

Complaints Management

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This must be completed and form part of the document appendices each time the document is updated and approved			
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26/11/19	3	Eleanor Walsh, Head of Patient Experience Wendy Tandy, Patient Relations Team Manager	General review

Consultation / Acknowledgements with Stakeholders		
Name	Designation	Date Response Received
Peter Murphy	Director of Nursing, Quality and Governance	
Nick Harper	Medical Director	
Eleanor Walsh	Interim Head of Patient Experience	
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1 Introduction / Purpose

Blackpool Teaching Hospitals NHS Foundation Trust is committed to providing high standards of care centred on patients and carers.

Should patients or their representatives be dissatisfied with the standard of care provided then the Trust has a legal obligation to have a procedure in place to enable the patient or their representative to be heard and their concerns to be dealt with promptly and courteously as per the NHS England Complaints Procedure (NHS, 2018).

This procedure explains:

- How all concerns and complaints should be dealt with at the point of service in a consistently fair, flexible and conciliatory way
- The importance of a high quality response in a timely manner
- Other services who advice can be sought from when making a complaint
- How lessons are learned from complaints are acted upon and shared throughout the organisation.

2 General Principles / Target Audience

This Policy applies to all our staff (including Bench and Agency) employed by Blackpool Teaching Hospitals NHS Foundation Trust and is applicable for all of our service users.

3 Definitions and Abbreviations

CCG	Clinical Commissioning Group
CNST	Clinical Negligence Scheme for Trusts
DDOP	Deputy Director of Operations
HR	Human Resource
IG	Information Governance
LIRC	Learning from Incidents Reporting Committee
MP	Member of Parliament
NHS	National Health Service
NHSLA	National Health Service Litigation Authority
PHSO	Parliamentary Health Service Ombudsman
SUI	Serious Untoward Incident

4 Local Resolution

4.1 Dealing with a concern at service level

All staff must try to resolve a patient or carers concern at a service level. Any comments or misgivings expressed by a patient, relative, carer or member of the public should be listened to sympathetically. You should ensure that you record any concerns / informal complaints locally in the patient's notes along with the actions taken.

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You should also make a note of this on the e-complaint form found on the Trust Intranet site.

If the person remains dissatisfied then supply them with the 'Tell Us' literature available throughout the Trust in the form of posters and leaflets, which highlights the formal complaint process (BTHFT - Leaflet, 2014).

4.2 Dealing with a concern via Patient Relations

The Patient Relations Team may get a concern raised directly to them either in person at their drop in office, via telephone or e-mail. The Patient Relations Team will liaise with the relevant staff member or department to deal with the concern. Feedback on the outcome is expected within 10 working days in order to close the record on the Ulysses Safeguarding System.

Feedback should be given in person or over the telephone, and confirmation sought at the time of resolution from the person raising the concern that they are satisfied with the outcome.

4.3 Raising a Concern on behalf of a Patient

No disclosure of any personal health information should be given without first seeking the patient's authority to do so via the Patient Relations Team using the patient consent form.

In the event of a patient death, the person concerned will be asked for a 'proof of representation' document to show that they have the legal right to medical information about the patient. A copy of a Will, Grant of Probate or Letter of Administration naming that person as the patient's legal representative is required. In cases where no documentation is available the Patient Relations Team will review the patient's medical records for evidence of relationship. Where medical staff have had verbal contact with the complainant a 'waiver' can be granted to negate the need for documentation.

Where a patient does not have capacity to consent the complainant will be asked for a Power of Attorney for Health and Welfare. Where no document is available a 'waiver' can also be arranged via evidence of relationship from the patient's medical records.

In the case of a child, the representative must be a parent, guardian or other adult person who has care of 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.

The Trust **cannot** investigate concerns or complaints which are:

- Made by an employee of a local authority or NHS body about any matter relating to that employment.
- Relating to a commissioning care provider.
- Relating to an NHS body's alleged failure to comply with a data subject request under the Data Protection Act (Crown, 2018) (a), or a request for information under the Freedom of Information Act, 2000 (Crown, 2000) (b).

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5 The Formal Complaints process

The Patient Relations Team manages the formal complaint process. All formal complaints are triaged on receipt by the Patient Relations Team according to the severity of the issues being raised by the patient / representative. Divisions are responsible for completing the Trust's response letter or summary of meetings, Summary and Management form and Action Plans.

The Patient Relations Team will acknowledge all formal complaints within 3 working days of receipt. The complainant will be phoned and offered the opportunity to meet with the investigating division to discuss the complaint. The complainant will receive a written acknowledgement stating whether the response will be in writing or via a meeting and they will be given a timescale for responding to their complaint.

Should the complaint involve other organisations, e.g. CCGs, Social Services etc., the complainant will be notified of the other organisations involvement. Whenever possible a coordinated response will be provided.

The complaint investigation lead will receive the complaint and the response deadline upon acknowledgment and only the set points for investigation if they are included within the complaint.

6 Complaint response timeframes:

It is best practice and Trust policy to send the final response to the complainant in an average time of 25 working days. However the actual time to respond will be determined with the complainant when acknowledging the complaint. Up to 40 working days will be considered for complex complaint investigations or investigations that involve multi-divisions, other organisations or NHS Trusts (in line with the NHS England Complaint Policy, 2017 (NHS England, 2017)).

All complaints responses are checked by the divisional Director of Nursing or their representative and then are sent via the Patient Relations Team to the relevant Executive Director for approval, before the Chief Executive for final authorisation.

If a response is looking like it will pass the timescales above, the complainant (and advocate if relevant) should be notified of this and then expect to receive an update every 10 working days after the target has been surpassed. This could be by telephone, email or letter but the format should be agreed with the complainant.

7 Formal complaint handling when there is an Inquest or Serious Incident

If a patient death has been referred to the Coroner this does not mean that investigations into a complaint need to be suspended. However, you should not discuss information which has not been submitted to the Coroner as this is the purpose of the inquest. It is important that communication is clear and ongoing to reduce the risk of conflicting information being provided to the complainant.

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Complaints may be received regarding serious untoward incidents (SUI). On acknowledgement of the complaint if it becomes evident the situation being complained about is a SUI, then the complaint will be suspended (put on hold). The SUI process should commence instead of the formal complaint process and the complainant notified of this accordingly.

Alternatively, a person affected by a SUI may raise a complaint about the handling of the investigation or may choose to raise a complaint about the situation despite the SUI being under investigation. The SUI investigator should request the Patient Relations Team to address the complaint concerns within the SUI investigation report to prevent duplication.

On receipt of a complaint where the police are involved, discussions must take place with the relevant authority to determine whether progressing the complaint might prejudice subsequent judicial action.

8 Referral to legal services

The Trust's complaints process does not offer financial compensation as a form of resolution and complainants are informed of this.

Where a complaint is received and confirmed legal action is being taken a discussion will need to take place to determine whether progressing the complaint could prejudice legal or judicial action. The Patient Relations Team will discuss the case with the Trust Solicitor who may liaise with the Crown Prosecution Service or Police. In cases such as this, the Patient Relations Team will contact the complainant informing them that their complaint has been put on hold until further checks have been completed. If it is felt the complaint response could impede a legal or police / disciplinary proceedings the complainant will be advised of this and formal complaint process will stop.

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

When the Trust receives complaints from MPs on behalf of their constituents these should follow exactly the same process as complaints received directly from individuals. We should not assume implied consent especially when the complaint is about a third person. Consent of the patient should always be obtained prior to the release of personal information to the MP.

10 Investigation

The complainant will be kept informed, as far as reasonably practicable, of any delays in the investigation by the Patient Relations Team.

The Divisional Complaints Managers will inform those staff identified in a formal complaint. They will issue a copy of the complaint outlining the requirements and timeframe for a response. Requests for statements should be forwarded to the Divisional Complaints Manager within 5-10 working days. Guidelines for investigating and responding to formal complaints can be found in the CORP/PROC/403 - Operational Procedure – Patient Relations Department (BTHFT - Procedure, 2018).

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11 Support for staff involved in a complaint

Being the subject of a formal complaint can be stressful and the Trust is committed to ensuring staff are adequately supported. All staff members who are the subject of a complaint should be sent a staff support letter by the complaint investigation lead advising them to seek support and advice from their line manager, occupational health, or the contact points listed in Appendix 3 if needed.

Staff should be offered formal and informal debriefings about the investigation process by their Line Manager and be copied into the final copy of the complaint response so they are aware of the final outcome.

Staff who are required to give a statement following a complaint should be supported throughout the investigation by their Line Manager and encouraged to use the tips and template for staff statements which can be found in the CORP/PROC/403 - Operational Procedure – Patient Relations Department (BTHFT - Procedure, 2018).

12 The Formal Response letter

The response to a formal complaint must follow the standardised version (see Appendix 1 and 3):

- A cover letter to provide an introduction/explanation to the complaint and a personalised paragraph from the Chief Executive. An apology and condolences if necessary.
- If complex then the opportunity to meet to discuss their concerns with the Investigating Team.
- Summary of the Investigation.
- Action plan.
- Appendix details of the Parliamentary and Health Service Ombudsman.
- Complaint Evaluation.

13 Timescales for the Resolution of Second Complaints

Following provision of the response letter if the complainant is dissatisfied with the initial response letter then there will be a further response letter or offer of a meeting provided. This dissatisfaction and questions must be received within 2 months of receipt of the Trust's response. Second response letters will have a 40 day turnaround timescale.

14 Learning from Complaints

It is essential that lessons are learned and shared as a consequence of formal complaints the Trust receives. Following the final sign off of the written response, the division is required to share the actions taken / learning from the complaint with the Patient Relations Team via the complaint Summary and Management form (Appendix 2).

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The Patient Relations Team is responsible for collating this information across all service areas and reporting on actions learned. The team will request updates on any outstanding actions on the action tracker used in the weekly PTL meetings with complaint investigation leads.

Sharing of lessons will also take place regularly within the monthly Quality Committee, and the quarterly LIRC and Patient Experience Panel meetings.

15 Parliamentary Health Service Ombudsman (PHSO)

The Trust will respond to correspondence submitted by the Ombudsman and action their requests and recommendations within the timescales specified.

Financial penalties up to £1000 will be paid directly via the Division. Recommended payments of over £1000 will be forwarded to the Trust Legal Team by the division and legal advice sought in conjunction with NHS Resolution whether the payment would be accepted as a potential Clinical Negligence Scheme for Trusts (CNST) claim and as such payment would be made by the NHS Resolution. If this is not accepted by the NHS Resolution the legal advisor will refer the matter back to the Division to decide if any payment should be made or refused.

16 Vexatious Complainants

Behaviour like this that escalates into actual or potential aggression towards staff is not acceptable. Please refer to the Vexatious Complaints Policy CORP/POL/153 (BTHFT-Procedure, 2018) for guidance.

17 Private Patients/Overseas

Refer to CORP/PROC/685 (BTHFT - Procedure, 2016).

18 Complaints Relating to an IG Breach

The Patient Relations Team has a duty to report certain types of personal data breaches within 72 hours of becoming aware of them via the Incident Reporting System (BTHFT - Procedure, 2019) and the Information Governance Team. A personal data breach could be:

1. A patient stating their medical records have been accessed by an unauthorised third party;
2. A patient receiving personal data about another patient;
3. Devices containing personal data being lost or stolen;
4. Alteration of personal data without the patients permission;
5. Loss of availability of patient medical records and
6. Incorrect information in a patient's medical records which they believe has impacted their care.

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19 Complaints Review Panel

The Patient Engagement Team, Patient Relations Team and Divisional Teams meet quarterly during the year to review complaint cases, themes, hotspots, timeframes and lessons learned from complaint investigations.

20 Organisational Development and Training

The Patient Relations and Patient Engagement Team will contribute to the training of all staff when required. Directorates can request further support from the team who will develop and deliver bespoke training and workshops to assist their staff in dealing with a customer focused approach.

21 Roles and Responsibilities in the Resolution of Complaints

Key organisational teams and staff with the Trust are required to carry out duties in the complaint process, these include:

- i) The Patient Relations Team
- ii) Complaint Investigation Leads within Division
- iii) Directorate Managers, Quality Managers, Senior Medical Staff and Management involved in the complaint.
- iv) DDOP / Divisional Director of Nursing
- v) The Trust Board of Directors
- vi) The Chief Executive
- vii) The Patient Experience Involvement Committee
- viii) Complaint Review Panel Meetings

However, all staff should:

- Encourage patients and carers to raise any concerns they may have about their care and treatment at the earliest opportunity
- Make every effort to deal with issues as they arise, informally and promptly within 24 working hours. Ensure the person raising the issue is consulted about how they wish their complaint to be handled and clearly record this on the e-Complaint form on share point.
- Read and be familiar with the Complaints Management Procedure CORP/POL/633
- Attend complaints training
- Where the complainant wishes to make a formal complaint, staff should ensure that they give them the appropriate Raising a Concern/Raising a Complaint leaflet.

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22 References and Associated Documents

BTHFT - Leaflet, 2014. *Tell Us - We want to hear what you think of our services*. [Online]
Available at:
<http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Information%20Leaflets/PL865.pdf>
[Accessed 13 03 2020].

BTHFT - Leaflet, 2016. *Raising a concern - What should I do if I have a concern?*. [Online]
Available at:
<http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Information%20Leaflets/PL790.pdf>
[Accessed 13 03 2020].

BTHFT - Procedure, 2015. *Managing Stress and Wellbeing in the Workplace*. [Online]
Available at: <http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-POL-217.docx>
[Accessed 20 01 2020].

BTHFT - Procedure, 2015. *Mandatory Risk Management Training*. [Online]
Available at: <http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-POL-354.docx>
[Accessed 21 01 2020].

BTHFT - Procedure, 2016. *Complaints Management (Private Patients)*. [Online]
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[Accessed 13 03 2020].

BTHFT - Procedure, 2017. *Corporate and Local Induction*. [Online]
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[Accessed 20 01 2020].

BTHFT - Procedure, 2018. *Operational Procedure – Patient Relations Department*. [Online]
Available at: <http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-PROC-403.docx>
[Accessed 21 01 2020].

BTHFT - Procedure, 2019. *Data Protection*. [Online]
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Available at: <http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-POL-605.docx>
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BTHFT - Procedure, 2019. *Risk Management Policy*. [Online]
Available at: <http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-POL-547.docx>
[Accessed 21 01 2020].

BTHFT - Procedure, 2019. *The Systematic Approach to Managing Incidents, Complaints and Claims*. [Online]

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[Accessed 21 01 2020].

BTHFT- Procedure, 2018. *Vexatious Complaints Policy*. [Online]
Available at: <http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-POL-153.docx>
[Accessed 13 03 2020].

Crown, 2000. *Freedom of Information Act 2000*. [Online]
Available at: <http://www.legislation.gov.uk/ukpga/2000/36/contents>
[Accessed 15 01 2020].

Crown, 2009. *The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009*. [Online]
Available at: <http://www.legislation.gov.uk/uksi/2009/309/contents/made>
[Accessed 13 03 2020].

Crown, 2010. *Equality Act 2010*. [Online]
Available at: <http://www.legislation.gov.uk/ukpga/2010/15/contents>
[Accessed 13 02 2020].

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[Accessed 20 01 2020].

Department of Health, 2009. *Listening, Responding, Improving - A Guide to better customer care*. [Online]
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https://webarchive.nationalarchives.gov.uk/20130104224337/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_095439.pdf
[Accessed 13 03 2020].

NHS, 2018. *How to complain to the NHS*. [Online]
Available at: <https://www.nhs.uk/using-the-nhs/about-the-nhs/how-to-complain-to-the-nhs/>
[Accessed 13 03 2020].

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Appendix 1: Acknowledging a complaint letter

Ref EW/ /PR19

Date

Name

Address

Dear

Following on from my *letter / telephone conversation / email* correspondence with you on the ... to acknowledge receipt of your complaint, I can now confirm that your case has been registered with the ...*division* for investigation. The investigation will address all of the points mentioned in your complaint.

Offer condolences here if patient has died -

I would like to offer my sincere condolences to you and your family on the loss of your *mother / father / son / daughter / partner, insert name*, and I am sorry to learn of your concerns that you have brought to my attention.

We strive to complete the investigation and provide you with a reply within *25 / 30 / 40* working days, therefore we expect to send your letter by the *insert date*. There are times when we will be unable to achieve this and you will be notified of this. We will write to you when all of the necessary information has been gathered.

Or

We acknowledge your request for a meeting and a representative from the *insert Division* will telephone you to arrange this. Following the meeting, we will provide you with a summary of the meeting for your information.

Information relating to this complaint will be held on a database, which will only be accessed by staff within the Patient Relations Team.

Yours sincerely

Wendy Tandy
Patient Relations Manager

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Appendix 2: Complaint summary form						
Patient – Hospital / NHS Number – Date of Birth – Case No:		Patient Address – Complainant's Address and Telephone No. -			Consent - Proof of Rep -	
Person Making the Complaint / Areas/Organisations		Date Contacted by – Meeting offered - Date Received –			Letter - Meeting - Days to Complete -	
INITIAL GRADE	LOW	MINOR	MEDIUM	SERIOUS	MAJOR	DISASTER
Initial – PR Team						
Summary of Complaint				Investigation Lead		
				List any staff member who has been Complained Against – Include their Title, First and Second Name		
				If a complaint is Partially Upheld, indicate in the box which part of the complaint has been Upheld **UPHELD PARTS TO CORROLATE WITH THE RESPONSE LETTER POINTS OR QUESTIONS		
<p style="text-align: center;"> Outcome (Bold Highlight) Upheld Partially Upheld Not Upheld Withdrawn </p>						
FINAL GRADE	LOW	MINOR	MEDIUM	SERIOUS	MAJOR	DISASTER
Initial – PR Team						
Was meeting held with Complainant? (Delete as appropriate)					Yes	No
Is Duty of Candour required (required when moderate to severe harm or death has occurred)					Yes	No
Has Duty of Candour been adhered to and evidence recorded.					Yes	No
If there were any delays in providing the complainant with a response, please state below the reasons for this:						

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Appendix 2: Complaint summary form

Lessons Learned

Action Plan

Date:

Version:

Service / Team:

No	Recommendation	Action Required/Comments	Person Responsible	Date to be Achieved	Evidence Required	Date Completed	RAG

RAG Rated Key

Green	Completed
Amber	Ongoing / in Progress
Red	Not Completed

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Appendix 3: Response Letter Template

Ref

Date

Private & Confidential

Name

Address/email

Dear

I am very sorry to hear that your experience of the Blackpool Teaching Hospital NHS Foundation Trust failed to meet your expectations and fell short of the standards to which we aspire. Please accept my sincere apologies for the distress and upset we caused you or your family.

Or change wording if on behalf of another person

Or add sincere condolences to the complainant and their family if patient has died,

I would like to offer my condolences on the loss of your [insert relation and name]. I appreciate how upsetting and traumatic these events must have been for you and your family. I hope this response will help you to understand the treatment ... received whilst in our care.

A thorough investigation has taken place into the issues you raised and I hope the information provided in the enclosed report will provide assurance that your concerns have been taken seriously.

Change wording if meeting attended

If you feel we have misunderstood any aspect of your complaint, or if you wish to discuss the Trust's letter, please contact the Patient Relations Team on 01253 955589.

Once again, please accept my sincere apologies for the problems experienced. Should you remain dissatisfied with the outcome of your complaint or you have further questions you can contact the Trust within 2 months of receipt of this response via the Patient Relations Team. You also have the option to ask the Parliamentary and Health Service Ombudsman to undertake a further review, although I do hope you will contact us first if you do have any unresolved concerns.

Yours sincerely

Kevin McGee

Chief Executive

cc anyone to be cc' d in

Encs Complaint Investigation Report

Appendix 1

May have to add – Action Plan/Minutes etc....

Appendix 3: Response Letter Template

Complaint Investigation Report

Add name & title of DDOP/ADON lead

Add Division

Blackpool Teaching Hospital

Add Complaint Reference Number

Summary of Investigation Findings

The investigation into the issues raised has been carried out *by with the assistance of.....* As part of our investigation, *Mr/staff involved was/were asked to review* your case and provide his/their comments.

Summary of complaint

.....

Investigation findings

The issues you raised are detailed below and for clarity, I have responded to the questions as they appear in your letter/email for ease of reading:

Question/Concern in italics

Response to question/concern - Refer to Ombudsman guidance on 'getting it right' in respect of 'sorry' or an 'apology'

Summary of the findings, lessons learned and action plan

.....

Investigation summary approved by:

Add name of DDOP/ADON who is signing the report
Title & Division

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Appendix 3: Response Letter Template

WHAT TO DO IF YOU ARE NOT SATISFIED WITH YOUR RESPONSE

- If you have questions from our response to your complaint then please either write to or email the Patient Relations Team with your outstanding concerns. Patient Relations will then liaise with the investigating team to provide a further response letter or arrange a meeting with you to help resolve your issues by local resolution. Please let us know which you would prefer. The email address is:
bfwh.complaints@nhs.net

You can also comment on how the complaint has been handled in the enclosed survey which can be posted to the Trust in the free post envelope attached.

- You have the right to take your complaint to the Health Service Ombudsman. The Ombudsman is independent of the government and the NHS. The service is confidential and free. There are time limits for taking a complaint to the Ombudsman, although these can be waived if there is good reason to do so. If you have any questions about whether the Ombudsman will be able to help you, or about how to make a complaint, you can contact their helpline on 0345 015 4033, email phso.enquiries@ombudsman.org.uk or fax 0300 061 4000. Further information about the Ombudsman is available at www.ombudsman.org.uk or you can write to them at: The Parliamentary and Health Service Ombudsman, Millbank Tower, Millbank, London SW1P 4QP

SHARING YOUR EXPERIENCE

- Our Trust films first person patient experiences which are displayed on our website www.bfwh.nhs.uk/patientexp, in training sessions and in board meetings to help to reduce quality and safety issues from arising again. The films are a powerful learning tool for staff involved in an incident or complaint because they can directly see and hear how their actions have affected the patient. If you would be interested in discussing your experience on camera in the future, please contact Eleanor Walsh, Patient Experience and Involvement Manager, on 01253 955520 or email eleanor.walsh@nhs.net

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Appendix 4: Staff statement template	
Full Name:	
Position and Grade:	
Location / Ward / Dept / Team:	
Contact Number:	
Date and Time of incident:	
Complaint case number:	
Main body of Statement/ Account:	
Other persons present:	
Background factors:	
Actions taken to prevent reoccurrence:	
Any other relevant information:	

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Appendix 4: Staff statement template

Appendices:

I believe that the facts stated in this witness statement are true.

Signature:

Date:

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Appendix 5: Support For Staff Involved In A Complaint, Claim or Incident



**Blackpool Teaching
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Support or advice regarding a complaint can be sought from any of the following listed below:

- Your immediate Line Manager
- Patient Relations Team Tel: 01253 955589
- Human Resources Department Tel: 01253 951600
(The Human Resources Department is able to provide contact details for union representation)
- UNISON (member's contact number) Tel: 0800 0857 857
www.unison.org.uk/healthcare
- Medical Defence Union (MDU) Tel: 0800 716 376
www.the-mdu.com
- British Medical Association (BMA) Tel: 0300 123 1233
www.bma.org.uk
- Royal College of Nursing (RCN) Tel: 0845 456 7843
www.rcn.org.uk

How to Access Counselling

Should you require the service of a Counsellor, counselling can be accessed from:

- Your GP practice, everybody is able to seek Counselling via their GP
- The Occupational Health Department, offers anonymous and confidential and advice and how to access counselling Tel : 01253 957950
- BMA Counselling and Doctors for Doctors Tel: 0330 123 1245

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Appendix 6: Equality Impact Assessment Form					
Department	Organisation Wide	Service or Policy	Procedure	Date Completed:	June 2019
GROUPS TO BE CONSIDERED					
Deprived communities, homeless, substance misusers, people who have a disability, learning disability, older people, children and families, young people, Lesbian Gay Bi-sexual or Transgender, minority ethnic communities, Gypsy/Roma/Travellers, women/men, parents, carers, staff, wider community, offenders.					
EQUALITY PROTECTED CHARACTERISTICS TO BE CONSIDERED					
Age, gender, disability, race, sexual orientation, gender identity (or reassignment), religion and belief, carers, Human Rights and social economic / deprivation.					
QUESTION	RESPONSE			IMPACT	
	Issue	Action	Positive	Negative	
What is the service, leaflet or policy development? What are its aims, who are the target audience?	The Procedural Document is to ensure that all members of staff have clear guidance on processes to be followed. The target audience is all staff across the Organisation who undertakes this process.	Raise awareness of the Organisations format and processes involved in relation to the procedural document.	Yes – Clear processes identified		
Does the service, leaflet or policy/ development impact on community safety	Not applicable to community safety or crime	N/A	N/A		
<ul style="list-style-type: none"> • Crime • Community cohesion 					
Is there any evidence that groups who should benefit do not? i.e. equal opportunity monitoring of service users and/or staff. If none/insufficient local or national data available consider what information you need.	No	N/A	N/A		
Does the service, leaflet or development/ policy have a negative impact on any geographical or sub group of the population?	No	N/A	N/A		
How does the service, leaflet or policy/ development promote equality and diversity?	Ensures a cohesive approach across the Organisation in relation to the procedural document.	All policies and procedural documents include an EA to identify any positive or negative impacts.			
Does the service, leaflet or policy/ development explicitly include a commitment to equality and diversity and meeting needs? How does it demonstrate its impact?	The Procedure includes a completed EA which provides the opportunity to highlight any potential for a negative / adverse impact.				
Does the Organisation or service workforce reflect the local population? Do we employ people from disadvantaged groups	Our workforce is reflective of the local population.				
Will the service, leaflet or policy/ development	N/A				
<ul style="list-style-type: none"> i. Improve economic social conditions in deprived areas ii. Use brown field sites iii. Improve public spaces including creation of green spaces? 					
Does the service, leaflet or policy/ development promote equity of lifelong learning?	N/A				
Does the service, leaflet or policy/ development encourage healthy lifestyles and reduce risks to health?	N/A				
Does the service, leaflet or policy/ development impact on transport? What are the implications of this?	N/A				
Does the service, leaflet or policy/development impact on housing, housing needs, homelessness, or a person's ability to remain at home?	N/A				
Are there any groups for whom this policy/ service/leaflet would have an impact? Is it an adverse/negative impact? Does it or could it (or is the perception that it could exclude disadvantaged or marginalised groups?	None identified				

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Appendix 6: Equality Impact Assessment Form				
Does the policy/development promote access to services and facilities for any group in particular?	No			
Does the service, leaflet or policy/development impact on the environment	No			
<ul style="list-style-type: none"> • During development • At implementation? 				
ACTION:				
Please identify if you are now required to carry out a Full Equality Analysis		Yes	No	(Please delete as appropriate)
Name of Author:		Date Signed:		
Signature of Author:				
Name of Lead Person:		Date Signed:		
Signature of Lead Person:				
Name of Manager:		Date Signed:		
Signature of Manager				

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