



ORG002

Complaints Policy

Berkshire Healthcare NHS Foundation Trust



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This policy has been assessed for compliance with [CQC Fundamental Standards](#).

Contents

1	INTRODUCTION	5
2	PURPOSE OF POLICY	5
3	ASSOCIATED DOCUMENTS	6
4	ROLES AND RESPONSIBILITIES	6
5	POLICY CONTENT	7
5.1	WHO CAN COMPLAIN	7
5.2	CONFIDENTIALITY & CONSENT	9
5.3	EXCLUDED FROM POLICY	10
5.4	MULTI-AGENCY COMPLAINTS	11
5.5	CROSS LOCALITY COMPLAINTS	12
5.6	ADVOCACY SUPPORT	12
5.7	TIME LIMITS	12
5.8	RESPONSE TIMES.....	13
5.9	SUPPORT FOR STAFF INVOLVED IN A COMPLAINT	13
6	COMPLAINTS PROCESS.....	14
6.1	Service Level Concerns.....	14
6.2	Informal Complaints - Local Resolution	14
6.3	Formal Complaints	14
6.4	Investigation	15
6.5	Response to the complaint	16
7	COMPLAINT RESOLUTION MEETINGS	16
7.1	Recording Complaint Meetings.....	16
8	DUTY OF CANDOUR.....	16
9	LEARNING FROM COMPLAINTS.....	17
10	DISCRIMINATION.....	17
11	HABITUAL, VEXATIOUS AND UNREASONABLY PERSISTENT COMPLAINANTS	17
12	MEDIA INTEREST	21
13	MONITORING PROCESSES	21
14	APPENDICES.....	25
	Appendix 1: Informal Complaint (IFC) Process.....	25
	Appendix 2: Formal Complaint (FC) Process.....	26
	Appendix 3: Example of documentation contained within an electronic complaint file	27
	Appendix 4: Local Resolution concern reporting Process.....	28
	Appendix 5: Example of Acknowledgement letter	29
	Appendix 6: Guidance for staff	30
	Appendix 7: Governor Guidelines on how to deal with a complaint or concern.....	33
	Appendix 8: Investigating Officers Report	34
	Appendix 9: Consent Flowchart for Complaints and Concerns.....	36

Appendix 10: Tabular Timeline.....37
Appendix 11: Fishbone - Diagram.....38
15 EQUALITY IMPACT ASSESSMENT.....39

1 INTRODUCTION

This document outlines our commitment to dealing with concerns, complaints and compliments about the services provided by Berkshire Healthcare NHS Foundation Trust (referred to as “the Trust”). It also provides information about how we manage, respond to and learn from complaints made about our services.

A complaint is defined as ‘an expression of dissatisfaction requiring a response’ and the Trust is committed to treating complaints seriously and ensuring that complaints, concerns and issues raised by patients, relatives and carers are properly investigated in an unbiased, non-judgmental, transparent, timely and appropriate manner. The outcome of any investigation, along with any resulting actions will be explained to the complainant by the Trust.

Berkshire Healthcare encourages compliments, comments, complaints and suggestions from patients, carers and the public, should they be dissatisfied with the care provided they have a right to be heard and for their concerns to be dealt with promptly, efficiently and courteously. Berkshire Healthcare is committed to ensuring that there is a culture where under no circumstances should patients, relatives or carers be treated negatively as a result of making a complaint or raising a concern.

All complaints are entered on the Trust Incident Reporting System (Datix). Recommendations and actions arising from complaints in one service are shared with other services through the Executive Quality Governance Group for discussion and action at Operational Team Meetings and Patient Safety and Quality Meetings to ensure learning from all complaints occurs across the organisation.

Berkshire Healthcare’s vision for a successful complaint’s procedure is one that meets the need of our patients, staff and the organisation and follows the six principles of good complaint handling as set out by the Parliamentary and Health Service Ombudsman:

- Getting it right
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeing continuous improvement

Berkshire Healthcare’s main objective is to remedy complaints as soon as possible ensuring the individual is satisfied with the response and feels that they have been fairly treated.

2 PURPOSE OF POLICY

The purpose of this policy are to:

- Ensure that our complaints procedure is easy to understand and simple to use.
- Easy read information is also available.
- Make sure that investigations are thorough, fair, responsive, open and honest.
- Demonstrate that we will learn from complaints and use them to improve the services for patients.
- Ensure that our service is accessible to everyone.
- Enable our staff to answer complaints in a timely manner.
- Demonstrate how we will respect individuals’ rights to confidentiality.
- Ensure that complaint information is shared transparently with the Berkshire Healthcare Executive Board, stakeholders and commissioners to which we are

- accountable for improving the quality of services.
- Enable staff to respond positively to complaints and endeavor to resolve issues locally as soon as possible.
 - Give our staff the tools to conduct a thorough investigation and provide a full explanation to concerns and complaints in a way agreed with the complainant.
 - Ensure that patients, relatives and their carers are not treated differently as a result of making a complaint.

3 ASSOCIATED DOCUMENTS

ORG030: Data Subject Access Policy
ORG038: Record Keeping
CCR101: Patient Advice and Liaison (PALS)

4 ROLES AND RESPONSIBILITIES

Chief Executive: The Chief Executive is the 'Responsible Person' (as per The Local Authority Social Services & National Health Services Complaints (England) Regulations 2009) and is accountable for ensuring effective management of complaints across Berkshire Healthcare and is the responsible signatory for written responses to Formal Complaints. This role is designated to a nominated deputy in their absence in ensure that the process continues.

Executive Team: The Director of Nursing and Therapies has the delegated responsibility for ensuring the efficient and effective implementation of the Complaints Policy and for monitoring the effectiveness of Patient Experience for Berkshire Healthcare. The Executive Team will receive a quarterly Patient Experience Report and monthly update on the number of formal complaints received, response rate and any outstanding issues or areas for concern. Complex cases will also be discussed with/escalated to the Deputy Director of Nursing.

The Chairman and Non-Executive Directors: The Chairman and Non-Executive Directors will receive the quarterly patient experience report including complaints which will monitor the effectiveness of the Complaints process. The Chairman is responsible for ensuring that the Executive Team are working within the term of the NHS Constitution and where appropriate will respond to concerns about the Chief Executive's actions as part of this.

Governors: Governors provide an important link between Berkshire Healthcare and the Localities they represent, enabling Berkshire Healthcare to reflect the interest of current and prospective service users. While welcoming ideas, suggestions and general comments, it is not the responsibility of Governors to deal with individual personal complaints about Berkshire Healthcare, or the care and treatment received.

Governors have a duty to inform the Patient Experience Team of any patient concerns and complaints as swiftly as possible. Appendix 8 contains guidance for governors on how to deal with a concern. The Governors will be sent a quarterly update on complaint activity and copies of two anonymous complaint files for review. A panel consisting of nominated governors will be invited to an internal review of those complainants who are being managed as Unreasonably Persistent, Vexatious or Habitual.

Clinical Directors and Service Directors: Clinical Directors and Service Directors are responsible for the thorough investigation of complaints within their respective Localities. They are responsible for ensuring the investigation is carried out in line with this policy and where an action is identified it is implemented. They are also responsible for monitoring action plans arising out of complaints and sharing learning with the wider organisation. The

designated signatory of either Service or Clinical Director is to respond to the Complaints Office promptly with approving responses, in line with this policy. The Service and Clinical Directors have access to the complaint information held on Datix in regard to their Locality which is to be used as a tool to assist with monitoring complaint activity.

Managers (Service Managers/Nurse Consultants/Matron/Ward Managers): Managers are responsible for ensuring that staff in their area are aware of the complaints policy and procedures. They are to carry out a thorough investigation of a complaint as appropriate and give a full response. Managers are responsible for implementing changes identified through a complaint investigation and feeding this into the Locality PPSQ meetings, providing assurance that the changes have been embedded. Managers are to offer support to staff in their areas both with investigating complaints and where they are named in complaints.

They also have a responsibility to manage the resolution of verbal complaints made to 'front-line staff' by supporting the staff in the investigation and response to complaints that do not require a formal response. As well as ensuring that all serious verbal and written complaints are forwarded to the Chief Executive immediately on receipt.

All Staff: All staff have a duty to listen to concerns raised by patients and their carers, and to try to resolve these locally seeking advice from their operational management or the Patient Experience Team. They are to log informal complaints and concerns that have been resolved locally (at service level) onto the Datix system using the Local Resolution module. Guidance for staff on how to manage concerns can be found at Appendix 7.

The Investigating Officer: The role of the Investigating Officer is to undertake an investigation into the issues raised by the complainant. They are to speak with the complainant and relevant staff, obtain information from clinical records and document their findings in the Investigating Officer's Report and on Datix. The Investigating Officer is to compose a draft letter of response which is to be uploaded onto Datix within 15 working days with a copy of the Investigating Officer's Report. They are to inform the complainant of any potential delays in the investigation at the earliest opportunity and renegotiate the timescale for response. This is to be documented on Datix.

There may be times when an IO external to the Service or organisation is appointed, and this will be on a case-by-case basis, through collaboration between the Complaints Office and the service/Divisional leadership.

Special Cases: When there are concerns about a patient's ability to understand the Complaints process, the clinical team and / or the Berkshire Healthcare Safeguarding lead/mental capacity lead should be consulted. Where a complaint contains information which could potentially be a safeguarding concern this is additionally noted internally on the complaint system and discussed with the safeguarding lead. Where the complaint includes an aspect of end-of-life care this is also noted with a quarterly analysis of these specific complaints undertaken by the Deputy Director of Nursing and Head of Service Engagement and Experience.

Obtaining legal advice: For complex complaints requiring specialist advice, legal assistance may be requested to aid staff in their decision making and response. The Deputy Director of Nursing for Patient Safety is responsible for determining the need for such assistance and should be contacted in the first instance.

5 POLICY CONTENT

5.1 WHO CAN COMPLAIN

A complaint may be made by a representative acting on behalf of a patient who:

- Has received a service from Berkshire Healthcare.
- Is affected, or likely to be affected, by the action, omission or decision of Berkshire Healthcare.
- Has died.
- Is a child (refer to consent section re Gillick competence).
- Is unable by reason of physical or mental incapacity (refer to Special Cases re Mental Capacity Act 2005) to make the complaint themselves.
- Has requested the representative to act on their behalf and has given consent for this.
- Is a Member of Parliament acting at the request and on behalf of their constituent.

If the Complaints Department is of the opinion that a representative does or did not have sufficient interest in the person's welfare, or is not acting in their best interests, we will notify that person in writing.

Complaints received on behalf of others

Where a complaint is made on behalf of an existing or former patient, explicit consent must be obtained from the patient to disclose personal health information and the results of any investigation in order to maintain confidentiality. The complainant will be asked to return a consent form to the Complaints Office. Consent is to be sought for each complaint that is raised. The Complaints Office may make exceptions, for example in cases with limited capacity and this would be on a case-by-case basis.

Complaints from and in relation to children and young people aged under 16

A child below the age of 16 can consent for their own medical treatment if they demonstrate sufficient understanding and are assessed as Gillick Competent. This principle is adopted within the complaints process and therefore, there is no minimum age for a young person to raise concerns about the care they have received.

If a parent or carer makes a complaint about their child's care or treatment the treating clinician is responsible for determining whether a child who has had a complaint raised on their behalf is 'Gillick competent' and this will be determined on a case-by-case basis. Please refer to section 5.2 re confidentiality and consent.

Complaints brought by Members of Parliament (MP) on behalf of constituents.

Complaints raised by MP's on behalf of their constituents receive a high level response and a letter from the Chief Executive or approved signatory within 10 working days. These are subject to the same confidentiality conditions as a formal complaint and explicit consent will need to be provided before the Trust can share confidential information. In the event that this is not provided a generic limited response will be sent.

Complaints brought by Commissioners on behalf of Complainants.

Complainants may raise concerns with the Integrated Care Board (ICB), Commissioning Support Unit (CSU) or NHS England. There is an expected response timescale of 15 working days, however there may be times when this is not possible due to the complexity of the complaint. This is ascertained on a case-by-case basis and the Commissioners will be informed of any potential delay as soon as possible and the timescale negotiated

accordingly.

We cannot respond to any complaint from the ICB without consent from the patient.

The ICB is able to intervene in the management of a complaint should they feel this is required.

5.2 CONFIDENTIALITY & CONSENT

Complaints will be handled confidentially and will be kept separate from patient health records. Care will be taken to ensure information should only be disclosed to those who have a demonstrable need to have access to it. Where necessary advice will be sought from the Head of Service Engagement and/or Deputy Director of Nursing and clinical staff as required.

Where it has been identified that the complainant or patient is a vulnerable adult or there are concerns around capacity, advice should be sought from the Safeguarding Lead.

Consent is to be sought for each complaint that is raised. The Complaints Office may make exceptions, for example in cases with limited capacity and this would be on a case-by-case basis.

Correspondence should be attached to the electronic complaint file held within Datix, with entries made in the progress notes section and not within the clinical record unless they are clinically relevant and then they should be edited to remove information relating to the complaint.

Data can be shared lawfully with third parties in the context of complaints where the third party is or had been a care provider to the patient and the complaint relates to them. In this case the steps set out in the Data Sharing Policy must be followed.

The timescale to respond starts the day after the date of receipt of the completed consent form, however it is often in the best interest of all parties to proceed with the complaint investigation as soon as a level of information has been received to conduct an investigation appropriately.

Consent is specific to a specific decision, i.e., it is not a general or universal. This means that specific consent is required to respond to complaints bearing in mind the implication that medical information may be shared as part of the process.

In cases where consent is requested, the complainant will be informed that the response will not be sent without this being received. Awaiting consent will not be a determining factor in investigating a complaint. Services have a duty to investigate concerns for improvement purposes and to ensure learning. In this case, the Investigating Officer is expected to carry out the complaints process and complete and upload an Investigating Officer's report to Datix, along with a draft response however this may contain limited information and limited to process and their experience.

Where a complaint is made on behalf of an existing or former patient who has not authorised the complainant to act on their behalf, care must be taken not to disclose personal health information without the patient's explicit consent.

In cases where a patient has died, the complainant must be the personal representative of the deceased. The Trust needs to be satisfied that the complainant is the personal representative. Where appropriate we may request evidence to substantiate the

complainant's claim to have a right to the information such as a portion of the will or a grant of probate.

By ensuring that all complaints are dealt with in the strictest of confidence the scope for patients, relatives or carers being treated differently as a result of the complaint will be minimised.

Competence is specific to a specific decision, i.e., it is not a general or universal competence. This means that in relation to a complaint by a parent on a child's behalf, the specific consent required relates to whether they agree with the specific complaint being made on their behalf and whether they are happy for it to be investigated, bearing in mind the implication that their parents may have access to information in the young person's medical records as part of the process. Consent is to be sought for each complaint that is raised. The Complaints Office may make exceptions, for example in cases with limited capacity and this would be on a case-by-case basis. If, however, there is clear evidence that the child has been assessed to be Gillick competent, then their express authority should be obtained before responding to the complaint as it will involve disclosing confidential patient information.

5.3 EXCLUDED FROM POLICY

The following complaints will not be dealt with under the Local Authority Social Services and National Health Service Complaints (England) Regulations (2009):

HR Investigations

Complaints investigations may highlight the need to consider a disciplinary investigation. Consideration as to whether or not disciplinary action is warranted is separate from the complaints process. The information gathered during the complaint investigation may be made available for a disciplinary investigation. Berkshire Healthcare has a duty to maintain staff confidentiality and are not permitted to share information regarding action against staff with the complainant other than that Human Resources Policies have been followed unless through agreement with a member of the Berkshire Healthcare Executive Team.

Where a complaint indicates the need for a referral to the disciplinary procedure, one of the professional regulatory bodies e.g., Nursing & Midwifery Council (NMC) or a criminal office, the investigation under the complaints procedures will only take place if it does not compromise or prejudice the concurrent investigation.

Legal action

Where a complaint is received and confirmed legal action is being taken or the police are involved a discussion within Berkshire Healthcare will need to take place to determine whether progressing the complaint could prejudice legal or judicial action. The Complaints Office will discuss the case with the Deputy Director of Nursing who may liaise with the Crown Prosecution Service and Police. In cases such as this, the Complaints Office will contact the complainant informing them that their complaint has been put on hold. Investigations and responses to complainants may be dealt with concurrently with both police and disciplinary proceedings unless to continue would impede one or both these investigations.

Staff grievances

Staff grievances are not managed through the Complaints Process. Berkshire Healthcare has local procedures for handling staff concerns about health care issues through line management, Freedom to Speak Up, Locality and HR support.

Freedom of Information and Data subject requests under the Data Protection Act 2018

The management of Freedom of Information (FOI) requests are separate from the Complaints process. Requests should be forwarded to the Trust Secretary for processing and response within the legislative timescale. The Trust Secretary is ultimately responsible for responding to any complaints about FOI requests. These sit outside the NHS Complaint Regulations and will therefore not be processed as a formal complaint.

The Data Protection Officer (DPO) is ultimately responsible for responding to any complaints where the data subject wishes to exercise a right under the UKGDPR, such as erasure or amendment of records. These sit outside the NHS Complaint Regulations and will therefore not be processed as a formal complaint.

Patient Safety Incidents

The Complaints Office share complaint information relating to an incident or near miss with the Trust Patient Safety Team. A decision will be made as to whether the concerns will be investigated and responded to as part of the Incident Management process in line with the Patient Safety Incident Response Framework (known as PSIRF), or as a complaint. The Complaints Office will inform the complainant if the concerns are being managed through PSIRF. If the concerns remain outstanding after this process has concluded, they will have the opportunity to raise them as a formal complaint.

Complaints about behaviour warning letters

The Compliance & Risk Team - Health, Safety & Security Management Specialists are ultimately responsible for responding to any complaints that arise from receiving behaviour letters. Refer to policy CCR036 Managing Aggression.

Parliamentary Health Service Ombudsman (PHSO) Cases

Complainants are advised of their right to take their complaint to the PHSO after the Trust has completed its duties as laid out in the NHS Complaints Regulations 2009. Investigation of other aspects of the complaint will only be undertaken if they do not, or will not, compromise or prejudice the concurrent investigation.

Lost Property

It is the responsibility of the ward to look for any lost property associated with a complaint, and any reimbursements will be at the discretion of the Service in line with the Berkshire Healthcare Guidelines for the Safe Keeping of Patient's Property and Monies CCR 034.

Alternative investigations

Where a complaint investigation highlights the need to act under any of the processes noted above it will be communicated to the complainant that the investigation will be undertaken through another route. The outcome of human resources investigations will not be shared with complainants.

5.4 MULTI-AGENCY COMPLAINTS

Where complaints are received about multiple agencies the Complaints Office will work with the Complaints Manager (or equivalent) of the other organisation(s) to agree joint arrangements for investigating of the complaint and ensure a coordinated response, in accordance with the Complaint Regulations.

One point of contact for the complainant will be agreed and a joint response provided, unless the complainant has indicated a preference to receive separate responses. This policy is also in line with the Section 75 agreements with the Local Authorities, where we are contracted to provide social care services; the Trust will liaise with the Local Authority if a joint response is required. Where a complaint relates solely to another external organisation the Complaints Manager will, with the permission of the complainant (and patient), seek to

forward the complaint onto the relevant person.

Where Berkshire Healthcare is not leading and is contributing to another Trust's response, it will work to co-operate to agree joint arrangements for investigating the complaint and ensure a coordinated response, upon receipt of appropriate consent.

5.5 CROSS LOCALITY COMPLAINTS

Where a complaint relates to multiple trust services effort should be made to conduct investigations into each area. This may include appointing two investigating officers, who provide two responses. It is the responsibility of the Complaints Office to amalgamate these responses into one letter that will be sent to the complainant.

5.6 ADVOCACY SUPPORT

The Complaints Office will ensure that all complainants have access to information about Local Authority commissioned Advocacy support (or other independent local advocacy service), depending on where they reside, who offer independent help, guidance or support when making a complaint. This information is provided in the acknowledgment letter whenever a formal complaint is made.

5.7 TIME LIMITS

Complaints must be made no later than:

- twelve months after the date the incident causing the complaint occurred; or
- twelve months after the date the subject of the complaint came to the notice of the complainant.

Complaints made outside of the established time limits will need to be reviewed prior to confirming an investigation can commence as these can prove difficult to investigate and resolve. This is in part because of the inability of staff to recall events sufficiently. This is a relevant factor to be considered in determining whether it will be possible to investigate a 'late' complaint effectively.

If there are good reasons for not having made the complaint within the above timeframe and, if it is still possible to investigate the complaint effectively and fairly, the Complaints Manager in collaboration with the service will consider this. If it is not possible to waive the time limit and the complaint is not accepted into the complaints procedure, an explanation of this will be provided to the complainant.

Record Keeping

In accordance with NHS code of practice: Parts 1 and 2 (April 2006, hard copy complaint files are to be kept for 10 years. Complaints files about babies and children where there is the possibility of future legal proceedings are kept until their 25th birthday. If the baby or child has died, the complaint file is kept for 10 years.

In line with The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, the Complaints Manager will bring to the attention of the Chief Executive and Head of Service and Engagement any cases where a response has not been sent 6 months after the date of receipt.

Further actions to be taken (and not limited to) are:

- Notify the complainant in writing and explain the reasons for the delay.

- Send the complainant in writing a response as soon as reasonably practicable within a timescale with the complainant.

5.8 RESPONSE TIMES

The Trust will ensure that all complaints are acknowledged within 3 working days, excluding the date of receipt. Further time will be needed where translation is requested. The Complaints Department will endeavor to do this in writing however, in some cases this can be done in a phone call. In instances where additional consideration is needed, such as translating it to another language or Braille this timescale may be extended. Where possible a verbal acknowledgment will still take place within the 3 working days but, if this is not possible, the complaint will be acknowledged as soon as the appropriate document is ready.

The Trust will endeavor to respond to all formal complaints within 25 working days however, there may be times when an extension is required, and the complainant will be made aware of this. We aim to respond to queries raised by constituents, via their MP within 10 working days.

There are no nationally set timescales for the resolution of complaints other than to state that NHS Trusts must send the complainant a written response, signed by the authorised person, as soon as reasonably practicable after completing the investigation. This should be within 6 months of the date the complaint was received or a longer period if agreed with the complainant.

If a response is not sent within a six-month timescale, then the Trust must notify the complainant in writing and explain the reason for the delay. The Trust should send the complainant a response as soon as reasonably practicable after this period. The Trust recognises the importance of ensuring that complaints are responded to promptly and within a timescale which is appropriate to the complaint that has been raised.

5.9 SUPPORT FOR STAFF INVOLVED IN A COMPLAINT

It is recognised that any incident, claim or complaint may be upsetting for staff, and that staff involved may need support. The complaints process aligns to the values of the Just Culture programme within the Trust, which demonstrates a cycle of continuous improvement and support for our staff and services. Complaints may also be stressful for the team as a whole, requiring openness and sensitivity, and providing the opportunity to discuss the event.

It is essential that all members of staff who are involved or named in a complaint or concern receive appropriate support. Each service area has a responsibility to provide support to staff involved in a complaint investigation. The level and extent of support required will be dependent on each case and everyone's identified needs. Staff can expect to be treated fairly and will be;

- Be told if they are named in a complaint.
- Be offered support.
- Have a chance to share their account of events to the investigating officer.
- Be told the outcome of the investigation as relevant to them.

It is the duty of the manager of any staff member involved in an investigation to support those members of staff affected and to ensure that they are aware of all sources of immediate or ongoing support which they may access. These are as follows:

- Berkshire Healthcare's Occupational Health Services will be able to see staff

who wish to self- refer for health advice or who are referred by their line manager.

- Trade union or professional organisation of which they are a member.

Staff and their managers should refer to Org 069 Dealing Positively with work related and personal stress for further advice.

6 COMPLAINTS PROCESS

6.1 Service Level Concerns

The objective of local resolution is to listen, respond and improve the service we provide.

Patients and relatives should be encouraged to raise concerns or make complaints as soon as possible and directly to the staff involved or to the manager of the ward/department. These concerns or complaints may be by letter, email, telephone or face to face. The patient or complainant's concerns should be addressed constructively and where possible will be dealt with immediately by the staff member approached. The complainant will be cared for sensitively and in an open and constructive manner.

If the staff member approached is unable to deal with the issue, they should promptly refer this to the more senior member of staff on duty at the time e.g. ward manager. If the staff member is unsure whether the concerns or complaint should be treated as a formal complaint, they should contact the Complaints Office at complaints@berkshire.nhs.uk where guidance will be provided.

To enable staff to keep a log of the concerns which are resolved on a day-to-day basis, the Local Resolution complaints module within Datix was created. This enables this information to be held in one place to enable trend analysis against informal and formal complaints and easy access for CQC monitoring.

6.2 Informal Complaints - Local Resolution

Should staff become aware of a Complaint that they feel can be dealt with locally the Service Manager or their nominated representative should contact the complainant directly and offer a consultation meeting where appropriate and manage the complainant's expectations accordingly. If the complainant is happy with the resolution from the meeting, then the service will need to complete the 'Local resolution' form on the intranet uploading all supporting documentation. The Service Manager is to inform the Complaints Office upon resolution of the complaint. Should the complainant remain dissatisfied, the complaint can be escalated to a Formal Complaint.

6.3 Formal Complaints

The Complaints Office deals with all formal complaints and consists of a Complaints Officer and Complaints Manager under the guidance and management of the Head of Service Engagement and Experience.

The role of the Complaints Office is to act as a point of contact to advise patient and their carers on the complaints process and to facilitate the administrative processes laid in statute within the complaint regulations. The Complaints Manager has been given delegated authority by the Chief Executive (as the Responsible Officer) to oversee the complaints process on a day-to-day basis.

The Complaints Office will liaise with complainant and Berkshire Healthcare staff in regard to

complaints received to ascertain if local resolution is attainable or agreed. The Complaints Manager will review the Investigating Officer's report and draft response to ensure that the complaint has been answered appropriately. They will seek clarification from Investigating Officers as necessary and prepare the final response for review and signature by the Chief Executive.

The Complaints Office is responsible for monitoring the management of each complaint, maintaining complaint information held within Datix and providing activity reporting on a monthly and quarterly basis. The Complaints Manager will review and provide an open complaint log (weekly SITREP) on a weekly basis to the Deputy Director of Nursing and Head of Service Engagement and Experience.

The Complaints Officer and Complaints Manager will facilitate training on how to use the Datix complaints modules, in addition to other training in regard to complaint management. The Complaints Manager will also be responsible for liaison with the Ombudsman in the event of a complaint referred to their office and under the direction of the Head of Service Engagement and Experience provide any statistical data required by Government Departments.

6.4 Investigation

The Complaints Office is to identify the service responsible for the complaint and communicate with the Divisional management to arrange for a full investigation to be undertaken within 15 working days from receipt of the complaint into the Complaints Office. There is flexibility in this deadline, on a case-by-case basis.

The Investigating Officer is asked to make verbal contact with the complainant where possible and as appropriate (for example, some complainants may ask for all correspondence to be via email or more formally state this as a Reasonable Adjustment) to introduce themselves and clarify any points within the complaint prior to the investigation starting, unless there is a clear reason not to, which is documented within the progress notes in the complaint record/ on the IO report.

All communication made during or as part of an investigation should be kept to form part of the investigation report. The progress note section within Datix is the location for day-to-day notes about the case and for documenting conversations with staff member and complainants. The Communication and Feedback areas of Datix is the preferred method of communication about individual complaint cases as this is an auditable process which forms part of the complaint record.

Copies of Statements and interview notes are to be uploaded onto the relevant Datix form as supporting documentation for the investigation along with the Investigating Officer (IO) report and draft service response letter. Any meeting or contact with the complainant (or lack of) is to be documented in the IO report. Any actions identified in the investigation should be recorded in the action plan section of the report. If no actions are identified, the Investigating Officer should make a note to that effect in the action plan section.

Berkshire Healthcare continues to monitor an internal target of complaint resolution within twenty-five working days. There is variation in the level and complexity of complaints, and some may require longer to thoroughly conclude the investigation and provide a full response. If a longer response time is required due to the complexity of the complaint, this should be identified at the start of the investigation and should then be agreed directly with the complainant by the Investigating Officer and negotiated accordingly, advising the Complaints Office so the dates can be amended accordingly on Datix. The complainant

should also be kept informed about the progress of the investigation at pre-agreed intervals with the Investigating Officer.

To aid in the investigation of complaints, a tabular timeline and fishbone diagram are recognised methodologies that can be used to support Investigating Officers in identifying root causes and the impacts of these. Templates can be found on Nexus and in Appendices 12 and 13.

6.5 Response to the complaint

The Investigating Officer is expected to provide a draft response letter to the complaint ensuring that any members of staff, who are named in the response, have the opportunity to see it before it is uploaded to Datix. The response is then reviewed by the Complaints Manager. Following any amendments by the Complaints Manager the letter is to be sent to the designated approver within the Division, either the Service Director or Clinical Director for their approval (or nominated deputy in their absence). Following receipt of this approval the letter is passed to the Chief Executive for sign off.

Once the Chief Executive is satisfied that this response answers the complaint, it will be signed and sent to the complainant.

7 COMPLAINT RESOLUTION MEETINGS

Complaint meetings can be effective to diffuse a potential complaint, resolve an ongoing complaint, or clearing up outstanding issues following a written complaint response. Meetings should be seen as a tool to assist resolution of the matter and lessen the likelihood of an escalation of the complaint.

The facilitator of the meeting (usually the Investigating Officer) is required to ensure that a dedicated note-taker is taken into the meeting. This person should not be connected to the complaint and ideally not a clinician. The recommendation is that this note-taker has attended the appropriate minute taking training, although it is not essential.

If there is a cost for parking consideration could be made for this to be waived – sending a permit in advance of the meeting and advising of any known issues with parking can help to reduce anxieties on the day.

7.1 Recording Complaint Meetings

Where a complainant wishes to make a recording of any meetings in relation to their complaint, they are asked to advise the Complaints Office beforehand.

8 DUTY OF CANDOUR

The Trust is committed to the principle of openness and having open and honest communication with patient's/service users or with those that have parental responsibility. The commitment to openness extends to carers or relatives but only with the expressed consent and permission of the patient/service user to ensure the patient's rights are advocated and confidentiality adhered to.

NHS Trusts are required to comply with the Duty of Candour and tell patients if their safety has been compromised and harm has been caused. The Trust will ensure that patients (and carers, if appropriate) receive a prompt apology for any incidents when this has occurred, whether a complaint has been made or information has been requested and ensure that lessons are learnt to prevent them from being repeated. Full details of the Duty of Candour

are given in the Being Open Policy and form part of the PSIRF.

9 LEARNING FROM COMPLAINTS

Concerns and complaints provide the Trust with an opportunity to identify when improvements to services and to individuals' practice need to be made. Staff should be reassured that complaints are not about apportioning blame. Saying sorry is not an admission of legal liability.

10 DISCRIMINATION

The Trust wishes to encourage feedback of its services. It is therefore imperative that anyone who makes a complaint (or whose carer or relative makes a complaint) is not discriminated against because of this. Such behaviour from any member of staff will not be tolerated and appropriate disciplinary procedures will be implemented should the need arise. The Trust will ensure that patients, relatives, carers and members of the public are reassured that they will not be discriminated against as a result of raising a concern or complaint.

11 HABITUAL, VEXATIOUS AND UNREASONABLY PERSISTENT COMPLAINANTS

Complaints about Berkshire Healthcare are dealt with in accordance with Berkshire Healthcare complaints procedures. During this process Berkshire Healthcare staff inevitably have contact with a small number of complainants who absorb a disproportionate amount of Berkshire Healthcare resources in dealing with their complaints.

The aim of this section is to define possible situations where the complaint might be considered to be habitual, vexatious or unreasonably persistent and to provide a framework for managing these complainants.

It is emphasised that identifying complainants as habitual, vexatious or unreasonably persistent should only be used as a last resort and after all reasonable measures have been taken to try to resolve complaints following the Berkshire Healthcare complaints procedures, for example through local resolution, conciliation, or involvement of advocacy services as appropriate. Judgement and discretion must be used in applying the criteria to identify potential habitual, vexatious or unreasonably persistent complainants and in deciding action to be taken in specific cases.

It can be difficult for staff to respond to or deal with these complainants and support may be needed.

Who are Habitual, Vexatious and Unreasonably Persistent Complainants?

Unreasonably persistent complainants are those that raise the same or similar issues repeatedly, despite having received a full response to all the issues they have raised. Habitual complainants may raise several complaints, either in series or contemporaneously, which may or may not have similar issues raised. Vexatious complainants can cause frustration, worry or actual concern for staff welfare. These terms are not mutually exclusive, and a complainant may be any combination of the three or indeed all three.

Actions which may indicate a complainant might be considered habitual, unreasonably persistent or vexatious include:

- Persisting in pursuing a complaint where the NHS complaints procedure has been fully and properly implemented and exhausted.
- Changing the substance of a complaint or continually raise new issues or seeking to prolong contact by continually raising further concerns or questions upon receipt of a

response whilst the complaint is being addressed. (Care must be taken not to discard new issues which are significantly different from the original complaint. These might need to be addressed as separate complaints.)

- Being unwilling to accept documented evidence given as being factual, e.g. drug records, nursing records or deny receipt of an adequate response in spite of correspondence specifically answering their questions or do not accept that facts can sometimes be difficult to verify when a long period of time has elapsed.
- Not clearly identifying the precise issues which they wish to be investigated, despite reasonable efforts of staff and, where appropriate, advocacy services to help them specify their concerns, and/or where the concerns identified are not within the remit of Berkshire Healthcare to investigate.
- Focusing on a trivial matter to an extent which is out of proportion to its significance and continue to focus on this point. (It is recognised that determining what is a 'trivial' matter can be subjective and careful judgement must be used in applying this criteria.)
- Threatening or using actual physical violence towards staff at any time - this will in itself cause personal contact with the complainant and/or their representatives to be discontinued and the complaint will, thereafter, only be pursued through written communication. All such incidences should be documented as an incident on the Datix incident module as well as in the Complaint file and the Berkshire Healthcare Security Management Service contacted.
- Having in the course of their complaint had an excessive number of contacts with Berkshire Healthcare and thus placing unreasonable demands on staff. A contact may be in person or by telephone, letter, email or fax. Discretion must be used in determining the precise number of "excessive contacts" applicable under this section, using judgement based on the specific circumstances of each individual case.
- Harassing, being personally abusive, or verbally aggressive towards staff dealing with their complaint. Staff must recognise that complainants may sometimes act out of character at times of stress, anxiety, or distress and should make reasonable allowances for this. They should document all incidents of harassment as an incident on Datix as well as in the Complainants file and the Berkshire Healthcare Security Management Service contacted.
- Use unacceptable language, bearing in mind that some people do use swear words as part of their everyday conversation.
- Being racially abusive or showing any other kind of discrimination.
- Displaying unreasonable demands or patient/complainant expectations and failing to accept that these may be unreasonable, such as insisting on responses to complaints being provided more urgently than is reasonable, demanding staff dismissal, or providing a "penalty" for non-compliance with their wishes.
- Sending indecent or offensive items to staff or their families in the post, or hand-delivering indecent or offensive items to staff or their families.
- Contacting staff members by any means outside of work – for example, ringing their home phone number, waylaying them in the street or contacting via social media.
- Refusing to adhere to previously agreed communication plans sent to the complainant. Please note this list is not exhaustive.

The Complaints Manager together with the Complaints Officer and local service will determine the point at which a specific complainant will be considered to be habitual, unreasonably persistent and/or vexatious. They will also agree on the appropriate course of action. This will vary on a case by-case basis.

An option before formally placing the Unreasonably Persistent Complainant (UPC) status on a complainant, is to structurally manage the contacts between the Trust and IO, such as setting up a shared inbox with a single point of contact responding to emails on an agreed

frequency. This does not impact the right of reply for the complainant and is used as a mechanism to support the services and the Trust in managing the requests for information/complaints from this person and to respond in a consistent way.

It may be that one course of action is taken when the patient is identified as being habitual, persistent and/or vexatious and has then to be followed by others should the initial action prove unsuccessful. Whatever the action to be taken, complainants should be informed of their right to go to the Ombudsman. Possible courses of action that may help to manage these complainants include, but are not limited to:

- Placing time limits on telephone conversations and personal contacts.
- Restricting the number of calls, letters or emails that will be taken or made.
- Requiring contact to be made with a named member of staff.
- Requiring contact to be made through a third person, such as an advocate.
- Limiting the complainant to one mode of contact e.g. in writing only
- Requiring any contact takes place in the presence of a witness.
- Refusing to register and process further concerns or complaints about the same matter.
- Informing the complainant that future correspondence will be read and placed on file, but not acknowledged. In this case the complainant should receive a letter from the Chief Executive stating they have responded fully to all points raised and have tried to resolve the complaint, but there is nothing more to add and continuing contact on the matter will serve no useful purpose.
- Advising that the organisation does not deal with correspondence that is abusive or contains allegations that lack substantive evidence. Request that the complainant provides an acceptable version of the correspondence or make contact through a third person to continue communication with the organisation.
- Advising that irrelevant documentation will be returned or filed.
- Drawing up a signed 'agreement' with the complainant (if appropriate, involving an advocate) which sets out a code of behaviour for the parties involved if Berkshire Healthcare is to continue processing the complaint.
- Inform the complainant that in extreme circumstances Berkshire Healthcare reserves the right to pass unreasonable or vexatious complaints to Berkshire Healthcare's solicitors.
- Temporarily suspend all contact with the complainant or investigation of a complaint whilst seeking legal advice or guidance from the Parliamentary and Health Service Ombudsman, or other relevant agencies.
- Advising the complainant in writing that they may be classified as an unreasonably persistent complainant and advise them to take account of the criteria in any further dealings with Berkshire Healthcare.

- If the complainant's contact is considered to be abusive and/or threatening, the Police may be contacted. Berkshire Healthcare's Local Security Management Specialists are to be contacted in the first instance in such cases and will offer advice about the long-term management of complex cases. If there is a threat of physical harm, the Police will be contacted.

Once a restriction is decided on, a report should be written by the Complaints Manager stating why the patient is being deemed vexatious, unreasonably persistent and/or habitual, along with supporting rationale.

The Complaints Manager will also draft a letter to the complainant to inform them about the decision and what it means for their future contact with the organisation; how long those restrictions will remain in place; and advised that they have the right to go to the Parliamentary and Health Service Ombudsman. The letter will also give the details of the appeal process and the person they need to contact to pursue this. It may also be appropriate for a final response letter to be sent listing every point the complainant has ever raised and Berkshire Healthcare's answer to it; this will be at the discretion of the Complaints Manager. There will be a review, as appropriate, of the UPC status with governor involvement. Any complaints about this review will not be responded to by the Trust and are to be signposted to the Parliamentary and Health Service Ombudsman.

Both the letter and the rationale will be given to the Chief Executive, or nominated deputy, who will have the final say in whether they accept the rationale and sign the letter. Once approved, the Head of Service Engagement and Experience (HoS) needs to be informed of the decision. As the HoS is the contact for the appeal process, they cannot be part of the decision-making process, but they need to be aware of such cases.

This notification may be copied for the information of others already involved in the complaint, e.g. GPs, Independent Complaint Advocacy Services and Members of Parliament. A record must be kept for future reference, in the complaint file of the reasons why a complainant has been classified as unreasonably persistent. This will not form part of their medical records, electronic or paper.

The Complaints Manager is responsible for ensuring the rest of the Complaints team, including PALS officers, Clinical Directors and any relevant clinicians are informed.

An individual shall not be eligible for Berkshire Healthcare membership if they have been confirmed by Berkshire Healthcare to be a habitual, vexatious or unreasonably persistent complainant.

Note that if a complainant is to have limits made on their contact with Berkshire Healthcare by phone or in person, or has been advised that staff will not be discussing matters with them, it may be helpful for staff to have an agreed, prepared statement available to be used at such times. This must be shared with relevant administrative staff.

Withdrawing/Reviewing Habitual, Unreasonably Persistent or Vexatious Status

The letter to the complainant will give a time period in which the Trust will review the status. At this review, a panel consisting of the Complaints Manager and nominated governors will convene and review activity following the implementation of the status. The panel will decide if the status is to be removed, or if it is to remain in place for an extended period.

Should the status be withdrawn, it would always be with the provision that it could be re-instituted at any time. This would be on the decision of the review panel, and the Complaints Manager would prepare a letter for the Chief Executive to sign but would not need to provide further rationale.

New Complaints from Habitual, Vexatious and/or Unreasonably Persistent complainants
 It is important to remember that new complaints from complainants will still need to be investigated should the Complaints Manager decide they are indeed new complaints and not the same complaint but coming from a different angle. If the complainant is a habitual complainant, that is, complaining of many new issues, the Complaints Manager will discuss the issue with the Head of Service Engagement to decide whether the new complaint should be responded to. It may be more appropriate to investigate the matter but not to respond to the complainant, so that any concerns are looked at fully.

However, restrictions placed on how a complainant may maintain contact with Berkshire Healthcare might still be considered appropriate in the management of any new issues
 Implications of the Human Rights Act have been taken into account in the formulation of this document and they have, where appropriate, been fully reflected in its wording.

12 MEDIA INTEREST

The Complaints Office will inform the Trust Marketing and Communications Team of any cases where the complainant has either directly or indirectly indicated that they will be approaching the media. The Marketing and Communications Team may prepare a statement as appropriate. They also oversee Trust membership, and will be contacted when a complainant has been classed as UPC; as stated above they will no longer be eligible to be a member of the Trust and as such will be removed from the membership listing.

13 MONITORING PROCESSES

Measurable policy objectives	Monitoring/ audit method	Monitoring responsibility (individual/group /committee)	Frequency of monitoring	Reporting arrangements (committee/group to which monitoring results are presented)
The process for listening and responding to concerns/complaints of patients, their relatives and carers	Formal complaints database	Complaints Officer/ Complaints Manager	On-going	Weekly SITREP
	Patient Experience Report (internal)	Head of Service Engagement and Experience	Quarterly	Executive Committee, Berkshire Healthcare Board
	Patient Experience Report (external)	Head of Service Engagement and Experience	Quarterly	Via Quality Schedule (Commissioners) Berkshire Healthcare and Healthwatch meeting
	Quality Account	Head of Service Engagement and Experience	Quarterly	Quality Assurance Group, Executive Committee

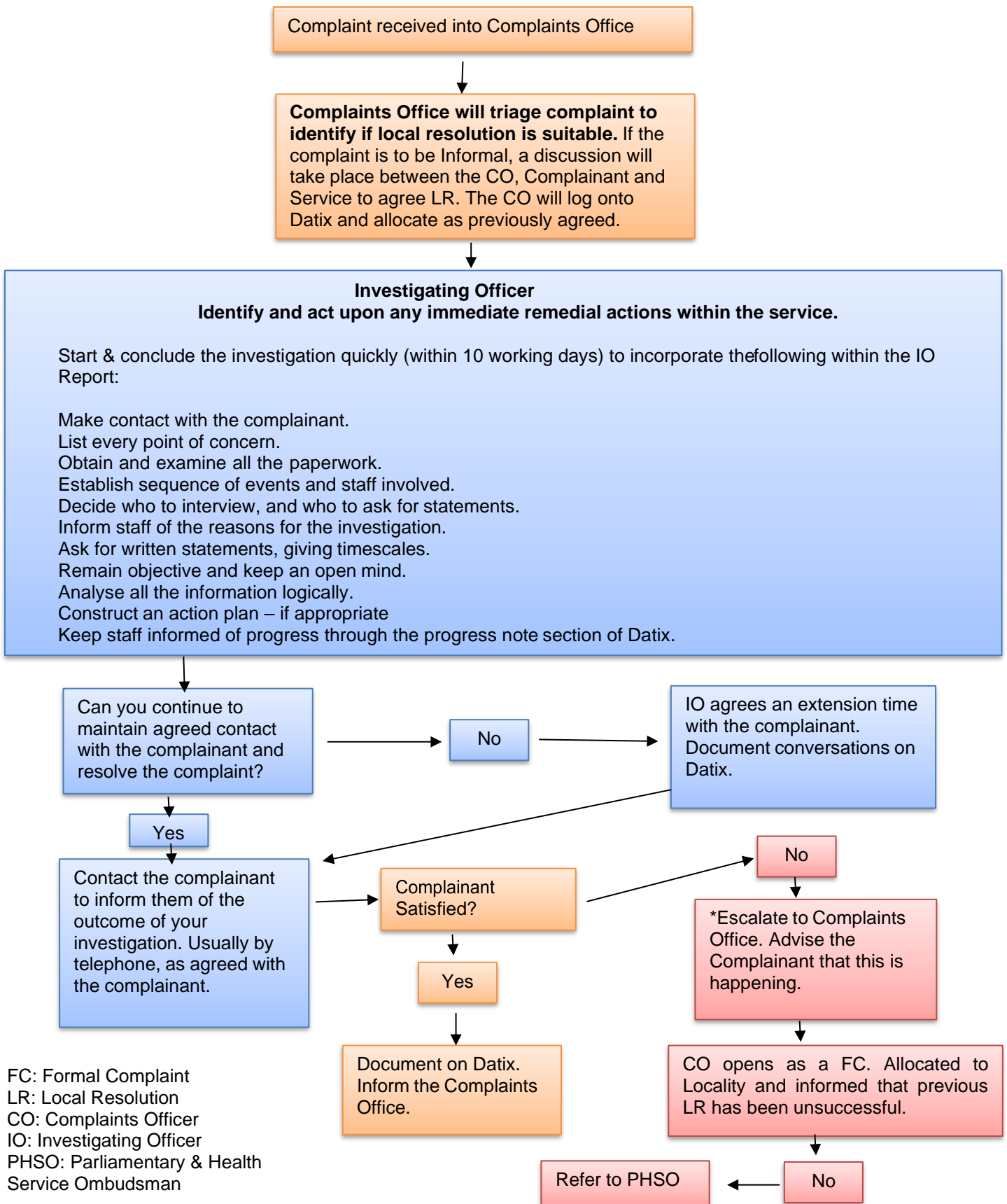
The process by which the organisation aims to improve as a result of concerns/complaints being raised	Patient Experience Report	Head of Service Engagement and Experience	Quarterly	Executive Committee Berkshire Healthcare Board
	Complaint Training	Complaints Manager/Head of Service Engagement and Experience> Essential Skills for Managers Training	Adhoc basis	Monitored through quarterly Patient Experience Report
	Action Plans	Service Managers/Locality Directors	Monthly	Divisional meetings and discussions
		Complaints Officer/Complaints Manager	Adhoc	Via diary management and scheduling of prompts for actions identified in complaints responses
Actions for managers or individuals to take if staff member involved with a complaint is experiencing difficulties associated with the complaint.	Audit	Complaints Manager/Head of Service Engagement and Experience	Adhoc	
	Formal Complaints database			
	Locality Directors to be informed in the event of Complaints Team becoming aware Locality staff experiencing difficulties.	External Auditors		
Actions for managers or individuals to take if staff member involved with a complaint is experiencing difficulties associated with the complaint.	Audit	Complaints Manager/Head of Service Engagement and Experience	Adhoc	
	Formal Complaints database			
	Locality Directors to be informed in the event of Complaints Team becoming aware Locality staff experiencing difficulties.	External Auditors		

Complaints	Severity score (impact levels) and examples of descriptors				
	1	2	3	4	5
Domains	Low	Minor	Moderate	High	Severe
General principles and adverse publicity	<p>No impact or risk to provision of care.</p> <p>Unsatisfactory patient experience not directly related to clinical care.</p>	<p>Unsatisfactory patient experience related to care, usually single resolvable issue.</p>	<p>Patient outcome/experience below reasonable expectation in several areas but not causing lasting detriment.</p> <p>Major patient safety implications if findings are not acted on</p> <p>Slight potential for litigation/ independent review.</p>	<p>Significant issues of standards, quality of care, or denial of rights.</p> <p>Clear quality assurance or risk management implications or issues causing lasting detriment that require investigation.</p>	<p>Catastrophic issues regarding serious adverse events, long-term damage, grossly substandard care, professional misconduct or death that require investigation. Serious safety issues. Probability of litigation high and strong possibility of adverse national media publicity.</p>
Level of service failing	<p>Treatment or service suboptimal</p>	<p>Treatment or service suboptimal.</p> <p>Minor implications for patient safety if unresolved</p>	<p>Treatment or service significantly reduced</p> <p>Waiting time beyond expected timeframe but not causing lasting detriment.</p>	<p>Service suspended.</p> <p>Waiting time beyond expected timeframe causing lasting detriment.</p> <p>Multiple failings in care / service provision identified</p>	<p>Closure of service Major injury/incapacity Eg) MRSA bacteraemia Totally unacceptable level or quality of treatment or service / gross failure of patient safety if findings not acted on / linked to an inquest or ombudsman case</p>

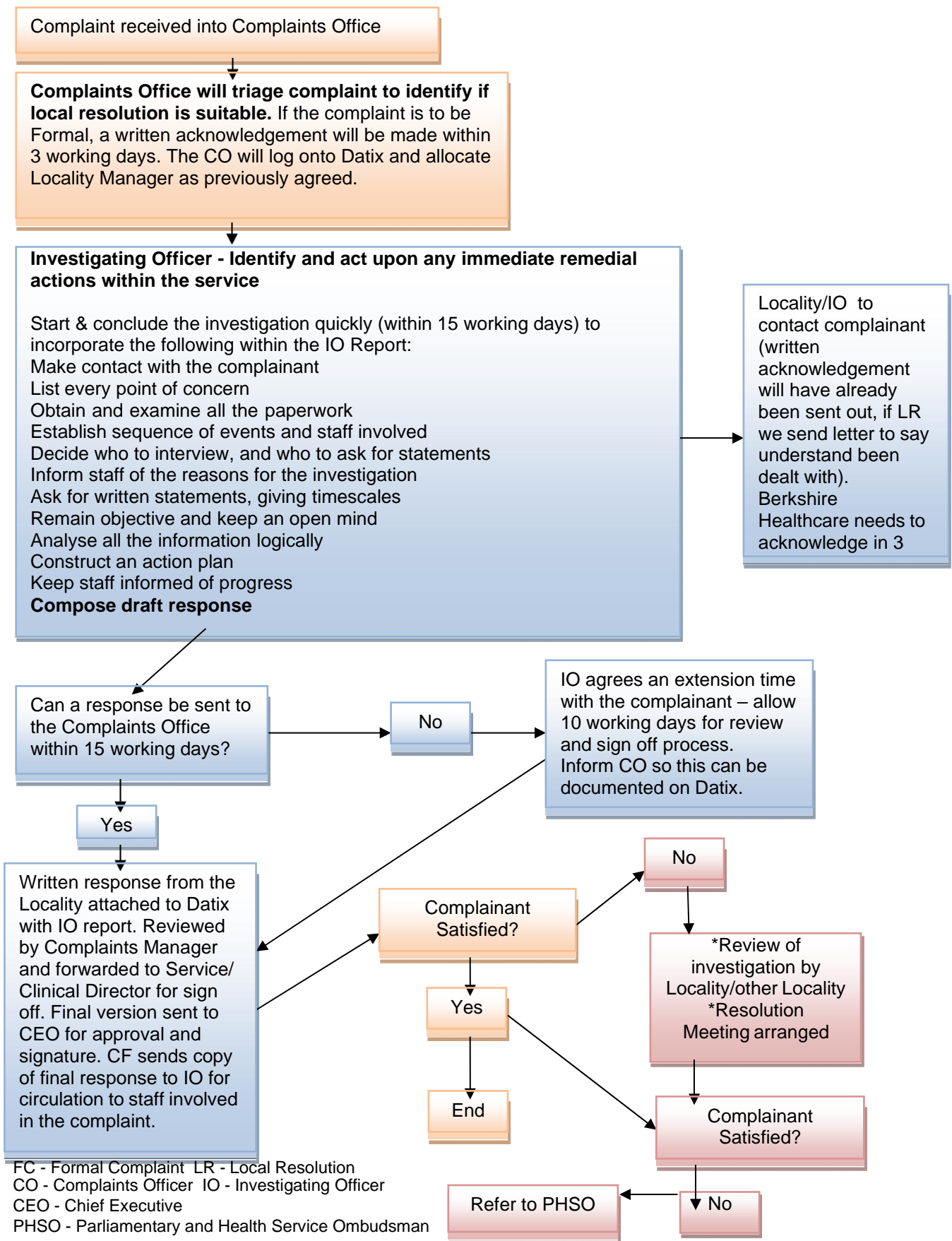
Standards (Trust, specialist, national)	Potential failure to meet standards	Single failure to meet standards	Repeated failure to meet standards / reduced performance rating if unresolved	Non-compliance with national standards with significant risk to patients if unresolved / multiple complaints/ independent review	Gross failure to meet standards
Staff behaviour		Unhelpful / poor attitude	Rude	Racist / homophobic/ unprofessional conduct	Physical / other abuse Allegation of significant fraud
Breach of confidentiality		Correspondence sent to wrong patient – no medical details, letter destroyed	Correspondence about medical condition sent to incorrect patient	Multiple breaches or material of highly sensitive nature	Loss of documents in public place/ public domain / Serious incident / ICO action likely
Time frame	Slight delay in appointment/procedure	Delay of 1-3 hours Cancellation of appointment on day with no impact on condition	Cancellation of appointment on more than one occasion or deterioration of condition Impact is prolonged hospital stay 1- 3 weeks	Impact is lasting detriment to patient's physical condition/ increased hospital stay of > 3 weeks Missed / delayed diagnosis	Impact is death
Financial impact			Theft or fraud up to £1000	Theft or fraud >£1000	Litigation/ theft >£1000

14 [APPENDICES](#)

Appendix 1: Informal Complaint (IFC) Process



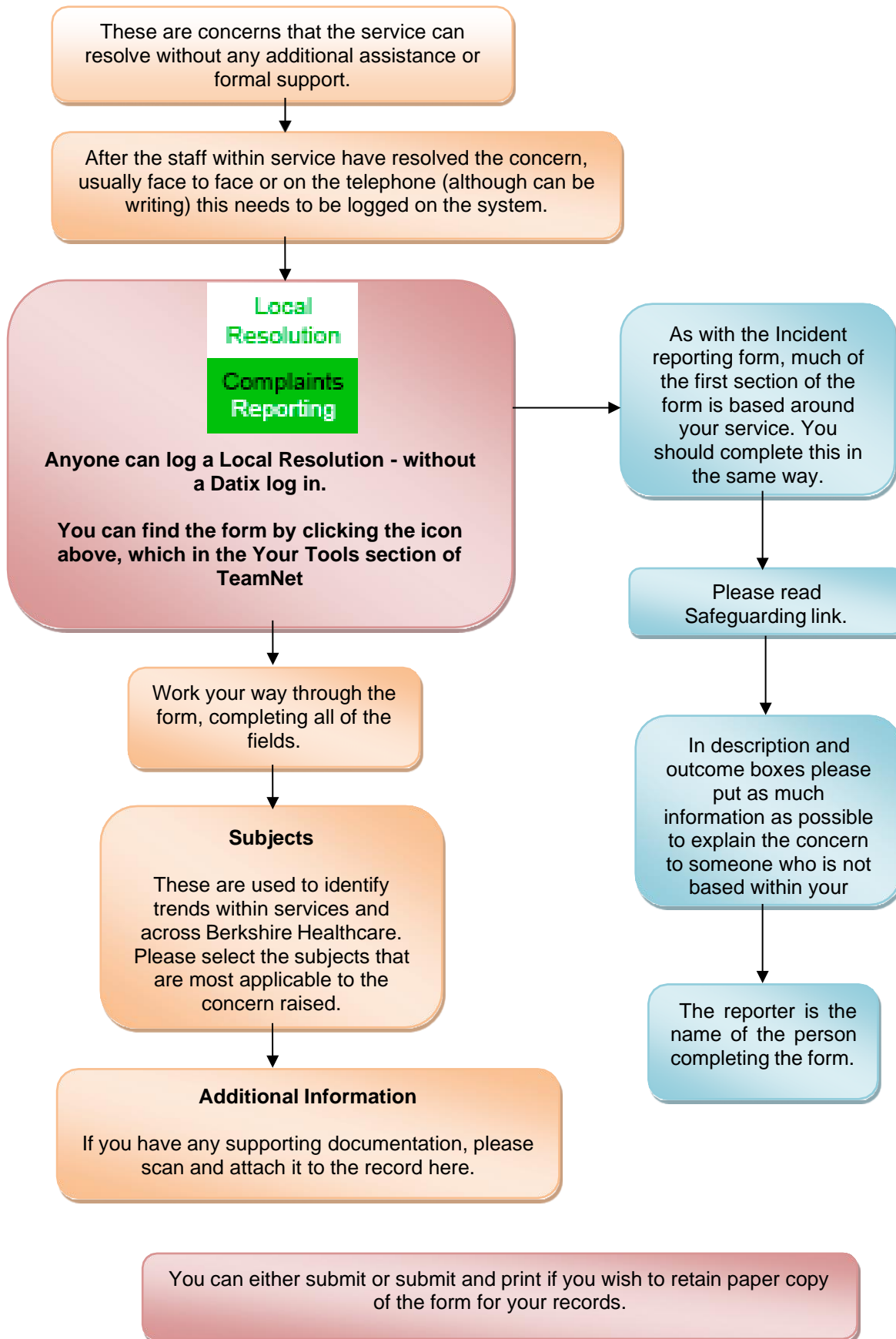
Appendix 2: Formal Complaint (FC) Process



Appendix 3: Example of documentation contained within an electronic complaint file

Stage	Required
Acknowledgement	Patient/complaint contact details
	Initial Complaint (letter, email etc)
	Completed consent (if applicable)
	Complaint notification to Locality for investigation
	Acknowledgement letter
Investigation	Progress notes: <ul style="list-style-type: none"> • telephone conversations or face to face conversations regarding the progress of the complaint • any meetings held about the complaint or with the complainant
	A fully legible copy of the relevant sections of the clinical records, including the results of investigations, records of nursing care, drug charts, observation records and communication sheets
	Records of investigation including staff statements and interviews with staff.
	Record of re-negotiation – in progress notes and drop down
	Uploaded into document section, any other written correspondence including email between Berkshire Healthcare and the complainant and with any other person or organisation about matters related to the complaint.
	Uploaded into document section – minutes of any meetings held with the complainant
	Completed Investigating Officers Report
	Actions entered and allocated within Datix
Response	Locality draft response
	Complaints Office review version of draft response
	Chief Executive final signed letter
Learning	Evidence of learning (e.g. - Minutes of meetings /emails/ revised leaflets)
	Review and progress against identified actions.
As required	Links to any reported Incidents relating to the complaint
	Links to any previous formal complaints (Secondary Complaints)
	Links to any PHSO complaints

Appendix 4: Local Resolution concern reporting Process



Appendix 5: Example of Acknowledgement letter



Berkshire Healthcare
NHS Foundation Trust

PRIVATE AND CONFIDENTIAL

London House
London Road
Bracknell
Berkshire
RG12 2UT

Tel: 0300 247 3000
complaints@berkshire.nhs.uk

Date
Our ref: 2024/XX-XXXX

Dear

I am writing on behalf of Julian Emms, Chief Executive, to acknowledge receipt of your **XXX** received on **DATE**. I am sorry that you have had cause to complain regarding **XXXXXX**. I confirm I have asked that your concerns be investigated as a formal complaint to be dealt with in accordance with the Local Authority and NHS Complaints (England) Regulations 2009.

What happens next

An Investigating Officer will be assigned to your complaint and will collate all information relevant to the issues you have raised. The investigation is a fact-finding exercise making sure that Berkshire Healthcare is open, honest, thorough, fair and responsive. The Investigating Officer may be in contact with you as part of their investigation.

Responding to your complaint

We try to resolve issues quickly and effectively and we aim to send a written response to you by **DATE**. Sometimes our investigations may take longer than expected and, if this were to happen, the investigating officer will contact you to advise you of any reasons for the delay and agree a date with you of when you should expect to receive a response.

Independent advocacy advice and support

If you would like assistance with any part of your complaint, there are organisations able to offer independent advice and support to guide you through the NHS Complaints Procedure. For details please check on our website at: <https://www.berkshirehealthcare.nhs.uk/contact-us/our-patient-advice-and-liaison-service-pals/advocacy-groups/>

Yours sincerely

Complaints Office

Patient feedback - what to do if a patient raises a concern or complaint

Introduction

Berkshire Healthcare welcomes feedback from patients about their care so that we can learn how to improve the way we do things and put things right if we get them wrong. We actively encourage patients and services users to raise issues or concerns if they have them and we want staff across Berkshire Healthcare to feel empowered to deal with any issues a patient may raise during their time under our care.

Often patients will not know who or how they can raise an issue so that it gets dealt with. Equally as a member of staff you may be unfamiliar with what you should do if a patient raises an issue which needs resolving. Resolving an issue quickly and feeding back to the person concerned what you have done in response to their concern is often enough for it to stop it becoming a formal complaint. It also helps the patient feel as if their views are taken seriously.

This brief guide explains the part you can play in dealing with issues or complaints raised by patients...

What to do if a patient or service user raises a concern?

- Take personal responsibility for dealing with the issue. Many issues raised by patients are a result of a misunderstanding or a miscommunication therefore sitting and talking to the patient and understanding their views can help resolve those issues.
- Ideally many of the issues raised will be things that can be put right quickly so that we solve the problem whilst they are still with us and they can see how we have made things better.
- If the issue the patient raises is one that will take some time to resolve, keep them informed about how you are getting on with dealing with the problem they have raised to demonstrate how it is being taken seriously.
- Sometimes a patient might be worried about providing feedback as they may feel this might affect their care. Be as open as possible in welcoming feedback and encourage the patient's relative and visitors to provide feedback to you and the Ward Manager or Head of Department.
- Despite your best efforts, if the patient is still unhappy or the issue you are dealing with is too complex, seek advice and support from your Ward Manager or Head of Department (or equivalent) and give the patient the chance to talk to them direct.
- The vast majority of issues and concerns should be easily solved at ward or department level and very few will need the input of the Patient Advice and Liaison Service (PALS) or Complaints Team but if you have tried to resolve the issue and the patient still requests to make a complaint it is at this stage you should seek advice from PALS.

Who are the Patient Advice and Liaison Service (PALS)?

PALS assist patients and carers from across Berkshire Healthcare with the following:

- Listen to any problems patients may have in relation to their health care or the health care of a loved one or friend.
- Help them ask questions about their health services.
- Tell them about help and support groups for the patient or their carer.
- Provide information on NHS services.
- Help sort out problems quickly on behalf of the patient or relative.
- Use their feedback to help improve future services.

Who are the Complaints Team?

The Complaints Team can provide support to you as a member of staff if you are trying to resolve a complaint or issue from a patient and should be contacted only where all other attempts at resolution have been explored.

How to contact the Complaints Team

If you have tried to resolve the issue or complaint through the route described above but without success and the patient still wishes to make a Formal Complaint, they can write to the team or call them on:

Complaints Department
Berkshire Healthcare
London House
London Road
Bracknell
Berkshire
RG12 2UT

Complaints@berkshire.nhs.uk

Telephone: 0118 904 3420

What happens then?

On receiving a formal complaint, the Complaints Team will begin the investigation process and assign the complaint to the appropriate Locality. This will then be sent to an appropriate Manager (Investigating Officer or IO) within the service, or in some cases outside of the service outside of the service the complaint is about. This IO will look at all the information, speak to staff and look at records before preparing the information for a full response. An Investigating Officer's report is then to be completed alongside a draft response. After this has been reviewed and checked by the Complaints Office, it is sent to the Clinical Director for internal approval. The approved response is forwarded to the Chief Executive who will read and sign off the response. The response should detail the outcome of the investigation, what issues have been found and, where appropriate, what actions have been taken to improve systems or processes in the future. The Chief Executive does seek clarification on aspects of the response and complaint investigation where appropriate.

Berkshire Healthcare responds to formal complaints within a maximum of 25 working days unless agreed otherwise with the complainant. The internal deadline for a response from the IO is 15 working days. It can take some time to investigate a complaint and prepare a thorough response for the

complainant therefore it is always more preferable to try to resolve issues locally way before it reaches this stage. It is the responsibility of the Investigating Officer to maintain contact with the Complainant and re-negotiate a revised timescale for completion as necessary.

Need help or advice?

PALS Manager: 0118 9043467

Complaints Office: 0118 904 3420

Appendix 7: Governor Guidelines on how to deal with a complaint or concern



Berkshire Healthcare

NHS Foundation Trust

Governor Guidelines on how to deal with a complaint or concern

Governors provide an important link between Berkshire Healthcare and their constituents, enabling Berkshire Healthcare to reflect the interest of current and prospective service users.

While welcoming ideas, suggestions and general comments, it is not the responsibility of Governors to deal with individual personal complaints about Berkshire Healthcare, or the care and treatment received by those who access its services.

As a Governor, you may receive complaints from a number of different sources and it is important that you listen to individuals' account of events rather than responding to complaints. This may include being given access to confidential patient information. This information should be kept confidential and not disclosed without the written consent of the individual. It is important to be empathetic whilst remaining objective.

There are many issues that patients raise about their or their relatives care that can be resolved without going through the Formal Complaints process. Patients or their families/carers should be referred to ward or service in the first instance, or to the Patient Advice and Liaison Service (PALS) as quickly as possible.

It is important that you acknowledge what is being said and make good eye contact. Make a note of preferred contact details and advise the person who is raising a concern that a member of PALS staff will be in contact as soon as possible.

If you are contacted by telephone, don't forget to ask for a contact telephone number. Pay particular attention to the tone of your voice and try to be accurate with the words that you use. Don't be afraid to say 'sorry', it does not commit you in a legal sense and explain that you will be asking someone from PALS to look into their concerns.

You can contact the PALS Manager on:

Tel: 0118 904 3420

NHS Choices Website: this is monitored by PALS who liaise directly with the Service Managers as appropriate. Feedback posted on NHS Choices is reported in the quarterly Patient Experience Report.

There may be circumstances or issues of concern that governors do not feel able to raise at a Governors Council meeting or committee meeting. It is important that governors feel able to raise any issues of concern and such issues can be raised with Company Secretary and Head of Service Engagement and Experience.

Individual concerns and complaints should be raised with PALS as swiftly as possible, and should not be held until a Governors meeting for sharing.

INVESTIGATING OFFICER'S REPORT
(To be uploaded to Datix with draft response) –

Please ensure you inform the Complaints Office when uploading documents to Datix

Name of Patient: **XXXX**

Complaint No: **XXXX**

Service User ethnicity:

Date response due: **XXXX**

Service User GP Surgery (including Town):

Brief summary of complaint and key issues raised.

- 1.
- 2.
- 3.
- 4.
- 5.

Provide brief details of any meetings held with complainant: (Include date, who attended)
Please attach notes/minutes of the meeting

IF YOU HAVE NOT CONTACTED THE COMPLAINANT - PLEASE DETAIL WHY?

Independent Clinical Advice taken **YES/NO**
Details of Advisor & advice provided

Action taken as part of investigation:
(e.g., statements from staff, documentation reviewed)
Please list full names of any staff including their job role and attach notes/minutes/statements

Conclusions of Investigating Officer: (ensure each number listed in key issues has been addressed)

Complaint Severity	Severity score – See Appendix 1 for guidance				
	Low	Minor	Moderate	High	Severe

Investigating Officer's outcome	
Not upheld	
Partially upheld	
Fully upheld	

**Actions recommended to prevent recurrence: (to include responsible Manager and timescale)
 These will ALL be shared with the complainant. Please add extra lines as needed**

Action	Owner	Due date

Investigating Officer Details

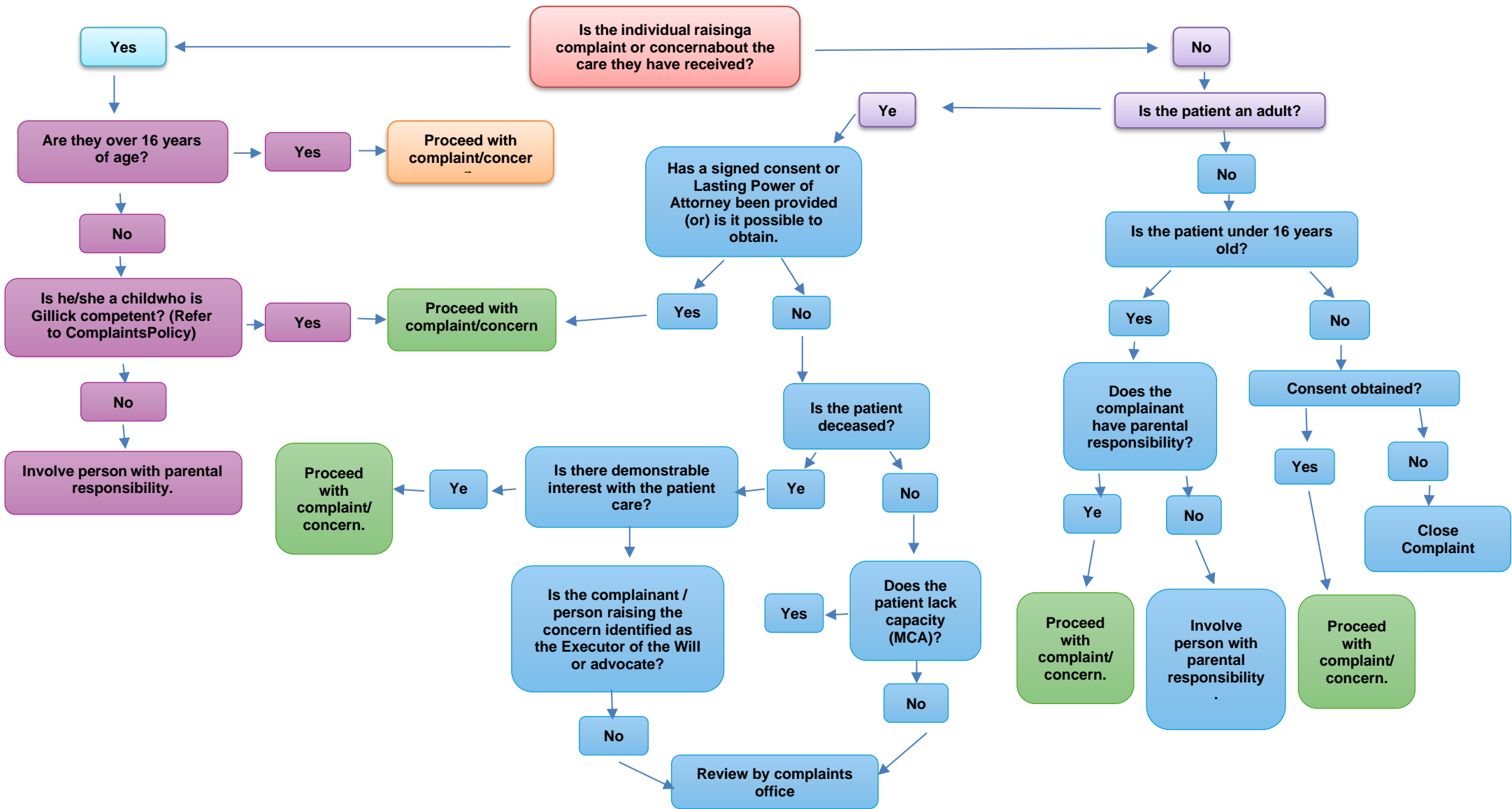
Name:

Date:

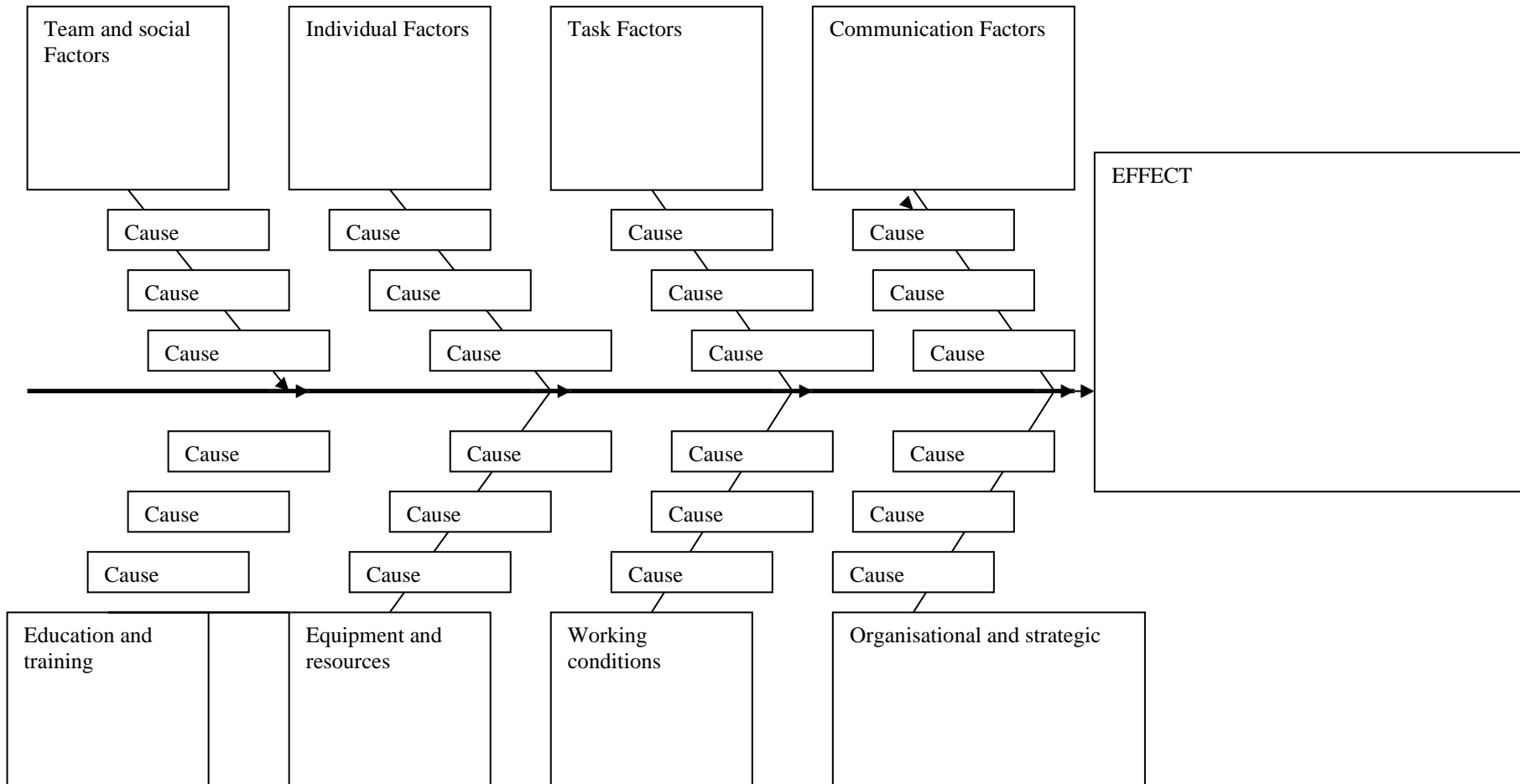
Job Title

Locality/Area

Appendix 9: Consent Flowchart for Complaints and Concerns



Appendix 11: Fishbone - Diagram



15 EQUALITY IMPACT ASSESSMENT

Equality Analysis – Template

‘Helping you deliver person-centered care and fair employment’

Title of policy/programme/service change being assessed:	COMPLAINTS POLICY			
Date of Assessment:	April 2024			
Assessment Author:	Head of Service Engagement and Patient Experience and Complaints Manager			
1. Briefly describe the aims, objectives and purpose of the policy/programme/service change.				
<p>This policy outlines the revised Complaints procedure issued in April 2009 and provides guidance to staff and complainants on Berkshire Healthcare’s approach in dealing with complaints from service users and relatives.</p> <p>Updated following revision with internal processes</p>				
2. Who is likely to be affected by the policy/programme/service change?				
This policy is intended to provide information and guidance to staff and complainants.				
3. Analysis of Impact - what impact will the policy/programme/service change have on protected groups. Indicate below whether the impact on each protected group will be positive, neutral or negative and give a reason for your assessment.				
Protected Characteristic	Nature of any Impact			Reason for Impact Identified
	Positive	Neutral	Negative	
Sex		X		All groups will be treated equitably
Age		X		All groups will be treated equitably
Disability		X		Reasonable adjustments are considered within this policy.
Race/Ethnicity		X		All groups will be treated equitably
Religion/Belief		X		All groups will be treated equitably
Sexual Orientation		X		All groups will be treated equitably
Gender Reassignment		X		All groups will be treated equitably
Maternity & Pregnancy		X		All groups will be treated equitably
Marriage & Civil Partnership		X		All groups will be treated equitably
Carers		X		All groups will be treated equitably
Other Group(s) (please specify)		x		All groups will be treated equitably