

Patient Relations Complaints Policy

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Version Control

Version	Title	Issued
1.0	Patient Relations Policy	29/11/2019
2.0	Patient Relations Complaints Policy	31/07/2023

1. Policy Statement

The purpose of this policy and its associated documents is to ensure that University Hospitals Birmingham NHS Foundation Trust (the 'Trust') delivers the best possible patient experience by responding to feedback from patients and carers to improve experiences of care.

We want our patients and their families to feel safe, cared for and confident in their treatment. The Trust is therefore committed to using experience of care and feedback for continuous learning and improving the service we provide. The Trust welcomes contacts as it seeks to learn from them in order to drive improvements and enhance our patients' experience.

This policy has been written to comply with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. The NHS complaints legislation requires a single approach for handling of complaints across health and social care. This is further supported by the Parliamentary and Health Service Ombudsman (PHSO) NHS Complaint Standards, and model complaint handling procedure and guidance, which set out how organisations providing NHS services should approach complaint handling.

1.1. Policy Objectives

- 1.1.1. To ensure the views of patients, relatives and carers are listened to and acted upon; this reflects the Trust's values and behaviours of being Kind, Connected and Bold.
- 1.1.2. To ensure that information and feedback gained is acted upon to improve, plan, develop and evaluate services delivered.
- 1.1.3. To ensure that the Trust complies with relevant legislation, including but not limited to, the Patient Advice and Liaison Service (PALS) Core National Standards and Evaluation Framework (DH 2003), The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, NHS Complaint Standards and guidance from the Care Quality Commission, NHS Constitution for England and the PHSO Model Complaints Handling Guidance, when dealing with contacts.

2. Scope

- 2.1. This policy aims to ensure that staff have access to relevant information to support patients, their relatives and carers in giving feedback via access to this policy, leaflets displayed across the organisation and through information accessible on the Trust internet and intranet sites.
- 2.2. This policy applies to contacts in relation to the Trust's services, including any satellite services and all individuals acting on behalf of the Trust,

including: employees, contractors, volunteers, students, locum/agency staff and those employed on honorary contracts.

- 2.3. This policy is not for staff to raise an issue regarding another member of staff of the Trust, unless it is in the capacity of them being a patient, carer or relative receiving services from the Trust.
- 2.4. Contacts from private patients receiving services from the Trust will be referred to the private provider.
- 2.5. Contacts relating to staff behaviour that require Human Resources or Maintaining High Professional Standards investigation will be handled under those separate policies.
- 2.6. Complaints should be made within 12 months of the incident or becoming aware of the incident that has caused concern. However, this timescale can be extended if the Head of Patient Relations or Divisional Director of Nursing is satisfied that there is good reason for the time delay and that it is possible to investigate the complaint effectively.

3. Definitions

Complaint

A complaint is an expression of dissatisfaction; either in writing or verbally, to any member of staff within the Trust about services provided, and requires a written response from the Chief Executive.

Comment

Patients, relatives and carers may have valuable feedback relating to an observation they made and are willing to share this with the Trust as a comment.

Concern

A concern can be shared by a patient, relative or carer, either in writing or verbally to any member of staff in the Trust. These may relate to concerns about the service provided or to propose ways of improving the service for others. Concerns can be resolved early by the Patient Advice and Liaison Service (PALS).

Compliment

A compliment is positive feedback which may be provided in writing (often in the form of a thank-you card), or verbally, regarding the service received by patients, their relatives and carers.

PALS

Patient Advice and Liaison Services

PHSO

Parliamentary and Health Service Ombudsman

Serious Complaints

Contacts relating to safeguarding; inappropriate or abusive actions by staff; significant failings or shortfalls in experiences of care; linked patient safety incidents; adverse events, injury or harm; discrimination impacting care; concerns relating to end of life care or a patient death.

The Patient Relations Team receives complaints, comments, concerns and compliments (4C's) feedback and progresses contacts for resolution either by resolving the contact early with PALS support or investigating the complaint.

4. Patient Relations Framework

This section describes the broad framework for the Patient Relations Policy. Operational instructions for the handling and investigation of and learning from contacts, including complaints, are detailed in the Patient Relations Procedure. This Procedure may be amended from time to time by authority of the Chief Nurse, provided that such amendments are compliant with this policy.

4.1. General

- 4.1.1. The Trust welcomes contacts and publicises the variety of ways people can share concerns or make a complaint. This includes being clear about who can make a complaint and what will happen next, as well as offering advice and support. This includes giving details of appropriate independent complaints advocacy and advice from the Patient Advice and Liaison service (PALS), and other support networks.
- 4.1.2. It is important for the person contacting the service to feel that they have been listened to, all their issues have been responded to and they have been shown an appropriate level of empathy in our response to their contact.
- 4.1.3. Anyone choosing to highlight issues at the point of care or with the Patient Relations Department will not be treated differently as a result. To support this process, associated documentation is held separately to the patient's medical records, and the importance of this is highlighted in relevant training programmes.
- 4.1.4. The Trust encourages staff to resolve concerns at the point of contact, where possible, to improve the experience of patients. Every member of staff is responsible for supporting people who wish to provide feedback, share concerns or make a complaint.

4.2. How the Trust Receives complaints

The Trust receives Patient Relations contacts by the following methods:

- **Verbally to any member of staff:**
Staff are encouraged and expected to discuss feedback shared and to facilitate early resolution of concerns and complaints if possible. In the event that the staff member cannot resolve the issues immediately or answer questions, they can escalate to a more senior member of staff or signpost to the Patient Relations Team.
- **Feedback through the Patient Advice and Liaison Service (PALS):**
Feedback can be given via the Trust PALS services in person, by telephone on 0121 424 0808 or email PALS@uhb.nhs.uk or referral by a member of staff. When a PALS concern is raised, the Patient Relations Team will support the person who has given feedback throughout the resolution process and will work with Divisions to provide early resolution if possible.
- **In writing to the Patient Relations Team or PALS, relevant ward or department or Chief Executive's Office:**
Contacts may be received in any area of the Trust. Information will be progressed either through the PALS process for early resolution or Complaints process for investigation. The Patient Relations Team will assign a handler to all contacts to act as a central point of contact and to support the person through the resolution process. Comments, concerns and compliments may be responded to by a manager or senior member of staff on the ward or department by telephone and/or in writing (whichever is identified as most appropriate) to the patient, relative or carer.
- **Social Media:**
Patients, relatives and carers may post information about their experiences of care on social media forums, such as Twitter and Facebook. The Communications Team will be responsible for responding to such comments, with support as needed from the Patient Relations Team.
- **Compliments:**
If feedback is a compliment this will be sent from the Patient Relations Team to the Patient Experience Team as well as the relevant ward or department for their awareness.
- **National and Local Surveys:** The Trust participates in all national mandated patient surveys as set out in the CQC NHS Patient Surveys Programme as well as local surveys including the Friends and Family Test (FFT) to gather regular feedback about experiences of care. The Trust supports a number of different local surveys at service level to help better understand and gain insight into the patient, carer and family experience. Local surveys are analysed and the data shared as part of continuous learning and improvement.

4.3. PALS and Early Resolution

- 4.3.1. Emphasis is placed on resolving contacts promptly and through immediate interaction with frontline staff or with support of PALS. The Patient Relations Team oversees PALS and Complaints processes from an administrative and regulatory point of view.

- 4.3.2. PALS may decide to immediately refer the contact to progress for resolution within the complaints procedure based on the nature and/or seriousness of the issues raised. This decision will be made in conjunction with the individual raising the contact. The contact may also be referred to the complaints procedure if PALS are unable to resolve the issue(s) to the satisfaction of the individual.

4.4. How the Trust Processes Complaints

- 4.4.1. The Trust has a responsibility to ensure that people have easy access to information about how to share their concerns or to make a complaint. The Trust will assure patients, relatives and their carers that they will continue to be treated according to their clinical needs and care will not be compromised. This assurance will be offered by the Trust through relevant communications and included in the Patient Relations acknowledgement letters to all complaints. If a patient reports concern that they have been treated differently, this will be reported to the Head of Patient Relations, Division Director of Nursing and Division Leadership Team, who will ensure corrective actions are implemented. All reports relating to potential or actual discrimination, as a result of a complaint being made, will be recorded by the Patient Relations Team on the Incident Reporting system and shared anonymously through reporting mechanisms.
- 4.4.2. The Trust will ensure that all complaints receive an appropriate, thorough, specific and timely investigation, in accordance with current legislation and the associated Patient Relations procedure.
- 4.4.3. Every member of staff is responsible for supporting people who wish to provide feedback or raise concerns. The Patient Relations Team will provide a caring, well-led and responsive local resolution service, working with Divisions to ensure feedback gained is acted upon to improve, plan, develop and evaluate services delivered. The Patient Relations Team will be impartial in its approach and management of all contacts.
- 4.4.4. When a complaint is made by a representative, the Patient Relations Team must be satisfied that there are reasonable grounds for a complaint to be made by a representative on behalf of another person. Consent will be obtained where there does not appear to be reasonable grounds.
- 4.4.5. To ensure that contacts which cannot be resolved at the point of contact are investigated and managed appropriately, and in accordance with the wishes of the individual raising the concern.

4.5. Timescales and processes

- 4.5.1. Complaints will be acknowledged verbally, electronically or in writing within three working days of receipt.

- 4.5.2. All complaint records will be kept by the Trust in a secure environment for the period set down by the NHS Records Management Code of Practice. The archive system will be administered and maintained by the Patient Relations Team.
- 4.5.3. Timescales for completion will be agreed between the Patient Relations Team and the person who has made the complaint. These will reflect the current agreed Trust response timescales. Where the original timescales cannot be achieved, the Patient Relations Team will agree a revised timescale with the person who has made the complaint.

4.6. Safeguarding Concerns

- 4.6.1. The Patient Relations Team will screen all contacts for safeguarding concerns and serious allegations. A serious allegation is defined as alleged inappropriate/abusive actions by a member of Trust staff/other individual. The Patient Relations Team will act in accordance with the associated procedural documents such that any concerns or complaints of a serious nature relating to alleged inappropriate/abusive actions of a member of Trust staff and/or other individuals must be immediately escalated to the Director of Patient Experience and Head of Patient Relations.
- 4.6.2. Any complaints or concerns relating to Safeguarding must be discussed with the Adults and Children's Safeguarding Teams for advice and support.

4.7. Complaints that involve incidents/claims

- 4.7.1. Information regarding complaints that may involve incidents, inquests, claims or requests for compensation will be shared with the Clinical Governance and Patient Safety department and Legal Services department.
- 4.7.2. In cases where there are patient safety incidents and a complaint, the incident and complaint processes will run in parallel. Prior to commencement of investigations, agreement will be reached between departments on what issue(s) will be responded to by the respective teams. Prior to either the safety or complaint investigation commencing, departments will liaise with each other to confirm clear lines of responsibility and communication. Responses will be sent simultaneously to the family/patient/person that has made the complaint, unless otherwise agreed.
- 4.7.3. Where a complaint relates in whole or part to an incident that could potentially be considered subject to Duty of Candour, the Patient Relations Team will ensure this is reported to the Clinical Governance and Patient Safety department and decisions regarding handling will be agreed.

- 4.7.4. Any complaints that refers to serious or significant patient harm must be referred for advice to the Director of Patient Experience, Head of Patient Relations and Divisional Director of Nursing and, if necessary, the Head of Clinical Governance.
- 4.7.5. Where it is considered that a complaint investigation may prejudice a legal outcome, the complaint investigation may be suspended. Decisions to suspend shall be taken by the Chief Nurse, having taken appropriate advice from relevant staff.

4.8. Staff performance issues

- 4.8.1. The Trust investigates complaints to establish what went wrong rather than who did wrong.
- 4.8.2. Any complaints about members of staff that involve accusation of misconduct will be referred internally to First Contact for advice/action (see Employee Relations Policy).
- 4.8.3. During the course of an investigation if it is identified that there may be concerns regarding the performance, capability or competence of any individual, then the appropriate manager should consider a further investigation in accordance with relevant HR policies and procedures.

4.9. Other issues to consider

- 4.9.1. Any complaints or concerns that could potentially involve the media should be discussed with the Communications department.
- 4.9.2. Complaints from Members of Parliament (MPs) will be progressed by the Patient Relations Team and Communications department.
- 4.9.3. Complaints which involve more than one NHS organisation or other statutory body may receive either separate responses from each organisation or a single co-ordinated response in line with NHS Complaints Regulations and subject to negotiation with the person who has made the complaint.

5. Complaint Responses and Duty of Candour

- 5.1.1. The person who has made the complaint will be provided with information about the complaints process, including how to access independent advocacy services and the timescale for response.
- 5.1.2. All complaint responses should adhere with the Trust response timescale of 65 working days or negotiated timescale. The response must be sent within 6 months of receipt of the complaint. In exceptional circumstances, more time may be needed to investigate the complaint fully to provide a

response. In such circumstances the reason for more time being needed will be communicated by the Patient Relations Team.

- 5.1.3. The Trust will observe the principles of Duty of Candour as set out in the associated Duty of Candour Policy by offering full and honest explanations and observing Duty of Candour requirements where appropriate. An apology will be provided where appropriate to do so.
- 5.1.4. Following a review of the response by the Patient Relations Team, Divisional Leadership Team and Divisional Director of Nursing, the response will be presented to the Chief Nurse or nominated deputy for review and approval.
- 5.1.5. The response will then be submitted to the Chief Executive or nominated deputy for signature.
- 5.1.6. Complaint responses can be provided in different formats or languages and the Patient Relations Team will arrange this as required.

6. Complaint Remedy Options

- 6.1. When dealing with contacts, the Trust's main purpose is to listen to experiences of care and to learn from any shortfalls identified. Within the complaint investigation process remedy may include an apology and learning actions to put right any poor experience that has occurred.
- 6.2. Any remedy offered to a complaint will be proportionate to the failings or shortfalls identified and in recognition of the impact such events have had on the person. Remedy actions are designed to put right situations wherever possible or to return the individual back to the position they would have been in had the events not occurred.
- 6.3. In most cases remedy includes an apology, explanation following investigation or review of the events as well as evidence of learning to improve or prevent a recurrence of events. In some instances, financial remedy may be considered where no other form of redress is proportionate or suitable.
- 6.4. There will be a Complaint Learning Action plan for all complaints where there is learning or improvements identified.
- 6.5. The Head of Patient Relations and Divisional Director of Nursing will review complaints where financial remedy has been requested or deemed appropriate. The NHS Finance Manual provides guidance for NHS bodies on "special payments", including ex-gratia payments. This guidance enables an NHS body to make such ex-gratia payments; generally, where the person affected has incurred financial loss following the actions or omissions of the relevant NHS body. However, it also makes provision for payments where there has been no financial loss but clarifies that such payments should only be made in exceptional circumstances.

6.6. Financial remedy may be offered where:

- 6.6.1. A complaint has been upheld, and
- 6.6.2. There has been maladministration by or on behalf of the Trust, and
- 6.6.3. The maladministration has directly caused injustice to the person who has made the complaint or their relative or carer, and
- 6.6.4. No other form of redress is proportionate or suitable.
- 6.6.5. If the Patient Relations Team and Divisional Leadership Team believe that a payment would be appropriate they must then seek advice from the Legal department prior to an offer being made. If an agreement in principle is given this will be handled in line with the Patient Relations procedure.
- 6.6.6. No confirmation of payment (either in writing or verbally) should be made to the person who has made the complaint until the suggested payment has been approved by the relevant Divisional Leadership Team and Legal department.

7. PHSO Complaints

7.1. If a complaint is referred to the PHSO following local resolution, the PHSO will assess the complaint using the NHS Complaint Standards Model Complaint Handling Guidance (2023). These principles provide guidance to organisations on how they should handle complaints. The overarching principles are:

- **Welcoming Complaints in a positive way**
- **Being thorough and fair**
- **Giving fair and accountable responses**
- **Promoting a learning culture**

7.2. The PHSO review will seek to demonstrate that the Trust has acted appropriately when assessing the complaint to identify if there is evidence of maladministration or service failure. The PHSO will request the Trust to provide a copy of the complaint file and patient medical records. After undertaking the review, the PHSO will inform the Trust whether their review has upheld the complaint and advise of the corrective action that the Trust must implement. Complaints referred to the PHSO will be monitored by the Patient Relations Team and Divisional Leadership Team who will develop a response and learning action plan to demonstrate learning and compliance with recommendations.

7.3. PHSO Complaints are shared with Divisional Leadership Teams. Where there are low to moderate findings there will be Patient Relations Divisional oversight and approval of the complaints, PHSO findings and recommendations for shared learning. Where there are serious findings or financial remedy recommendations, the complaint will be reported to the Chief Executive Advisory Group.

7.4. All PHSO final responses will be signed by the Chief Executive. Copies of the response and learning actions will be provided to the PHSO and CQC to demonstrate compliance and learning action completion.

8. Unreasonable or Persistent Complaints

- 8.1. Where complaints are considered to be unreasonable or persistent, they will be handled by the Patient Relations Team in accordance with the associated procedure for responding to persistent or unreasonable complaints with appropriate Executive support.

9. Supporting Staff

- 9.1.1. Line managers are responsible for the provision of primary support for staff involved in a complaint, in line with services for staff available in the Trust.
- 9.1.2. If a staff member is experiencing difficulties associated with an event related to a complaint, which have not been resolved following the process above, discussion should be considered by their line manager, in consultation with the member of staff and a Human Resources Manager using the appropriate policy or procedure. Other sources of support are available to staff including but not limited to staff support, confidential contacts, and occupational health.

10. Learning from Complaints

- 10.1. All Divisions and Services must have systems in place as part of their governance arrangements to ensure complaints and concerns are reviewed and acted upon, ensuring that:
- Themes emerging from feedback are identified and evidenced
 - Action is taken that demonstrates changes have been made to the benefit of patients, relatives and carers
 - Lessons have been learned
 - Experiences of care have improved
 - Organisational learning is utilised when reviewing policies, procedures, guidelines and processes
- 10.2. Divisional Patient Experience Group meetings will receive reports on Patient Relations data, information and insights to discuss and agree action. Groups will ensure this is translated into tangible changes that promote a learning culture.

11. Duties

- 11.1. Trust Board
The Trust Board is required to receive assurance that robust systems are in place that enables feedback to be heard, actioned and lessons learned, in order to provide the best possible experience of care.

The Trust Board will receive an annual report on complaints which meets the requirements of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. Monthly data on the number of contacts and timeliness of responses to complaints will be provided to the Board via the Integrated Quality Report.

11.2. Chief Executive

The Chief Executive is the named officer with responsibility for ensuring that the Trust complies with the statutory obligation to ensure that patients', relatives' and carers' views are listened to and acted upon, and that complaints are dealt with in compliance with Department of Health and Social Care directives. They will sign all final complaint response letters following investigation. In the absence of the Chief Executive, complaints will be reviewed and final responses signed by an Executive with delegated authority.

11.3. Chief Nurse

The Chief Nurse has overall responsibility, delegated from the Chief Executive, for ensuring that effective systems and processes are in place to deal with contacts and to ensure this is shared to promote a culture that welcomes feedback and learns from complaints. They have executive responsibility for effective complaints handling and compliance with this policy.

The Chief Nurse is the Chair of the Patient Experience Group. This group receives monthly, quarterly and annual reports which include information about contacts, trends, themes and relevant actions as well as feedback analysis. Reports will also include details of other patient and carer feedback, including compliments, national and local surveys for triangulation purposes. The group monitors key performance indicators and ensures the dissemination of contact trends and required actions.

11.4. Divisional Managing Directors

Directors are accountable to the Chief Executive for ensuring divisional compliance with this policy and that complaints in their areas of responsibility are responded to. They are responsible for implementing and monitoring their systems as part of governance activity to manage and evidence learning from contacts and feedback.

Divisional Directors of Nursing are responsible for approving final complaint response letters and learning action plans at Division level, prior to submission to the Chief Executive for review and signature.

11.5. Divisional Management Team

- Reviewing all contacts that relate to the Division
- Exploring options for prompt resolution of contacts. This will involve working closely with PALS to facilitate early resolution and, if this is not possible, investigating the complaint

- Ensuring that all complaint investigations are robust, evidence-based and consistent, in line with the Patient Relations Procedure
- Ensuring that all responses to complaints are fair, consistent, open, honest and meet the agreed quality standards to address all the concerns shared
- Ensuring that themes are identified across the Division as a result of contacts and feedback
- Demonstrating learning from complaints and evidencing the actions taken in response to feedback
- Supporting staff who are named or involved in a complaint
- Ensuring staff within the Division receive sufficient support and training to ensure they are competent to respond to contacts appropriate to their level of involvement
- Ensuring there are appropriate systems and processes in place within their Division to be responsive to all contacts, in order to meet the Trust timescales for responding to concerns and complaints within expected/agreed timescales
- Taking appropriate action to further investigate issues that may require investigation in line with other UHB policies and procedures, for example Serious Incidents
- Appointing an impartial and credible Investigating Officer to investigate the complaint fully within expected/agreed timescales and in line with the Patient Relations Procedure
- Ensuring all relevant information is submitted to the Patient Relations Team within the timescales provided to support the production of the written complaint response letter
- Overseeing the quality and timeliness of the complaint investigation
- Finalisation of complaint response letters and learning action plans prior to submission to the Divisional Director of Nursing for Division-level approval. The Patient Relations Officers will assist Divisions in producing the complaint response letter and progressing this through relevant quality checks before submission to the Chief Executive for signature
- Implementing and monitoring learning actions for completion and providing evidence of learning from complaints
- Ensuring staff comply with requests for availability for complaint local resolution meetings within the required timeframe
- Being responsive to requests made by the Patient Relations Team as this impacts complaints handling as well as the ability to respond to enquiries made by external stakeholders should the complaint escalate outside of the Trust ,for example to the CQC and PHSO.

Patient Relations Managers will meet with their assigned Divisions on a weekly basis to progress complaints for investigation and case studies will be discussed at the Divisional Patient Experience Groups to promote a culture of learning from complaints.

Every Division will be provided with Patient Relations reports on a quarterly basis and will be given support from the Patient Relations Team to understand emerging trends and themes from feedback and actions needed. All Divisions are encouraged to use this information to drive continuous learning and improvement at service-level through the work of the Divisional Patient Experience Groups.

11.6. Line Managers

Line Managers, Matrons, Senior Sisters, Charge Nurses, Departmental Managers and Heads of Departments must ensure that staff for whom they have responsibility are:

- Supported when involved with Patient Relations contacts
- Familiar with policies and associated procedures for handling PALS concerns and complaints for investigation
- Aware that PALS concerns should be resolved locally wherever possible
- Informed about the action to take if a patient or their representative wishes to make a complaint or raise an issue with the Trust
- Aware of their responsibility for informing line managers promptly, where concerns cannot be resolved at point of contact
- Able to ensure that actions agreed as a result of complaint investigations are completed and confirmation, including any supporting evidence, is provided to the Patient Relations Team

11.7. Investigators

Investigators are appointed by the Divisional Leadership Team and are responsible for the timely and robust investigation of complaints, ensuring a high quality response is provided in accordance with quality standards and expected/agreed timescales.

Complaints about the attitude, conduct or clinical practice of a member of Trust staff will be subject to review by an appropriate senior manager.

11.8. Head of Patient Relations

The Head of Patient Relations has responsibility for the operational management of the Patient Relations Service and for ensuring that all complaints are investigated appropriately, responded to in an effective and professional manner, and that the Trust meets its statutory obligations. They are responsible for the overview and Trust-wide monitoring and evaluation of this policy. They are also responsible for ensuring effective reporting systems are in place between Divisions, Patient Experience Group and the Trust Board in compliance with this policy. The reports will identify trends and actions taken to improve services across the Trust.

11.9. Patient Relations Managers

The Patient Relations Managers report to the Head of Patient Relations and have responsibility for leading an assigned Divisional Patient Relations Team. They will ensure that the team functions in accordance with this policy and its associated procedures, which will be reviewed and updated as required. They are responsible for the operational delivery of Complaints and PALS services and will support their assigned Divisions in the co-ordination of resolution processes. Each Division has assigned Patient Relations Managers and Patient Relations Officers responsible for facilitating and co-ordinating the resolution of contacts within expected/agreed timescales.

Patient Relations Managers will have responsibility for assessing whether a complaint is deemed “out of time” under the NHS Complaints Regulations. Although complaints should be made within 12 months of the incident or becoming aware of the incident that has caused concern the timescale can be extended if the Head of Patient Relations or Divisional Director of Nursing is satisfied that there is good reason for the time delay and that it is possible to investigate the complaint effectively. Patient Relations Managers will also assess whether a complaint should be managed under the Patient Relations Procedure for dealing with persistent or unreasonable complaints.

11.10. Patient Relations Team

Staff within the Patient Relations Team are responsible for:

- Co-ordinating the management of all contacts in line with this policy and associated Patient Relations Procedure, Service Standard Operating Procedures, and in collaboration with Trust colleagues
- Receiving, recording, managing, monitoring and responding to all contacts as appropriate and in accordance with associated procedural documents
- Acknowledging contacts within expected timescales
- Distributing contacts and complaints for investigation to the relevant senior divisional leadership team so investigating officer/s can be appointed
- Inputting all contacts on the Incident Reporting System, which is the system used to record PALS and Complaints. Staff will link contacts to existing records for the same patient including claims, incidents and inquests where possible. All Patient Relations staff are expected to use the Incident Reporting System in real/near time and to record keeping and documentation is to the highest standard
- Compiling an electronic complaint file to include all relevant correspondence and keeping this up to date
- Triaging and risk assessing contacts in line with the Patient Relations Triage Standard Operating Procedure as well as the Complaints and PALS Risk Assessment Guidance
- Escalating significant concerns and serious complaints in line with the Patient Relations Escalation Guidance
- Facilitating, co-ordinating and supporting local resolution of contacts in line with the PALS Standard Operating Procedure and/or the Complaint Investigation Standard Operating Procedure
- Making contact with the person who contacted the service to acknowledge the complaint and to try to de-escalate the concerns through PALS or agree a plan for complaint investigation and response
- Keeping in regular contact with the person throughout the handling and resolution of their concern or complaint
- Producing written complaint response letters, following Division investigation, and progressing this through relevant quality checks within expected/agreed timescales
- Ensuring all written complaint response letters meet the Patient Relations Complaint Letter Quality Standards
- Monitoring contacts activity and highlighting non-compliance through relevant groups and committee reports

- Monitoring contacts' response timescales and ensuring deadlines are met wherever possible
- Arranging, facilitating and recording meetings in line with the Patient Relations Local Resolution Meeting Guidance
- Recording and monitoring actions and learning from complaints
- Liaising with the PHSO and external stakeholders, as required, including acting as point of contact, providing information requested or needed, and tracking case progress

11.11. Communications Team

The Communications Team will be informed by the Patient Relations Team or by relevant Trust staff where it has been identified that there may be media interest in relation to a complaint. The Communications Team are responsible for producing and ensuring appropriate sign-off of all media statements released by the Trust.

11.12. All Staff

All Trust employees have a responsibility to respond to complaints, concerns, comments and compliments from patients, their relatives and carers. This will include promptly assisting them if possible, directing them to additional help if required; providing the Trust leaflet which explains how to make a complaint; and signposting to the UHB PALS or the complaints procedure if needed.

12. Implementation and Monitoring

12.1. Implementation

12.2. The Patient Relations Policy will be made available to all staff via the Trust intranet will be disseminated through the Trust's management structure.

12.3. Patient Relations awareness training will be delivered to all staff on induction; ad hoc training tailored to individual needs is available on request.

12.4. Monitoring

Appendix A provides full details on how the policy will be monitored by the Trust.

13. References

Legislation.gov.uk (February 2009) The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, [Online], Available: <http://www.legislation.gov.uk/ukxi/2009/309/contents/made>. London: The Stationery Office

PALS Core National Standards Framework (DH 2003)

NHS Constitution (2015)

Health Service Commissioners Act (1993)

PHSO NHS Complaint Standards (2003)

14. Associated Policy and Procedural Documentation

Duty of Candour (Being Open) Policy

Claims Handling Policy and Procedure

Patient Relations Procedure

Maintaining High Professional Standards in the NHS

Policy for the Reporting and Management of Incidents including Serious Incidents
Requiring Investigation

Appendix 1

Monitoring Matrix

MONITORING OF COMPLIANCE	MONITORING LEAD	REPORTED TO PERSON/GROUP	MONITORING PROCESS	MONITORING FREQUENCY
Acknowledgment of complaints within three working days from the date first received by the Patient Relations Team	Head of Patient Relations	Patient Experience Group (PEG)	Entered onto Incident Reporting System and included in PEG report.	<ul style="list-style-type: none"> Monthly
Complaint Response Timescales <ul style="list-style-type: none"> Internal Trust Target of 65 working days Within agreed timescales (within 6 months) 	Head of Patient Relations	<ul style="list-style-type: none"> Patient Experience Group Care Quality Group Chief Executive's Advisory Group Board of Directors Division Patient Experience Groups 	Entered onto Incident Reporting System and included in reports.	<ul style="list-style-type: none"> Monthly Quarterly Quarterly Monthly Quarterly
Complaint Investigation Timescale Compliance	Head of Patient Relations	Patient Experience Group	Report showing complaint investigation task completion timescales and whether these have been achieved or not	<ul style="list-style-type: none"> Quarterly
Complaints reviewed by the Parliamentary and Health Service Ombudsman	Head of Patient Relations	<ul style="list-style-type: none"> Patient Experience Group Chief Executive's Advisory Group Annual report 	Entered onto Incident Reporting System and included in reports.	<ul style="list-style-type: none"> Monthly Quarterly Annual
Learning from Complaints	Divisions	Patient Experience Group Division Patient Experience Group	Reports demonstrating learning from complaints and action taken.	<ul style="list-style-type: none"> Quarterly
Listening and responding to concerns, complaints from patients, their relatives and carers	Head of Patient Relations	Patient Experience Group	Patient Relations Satisfaction Survey Results	<ul style="list-style-type: none"> Annual
Monitoring of Patient Relations' Procedure	Head of Patient Relations	Patient Experience Group	Complaints Case Review Audit	<ul style="list-style-type: none"> Every 6 months