complainant to feedback on action taken/progress – Has the issue been resolved?</p> <ul style="list-style-type: none"> ➤ If no agree additional time for resolution i.e., 5 days. ➤ If yes confirm to complainant, update Datix and record as closed.
Formal (Simple)	Formal (Complex)	Informal
		<p>Up to day 10 If the informal complaint is not resolved – update Datix, liaison/handover with Complaint Officer, move to formal process</p>
Formal (Simple)		Formal (Complex)
<p>DAYS 5 - 19 INVESTIGATION</p> <ul style="list-style-type: none"> • IM make initial contact with complainant. • Undertakes investigation. • Contact will be made by the PALS and Complaints team on day 8 and day 15. • Agree escalation process if delays / issues affecting progression of the investigation. • Complaints team to update complainant if delays & agree revised timescale. • Identification of actions/improvements as result of complaint • Completion of investigation pack & action plan 		<p>Day 5 – 39 Investigation</p> <ul style="list-style-type: none"> • IM makes initial contact with complainant. • Undertakes investigation. • Contact will be made by the PALS and Complaints team on days 8,15,25,35. • Agree escalation process if delays/ issues affecting progression of the investigation. • Complaints team to update complainant if delays & agree revised timescale. • Identification of actions/improvements as result of complaint • Completion of investigation pack & action plan
Day 19 Investigating manager returns completed investigation pack to the PALS and Complaints team		Day 39 Investigating manager returns completed investigation pack to the PALS and Complaints team
Day 20 - 21 Complaints Officer drafts complaint response letter and requests further details from the directorate if needed.		Day 40 - 41 Complaints Officer drafts complaint response letter and requests further details from the directorate if needed.
Day 21 Draft complaints letter is shared with the Investigating manager		Day 41 Draft complaints letter is shared with the Investigating manager
Day 23 Draft complaints letter shared with the Associate Director of Nursing and Quality		Day 43 Draft complaints letter is shared with the Associate Director of Nursing and quality
Day 25 Draft complaint letter returned to PALS and Complaints team, sent for quality assurance process Associate Director of Involvement and Partnerships, Deputy Chief Nurse		Day 45 Draft complaint letter returned to PALS and Complaints team, sent for quality assurance Associate Director of Involvement and Partnerships, Deputy Chief Nurse
Day 27 Draft complaints letter returned to complaints team, changes incorporated and sent		Day 47 Draft complaints letter returned to complaints team, changes incorporated and sent

to Director of Nursing, Quality and Allied Health Professionals	to the Director of Nursing, Quality and Allied Health Professionals
Day 28 Draft complaints letter return to PALS and Complaints team reviewed sent to CEO / Deputy CEO	Day 48 Draft complaints letter return to PALS and Complaints team reviewed sent to CEO / Deputy CEO
Day 29 Letter returned from CEO / Deputy CEO and sent to CEO executive support for signature	Day 49 Letter returned from CEO / Deputy CEO and sent to CEO executive support for signature
Day 30 Complaints letter sent to complainant	Day 50 Complaints letter sent to complainant

11.0 Definition of Terms

Informal complaints:

Informal complaints are defined as those concerns or issues which can be resolved within a maximum of 10 working days and do not require a formal investigation.

Formal complaints

Formal complaints are those which require a full investigation to be undertaken and a written response from the Chief Executive to be sent to the complainant following the investigation. Formal complaints are classified as follows:

Simple formal complaint: A non-clinical complaint or complaint comprising straightforward issues relating to one service or one episode of care. Simple complaints are to be investigated and responded to within 30 working days.

Complex formal complaint: Complaints involving more than one service, or several episodes of care, or other organisations, or particularly sensitive complaints e.g., involving bereavement, Complex complaints are to be investigated and responded to within 50 working days.

Working day – a working day in this context is a day from Monday to Friday excluding bank holidays.

The Trust is legally required to report on the outcome of complaints. These terms are recorded in the investigation pack by the investigation manager and are reported on within Datix.

Upheld – means a high majority or all of the elements were investigated and found to be substantiated. Do we need to use these terms?

Partially Upheld – means a majority (over a third) of the elements investigated were found to be unsubstantiated.

Not Upheld – means a majority or all of the elements investigated were found to be unsubstantiated.

Undetermined – means that following investigation the elements of the complaint could not be evidenced as upheld or not upheld.

12.0 Duties and Responsibilities

The Chief Executive

The Chief Executive is ultimately accountable for the quality of care within the organisation, and therefore, as part of governance arrangements, needs an overview of all recorded dissatisfaction being expressed by service users, carers, and relatives. The results of all complaint investigations will be submitted to the Chief Executive who will sign the final letter of response to the complainant. Where for good reason the Chief Executive is not able to sign the letter, it will be countersigned by a nominated person acting on the Chief Executive's behalf. The Chief Executive is made aware of all breaches in the timescale for providing a final response to complainants and the reasons for these.

Director of Nursing, AHPs and Quality

The Director of Nursing, AHPs & Quality has been designated by the Trust Board to take overall responsibility for the Trust Concerns, Complaints, Suggestions and Compliments Policy and for ensuring that it complies with NHS Complaints Regulations.

The Director of Nursing and quality reviews all formal complaints letters to ensure the quality of the letters prior to them being submitted to the Chief Executive.

The Director of Nursing, AHPs & Quality is also ultimately responsible for ensuring that action is taken, if necessary, in the light of the outcome of a complaint. The Director of Nursing, AHPs & Quality will, in turn, delegate to the PALS and Complaints Manager the responsibility for the operational management of the Trust's complaints handling in line with its Concerns, Complaints, Suggestions and Compliments Policy.

The Associate Director of Involvement and Partnerships

Provides operational line management to the PALS and Complaints Manager and, with the PALS and Complaints Manager, monitors performance of the PALS and Complaints Team providing support as required.

PALS and Complaints Manager

The PALS and Complaints Manager is:

- Responsible for providing direction and support for the PALS and Complaints Team
- Ensuring that the Trust adheres to the PHSO standards and the Trust's Concerns, Complaints, Suggestions and Compliments policy.
- Monitoring the PALS and Complaints Team adherence with the agreed KPIs.
- Supporting the team and the directorates to ensure that complaints are appropriately investigated, and the response completed within the appropriate time scales.

Complaints Officers

The Complaints Officers are responsible for:

- Ensuring that all formal complaints are registered and managed following the PALS and Complaint Policy and in line with the PHSO standards.
- Supporting the management of the PALS and Complaints email inbox to ensure complainants receive responses and information within an appropriate time scale.
- Liaising with the IMs to ensure that they are aware of the time scales, to identify potential delays in returning the investigation pack and providing specific support about the investigation and complaints process.
- Ensure that all complaint responses are drafted to a high standard.
- Liaising where appropriate with the PHSO or the LGO to ensure that complaints are resolved satisfactorily within an appropriate time scale.
- To provide support and information to the directorates on and about the management of complaints.
- To work closely with the PALS and Complaints Manager to ensure that the service is delivering an outstanding PALS and Complaints service.

PALS Officers

The PALS Officers are responsible for:

- Managing all PALS enquires including informal complaints as per the agreed procedure.
- Supporting the PALS and Complaints Team in the day-to-day management of the PALS and Complaints email inbox.
- Being the first point of contact for patient, carers, and the public to listen to their concerns and issues, and sign posting as appropriate.
- to provide a public facing PALS drop-in sessions at designated locations across Cambridgeshire and Peterborough.
- Providing information and data about PALS for the relevant reports.
- Liaising with the IMs to ensure that they are aware of the time scales, to identify potential delays in returning the investigating pack and providing specific support about the investigation and complaints process.

Complaints Coordinator

The Complaints Coordinator is responsible for the:

- Supporting the day-to-day management of the PALS and Complaints email inbox and post.
- Supporting the Complaints Officers to ensure formal complaints are managed in accordance with agreed procedure and closed within the designated time scales.
- Ensuring with other members of the team that formal and informal complaints are managed within the appropriate time scales.
- Liaising with the investigating managers to ensure that they are aware of the time scales, to identify potential delays in returning the investigating pack and providing general support.
- Arranging and minuting meetings relevant to the PALS and Complaints team

Role of Operational Directors and General Managers

Directors and General Managers have overall responsibility for the operation of this policy within their specific area. This involves ensuring that all staff are fully conversant and compliant with the policy.

The General Managers will, where appropriate, be responsible for ensuring the implementation of any service improvements that have been identified as a result of a complaint.

Operational managers also have a responsibility to ensure that staff who are the subject of complaints receive appropriate support from their line manager or if appropriate referrals / sign posting to other sources of support available for staff within the Trust.

Associate Director of Nursing and Quality Matrons

The Associate Director of Nursing and Quality Matrons have delegated responsibility from the General Managers to operationally manage the complaints process within their Directorate.

This involves:

- Supporting the directorate to identify Investigating Managers.
- Reviewing and approving response letters, action plans and recommendations from complaints.
- Supporting the PALS and Complaints Team to ensure that response letters are completed within the agreed time scale.
- To work with the PALS and Complaint team to ensure that the process provides an effective and compassionate responses to all complaints and PALS enquiries.

Role of Investigating Manager (IM)

The IMs will be responsible for:

- Liaising with the complainant, ensuring that they carry out a thorough, fair, and factual investigation into the complaint.
- A single IM is responsible for investigating the whole of the complaint regardless of the number of teams the complaint spans.
- Ensure that they complete the report template provided to them to enable the complaints manager to prepare an appropriate response letter detailing their findings.
- Developing the action plan as appropriate with the team concerned.
- Adhering to the relevant times scales.

Role of all Staff

To make sure they have read the policy and know what their individual responsibilities are for handling complaints and concerns.

All staff should be aware of the correct procedure to follow should a patient or relative wish to make a complaint or raise a concern.

All staff, regardless of their role and seniority, are responsible for supporting complainants with help and information about the procedure and for trying to resolve complaints and concerns quickly and appropriately as they arise. This will be done in

line with the Trust's own values and with particular emphasis on treating complainants with respect and dignity.

All staff should request advice and guidance from the & PALS and Complaints Team if they are unsure of what action to take.

Patient Experience Executive Group (PEEG)

The PEEG is responsible for monitoring and supporting the performance of the PALS and Complaints team and escalating issues to the Patient Safety and Quality (PSQ) Committee as appropriate.

Patient Safety and Quality (PSQ) Committee

PSQ will ensure that there is a robust system for auditing and sharing the lessons learned from complaints for service improvement. Should remedial action be required, an action plan will be formulated and monitored by the PSQ Committee.

13.0 References and Acknowledgements

The following documents and publications have been directly referenced or have been considered in the drafting of this policy:

The Principles of Good Complaint Handling (Parliamentary Health Service Ombudsman, 2022)

The NHS Constitution (NHS Constitution for England - GOV.UK (www.gov.uk) (DOH, 2021) outlines to the public their rights when making a complaint.

14.0 Appendices

Appendix 1 PHSO complaints standards

Promotes a learning culture by supporting the whole organisation to:

- see complaints as an opportunity to develop and improve its services and people
- set clear expectations to embed an open, non-defensive approach to learning from complaints
- regularly talk to its managers, leaders, and service users about what it has learnt from complaints and how it has used learning to improve services for everyone
- give colleagues the support and training they need to deliver best practice in handling complaints.

Welcomes complaints in a positive way and:

- recognises them as important insight into how to improve services
- creates a positive experience by making it easy for service users to make a complaint
- gives colleagues the freedom to resolve issues quickly and to everyone's satisfaction.

Is thorough and fair when looking into complaints and:

- gives an open and honest answer as quickly as possible, considering the complexity of the issues
- makes sure service users who make complaints, and colleagues directly involved in the issues, have their say and are kept updated when they carry out this work
- makes sure service users can see what colleagues are doing to look into the issues in a fair and objective way, based on the facts.

Gives fair and accountable responses that:

- set out what happened and whether mistakes were made
- fairly reflect the experiences of everyone involved
- clearly set out how the organisation is accountable
- give colleagues the confidence and freedom to offer fair remedies to put things right
- take action to make sure any learning is identified and used to improve services.

Appendix 2. Guidance for Managers Interviewing Staff who are involved in Complaints.

1. Introduction

Some reports and statements made by staff following an incident or complaint can be incomplete, lack key information or can be ambiguous. Good interview techniques can often increase both the quantitative and qualitative information gained from staff involved in incidents and complaints.

It is important for managers to interview a wide range of people present at the time of the incident in order to create a complete picture of what actually happened.

2. Preparing for the interview

Staff should be formally invited to attend an interview and fully briefed on the purpose of the interview. Staff members may wish to bring someone else with them for support (i.e., a colleague, friend, or Union Representative) and this should be fully permitted although it should be made clear that their support must not include active participation in the interview. The main reason for this is that any interruptions while the interviewee is giving their account may interfere or significantly affect memory retrieval.

Interviews should be held in a relaxed setting, preferably away from the immediate place of work and in a private room. It is considered good practice to have one person undertaking the interview and one person either recording the conversation or taking notes. This enhances the flow of the information and allows the interviewer to give their undivided attention to the interviewee. If it is not possible to transcribe the interview, then managers may wish to consider recording the conversation with the consent of the interviewee and then have it transcribed at a later date.

Firstly, managers should ensure that the member of staff being interviewed has received written information explaining why the interview has been arranged. It should also be explained in the information that the interview is not part of a disciplinary process but a review of the complaint / incident to identify the cause. In order to allow the interviewee to prepare, managers should provide.

- The name of the person who will be conducting the interview and their role in the investigation
- Details of the incident or complaint being reviewed
- Details of what documentation will be provided before and during the meeting
- Assurances that the interview will be confidential
- The approximate time or duration of the interview

Interviewees should be informed about the process of the interview and what will happen after the interview has taken place. This should include details of when the report will be completed and when the interviewee can expect to see the report in its draft stages. If a transcript has been made of the interview, managers should provide a copy to the interviewee for agreement as soon as possible to ensure accuracy.

3. Arranging the interview

When arranging interviews with staff who may be involved in complaints or incidents, managers should consider the following points as examples of good practice.

- Always ensure that a private and undisturbed room is booked for the interview.
- Try to avoid holding the interview at the end of the interviewee's shift.
- Inform the interviewee's manager, supervisor, or clinical Lead that the interview is taking place so that staff can be released, and their shift covered.
- Some staff will find the process very upsetting and disturbing and may not feel able to return to work immediately afterwards. Staff should be offered information on how to access support services after the interview if required.
- Arrange the room in an informal way – try to avoid placing physical barriers such as desks or tables between parties.
- Ensure plenty of water is available.
- Make sure that telephones are diverted, and mobile phones are switched off during the interview.

4. During the interview

At the start of the interview, the interviewers should be introduced and their roles in the process explained, followed by an explanation of the sequence of the interview and approximate time it will take. Managers should try to reiterate any written information given to the interviewee prior to the interview and stress that the process is not part of any disciplinary procedure. Always allow time for the interviewee to ask questions.

5. Essential factors for a successful interview

Ensure that the interviewee is aware that they are in control over the process and not the interviewer.

Always allow the interviewee to 'tell their story' and recall their experience without interruption. Interruptions can reduce the interviewee's ability to recall memories and will lead to incomplete or inaccurate information.

Try to ask questions in the order that the incident is presented to aid memory retrieval and improve information given.

Ensure that you share your understanding of the interviewee's account with them before asking any questions. This will correct any misunderstandings and will serve as a 'prompt' to jog their memory about facts and important points that may have been forgotten.

Try to avoid open-ended, rhetorical, or quick-fire questions. It may be that the interviewee gives short answers that do not fully provide the information necessary to understand the incident.

Try to keep the discussion as open as possible and avoid making judgmental or critical comments as this is likely to make the interviewee defensive and less likely to present the facts.

Appendix 2 Investigation pack

Complaint Investigation Pack

Complainant and patient details

Complaint reference	
Date Complaint Received	
Patient's details	
Complainant's details	

Investigation

Investigating Manager's Full name	
Investigating Manager's Job title	
Investigating Manager's Team	
Contact Telephone number	
Work Base	

Documents used in the investigation (*case notes including timeframe, statements, Trust policies including version number, national guidelines, meeting notes*)

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Staff that were interviewed

Name	Job Title	Team	Date and time of interview

Staff involved in the patient's care but not interviewed		
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Name	Job Title	Team
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Date of telephone introduction with complainant	
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Details of the discussion and what was agreed with the complainant

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Complaint Response

Issue/element for investigation	Findings of the Investigation What happened, why, apology	Lessons Learnt / Recommendations / Actions to be taken	Complaint Outcome <i>Upheld, partially upheld, not upheld, undetermined.</i>

Complaints Action Plan

The action plan must be reviewed and agreed with the team(s) involved.

Action Plan Author(s)	
------------------------------	--

Recommendation	Action	Level of recommendation	Priority	Action Lead	Date Due to be Completed	Evidence
<i>Learning from the investigation</i>	<i>Specific, measurable, achievable, realistic and time restricted</i>	<i>Individual, team, directorate or organisation</i>	<i>Extreme, high, medium, low</i>	<i>Name and Job Title of 1 individual</i>	<i>Date action lead agreed to complete the action by</i>	<i>What the team will provide to evidence the action has been completed</i>

Appendix 4: Guidance for handling Unreasonably Persistent Complainants

1. Introduction

Complainants whose behaviour is unreasonable and persistent can become a problem for NHS staff. Handling such complainants can place a strain on time and resources and can cause undue stress for staff who may need support in difficult situations. NHS staff are trained to respond with patience and empathy to the needs of all complainants but there are times when complaints have been fully investigated and there is nothing further which can reasonably be done to assist them to rectify a real or perceived problem.

In determining arrangements for handling such complainants staff are presented with two key considerations. The first is to ensure that the complaints procedure has been correctly implemented and that no material element of a complaint is overlooked or inadequately addressed. It is important to appreciate that even vexatious complainants may have issues which contain some genuine substance. The need to ensure an equitable approach is crucial. The second is to be able to identify the stage at which a complainant's behaviour has become unreasonable and persistent. One approach to the situation is to develop an approved procedure which is formally incorporated into the complaints procedure. Implementation would only occur in exceptional circumstances. Information on the handling of unreasonable and persistent behaviour from complainants should also be made available to the public as part of the material on the complaints process as a whole.

2. Purpose of this Guidance

Complaints about Trust services are processed in accordance with NHS complaints regulations. During this process, staff inevitably have contact with a small number of complainants who absorb a disproportionate amount of NHS resources in dealing with their complaints. The aim of this guidance is to identify situations where the complainant may be considered unreasonable and to suggest ways of responding to these situations.

It is emphasised that this procedure should only be used as a last resort and after all reasonable measures have been taken to try to resolve complaints following the NHS complaints procedures, for example through local resolution, conciliation, or involvement of Total Voice (the Independent Health Complaints Advocacy Service) as appropriate. Judgement, discretion, and sensitivity must be used in applying the criteria to identify potentially unreasonable and persistent complainants and in deciding what action to be taken in specific cases.

The procedure should only be implemented following careful consideration by and with the authorisation of the Chief Executive or deputy. Where a deputy is used, the reason for the non-availability of the Chief Executive must be recorded on the file.

3. Definition of an unreasonable and persistent complainant

Complainants (and / or anyone acting on their behalf) may be deemed to be unreasonable and persistent where previous or current contact with them show that they meet ONE OR MORE of the following criteria were complainants.

Persist in pursuing a complaint where the NHS complaint procedure has been fully and properly implemented and exhausted.

Change the substance of a complaint or continually raise new issues or seek to prolong contact by continually raising further concerns or questions, either upon receipt of a response or whilst the complaint is being addressed. (Care must be taken not to discard new issues which are significantly different from the original complaint as these might need to be addressed as separate complaints).

Are unwilling to accept documented evidence of 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 lapsed.

Do not clearly identify the precise issues which they wish to be investigated, despite the reasonable efforts of staff and, where appropriate, Total Voice to help them specify their concerns, and /or 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 is a 'trivial' matter can be subjective and careful judgement must be used in applying this criterion.

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 documented.

Have, in the course of addressing a registered complaint, had an excessive number of contacts with the Trust, placing unreasonable demands on staff. A contact may be by telephone, letter, or fax. Discretion must be used in determining the precise number of 'excessive contacts' applicable under this section, using judgement based on the specific circumstances of each individual case.

Have harassed or been personally abusive or verbally aggressive on more than one occasion towards staff dealing with their complaint of their families or associated. Staff must recognise that complainants may sometimes act out of character at time of stress, anxiety or distress and should make reasonable allowances for this. They should document all incidents of harassment. Clinical guidance should also be sought where clarification is needed on this.

Are known to have electronically recorded meetings or face to face / telephone conversations without prior knowledge and consent of other parties involved.

Display unreasonable demands or expectations and fail to accept that these may be unreasonable (e.g., insist on responses to enquiries being provided more urgently

than is reasonable or recognised practice or that which has been set out in the national guidance on complaints handling).

4. Options for dealing with unreasonable and persistent complainants

Where complainants have been identified as unreasonable and persistent in accordance with the above criteria, the Chief Executive (or appropriate deputy) will determine what action to take. The Chief Executive (or deputy) will implement such action and will notify the complainants in writing of the reason why they have been classified as unreasonable and persistent complainants and the action to be taken. This notification may be copied for the information of others already involved in the complaint, e.g., practitioners, conciliators, Total Voice, Member of Parliament. A record must be kept for future reference of the reasons why a complainant has been classified as vexatious.

The Chief Executive or Deputy may decide to deal with complainants in one or more of the following ways:

Try to resolve matters before invoking this procedure by drawing up a 'Signed agreement' with the complainant (and if appropriate involving the relevant practitioner in a two-way agreement) which sets out a code of behaviour for the parties involved if the Trust is to continue processing the complaint. If these terms are contravened consideration would then be given to implementing other actions such as indicated in this section

Write to inform them that they must be classified as an unreasonable and persistent complainant, copy this procedure 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 copy this notification to others involved in the complaint and to suggest that complainants seek advice in processing their complaints e.g., through Total Voice.

Inform the complainant of the form of contact which will be maintained, be it in person, by telephone, by fax, letter, or any combination of these. Alternatively, to restrict contact liaison through a third party. If staff are to withdraw from a telephone conversation with a complainant, it may be helpful for them to have an agreed statement available to be used at such times.

Notify the complainant in writing that the Chief Executive has responded fully to the points raised and has tried to resolve the complaint but there is nothing more to add and continuing contact on the matter will serve no useful purpose.

The complainants should also be notified that the correspondence is at an end and that further letters received will be acknowledged but not answered.

Inform the complainant that in extreme circumstances the Trust reserves the right to pass unreasonable and persistent complainants to its solicitors.

Temporarily suspend all contact with the complainant or investigation of a complaint whilst seeking legal advice or guidance from the Parliamentary Health Service Ombudsman or other relevant agencies.

5. Withdrawing 'unreasonable and persistent complainant' status

Once complainants have been determined as unreasonable and persistent there must be a mechanism for reviewing 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 the use of this guidance at the outset and discretion should similarly be used in recommending that the status be withdrawn when appropriate. Where this appears to be the case, discussion will be held with the Chief executive or their deputy. Subject to their approval, normal contact with the complainants and application of the NHS complaints procedures will then be resumed. The complainant will be informed in writing of the lifting of this status.

However, an unreasonable and persistent complainant should not be denied the opportunity to raise new issues and all vexatious complaints should have their status reviewed annually.

Appendix 5: Useful addresses

CPFT Complaints Elizabeth House Fulbourn Hospital Fulbourn Cambridge CB21 5EF Tel: 0800 052 1411 Email: palsandcomplaints@cpft.nhs.uk	CPFT PALS Elizabeth House Fulbourn Hospital Fulbourn Cambridge CB21 5EF Tel: 0800 376 0775 Email: palsandcomplaints@cpft.nhs.uk
CPFT Caldicott Guardian (Medical Director) Elizabeth House Fulbourn Hospital Fulbourn Cambridge, CB21 5EF Tel: 01223 219466	CPFT Freedom of Information Lead Elizabeth House Fulbourn Hospital Fulbourn Cambridge, CB21 5EF Tel: 01223 219585 Email: foi@cpft.nhs.uk
CPFT Information Governance Manager PO Box 506 Edith Cavell Health Campus Bretton Gate Peterborough, PE3 9GZ Tel: 01733 776010	CPFT Safeguarding Children Lead Elizabeth House Fulbourn Hospital Fulbourn Cambridge, CB21 5EF Tel: 01733 777961

CPFT Safeguarding Adult Lead (Cambridgeshire area) Tel: 01480 748380	CPFT Safeguarding Adult Lead (Peterborough) Tel: 01733 748409
Vulnerable Adults Lead Box SS1007 Castle Court Shire Hall Cambridge, CB3 0AP Tel: 01223 717330	Vulnerable Adults Lead 2 nd Floor Town Hall Bridge Street Peterborough, PE1 1FA Tel: 01733 758433
Customer Care Manager Social Care Complaints Cambridgeshire County Council Castle Court Shire Hall Cambridge, CB3 0AP Tel: 01223 699665	The Central Complaints Office Peterborough City Council Bayard Place Broadway Peterborough PE1 1FZ Tel: 01733 345090

Millbank Tower Millbank London, SW1P 4QP Tel: 0345 015 4033 Email: phso.enquiries@ombudsman.org.uk	PO Box 4771 Coventry, CV4 0EH Tel: 0300 061 0614
Information Commissioner's Office Wycliffe House Water Lane Wilmslow Cheshire, SK9 5AF Tel: 0303 123 1113	Total Voice Cambridgeshire and Peterborough Independent Health Complaints Advocacy Tel: 0300 222 5704 Email: tvcp@voiceability.org Website: www.totalvoicecp.org
MIND – mental health charity www.mind.org.uk Peterborough and Fenland: Tel: 01733 530650	Huntingdon: Tel: 01480 470480 Cambridge: Tel: 0122 3 311320

<p>Age Concern Mental Health Advocacy Service The Old White Lion 31 St Mary's Street Ely Cambridgeshire, CB7 4HF</p>	<p>Alzheimer's Society Advocacy Service 17 Manor House Street Peterborough, PE1 2TL Tel: 01733 893853</p>
<p>Making Space (Cambridgeshire Carer Support Services) Suite D2, Ambury Business Centre 89 High Street Huntingdon, PE29 3DP Tel: 01480 432504</p>	<p>Rethink Carer Support (Peterborough) Litton House Saville Road Westwood Peterborough, PE3 7PR Tel: 01733 843344</p>
<p>Healthwatch Peterborough 16 -17 St Mark's Street Peterborough PE1 2TU Tel: 08451 202064 Email: info@healthwatchpeterborough.co.uk</p>	<p>Healthwatch Cambridgeshire The Maple Centre 6 Oak Drive Huntingdon PE29 7HN Tel: 01480 420628 Email: enquiries@healthwatch cambridgeshire.co.uk</p>

Appendix 6: Fen Unit Complaints Process

Following receipt of a complaint, this will be acknowledged, and further information related to the process provided to the complainant, including the support and protection available, required and appropriate to the complaint made. Protections will apply during and after completion of this process.

Stage 1

Initially the Fens SMT will hold partnership meetings to work to resolve any complaint (full structure and names of individuals included in attachment). The complaint should be raised with the person providing the service, i.e., the clinician being complained about, if possible. Every attempt should be made to resolve concerns informally quickly, and as close to the source of the complaint as possible using the most appropriate means.

Where managers are responding to a concern on an informal basis, they should ensure clear understanding that the issues being dealt with will not be registered as a formal complaint under the NHS Regulations. If SMT are unable to resolve the complaint, a clear escalation process follows.

Where any issue impacts on the performance or ability to deliver the service in line with the contractual agreements, these will be escalated through HMPPS and NHSEI commissioning routes and to the national OPD programme. When escalation is required, this will be communicated and agreed with all relevant parties.

The Service Manager, as the Complaints Manager for The Fens Service, will hold a record of complaints managed at stage 1. This will include details of how issues have been addressed, what information has been provided, and what actions have been taken to resolve concerns. This record may be used at a later stage if the complaint formally progresses to stages 2 and 3, as outlined below.

Stage 2

To progress a complaint to stage two, concerns should be raised with the Service Manager verbally or in writing.

If verbally, a written record of the complaint should be made, signed by the complainant, and passed to the Service manager (Complaints Manager for the Fens Service).

The Service Manager (Complaints Manager for the Fens Service) will formally log the complaint and refer it to an appropriate member of staff to investigate.

The Service Manager (Complaints Manager for the Fens Service) must send a copy of the complaint and acknowledgment to any person identified in the complaint. The manager involved will investigate the complaint and respond both verbally and in writing; informing the complainant of what course of action will be taken to resolve the issue.

Complaints should be made as soon as possible after an event has occurred. This allows for a more effective investigation as those involved will more likely be able to recall the event and related circumstances.

The final response will be sent within 20 working days from the date the complaint was made under stage 2, or where that is not possible, an apology and explanation will be given, together with a date a full response can be expected. The final response will advise what to do if still dissatisfied.

Stage 3

All formal complaints at this stage will be sent to CPFT's PALS and Complaints Team and will follow the PALS and Complaints process for simple or complex complaints.

Stage 4

Parliamentary Health Service Ombudsman (PHSO)

If, after all attempts at resolution the complainant remains dissatisfied, they have the right to ask the PHSO to investigate the complaint. The contact details for this service will be provided to the complainant as part of the complaint response letter.

Equality considerations and statement

The Trust has a duty under the Equality Act and the Public Sector Equality Duty to assess the impact of Policy changes for different groups within the community. In particular, the Trust is required to assess the impact (both positive and negative) for a number of 'protected characteristics' including:

- Age.
- Disability.
- Gender reassignment.
- Marriage and civil partnership.
- Race.
- Religion or belief.
- Sexual orientation.
- Pregnancy and maternity; and
- Other excluded groups and/or those with multiple and social deprivation (for example carers, transient communities, ex-offenders, asylum seekers, sex-workers, and homeless people).

The author has considered the impact on these groups of the adoption of this policy/guideline. There are no specific adverse impacts for people with 'protected characteristics' or otherwise.

If you require this policy in a different format e.g., larger print, Braille, different languages, or audio tape, please contact the policy development lead.

Policy Circulation Information

Recipients:	All staff / Clinical staff only
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Key words to be in search.	To be dispensed of when functionality of VerseOne enables word search within the document.
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Quality Standards

CQC Standards	
Other Quality Standards	NICE, Professional Codes of Conduct
Relevant legislation if any	PHSO Standards.

Version Control

Version	Date	Author	Comments
1.0			
2.0			