

TRUST PROCEDURE

COMPLAINTS AND FEEDBACK (4C'S)

FAST FIND:

This procedure works in conjunction with the following:

- [Action card CCC1](#) – Local resolution process for complaints
- [Action card CCC2](#) - Persistent and unusual complainants
- [Action card CCC3](#) – Guidance for front line staff
- [Action card CCC4](#) – Responding to a complaint – guidance for staff
- [Counter Fraud flowchart](#)
- [Complaints process flowchart](#)
- [Complaints process flowchart – GCS, CCG, other community healthcare professionals](#)
- [Contact details – FOI and Data Protection complaints](#)

1. INTRODUCTION

The Trust is committed to listening to the views of everyone. By listening, we can understand how the services we offer are received by the public and can continue to develop and improve.

We recognise that sometimes things go wrong and that we need a formal process to help people raise concerns. This gives us the opportunity to put things right if needs be and learn from past experience. Under the NHS Constitution people have the right to have their complaint dealt with efficiently.

All types of feedback are encouraged and welcomed. People have a right to be heard and for any concerns to be dealt with promptly, efficiently and courteously. Nobody should be treated any differently as a result of making a complaint or raising a concern.

The purpose of this procedure is to:

- Explain how the Trust promotes a patient's right under the NHS Constitution to complain, have a complaint investigated and be given a full and prompt reply;
- Acknowledge and implement the Local Authority Social Services and National Health Service Complaints Regulations 2009;
- Demonstrate how the Trust listens to people's views.

This document covers complaints and other feedback (Concerns, Compliments and Comments) about the Trust.

2. DEFINITIONS

Word/Term	Descriptor
Concern	<ul style="list-style-type: none"> • Expression of dissatisfaction requiring an oral response, which can be given within 24 hours. The ward/ department or PALS team assist with this process
Complaint	<ul style="list-style-type: none"> • Expression of dissatisfaction requiring investigation and a written response
Comment or Suggestion	<ul style="list-style-type: none"> • Expression of views or ideas for service development, for the Trust to act on or consider, which may or may not require a response
Compliment	<ul style="list-style-type: none"> • Expression of appreciation, approval, admiration of respect, made in recognition of individuals, teams or services

3. ROLES AND RESPONSIBILITIES

Post/Group	Details
Chief Executive	<ul style="list-style-type: none"> • Ensure compliance with NHS Complaints Regulations 2009 • Overall responsibility for escalation and actions taken as a result of patient complaints
Executive Directors	<ul style="list-style-type: none"> • Review serious complaints reported to Executive level • Promote a “quick response” culture to complaints
Divisional Management Team	<ul style="list-style-type: none"> • Ensure formal and informal complaints are investigated • Provide detailed and timely responses • Prepare action plans and learning outcomes to complaints • Progress action plans and learning outcomes • Ensure complaints are reviewed at Divisional quality meetings
Head of Patient Experience	<ul style="list-style-type: none"> • Accountable to the Chief Executive for the investigation and resolution of complaints
Senior Patient Experience Manager	<ul style="list-style-type: none"> • Operational responsibility for management of Complaints and PALS teams
Complaints and PALS team	<ul style="list-style-type: none"> • Administer the Complaints and Concerns process • Ensure that Comments and Compliments reported to the team are collated and shared • Ensure replies and responses are provided within agreed timescales • Co-ordinate local resolution meetings
Lead Investigator (This individual should not be a subject of any part of the complaint)	<ul style="list-style-type: none"> • Carry out investigations, including interviewing staff if required • Draft complaint response based on the outcome of the investigation, ensuring all issues are covered • Identify any learning and describe proposed actions
Other managers responsible for risk controls (e.g. Security Specialist, Medical Engineering, Infection Control, Risk Dept, Legal Dept, Human Resources)	<ul style="list-style-type: none"> • Provide specialist advice to the Trust according to area of expertise • Ensure that relevant complaints are reviewed and followed up • Liaise with other risk management specialists

4. OVERVIEW

Complaints are managed by the Patient Experience Team, which consists of the Complaints Team and Patient Advice and Liaison Service (PALS). The team is led by the Head of Patient Experience, who is accountable to the Executive Director of Nursing and responsible to the Chief Executive of the Trust. This procedure will:

- Ensure the Trust’s desire to listen to and learn from feedback is documented;
- Fulfil the need to implement a complaints management procedure that is easy to understand and easy to use, whilst giving the Trust robust assurance;
- Support Trust staff to conduct investigations which are thorough, fair, responsive and open;
- Demonstrate that the Trust will learn from complaints and feedback and use them to inform changes to care and services;
- Ensure that the Trust complaints procedure is accessible to everyone, including when required, through independent advocacy
- Demonstrate the Trust will respect individuals rights to confidentiality;
- Satisfy the complainant by conducting a thorough investigation and providing a full explanation;
- Ensure that service users are not treated differently as a result of making a complaint;
- Reinforce positive behavior by celebrating compliments.

5. HOW FEEDBACK IS USED

It is the aim of the Trust to maintain and improve, where possible, the quality of people’s experiences of patient care, whilst maintaining a safe environment that is free from discrimination for all patients, staff and others affected by its activities. In order to achieve this, the Trust encourages and welcomes feedback about the services it provides.

Each case will be treated individually, taking into account the expected outcome for the person providing the feedback, but at the same time being realistic about what can be achieved. The Trust’s focus for complaints handling is on satisfactory outcomes with swift local resolution, whilst also promoting organisational and individual learning.

This procedure is mainly concerned with the management of concerns and complaints; however, the Trust recognises that all types of feedback (which include compliments and comments) must be managed appropriately and listened to in order to develop services.

Feedback may be provided about any matter reasonably connected with the exercise of the functions of the Trust.

6. WHO CAN COMPLAIN

Complaints may be made by:

- A patient of the Trust;
- The relative/carer of a patient, with the patient's consent; and
- Any persons who are affected by or likely to be affected by, the action, omission or decision of the Trust.

General feedback can be received from anyone.

7. REPRESENTATIVES AND ADVOCATES

A complaint may be made by a representative or advocate acting on behalf of a patient or any person who is affected by, or likely to be affected by, the action, omission or decision of the Trust, where that person:

- has died;
- is a child who cannot demonstrate Fraser competence;
- is unable by reason of physical or mental incapacity to make the complaint personally;
- may be subject to the Mental Capacity Act Deprivation of Liberty Safeguards;
- has requested a representative to act on their behalf and given consent for this; or
- is a Member of Parliament acting on behalf of a constituent.

Where the individual has died or is unable to raise concerns themselves, the representative must be a relative or other person who, in the opinion of the Complaint Team, has a sufficient interest in their welfare and is a suitable person. The need to respect the confidentiality of the patient is a guiding principle.

If the Senior Patient Experience Manager is of the opinion that a representative does **not** have a sufficient interest in the person's welfare or is unsuitable, that person will be notified in writing, giving the reasons for the decision.

In the case of a child, the representative must be a parent, guardian or other adult who cares for the child. Where the child is in the care of a local authority or a Voluntary organisation, the representative must be a person authorised by the local authority or the voluntary organisation.

All complainants have access to information about independent help and support when making a complaint. Where an individual requires help to make a complaint, signpost him/her to SEAP (Support, Empower, Advocate, Promote). This information is available from PALS or the Complaints Team directly via the complaints leaflet or via the SEAP website - <http://www.seap.org.uk>. All complaint acknowledgement letters will also contain information on how to contact SEAP.

8. EXCLUSIONS

Issues which cannot be dealt with under this procedure are:

- a complaint made by an employee of the Trust about any matter relating to their employment;
- a complaint made by an NHS or Local Authority Social Care body which relates to the exercise of its functions by another NHS or Local Authority Social Care body;
- a complaint which has previously been investigated under these or previous Regulations;
- a complaint which is made orally and resolved to the complainant's satisfaction no later than the next working day;
- a complaint that has been or is being investigated under the previous complaints regulations, or by the Parliamentary and Health Service Ombudsman; and

- a complaint arising out of the Trust's alleged failure to comply with a data subject request under the Data Protection Act 1998 or a request for information under the Freedom of Information Act 2000 (Appendix 5).

9. TIME LIMITS

Normally a complaint should be made within 12 months of the date of the issue/incident, or within 12 months of the date that the issue/incident came to the notice of the person making the complaint.

The Senior Patient Experience Manager is responsible for deciding whether or not they feel the complainant had good reason for not making a complaint at the time, and whether it is still possible to investigate it appropriately.

Individuals who wish to complain should be encouraged to do so as soon as possible so that an investigation is effective.

Where the Senior Patient Experience Manager decides not to investigate a complaint that is "out of time", the complainant will be informed in writing, with further guidance provided if necessary. The complainant is entitled to ask the Parliamentary and Health Service Ombudsman to consider their complaint.

10. MAKING A COMPLAINT

A complaint may be made verbally, in writing or electronically:

Phone: 0300 422 5777

By post: Complaints Department, Gloucestershire Royal Hospital, Great Western Road, Gloucester, GL1 3NN

Email: complaints.team@glos.nhs.uk

Where a complaint is made verbally, the Trust will make a written record of the complaint and provide a copy of this record for the complainant to sign. The investigation will start when this signed copy is received in the Complaints Department.

Complaints will be acknowledged in writing within 3 working days after receipt of the complaint. This acknowledgment will include how the complaint is to be handled and the timescales for completion of the investigation.

If the complainant does not agree with the information given in the acknowledgement letter, the Senior Patient Experience manager will review the timescales and notify the complainant in writing.

The Trust will keep the complainant informed of how the investigation is progressing, and will notify them in writing where the agreed timescales cannot be achieved.

11. CONFIDENTIALITY AND CONSENT

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 minimized. Take the following into consideration:

- All information about a complaint and all the people involved is strictly confidential and will only be disclosed to those with a demonstrable need to know.
- Complaint records are kept separate from health records. **Informal** discussion about concerns may be documented in a patient's health records.
- It is not always necessary to obtain the patient's explicit, written, consent to use personal information when investigating a complaint as the patient has 'implied' their consent by asking the Trust to investigate the matter. It is good practice to explain that information from health records may need to be disclosed to those involved.
- Where consent is needed, the investigation will not commence until the consent has been received.
- The Complaints Team will request consent from patients between the ages of 15 and 18 where a complaint is made on their behalf. If this is not possible, the case will be referred to the named Safeguarding Lead for the area for their input prior to forwarding the case for investigation.

- Fraser (formerly Gillick) competence states that a young person below the age of 16 can consent for their own medical treatment if they demonstrate sufficient understanding. The Fraser principle is adopted within the complaints process. Therefore, there is no minimum age for a young person to raise concerns about the care they have received. The young person will be offered support by PALS and signposted to any additional resources such as SEAP.
- If there is a delay obtaining consent which affects the date on which the final response can be sent, this will be re-calculated and the complainant advised accordingly.
- Where a complaint is made on behalf of an existing or former patient who has **not** authorised the complainant to act on their behalf, do not disclose personal health information without the patient's explicit consent. Matters of a non-personal or non-clinical nature may be investigated and a response provided to the complainant.
- Where a complaint has been made on behalf of a patient by a Member of Parliament it will be assumed that implied consent has been given by that patient. However, if the complaint relates to a third party, consent will need to be obtained prior to the release of personal information to the MP's office.
- Where it is known that the complaint involves a vulnerable adult or vulnerable child, the named Lead for Safeguarding for the relevant area will be informed.

Confidentiality of written responses:

- All letters regarding concerns/complaints will be marked 'private and confidential'. All internal e-mails regarding concerns/complaints must be marked 'confidential' and should not contain any patient identifiable information in the e-mail header, but use the appropriate reference number.
- If the complainant requests an e-mail response, this can be done if the complainant gives their consent and accepts that emails are not secure once they leave the hospital server. Responses cannot be sent via e-mail if the staff are unable to verify the e-mail address and recipient.

12. CASES SUBJECT TO LITIGATION

- If a complainant has instigated formal legal action the complaints procedure should only continue if it will not affect any legal investigation;
- The Head of Patient Experience will make a decision on this after consulting with relevant people, e.g. the Trust legal team;
- The Trust will normally try to resolve the complaint unless there are clear legal reasons not to do so;
- If a complaint investigation is halted due to legal action, the complainant and anyone identified in the complaint will be informed in writing;
- In all cases, any implications for patient safety must be investigated as soon as possible to prevent similar incidents arising;
- If the police are involved at any stage of a complaint, it will be suspended until the police have confirmed that the Trust's investigation will not interfere with any police processes. The complainant will be informed in writing of this decision.

13. MEDIA INTEREST

Ensure the Trust's Communication Team are briefed where the complainant expresses their intention to contact the media.

14. SERIOUS ALLEGATIONS AND DISCIPLINARY ACTION

Where a complaint is an allegation of any of the following

- physical abuse;
- sexual abuse;
- possible safeguarding* issues or emotional abuse
- financial misconduct; or
- criminal offence

There may be a need to refer to the Trust's [Disciplinary Procedure](#), a professional regulator or an agency such as the police.

In these cases, the Senior Patient Experience Manager will take advice from the Head of Patient Experience or Director of Safety.

Investigation under the complaints procedure will only take place if it does not affect a disciplinary investigation or other action under a Trust policy, e.g. Counter Fraud.

***NOTES ON SAFEGUARDING ISSUES**

All staff are responsible for the following:

- Ensuring that their safeguarding knowledge is up to date
- Reporting all safeguarding concerns immediately

Where safeguarding issues arise from a complaint investigation, these will be referred immediately to the named safeguarding lead for that area.

15. VALUING DIVERSITY

The Trust recognises and values all people and welcomes feedback on all issues. We will strive to break down barriers irrespective of protected characteristics with the following actions:

- Offering support to individuals with specific needs, e.g. interpreting services such as British Sign Language and other languages, to enable everyone who wishes to give feedback to be able to do so;
- Ensuring complaints can be made in ways that are convenient to the complainant;
- Ensuring that any future care a complainant receives will not be negatively affected as a result of having made a complaint;
- Translating complaint responses into any language as necessary for non-English speakers, including Braille.
- Documenting any issues relating to equality and diversity in the complaint plan

16. COMPLAINTS HANDLING

NOTE:

See also the following:

- [Action card CCC1](#) – Local resolution process for complaints
- [Action card CCC2](#) - Persistent and unusual complainants
- [Action card CCC3](#) – Guidance for front line staff
- [Action card CCC4](#) – Responding to a complaint – guidance for staff
- [Counter Fraud flowchart](#)
- [Complaints process flowchart](#)
- [Complaints process flowchart – GCS, CCG, other community healthcare professionals](#)
- [Contact details – FOI and Data Protection complaints](#)

16.1 Investigating complaints

- A Lead Investigator should be identified by the complaints manager and senior divisional management team. This individual should not be the subject of any part of, the complaint
- The Lead Investigator will carry out the investigation and draft a response based on the outcome of it, ensuring that all issues are covered, lessons to be learnt are identified and proposed actions described. The investigation and response should be provided within the timeframe which has been identified by the divisional complaints manager. All responses and documentation will be stored on DATIX-WEB.
- The Lead Investigator can seek support and advice from the complaints manager and senior patient experience manager on any aspect of the process, including meetings, interviews, report writing and action plans

16.2 Record keeping

All statements, letters, phone calls and actions taken in an investigation must be documented and kept in the complaint files on DATIX-WEB. If the complaint is referred to the Parliamentary and Health Service Ombudsman, a complete file is required.

The Trust is working towards all complaint files being electronic. It is the future intention that all Trust complaint files will be electronic. The retention of complaint records is as follows;

- Where paper files are in existence they will be kept for ten years to comply with the Department of Health Records Management Code of Practice
- Complaint 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 eight years
- To comply with data protection requirements, all complaint files are kept for ten years and destroyed proactively after this time

16.3 Local resolution meetings

As part of being open (see 16.4 below), where complaint meetings take place with staff to help in local resolution of concerns or complaints, it is important to record the outcome and all actions agreed. Complainants attending the meeting will be given a written record.

The Complaints Team will arrange the meeting and organise a senior manager to chair the meeting. The complainant will be asked to provide a clear list of issues they wish to discuss at the meeting. The meeting chair will be responsible for briefing those staff involved in the meeting to ensure everyone is aware of the purpose of the meeting and the issues to be discussed and resolved. This preparation must take place before the actual meeting with the complainant.

16.4 Being Open – communicating following a complaint

Being Open is a set of principles, developed by the National Patient Safety Agency, that healthcare staff should use when communicating with patients, their families and carers following a patient safety incident in which the patient was harmed. *Being Open* supports a culture of openness, honesty and transparency. For further guidance see Incidents – [Action Card AIR6](#)

Being Open involves:

- acknowledging, apologising and explaining when things go wrong
- conducting a thorough investigation into the incident and reassuring patients, their families and carers that lessons learned will help prevent the incident recurring
- providing support for those involved to cope with the physical and psychological consequences of what happened.

Remember that saying sorry is not an admission of liability and is the right thing to do.

The Trust are fully committed to the principles of **Being Open** when dealing with patient safety incidents, complaints and claims and this is reflected in related policies.

A copy of the NPSA Being Open Framework can be found at www.nrls.npsa.nhs.uk/beingopen (the Trust is not responsible for the content of external websites)

16.5 Mediation

In certain circumstances where the views of the Trust and the complainant are different, it may be appropriate to use local mediation (independent negotiation to resolve differences) to resolve a complaint. This should be seen as a positive way forward to resolving complaints locally. The following applies:

- Mediation can be requested by staff, the complainant or their representative and the following points are useful to consider:
 - Mediation is a voluntary process and gaining consent of all parties is the first stage of the process.
 - The Mediator provides impartiality and process management to help the parties involved reach a satisfactory outcome. It is not the role of the Mediator to arbitrate or impose a decision.
 - If anyone is dissatisfied with the process either party or the Mediator can terminate the process at any time.
 - Mediation does not affect statutory rights.
- If all parties agree to mediation, this will be arranged via the Complaints Team. Any charges involved will be picked up by the Division leading on that individual complaint.
- Mediation may be offered via appropriately trained internal mediators, or using external mediators.

- Any arrangements for mediators must be discussed with the Senior Patient Experience Manager in the first instance.

16.6 Redress

Under the new national guidelines from the Parliamentary and Health Service Ombudsman, the Trust has a responsibility to put people back in the position they were in prior to complaining.

Redress could mean numerous different resolutions from appointments, changes in policy right through to re-imburement for any financial loss incurred.

If the Trust is found to be at fault and a complainant has suffered financial loss, the complainant's details will be forwarded to the Legal Department who will contact him/her, assess the case and provide any reimbursements as appropriate.

17. COMPLAINTS ABOUT PRIVATE CARE

This procedure covers any complaint made about the Trust's nursing staff or facilities relating to their care in the Trust's private beds. However, it does not allow for complaints about the private medical **care** provided by the consultant. In these situations, complaints should be sent to the consultant directly. Where a complaint is raised about an individual consultant's private care and they are employed by the Trust, details of the complaint will be forwarded to their Divisional Medical Director to discuss at their appraisal.

18. FRAUD AND CORRUPTION

Where a complaint contains possible allegations of fraud and/or corruption, see the Counter Fraud flowchart (add hyperlink) and the [Counter Fraud and Corruption](#) policy.

19. COMPLAINTS HANDLING BY THE PARLIAMENTARY AND HEALTH SERVICE OMBUDSMAN

Where a complainant is not satisfied with the results of an investigation and the Trust cannot resolve the complaint under local resolution, the complainant will have the option of taking their complaint to the Parliamentary and Health Service Ombudsman for review.

Full copies of any relevant files, including the complaint file and the patient's medical notes, will be made available to the Parliamentary and Health Service Ombudsman on their request and production of a valid consent form. All files will be sent by Special Delivery to ensure security of information.

20. SUPPORT FOR STAFF

Members of staff named in a complaint, either personally or by role, should be informed of the complaint by their line manager. Staff should be fully supported by their line manager and consulted during the investigation. The investigation should be full, fair and timely and should not apportion blame. The Trust's management style and culture will promote positive attitudes towards dealing with complaints.

Employees directly involved in complaints can seek support from their Trade Union or Human Resources. Staff members will be given the opportunity to be accompanied by a friend or Trade Union representative if they are required to be interviewed.

Interviews with employees under the complaints procedure should not be viewed as disciplinary in nature. However, staff should be made aware that documentary evidence, including statements, obtained in the course of an investigation may be used as evidence in any resulting disciplinary proceeding or submitted to professional bodies such as the NMC and GMC.

Staff may wish to access the Trusts Staff Support service. Further information can be found on the Trust's Intranet site.

21. UNREASONABLY PERSISTENT AND UNUSUAL COMPLAINANTS

21.1 Determining whether a complainant is unreasonably persistent/unusual

Complainants (and/or anyone acting on their behalf) may be deemed to be unreasonably persistent or unusual complainants, where previous or current contact with them shows that they meet **one or more** of the following criteria:

- The complainant persists in pursuing a complaint even when the Trust's procedures have been exhausted;
- The complainant continually raises new issues or seeks to prolong contact by continually raising further concerns or questions following the complaint response, or while it is being investigated (Note: take care not to discard new issues which emerge as a result of the investigation or the response, as these might need to be addressed separately). Consider using an independent advice service to assist in investigation and resolution;
- The complainant does not accept the response and/or where the concerns identified are not within the remit of the Trust, despite best efforts;
- The complaint makes an excessive number of contacts (these may be in person, or by phone, email, letter or fax) with the Trust, placing unreasonable demands on staff. Judgement may be required to determine what is "excessive" in each case
- The complainant has harassed or been personally abusive or verbally aggressive on more than one occasion towards staff dealing with their complaint, or their families or associates. 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;
- The complainant is known to have recorded meetings, face-to-face or telephone conversations without the prior knowledge and consent of other parties involved and used these recordings without prior permission;
- The complainant has focused on a matter to an extent which is out of proportion to its significance and continues to focus on this point. It is recognised that determining what is justified can be subjective, so careful judgement needs to be used;
- The complainant displays unreasonable demands or patient/complainant expectations and fails to accept that these may be unreasonable (e.g. insisting on responses to complaints or enquiries being provided more urgently than is reasonable or normal recognised good practice);
- The complainant has threatened or used actual physical violence towards staff or their families or associates on more than one occasion; and
- The complainant has sent indecent, offensive or potentially hazardous items to staff or their families or associates in the post, or has hand-delivered indecent, offensive or potentially hazardous items to staff or their families or associates at any time.

See [action card CCC2](#) for options for dealing with unreasonably persistent or unusual complainants.

21.2 Withdrawing this status

Sometimes a complainant's behavior may change, such as:

- The complainant subsequently demonstrates a more reasonable approach; or
- if the complainant submits a further complaint for which the normal complaints procedures would appear appropriate.

Staff should previously have used discretion in recommending unreasonably persistent or unusual status, and discretion should be used in the same way when recommending that this status be withdrawn. The Head of Patient Experience will decide whether normal contact under this procedure can be resumed.

22. COMPLIMENTS

- Compliments may be made verbally, via the Trust website or in writing directly to the staff involved, to the department manager, the senior management teams, the Complaints team, PALS team or the Chief Executive.
- Compliments received by the PALS and Complaints teams are logged and recorded prior to being forwarded to staff/ teams highlighted.

- By the 28th of each month, each ward/ department will complete a compliments form detailing the number of compliments received for that month. This form will be sent to their divisional complaints manager. The information will then be included in each division's monthly Concerns, Complaints, Compliments and Comments report.
- The Complaints and PALS team are not responsible for recording the details of compliments received. Each ward/ department should keep a record of individual compliments received by logging on DATIX-WEB.

23. COMMENTS

Comments can be made via the Trust comment cards, the Trust's website or verbally / in writing to the PALS team. Any Comments received are communicated with relevant wards/ departments, recorded on DATIX-WEB and included in monthly divisional reports as appropriate.

24. TRAINING

See the training needs analysis document.

25. MONITORING OF COMPLIANCE

Do the systems or processes in this document have to be monitored in line with national, regional or Trust requirements?	YES
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Monitoring requirements and methodology	Frequency	Further actions
<ul style="list-style-type: none"> • Head of Patient Experience produces Concerns and Complaints report to review responses to complaints, lessons learnt and improvements made 	Quarterly/annual	<ul style="list-style-type: none"> • Reviewed by Quality Committee and Trust Board
<ul style="list-style-type: none"> • Divisional Management Teams report on local complaints resolution and lessons learnt 	Monthly	<ul style="list-style-type: none"> • Reviewed at Divisional Meetings
<ul style="list-style-type: none"> • Safety and Experience Group (SERG) review complaint reporting and learning 	Monthly	<ul style="list-style-type: none"> • Reviewed at SERG/Quality Committee
<ul style="list-style-type: none"> • Infection Control Committee review related concerns and complaints 	Quarterly	<ul style="list-style-type: none"> • Reviewed at Infection Control Committee/SERG

31. REFERENCES

Ref no	Title	Source
1	Access to Health Records Act 1990	www.legislation.gov.uk
2	Complaint Handling in NHS Trusts	www.patients-association.com
3	DOH Code of Practice- Records Management	www.gov.uk
4	Everyone Counts: Planning for Patients 2013/14	www.england.nhs.uk
5	Good Practice Standards for NHS Complaint Handling	www.patients-association.com
6	Helping more people by investigating more complaints about the NHS	www.ombudsman.org.uk
7	NHS governance on complaints handling	www.ombudsman.org.uk
8	Parliamentary and Health Service Ombudsman Principles of Good Complaint Handling	www.ombudsman.org.uk
9	Parliamentary and Health Service Ombudsman Report: Care and Compassion 2011	www.ombudsman.org.uk
10	Suffering in Silence	www.healthwatch.co.uk/complaints/report
11	The Mid Staffordshire NHS Foundation Trust Public Inquiry (Francis Report)	www.midstaffspublicinquiry.com/
12	The NHS Complaints Procedure	www.nhs.uk

Ref no	Title	Source
13	The Local Authority Social Services and National Health Services Complaints (England) Regulations 2009	www.legislation.gov.uk

COMPLAINTS AND FEEDBACK (4Cs) – DOCUMENT PROFILE

DOCUMENT PROFILE	
REFERENCE NUMBER	B0035
CATEGORY	Non-Clinical
VERSION	V3.1
VERSION AMENDMENTS	V3 - November 2015 V3.1 - June 2016
SPONSOR	Heather Beer, Head of Patient Experience
AUTHOR	Debra Clark, Senior Patient Experience Manager (technical authoring support, Kym Ypres-Smith)
ISSUE DATE	November 2015
REVIEW DETAILS	November 2018 – review by Head of Patient Experience
ASSURING GROUP	Trust Policy Approval Group
APPROVING GROUP	Patient Experience Strategic Group
APPROVAL DETAILS	Policy approval: Patient Experience Strategic Group, 12 th November 2015 TPAG approval: e-approved 30 th November 2015
CONSULTEES	Patient Experience Strategic Group
DISSEMINATION DETAILS	Upload to Policy Site; global email; cascaded via divisions
KEYWORDS	Complaint, concern, comment, compliment
RELATED TRUST DOCUMENTS	Action cards CCC1 , CCC2 , CCC3 and CCC4 ; Counter Fraud flowchart ; Complaints process flowchart ; Complaints process flowchart – GCS, CCG, other community healthcare professionals ; Contact details – FOI and Data Protection complaints
OTHER RELEVANT DOCUMENTS	Incident reporting procedure , Action Card AIR6 , Disciplinary Procedure , Counter Fraud and Corruption
EXTERNAL COMPLIANCE STANDARDS AND/OR LEGISLATION	<ul style="list-style-type: none"> • Access to Health Records Act 1990 • Parliamentary and Health Service Ombudsman Report: Care and Compassion 2011 • The Mid Staffordshire NHS Foundation Trust Public Inquiry (Francis Report) • The Local Authority Social Services and National Health Services Complaints (England) Regulations 2009