



Policy for the recording, investigation and management of complaints / concerns & compliments

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Type of document	Policy
Target audience	All CWP Staff
Document purpose	This document details the CWP process for investigating, managing and responding to complaints.

Approving meeting	Quality Committee	Date 04.03.15
Implementation date	05.03.15 followed by an annual compliance review	

CWP documents to be read in conjunction with	
HR6	Mandatory Employee Learning (MEL) Policy
HR19	Policy for supporting staff involved in traumatic events at work including incidents, complaints, claims and inquests
CP3	Health records policy
GR1	Incident reporting and management policy
FR1	Integrated Governance Strategy (IG)
FR2	Management of internal and external recommendations policy

Document change history	
What is different?	Quick reference flow chart has been added. Refreshed content as per complaints survey. Responsibilities for duty of candour defined.
Appendices / electronic forms	Incorporated action plans to investigation report. Additional guidance/template letters
What is the impact of change?	More user friendly and focuses of learning from complaints.

Training requirements	There is specific training requirements for this document. Training is in accordance with CWP TNA detailed in HR6
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Financial resource implications	No
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External references	
<ol style="list-style-type: none"> 1. Local Authority Social Services 2. National Health Service Complaints (England) Regulations 2009 3. Parliamentary and Health Service Ombudsman (PHSO) Principles of Good Complaints Handling 2009 4. Freedom of Information Act 2000 5. Health Service Commissioner under the 1993 Act 6. Superannuation Act 1972 7. Mental Capacity Act 2005 8. Data Protection Act 1998 	

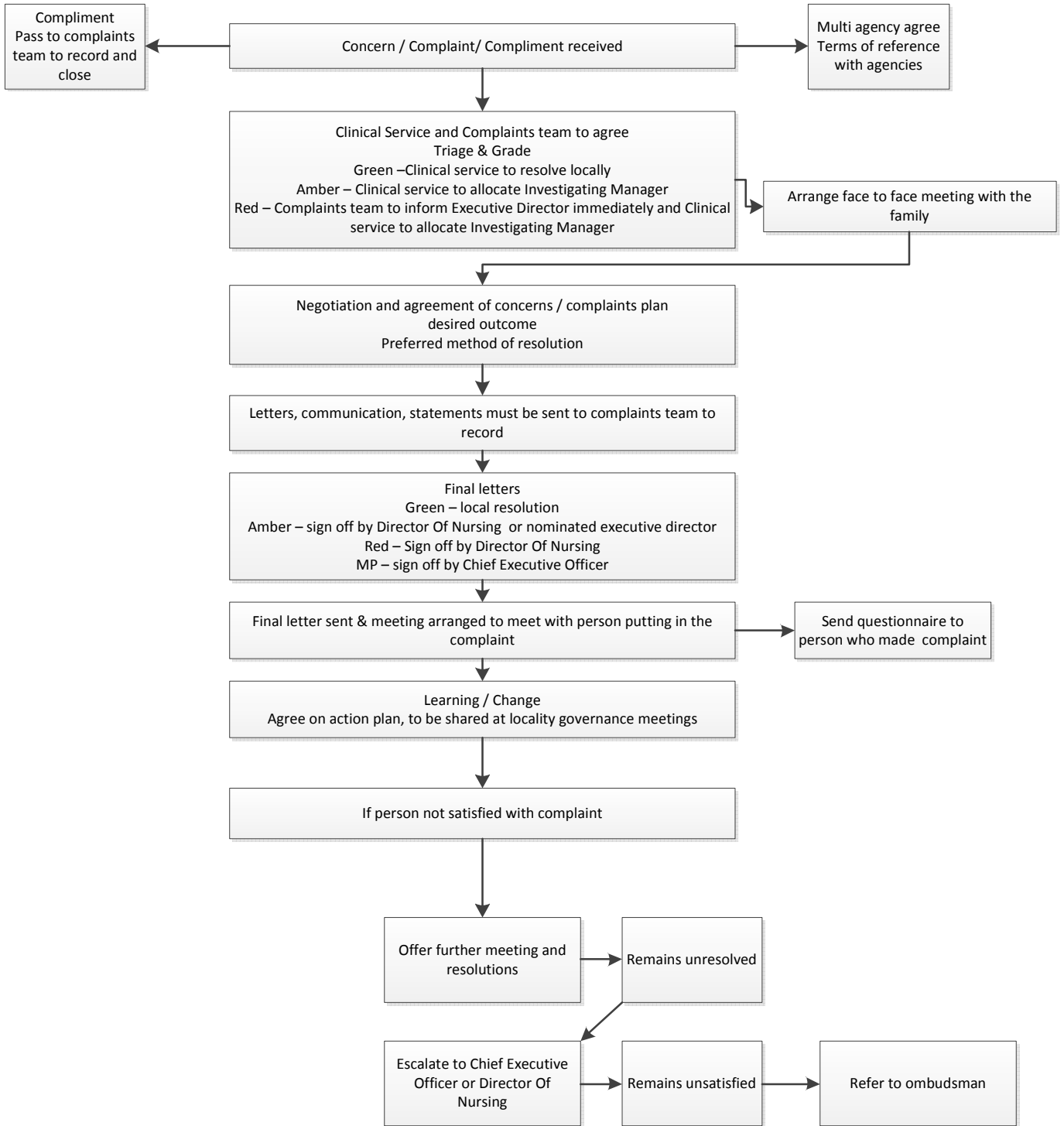
Equality Impact Assessment (EIA) - Initial assessment	Yes/No	Comments
Does this document affect one group less or more favourably than another on the basis of:		
- Race	No	
- Ethnic origins (including gypsies and travellers)	No	
- Nationality	No	
- Gender	No	
- Culture	No	
- Religion or belief	No	
- Sexual orientation including lesbian, gay and bisexual people	No	
- Age	No	
- Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? Select		
Is the impact of the document likely to be negative?	No	
- If so can the impact be avoided?	N/A	
- What alternatives are there to achieving the document without the impact?	N/A	
- Can we reduce the impact by taking different action?	N/A	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.		
If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact. For advice in respect of answering the above questions, please contact the human resource department.		
Was a full impact assessment required?	No	
What is the level of impact?	Low	

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Quick reference flowchart



1. Introduction

Cheshire and Wirral Partnership NHS Foundation Trust (CWP) is committed to providing any service user of the Trust, their family or member of the public with the opportunity to make a compliment, seek advice, raise concerns or make a complaint about any of the services it provides.

2. Definitions

Compliment - An expression of gratitude as a result of services provided to service users, relatives, carers or members of the public to CWP staff.

Comment - A comment can be a remark or observation that does not require a formal response;

Concern - A concern is a minor criticism or informal complaint which is dealt with in the first instance by the Patient Advice and Liaison Service (PALS) if it cannot be resolved at Ward / Clinical Service (CS) level;

Complaint - A complaint is an expression of dissatisfaction about the service which CWP provides, for which a response must be provided;

3. Who can make a complaint or raise a concern?

A complaint can be made by the service user. In addition a complaint can also be made by a service user's relative/carer or representative in the following circumstances:

- When the service user concerned has died;
- If the service user is unable to make a complaint due to physical incapacity or lack of capacity within the terms of the Mental Capacity Act 2005;
- If the service user or carer has granted consent for the representative to act on their behalf;
- If the service user concerned is under the age of 16 and is not deemed as Gillick competent; Gillick competent is described as "A young person under the age of 16 should be deemed to have the competence to consent if they have sufficient maturity and understanding to consent".

3.1 Complaints that cannot be dealt with under this policy

The following complaints are not dealt with under the NHS Complaints regulations 2009 and therefore not covered by this policy:

- A complaint made by a local authority, NHS body or independent provider;
- A complaint relating to services not provided by CWP;
- A complaint made by an employee of a local authority or NHS body relating to an employment issue;
- A complaint which is or has been investigated by a Health Service Commissioner under the 1993 Act;
- A complaint arising from the alleged failure by CWP to comply with a request for information under the Freedom of Information Act 2000.

3.2 How do service users, relatives or carers make a complaint, raise a concern or compliment?

Service users / representatives can record any of the above by:

- Completing a Service User Feedback Form ([appendix 1](#))
- By email complaints@cwps.nhs.uk
- By Telephone 0800 195 4462
- In person via services
- In writing to Freepost RRBA UEGB AZJA, Complaints Team, Trust Board Offices, Redesmere, Countess of Chester Health Park, Liverpool Road, Chester, CH2 1BQ

3.3 Time limit for making a complaint

As it becomes more difficult to investigate complaints as time goes on the Trust normally asks for complaints to be made within twelve months of the event giving rise to the concern or twelve months on becoming aware of the event. This is to ensure people's recollection of events is fresh. There

might be situations where the person wishing to make a complaint was unable to do so at an earlier time, for example if they were grieving or going through a trauma therefore this time limit can be extended if it is still possible to investigate the facts of the case.

4. Openness, transparency and candour

The Trust and everyone working for the organisation must be honest, open and truthful in all their dealings with patients and the public, and organisational and personal interests must never be allowed to outweigh the duty to be honest open and truthful. Duty of Candour is the statutory requirement to ensure that Trusts are being open and honest following a patient safety incident. In line with the National Patient Safety Agency (NPSA) strategy and as a requirement under the NHS Standard Contract 2014/2015, the Duty of Candour ensures that service user/their families are told about safety incidents that effect them, receive appropriate apologies, are kept informed of investigations and are supported to deal with the consequences. The Trust is committed to ensuring that the care and treatment provided to service users is of a high standard at all times, and will not suffer as a result of raising a concern or complaint.

Communication with service users/relatives and/or carers of those involved in complaints is recorded within the complaints file. Details relating to the complaint do not form part of the clinical record but will be recorded separately.

4.1 Being open involves:

- Acknowledging, apologising and explaining when things go wrong;
- Conducting a thorough investigation into the complaint or concern;
- Reassuring service users, their families and carers that lessons learnt will help prevent incidents occurring;
- Providing support for those involved to cope with the physical and psychological consequences of what happened.

5. How to deal with a complaint or concern

5.1 Different levels of investigation appropriate to the severity of the event

All CWP complaints (informal / formal) are to be triaged as red, amber or green according to the severity of the issues being raised by the service user / representative. Details of the criteria for triaging complaints are outlined below.

Triage level	Definition	Example event detail/description	Timescales for completion
Green	Simple non complex issues	Delayed/cancelled appointments Loss of property Less	10 working days
Amber	Several issues possibly involving more than one organisation. Issues which moderately affect, or have the potential to affect, the health or the psychological wellbeing of the individual involved.	Failure to meet care needs Medical errors Serious staff attitude concerns	25 working days
Red	Multiple issues relating to potential serious failures causing serious harm	Events resulting in serious harm or death abuse/neglect	45 working days

5.2 Compliments

All compliments should be sent to the PALS department for recording so that these can be shared in relevant committees, trust and national reports. These compliments should also be fed back to staff.

5.3 Informal complaint/concern (Green) ([appendix 3](#))

An informal complaint is where an issue is raised as a complaint but it is possible to resolve at a local level to the service user / representative's satisfaction. If not, the issue should be escalated to the appropriate line manager for action. If the service user/representative does not wish their issue to be solved informally or formally, it will be recorded as a concern dependent upon the severity of the concerns raised. It is important to let the service user/representative know how you are progressing the complaint. All documentation and details relating to the investigation of the informal complaint or concern should be to be sent immediately to complaints team to be recorded. The ward/team manager must ensure that they log any informal complaints locally along with actions taken. Each locality should have their own local governance arrangements to ensure that learning from green complaints is disseminated to the appropriate teams. If the staff member resolving the concern considers that a service user, carer or member of the public may benefit from or be more comfortable discussing the issue with someone who does not work in the Ward or Department, then the patient, carer or member of public should be referred to PALS and advise them of the formal complaints procedure if they remain dissatisfied.

5.4 Formal complaints (Amber - [appendix 4](#), Red - [appendix 5](#))

A formal complaint is where a serious issue is raised as described in the table above. An Investigation Manager (IM) is appointed by the services who will undertake the investigation. It is acknowledged in writing within 3 working days, either by the investigating manager or by the complaints team. A written response will be provided following an investigation into the issues raised within the timescales detailed in [appendix 4](#) or [appendix 5](#). It is important to let the service user/representative know how you are progressing with the complaint. All documentation and details relating to the investigation of the formal complaint should be to be sent immediately to complaints team to be recorded. Each locality should have their own local governance arrangements to ensure that learning from red and amber complaints is disseminated to the appropriate teams. Trustwide learning will be coordinated by the safe services team.

5.5 Unresolved complaints

If a service user/representative remains dissatisfied with the complaint response provided by CWP, the following criteria define an unresolved complaint this will be recorded as a second complaint.

- Feedback from the service user / representative expressing dissatisfaction at the complaint response;
- Where no new issues are raised as part of this feedback by the person making the complaint;
- Where local resolution is not exhausted.

5.6 Parliamentary & Health Service Ombudsman (PHSO)

If a service user/representative remains dissatisfied with the response provided by CWP (local resolution), they have the right to ask the PHSO to review their case. The remit of the PHSO is to assess complaint cases where the local resolution has been unsuccessful.

In circumstances whereby the PHSO contacts CWP to advise that they have been asked to review a complaint, the following actions will need to be taken:

- The complaints team should contact the relevant service to advise;
- The service should provide all requested documentation and information to the complaints team
- The complaints team should provide the PHSO with the information requested within the timescale where practicable.

5.7 Safeguarding

There may be circumstances whereby serious concerns are raised through the complaints process, relating to a safeguarding adult/child issue, or where there are concerns that the service user's representative is not acting in their best interest. In such circumstances, liaison will take place between the Director of Nursing, Therapies and Patient Partnership, the PALS, Complaints and Incidents Manager and the Safeguarding Lead, to establish which procedure to instigate, any decision made must be in the best interests of the service user involved and address the concerns highlighted.

6 Unreasonable complaint

This process is necessary for responding to the small minority of service users / representatives who are unreasonable in their expectations of the NHS Complaints Procedure. This process should only be considered when all other avenues have been exhausted and then always in line with the NHS Complaints Procedure, as outlined within this policy and supporting guidance.

6.1 Service users/representatives complaints

These may be deemed to be unreasonable where previous or current contact shows that they meet **one** or more of the following criteria:

- Persist in pursuing a complaint where the trust complaints procedure has been fully and properly implemented and exhausted (e.g. where an investigation has been denied as “out of time” or where the service user / representative is unwilling to move to the next stage, by referring their complaint to the PHSO (Parliamentary Health Service Ombudsman);
- Changing the basis of the complaint as the investigation proceeds;
- Are unwilling to accept documented evidence of treatment given as being factual, (e.g. drug records, clinical records). 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;
- Do not clearly identify the precise issues that they wish to be investigated despite reasonable efforts of staff and where appropriate, ICAS (Independent Complaints Advocacy Service) or other agencies to help them specify their concerns;
- Where the concerns identified are not within the remit of the Trust to investigate;
- Focus 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 a “trivial” matter is can be subjective and careful judgment must be used)
- Have been verbally abusive or physically abusive during the investigation of complaint or continue to present a danger towards staff or their families or associates;
- Making excessive demands on time and resources of staff with lengthy phone calls with e-mails or detailed letters every few days and expecting immediate responses;
- Are known to have recorded meetings or face to face / telephone conversations without the prior knowledge and consent of the other parties involved;

6.2 How to deal with unreasonable complaints

The Chief Executive (or nominated deputy) will implement such action and will notify service users / representatives in writing of the reasons why their complaint has been classified as unreasonable and the action to be taken. This action should be kept under regular review by the Complaints team in conjunction with the Executive team. Once it is clear that service user / representatives meet any of the criteria above, it may be appropriate to inform them in writing that their complaint may be classified as unreasonable, copy this policy to them and advise them to take account of the criteria in any further dealings with the Trust. In some cases it may be appropriate, at this point, to suggest that the person making the complaint seek advice in processing their complaint, e.g. through ICAS, Healthwatch or other agencies.

It may be necessary to:-

- Inform the service user/representative that in extreme circumstances the Trust reserves the right to pass unreasonable complaints to the Trust’s solicitors;
- Temporarily suspend all contact with the service user / representative or investigations of a complaint whilst seeking legal advice or guidance from relevant agencies.

This notification may be copied for the information of others already involved in the complaint, e.g. practitioners, conciliator, ICAS, MP. A record must be kept in the complaints file for future reference of the reasons why a complaint has been classified as unreasonable.

7. Consent and confidentiality

For any complaint not made directly by the service user, consent must be sought. Consent can be obtained in writing see [appendix 2](#), it must be recorded on the complaints file by the complaints team. In circumstances where the service user has died, the person acting on behalf of the deceased is able to make a complaint. If it was documented in service user's clinical notes that information is not to be shared, this will be considered. The complaint will be put on hold (i.e. the timescales will not commence) until consent has been received. Information will not be shared with the service user/representative until written consent has been received. In a case where consent is not received, the representative/carer must be advised in writing that CWP is unable to disclose any confidential information about the service user, however, a general response to the issues raised will be provided by the relevant service, following an investigation if warranted.

7.1 Consent where the service user lacks capacity

Adults

In circumstances whereby a service user, aged 16 years or over, is not deemed to have capacity to consent, as identified under the provisions of the Mental Capacity Act 2005, a check must be made to ascertain whether a Lasting Power of Attorney (LPA) for the service user's personal welfare is in place. If so, consent must be sought from the attorney who will make a decision on behalf of the service user. If there is no LPA in place, unless there are best interest issues, liaison between the Complaints Team, Clinical team and the Safeguarding team will take place to review whether consent can be deemed for the purposes of the complaint.

Young persons under the age of 16

If the service user concerned is under the age of 16 and is not deemed as Gillick competent; Gillick competent is described as "A young person under the age of 16 should be deemed to have the competence to consent if they have sufficient maturity and understanding to consent". A young person under the age of 16 should be deemed to have the competence to consent if they have sufficient maturity and understanding to consent. CWP have a duty to ensure that they are satisfied that there are reasonable grounds for the complaint being made by a representative/carer instead of the service user. Guidance is sought from the Trust's Caldicott Guardian in these circumstances. If it is deemed that the complaint is not being raised in the best interests of the service user, the complaint will not be considered. This decision is made by the Director of Nursing, Therapies and Patient Partnership in conjunction with the Trust's Caldicott Guardian.

7.2 Circumstances where investigating the complaint is not in the best interest of the service users mental health.

Where it is clear upon investigating the complaint that it is not in the best interest of the service users mental health the following steps should be taken:

- The complaint should initially follow the usual complaints process ([appendix 3](#), [appendix 4](#), [appendix 5](#)).

The concern that the illness is the root cause of the complaint and that responding to it would adversely affect the service user's mental health problems should be considered by the service user's care team. Based on clinical opinion, they will advise either the Complaints team or the investigating manager. This decision must be clearly documented in the complaint file supported by the rationale for it.

Possible outcomes could include:

- Delaying the investigation until the service user's health has improved;
- Not pursuing the investigation as the complaint is part of the service user's pathology;
- That it is not in the service user's best interests to respond to the complaint at this time.

8. How the organisation makes improvements as a result of a concern or complaint

The complaints team holds all complaints files and data. This information is analysed and shared across the Trust and contributes to the zero harm agenda. Following a completed investigation an action plan is developed and recorded in line with the process outlined in ([appendix 3](#), [appendix 4](#), [appendix 5](#)). The action plan is shared within the Commissioners and Trust wide dependant upon the learning identified and changes to practice are implemented accordingly.

8.1 How this information will be shared with relevant individuals or groups

The Learning from Experience report, produced 3 times a year, is submitted to the Board of Directors (BOD) and also other meetings within the governance structure, including:

- Quality Committee (QC);
- Locality governance meetings.
- Clinical Commissioning Groups
- CWP Board
- Health, Safety and Wellbeing Sub Committee (HSWSC)

The Learning from Experience report is cascaded out to clinical service lines via email to ward and team manager level and via Trust communication channels, e.g. CWP Essential. The report also has an accompanying Learning Lessons publication which summarises pertinent learning, which is distributed by email and paper copies are sent to teams.

8.2 How the organisations shares safety lessons with internal and external stakeholders

The Trust shares safety lessons internally via the following:

- Lessons learned outlined within the learning from experience reports, which are cascaded to management and clinical service units by 'learning lessons, changes in practice' publication;
- Safety bulletins circulated to staff, when an urgent safety lesson needs to be cascaded;
- News letters
- Feedback to staff via mechanism such as shared a shared learning programme;
- Themes and trustwide learning report for the Compliance Assurance Learning Sub Committee (CAL).
- Dashboards including CWP performance dashboard.

The Trust shares safety lessons externally via the following locality local governance arrangements:

- Learning from experience report 3 times a year
- Liaising with staff from outside the organisation of incidents involving other Trusts / organisations;
- Reporting incidents externally to the National Patient Safety Agency (NPSA), via the National Reporting and Learning System (NRLS), which allows other Trust to learn lessons from safety alerts published by the NPSA through the Central Alerting System (CAS);
- Reporting the learning from experience report to commissioners;
- Annual complaints report;

8.3 How this information is combined to provide a risk profile for the organisation

The Learning from Experience report, produced 3 times a year, aggregates information on incidents, claims, complaints, compliments, PALS and inquests, which contributes to the risk profile for the organisation and as such if any risks/ assurances are highlighted in the report this will be escalated and managed in accordance with the Trust's risk management processes.

However, it should be noted that any potential risk identified from an incident, complaint or claim investigation will be included on the appropriate clinical service line or corporate risk register, with outlined risk reduction measures at any time following such an occurrence. Any high level risks identified i.e. risks of 15 or above are considered for inclusion on the Trust corporate risk register.

9. Further Assistance/Support

9.1 Patient Advice and Liaison Service

The PALS service is available to assist with concerns and complaints and can provide ongoing assistance to service users/representatives should they wish. PALS leaflets is given to all patients, relatives or carers who raise a concern.

9.2 Service users / representatives whose first language is not English

The Trust is committed to ensuring that patients whose first language is not English receive the information they need and are able to communicate appropriately with healthcare professionals. It is not appropriate to use family or friends to interpret for family members who do not speak English. For assistance with translators/interpreters, staff must refer to the following link; [Translation Service](#)

9.3 Service users / representatives with a sensory impairment

Wards and departments all have access to communication aids, for example, hearing aid loops or communication boards. For further guidance contact the relevant ward / department for access to this equipment.

9.4 Support for staff

Members of staff named in the complaint, either personally or by role, should be informed of the complaint by the Investigating Manager. Staff should be fully supported by their line manager and consulted during the investigation. The investigation should be robust, fair and timely and should not apportion blame. Refer to [HR19 Policy For Supporting Staff Involved In Traumatic Events At Work Including Incidents, Complaints, Claims And Inquests.](#)

9.5 Joint complaints are handled between organisations

Where a complaint includes issues which relate to CWP and other NHS bodies or local authorities, the complaints leads for the respective organisations will work together, where possible, to coordinate a joint response to the complaint. It is usual practice for the organisation to which the majority of the issues pertain to take the lead in communicating with the service user / representative and coordinate the response; this should be done in conjunction with the other organisations named.

9.6 Complaints Training for Staff

All staff must complete the training as outlined within the Trust's Training needs analysis detailed within [HR6 Mandatory Employee Learning Policy](#).

This policy is in line with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and is structured around the Parliamentary and Health Service Ombudsman's (PHSO) Principles of Good Complaints Handling 2009:

The principles of good complaints handling produced by the Parliamentary and Health Service Ombudsman includes:

1. Getting it right
2. Being customer focused
3. Being open and accountable
4. Acting fairly and proportionately
5. Putting things right
6. Seeking continuous improvement

10. National Guidance:

- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (the Regulations 2009)
- NHS Constitution (2009)
- Making Experiences Count – A New Approach to Responding to Complaints (June 2007)
- Principles of Good Complaint Handling, Parliamentary and Health Service Ombudsman (2009)
- Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (2013)
- Berwick Review: A promise to learn – a commitment to act; Improving the Safety of Patients in England (2013)
- Clwyd & Hart: A Review of the NHS Hospitals Complaints System: Putting patients back in the picture (2013)
- Hard Truths: Mid Staffordshire NHS FT public inquiry; government response (2014)
- Transforming Care: A national response to Winterbourne View Hospital: DH final report (2012)

Copies of the documents are available from the complaints department.

11. Duty of Candour and what it means to patients

11.1 What is Duty of Candour?

New rules to toughen transparency in NHS organisations to increase patient confidence within the delivery of care has resulted in the Government creating Statutory Regulations relating to Duty of Candour. **Candour means frankness, openness and honesty.**

The aim of the regulation is to ensure that providers of healthcare, like hospitals, are open and honest with patients when things go wrong with their care and treatment.

To meet the requirements of the regulation, a provider has to:

- Make sure it has an open and honest culture across and at all levels within its organisation.
- Tell patients in a timely manner when particular incidents have occurred.
- Provide in writing a truthful account of the incident and an explanation about the enquiries and investigations that organisation will carry out.
- Offer an apology in writing.
- Provide reasonable support to the person after the incident.

The regulations apply to the patient themselves and, in certain situations, to people acting on their behalf, for example when something happens to a child - or to a person over the age of 16 who lacks the capacity to make decisions about their care.

11.2 What led to Duty of Candour?

The Francis 2 Report tells the story about incidents that took place at Mid Staffordshire Hospitals NHS Foundation Trust.

The report highlighted the serious failure on the part of their trust board who did not listen sufficiently to its patients and staff or ensure the correction of deficiencies brought to the trust's attention. Above all, it failed to tackle a tolerance of poor standards and a disengagement from managerial and leadership responsibilities. The Duty of Candour was one of the recommendations in the report to help ensure that

NHS organisations are open and honest about their actions and that incidents are properly reported – and ensures that patients are also told about them.

11.3 How do staff at CWP NHS Foundation Trust comply with Duty of Candour?

1. By telling someone if you have been involved in and/or observed where a patient may have been harmed or had the potential to be harmed by something not being done.
2. By reporting the actual and or potential incident on Datix (our integrated risk management system). By doing this, this will inform others and allow for a level of investigation to take place to see what/how/why happened and to learn to minimise the risk of what occurred not happening again.

11.4 What we have done to ensure that Duty of Candour takes place

1. We ensure patients and family are supported to deal with the consequences and have a key contact identified for the incident
2. We ensure there is an appropriate level of investigation
3. We ensure that the patient/family/patient representative is informed within **10 working days** of the decision that the incident is a moderate/permanent harm incident
4. We ensure that the initial notification should be face to face and this is accompanied with an offer of a written notification
5. We ensure an apology is provided and documented in the patient notes
6. We ensure that a step by step explanation is offered as soon as possible pending the investigation
7. We ensure full written documentation of all meetings are kept with the patient/family and filed in Datix for future reference
8. We ensure full written documentation is kept of all staff interviews and meetings about the incident and filed in the incident/complaint account in Datix
9. We ensure the final investigation will be shared with the patient/family/patient representative within 10 days of approval
10. The Trust is monitored by the Commissioners as part of our monthly Quality Contract around our contractual obligations to comply with Duty of Candour

If you have any questions about Duty of Candour you can contact the Safe Services Team on 01244 393145

Appendix 1 – Service User Feedback Form

The form is to record any comments, concerns, compliments and complaints made by, or on behalf of service users or members of the public.

Type of feedback	<input type="checkbox"/> Compliment	<input type="checkbox"/> Comment	<input type="checkbox"/> Concern	<input type="checkbox"/> Complaint
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Name of person completing form	
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<input type="checkbox"/> Patient/service user	<input type="checkbox"/> Carer / relative	<input type="checkbox"/> Member of staff	<input type="checkbox"/> Member of public
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Address	
Telephone number	
Name of service user	(if different from person giving feedback)
Address	
Telephone number	
It is acceptable if the person giving feedback wishes to remain anonymous	
If this is a complaint is the service user aware of it?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of event giving rise to feedback	
Details	

To be completed by staff

Response and action taken (if applicable)	
If this is a record of a complaint, was it resolved?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Email:

When emailing from a CWP account please send your completed form to: complaints@cwps.nhs.uk

When emailing from an NHS.net account please send your completed form to:

CCWC.Complaints@nhs.net

Fax: 01244 385191

Post: Freepost RRBA UEGB AZJA, PALS, Complaints and Claims Team, Clinical Governance Department (1829), Trust Board Offices, Redesmere, Countess of Chester Health Park, Liverpool Road, Chester, CH2 1BQ

Appendix 2 - Consent form

Trust Ref: **(Insert ref)**

To: **Complaints Handler**
Cheshire & Wirral Partnership NHS Foundation Trust

I confirm that I give consent for **(Insert complainant's name)** to make a complaint on my behalf regarding

What is the relationship of the complainant to you i.e. friend, relative, advocate, partner, other?
.....
.....

Any and all relevant documents, including medical and nursing records, may be accessed during the investigation and relevant issues disclosed to:
(Insert complainant's name)

Name: **(Insert service user's name)**

Signed:

Name:
(Please print)

Address:
.....
.....

Date:

Appendix 3 – Informal / formal complaints flowchart for green informal / formal complaints

Green concern/complaint	Timeframe to be completed from date of receipt of complaint (working days)
Complaint received and triaged by clinical service and Complaints Team Complaints Team acknowledge complaint by letter and request consent if applicable.	Day 1
▼	
General Manager or Clinical Service Manager to assign a staff member to look into issues raised	Day 2
▼	
Clinical Service to contact the person making the complaint to acknowledge the complaint and confirm issues to be investigated	Day 3
▼	
Draft letter to include an open and honest response, written by staff member, (unless verbal response has been agreed) to be sent to the Clinical Service Manager or General Manager for approval. Once approved please send to the Complaints Team for escalation to the Executive Lead.	Day 7
▼	
Approved, final complaint response to be communicated to the person making the complaint by Clinical Service via either 1 st class post or agreed alternative method of communication.	Day 9
▼	
Final complaints response to be received by the person making the complaint. Copy to be sent to Complaints Team for their records	Day 10
▼	
Unresolved complaints – a further meeting should be offered to the service user/representative to try to resolve the issues. Timeframes should be agreed with the service user/representative	

Appendix 4 – Informal / formal complaints flowchart for amber informal / formal complaints

Amber Complaint	Timeframe to be completed from date of receipt of complaint (working days)
Complaint received by clinical service or complaints team	Day 1
▼	
Liaison between clinical service and complaints team to agree triage	Day 2
▼	
Complaints Team acknowledge complaint by letter and request consent if applicable. Where other Healthcare organisations / teams are involved please ensure that they are aware of the complaint and that effective communication is maintained throughout the process whilst ensuring sufficient consent is obtained to share information. General Manager to assign Investigating Manager	Day 3
▼	
Investigating Manager to contact the person making the complaint to arrange being open meeting/discussion in order confirm issues of complaint and to formulate action plan in line with the template in appendix 4 . All communication between the investigating manager and the service user / representative must be documented and sent to PALS, Complaints & Claims team for recording on the DATIX system.	Day 4
▼	
Action plan completed and agreed areas for investigation sent to the person making the complaint.	Day 6
▼	
Investigation to have concluded in line with letter (appendix 7 and appendix 8)	Day 15
▼	
General Manager to review investigation report and draft response and either approve or send back to Investigating Manager for amending Once approved please send to the Complaints Team for escalation to the Executive Lead	Day 18
▼	
Executive Lead or nominated deputy to review complaint investigation and response and either approve or send back to services and Investigating Manager for amending	Day 21
▼	
If amendments are required, Investigating Manager to action by this date	Day 23
▼	
Approved open and honest final complaint response, signed by general manager and sent by clinical service line / unit via either 1 st class post or agreed alternative method of communication	Day 24
▼	
Final complaint response to be received by the person making the complaint. Copy to be sent to complaints team for their records	Day 25

Unresolved complaints – a further meeting should be offered to the service user/representative to try to resolve the issues. Timeframes should be agreed with the service user/representative

Appendix 5 – Informal / formal complaints (cont) flowchart for red informal / formal complaints

Red Complaint	Timeframe to be completed from date of receipt of complaint (working days)
Complaint received by Clinical Service or complaints team	Day 1
▼	
Liaison between clinical service line / unit and complaints team to agree triage	Day 2
▼	
Complaints Team acknowledge complaint by letter and request consent if applicable. Where other Healthcare organisations/teams are involved please ensure that they are aware of the complaint and that effective communication is maintained throughout the process whilst ensuring sufficient consent is obtained to share information. Investigating Manager assigned outside of Clinical Service Line	Day 3
▼	
Investigating Manager to contact the person making the complaint to arrange being open meeting/discussion in order confirm issues of complaint and to formulate action plan in line with the template in appendix 4 . All communication between the investigating manager and the service user/representative must be documented and sent to Pals, Complaints & Claims team for recording on the DATIX	Day 4
▼	
Action plan completed and agreed areas for investigation sent to the person making the complaint	Day 7
▼	
Investigation to have concluded	Day 28
▼	
General Manager of Clinical Service to review investigation report and draft response and either approve or send back to Investigating Manager for amending	Day 31
▼	
Once approved please send to the Complaints Team for escalation to the Executive Lead. Executive Lead or nominated deputy to review complaint investigation and response and either approve or send back to services and Investigating Manager for amending	Day 35
▼	
If amendments are required, Investigating Manager to action by this date and return response to Complaints Team	Day 39
▼	
Complaints Team to provide approved, amended response to Chief Executive or Deputy Chief Executive for approval and signature	Day 41
▼	
Approved, final open and honest complaint response, signed by Chief Executive or Deputy Chief Executive, to be sent by Complaints Team either 1 st class post or agreed alternative method of communication	Day 43
▼	
Final complaints response to be received by the person making the complaint. Copy to be sent to Clinical Service for their records	Day 45

Unresolved complaints – a further meeting should be offered to the service user/representative to try to resolve the issues. Timeframes should be agreed with the service user/representative

Appendix 6 - Suggested acknowledgement letter confirming handling plan for green, amber and red complaints

Our Ref: RSP/ Date

Name Address

Dear Re:

Further to our letter dated.....acknowledging your complaint, please find below the issues you have raised and an agreed investigation plan as part of the investigation process.

Issues raised

Agreed handling plan

If you feel that the issues are incorrect or wish to discuss the investigation plan please do not hesitate to contact me at your earliest convenience

Yours sincerely

Appendix 7 - Suggested template for amber and red complaints to be used to construct communication letter in accordance with requirements of Duty of Candour

Our Ref: RSP/ Date

Name Address

Dear (insert patients/Relative as appropriate)

You/Your have/have raised a concern or made a complaint describe issue

.....
.....
.....

I wish to express my sincere regret that this event has occurred. The Trust aims to provide a quality service to you/your relatives as appropriate and to investigate promptly such adverse events and share findings with those involved.

If appropriate – invite to a meeting

We would like to invite you/your relative to attend a meeting which is being organised as part of the investigation. Prior to this going ahead, I would appreciate your opinions on the following, in relation to this meeting.

Your preferences of time and date of meeting? Where would you wish to meet/proposed venue? Who would you prefer to meet with?

If you wish to do so, please feel free to bring a friend or relative to offer you support during this meetings. Following the meeting you will be provided with further information relating to the outcome of the investigation. If you would prefer not to attend any meetings please do not hesitate to let us know. When our investigation is completed we will write to you to provide feedback regarding the outcome of the investigation.

Insert staff members name is acting as your lead contact for the duration of this process, they can be contacted on the following telephone number xxxxxxxx or/and the following e-mail address.

Yours sincerely

Author	
Job Title	
Date	
General Manager approval	
Date	
Director of Nursing approval	
Date	

NB. If an electronic signature is provided, it is assumed that the person providing the signature has read and approved the document

Points to consider when reviewing report;

- Have the issues of complaint detailed in the being open discussion been addressed?
- Has a letter to the person making the complaint been drafted?
- Has all learning been included within the response to the person making the complaint?
- Has the person making the complaint been kept informed if there has been a delay in responding?
- Has an action plan been developed in response to recommendations?

Recommendation	Action required Detail	Person Responsible	Local (insert Which team/s Trust wide	Date completed/due to completed	Update/Assurances (States the date that all updates are added)	Status (open or closed)

Appendix 8 - Staff Support Letter

Our Ref: RSP/ Date

Name Address

Dear

As you may be aware, a complaint has recently been received which relates to you. If you have not already done so, please arrange to discuss this complaint with your manager. This letter is to supplement that discussion. The complaint is being investigated and the investigator may contact you to ask for a statement. The details are as follows:

Complainant: Summary of

complaint: Date received:

Case number:

Investigating Manager:

We do realise that it can be distressing and worrying to be the subject of a complaint. If you would find it helpful to discuss this complaint with someone unconnected with the investigation, your line manager will be able to arrange this. If your line manager is the investigator it may be possible to identify another person to support you.

If you feel that stress as a result of the complaint is interfering with your ability to do your job, or is seriously affecting you in any other way, please seek advice from Occupational Health or from staff support (leaflet enclosed) who may be able to provide direct support or refer you for further support. Please be assured that the investigation of the complaint will be undertaken in the context of being Fair and Open.

We recognise that complaints can be the result of misunderstanding and that, even where there has been some error on the part of Trust staff, it is important to recognise the systems issues that can lead to errors. The key objective of investigating complaints is to allow the situation to be understood, so that we can learn from it and give the complainant assurance that we are doing this. Please feel free to contact me if there is any other information that you would like in relation to this issue.

Yours sincerely

Appendix 9 – Investigation Report Template

Complaint Investigation Report

CONFIDENTIAL

Being Open Discussion: Date, attendees

Complaint Reference: xxxxxxxx

Person making the complaint's name and contact details: name, address, telephone number

Ethnicity of person making the complaint: xxxxx

Service user's name and contact details (if different): Name, address, telephone number

Consent received? Yes/No – verbal / written

Incident date / date of events giving rise to complaint: Date of concern

Service Line - Area - Locality – Ward: AMH/CAMHS/LD/D&A/CCWC, area etc

Issues of complaint for investigation (numbered): number and details of complaint

Actual effect on patient and/or carer: Any harm / impact

Person making the complaint's expectations as a result of going through complaints process:

XXXXX

Additional information to note including special contact arrangements / non-availability etc:

XXXX

If the issues raised relate to more than one organisation, please state and detail the approach to be taken: other organisation detailed including agreed approach

Details of agreed dates for progress updates: xxxxx

Preferred feedback method: telephone, face to face, writing

Timescales/response date discussed: detail agreement

Name and Contact Details of Investigating Manager: xxxxxxxxxxxxxxxxxxxx

Investigation: details of investigation

Corresponding Incident Reference (DATIX number, if applicable): xxxxx

Staff named within complaint -

Chronology of events -

Information and evidence gathered –

Contributory factors -

Human Factors -

Findings

Lessons learned (numbered) -

Recommendations (numbered) -

Arrangements for shared learning -

Appendices -

Appendix 10 - Draft Template Complaint Response Letter

Our Ref: RSP/ Date

PRIVATE AND CONFIDENTIAL

Name
Address

Dear XXXX

Paragraph 1

We are writing in response to your letter dated, in which you raised concerns about..... We would like to apologise for the distress this matter has caused you and we hope you find the following response helpful. You indicated that you wished your comments to be treated as a complaint and we have therefore investigated the issues raised in accordance with the Trust's Procedure for the investigations and management of complaints, concerns and compliments.

Paragraph 2 – (if appropriate)

In order to conduct an appropriate investigation into the circumstances of your complaint we have requested and received statements from the following members of Trust staff;

Dr.....

Staff Nurse.....

Paragraph 3 – (an apology and full explanation should be given ensuring that all questions raised by the complainant have been answered; please note that an apology is not an admission of liability)

Paragraph 4 – (if appropriate)

As a result of your complaint the Trust will make the following improvements:-

(e.g.)

- There will be a review of
- The member of staff concerned will undergo additional training.....

Paragraph 5

We would like to thank you for taking the time to raise these matters with the Trust. We hope that you are reassured that your complaint has been investigated thoroughly and with the action which is being taken to prevent anything similar happening in future.

Paragraph 6

We hope this letter has fully answered the concerns you have raised. However, if you would like a further explanation of the information provided in this letter or if you consider that we have not responded to any of your concerns please contact us on and we will endeavour to answer your queries.

Yours sincerely

Appendix 11 - Complaints Process Feedback Form

Complaints Process Feedback Form

To help us to continually improve the work of the Complaints Team at Cheshire and Wirral Partnership (CWP) NHS Foundation Trust, we would be grateful if you would complete the following survey and return it in the pre-paid envelope provided.

Please note that the feedback which you provide will be used solely to learn more about how we handle complaints and will not be linked to your original complaint. The Trust is interested in the general pattern of feedback from this survey and will not attempt to identify you as an individual.

If you have any questions about this survey, please contact the team on 01244 393141 or email: complaints@cwps.nhs.uk

The Nature of Your Complaint

Q1 What was your complaint about? *(please tick one box)*

- Your own care.....
- The Care of another person.....
- Something else.....

Q2 Please use the space below to tell us which ward / team / area you made the complaint about? *(please write in below)*

Making Your Complaint

Q3 How far do you agree or disagree with the following statements? *(Please tick one box for each row)*

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	Don't know
Information about how to complain was accessible and easy to understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The complaints system itself was simple and easy to understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt confident that the complaint would not affect the car the care being offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The First Response To Your Complaint

Q4 How far do you agree or disagree with the following statements? *(Please tick one box for each row)*

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	Don't know
The first contact was polite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The first contact was professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The first contact was compassionate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The acknowledgement letter was easy to understand

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

The acknowledgement letter was helpful

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Processing Your Complaint

Q5 How far do you agree or disagree with the following statements? (*Please tick one box for each row*)

Strongly agree Agree or disagree neither agree or disagree Disagree or disagree Strongly disagree Don't know

Information about

timescales was clear

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

My complaint was processed within the timescales outlined

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

If you were asked to give your permission or consent to discuss the complaint with other organisations, you felt that this was appropriate

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

If you were asked to give consent to discuss the complaint with the service user/patient, you felt this

was appropriate

The Outcome of Your Complaint

Q6 How far do you agree or disagree with the following statements? *(Please tick one box for each row)*

Strongly agree Agree Neither agree or disagree Disagree Strongly disagree Don't know

The letter in response to my complaint was easy to read

and understand

The letter in response to my complaint was compassionate

The Trust was honest and open about any mistakes on their part

You were informed about any actions or changes to be taken as a result of your complaint

You were given an opportunity to comment on their

actions or changes

I am satisfied that my complaint was investigated appropriately

regardless of the conclusion

I believe that the issues in my Complaint have been

Acknowledged

I am confident that
lessons have been learnt
as a result

of my complaint

If I felt I had cause to, I would

Complain again

Comments

Q7 Please use the space below to expand on, or explain, your tick-box answers about CWP Care's complaints process. *(Please write below)*

Thank you for completing the survey, please return the completed survey in the freepost envelope provided (no stamp required). If the envelope is missing please return the survey, free of charge, to: Complaints Department, Safe Services, CWP, Redesmere, Countess of Chester Health Park, Liverpool Road, Chester, CH2 1BQ.

If you would like a member of the team to get back to you, or you require further support, then please either provide your name and address below, or contact the department on 01244 393 145

