# Complaints, Concerns and Compliments Procedure

**Version: 4**

## Summary:
This document sets out the procedure for receiving and handling complaints, concerns and compliments

## Keywords:
Complaints, PALS, Advice, Concerns, Comments, Compliments, Experience, Feedback, Organisational Learning, Customer experience

## Target Audience:
All staff of Southern Health NHS Foundation Trust, Non-Executive Directors, Volunteers, Governors and Contractors.

## Next Review Date:
October 2019

## Approved & Ratified by:
| Patient Experience, Engagement and Caring Group | **Date of meeting:** 30th August 2018 |

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Change Record

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Complaints, Concerns and Compliments Procedure

1 Introduction

1.1 This procedure should be read in conjunction with the Complaints and Patient Experience Policy - SH NCP 10.

1.2 Southern Health NHS Foundation Trust (the Trust) strives to provide high quality care and treatment to all its service users. However, we recognise that we will not always meet people’s expectations.

1.3 The Trust considers all feedback important. The experience of each person who comes into contact with this Trust will be unique. Listening to people’s experiences is a vital tool in gauging how well the Trust is providing services and for learning for the future.

1.4 It is therefore important that the Trust has a clear process for dealing with feedback to ensure that we deal effectively and efficiently with any concerns and complaints. The way in which people’s feedback is dealt with must take their preferences into account and ensure that they are placed at the centre of all work carried out to investigate their issues and feedback to them.

1.5 This procedure outlines the process by which the Trust deals with Complaints, Concerns and Compliments. It adheres to

- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (hereafter referred to as the Regulations).
- The principles of good complaint handling as defined by the Parliamentary and Health Service Ombudsman (PHSO)\(^1\);
  - Getting it right
  - Being customer focused
  - Being open and accountable
  - Acting fairly and proportionately
  - Putting things right
  - Seeking continuous improvement.

The recommendations made in 'My Expectations for raising concerns and complaints (2014)' (please see appendix 4);

- I feel 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 the future.

1.6 During any complaint process, all staff must follow the principles of Duty of Candour, which can be viewed under appendix 3

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1.7 Overview- The Complaints Process

**Complaints Process**

The Trust standard for complaint investigations is 30 working days for a 'standard' complaint, and 60 working days for a 'complex' complaint (see policy for definitions). In exceptional circumstances, a longer timeframe may be negotiated with the complainant.
2. 'I felt confident to speak up'

- We will make sure that details of how concerns and complaints can be made are simple and widely available.
- We will encourage and welcome all feedback.

2.1 Details on how to raise a concern or complaint must be readily available to all people who come into contact with Trust services. Posters and leaflets regarding the Complaints and Patient Experience Team should be displayed prominently in all services, and shared with all service users and carers, as appropriate.

2.2 Staff should be open to, and encourage, all feedback from people who come into contact with services whether positive or negative. Staff should aim to acknowledge the feedback being given, take any action they personally can and signpost people to the Complaints and Patient Experience Team when necessary and appropriate.

2.3 Staff must ensure that no references to complaints are recorded on any service user's clinical files, whether electronic or paper copy.

2.4 No service user or carer should be negatively affected as a result of a complaint being raised by a service user, or on behalf of a service user.

3. 'I felt making my complaint was simple'

3.1 Making a complaint

- We will ensure that complaints and concerns can be raised in a variety of ways.
- We will make all possible efforts to ensure it is as easy as possible to raise feedback with the Trust.

3.1.1 A complaint can be made by anyone who has been, or is likely to be, affected by any action or inaction of this Trust.

3.1.2 The Trust recognises that some complainants will require the support of a representative/advocate during the process. The Trust suggests that a representative/advocate is sourced through a recognised support service such as Healthwatch; however we recognise that this should be the personal choice of the complainant.

Someone who is acting as a representative/advocate, on behalf of a complainant, must have sufficient interest in the person’s welfare, and must be acting in their best interests. If it is thought that this is not the case, the Complaints and Patient Experience Manager will escalate their concerns to the Associate Director of Quality Governance. Together they will decide if the person is an appropriate representative/advocate for the complainant. If it is felt the representative/advocate is not suitable both parties will be informed of the decision in writing, however, reasons for the decision making may not be given if this is thought to breach the personal information of the representative/advocate.

Representatives/advocates who are subject the Trust's “Identifying and Managing Persistent/Unreasonable and/or Habitual Complaint” policy are not seen as a suitable representatives/advocates to act on someone else’s behalf.

If during the course of the complaint, a representative/advocate becomes unwell or is felt not to be representing the best interests of the complainant, the Trust will request a new
representative/advocate to support the complainant with their complaint, as delays in the process can be very distressing for all concerned. Notification of this decision making will be made in writing to both parties, with the Trust sharing the reason for the decision if it does not breach the personal information of the representative/advocate.

3.1.3 The Trust wishes to ensure that giving feedback is as straightforward as possible. Feedback can be raised with the Trust in the following ways:

- in person, to a member of staff
- in writing by letter, email or facsimile (fax)
- by commenting on the Trust website
- completing a feedback form, available in Trust services
- completing a patient survey
- telephoning the Complaints and Patient Experience Team
- via social media
- through participation in patient and family forums, groups and meetings
- through a third party, acting on the service user's or carer's behalf. Third parties could include (but are not restricted to) an advocate, Member of Parliament, Clinical Commissioning Group or the Care Quality Commission.

If someone wishes to raise a complaint or concern outside of normal working hours, they can:

- use any written method, as detailed above
- leave a message on the Complaints and Patient Experience Team’s answerphone. All calls will be returned within 3 working days.
- speak with a member of the clinical team involved.

3.1.4 All possible efforts will be made to ensure that giving feedback to the Trust is as easy as possible. This will include providing the Complaints and Patient Experience leaflet in alternative formats, when requested. The Complaints and Patient Experience Team will also check with every complainant whether they have any special requirements to make communication with them more accessible. This could include, but is not limited to, providing information in braille, larger fonts, in recorded format or translated. Every referrer’s response, regarding their communication requirements, will be logged onto their Ulysses case file.

3.1.5 The complaint regulations state that a complaint should be raised within 12 months of an issue, or within 12 months of a person being aware of the issue. This time period is discretionary. An investigation can still be carried out for an issue which occurred more than 12 months ago, if there is a clear reason why the person was unable to raise the complaint before (e.g. illness of the complainant, grief regarding the event). It would also need to be ensured that an effective and fair investigation can be carried out. If the issue occurred more than 12 months ago, the Trust needs to be open and honest with the complainant regarding what is realistic in terms of an investigation, including explaining that staff members involved may have left the organisation and that people may no longer recall the events. Agreement must be gained, from the Complaints and Patient Experience Manager, before taking forward an investigation into any complaint over 12 months old.

3.2 Consent

3.2.1 If a complaint, or concern, is raised by a third party, regarding the care of a service user, consent must be sought before any information is shared with the third party. This is distinct to consent to share held on clinical records. Specific consent must be sought for a complaint to be investigated, and for information to be shared with the person raising the complaint.
3.2.2 Consent can be given in a variety of ways, and the Trust will always try to arrange a convenient way in which a service user can give consent, should they wish to. Consent can be given verbally, in writing, or face to face. The Complaints and Patient Experience Team will lead efforts to seek consent and will liaise with the third party and clinical staff, as necessary to inform decisions about how best to get consent.

3.2.3 The need for consent, the ways in which it can be shared, and the options available should it not be provided, should be explained fully to the complainant by the Complaints and Patient Experience Team, at the beginning of the complaints process, and at any other relevant points in the process. The need for consent must also be explained in writing, if necessary.

3.2.4 In some cases, service users may not be able to give consent, due to ill health or lack of capacity. In these cases, clinical opinion will be requested to inform a decision about whether a complaint should be investigated, and information shared. This decision should be based on knowledge of the relationship between the service user and third party, and whether an investigation and response will be in the best interest of the service user. This decision should only be made by a clinician, with adequate information to make a robust decision, such as a care coordinator, lead nurse or consultant.

3.2.5 A complaint investigation can be carried out before consent has been given. Lack of consent should not affect an investigation but will prevent any confidential information being shared. If consent has not been received by the end of a complaint investigation, the complainant should be given the option of waiting, until such time as the service user is willing and/or able to give consent, or of receiving a response with all confidential information removed.

3.2.6 In rare cases, a third party will make a complaint, but the service user involved will request that no investigation take place, as they have no concerns about their care and treatment. If a service user is clear that they do not wish a complaint investigation be carried out, and they have capacity to make decisions, their wishes must be respected and the complaint should not be formally investigated or responded to. An empathetic and polite explanation should be given to the third party to explain why no complaint investigation will be carried out. The third party's concerns should be passed to the service involved for information and, if necessary, action.

3.2.7 All discussions regarding consent must be handled sensitively. Carers and relatives raising complaints and concerns regarding their loved one's care must be treated with dignity and respect at all time and any conversation regarding with-holding information due to a lack of consent must be handled empathetically.

3.3 Joint complaints

3.3.1 Sometimes complainants may wish to raise issues which span two or more NHS organisations. Under the complaints regulations, a complainant can ask for a joint investigation to be carried out, after which they will be provided with one response, addressing all their concerns. The complainant has the right to choose which organisation will be the 'lead' organisation, and who will therefore co-ordinate the response.

3.3.2 A joint investigation will be processed in the same way as any other investigation, and should adhere to the same timeframes. Responses should follow each organisations approval process before being amalgamated and sent out by the lead organisation.

3.4 Complaints which are also Serious Incidents (SIs)

3.4.1 Sometimes, a complainant will wish to raise a complaint about an issue which is already being investigated as an SI. To avoid any duplication, or confusion, the SI process will supersede a complaint investigation. The complainant will be fully informed about the SI process, and involved as appropriate. All concerns raised in the complaint will be included in the investigation, where
possible, and will be responded to. If the complainant is not happy with the SI investigation, they can raise a complaint about this and have their outstanding concerns investigated under the Trust’s complaints procedure.

3.5 Complaints which are also Subject Access Requests (SARs)

3.5.1 Sometimes a complaint will include a request for access to clinical or other records. Any requests for records should be dealt with under the Subject Access Requests and Disclosure of Personal Data Procedure (SG IS 12) and should be referred to the Records team. It should be made clear to the complainant that their request for records will be dealt with under a different process to their complaint, and that different timescales may apply.

3.5.2 A member of the Complaints and Patient Experience team can signpost a referrer who wishes to access records, and may supply them with the appropriate form to help with their application. The referrer should, however, be encouraged to supply the completed form and accompanying documents to the Records team, who will process the request.

3.6 Complaints which involve Legal proceedings

3.6.1 Where a complaint has been made and legal action is being pursued at the same time, or where police or counter-fraud investigations are involved, the Associate Director of Quality and Governance must be informed. Discussion should take place with the relevant authority (legal services manager, legal advisors, Police or Crown Prosecution Service) to determine whether progressing the complaint might prejudice subsequent judicial action. If this is the case, the complaint will be put on hold and the complainant advised of this. If this is not the case the investigation into the complaint will take place.

3.6.2 If a complaint reveals an apparent case of negligence, or if it is thought that there is a likelihood of legal action being taken, the person in receipt of the complaint should inform the Legal Services Manager of the Trust.

3.6.3 It should not necessarily be inferred that a complaint made by a solicitor means that the complainant has decided to take legal action. If proper consent has been received, a response should be made in the normal manner. An apology is not necessarily an admission of liability.

4 ’I felt listened to and understood’

4.1 Initial contact

- We will ensure that all complainants are contacted as soon as possible.
- We will explain people’s options regarding how their issues will be taken forward and agree, with them, what they would prefer.
- We will check how people would like to be addressed, communicated with and updated.
- We will ensure that people can have a meeting, if they would like to.
- We will make sure people know how long their complaint or concern will take.
- We will ensure that we know what people want as a result of giving feedback.
- We will ensure that people are involved in their investigations, how and when they would like to be.
- We will ensure that people know their feedback is important, valued and taken seriously.
4.1.1 When a complaint is received, the Trust is obliged, under the Regulations, to acknowledge it within 3 working days. As a Trust, it is our aim to acknowledge all complaints as soon as they are received, to assure complainants that their feedback is important and will be taken seriously. An immediate acknowledgement will be sent out by the Complaints and Patient Experience Team Administrator as soon as practicable after a complaint is received by that team. If a complaint is received elsewhere in the Trust, the team should ensure that the complaint is forwarded to the Complaints and Patient Experience Team as soon as possible, by the fastest method available. All contact with people raising feedback will be open, respectful and compassionate.

4.1.2 The complaint will be logged on Ulysses by the Complaints and Patient Experience Administrator, and the relevant Advisor notified.

4.1.3 When a complaint is received, the Complaints and Patient Experience Team will contact the complainant at the earliest opportunity. This will by telephone, unless the complainant does not wish to speak with the team. During the initial call the Complaints and Patient Experience Advisor will discuss the following with the complainant;

- the options available for resolution of their issues. These options include a formal complaint investigation, local resolution meeting or a suitable combination of both, as appropriate,
- a full explanation of the complaint process will be given, and the Complaints and Patient Experience Advisor will check to ensure that the complainant understands the process and whether they have any questions about how it will work for them.
- how the complainant would prefer to be communicated with, to share key documents such as their acknowledgement letter and response. It will also be confirmed how, and how often, complainants would like to receive updates through the complaints investigation. These updates will be provided by the relevant Complaints Patient Experience Advisor.
- the timeframe during which the investigation will be carried out. The Trust standard for complaint investigations is 30 working days for a 'standard' complaint, and 60 working days for a 'complex' complaint.

Complex Complaints will meet one or more of the following criteria;

- 10 or more complaint points
- Issues spanning over more than one service or Trust
- Issues which are older than one year (but can still be investigated).
- Issues which will require interviewing more than three staff members.
- Issues which will require seeking an expert opinion from outside the Trust.
- A complaint which involves a member of the Executive team.
- A complaint linked to a Serious Incident (SI).

- In exceptional circumstances, a longer timeframe may be negotiated with the complainant. As well as agreed standard updates, all complainants should be updated if anything unforeseen happens, or if the timeframe needs to be extended for any reason.
- any consent issues (see 3.2).
- whether an advocate is needed or wanted. Advocacy details should be shared with all complainants.
- what the complainant wants to achieve as a result of raising their complaint. The Complaints and Patient Experience Advisor must be realistic with the complainant and explain any relevant limitations to the complaints process.
- how the complainant would prefer to be addressed (e.g. Mrs Smith or Jean).
- whether the complainant would like a meeting as part of their investigation; a meeting can be held at the beginning of the investigation with the purpose of the complainant sharing their story and experiences to further information the IO’s investigation and/ or at the end of the IO’s investigation to share the findings of the investigation.
- whether the complainant would like to view the investigating officer’s completed report, prior to it being used to inform the final response. The report can be shared within a meeting or in
hardcopy by post. The purpose of sharing the report is to allow the complainant to check they are happy with the accuracy of the investigation, and that all of their concerns have been addressed. At this point, new issues cannot be added to the investigation. If appropriate, it must be discussed that this review may affect the timescale by which the complainant will receive their response.

4.1.4 Based on the information provided, the Complaints and Patient Experience Advisor will 'grade' the complaint, according to how serious it is. This grading will be entered onto Ulysses. If a complaint is graded 'red', or if there are any safety concerns or immediate worries about a service user's current care, appropriate staff will be informed. This may include the service providing care, the safeguarding team, the police or ambulance service. Please see appendix 1 for further information on grading a complaint.

4.1.5 Following the initial telephone call, an acknowledgement letter will be sent to the complainant. The letter will include confirmation of the issues which will be investigated, the timeframe during which the investigation will be carried out and the Complaints and Patient Experience Advisor who will be the complainant's main contact, as well as the days they work. The complainant is invited to contact the Complaints and Patient Experience Team should they have any comments or queries regarding the details in this letter.

4.2 Complaints Process

4.2.1 Once the complaint issues have been confirmed, an investigation will be requested. The Complaints and Patient Experience Advisor will notify the relevant service's commissioning manager, using Ulysses, of the new complaint. The Advisor will also upload relevant paperwork to Ulysses, including the original complaint letter, an investigating officer's report outlining the issues to be investigated and a template response letter. The commissioning manager is responsible for allocating an appropriate investigating Officer (IO). The IO must;

- be suitably senior, and have received Investigating Officer training.
- have no reason why they are unsuitable to carry out the investigation, such as any prior relationship with the complainant or any staff member named in the complaint. The IO is obliged to inform the commissioning manager should they have any reason to believe they should not investigate an allocated complaint.
- be available throughout the investigation period (i.e. not be on leave, sick or absent due to training etc.).
- not have been directly involved in the care of the service user whom the complaint has been raised about.
- be from another service to the one providing care to the service user in question, unless there is a particular (and documented) reason why someone from that service should investigate (such as the need for specialised knowledge).

4.2.2 The IO will carry out a full investigation, based on the issues outlined in the IO Report. To carry out their investigation, IOs should examine the following information (this list is not exhaustive and other sources of information may be included, as necessary);

- clinical records (electronic and paper)
- staff feedback, gained through interview.
- complainant feedback, gained through interview or any other appropriate method.
- Trust policy
- best practice guidance
- expert opinion
- witness statements
4.2.3 The IO is responsible for notifying any staff named in a complaint. Discretion should be used as to whether this information should come directly from the IO. If the complaint is serious, or is upsetting in nature, consideration should be given as to whether it would be easier for the member of staff to be informed via their line manager. Staff are entitled to support throughout the complaints process, and this should be explained by the IO.

4.2.4 The IO should arrange meetings with any staff named in the complaint, or who will need to contribute to the investigation, as soon as possible. If there are any issues with organising meetings, such as that a member of staff is on long term sick leave or that they have left the Trust, the IO must notify the Complaints and Patient Experience Team as soon as possible. If an absence may affect the timescale agreed with the complainant, they must be notified, by the Advisor, as soon as possible. Complainants will be asked whether they would prefer to receive a partial response, based on the information available, or whether they would prefer to wait additional time to receive a full response. If the complainant chooses to wait, they should be kept updated as to when they can expect to receive their response; at any time they can change their minds and receive a partial response. All meetings with staff member should be documented, using the appropriate Trust template.

4.2.5 The IO will meet with the complainant, if they have indicated they wish to have a meeting. The IO will ensure that the meeting is held at a time and place which is convenient to the complainant, although lone working considerations and risk assessment must be taken into account. All meetings with complainants should be documented, using the appropriate Trust template. Although meetings will always be considered if a complainant wishes to have one, they are at the discretion of the Trust and will be declined should there be any concern about staff safety, including the risk of verbal abuse.

4.2.6 Complainants, or staff members, can request making audio or video records of complaint meetings. All requests will be considered and will be undertaken if all parties are in agreement. If recordings are taken, Trust policy SH IG 51 should be followed. All appropriate consent forms must be signed and uploaded to the Ulysses case file.

4.2.7 The IO will examine what happened to the service user, what should have happened, and any gaps between these.

4.2.8 Although the complaints process does not looks to apportion blame, and is not in itself a disciplinary process, there will be times when a complaint investigation uncovers serious issues regarding staff members. If any concern regarding a staff member’s practice is identified during an investigation, the correct HR policy should be followed. Details of any disciplinary action will not be shared with complainants, to protect the staff member's right to confidentiality, however, complainants will be informed that appropriate Trust policies are being followed.

4.2.9 In rare cases, should criminal action be identified, matters will be referred to the Police. The Trust will follow police advice regarding investigative primacy (whether the Trust should halt their investigation which any police investigation takes place).

4.2.10 Throughout their investigation, the IO should upload any information they gather to the Ulysses system. This should include notes of any meetings or interviews held.

4.2.10 Based on the information gathered during their investigation, the IO will complete the IO report. This document must contain all information needed to fully respond to the queries raised by the complainant. It must also fully document what was done to gather the information, including;
• the full name and job titles of all people spoken with as part of the investigation
• any policy, procedure, standard operating procedure or best practice guidance referred to or consulted
• the source of any expert opinion

4.2.11 The IO must also indicate in the IO report, whether the complaint has been 'upheld', 'partially upheld' or 'not upheld'. The complaint should be 'upheld' if all or most elements of the complaint have been substantiated, 'partially upheld' if one or more (but not most) elements have been substantiated and 'not upheld' if no elements have been substantiated.

4.2.12 Based on the information they have gathered, the IO will also consider the grading initially given to the complaint and, if necessary, regrade the complaint.

4.2.13 Staff named in the complaint, or who have contributed to the investigation, should be given the opportunity to review the completed IO report to ensure accuracy.

4.2.14 The completed IO report should be sent to the commissioning manager, for approval, when completed on or before the stated deadline provided by the Complaints and Patient Experience Team at the outset of the investigation.

4.2.15 The commissioning manager will consider the information provided, approve it on behalf of the service or make any amendments to ensure that it is a full and appropriate report. The commissioning manager will also complete the action plan, based on the recommendations outlined by the IO.

4.2.16 The commissioning manager will send the full, approved IO report to the relevant Complaints and Patient Experience Advisor. The Advisor will use the information contained within the report to draft a response to the complaint.

4.3 Withdawn Complaints

4.3.1 Sometimes, during the course of an investigation, a complainant will ask the Trust to withdraw their complaint. The relevant Complaints and Patient Experience Advisor must check with the complainant that this is what they want. It should be checked whether they feel pressured to do this due to concerns about their ongoing treatment. Any concerns such as this must be addressed swiftly. No care will be negatively affected by raising a complaint.

4.3.2 If the complainant definitely wishes to withdraw their complaint, their wishes will be followed and the complaints process will be halted.

4.3.3 If issues are serious, or may lead to improvements being identified, the service involved should still assure itself that all necessary actions have been taken.

4.3.4 All complainants who withdraw a complaint should be written to, to confirm closure of their case. The complainant should be assured that their feedback is important to the Trust and that, should they wish to revisit their issues in the future, the Trust will welcome this.

4.3.5 All decisions and communication regarding the withdrawn complaint should be noted on the complaint’s case record on Ulysses.

4.4 Approval Process

4.4.1 Once the Complaints and Patient Experience Advisor has drafted a complaint response, it will need to go through several approval stages;
• the response will first need to be returned to the service. It will need to be reviewed, and agreed, by the IO and commissioning manager and/or Clinical Director.
• the response will then need to be checked by the Complaints and Patient Experience Team Manager or, in their absence, a nominated deputy.
• the response will then be sent to the Chief Executive’s office, where it will be checked by the relevant Clinical Director.

At any of the above stages, additional information or explanation can be requested. If approval is agreed at all stages, the response will be forwarded to the Chief Executive for signature. The Complaints and Patient Experience Team will provide supporting documents to the Chief Executive, to inform their consideration of the complaint and decision regarding whether to sign the response. This will include the completed IO report, proof of approval and the original complaint. If approved, the response will be signed by the Chief Executive, or nominated deputy. Once signed, the complaint response will be sent back to the Complaints and Patient Experience Team to send to the complainant.

4.4.2 A ‘good’ complaint response will;

• address every question, completely.
• offer appropriate and sincere apologies.
• use language which is accessible and empathetic.
• be open and honest.
• explain any actions which will be undertaken to address any identified failings, omissions or areas for improvement.
• be personalised to the complainant, as far as possible.

5 'I felt that making my complaint made a difference'

5.1 Learning from experience

- We will make sure we learn from people’s experiences.
- We will ensure that all actions are detailed in all complaint responses and feedback after all concerns.

5.1.1 The Trust values all feedback, as it provides invaluable information about services, how they are experienced, and how they can be improved for the future.

5.1.2 Any actions identified as a result of a complaint should be explained in the response letter to the complainant, so that the complainant understands the changes the Trust has made, or will be made, as a result of their feedback.

5.1.3 The actions identified by the commissioning manager for each complaint will be added to the Ulysses system, by them. A timeframe will be identified, as well as an individual with responsibility for completing the action. The actions will also be added to the service’s quality improvement plan.

5.1.4 On, or before, the deadline for each action completion, the responsible person needs to upload evidence to the Ulysses system to show that the action has been carried out. They should also inform the Complaints and Patient Experience Advisor, who will close the complaint once all actions have been completed. All outstanding actions can be identified through the Ulysses system. When a complaint is closed, but actions remain outstanding, this can be indicated on the Ulysses case record.
5.1.5 Learning from feedback should be;

- discussed within divisional governance structures and team meetings
- included in 'hotspot' posters, to ensure learning is shared across services
- fed into the Trust's Organisational Learning Strategy.
- reported by Divisions in their quarterly report to the Patient Experience Engagement and Caring Group.

5.2 Healthwatch

- We will make sure that people have details of local advocacy services.
- We will make sure we involve advocates whenever people want us to, in the way in which they would like us to.

5.2.1 There are a number of Healthwatch organisations supporting Southern Health NHS Foundation. The Trust recognises the important role that Healthwatch plays in local communities, and will cooperate with requests for information and assist where possible to help improve services by providing information about feedback form our patients.

5.2.2 The Trust also understands the vital role that Healthwatch plays in the provision of NHS complaints advocacy. All complainants will be provided with information about the advocacy service so that they can make a choice about whether to use this service. Any information provided to Healthwatch will be with the complainant's consent and, where necessary, will be anonymised.

6 'I would feel confident making a complaint in the future'

- We will ensure the people know how to tell us if they are not happy with their complaint response.
- We will gather people's feedback following them making a complaint.

6.1 Follow up complaints

6.1.1 All complaint responses will include instructions on how to raise any queries with a complaint response. The Trust welcomes complainant's feedback and will undertake follow up investigations if a complainant is unhappy with their original investigation or response. All complainants are also provided with information regarding the PHSO (Parliamentary Health Service Ombudsman), with their response.

6.1.2 There is no statutory timeframe to acknowledge a follow up complaint, but the Trust aims to provide acknowledgement within 3 working days.

6.1.3 Complainants will be contacted to agree how they would like their remaining issues to be taken forward. A meeting will be offered, or a further complaint investigation, as appropriate. The timeframe should be agreed with complainants, based on the Trust standards of 30 working days for a standard case, 60 working days for a complex case.

6.2 Independent Review/Investigation

If a complainant remains unsatisfied after the Trust has exhausted all attempts at resolution, they can be advised to take their complaint to the PHSO. A complainant can also choose to take their complaint to the PHSO themselves, at any stage after the first investigation, or if an investigation takes over 6 months.
The Parliamentary Health Service Ombudsman can be contacted at:

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

Phone: 0345 015 4033

Email: phso.enquiries@ombudsman.org.uk

The complainant must contact the Ombudsman’s office within 12 months of the incident causing the complaint. The complainant must explain what they are still dissatisfied with.

In exceptional circumstances, where the relationship between the Trust and the complainant has broken down, the Trust may refer a complaint under a section 10 referral to the Parliamentary Health Ombudsman for them to review and investigate.

6.3 Feedback surveys

6.3.1 A complainants' feedback survey will be sent to all complainants one month after the conclusion of their complaint, unless there is an identified reason not to. Surveys will not be sent if it is likely to be upsetting (e.g. in the case of a death), if the complaint is ongoing (i.e. if the complainant has raised a follow up complaint), or if the complaint was received via a third party (advocate, MP, CCG etc). The survey aims to gather information about the complainant's experience of raising their issues, the complaints process, and their response.

6.3.2 Survey results are collated and monitored by the Complaints and Patient Experience Team.

6.3.3 Complainant satisfaction, based on survey results, is reported quarterly and any shortfalls in expected performance will be addressed on an ongoing basis.

7 Concerns

- We will take forward people's feedback, in the way that they wish us to.
- We will deal with concerns in a timely way.

7.1 If a person wishes to raise an issue, but does not want it addressed as a formal complaint, they can raise a concern. A concern is usually about a current issue, which can be resolved quickly; ideally within 24 hours, but certainly within 5 working days.

7.2 If a concern is dealt with locally, the service should provide details of the issues raised, and the actions taken to resolve the concern, to the Complaints and Patient Experience Team, who will log it onto the Ulysses system. Services can no longer log concerns directly onto the Ulysses system themselves.

7.3 If resolution is not achieved by raising a concern, the referrer can still raise the issue as a complaint, which will be logged as a separate issue and investigated as usual.

7.4 Concerns are reported, alongside complaints and compliments, in monthly board reports.
8 Compliments

8.1 Compliments are defined as positive comments, which were given by people who have come into contact with the Trust. The comment must contain enough information to enable the service to understand what has been liked or valued by the person.

8.2 The Ulysses web based module is available for staff to log compliments locally. Compliments should be logged as soon as possible after being made. As many details as possible should be provided, but all advice regarding Personal Identifiable Information, given in Ulysses, should be followed.

8.3 Compliments can be received in letters, cards, telephone calls, surveys or face to face contacts. Gifts given in thanks, or recognition of good service, can be counted as compliments but must be logged with details of what the gift was for. Any gifts received must conform to Trust Policy SH NCP 55.

8.4 Information regarding compliments is included in monthly board reports and should be considered at divisional governance meetings, alongside data regarding complaints and concerns, survey results and other feedback; this will ensure that a full picture is gathered regarding people’s reported experiences of the Trust.

9 Procedure Review

This procedure will be reviewed by July 2019.

10 Associated Documents

- Serious Incident Management- see Southern Health Policy for Managing Incidents and Serious Incidents Requiring Investigation SH NCP 16
- Data Protection, Caldicott and Confidentiality- See Southern Health Policy for Data Protection and Confidentiality SH IG 18
- Duty of Candour- See Southern Health Policy for Duty of Candour SH NCP 12 and 13
- Protocol for the Handling of Inter- Organisational Complaints in Hampshire and the Isle of Wight.
- Complaints, Concerns and Compliment Policy- See Southern Health Policy SH NCP 10.

11 Supporting References

- Publications from the Office of the Parliamentary and Health Service Ombudsman, all available at [www.ombudsman.org.uk](http://www.ombudsman.org.uk):
  - *Principles of Good Administration (February 2009)*
  - *Principles for Remedy (February 2009)*
  - *Principles of Good Complaints Handling (February 2009)*
- Policy Compliance with Code of Practice: Mental Health Act 2015
Appendix 1- Grading of complaint severity

Grading of complaint severity
When a complaint is received, the Complaints and Patient Experience Advisor will ensure that it is entered in the complaints register/database (Ulysses Safeguard) and is assigned a unique identification number, which will be used in all subsequent complaint correspondence/records.

The Complaints and Patient Experience Advisor will categorise and grade each complaint, to identify the level of investigation required and determine whether other personnel need to be alerted, e.g. legal services, risk, communications, Safeguarding team. In the case of alleged breach of Human Rights the Head of Legal and Insurance Services will be informed. All complaints graded Red (catastrophic) may, on discussion with area managers, be subject to a full root cause analysis. The Customer Experience Team will notify the relevant staff (investigating officer, area manager and/or director of operations) if they feel that a full root cause analysis is required. The actual severity grading may change during the complaints process as more information comes to light so the investigating officer should provide a final grading which will be entered onto the Ulysses database at the point of closure.

The Grading Matrix

<table>
<thead>
<tr>
<th>Impact</th>
<th>Level</th>
<th>Extremely Unlikely</th>
<th>Unlikely</th>
<th>Possible</th>
<th>Likely</th>
<th>Almost Certain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negligible</td>
<td>1</td>
<td>Green 1</td>
<td>Green 2</td>
<td>Green 3</td>
<td>Yellow 4</td>
<td>Yellow 5</td>
</tr>
<tr>
<td>Low</td>
<td>2</td>
<td>Green 2</td>
<td>Yellow 4</td>
<td>Yellow 6</td>
<td>Orange 8</td>
<td>Orange 10</td>
</tr>
<tr>
<td>Moderate</td>
<td>3</td>
<td>Green 3</td>
<td>Yellow 6</td>
<td>Orange 9</td>
<td>Orange 12</td>
<td>Red 15</td>
</tr>
<tr>
<td>Major</td>
<td>4</td>
<td>Yellow 4</td>
<td>Orange 8</td>
<td>Orange 12</td>
<td>Red 16</td>
<td>Red 20</td>
</tr>
<tr>
<td>Catastrophic</td>
<td>5</td>
<td>Yellow 5</td>
<td>Orange 10</td>
<td>Red 15</td>
<td>Red 20</td>
<td>Red 25</td>
</tr>
<tr>
<td>Descriptor</td>
<td>Level</td>
<td>Likelihood description</td>
<td></td>
<td></td>
<td></td>
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<td>-------------</td>
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<td>------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negligible</td>
<td>1</td>
<td>These complaints are not complex, will usually involve one issue which can be resolved quickly, or if they are not able to be resolved, their impact is minimal. E.g. administrative issue, queue at reception desk, appointment needed to be changed. These complaints may become higher risk if themes and trends develop within the category. Minimal investigation required and likely to be resolved locally.</td>
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<tr>
<td>Low</td>
<td>2</td>
<td>Again, these complaints will have minimal impact on the patient or service user. These may include an unsatisfactory service experience not directly related to care. E.g. Loud music playing in waiting room, visiting times not suitable, car parking, loss of small amount of property e.g. Night clothes. Minimal investigation required, may be resolved locally, may require minor policy changes or staff supervision.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Moderate</td>
<td>3</td>
<td>A moderate level of risk would usually be related to single complaint issues in respect of care delivery. There would be minimal impact and minimal risk to the provision of care or the service. Complaints may include such categories as staff attitude, delayed discharge, simple injury requiring first aid only. It is important to make sure that complaints categorised as moderate do not have more serious implications, for example, was the attitude racially motivated? Why did the injury happen, is there a more significant safety issue etc? Usually requires an investigation and will involve individual or wider team learning.</td>
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<td></td>
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</tr>
<tr>
<td>Major</td>
<td>4</td>
<td>Complaints which may be categorised as major occur following potentially harmful events, services provided below reasonable expectations in several ways but not causing lasting problems. Failure to meet care needs, medication errors, serious staff attitude, serious harm requiring a higher level of treatment than first aid and disruption to services. Complaints in this category will need to be escalated to the Director of the service on receipt, and may also require a notification to the Safeguarding team. Will require in depth investigation and may involve SIRI or Human Resources investigation. Likely to result in cross divisional learning and service changes.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Catastrophic</td>
<td>5</td>
<td>Complaints classed as catastrophic involve major harm, death, serious breach in duty of care and significant issues regarding standards, quality of care, unplanned service closure, safeguarding, denial or rights with clear quality issues which will cause lasting problems. High risk of litigation and reputational damage. Will usually involve SIRI investigation, high level of organisational learning, may lead to significant service changes.</td>
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Appendix 2 - Root Cause Analysis

Root cause analysis is a process that aims to discover the root (primary) cause of the incident resulting in a complaint. The root cause(s) of complaints usually lie in the organisational and management systems and processes that support the delivery of care. The primary purpose of investigating complaints is to achieve greater patient satisfaction through identifying and addressing the root causes and to improve systems and processes (where this is indicated) to reduce the likelihood of the events leading to the complaint recurring. Investigations will focus on identifying the following;

- what happened (or nearly happened)
- where, when and to whom it happened
- persons involved
- the root cause(s) of the events (systems, policies, procedures, processes)
- any lessons which can be learnt which might prevent a reoccurrence or reduce the impact.

When a full root cause analysis has been or is already being undertaken via another procedure (e.g. SI), no additional root cause analysis will be required provided it is copied to the Complaints and Patient Experience Team. Any additional complaint issues not part of the SI investigation, should be investigated at the same time as the SI by the same investigator. The Complaints and Patient Experience Team will advise the complainant that their issues will be dealt with within an SI investigation. If, at the end of the SI investigation, the complainant is not satisfied with the investigation, or report, they are entitled to make a complaint.
Appendix 3 - Duty of Candour

Principles of openness, transparency and candour- Regulation 20

20.1 The Care Quality Commission introduced Regulation 20 in response to recommendation 181 of the Francis Inquiry Report into Mid Staffordshire NHS Foundation Trust\(^2\) which recommended a statutory duty of candour be introduced for health and care providers. Every NHS organisation and every member of staff working within these organisations, must be honest, open and truthful in all their dealings with patients, service users and the public. Organisational and personal interest must never be allowed to outweigh the duty to be honest, open and truthful. This policy and procedure supports the principles of Duty of Candour as laid down in the Trust’s Being Open Procedure (incorporating Duty of Candour) SH NCP 11.

20.2 Specifically in relation to complaints and concerns from patients, service users and others, under duty of candour, there are a number of principles which staff must work within. Complaints may be made about incidents where duty of candour applies. In such cases, a single investigation should incorporate issues raised as a complaint so that multiple investigations do not have to take place.

- **Acknowledgement**: Staff must communicate truthfully and openly, in a timely manner with patients, service users, families and carers when a patient or service user safety incident has occurred and where the Trust appears to have caused harm. Information about what happened should be provided as soon as practicable, but no later than 10 working days of the incident being reported. In the first meeting, the member(s) of staff should be clear that the facts may not have been established and more information will be provided as facts become known.

- **Apology**: Patients or service users, their families and carers should receive a sincere expression of sorrow or regret for the harm and/or distress that has resulted from a patient/service user safety incident. This should be in the form of an appropriately worded apology as early as possible. An apology is not an admission of liability.

- **Written notification**: The Trust must give or send the relevant person a written notification which confirms the above, together with the results of further enquiries. Any investigation reports must be shared with the patient, service user, family or carers within ten days of being signed off as complete.

- **Recognising patient, service user and carer expectations**: Patients/service users and their families and carers can reasonably expect to be fully informed of the issues surrounding the error and its consequences in a face to face meeting. They should be treated sympathetically, with respect and consideration, and information provided to them in a manner that is clear to them.

- **Professional Support**: Managers should ensure staff feel supported throughout the incident, complaint or claim investigation process as they too may have been traumatised by being involved.

Appendix 4 - My Expectations for raising concerns and complaints; a user led vision for raising concerns and complaints