Compliments, PALS and Complaints Policy

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Services	Applicable
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Mental Health and LD	
Community Health Services	

Version Control Summary

Version	Date	Author	Status	Comment
1.0	07/12/00		Draft	
2.0	23/01/01		Final	
3.0	10/11/03		Revised draft	Updated in accordance with Risk Pooling Scheme for Trusts requirements and national guidance on investigating complaints.
4.0	15/11/04		Revised	Updated in accordance with reform of the NHS Complaints Procedure 2004
5.0	01/09/08		Revised	Updated to reflect NHSLA standards for complaints management process 2008
6.0	21/09/11	Claire McElwee – Complaints Manager	Revised	Updated in accordance with the Local Authority Social Services and NHS Complaints (England) Regulations 2009.
7.0	09/03/16	Claire McElwee – Complaints Manager	Revised - Final	Updated to reflect current practice, including the move of the Complaints to the Assurance Department.
8.0	16/03/18	Duncan Hall - Incidents and Complaints Manager	Revised	Updated to reflect current practice, changes to roles and responsibilities and recommendations made following Internal Audit Review
9.0		Charlotte Walton - Deputy Incidents and Complaints Manager	Revised	Updated to reflect new complaints handling process and changes to roles and responsibilities.
9.1	01/11/23		Extended	Fundamental changes to the policy are underway via a QI project. Extension approved by Quality Committee
9.2	01/02/24		Extended	A review of the existing policy is currently being undertaken by the Complaints Team, a request is made to extend this policy for three months. The policy will be updated to include the outcomes from the Complaints QI Project
9.2	01/06/24		Extended	Extended for three months to allow for findings of QI project to be used in review
9.3	01/09/24		Extended	Extended for six months to allow for complete review
9.4	01/03/25	Michael Toft, Head of Complaints and PALS	Extended	Extended for five months
10.0	20/08/25	Michael Toft, Head of Complaints and PALS	Final	Policy fully revised. New content includes learning from complaints, supporting complainants, and fair treatment of staff involved.

Executive summary

The Compliments, PALS and Complaints Policy outlines East London NHS Foundation Trust's (the Trust) commitment to fostering a just and learning culture through effective feedback management. This policy provides a structured framework for handling compliments, informal concerns, and formal complaints, ensuring that all feedback is valued and used to drive continuous improvement across the Trust.

Purpose of the Policy

The policy aims to:

- Ensure that all compliments and complaints are managed fairly, transparently, and within appropriate timeframes.
- Empower service users, carers, and families by providing clear and accessible routes for raising feedback.
- Align the Trust's processes with national standards, including the NHS Complaints Standards Framework and relevant legislation.

Main Objectives

- Promote a complainant-led approach that prioritises fairness, respect, and inclusivity.
- Establish clear roles and responsibilities for staff at all levels in managing feedback.
- Support early resolution of complaints through the Patient Advice and Liaison Service (PALS).
- Ensure formal complaints are investigated thoroughly, with a focus on learning rather than blame.
- Facilitate continuous service improvement through structured learning and action planning.

Implementation

- The policy is Trust-wide and applies to all services.
- It is led by the Chief Nurse and supported by the Complaints and PALS Team.
- The policy will be available on the Trust's intranet and its website.
- Complaints are categorised by severity and managed through a two-stage process, with escalation to the Parliamentary and Health Service Ombudsman (PHSO) if necessary.

- Staff are trained in complaint handling and supported throughout the process.
- Action plans are developed where necessary to address systemic issues and improve care delivery.

Benefits of the Policy

- Enhances service user experience by ensuring concerns are heard and addressed.
- Strengthens governance and accountability through transparent complaint handling.
- Promotes a culture of openness and learning, aligned with Duty of Candour principles and Just Culture principles.
- Recognises and celebrates staff achievements through the compliments process.
- Supports safer, more responsive, and inclusive care across the Trust.

Contents

1. Introduction

East London NHS Foundation Trust (the Trust) is committed to fostering a just and learning culture, where feedback is recognised as a vital tool for continuous improvement. We value the insights shared by our service users—those who have received or are receiving care from the Trust—as well as their relatives and carers.

The Trust's three core values guide how we welcome and respond to feedback from our community:

We Care: The experiences of our service users, their relatives, and carers are of vital importance to the Trust. Feedback received through compliments, PALS, and the complaints process offers a real-time reflection of how our services are performing. It helps us understand what we are doing well and where we can improve.

We Respect: We value the views of our service users, their families, carers, and staff. Their feedback provides essential, first-hand insight into the Trust's performance. All feedback is welcomed and received positively.

We Are Inclusive: The Trust is proud to be part of a diverse community where inclusion is celebrated and seen as a strength. Our compliments, PALS, and complaints process is open to everyone, ensuring that no member of our community is disadvantaged.

Section A: General information about the Trust's compliments, PALS and complaints process.

2. The Trust's commitment to managing concerns and learning from complaints

The complaints process is led by the complainant and is guided by principles of fairness, transparency, and respect. No one will be treated less favourably or face disadvantage for raising concerns, regardless of age, disability, race, gender identity, sexuality, religion, or background.

Complaints are seen as opportunities for learning and service improvement. Insights gained are shared across the Trust to support better care, risk management, and governance. The

Trust complies with the Local Authority Social Services and NHS Complaints (England) Regulations 2009 and promotes early, local resolution wherever possible.

This policy ensures that the compliments, PALS and complaints process is complainant-led and collaborative with Trust staff. It sets out a clear framework for handling concerns, the responsibilities of staff, and processes for escalation. The policy aligns with NHS England's Complaints Standards Framework and prioritises learning from complaints to improve services.

The focus is on accessibility, fairness, and ensuring that all concerns are addressed efficiently and thoroughly, contributing to ongoing service improvements. The policy includes details of the various stages of the complaints process including local resolution and the process for escalation to independent review by the Parliamentary and Health Service Ombudsman.

The contents of this policy are divided into the following sections:

a) General information about the Trust's compliments, PALS and complaints process.
b) How to make and share compliments about staff and the Trust.
c) The Trust's Patient Advice and Liaison Service (PALS)
d) The Trust's complaints process.
e) Learning from feedback and complaints.

3. Definitions

What is a compliment?

A compliment refers to positive feedback given by service users, their relatives, carers, or members of the public to acknowledge and appreciate good service, care, or conduct by staff or the Trust.

It typically highlights:

- Exceptional care or support received.
- Professionalism, kindness, or dedication shown by staff.
- Positive experiences with services or facilities.

Compliments are an important part of feedback because they help:

- Recognise and celebrate good practice.

- Boost staff morale.
- Identify what is working well within the Trust.

What is PALS?

The Patient Advice and Liaison Service (PALS) is here to support and offer confidential advice, information, and support to service users, their families, and carers. Whether you have a question, concern, or suggestion about your care, or the services provided by the Trust, PALS is here to help.

We can:

- Listen to your concerns and help resolve them quickly and informally
- Provide information about Trust services and processes
- Support you in making a formal complaint if needed
- Pass on your feedback to the right teams to help improve services

PALS is a friendly and approachable service, committed to making sure your voice is heard.

What is a complaint?

An NHS complaint is an expression of dissatisfaction—spoken or written—about any aspect of the Trust's care or services that requires a response.

This could relate to:

- The quality of care received.
- A decision, action, or omission by Trust staff.
- The standard of service provided.

No issue is too small to be raised as a complaint, and every concern matters. Complaints help the Trust learn, improve, and ensure that services meet the needs of service users, carers, and families.

4. Purpose

This policy provides a structured framework for managing complaints in accordance with:

- The Local Authority Social Services and NHS Complaints (England) Regulations 2009.
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- NHS England Complaints Standards Framework.

- Parliamentary and Health Service Ombudsman (PHSO) Principles of Good Complaint Handling.

The policy ensures that all concerns and PALS enquiries are managed fairly, openly, and within an appropriate timeframe. It also aims to empower service users by providing clear routes for raising concerns and seeking resolution.

5. Scope

This policy applies to all complaints and concerns raised regarding Trust services. It includes complaints made by service users, former service users, families, carers, and representatives / advocates. The policy also covers:

- Third-party complaints where appropriate consent is obtained.
- Complaints related to service-user safety, ensuring they are investigated even if consent is not available.
- Inter-agency complaints involving external NHS and social care providers.

It does not cover complaints related to employment disputes, legal claims, or matters under investigation by external regulatory bodies.

6. Principles of Complaints Handling

The Trust is committed to handling complaints effectively, adhering to key principles:

- **Complainant-led approach**: The complaints process should focus on the concerns and desired outcomes of the complainant.
- **Fairness and transparency**: Investigations must be impartial, thorough, and clearly documented.
- **Confidentiality**: All personal data must be managed in line with GDPR and Data Protection laws.
- **Duty of Candour**: The Trust acknowledges mistakes, provides explanations, and ensures corrective actions are taken to prevent recurrence.
- **Timely response**: Complaints must be addressed efficiently within the defined timeframes.

7. Roles and Responsibilities

Each level of the Trust has a role in ensuring effective complaints handling:

- **Trust Board**: Oversees governance, ensuring learning from complaints contributes to service improvement.
- **Chief Executive**: Holds overall responsibility and signs formal responses to stage 2 complaints.
- **Chief Nurse**: Leads on complaints strategy, ensuring effective implementation and oversight.
- **Service Directors**: Oversee complaint management within their areas and ensure timely resolutions.
- **Complaints and PALS Team**: Manages the complaints process, provides guidance, and monitors trends.
- **Staff Members**: Expected to engage professionally with complaints and assist in resolution.

Section B: How to make and share compliments about staff and the Trust.

8. Compliments

8.1 The Trust values your positive feedback about its staff and services. We are keen hear from service users, families and carers if they have received exceptional care or service from a Trust staff member. Feedback and compliments are important. They help us understand what we are doing well and recognise the hard work of our teams. We encourage everyone to share their positive experiences with us, so we can celebrate our staff's achievements and learn from them.

8.2 Compliments can be received through various channels, including verbal feedback, written notes, online forms, or through our PALS. All compliments should be shared with PALS for them to be recorded and acknowledged, ensuring that the staff member receives appropriate recognition.

8.3 Each compliment will be shared with the relevant team and line manager. They may also be shared through team meetings, newsletters, or other communication channels to celebrate excellent service. A copy of the compliment may be kept on the staff member's personnel file to be referred to during appraisals, and staff who receive consistent positive feedback may be nominated for awards or recognition schemes.

8.4 Managers may use compliments as a tool for performance management and development, providing positive reinforcement and identifying areas of excellence. Managers are encouraged to acknowledge compliments in team meetings and provide individual feedback to staff.

Section C: The Trust's Patient Advice and Liaison Service (PALS)

9. Informal concern resolution (Patient Advice and Liaison Service - PALS)

9.1 PALS aims to prevent escalation by addressing issues at the earliest opportunity. Service-users, service users, and families may raise concerns they wish to resolve informally. In line with the NHS Complaints Regulations, any issue raised orally and resolved to the complainant's satisfaction does not require formal complaint handling.

9.2 Staff are encouraged and empowered to resolve concerns promptly and directly at first contact. In situations where front line staff are unsure about the seriousness of the concern or whether it should be managed formally, advice should always be sought from the Complaints and PALS team. In all cases, staff should:

- Take time to listen to and acknowledge the concern, and its impact on the service user.
- Clarify the concern and the desired outcome.
- Explain the options for informal and formal complaint processes.
- Escalate issues involving service-user safety or serious concerns to senior staff.

9.3 PALS aims to resolve enquiries within five working days. If this is not achievable or if the individual raising the concern so requests, the issue may be escalated to the formal complaints process. Those who have a concern about the Trust are not compelled to use the PALS process.

Section D: The Trust's complaints process.

10. Who can complain to the Trust?

10.1 Complainants can be current or former service users, individuals referred to the Trust, or any person who is affected by or likely to be affected by the action, omission, or decision of the Trust.

10.2 Other people may complain on behalf of an existing or former service user such as carers and relatives. Their suitability to function as a representative will depend on a service user's explicit knowledge and written consent that a specific person may act on their behalf in relation to the complaint.

10.3 All complaints from third parties where the service-user does not provide consent will be carefully considered and a decision taken about whether an investigation can proceed without the service-user's consent. In responding, care will be taken not to disclose personal health information without the express consent of the service user and the response would be limited to general information due to the lack of consent. All complaints relating to service-user safety and/or quality of care issues will be investigated irrespective of consent.

10.4 Where an existing or former service user has died, or where an existing or former service user lacks the capacity to consent, any person may complain on their behalf. Confidential clinical information relating to deceased service-users falls under the Access to Health Records Act 1990. Careful consideration must be given about whether the complainant is a suitable representative under this legislation, and the Trust has the right not to accept a person as a suitable representative. Please see section 9.1 for what constitutes acceptable forms of consent.

10.5 If it is decided that the complainant is not a suitable representative of a service user who is unable to give consent, or who has died, the Trust will inform them in writing, explaining why the Trust has reached this decision.

11. Consent

11.1 Where a complaint is raised by a third party, the Complaints and PALS team will seek consent from the service-user for the complaint to be investigated under the complaints process, and for confidential clinical information to be disclosed. This section will not apply where the service-user lacks capacity or if the service-user is a child or has died which are dealt with under separate headings within this policy.

12. Capacity

12.1 Where a service-user lacks capacity to decide about whether their personal information is disclosed to another party, the Trust will assess whether the complainant is an appropriate representative who holds Power of Attorney for Health and / or is the identified Next of Kin. Additionally, where appropriate, in cases where a service-user's capacity is uncertain, a clinician's view on capacity will be sought before any personal information is disclosed. In these circumstances a complaint may be put on hold if it is in the service-user's best clinical interests.

13. Complaints about harm to a person under 18 years of age and /or to a vulnerable adult

13.1 If the Trust receives a complaint about a member of staff allegedly causing harm to a person under the age of 18 years, it will be investigated under a separate procedure, 'Management of Child Abuse Allegations Made against Employees of the Trust'. Following the completion of this investigation, a response will be provided under the complaint's procedure.

13.2 If the Trust receives any complaints about a member of staff allegedly causing harm to a vulnerable adult, the Trust will consider whether they should be dealt with under a separate policy – 'Management of Safeguarding Vulnerable Adult Allegations Made against Employees of East London Foundation Trust' and a response will be provided under the complaints procedure.

14. Complaints received about a child's care

14.1 Where a representative makes a complaint on behalf of a child, the Trust will consider whether it is satisfied that it is reasonable for the complaint to be made by the

representative instead of the child. If the Trust is not satisfied, it will notify the representative in writing, providing reasons for its decision.

15. Complaints received about a deceased person's care

15.1 When managing complaints regarding the care of a deceased service user, consideration must be given to what information can be disclosed to the complainant. In such circumstances staff should be guided by principals of the Access to Health Records Act 1990 (deceased service-users only) where applications for records or personal information can only be granted to legal representatives of the estate or to someone having a claim arising out of the death.

16. Patient Safety Incident Investigation Framework (PSIRF)

16.1 When concerns are shared with the Complaints and PALS team and it is decided that some or all the concerns may be investigated as a Patient safety incident investigation (PSII) under the Trust's PSIRF policy, the complainant will be advised of the PSII and invited to contribute to that process as appropriate. The complaints process will be paused while the PSII is conducted.

17. Confidentiality and protecting those who raise concerns about the Trust

17.1 When managing with complaints, employees of the Trust should observe the legal obligation not to release information relating to the service-user to a third party without appropriate consent.

17.2 The Trust is committed to ensuring that service-users, their relatives, and their carers are not treated differently because of making a complaint. All records relating to the complaint and its investigation are held separately from the service-user's clinical records. Information about the complaint should only be disclosed between members of staff on a need-to-know basis and where it has a direct bearing on the service-user's clinical care.

18. Complaints about more than one organisation

18.1 When the Trust receives a complaint which relates to more than one organisation, including a local authority, the Complaints and PALS team will contact the complainant to establish whether they require a single or joint response. The complainant's agreement to share the complaint with the other organisation(s) must be obtained.

18.2 The complaint will then follow the usual Trust complaints process, and the Complaints and PALS team will work with the complaints departments of the other organisation(s) to ensure co-ordinated handling and to provide the complainant with a single response which covers all aspects of the complaint. This might not apply to integrated services.

19. Conflicts of interests

19.1 A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role, is or could be impaired or otherwise influenced by their involvement in another role or relationship. The individual does not need to exploit their position or obtain an actual benefit, financial or otherwise, for a conflict of interest to occur.

19.2 Any member of staff directly involved with a complaint investigation should declare to the Complaints and PALS team if there is a conflict of interest as soon as they become aware, in line with the Trust's 'Standards of Business Conduct Policy.'

- Take time to listen to and acknowledge the concern, and its impact on the service user.
- Clarify the concern and the desired outcome.
- Explain the options for informal and formal complaint processes.
- Escalate issues involving service-user safety or serious concerns to senior staff.

20. Formal complaints

20.1 If a concern cannot be resolved informally, or if the complainant requests a formal investigation, it will be managed under the formal complaints process. Formal complaints can be submitted verbally, in writing, or electronically. Staff must ensure the complainant is fully informed of their options to support a clear and informed decision on how they wish their concern to be managed.

20.2 Acknowledgment will be provided within five working days by the Complaints and PALS team. Complaints are categorised based on severity (low, medium, high), ensuring an appropriate level of investigation. A formal response should be provided within 25 to 60 working days, with extensions granted for complex cases.

21. Time limit for raising concerns

21.1 Under the NHS Complaint Regulations, complaints must be made within twelve months of the event complained about or twelve months of the complainant becoming aware of the issues. The Trust has the power to exercise its discretion to investigate complaints outside of this time frame. In such cases, a desktop review will be undertaken to establish whether a viable investigation may be undertaken.

22.2 The following criteria may be considered when deciding whether to waive the time limit:

- When the incident first took place and/or first became apparent.
- Has the complainant had a reasonable opportunity to complain sooner.
- The seriousness of the concern(s).
- How likely are we going to be able to achieve a reasonable resolution.
- Are the clinical records likely to be available.
- Are the clinicians involved in decision-making likely to be available to recall events around the incident.

23. Stage 1 of the complaints process

23.1 Stage 1 of the process is also known as the Local Resolution stage. It is designed to resolve complaints as quickly, fairly, and effectively as possible at the point of service delivery.

23.2 On receipt of a formal complaint, the Complaint and PALS team will acknowledge the concern within three working days and confirm whether it falls under the Trust's complaint handling remit. Complaints will be graded according to seriousness (high, medium, and low – please see the complexity matrix on page 23) and this will advise how many days are needed to fully respond to the issue(s) raised.

24. Time limits for responding to complaints

24.1 The NHS Complaint Regulations say that a complaint must be responded to within six months. The Trust aims to respond to those that are considered straightforward in 25

working days. In circumstances where concerns are complex, involve other agencies and/or where those involved with the episode of complaint are unavailable, the investigation will take longer, up to 45 days or 60 days.

24.2 Where extensions are required to the time limit, or if the complaint needs to be put on hold, the complainant should be consulted and their agreement sought. Delays to a complaint should be the exception and there must be valid reasons. For example, obtaining information from multiple sources.

25. Allocation of complaint

25.1 The concern will be shared by the Complaints and PALS team with the service whose care has been complained about. The service will ask a staff member to act as the Investigating Officer and to look at the issues raised. Once allocated, the Complaints and PALS team will send the investigating officer a process pack consisting of:

- Complaint proforma, including the proposed terms of reference for the complaint investigation and key lines of enquiry.
- Model letter templates for stage 1 and stage 2 written responses to the complainant.
- Style guide to enhance the quality of the written responses.

25.2 Where extensions are required to the time limit, or if the complaint needs to be put on hold, the complainant should be consulted and their agreement sought. Delays to a complaint should be the exception and there must be valid reasons. For example, obtaining information from multiple sources. Investigating Officers going on annual leave is not a valid reason.

26. Terms of reference and key lines of enquiry

26.1 The Complaints and PALS team will establish the terms of reference and key lines of enquiry for the concern, and the Investigating Officer may confirm these with the complainant. As part of their investigation, the Investigating Officer may: contact the complainant to meet in person, by telephone or via teams; prepare an investigation plan to ensure all relevant information is obtained; and meet with those staff who played a significant role in the episode complained about to share their recollections.

27. Writing the complaint response

27.1 Once all information relevant to the concern has been obtained, the Investigating Officer will prepare a draft response and, once it has passed through any local service review process, it must be sent to the Complaints and PALS team for quality assurance before it is sent to the complainant and/or their relatives, carer, advocate.

27.2 The complaint response may compare what happened in an incident complained about with what should have happened and identify if any gap between the two adversely impacted the complainants care and experience.

27.3 User friendly English should be used, with clinical and technical terms explained. Translation into the complainants preferred language may be accommodated where possible – please do not wait to be asked as this service can be offered where thought helpful.

27.4 All complaint responses should avoid apportioning blame to individual staff members, and instead consider the systems, processes and cultural factors which may have given rise to the incident complained about. This is in line with 'just culture' principles and the expected standards of system-focused investigations, where complaints are viewed as opportunities for learning rather than individual blame, and staff feel encouraged to actively contribute to a complaint investigation without fear of censure.

28. Stage 2 of the complaint process

28.1 If the complainant remains dissatisfied, they can request a review of the response, and this is stage 2 of the complaint process. The complaint will be passed to the service who provided the stage 1 response, and it will be asked to arrange an independent review of the concerns by a service with no prior involvement in the complainant's care. The timescales remain the same: 25 days for non-complex cases; and 45 to 60 days for complex concerns.

28.2 The stage 2 Investigating Officer will follow the same process as at stage 1 and prepare a draft response which should be sent to the Complaints and PALS team for quality assurance before it is passed to the Chief Executive to review and sign-off.

29. Referral to the Parliamentary and Health Service Ombudsman (PHSO)

29.1 The stage 2 response letter advises the complainant that if they remain dissatisfied with the Trust's response, the next and final stage of the NHS complaints process is the PHSO – an organisation independent of the NHS which has its own criteria on which complaints it investigates. The onus is on the complainant to refer their concerns to the PHSO, and the Complaints and PALS team will manage PHSO requests for information arising out of any referral.

29.2 Any recommendation for financial remedy made by the PHSO must be shared with the Trust's Legal Services team.

29.3 The PHSO can be contacted at:

Citygate
Mosley Street
Manchester
M2 3HQ
Telephone: 0345 015 4033
Website: https://www.ombudsman.org.uk/making-complaint

30. Complaints received from Members of Parliament (MPs)

30.1 When an MP refers a concern to the Trust via the Complaints and PALS team or direct to the Chief Executive, it will be shared with the local service to prepare a response. The draft will be quality assured by the Complaints and PALS team and the response will be reviewed and signed off by the Chief Executive.

30.2 When an MP sends a complaint directly to a service, it may address the concern directly without the involvement of the Chief Executive.

31. Complaints with safeguarding concerns

31.1 When the Complaints and PALS team receive a complaint which may involve a safeguarding concern, it will share the complaint with the local service and copy in the Trust's safeguarding team to ensure it is managed by the appropriate team. The

Safeguarding team will respond to those safeguarding concerns outside of the complaints process.

32. Requests for financial compensation and notices of possible legal action

32.1 Requests for financial compensation and/or notices of possible legal action must be referred to the Trust's Legal Services team at the earliest opportunity and should not be responded to without first seeking advice from the Legal Services team.

32.2 In the case of PHSO investigations, if compensation is recommended then this should be forwarded to the Legal Services team to see if they agree the award.

Section E: Learning from feedback and complaints.

33. Learning from complaints

33.1 Organisations that actively learn from complaints foster a culture of continuous improvement, rather than viewing complaints as a hindrance and distraction. Effective complaint handling is an important driver for service improvement.

33.2 The Trust welcomes complaints as an opportunity to learn and improve its services. It is recognised that:

- Appropriate governance structures need to be in place so that senior staff regularly review information that arises from complaints and are held accountable for using the learning to improve services;
- There are clear processes in place to show how the Trust does this, and this information is included in their annual report; and
- The Trust is required act appropriately to capture feedback about the complaints process from those who make complaints and from the staff directly involved. ("Capturing and reporting on learning from complaints")

34. Action plans – criteria to decide if an action plan is required

34.1 When determining whether an action plan is required following the resolution of a complaint, the Complaints and PALS team, in conjunction with the service concerned, may use the following criteria:

- Incident complained about highlighted gaps in service provision which may adversely affect service-user experience.
- Recurrent issue or theme.
- Incident caused physical and/or psychological harm and/or moral injury.
- Breach of statutory or mandatory requirement.
- Complaint assessed as High-risk rating.
- Complainant / service-user request change to service provision.

35. What an action plan may include

35.1 If an action plan is considered necessary, it is the services responsibility to ensure it includes:

- The specific actions taken or plan to take to remedy the failings (and any impact identified) to stop them happening again.
- Timescales for completion.
- The name of the person or team responsible for completing each action when the actions will begin, and when they will be completed.
- How the person(s) who has made the complaint will be involved
- How and when progress will be reviewed against the plan.

35.2 The action plan should adhere to ‘just culture’ principles and not seek to focus on individual staff or staff groupings. Instead, it should on addressing on the systemic and cultural factors may have caused the incident complained about to have happened.

35.3 All completed action plans must be attached to the relevant complaint record within InPhase, and the monitoring of action plan progression should be recorded against the relevant stages to ensure timely completion and implementation. Summaries of improvements and learning outcomes should be recorded to support reporting and

assurance processes. Once the action plan has been completed, it may be shared with the complainant.

36. Supporting, managing, and resolving complex complaints

36.1 The Trust aims to manage all complaints respectfully and thoroughly. However, a small number of complaints may be complex and require particular support and management to help ensure effective resolution.

36.2 There is a separate Trust 'Supporting, managing, and resolving complex complaints' policy which covers this area.

37. Being open and the Duty of Candour

37.1 Open effective communication with service users, their relatives and carers are central to the process of complaint handling and addressing negative experiences of the care and service provided. It is important that the Trust acknowledges where mistakes have been made and apologises. The Trust must also explain what happened in terms of care and service delivery problems, any remedial response and longer-term action required to minimise the likelihood of recurrence.

37.2 In cases where moderate and above harm has been or is suspected to have been caused, the Trust will undertake its responsibilities under Duty of Candour in accordance with the applied statutory framework.

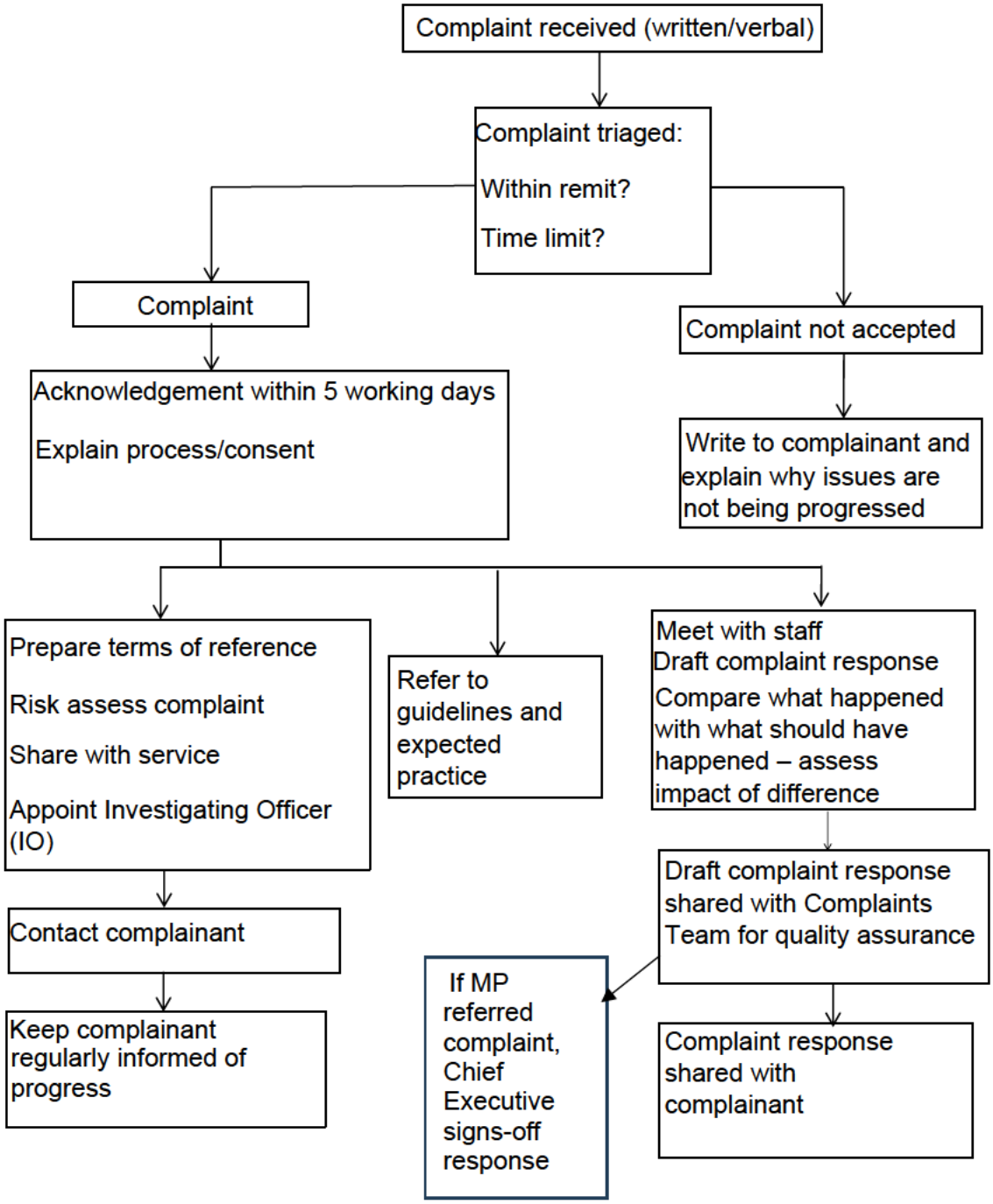
38. Support for those making the complaint and for those involved in an episode complained about

38.1 The support needs of the complainant should be established at the start for the complaint process to be as accessible as possible. This should take into the potential need for involvement of PALS, advocacy, and interpreting and translation services. Details of advocacy services are provided to every complainant when acknowledging their complaint.

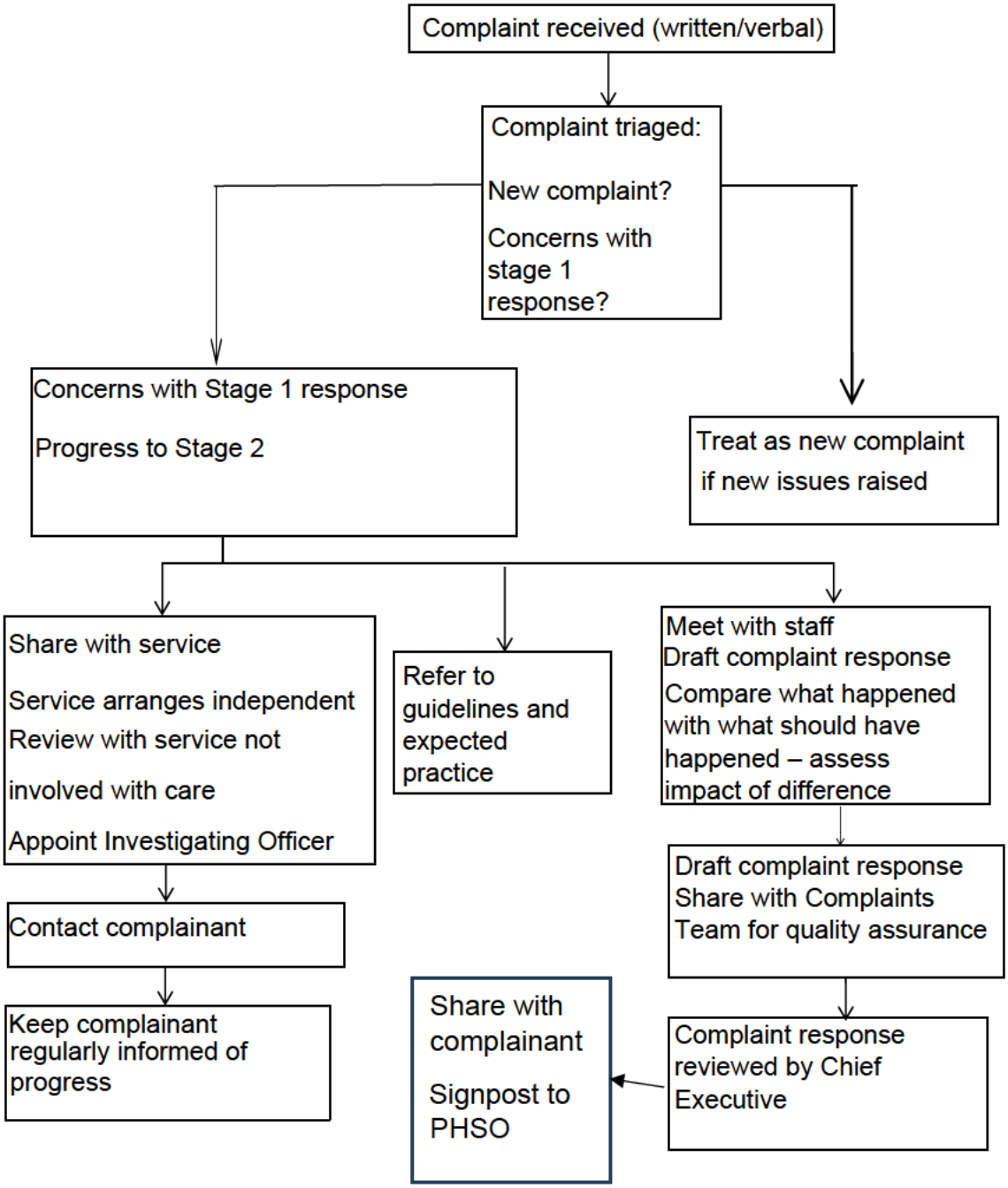
38.2 It is important that staff who are subject to a complaint's investigation, have confidence in the Trust's complaints procedures and experience it as being fair and objective. The Trust should provide general training for its staff on the complaints procedure as part of its induction, as well as specific training session on its complaints policy and procedure.

38.3 Staff will be provided with a copy of any complaint where they are named and a copy of the Trust's response. Regular reports are provided to each Directorate to enable managers to ensure that staff are adequately supported. As part of the support process the line manager must ensure that all staff are aware of how to seek additional support. If the staff member is experiencing difficulties associated with the complaint, then a referral to Occupational Health services should be made. The Trust has an 'Employee Assistance Programme' in place. The scheme is a 24 hour, seven days a week, free and confidential support service available to all Trust employees.

Appendix 1: Stage 1 of the Trust's complaints process



Appendix 2: Stage two of the Trust's complaint process



Appendix 3: Complexity matrix (to decide how feedback is responded to)

This is intended as guidance only for staff and each concern should be assessed on its individual merits.

Grade		Summary of grading	Examples	Timescales
PALS		Low level concerns that the service can resolve locally and quickly, requiring minimum review and analysis of information.	Queries Information requests Subject Access Request Request for documents Single/initial appointment concern Signposting Information on advocacy services Communication issues	Acknowledgement by PALS team within 24 hours Evidence of resolution sent to PALS team within five working days.
Complaint	Low	No evidence of actual or potential harm. Resolvable issues with minimum risk or impact to care or service.	Staff attitude Communication issues Multiple/persistent delayed or cancelled appointments/referrals Failure to send follow up letter Facilities issues – cleanliness, infestations etc Minor breach of service-user's confidentiality (sending letter to wrong address).	Acknowledgement three working days Draft letter and/or resolution form with Complaints department at day 15 Final response letter sent by day 25

			Accuracy of service-user's record. Minor medication issues – administration and prescribing providing no or low harm caused.	
	Medium	Complaints which resulted in moderate harm whether physical or psychological Requires a joint investigation with another Trust/Body (including S74 investigations with Local Authority)	Relates to multiple issues/concerns Involves multiple services. A complaint that requires a deep dive of previous complaints. Service-user safety concerns Medication errors Actual or potential risk of a legal claim Complaints received via MP Complaint received via regulatory body	Acknowledgement three working days Draft letter and/or resolution form with Complaints by day 30. Final response letter sent by day 45.
	High	Complaints which may include actual or potential severe/fatal harm whether physical or psychological	Relates to events that resulted in serious harm or death. Allegations of abuse/neglect Complaints following the death of a service user Involves multiple services with more complex and challenging complaints. Involves high profile cases involving legal or incidents teams.	Acknowledgement within three working days Draft letter with Complaints by day 40 Final response letter sent by day 60 **If Service-user Safety Incident Investigation is underway, then consider aligning the timeframes. **

Appendix 4: The investigation

Complaint proforma prepared by the Complaints and PALS team and shared with the service –

Date of complaint received	
Stage 1 or Stage 2	
Escalated from PALS – yes or no	
Name of complainant	
Name of service user if different from complainant	
Contact details of complainant – email and telephone number	
Advocate involved – yes or no	
Service(s) complained about	
Complaint details – identify and list concerns as terms of reference / key lines of enquiry	
Risk assessment	
Breach deadline date	
Complaints Officer	
Other useful information	

Role of the Investigating Officer –

Investigating officers will be required to provide a written report in response to a complaint within the specified time frame. When the investigation is likely to take longer than anticipated, the Investigating Officer must inform the Complaints and PALS team at the earliest opportunity in order that the complainant can be advised.

A complaint investigation report can serve a range of purposes. When conducting the investigation and compiling the report the content and outcome can have a significant impact on the complainant, the people complained about, and others involved in the process.
The investigation must be clearly documented evidencing a fair, candid, and balanced process, applying just and learning principles in not seeking to apportion blame.

The Investigating Officer will consider the best way to conduct the investigation. To obtain information to address the issues raised in the complaint, they would normally:

- Arrange to contact and/or meet with the complainant.
- Arrange to contact and/or meet with the service user, carer, relative, friend as appropriate to the investigation.

- Arrange to contact and/or meet any relevant member(s) of staff.
- Examine the service user's clinical records.
- Review Trust policies and procedures.
- Consider expected practice.

When contacting or meeting with any member of staff, the Investigation Officer will:

- Record name and title of the staff member.
- Explain the investigation procedure.
- Provide details of the complaint.
- If the Investigation Officer is the line manager of member(s) of staff named in the complaint, offer another manager who will support the staff member(s) during the investigation. This is an addition to the rights of staff who are the subject of a complaint to seek advice from their professional association of Trade Union.
- Document, date, and confirm the accuracy of the meeting summary.
- Agree to share the draft complaint response for staff comment before finalising it.

When contacting or meeting with the complaint and/or service user the Investigating Officer will:

- Explain the Trust Complaints procedure.
- Explain how they will be conducting the investigation.
- Confirm that the issues raised are those that require investigation.
- Document, date, and confirm the accuracy of the meeting summary.

The final complaint investigation response should:

- Be concise and clearly written with no jargon, distinguish between fact, feeling and opinion.
- Be as clear about the facts in each aspect of the complaint.
- Compare what happened with what should have happened – if there is a difference, explain the likely impact on the service user and on staff.
- Explain clinical terminology and reference applicable guidelines.
- Focus on those systemic factors which may have contributed rather than individual staff actions and avoid apportioning blame.
- Reach clear conclusions and make recommendations to resolve the complaint.

- Provide recommendations which are linked to the information within the report and are realistically able to be implemented.

Investigation checklist –

Complaint received	
Complaint passed to Service	
Breach deadline	
If breached, reason(s) for breach	
Updates sent	
Reviewed clinical records	
Met with complainant	
Met with key staff involved in episode	
Reviewed relevant clinical guidelines	
Draft response sent to Complaints team	
Draft response submitted for QA to CM or HOC	
Spelling and grammar checked	
All issues within complaint addressed	
Inphase updated	
Other comments	

Appendix 5: Learning from complaints

Action plans –

Potential earning opportunity identified from complaint

Service prepares learning plan and agree actions to help prevent repeat of episode(s) complained about

Service implements action plan, updates Complaints team and updates complainant

Service monitors effectiveness of implemented actions and shares learning with the wider Directorate and Trust

Criteria for deciding if an action plan is indicated –

- Incident complained about highlighted gaps in service provision which may adversely affect service-user experience
- Recurrent issue or theme
- Incident caused physical and/or psychological harm and/or moral injury
- Breach of statutory or mandatory requirement
- Complaint assessed as elevated risk
- Complainant / service-user request change to service provision
- Other