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Harrogate and District NHS Foundation Trust

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Complaints Policy

Version	Date	Purpose of Issue/Description of Change	Review Date
12	April 2018	Update to complaints flow chart and process for social media feedback	April 2020
13	Jan 2019	Update to section 2.14 to reference PHSO new clinical standard	Jan 2021
14	Jan 2021	Deferred review date as process currently being reviewed	Feb 2022
15	Nov 2022	Full policy review to reflect revised process and new policy template. NB: This policy will be further reviewed once the national Complaint Standard Framework is launched.	Jan 2025
15.1	Apr 2025	No changes needed for a year	Jan 2026
Status		**Open/Restricted**	
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Document Type		**Policy**	
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Executive Lead		**Director of Nursing, Midwifery and AHP's**	
Policy Lead		**Head of Investigations and Legal**	
Author (if different from above)		**As above**	

Governance Group (that *will oversee effectiveness of implementation)*	**Making Experiences Count Forum**	
Approval Body	**Quality Governance Management Group**	**10th January 2023**
Review Date (Usually 3 years from approval date)	**January 2026**	

1. PURPOSE

The purpose of Harrogate & District NHS Foundation Trust (hereafter the Trust or HDFT) is to improve the health and wellbeing of our patients, children and communities.

The purpose of this policy is to ensure that complaints received by the Trust are resolved in line with the Trust's values and behaviours framework and to ensure that lessons learned from complaints are shared to promote good practice and shared learning.

This policy sets out how we handle complaints and the standards we follow. It adheres to the relevant requirements as given in the Local Authority, Social Services and National Health Service Complaint Regulations 2009 and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the 2009 and 2014 Regulations).

2. BACKGROUND/CONTEXT

This policy is relevant to any person who wishes to raise a concern or complaint on behalf of themselves or another patient.

The Trust supports the principles set out by the PHSO in the report My Expectations for Raising Concerns and Complaints.This document reflects the user led vision for how complainants would like their concerns and complaints handled.

The Trust promotes pro-active, on the spot resolution of concerns at a local level. Depending on the severity of the issue rapid escalation should be considered.

The Patient Experience Team (PET) provide a central point of contact for all feedback to the Trust and coordinate a response to the issues or concerns raised.

This policy should be read in conjunction with the Complaints and Concerns Handling procedure which sets out the detail of how complaints and concerns are managed.

There is an obligation under the Duty of Candour statutory requirement to follow a set process when a 'Notifiable Safety Incident' has occurred. Further detail on this process can be found in the Duty of Candour Policy.

Harrogate Integrated Facilities (HIF) is wholly owned subsidiary of HDFT. Any complaints received about HIF will be investigated in line with this policy.

Complaints received relating to patients receiving private healthcare will be received by PET and handled in line with this policy. Further details of the process for private patient complaints can be

found in Complaint and Concerns Handling procedure.

3. DEFINITIONS

Calidcott Guardian – the named senior individual in the Trust responsible for ensuring that patient's personal information is used legally, ethically and appropriately, and that confidentiality is maintained.

Complaint – an expression of dissatisfaction that requires a formal investigation and a response (may be shared via a meeting or in writing)

Complainant – the person who has raised the concern or complaint

Concern – an expression of dissatisfaction which requires a response and does not proceed to a formal complaint. These are resolved locally, usually either by telephone or informal written feedback via the PET

DATIX – the incident reporting and risk management system used to record and manage all complaints received.

Directorate – the Trust manages its clinical services through three clinical Directorates which are led by a triumvirate consisting of; Head of Nursing, Clinical Director and Operational Director

Duty of Candour –an open and transparent response which includes an honest reflection and detailed explanation of where failings have been identified or errors made in managing the care and treatment of a patient.

Lead Investigator – the person appointed within the Directorate to lead the investigation into the complaint. This person is appropriately trained and liaises with key staff both directly involved in the care provided and those responsible for the service.

Parliamentary and Health Service Ombudsman (PHSO) – an organisation independent of the NHS which makes final decisions on complaints that have not been resolved by the NHS in England and UK government departments and other public organisations. .

Patient Experience Team (PET) – the team who manage all feedback received into the Trust (including concerns and formal complaints) from initial point of contact to final approval by the Chief Executive or deputy

Quality Assurance (QA) – a QA process takes place to check that a prepared response meets the required quality standard prior to it being finalised and signed by the Chief Executive or deputy.

Quality Assurance Lead (QAL) – a named individual within each Directorate who has a key role in coordinating the complaints investigation and response within the Directorate, including assigning a Lead investigator.

4. POLICY EFFECT

4.1. Who can raise a complaint?

A complaint or concern can be raised by:

- A patient or their representative (including a healthcare professional or a solicitor)
- Any person affected or likely to be affected by the action, omission or decision of the Trust during care by a member of its staff
- A person acting on behalf of another person where that person:
    - Has died

- Is a child or minor
- Is unable by reason of physical or mental capacity to make the complaint themselves
- Has requested the representative to act on their behalf

A complaint can be made verbally or in writing by email or letter. If a complaint is made verbally then the PET will record the details of the issues raised and share this with the complainant to check the content. Only once the complainant has confirmed the content of the complaint will an investigation commence.

4.2. Timescales for contacting the Trust

The regulations state that a complaint must be made no later than 12 months after the date of the care complained about occurred, or the date of which the complainant became aware of an issue with the care provided. As a learning organisation the Trust adopts a flexible approach and will consider all complaints received to determine whether it is still possible to investigate the complaint outside of the 12 month period. In cases where a significant time period has elapsed this may not be possible due to destruction of records and turnover of staff who were involved in the care delivered.

4.3. Issues that cannot be dealt with as a complaint

In some instances the Trust is unable to investigate a complaint. These include (but are not limited to) to following circumstances:

- Complaints arising from the process for obtaining information under the Freedom of Information Act or Access to Health records
- The complaint has previously been investigated and responded to and local resolution has been confirmed to be complete
- The complaint has already been subject to a PHSO or LGO investigation
- If the complainant questions are currently being addressed as part of a Serious Incident Investigation a separate duplicate complaint investigation will not be undertaken
- The patient has not given consent for an investigation to take place
- Complaints that relate solely to other organisations
- If the matter is currently under investigation by the Police and they have instructed the Trust not to conduct any internal investigation
- From an employee in relation to their employment or staff complaints about other staff (this will be dealt with by Human Resources)

4.4. Consent - third party & multi-agency complaints

When a complaint is raised by someone acting on behalf of the patient the PET will ensure that signed consent is received from the patient to confirm they agree for the complainant to have access to their clinical information and receive the response. If a person holds a relevant Power of Attorney then a copy of this must be provided to PET to show that they are entitled to receive healthcare related information about the patient.

If consent is not provided the PET, in conjunction (when necessary) with the Caldicott Guardian, will determine what information if any can be shared with the complainant. The PET will also determine which of these cases will be internally investigated to identify any learning. All other cases will be closed pending further contact.

Members of Parliament (MPs) may raise a concern or complaint on behalf of the patient without written consent, when they have been contacted directly by the patient.

If a patient has died and a relative or friend wishes to complain about their care, it will be determined by PET, in conjunction (where necessary) with the Caldicott Guardian, whether the complainant is deemed to be the patient's personal representative.

If a complaint is about more than one organisation then a coordinated response will be prepared by the organisation who has the most involvement in the care complained about. The complainant must provide their signed consent for a multi-organisational complaint investigation. The PET will coordinate obtaining this consent and determining which organisation will lead the investigation.

4.5. Timescales for responding to a complaint

When a concern / complaint is raised with the PET they will explore the issues with the complainant to establish the potential severity, complexity and also the method for feeding back the findings. Those which are graded as 'concerns' fall outside the formal complaint regulations, however learning is captured on the DATIX system and shared within the Directorates.

The Trust strives to provide an initial response to all concerns within 5 working days. It is recognised that this is not always possible due to the need to coordinate complainant availability for discussion with key clinical and managerial staff.

All complaints are acknowledged within 3 working days and a formal written acknowledgement is sent from the Chief Executive or deputy. Complaints are graded according to the table below with the corresponding timescales.

Performance monitoring is undertaken on **standard complaints only** as it is recognised that the Trust cannot be responsible for timescales when there is a multiagency investigation, due to external organisations having different internal timeframes for investigation; and when the complainant requests a meeting for the findings to be fed back as this may take a period of time to coordinate a mutually convenient date for all parties. Standard complaints should receive a response within 25 working days in 95% of cases.

Type	Description	Level of investigation	Quality Assurance (QA)	Response
Concern	Simple issue that can be resolved by swift action	**PET / Directorate**	None	Within 5 working days for initial response
Standard Complaint*	Level of harm, low to moderate Issues regarding standards of care	**Directorate** **Consider if Duty of Candour necessary**	• Directorate QA • PET – Coordinator or Manager If potential moderate harm Directorate to consider if escalation required and discussion at Quality Summit / Review by Professional Lead	Up to 25 working days
Complaint requiring a meeting as resolution	Level of harm, low to moderate Issues regarding standards of care Complainant wishes for investigation findings to be shared at a meeting as opposed to a written response	**Directorate** **Consider if Duty of Candour necessary**	Investigation findings / summary reviewed by Directorate for QA and PET prior to meeting. Summary following meeting shared with all parties in usual way	Up to 25 working days for investigation – meeting to be arranged once investigation completed
Multiagency Complaint	Multiagency complaints	**Directorate** **Consider if Duty of Candour necessary**	• Directorate QA • PET – Coordinator or Manager If potential moderate harm Directorate to consider if escalation required and discussion at Quality Summit / Review by Professional Lead	60 working days as standard but once timeframe from 3rd party organization provided then this timeframe may be extended on Datix to account for this
Serious Incident	Level of harm, severe or death Meets criteria for SI	**Out-with Directorate** RCA	• QA by Directorate involved • SI Committee	Up to 60 working days (in line with SI Policy)

* These complaints are what the 95% response target is monitored against.

4.6. Unreasonable behaviour

Trust staff may have contact with a small number of complainants who require a disproportionate and unreasonable amount of NHS resources in dealing with their complaints. If PET or the Directorate have concerns that a complainant is acting unreasonably, a record of all contact with the complainant will be kept. This will support decision making and may be used to demonstrate the excessive nature of the contact.

Complainants should only be termed unreasonable as a last resort and after reasonable measures have been taken to try to resolve the complaint. For more information on the process to follow, please refer to the Unreasonable Behaviour Procedure.

4.7. Advocacy

The NHS Advocacy Service help individuals make a complaint and can also give advice to complainants during the process. The Trust makes complainants aware of this service through information on the website, our PET leaflets and through the formal acknowledgement letter from the Chief Executive or deputy.

When complaints are received via an Advocacy service a response will be sent to them directly with a copy to the patient unless requested otherwise.

4.8. Confidentiality & retention of complaint files

All recorded information will be treated as confidential and in accordance with current data protection regulations, the Caldicott Guardian Principles and the Access to Health Records Act 1990.

Medical records are reviewed to support investigations, however no information is stored in medical records in relation to complaint investigations.

Complaint records and associated documentation will be kept for 10 years.

4.9. Unresolved complaints and PHSO / LGO

If a complainant is unhappy with the response they have received to their complaint they can contact PET to request that the investigation is reopened. In order for a complaint to be reopened the complainant must provide clear details of gaps in the investigation or details or incorrect information / conclusions. PET will review the outstanding queries in conjunction with the Directorate to determine whether further investigation or a meeting may be able to resolve the outstanding concerns.

If local resolution is deemed to be complete then the complainant has the right to request a review of their complaint by the Parliamentary and Health Service Ombudsman (PHSO) or Local Government Ombudsman (LGO) for public health complaints. These bodies have strict criteria which must be met before they will consider investigating a complaint. More information can be found on their websites (PHSO & LGO).

The Trust will provide copies of the complaint file and medical records as requested by the PHSO / LGO to assist their investigation.

4.10. Staff support

All staff who are involved in a complaint or concern will be supported by the PET, the QAL in their Directorate and their manager as appropriate. Signposting is also available to other support such as Occupational Health, the employee assistance programme, Unions, Hospital Chaplains and external

charitable organisations.

Staff are required to participate in any investigation by explaining their recollection of events either verbally or in writing. The purpose of the investigation is to understand what may have gone wrong, to determine what happened in relation to what should have happened, identify any learning and /or action required and provide a full explanation to the complainant.

If any other processes are running concurrently or following a complaint investigation, such as a Coroner's inquest or Claim for Clinical Negligence, support and advice will be provided to individual staff by the Quality Team.

4.11. Serious Incidents & Safeguarding

Some patient feedback may meet the threshold to be deemed a Serious Incident (SI). The PET will refer such cases to the Quality Team for consideration and further discussion. For more details please refer to the Serious Incidents policy. If a SI is declared then the complaint investigation will be superseded by the SI investigation and the complainant will be kept fully informed and involved throughout.

If the concern or complaint includes a safeguarding concern, this will be shared with the Trust's safeguarding team and managed in line with their recommendation.

5. ROLES AND RESPONSIBILITIES

Responsibility of the Chief Executive

The Chief Executive has overall responsibility for complaints within the Trust and ensuring that they are dealt with effectively. The Chief Executive or deputy signs all final responses to complaints.

Responsibility of the Director of Nursing, Midwifery and AHPs

The Director of Nursing, Midwifery and AHPs is the executive lead for Patient Experience and as such they will have particular responsibility for ensuring efficient, effective and timely responses to complaints and patient feedback to promote an open and just learning culture.

Responsibility of the Making Experience Count Forum

Reporting to the Quality Governance Management Group (QGMG) and in turn the Board, the group provides assurance that the Trust systems for monitoring patient experience, including complaints, are working satisfactorily.

Responsibility of the Quality Summit

The Quality Summit is responsible for escalating serious complaints or concerns to the Executive Director Team. On a wider level key learning is identified at the Quality Summit (this includes learning from complaints) and consideration given as to how this can be disseminated as appropriate within the Trust.

Responsibility of the Patient Experience Team

The Patient Experience Team are responsible for receiving patient feedback and handling in accordance with this policy, including timeframes for acknowledgment. Themes and trends from complaints across the Trust will be highlighted in the Quality report to enable learning to be identified.

Responsibility of Directorates

Directorates are responsible for the following, by appointing specific staff to undertake specific roles as needed:

- Ensuring Lead Investigators are appointed to undertake complaint investigations in accordance with the process, including maintaining accurate records of all information gathered as part of the process
- Undertaking appropriate Quality Assurance of each complaint investigation and response before it is submitted for final sign off
- Ensuring there is a robust system within the Directorate for receiving and responding to feedback, including how themes and trends are shared and learning is identified and shared
- Ensuring complaint investigations and the resulting response is completed within the timeframe set out in this policy
- Providing regular updates to the Patient Experience Team on status of their complaints

Responsibility of the Governors

Governors are a key focal point for members of the public. The Governors will advise the public to contact the Patient Experience Team if they have any issues that they wish to raise about either the care they have experienced or that of a friend or a relative. The Governors are responsible for ensuring that the public are aware of this route in to give feedback and advising the public that it is not appropriate for the Governors to pass on specific patient concerns / complaints as these should wherever possible be made direct to the Patient Experience Team or other front-line members of Trust staff.

6. EQUALITY ANALYSIS

This Policy has undergone stage 1 EIA and does not require a full stage 2 EIA

7. CONSULTATION, REVIEW AND COMMUNICATION

As part of the review and development of this policy, the following groups were consulted:

- Making Experiences Count Forum
- Senior Management Team
- Directorate Triumvirates
- Quality Assurance Leads
- Harrogate Integrated Facilities

In addition to sharing this policy with the above groups, staff will be made aware of its existence by dissemination throughout the Directorates via their Governance groups and to lead investigators. It will be published on the Trust Intranet page.

8. STANDARDS/KEY PERFORMANCE INDICATORS

The following methods will review performance:

- Monthly review of complaints response timeframe for standard complaints
- Quarterly review of

    - Numbers and response timeframe for multiagency complaints , complaints requiring a meeting
    - Number of complaints referred to the PHSO/ LGO; number of those investigated upheld
    - Response rate of concerns
    - Complaints acknowledgment performance
- Annual review on number of complaints and themes / trends

9. MONITORING COMPLIANCE AND EFFECTIVENESS

Policy element to be monitored	Standards and Performance indicators	Process for monitoring	Individual or group responsible for monitoring	Frequency or monitoring	Responsible individual or group for development of action plan	Responsible group for review of assurance reports and oversight of action plan
Complaint response times	Standard complaints , 95% within 25 working days	Integrated Board Report and Quality report	Patient Experience Manager / Directorate Triumvirates	Monthly	Patient Experience Manager/ Directorate Triumvirates	Making Experience Count Forum
	Multiagency complaints and those requiring and meeting	Quality Report	Patient Experience Manager/ Directorate Triumvirates	Quarterly	Patient Experience Manager/ Directorate Triumvirates	Making Experience Count Forum
Complaints referred to PHSO / LGO	Number of complaints referred and % upheld – standard is zero upheld	Quality Report	Patient Experience Manager	Quarterly	Patient Experience Manager/ Directorate Triumvirates	Making Experience Count Forum
Concerns response times	Initial response to concern 80% within 5 working days	Quality Report	Patient Experience Manager	Quarterly	Patient Experience Manager/ Directorate Triumvirates	Making Experience Count Forum
Acknowledgement times for complaints	100% acknowledged within 3 working days	Quality Report	Patient Experience Manager	Quarterly	Patient Experience Manager	Making Experience Count Forum
Themes and trends from complaints		Quality Report	Patient Experience Manager	Annually	Patient Experience Manager	Making Experience Count Forum

10. REFERENCES/ASSOCIATED

DOCUMENTATION

1. Complaints Regulations 2009
2. NHS Bodies and Local Authorities Regulations 2012
3. PHSO My Expectations for Raising Concerns and Complaints
4. PHSO principles of good complaint handling
5. Duty of Candour Policy
6. Serious Incidents Policy

Annex 1: Consultation Summary

Those listed opposite have been consulted and any comments/ actions incorporated as appropriate. The author must ensure that relevant individuals/groups have been involved in consultation as required prior to this document being submitted for approval.	**List Groups and/or Individuals Consulted**
	Making Experiences Count Forum
	Senior Management Team
	Directorate Triumvirates
	Quality Assurance Leads
	Harrogate Integrated Facilities Governance Team
Executive Lead	Director of Nursing, Midwifery and AHP's
Governance Group (that *will oversee effectiveness of implementation)*	**Making Experiences Count Forum**

Approval Signatures

Step Description	Approver	Date