Patient Concerns & Complaints Reporting & Management Policy

Policy Title:	Patient Concerns & Complaints Reporting & Management Policy
Policy Reference Number:	CG 3.2
Date Policy Created:	3rd June 2015
Document Version Number:	3.1
Date of this Version:	11th January 2018
Targeted Audience:	All staff at Connect Health
Authors Name & Title:	Ben Watling, Head of Governance & Compliance
Approved By:	Connect Clinical Governance Group
Date Approved:	7th December 2017
Ratified By:	Clinical Governance Group (CGG)
Date Ratified:	7th December 2017
Date Issued:	11th January 2018
Authorised Signatory: Mike Turner, Head of Operations	
Policy Review Date:	30th June 2019

Patient Concerns & Complaints Reporting & Management Policy

Purpose:	This Policy aims to outline the philosophy, requirements of reporting and management of patient complaints and concerns to effectively meet company, legal and healthcare regulatory standards and patients' needs.
Associated Policies & Documents:	– Roles and responsibilities of staff in relation to patient concerns and complaints – Why do patients make complaints? – Healthwatch summary – CQC summary of patient experiences of NHS complaints management – Procedure for Patient Concerns & Complaints: Reporting and Management Standards – Patient Concerns & Complaints Audit Procedure – Guidelines for All Staff on Reporting & Management of Patient Concerns & Complaints – Guideline for managers on Investigating and Escalating Concerns & Complaints – Whistleblowing Policy
Legislations/Guidelines that Apply to this Policy:	– CQC - Complaints Matter (2015 Jan) – NHS Complaints Policy standards – NHS England – Introducing Statutory Duty of candour consultation – Department of Health (March 2014) – NHS Complaints Procedures in England (Jan 2014) – Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 – Department of Health (2009) Listening, Responding, Improving; a guide to better customer care. – Parliamentary and Health Service Ombudsman Principles of Good Complaint Handling (2009) – Principles for Remedy (2009) – National Patient Safety Agency - 'Being Open' www.npsa.nhs.uk – NHS Litigation Authority Apologies & Explanations

Equality Impact Assessment (EIA)

Initial Equality Impact Assessment Carried Out	Yes/No	Date Carried Out
	Yes	3rd June 2015
Any Significant Impact Following EIA	**No**	
Full Equality Impact Assessment Required	**Yes/No**	**Date Carried Out**
	No	
Outcome of Full EIA		

Contents

1. Introduction

The company recognises the importance of optimal patient experience and that there must be effective mechanisms for patients to report concerns and complaints and for these to be investigated and responded to appropriately.

This Policy aims to outline the philosophy, requirements of reporting and management of patient complaints and concerns to effectively meet company, legal and healthcare regulatory standards and the patients' needs.

2. Policy Statement

Providing excellent patient centred care is at the heart of Connect's clinical philosophy of healthcare as well as its clinical strategy. This means providing an optimal patient experience with strong outcomes of care.

An important part of that is listening to patients' feedback and also providing processes for patients to report concerns and formal complaints through appropriate mechanisms. In modern healthcare, there are more ways to report such concerns, making it important at Connect to provide a clear and effective method for these concerns to be raised and responded to accordingly.

Further, there are legal and regulatory requirements to respond to written complaints in a timely fashion and manage the process of the investigation and response in an effective and professional as well as timely manner.

At Connect, this responsibility is taken very seriously and the importance of establishing a safety culture within an organisation, which is a healthy reporting culture, which appreciates the significance of effective patient experience.

This Policy will now outline the Standards in accordance with British law, regulatory bodies regarding management of Patient Concerns and Patient Complaints are reported, and how they are managed. This includes:
- Philosophy of written and verbal responses to patients - duty of candour, transparency, timely and effective responses in plain English
- Reporting and management mechanisms for patient complaints and concerns– processes and systems
- Positive learning process from patient concerns and complaints
- Training and competences for managers on responding to complaints and concerns
- Positive lessons learned from complaints and concerns
- Audit of patient concerns and complaints
- Guideline for escalation of complaints for managers

A summary of all staff responsibilities to complaints/concerns can be found in Appendix 1.

Understanding important lessons from why patients make complaints is at the heart of Connect's approach to complaint and concern management. A research based summary is outlined in Appendix 2 - Why Do Patients Make Complaints? – Healthwatch Summary and Appendix 3 - CQC Summary of Patient Experiences of NHS Complaints Management.

3. Key definitions

'Patient concern'- an expression of dissatisfaction that is completed verbally or informally regarding care received where the patient does not intend for a formal written response to their concern.

'Patient complaint'- an expression of dissatisfaction of clinical care with expectation of formal investigation. This often is completed in writing but can be verbal, depending on the patient expectation.

Philosophy of Patient Complaints

Within modern healthcare, there are a number of ways in which a patient may raise concerns or want to make a complaint about their care. It is the responsibility of the provider to make that process clear and effective for reporting concerns and complaints.

For this to be delivered, collaboration with other agencies where required to support the patient's response is key. This includes close working links with hospital and customer/commissioning group PALS departments and customer existing processes which allow the escalating process of concerns to be quickly resolved and operationally delivered effectively.

To deliver this effectively, it is important for staff who have patient/customer contact, to help listen to and resolve the concerns quickly at the source, where possible and to understand how to signpost patients to effectively escalate their concerns and complaints to be responded to as required.

This local and immediate resolution is desired for all patient concerns so that where possible this can be managed swiftly and effectively to optimise patient experience. Investing in staff's skills to help diffuse and locally resolve patient concerns is very important in providing clear processes for escalation to resolve concerns and complaints swiftly and transparently.

To deliver this, any staff and managers who are patient facing (clinical and administrative) must obtain and maintain excellent verbal and written communication skills underpinned by Connect's core competences regarding delivery of quality and governance (See HR processes for generic competences at Connect for more details).

Written responses should be timely, comprehensive and well written. Responses that answer the patients question using plain English is of utmost importance. Sincere apologies are to be delivered and candour demonstrated throughout the rigor of the investigation and an explanation and apology offered to the patient for their experience in the service.

Reporting & Management of Patient Concerns

Concerns may arise through transactions in healthcare which may include clinical consultations through the administrative booking process. It is expected that when the concern is raised, that the member of staff attempts to manage the scenario and resolve this for the patient at that time and offer the patient the option to escalate this to the manager of the service if required.

Further information can be found in Appendix 4 regarding the processes for management and escalation of patient concerns.

Reporting & Management of Patient Formal Complaints

If the process of effectively and immediately resolving the patients concern is not possible despite escalating to the service manager, then the opportunity for a written complaint is provided as an option to the patient.

The process for this is to submit the request in writing for formal investigation and response by a service manager in writing within certain timelines and to a quality of Connect company standards.

Once a written formal complaint is made, then there are company and legal standards for timely effective replies to patients by competent managers.

Similar to incident reporting at Connect, there are some stages to be considered in order to manage a formal written patient complaint effectively, to ensure that the right person responds to the complaint and delivers the response required. This is outlined below in Table 1.

Stage of Patient Complaint	Key components
Initial risk rating	Survey of summary of patient complaints to identify best manager to respond to the complaint by completing risk rating. This is likely to be the team leader or operational service lead. All Level 4 and 5 Impact scores to be escalated to Head of Governance, National Clinical Manager or Medical Director. Confirmation of lead manager and supportive investigators if required (ie- administrative, clinical, operational).
Written confirmation of receipt	Response in writing acknowledging the receipt of complaint and outlining to the patient the date of response to be expected.
	Response in writing acknowledging the receipt of any and all subsequent correspondence received from the patient, outlining to the patient the date of response to be expected.
Listen & Investigate	Establish a timeline of events through review of clinical records and other documentation as required. Complete Root Cause Analysis (RCA). This will include discussion with staff whom were involved in the patient's care.
Formulate & send response	Completion of written response to the patient addressing the 1 or more areas identified in their written complaint to address in turn. Plain English to be used and duty of candour with apology clearly and sincerely provided. Provided to patient in legal timelines or sooner where possible. Summary of lessons learned and action plan provided to Complaints Administrator to log on intranet. Formal closing of complaint.

This process for written complaints is outlined in Appendix 5 including standards for timelines against legal standards for stages of formal patient complaints, including trend analysis.

Standard Risk Assessment procedures should occur and summary of this is outlined in Appendix 6 & 7.

4. Training of staff

Connect as an employer have an obligation to ensure that all staff know about the processes for reporting and managing patient concerns and complaints and have a responsibility to ensure that staff attain and maintain skills at managing local resolution of patient concerns immediately at the source. Guides for frontline staff summarise this and this is enclosed in Appendix 8.

For managers who require more advanced skills at resolving and managing complaints including writing and investigation skills, this role requires more advanced training. Connect will provide appropriate infrastructure to support the skills, knowledge and competence of the staff and managers reporting and managing patient concerns and complaints. These skills include: investigation skills, verbal communication skills and written response skills. These competences are outlined in Connect's generic competences by role type under Delivering Quality and Delivering Governance. A guideline for managers is found in Appendix 9.

5. Positive Learning from Concerns & Complaints

For Connect, although we hope patients have had a consistently excellent experience, their concerns and complaints raised are opportunities for us to learn lessons about ways to improve the delivery of services and identify areas for service improvements.

These lessons are identified through Clinical Steering Groups and analysed for trend analysis over longer periods of time for a service, contract or region.

Through national reporting of Patient Concerns and Complaints at Connect's national Clinical Governance Group, national and regional trends and recommendations can be made to facilitate positive learning from individual concerns and complaints but also trends. This is supported by Head of Governance, Medical Director and the National Clinical Manager.

Audit of Patient Concerns and Complaints

As a provider, to gain assurance that a complaint is responded to, we deliver monthly audits of the completion of patient concerns and complaints responses completed against legal timelines.

This is produced by the National Clinical Manager provided to all managers, clinical leads and team leaders who have a responsibility to the regional services for the delivery of healthcare including the completion of incidents, concerns and complaint responses.

This audit process is outlined in Appendix 10 and allows for evaluation of trends across time and also allows for sharing of lessons learned in the management team, to allow the team leaders, clinical and operational managers to attain and maintain skills at investigation and completion of Concern and Complaints reporting processes.

Within the Clinical Governance Framework at Connect under Pillar 1 - Clinical Audit, the Audit of Incidents Reports and Complaints is outlined as an Essential Audit.

6. Appendices

Appendix 1 - Responsibilities of Staff Regarding Patient Concerns & Complaints Reporting & Management

Employee	Responsibilities
All staff	To listen to patient concerns when raised and aim to resolve them immediately where possible To know processes for escalating patient concerns and formal complaint procedures to signpost patients where immediate resolution is not possible To support the Connect company culture of candour in relation to patient concern and complaints management
Team leaders (clinical, operational and administrative)	To provide material at induction of new staff and ongoing team meetings regarding patient concern and complaint procedures To respond to patient concerns and aim to resolve these quickly where possible To contribute towards analysis of trends of Incidents, Concerns and Complaints in the Clinical Steering Group (internal) To investigate patients written complaints (administrative RMC team leaders) To produce appropriate written responses to patient complaints (Clinical and operational team leaders)
Referral Management Centre (RMC) Manager	To provide material at induction of new team leaders in the RMC and ongoing team meetings regarding patient concern and complaint procedures To provide support to RMC team leaders when administrative concerns are raised and provide an escalation support to these concerns To signpost mixed clinical and administrative concerns to the service leads, clinical/operational team leaders for formal responses
Regional Clinical Lead	To support Team Leaders in auditing quality of patient concern and complaints against this policy and procedures To support investigations of patient concerns or complaints, where required to do so To facilitate and lead on analysis of trends of Incidents, Concerns and Complaints in the Clinical Steering Group (internal)
Service Operational Lead	To ensure that the operational team of staff and team leaders are provided with material at induction of new staff regarding patient concerns and complaints reporting & management and review at continued team sessions (1:1s, clinical supervision and team meeting) To facilitate and lead on analysis of trends of Incidents, Concerns and Complaints in the Clinical Steering Group (internal) To provide support to Team Leaders regarding investigations or action plans for Concerns and Complaints including completion of written

	responses where required
Complaints administrator	To gather patient written complaints and log them on the company intranet site throughout the process, including receipt, delegation, sending of letters and closing complaints (administrative support to the responding manager)
	To signpost to the service and team leaders (clinical/operational)
	To deliver the initial standard response to acknowledge receipt of written complaints and to send the final written response (which will be written by team leader or operational/clinical manager)
National Clinical Manager	To monitor and audit completion of patient written complaints responses for quality and completion to ensure standards are maintained
	To ensure standards in relation to completion of patient written complaint responses and action plans are maintained including legal and regulatory requirements
	To contribute towards recommendations regarding service improvements, training needs or other areas of quality assurance relating to clinical governance
Medical Director Head of Governance & Compliance	To ensure standards in relation to completion of patient written complaint responses are maintained including legal and regulatory requirements
	To analyse trends of types of complaints across the company
	To complete recommendations for communication of key company-wide messages regarding service improvements, training needs or other areas of quality assurance including Health & safety, clinical governance and information governance
Clinical Governance Group	To monitor completion of Patient Concern and Complaint management reports for quality and completion to ensure standards are maintained
	To ensure and monitor the external reporting of SUIs is in compliance with legislative (British law) and regulatory (CQC) requirements
	To monitor changes in legal and national standards and update the internal policy as required
Employer / Company	To provide appropriate infrastructure to support the skills, knowledge and competence of the staff and managers reporting and managing Patient Concerns and Complaints
	To ensure that appropriate technology systems and infrastructure are in place to allow effective and efficient Patient Concern and Complaint reporting & management
	To ensure that training mechanisms are in place and are governed in relation to the skills required to investigate and respond to Patient Concerns and Complaints

Appendix 2 - Why do patients make complaints? – Healthwatch summary

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

1 Considering a complaint
- I knew I had a right to complain
- I was made aware of how to complain (when I first started to receive the service)
- I understood that I could be supported to make a complaint
- I knew for certain that my care would not be compromised by making a complaint

2 Making a complaint
- I felt that I could have raised my concerns with any of the members of staff I dealt with
- I was offered support to help me make my complaint
- I was able to communicate my concerns in the way that I wanted
- I knew that my concerns were taken seriously the very first time I raised them
- I was able to make a complaint at a time that suited me

3 Staying informed
- I always knew what was happening in my case
- I felt that responses were personal to me and the specific nature of my complaint
- I was offered the choice to keep the details of my complaint anonymous and confidential
- I felt that the staff handling my complaint were also empowered to resolve it

4 Receiving outcomes
- I received a resolution in a time period that was relevant to my particular case and complaint
- I was told the outcome of my complaint in an appropriate manner, in an appropriate place, by an appropriate person
- I felt that the outcomes I received directly addressed my complaint(s)
- I feel that my views on the appropriate outcome had been taken into account

5 Reflecting on the experience
- I would complain again, if I felt I needed to
- I felt that my complaint had been handled fairly
- I would happily advise and encourage others to make a complaint if they felt they needed to
- I understand how complaints help to improve services

Local Government OMBUDSMAN

healthwatch

Parliamentary and Health Service Ombudsman

FIGURE 13: CQC AND PATIENTS ASSOCIATION SURVEY OF COMPLAINANTS, MARCH 2014

Procedure for Managing Concerns (ie *Verbal Complaints*)

Concern is raised by a service user

Usually a Patient, but may be a 'Carer', GP, Occupational Health Advisor

Staff member tries to manage/achieve resolution

Address the issue, apologise, get clarification & offer a verbal explanation

Concern resolved immediately.
Service user happy

Concern not resolved (pending).
Further info required

Concern not resolved.
Service user remains unhappy

Within 48 hours

Gather further information

Call service user back

Apologise to service user that unable to resolve the concern. Give them option to speak with line manager

Service user demands to speak with manager

NO

YES

Within 48 hours

Line manager contacts service user once all information is obtained

Concern not resolved.
Service user remains unhappy

Service user demands to speak to higher authority

Inform Service User
The Policy for Unresolved concerns (verbal complaints) at this point, is to
PUT COMPLAINT IN WRITING
…. IF THEY WISH TO

Follow Complaints Procedure

Explain complaint procedure and direct them to 'How to make a Complaint' leaflet on Connect website

END

Appendix 4 - Procedure for Patient Concerns: Reporting and Management Standards

Listen	Document	Escalate	Trend analysis
• Listen to patient concern and offer apology where required • Immediately attempt to resolve concern where possible • Identify level of risk- escalate Level 4/5 impact scores	• Person receiving concern of patient to record brief summary including outcome on spacehopper and any pertinent details in the clinical records as required	• Escalate patient concern if risk is high or concern remains unresolved to the patient	• Review of trends from concerns at Clinical Steering Groups and Operational Management Groups
Immediately or same day	Immediately or same day	Immediately or same day	Quarterly

Appendix 5 - Procedure for Patient Complaints: Reporting and Management Standards

Initial risk rating

- Identify level of risk-escalate Level 4/5 impact scores

- Identify best person to respond and escalate early if risk is high

Immediately

Written confirmation

- Initial response to the patient (confirm receipt of complaint)

- Any and all subsequent letters received from the patient will also be responded to within 3 working days

Within 3 working days

Listen & investigate

- Listen to patient complaint via reading correspondence

- Identify the patient's key areas for complaint

- Investigate their care pathway

Formulate & send response

- Formulate written response to patient that addresses the key points of complaint

- Offer a transparent apology for their experience

- Including notifying relevant stakeholder

Within 30 working days

Trend analysis

- Review of trends from concerns at Clinical Steering Groups (CSG), OMG

- National trends reviewed at Connect Clinical Governance Group

Quarterly

Appendix 6 - Procedure for Risk management - Risk Matrix

How to establish the risk grading

Risk Grading Tool

The same grading tool is used at Connect for all risk processes (risk assessment, risk register and incident reporting assessment). Risks are measured according to the following formula:

Likelihood x Impact = Risk

Likelihood

Risks are first judged on the likelihood of the risk being realised. Consider the descriptions below. Assess the risk to see which description in the likelihood and impact best fits the identified risk. Multiply the two numbers obtained to establish the risk rating.

Measures of Likelihood

The following table gives descriptions of the likelihood of a risk occurring **Level**	**Descriptor**	**Description**
1	Rare	May occur only in exceptional circumstances
2	Unlikely	Not expected but could occur at some time
3	Possible	May/will occur at some time
4	Likely	Will probably occur but not a persistent issue
5	Almost Certain	Likely to occur on many occasions, a persistent issue

Appendix 7 - Standard Assessment of Impact for Risk Rating for Complaints

Measures of Impact Table Descriptor	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Objectives / Project	Barely noticeable reduction in scope / quality / schedule	Minor reduction in scope / quality / schedule	Reduction in scope or quality, project objectives or schedule	Significant project overrun	Inability to meet project objectives, reputation of the organisation seriously damaged.
Injury (physical and psychological) to patient / visitor / staff.	Adverse event leading to minor injury not requiring first aid	Minor injury or illness, first aid treatment required Short term injury/harm < 1month Staff sickness< 3 days	Agency reportable, e.g. HSE, MHRA, Police. Semi-permanent injury (< 1 year) requiring medical treatment and/or counseling. Staff sickness < 4 weeks	Major injuries / long term incapacity or disability (e.g. loss of limb/miss diagnosis mis treatment leading to poor prognosis). Long term sickness>4 weeks	Incident leading to death or major Permanent incapacity. Significant number of people affected (screening errors)
Patient Experience	Reduced quality of patient experience / clinical outcome not directly related to delivery of clinical care	Unsatisfactory patient experience / clinical outcome *directly related to care provision – readily resolvable*	Unsatisfactory patient experience / clinical outcome, short term effects – expect recovery <1wk	Unsatisfactory patient experience / clinical outcome, long term effects – expect recovery >1wk	Unsatisfactory patient experience / clinical outcome, continued ongoing long term effects
Complaints / Claims	Locally resolved verbal complaint	Justified written Complaint peripheral to clinical care	Below excess non clinical claim. Clinical litigation possible. Justified complaint	Non clinical claim above excess level. Clinical litigation expected/almost certain. Multiple justified complaints	Multiple claims or single major claim Litigation certain
Service / Business Interruption	Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide service	Short term disruption to service with minor impact on patient care	Some disruption in service with unacceptable impact on patient care Temporary loss of ability to provide service	Sustained loss of service which has serious impact on delivery of patient care resulting in major contingency plans being invoked.	Permanent loss of core service or facility
Staffing and Competence	Short term low staffing level temporarily reduces service quality (less than 1 day) Short term low staffing level (>1 day), where there is no disruption to patient care	Ongoing low staffing level reduces service quality Minor error due to ineffective training / implementation of training	Late delivery of key objective / service due to lack of staff. Moderate error due to ineffective training / implementation of training Ongoing problem with staffing levels	Uncertain delivery of key objective / service due to lack of staff. Major error due to ineffective training / implementation of training	Non delivery of key objective / service due to lack of staff. Loss of key staff. Critical error due to ineffective training / implementation of training
Financial (including damage / loss / fraud)	Negligible organisational / personal financial loss (£<100k)	Minor organisational / personal financial loss (£100-250k)	Significant organisational / personal financial loss (£150-500k)	Major organisational / personal financial loss (£500 - £1 million)	Severe organisational / personal financial loss (>£1 million)
Inspection / Audit	Small number of recommendations which focus on minor quality improvement issues	Recommendations made which can be addressed by low level of management action.	Challenging recommendations that can be addressed with appropriate action plan	Enforcement action. Low rating Critical report.	Prosecution. Zero rating Severely critical report
Adverse Publicity / Reputation	Rumours, no media coverage Little effect on staff morale	Local media coverage – short term. Some public embarrassment. Minor effect on staff morale / public attitudes.	Local media – long term adverse publicity. Significant effect on staff morale and public perception of the organisation	National media / adverse publicity, less than 3 days. Public confidence in the organisation undermined Use of services Affected	National / International media / adverse publicity, more than 3 days. MP concern (Questions in Parliament). Court Enforcement Public Enquiry

Appendix 8 - Guidelines for All Staff on Reporting and Management of Patient Concerns and Complaints

What is the different between a Concern and a Complaint?

During consultations or booking processes with patients, they will raise issues of things they are unhappy about to a range of clinical and administrative staff.

A patient Concern is an expression of dissatisfaction that is completed verbally or informally regarding care received where the patient does not intend for a formal written response to their concern. Most often concerns are raised verbally but sometimes might be raised via email or through the company website. What is important to ascertain is the patients' concern raised is regarding and whether they intend and prefer to have a response in writing.

A patient Complaint is an expression of dissatisfaction that is completed formally in writing by the patient with the intention of a formal response in writing.

What is Connect's philosophy regarding Concerns and Complaints?

Connect expect that all patient concerns and complaints are actively listened to and responded to appropriately by whomever the concern is raised to. This includes active listening and attempts to resolve the concern raised at the source as quickly as possible. This might mean trying to resolve the issue for them quickly such as changing their appointment or it might require escalating their concerns to the appropriate manager to investigate and respond to the patient.

At Connect we also expect a duty of candour and transparency and offering an apology when required to do so for their poor experience.

We also value documenting of concerns and complaints effectively so that we can learn from these individually or by trends to improve and invest in future developments.

If I become aware of a patient concern - what should I do?

Actively listen to their concern and try to resolve this and escalate the concern if you are not able to do this yourself. Understand that concerns raised are distressing for patients and they will feel upset about this.

Many concerns can be resolved at their source when managed in this way, however if you are unable to resolve this, please escalate to your manager or the services manager/team leader. We would expect you do this as soon as possible to reduce any delay in communication with the patient to resolve their issue.

If I have been involved in a Concern or Complaint, what can I expect?

Formal Complaints in general are very rare and Connect ensures a no blame culture about Complaints management. If a patient has made a formal Complaint that is about or involving a member of staff in clinical or administrative team, then this will be openly discussed with you if required by your line manager as a part of investigating this Concern or Complaint in order to respond to the patient.

How will this improve the service that I am working in for Connect?

Concerns and Complaints whilst are unpleasant to manage, can help inform future service developments or identify areas for potential service change. It is a no blame culture at Connect and is seen as a great opportunity for us to evaluate areas which can be developed further. Recurrent trends in certain areas highlight a focus for managers and leaders of services to improve the clinical care that we deliver - for ourselves, for our patients and for Connect as a company.

Appendix 9 - Guidelines for Line Managers: Patient Concerns & Complaints Process Including Escalation

Why do I need to investigate a Complaint?

If a patient has had an unsatisfactory experience in your region or service, you will want to get to the bottom of it and also demonstrate a duty of candour to the patient by ethically providing them with an answer to the issues they have raised.

In addition, there are requirements for responding in including those of British law and healthcare regulations required that we need to respond to patient complaints in certain timelines. And lastly, evaluation of complaints often leads to developments within services by identifying areas that aren't working, so are useful opportunities to investigate, learn and develop your service.

How will I find out about a Concern or Complaint?

If a patient has made an informal Concern, your team member or the RMC team might contact you to look into this issue raised by the patient. The requirements of timelines standards are outlined in the Patient Concern & Complaint Reporting & Management Policy.

If a patient has made a formal written Complaint, you will receive notification from One Connect the clinical intranet that a complaint has been made and you have been designated as the investigating/responding manager. The detail of the complaint shall be attached. Please complete and initial survey of this and assess the level of risk regarding this as you may feel you need to escalate this complaint immediately.

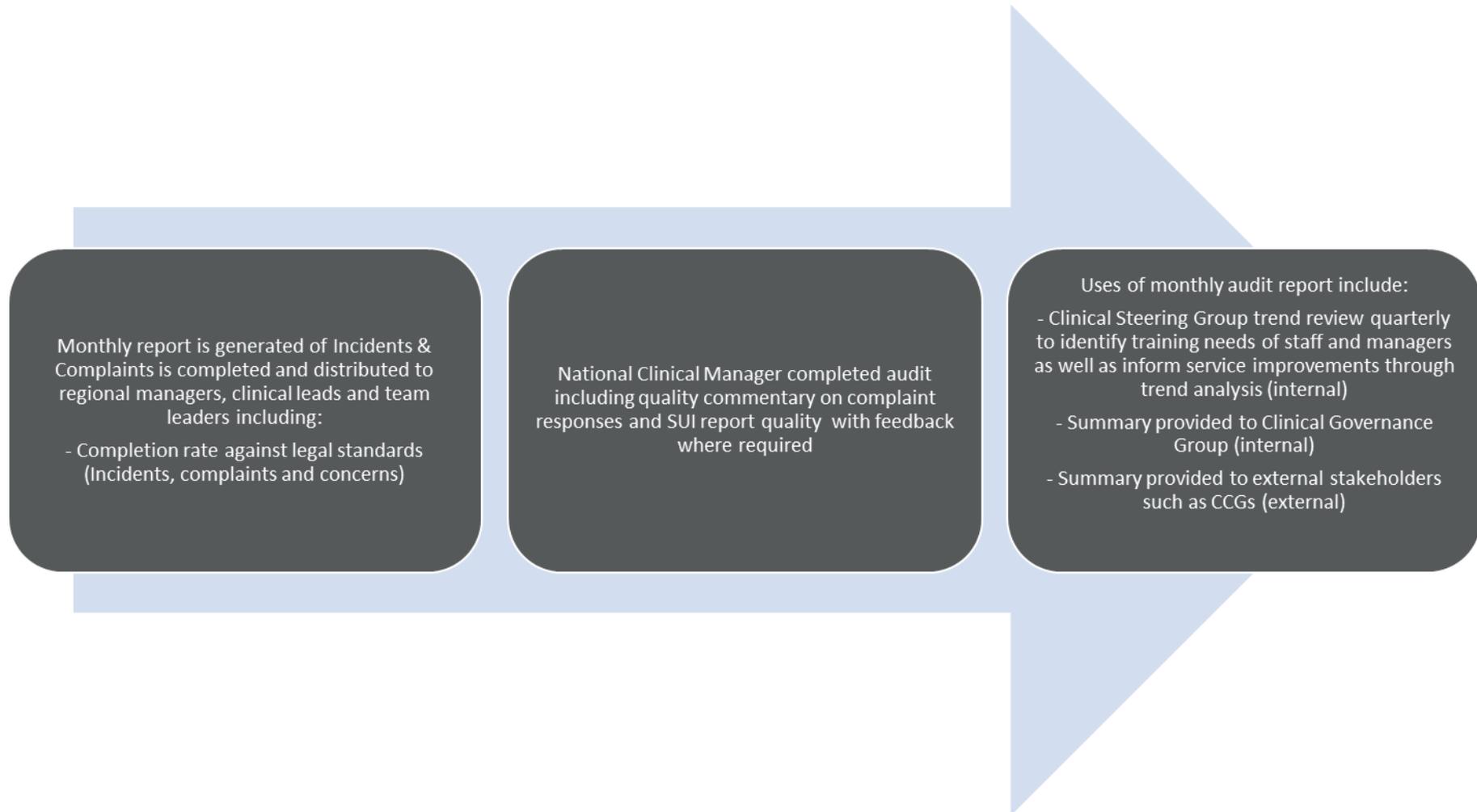*How do I know if I need to escalate a patient Concern or Complaint?*

Upon your initial survey of the concern, complaint or issue at hand, you will assess the level of risk of the situation in doing this. Using standard risk assessment measures of likelihood X impact, you will review the impact of this complaint/concern from the perspective of a business integrity, risk to the business or service or risk to the patient through the nature of the issue at hand.

If there are considerable (Level 4 or 5) impact measures, then you should escalate the Concern or Complaint to the National Clinical Manager, Head of Governance and Medical Director to determine who responds. Further detail regarding this can be found in the Patient Concern & Complaint Reporting & management Policy.

What will be the expectations of me as a Line Manager?

1. To ensure that the patient remains at the centre of the complaint and their clinical care is of utmost importance
2. To practice and be aware of the standards in relation to timelines for responding to Complaints and Concerns as outlined in Patient Concern & Complaint Reporting & Management Policy
3. To complete initial risk survey and determine whether you need to escalate a concern or complaint
4. To investigate Concerns & Complaints where your help is requested
5. To complete Actions related to the Concerns & Complaints itself
6. To record and document all actions on One Connect on the Complaint & Concern log when completed – use of the support of the Complaints administrator can be used to support this
7. To ensure that where relevant, your staff/team are supported and feel safe, if they personally have been involved in a complaint

Appendix 10 - Patient Concern & Complaint Audit Procedure

Monthly report is generated of Incidents & Complaints is completed and distributed to regional managers, clinical leads and team leaders including:

- Completion rate against legal standards (Incidents, complaints and concerns)

National Clinical Manager completed audit including quality commentary on complaint responses and SUI report quality with feedback where required

Uses of monthly audit report include:

- Clinical Steering Group trend review quarterly to identify training needs of staff and managers as well as inform service improvements through trend analysis (internal)

- Summary provided to Clinical Governance Group (internal)

- Summary provided to external stakeholders such as CCGs (external)

7. Terms of Reference

CQC - Complaints Matter (2015 Jan)
http://www.cqc.org.uk/sites/default/files/20141208_complaints_matter_report.pdf

NHS Complaints Policy standards – NHS England
http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CDwQFjAA&url=http%3A%2F%2Fwww.nhs.uk%2FchoiceintheNHS%2FRightsandpledges%2Fcomplaints%2FPages%2FNHScomplaints.aspx&ei=_DCJVZvsN4GasAGyqIAI&usg=AFQjCNHJq68AvhKlZ-5SRIxL9LGnK83q4Q&bvm=bv.96339352,d.bGg

Introducing Statutory Duty of candour consultation – Department of Health (March 2014)

NHS Complaints Procedures in England (Jan 2014) House of Commons Library – Thomas Powell

Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
SI 2009/309 *London: The Stationery Office*
www.opsi.gov.uk

Department of Health (2009) Listening, Responding, Improving; a guide to better customer care. (2009) Tackling Concerns Locally *DH website: www.dh.gov.uk*

Parliamentary and Health Service Ombudsman Principles of Good Complaint Handling (2009)

Principles for Remedy (2009) http://www.ombudsman.
www.org.uk/improving_services/principles/index.html

National Patient Safety Organisation- 'Being Open' *www.npsa.nhs.uk*

NHS Litigation Authority Apologies & Explanations *www.nhsla.com*

Document Control

Revision Number	Revision Date	Description of Change	Reason for Change	Author of change
1.0	03/06/2015	N/A	Policy Created	AR
1.1	04/02/2016	Change to format	Updated Connect format	EW
2.0	27/04/2016	Update to formal complaints information	NHS complaints guidelines	AR
2.1	18/06/2017	No change	Review	EW
3.0	05/07/2017	Update to procedure	Review of procedure	EW
3.1	11/01/18	Change to document ownership	Review of responsibilities	BW