

Handling of Compliments, Comments, Concerns and Complaints Policy and Procedure

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Applicable Statutory, Legal or National Best Practice Requirements	Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 Equality Act 2010
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The Trust is committed to an environment that promotes equality, embraces diversity and respects human rights both within our workforce and in service delivery. This document should be implemented with due regard to this commitment.

This document can only be considered valid when viewed via the Trust's intranet. If this document is printed into hard copy or saved to another location, you must check that the version number on your copy matches that of the one online.

Version Control Sheet

Version	Date	Reviewed By	Comment
1.0	30.04.12	IGC	Ratified
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2.1	August 2018	H. Chandarana	Full review
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2.5	September 2018	H. Chandarana	Amendments completed
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Equality Impact Assessment completed	By: H. Chandarana	Date: 2.9.2016
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Education & Professional Development Question

In order to ensure that any training requirements are discussed and resources planned and allocated to meet the needs of the service, you must consider whether this document has additional training requirements.

Please answer the following question by entering a cross in the box below:

	Yes	No
Does this document have any additional training requirements or implications?		X

If you have answered **YES** you must forward a copy of this document to Education & Professional Development **before** submitting to the Policy Officer.

Date submitted to Educations & Professional Development:

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1 Introduction

Bridgewater Community Healthcare NHS Foundation Trust, (thereafter referred to as the Trust), is committed to providing high quality health care to its diverse communities across the North West of England. Our mission is to improve local health and promote wellbeing in the communities we serve. Our staff are supported to do this, but on some occasions things may go wrong.

The Trust places a high priority upon the handling of complaints. The Trust recognises that suggestions, constructive feedback, criticisms and complaints can be valuable aids to improving services. Complaining is one of several ways in which patients, their families, friends and carers make their views known about the services they receive.

1.1 Objective

This complaints policy outlines the process by which complaints will be handled when raised by or on behalf of service users. The Trust recognises that many service users may have difficulty in expressing their concerns; all staff should encourage people to state their opinions.

The primary function of the policy is to ensure that procedures are in place to address the issues and concerns raised by people, with the aim of achieving 'on the spot' resolution where possible, and to deal with formal complaints where this has not been possible. This will include:

- Actively listening in order to understand the nature of the concern or complaint
- Giving an explanation
- Where necessary, offering an apology
- Providing assurance that the matter has been looked into and action has been taken to prevent the same thing happening again
- Providing a response in a format to assist understanding of information / explanation, for example, Braille, Large Print, Audio, other languages and / or telephone.

The secondary function is to ensure information, findings and recommendations are acted upon and shared to help improve quality standards.

The Trust is committed to ensuring that no one should be inhibited or disadvantaged when making a complaint and that there is confidence that this will be given proper and speedy consideration. Anyone making a complaint will be treated fairly and equally nor will they be refused services that they should otherwise receive.

In dealing with complaints made against members of staff the Trust will adopt a supportive and “just” approach and will not seek to blame individuals involved in complaints unless negligence, malpractice or other misconduct is proven. Compliance with this policy and procedure is mandatory for all Trust staff.

1.2 Scope

This policy applies to all complaints received by the Trust. Complaints will be accepted verbally, in writing and electronically. Complaints can be received by any member of the Trust’s staff who should be aware of the actions they will be required to take if they are in receipt of a complaint.

1.3 Principles

The purpose of this policy is to reflect the best practice in the management of complaints. The primary objective of this procedure is to provide the fullest opportunity for investigation and resolution of the complaint as quickly as is possible in the circumstances, aiming to satisfy the complainant, whilst being scrupulously fair to all parties involved.

This document has been produced in line with the Department of Health’s guidance to support the implementation of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. Regulations 3, 4, 7, 8, 9, 12, 13, 14 and 18, detail the procedure which should be followed when dealing with the following:

- Complaints relating to the Trust
- Complaints relating to other NHS Trusts
- Complaints relating to more than one organisation.

The Trust follows the Parliamentary & Health Service Ombudsman’s (PHSO) Principles for Complaints Handling, namely:

- Getting it right
- Being Complainant focused
- Being open and accountable
- Acting fairly and proportionately
- Putting it right
- Continuous improvement.

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The Trust has also adopted the “My expectations for raising concerns and complaints”, Report, a user led ‘vision’ of the complaints system developed by the PHSO and Healthwatch England following the Francis Report on mid Staffordshire and the Clwyd-Hart review into the NHS Complaints system.

The vision lays out a series of ‘I Statements’ describing what good outcomes for patients and service users look like if complaints are handled well.

- I felt confident to speak up
- I felt that making my complaint was simple
- I felt listened to and understood
- I felt that my complaint made a difference
- I would feel confident making a complaint in future.

1.4 Patient Confidentiality

Care must be taken throughout the complaints process to protect the confidentiality of the individual(s) involved. Person identifiable information of patients or staff which is processed for this purpose should not be disclosed to any person other than those who have a legitimate right for the purpose of the investigation the complaint.

The Trust has a Confidentiality and Information Sharing Code of Conduct that all staff must adhere to protect the confidentiality of information. Consent of the individual(s) will be sought before any proposed use or sharing of information takes place.

Where a request for information concerning a complaint is received under the subject access provisions of the Data Protection Act 2018 consideration will be made to the provisions of the Act.

Where a request for information under the Freedom of Information Act 2000 is received and relates to a complaint consideration will be made to the provisions of the Act and in particular to the confidentiality of the information.

Complaint Records will be kept and held securely within the Patient Services Department. Access will be limited to designated members of the department.

All complaint records must be kept separate from health records.

2 Definitions

The definitions applicable to this policy are as follows:

2.1 Definition of a complaint

A complaint is defined as an expression of dissatisfaction, written or verbal, about a service provided or which is not provided, which requires a response. Examples of types of complaints include:

- The quality of service provided
- The following of standard procedures and good practice
- Poor communication
- The attitude or behaviour of a member of staff.

2.2 Definition of a complainant (who may make a complaint?)

A complainant is an existing or former user of services provided by the Trust who is unhappy with any aspect of the service provided.

Other people may complain on behalf of existing or former users where the Trust accepts them as a suitable representative and where consent has been obtained; this includes any person who is affected or likely to be affected by the action, omission or decision of the Trust.

Any Member of Parliament can also make a complaint on behalf of a constituent.

3 Abbreviations

The definitions applicable to this policy are as follows:

PHSO	Parliamentary & Health Service Ombudsman's
PALS	Patient Advice and Liaison Service
SI	Serious Incident
ICA	Independent Complaints Advocacy Service
GDPR	General Data Protection regulation
CQC	Care Quality Commission
QSC	Quality & Safety Committee

4 Other Relevant Procedural Documents

This policy should be read in conjunction with the following documents:

- Duty of Candour (Being Open) Policy
- Incident Reporting Policy
- Claims Management Policy
- Risk Management Policy
- Risk Assessment Procedure
- Incident Investigation Procedure
- Whistleblowing Policy - Freedom to Speak Up: Raising Concerns
- Safeguarding Children Policy
- Adult Safeguarding Policy
- Freedom of Information and Environment Regulations Policy
- Accessible Information Policy
- Managing Conflicts of Interest in the NHS Policy
- Subject Access / Access to Health Records Policy
- Equal Opportunities Policy
- Dignity and Respect at Work Policy and Procedure
- Data Protection Policy
- Anti-Fraud, Bribery and Corruption Policy

5 Roles and Responsibilities

5.1 Chief Executive

The Chief Executive is the Designated Accountable Officer to ensure compliance with arrangements and is responsible for:

- Overseeing the complaints handling process
- As the authorised officer, viewing the correspondence related to each individual complaint and agreeing and signing the written response to all complainants

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- Writing to complainants informing them of the action to be taken by the Trust following Independent Review.

5.2 Executive Directors

Executive Directors are responsible for having an overview of complaints.

5.3 Assistant Directors

Assistant Directors are responsible for:

- Overseeing the complaints handling process within their service area
- Reviewing each complaint on receipt from Patient Service
- Ensuring that all questions receive a sufficient and appropriate response
- Viewing the correspondence related to each individual complaint within their service area
- Ensuring that learning takes place as a result of feedback within their service area.

5.4 Associate Chief Nurses

Associate Chief Nurses are responsible for:

- Reviewing all complaint letters, investigations, responses and lessons learned from complaints, including informing them of the action to be taken by the Trust
- Review complaints which may relate to Serious Incidents which require a root cause analysis investigation.

5.5 Service Managers / Clinical Managers

Service Managers / Clinical Managers are responsible for:

- Ensuring that no barriers, perceived or real, are presented to individuals wishing to make a complaint
- Ensuring that notices are displayed in all public areas advising patients, their friends, carers and the general public how to complain and the individual to whom complaints should be addressed
- Ensuring that contact information Patient Services is included in all patient information leaflets

- The investigation of complaints and completion of the Investigation Report Toolkit in a timely manner agreed with the Patient Advice and Liaison Service (PALS) & Complaints Team (see Appendix 3)
- Forwarding the completed Toolkit to the Patient Services Department within the agreed timescales, including the action plan to prevent a recurrence, where appropriate, and an apology for the inconvenience and / or distress caused
- Forwarding a copy of the relevant patient record with the completed Toolkit
- Involving clinicians and / or obtaining advice where the complaint concerns clinical practice
- Informing the Patient Services Department of any delay in achieving the time limits agreed with the complainant
- Ensuring that, where the complaint concerns a member of staff, the member of staff is kept informed, supported and supplied with a copy of the final response
- Ensuring that when there is an incident linked to the complaint that the Incident Reporting Procedure has been followed and that Patient Services are made aware of the connection
- Ensuring that, when a harm has been identified as a result of a complaint, risk management and alerted and the Serious Incident process followed
- Ensure that Duty of Candour has been activated where appropriate by the services and recorded within the risk management database
- Providing the Patient Services Department with a report demonstrating the progress or barriers to the implementation of previous action plans
- Agreeing the implementation and timescales of the action required within their area to learn lessons from complaints so as to improve the quality of services for patients, their families, friends and carers and confirming to Patient Services when completed
- Ensuring that staff complete mandatory e-learning training
- Ensuring that staff attend Duty of Candour training
- Requesting complaints handling training as required for their staff groups
- Providing support to staff, recognising that many staff find complaints about their performance very distressing

- Implementation and monitoring of actions relating to lessons learnt arising from a complaint
- Monitoring of action plans relating to individual complaints and identifying audits to ensure sustainability of the quality improvements made as a result of patient feedback
- Monitoring patient experience reports to identify trends within their service.

5.6 All Staff

All Staff are responsible for:

- Dealing effectively with complaints as they arise and wherever possible resolving the complaint locally as quickly as possible
- Directing patients, their families, friends and carers to appropriate advice from independent agencies if necessary
- Actively contributing to the investigation process when requested to do so by their manager
- Customer Care e-learning
- Attending Duty of Candour training
- Effectively contributing to the action plans from the lessons learned from complaints to improve service quality
- Reading Service Experience reports regarding trends within their own services.

5.7 Patient Services Department

The Patient Services Department is responsible for:

- The administration of the NHS Complaints Procedure
- Recording the date of receipt of the complaints / concerns
- Formally acknowledging of receipt of the complaint to the complainant within three working days and providing Trusts Complaints Handling leaflet

<http://nww.bridgewater.nhs.uk/teams/serviceexperience/Pages/PALS-Complaints.aspx>

- Clarifying with the complainant the substance and issues of the complaint

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- Outlining the agreed response time for investigating and responding to the complaint with an offer to meet with the complainant, prior to the investigation, at a mutually convenient venue to discuss the complaint
- Offering the apologies of the Trust for any inconvenience or distress that has been caused
- Recording all individual complaints information on the complaints database
- Recording any demographic information for the complainant, where this can be ascertained
- Rating the severity of the complaint
- Checking the database to ascertain if there is a linked incident to the complaint and ensuring that the relevant manager is aware and has completed local investigations
- Where there is indication of harm to inform Clinical Managers / Associate Chief Nurses to the potential of declaring a Serious Incident and linking the complaint to the Serious Incident (SI) process
- Ensuring where appropriate that Duty of Candour Policy has been activated in contacting patients and their families
- Providing Complaints leaflets to managers for distribution and provision within all service areas
- Informing Assistant Directors of Operations, Service Managers, Associate Chief Nurses and Clinical Managers of any directly received complaints and informing them of any major or catastrophic complaints, which require immediate remedial action
- Informing the Executive Medical Director of any complaints requiring clinical review
- Requesting managers to commence an investigation into a complaint to enable preparation of the response for the Chief Executive
- Monitoring the timescales for the receipt of the investigation toolkit and for reminding managers if this is not received within the timescales agreed with the complainant
- Ensuring that the investigation toolkit addresses the complainant's initial complaint and includes an action plan and apology prior to preparing the response

- Ensuring complaints relating to Serious Incidents include the results of the root cause analysis investigation, actions taken and lessons learned in the complaint response
- Informing the Chief Executive and Trust Secretary of all complaints with the potential for litigation
- Forwarding the response to the complainant when agreed and signed by the Chief Executive. Patient Services staff will ensure all correspondence will be in a format to meet the service user's needs
- Arranging and managing conciliation / resolution meetings with complainants and relevant services
- Compiling an annual summary report / quarterly & monthly performance/analysis reports to the Trust governance committees of all complaints, compliments and patient service experience activities and the lessons learned
- Identifying trend analysis information for Area Directors / Associate Chief Nurse
- Reviewing and implementing complaints policy and procedures to ensure compliance with legislation and national policy
- Adhering to statutory requirements by implementing processes and procedures to progress local resolution
- Managing sensitive and confidential information regarding complaints
- Advising and supporting staff in the investigation of complaints and offering support and guidance to effect resolution for the complainant
- Responding to verbal complaints from complainants and seeking to achieve an efficient, effective and sensitive resolution by acting as an interface between service users / carers and practitioners, ensuring any immediate healthcare needs are referred to the appropriate service
- Promoting the complaints handling service and providing appropriate literature and materials to staff and service users in order that the complaints service is publicised and widely accessible
- Providing Duty of Candour Training
- Providing Complaints Handling Training for managers and all other staff when requested
- Support the lessons learnt process , sharing within and across the Trust

- Utilise the Trust risk management database as the central repository for complaints management including storage of all relevant documentation relating to individual complaints
- Completing and responding to nationally agreed data requirements
- Administering PHSO cases.

6 Equipment

Not applicable.

7 Complaint Resolution

7.1 Local Resolution - First stage

Trust staff, especially those working directly with the public, will be accustomed to dealing with enquiries from patients, carers and the general public.

All staff will deal sensitively and promptly with enquiries, issues, concerns and informal complaints, even those which do not apply directly to their area of work. Employees must make a genuine attempt to resolve the problem whenever possible, passing on complaints promptly when this is not possible.

Most of these enquiries will be dealt with on a day-to day basis by staff or their line managers. However, they may sometimes find it difficult to determine when a query or comment should be dealt with as a complaint.

7.2 Criteria for identifying formal complaints

It is recommended that a matter should be considered to be a formal complaint when:

- The person raising the matter has expressly stated that they want to make a complaint despite any attempts at resolution
- The Clinical / Service Manager considers that serious issues have been brought to his / her attention
- The Service Manager considers that he / she is unable to investigate the matter adequately or independently
- The Service Manager considers that he / she cannot give the assurances being sought by the complainant.

If the complaint can be resolved by the next working day, with the complainant's agreement, the Service Resolution form (Appendix 1) should be completed and returned to Patient Services department and this will be recorded on the PALS database.

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7.3 Local Resolution - Investigation of Complaints

Complaints / concerns will be investigated thoroughly, fairly and aim to satisfy the complainant's objectives, as well as those of the Trust. Complaints will be investigated in relation to the complainant's desired outcome and agreed timescale.

Where a complaint includes issues relating to clinical matters, the results of the investigation will be reviewed by the Executive Medical Director.

The Patient Services Team will discuss the following with the complainant:

- The expected resolution
- The manner in which the complaint is to be handled, i.e., a meeting / in writing
- Consent to share information
- Information about the Healthwatch Independent Complaints Advocacy Service (ICA)
- The period of time in which the investigation of the complaint is likely to be completed (no later than 6 months as this may result in referral to the PHSO Ombudsman)
- Explanation of any delays that occur with the investigation.

Where the complainant accepts the response as being satisfactory and appropriate there will be no requirement for further action. However, confirmation that any action plans included in the Investigation Toolkit have been completed is required so that trends and changes made can be recorded and reported by the Patient Services Department.

Reasonable steps must be taken to keep complainants informed at all stages, including any reasons for delay. Whilst an interim response is undesirable in most cases, it may be necessary in certain instances, e.g. availability of staff or the complexity of the issues. It will be the responsibility of the Patient Services Department to make the decision on the need to take this step and to ensure that the complainant is informed.

A detailed response agreed and signed by the Chief Executive, will be sent to the complainant within the agreed timescales. All replies should include the action being taken by the Trust to prevent a recurrence of this type of complaint, and include an apology, as appropriate.

In cases where it is the view of the investigating manager that litigation is a likely outcome of a complaint, the Patient Services Team and Trust Secretary should be informed. Legal Advice will be sought where necessary.

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It is a requirement of this procedure that, regardless of the potential of litigation, the reply to the complainant should not be in any way misleading or deliberately vague. No action should be taken by the investigating manager which might prejudice the outcome of disciplinary proceedings, should they be considered, against an individual or individuals arising from the complaint. If it is necessary, in order to avoid the potential for such a situation, it is the responsibility of the investigating manager to inform the Patient Services Team so that they can inform the complainant of the necessity for delay in effecting a reply.

7.4 Conclusion of Local Resolution

Should the complainant remain dissatisfied or if there is a difference of opinion regarding clinical issues / judgment, then the complainant will be offered mediation in the form of a conciliation meeting.

The basis of the complaint and the response will be reviewed by Associate Chief Nurses / Head of Service Experience prior to the meeting. A conciliation process information sheet is at Appendix 4. If this fails to resolve the complaint or the complainant is still dissatisfied the local resolution process is deemed to have been completed.

The complainant will be informed of their right to make a request for an Independent Review either verbally or in writing to the Parliamentary and Health Service Ombudsman (PHSO). The complainant will be reminded of the support available from the Healthwatch Independent Advocacy Service (ICA).

This ends the local resolution process and it is anticipated that most cases will be resolved at this stage.

7.5 The Parliamentary & Health Service Ombudsman - Second Stage

Complainants who are not satisfied with the outcome of a complaint will be provided with details about the PHSO.

The PHSO & Local Government Ombudsman are independent of the NHS and Local Government respectively. They conduct independent investigations into complaints which have not been resolved locally or where there is evidence to suggest that organisations have provided a poor service or managed a complaint poorly.

Anybody wishing to complain to the Ombudsmen must first have pursued their complaint locally and once all possible avenues to resolve the issues have been exhausted.

7.6 Time Limit for Making a Complaint

The timescale for making a complaint will be 12 months from the date on which a matter occurred or the matter came to the notice of the complainant – see appendix 2. However, the Trust will apply discretion to investigate beyond this point.

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7.7 Complaints Relating To Other NHS Organisations / Other Agencies

The recipient of the complaint, either verbal or written, should forward the complaint to the Patient Services Department who will ascertain the ownership of the complaint and then direct the complainant, or offer to forward the documentation, to the appropriate organisation.

7.8 Complaints That Involve More Than One Organisation

In some cases a complaint may refer to several issues that involve more than one organisation. In these circumstances, the following procedure will be adopted:

- The organisation receiving the complaint will acknowledge the complaint in writing within three working days, identifying those areas within the remit of the Trust and those within the remit of other organisations
- The lead organisation will ascertain whether joint or individual responses are required
- Permission will be sought from the complainant to forward the complaint to the appropriate organisation
- Where a joint response is required the lead organisation will co-ordinate the response and be the main point of contact for the complainant.

7.9 Litigation & NHS Complaints Procedure

In the event of a complainant's initial communication being via a solicitor's letter, the inference should not be that the complainant has decided to seek redress through the courts. However, it is possible for a complaint and legal action to be progressed at the same time.

If the complainant explicitly indicates in writing an intention to take legal action in respect of the complaint, the complaint will be forwarded to the Trust Secretary for further clarification.

Where it is thought that dealing with the complaint might prejudice the legal action, resolution of the complaint may be delayed until after the legal action has concluded. The complainant will be informed in writing why the complaint process has been put on hold.

7.10 Challenging & Vexatious Complainants

Vexatious complainants are those who repeatedly and / or obsessively pursue:

- Unreasonable complaints and / or unrealistic outcomes
- Reasonable complaints in an unreasonable manner.

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It is important that all reasonable measures are taken to resolve their complaint. Therefore, only when all other approaches have been exhausted and the NHS complaints procedure has been fully and properly implemented should the following points be considered:

- If complainant is seeking to prolong contact by unreasonably raising further concerns or questions whilst the complaint is being dealt with or upon receipt of a response
- If the complainant is unwilling to accept documented evidence of treatment given as being factual or deny receipt of an adequate response despite correspondence specifically answering the questions / concerns
- If the complainant does not clearly identify the precise issues they wish to be investigated despite reasonable efforts to help them to do so and / or the concerns identified are not within the remit of the Trust to investigate
- If the complainant focuses on a trivial matter to an extent which is out of proportion to its significance, and continues to focus on this point
- If physical violence, harassment, bullying and / or abusive behaviour has been used or threatened towards staff or their families / associates at any time. All such incidents will be documented and reported, as appropriate, to the police.

In all circumstances complainants and their complaints will be dealt with in accordance with the regulations. However, if complainants have been identified as making inappropriate or vexatious complaints, in accordance with the above criteria, the Chief Executive will evaluate the situation and determine the appropriate approach.

7.11 Lessons Learned & Organisational Learning

Associate Chief Nurses will lead and support the lessons learned from the complaints process can be used as an important tool in quality improvement.

For all complaints received an action plan should be developed wherever possible, so that the process encompasses service improvement and changes to current practice. This will be monitored by the Trusts Service Experience Group and lessons learned will be reported as part of the quarterly report to the Board.

The Assistant Directors of Operations will ensure that lessons from complaints are shared and disseminated via newsletter, global e-mail and discussions with teams.

The Assistant Director of Quality Governance and Head of Risk Management is also to be notified so that any organisational or clinical risks arising from complaints can be added to the Risk Register. Promoting a culture of openness and honesty is widely regarded as a prerequisite to improving safety and the quality of systems.

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7.12 Complaints Service Evaluation

A patient questionnaire relating to the management of the complaint will be sent to the complainant on completion of local resolution procedure – see Appendix 7.

7.13 Equality and Diversity Monitoring

Equality information will be collected, where possible, in line with the requirements to demonstrate due regard to protected characteristic groups in the Equality Act 2010. This data collection will allow us to:

- Identify themes and trends in relation to protected characteristic groups
- Identify where particular communities do not access the complaints and feedback service.

Where a complaint relates to a protected characteristic, this will be flagged with the Equality & Inclusion team for information and recording, and for support and advice as necessary.

8 Compliments

Compliments are important to the Trust and should be seen as a means of learning how things have gone well.

Compliments are reported to the Board and also cascaded to the relevant service managers to share with staff. Written compliments or gifts received be reported to the Patient Services Department who will log and report them to the Board.

9 General Information

9.1 Openness in the NHS

Staff work hard to deliver the highest standards of healthcare to all patients of the Trust. We provide safe and effective care to many thousands of people every year but sometimes, despite our best efforts, things can go wrong.

If a patient is harmed or distressed as a result of a mistake or error in their care, we believe that they, their family or those who care for them, should receive an apology, be kept fully informed as to what has happened, have their questions answered and know what is being done in response. This is reinforced by the Trusts Duty of Candour (Being Open) Policy.

9.2 Publicity / Information

Organisations covered by the NHS Complaints regulations 2009 are expected to ensure that there is effective publicity, appropriate to the needs of its service users, about its individual complaints arrangements and the support that will be available.

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Notices will be displayed in all public areas within the Trust premises informing individuals wishing to make a complaint, how to do so and to whom complaints should be addressed.

Information on how to make a complaint or address a concern, comment or compliment will be included in all Patient Services information. All patient information leaflets supplied by the Patient Services Department will include information about the support that can be provided, the right to access external assistance in making their complaint, see 8.7 below, and the right of access to the PHSO for independent review.

Whilst the procedure is geared to handling complaints, publicity material must also clearly indicate that suggestions as to how services may be improved are encouraged.

A link will be provided on our website and information provided on our leaflet to enable people to make their complaints online.

9.3 Access to Health Records

Access to relevant records is very important in the context of complaints / concerns. The Trust operates in accordance with the provisions of the Access to Health Records Act 1990; Data Protection Act 2018 and the General Data Protection regulation (GDPR), Freedom of Information Act 2000 Policy.

9.4 Referral to Professional Bodies

Should the 'investigating manager' have concerns arising from complaints that they feel should be referred to the professional regulatory bodies, the Police or the Coroner, guidance on referral procedures can be obtained from the Human Resources Department.

9.5 Vulnerable Adults and Children

When a member of staff has concerns regarding a vulnerable adult or a child, the Adult Safeguarding Policy and / or the Safeguarding Children Policy and Procedure must be followed.

9.6 Fairness and Equality

Making a complaint does not mean that a patient / complainant will receive less help or that things will be made difficult for them. Everyone can expect to be treated fairly and equally including all the "protected characteristics" as defined in the Equality Act 2010.

In line with the Equality Act 2010 staff must ensure that patients and their carers are not victimised or discriminated against when a complaint is made, including when that complaint relates to a protected characteristic, and that their on-going treatment is not affected. Complaint records must be kept separate from clinical records and copied to the Patient Services Department.

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9.7 Healthwatch Independent Complaints Advocacy Service

The Healthwatch ICA provides support to people wishing to complain about the treatment or care they received under the NHS.

The support offered ranges from helping the client with initial preparation in ordering their thoughts and thinking about what a good resolution would look like to them, through to attendance at conciliation meetings and helping people with correspondence.

9.8 The Care Quality Commission

The Care Quality Commission (CQC) regulates health and adult social care services to ensure quality and safety standards and provides independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money. Although the CQC has no responsibility to formally investigate complaints, all organisations providing health and adult social care services are required to register with the CQC and have a complaints process in place that mirrors national legislation.

10 Consultation

Key individuals/groups involved in the development of the document to ensure it is fit for purpose once approved.

Name	Designation
Lynne Carter	Chief Nurse/Chief Operating Officer
David Valentine	Medical Director
Caroline Williams	Deputy Director of Operations
Anne Doyle	Assistant Director of Operation
Michelle Bradshaw	Assistant Director of Operation
Neil Gregory	Assistant Director of Operation
Karen Plant	Assistant Director of Operation
Barry Hutton	Assistant Director of Operation
Jeanette Hogan	Associate Chief Nurse
Georgina Clarke	Associate Chief Nurse
Berni Hardman	Associate Chief Nurse

Name	Designation
Sharan Arkwright	Associate Director Quality Governance
Kristine Brayford-West	Associate Chief Nurse
Alan Lee	Head of Risk Management & Patient Safety
Ruth Besford	Equality Inclusion Officer
Jan McCartney	Head of Information Governance & Data Protection Officer
Mary Corkery	Policy Officer
Stephen Edwards	Librarian

11 Dissemination and Implementation

11.1 Dissemination

This policy will be disseminated by the Head of Patient Services to the Director of Operations for each borough for disseminating to all staff. The policy will be published on the Trust website and the intranet (the Hub). Awareness of the policy will be raised via the Trust newsletter.

11.2 Implementation

The implementation of this policy will be facilitated by the Patient Services Department.

The Director of Operations for each borough will ensure all their Service Managers and Clinical Managers are made aware of the contents of this policy.

It is the responsibility of all Service Managers / Line Managers to ensure their staff are familiar and compliant with this policy.

This policy should be implemented and disseminated throughout the Trust immediately following approval and will be published on the intranet site.

11.3 Training

- Complaints and Customer Care training is provided to all new starters via e-learning.
- Additional training is provided on request to all managers on the complaints investigation process.

- Training on the NHS Complaints Procedure is available to all staff and can be requested by contacting the Patient Services Department.

12 Process for Monitoring Compliance and Effectiveness

12.1 Monitoring Compliance

To monitor compliance, records will be kept of all complaints to provide anonymised evidence of outcomes, trend analysis and resulting changes to service / practice. Compliance will be monitored by the following:

- Quarterly report to Quality & Safety Committee (QSC) the Trust's Governance Committees will include 'Lessons Learned'
- Monitoring compliance at the Trust Service Experience Group
- Monthly reports to each borough
- Complaints Service Evaluation by the Patient Services Department by monitoring the forms returned as required
- Staff Training
- Annual Complaints Report to Board
- Publicity.

12.2 Annual Report

All complaints handled by the Trust will be reported in an Annual Report. The report will be made available to the public.

The annual report is for a period of 12 months ending with 31st March and must be prepared to include the following:

- The number of complaints which the Trust received
- Specify the number of complaints which the Trust has been informed have been referred to the PHSO and, in such cases, include a summary
- The subject matter of complaints that the Trust received
- Any matters of general importance arising out of those complaints, or the way in which the complaints were handled
- Any matters where action has been or is to be taken to improve services as a consequence of those complaints
- The annual report must be made available to any person on request and will be available on the Trust website

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- Lessons learnt including themes.

An annual summary report will be forwarded to the Department of Health in line with the National Guidelines.

13 References

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NHS England (2017) Accessible Information Standard (DCB1605) [online]. Available at: <https://www.england.nhs.uk/ourwork/accessibleinfo/>

NHS Resolution (2017) Saying Sorry (leaflet) [online]. Available at: <https://resolution.nhs.uk/saying-sorry-leaflet/>

Parliamentary and Health Service Ombudsman (2009) Principles of good complaint handling [online]. Available at: <http://www.ombudsman.org.uk/improving-public-service/ombudsmansprinciples/principles-of-good-complaint-handling-full>

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Appendix 1

COMPLAINT INVESTIGATION REPORT

Case Number: «CASE_NO»

Must be completed for each investigation and returned to Patient Services Department

1.1 Investigator details:

Name:	
Job Title:	
Service:	
Base:	
Tel No:	
Email:	

1.2 Complainant information:

Complainant Name:	«TITLE» «FIRST_NAME» «SURNAME»
Service/s involved:	«DEPTFUNC»
Subject of complaint:	«CAT_TYPE»

1.3 Patient information (if not complainant):

Patient Name:	«TITLE___1» «FIRST_NAM1» «SURNAME»
Address:	«ADDRESS1_1», «ADDRESS2_1», «POST_CODE3» «POST_CODE4»
Date of Birth:	«DATE_BIRTH»

1.4 Has an Incident form been completed for any incident related to the complaint? If so, please provide details below:

IR1 Ref:	
Name of person who completed the IR1:	
Detail of incident:	
Does Duty of Candour Apply?	Yes No
If yes, has the patient / family been contacted	Yes No

1.5 Complaints/questions to be answered

Below is a list the complaints identified from the complainant's letter. This will enable a check to be made that all issues have been fully addressed, in your response.

Summary of Complaint: «DETAILS»	
Complaint/Issues identified from the Complaint (please list all issues)	
1	
2	Any other issues identified during your investigation.
3	
4	
5	

Please continue of a separate sheet if necessary and attach to the tool.

1.6 List of persons/staff involved with the patient at the time of the complaint

Name:	
Job Title:	
Service:	
Base:	
Tel No:	
Email:	
Statement taken?	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, why not?

Name:	
Job Title:	
Service:	
Base:	
Tel No:	
Email:	
Statement taken?	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, why not?

Name:	
Job Title:	
Service:	
Base:	
Tel No:	
Email:	
Statement taken?	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, why not?

Name:	
Job Title:	
Service:	
Base:	
Tel No:	
Email:	
Statement taken?	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, why not?

1.7 Statement sheet front cover

Photocopy statement sheets for each staff member.

STATEMENT	
Case No: «CASE_NO»	
Interviewee's name	
Job title	
Date of statement	
Location or address of Interview	
Number of pages included in statement	
This statement is true to the best of my knowledge and belief.	Tick Box <input type="checkbox"/> NA
Interviewee's Signature	
Date	
Investigating Manager name	
Job title	
Manager Signature	
Date	

1.8 Statement Sheet

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1.9 Complaint Investigation Report

Details of investigation:

(Please tick and complete in accordance with your investigation)

Level of Risk Before the Investigation:

		Likelihood of Recurrence				
		Rare	Unlikely	Possible	Likely	Almost Certain
Severity of Harm	None					
	Minor					
	Moderate					
	Major					
	Catastrophic					

Has patient/complainant been visited/contacted?

Persons interviewed and statements taken?

Has site been visited?

Records and documentation reviewed? Please list:

Policies/documents/guidance referred to? Please list:

Professional/expert advice sought? Please detail:

	Findings /explanations in response to Complaint questions: (as identified on page 2)	Where evidence found i.e. records, statement, interview notes
1.		
2.		
3.		
4.		
5.		

Draft response – please complete the red prompts

☎ 0800 587 0562
Email: patient.services@bridgewater.nhs.uk

Patient Services
Bevan House
17 Beecham Court
Smithy Brook Road
Wigan
WN3 6PR
Tel: 01942 482 760
Fax: 01942 482 662

Our ref:

INSERT DATE

**PRIVATE AND CONFIDENTIAL
To be opened by Addressee only**

Website: www.bridgewater.nhs.uk

Dear M

Your Complaint – (Service) – (Name of Patient)

I write in response to your recent letter regarding...[to be inserted by Patient Services](#) I am very sorry to hear of your experience. Your concerns have been investigated by [Name and title of Investigator](#) and he/she has provided me with the following information to formulate my response to you.

I note from your letter that you were unhappy with..... [Questions from the toolkit to be inserted here by Patient Services.](#)

[Responsefor the Service to complete, based on](#)

[In order to investigate I have.....](#)

[The investigation showed that...](#)

[Lessons Learned from your complaint:](#)

[As a result of your complaint, we havethe service should provide these points from the action plan.](#)

We also wish to share learning from complaints and would like to use some cases on our website. Please be assured that no individual names or details are used and the information included will be anonymous. If you would prefer that we do not use the concerns you have raised please contact the Patient Services Team on the number at the top of this letter.

Please accept my sincere apologies that the care we provided to [you / your.....](#), was not acceptable. I would like to thank you for taking the time to share your concerns with us.

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Should you have any further concerns we would be happy to arrange a meeting for you with the service manager. Please Contact our Patient Services Team who will be happy to make arrangements.

Yours sincerely

Colin Scales
Chief Executive

Cc: Chief Nurse/Chief Operating Officer
Deputy Director of Operations
Assistant Director
Head of Service
Investigator/Service Manager

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Level of Risk After the Investigation:

		Likelihood of Recurrence				
		Rare	Unlikely	Possible	Likely	Almost Certain
Severity of Harm	None					
	Minor					
	Moderate					
	Major					
	Catastrophic					

Have all interviewees involved seen your report?	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, reason why not:
Report Completed by:	
Signature:	
Date:	

INVESTIGATION TECHNIQUE - SUMMARY

Interviews and Statements

Interview anyone who can assist in the complaint (must have a direct involvement).

Have your main questions written down before the interview, these should be formulated from the complaint.

Listen carefully – it may not be what the person says but what they do not say; probe for the answers to your questions.

Think what questions may be raised at a formal meeting.

Ensure the person(s) interviewed keeps to what they have done, said or heard, not what they have heard from others. Do not waste time on 'hearsay' but consider the content of any rumours and interview people as quickly as possible after the incident.

Staff are paid employees and can be interviewed at any time they are on duty or suspension.

When taking statements use the correct form.

Warn the person to be interviewed that the statement may be used at a formal hearing. Advise them that they can have a friend or Trade Union representative present.

Interview Technique

The interviewing of staff, patients and witnesses is often an area that is overlooked in general management training. These notes are to assist managers who may have to interview people for a variety of reasons.

If the interview is for a serious incident, then make an appointment making it clear that you wish to take a statement. Have all the necessary forms and information (complaint or incident report) with you. Introduce yourself if not known and try to put the interviewee at ease. If you need to interview more than one person, ask for others to leave or if the person wishes to have someone with them it is acceptable if they are not a witness or no confidential patient information is to be discussed. Use a private office where you will not be disturbed and re-direct telephone calls to minimise disturbance.

Make a list of questions that you believe are relevant and appropriate. Leave these until the end of the interview. Leave enough room after each question for the answer.

Talk to the interviewee and tell them why you need a statement. Give them the facts associated with the complaint / incident. Ask them to relate their story to you verbally. When you have finished take them back to the beginning and start to write the statement. You can suggest words that would be more appropriate but you must have the interviewee's agreement. Take things slowly and do not rush the interviewee. If they cannot remember a fact put that in the statement i.e. "I do not remember what happened next". Write the statement in the first person.

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When you have finished read the statement yourself and let the interviewee read the statement. He or she should then initial any crossing outs / mistakes and sign at the bottom of each page of writing after the last word on the page.

Be polite and help the person with the statement, they may not make statements very often and offer a copy if they require one.

After the statement ask the questions that you have written down, putting the answers under the written questions and ask the interviewee to sign the questions / answer sheet also.

COMPLAINT SERVICE LEVEL RESOLUTION FORM			
Name of Contact :			
Address :			
			Contact telephone number:
On behalf of :			
Name :			
Address :			
Date of Birth :			
Patient Consent Required : YES / NO			Patient Consent obtained (date) :
Directorate :			Service :
Location of service:			
Details of complaint :			
Desired outcome :			
Lessons learned :			
Action Plan : (please state if there are no actions)			
For Patient Services Use only:			
Ulysses Reference Number:		Date Received	

Conciliation Process

When dealing with a complaint against the Trust, we will attempt to resolve the problem, enable the patient relationship to continue, if appropriate, and to improve the service offered to patients where necessary and make any changes if necessary.

How does conciliation work?

A conciliation meeting is usually arranged if a complainant is dissatisfied with the response they have received from the Trust.

In many cases, a meeting between the two parties is considered helpful. The Patient Services Department will arrange the meeting and ensure that all appropriate staff are in attendance to help resolve the complaint.

Meetings are held in an informal, non-confrontational manner and are normally held at a venue convenient for the complainant. Parties are notified of the outcome of a conciliation meeting in writing following the meeting.

Who can ask for conciliation?

Either the complainant or staff complained against can ask the Patient Services Department to assist in the investigation of a complaint and arrange a conciliation meeting. However, both parties must agree to a conciliation meeting.

What if conciliation is unsuccessful?

If a complainant remains dissatisfied with the outcome of a conciliation process, they have six months from the date of the final letter of explanation from the Trust in which to submit a request for Independent Review to the PHSO to the address below.

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

Telephone: 0845 015 4033.

For any further information on the NHS complaints procedure or further details regarding conciliation, please contact the Patient Services Department on telephone 0800 587 0562. Alternatively you can write to Patient Services Department, Bridgewater Community Healthcare, Bevan House, 17 Beecham Court, Smithy Brook Road, Wigan, WN3 6PR.

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Timescales for Formal Complaints

EVENT	TIME ALLOWED
Original Complaints	12 months from event or becoming aware of the cause for complaint
LOCAL RESOLUTION	
Written Complaint	<p>Acknowledge within 3 working days of receipt. Service Managers to provide Patient Services Department with the completed Investigation Toolkit, including copies of all statements. Staff comments and copy records, within the time agreed with the complainant. (Investigation Toolkit template attached as Appendix 3)</p> <p>Full response signed off by the Chief Executive once completed and within the time limit agreed with the complainant.</p>
Conciliation Process	<p>Conciliation meetings can be arranged by Patient Services Department following local resolution if complainant remains dissatisfied following response to complaint or sooner if complainant wishes to meet sooner. A summary of the conciliation process is at Appendix 4.</p>
Complainant to apply for Independent Review	Complainants have 12 months of receipt of response to ask the Ombudsman to review their complaint.

Patient Services Complaints Satisfaction Questionnaire

We would like your views on how your recent complaint has been handled. This will help us to improve the way we respond to people in the future. You can let us have your comments on this form, or if you prefer, telephone us on **0800 57 0562**, e-mail patient.services@bridgewater.nhs.uk

or by post to: Freepost Plus JGKL-ZTKE
 Bridgewater Community Healthcare NHS Trust
 17 Beecham Court
 Smithy Brook Road
 Wigan, WN3 6PR

1. Did you feel members of the Patient Services team were helpful?

Very helpful Helpful Neither Not helpful

Comments

2. Did you feel Patient Services staff understood your complaint?

Yes / No Comments:

3. Did you feel you were informed about the progress of the investigation?

Yes / No Comments:

4. Did we give you enough information? / explain our response well enough?

Yes / No Comments:

5. Was there anything else we could have done?

Yes / No Comments:

6. Did you feel the Patient Services team were neutral?

Yes / No Comments:

7. Is there any part of your complaint that could have been dealt with better?

Yes / No Comments:

8. Since making your complaint, have you been in contact with any staff involved?

Yes / No

9. If yes, have you been treated differently since making your complaint?

Yes / No Comments:

Please add any additional comments on the reverse of this form

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Risk Rating of Complaints

The purpose of rating complaints is to establish the potential future impact to people and the Trust. Complaints are rated using an assessment tool, which adopts a three-step process, which firstly categorises the consequences of a complaint then assess the likelihood of recurrence of the incidents or events giving rise to the complaint. Finally, an impact rating is assigned to the complaint.

Complaints should be rated on receipt and again upon completion of the investigation.

Rating of complaints can ensure that the subsequent handling and any associated investigation are proportionate to the impact of the complaint and the related impacts.

It is possible to link the impact rating with the level of investigation required and staff may find the next table helpful when determining the timescale for response.

RISK MATRIX

To ensure a consistent approach to conducting a risk assessment, the following risk matrix, based on the National Patient Safety Risk Matrix should be used.

Table 1: NPSA Risk Matrix					
Consequence	Rare	Unlikely	Possible	Likely	Almost Certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Insignificant	1	2	3	4	5

Likelihood		
	1 - 3	Low risk
	4 - 6	Moderate risk
	8 - 12	High risk
	15 - 25	Extreme risk

Consequence Categorisation Table

The following table may assist in determining how to categorise the consequences of a complaint, or the subject matter of the complaint. The impact on the patient may not be the same level of consequence as that for the Trust and the level of consequence for both should be taken into account. In addition, the vulnerability of the patient needs to be considered and whether there are any safeguarding issues.

CATEGORY	DESCRIPTION
Negligible	Unsatisfactory service user experience not directly related to care. No impact or risk to provision of care.
Minor	Unsatisfactory service user experience related to care, usually single resolvable issue. Minimal impact and relative minimal risk to the provision of care or the service. No real risk of litigation.
Moderate	Service user outcome / experience below reasonable expectations in several areas but not causing lasting detriment. Potential to impact on service provision / delivery. Justifiable complaint. Slight potential for litigation.
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 and adverse local media publicity
Catastrophic	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 and strong possibility of adverse national media publicity.

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
Rare	Isolated or "one-off" – slight / vague connection to service provision
Unlikely	Rare – unusual but may have happened before
Possible	Happening from time to time – not constant, irregular
Likely	Will probably occur several times in a year
Almost certain	Recurring – found or experienced often