



**Assurance of Good
Complaints Handling
for Acute and
Community Care**
– A toolkit for commissioners

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1 Introduction

- 1.1 This complaints tool can be used for acute, community and mental health services commissioned by clinical commissioning groups (CCGs). The toolkit is aimed at those who have specific roles in relation to assurance and quality. By using the toolkit checklists they will be able to use the evidence captured in local quality and contractual discussions with providers.
- 1.2 There is an increasing focus on listening to, acting upon and learning from feedback from service users because of the importance placed on our values of prioritising the patient voice. This includes ensuring that feedback from the Friends and Family Test, from audits and surveys, and from complaints feeds into learning and quality assurance and improvement processes.
- 1.3 Customer contact in general, and in particular, complaints management has received recent attention from ministers, the media and the public, and major reports (e.g. Clwyd-Hart, Berwick and Francis) have shaped policy across government and the health sector. Recent reports from Healthwatch and the Care Quality Commission (CQC) have collectively and consistently raised concerns about the quality, accessibility and outcome of the complaints process.
- 1.4 In January 2015 the [Health Select Committee](#) MPs found that “In moving to a culture which welcomes complaints as a way of improving NHS services, the number of complaints about a provider, rather than being an indicator of failure, may highlight a service which has developed a positive culture of complaints handling and it will be important for system and professional regulators alike to be able to identify the difference.” In addition to this the Health Select Committee recommended that “Commissioners need to take a far greater role in holding providers to account for delivering a well-functioning complaints system and there is now no excuse for any health or care organisation not to implement the recommendations of the 'My Expectations' report on first tier complaints as this has clearly set out a user led guide to best practice.”
- 1.5 NHS England in partnership with CCGs, Parliamentary Health Service Ombudsman (PHSO) and CQC has therefore developed this toolkit to assist commissioners, working in conjunction with their providers, to ensure that:
 - all complaints are well managed
 - the learning from complaints is identified and used for improvement
 - the complaints service is accessible, open and transparent
- 1.6 This guide is written with two objectives in mind:
 - To set out the evidence that commissioners should be seeking as part of their regular quality assurance processes with providers.
 - To set out the assurance they should seek outside of this process, such as from impromptu or planned visits or other engagement activity.
- 1.7 The regularity and process for collecting assurance and evidence should be agreed locally between the commissioner and provider. A sensible starting point would be to take the existing intelligence available from PHSO

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complaints investigations, any recent CQC inspection reports, and any other local intelligence at hand and follow up those findings to see whether the provider has acted on them. This would also be a good test of whether they have an open culture. This toolkit is aimed to help commissioners build on this intelligence by creating a useful framework, when seeking assurance through the use of the evidence checklists.

- 1.8 This toolkit reflects the regulatory and statutory requirements set out within the [Local Authority Social Services and National Health Service Complaints \(England\) Regulations 2009](#) .
- 1.9 In December 2014 CQC published a report on complaints, [Complaints Matter](#) which included key findings from the first round of inspections where complaints feature more prominently than ever before.
- 1.10 Similarly, the PHSO, with Healthwatch and the Local Government Ombudsman has recently published their vision for complaints handling called [My Expectations](#). The vision is presented as a series of statements seen from the complainant's perspective, but which can be used as a framework by organisations to assess how well they are managing complaints. NHS England has contributed to the development of this vision, which helpfully shifts the emphasis from process to outcome focus.
- 1.10 CQC uses the 'My Expectations' principles to inform its [Key Lines of Enquiry](#) during inspections to inform its assessment of how providers manage complaints and concerns.

The key lines of enquiry which refer to complaints management are set out below:

1. Do people who use the service know how to make a complaint or raise concerns, are they encouraged to do so, and are they confident to speak up?
 2. How easy is the system to use? Are people treated compassionately and given the help and support they need to make a complaint?
 3. Are complaints handled effectively and confidentially, with regular updates and a formal record kept?
 4. Is the outcome explained appropriately to the individual? Is there openness and transparency about how complaints and concerns are dealt with?
 5. How are lessons learned from concerns and complaints? And is action taken as a result to improve the quality of care? Are lessons shared with others?
- 1.11 The statements define a good complaint experience from the perspective of patients and they are divided across five key stages of the complaints journey:
 - considering a complaint
 - making a complaint
 - staying informed
 - receiving outcomes
 - reflecting on the experience

- 1.12 The content of this guide reflects this complaints journey. It is intended to demonstrate good practice and provide practical examples to enable commissioners to seek assurance regarding the quality of complaints management by using the 'I' statements to:
- inform and review quality standards used within the commissioning of services
 - encourage complaints and wider patient experience feedback to inform commissioning decisions
 - source evidence of satisfaction from a range of providers
 - provide evidence of learning and improvement from complaints and how this has led to service improvement
- 1.13 When delivering complaints services locally, organisations should pay due regard to the Public Sector Equality Duty (section 149 of the Equality Act 2010) and to the need to reduce inequalities between patients in access to health services and the outcomes achieved (Health and Social Care Act 2012). Service design and communications should be appropriate and accessible to meet the needs of diverse communities. Guidance for NHS commissioners on Equality and Health Inequalities legal duties is available here: <http://www.england.nhs.uk/ourwork/gov/equality-hub/legal-duties/>

Useful documents

- [CQC Regulations](#)
- [PHSO Principles of Good Complaints Handling](#)
- [PHSO Principles of Good Administration](#)
- [PHSO Principles for Remedy](#)
- [The Department of Health, Listening, Responding and Improving: a guide to better customer care](#)
- [NHS Constitution](#)
- [Complaints and Litigation](#)

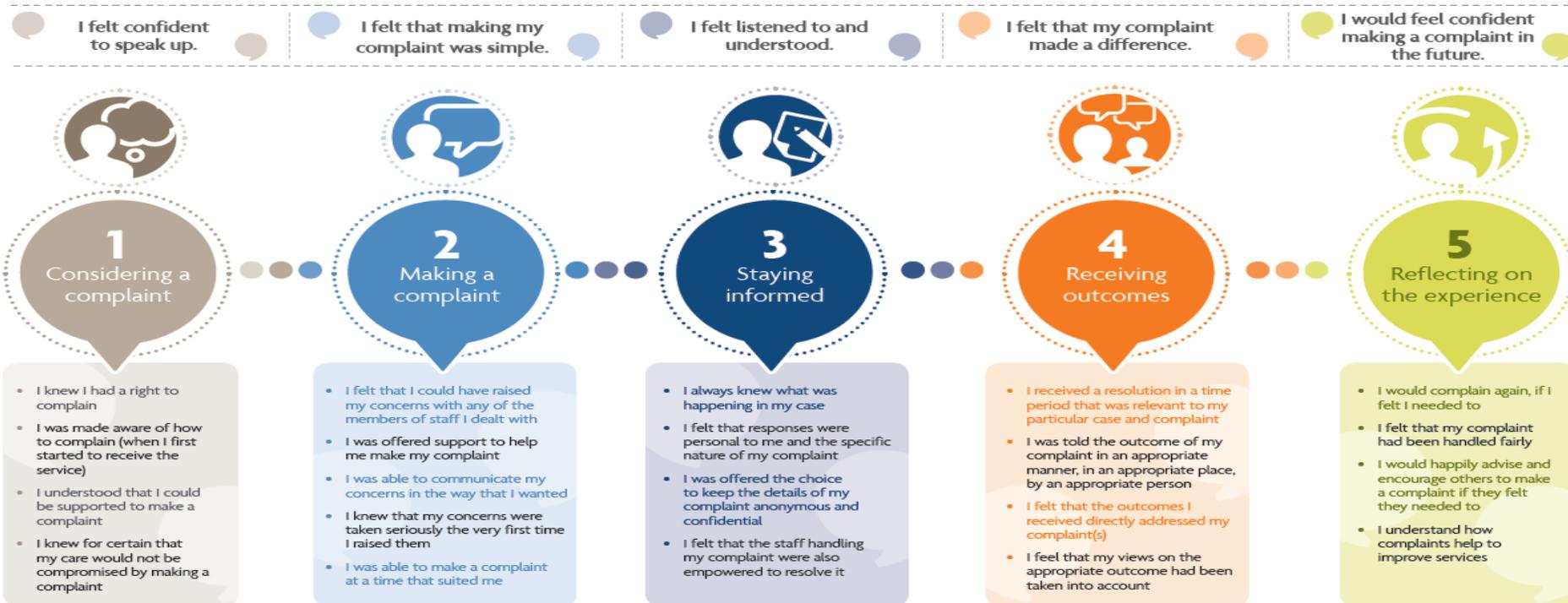
A roadmap to managing complaints

Local Government
OMBUDSMAN

healthwatch

Parliamentary
and Health Service
Ombudsman

A user-led vision for raising concerns and complaints



Source: My Expectations for raising concerns and complaints, Parliamentary Health Service Ombudsman

Providers can deliver this user-led vision by:

1 Considering a complaint

- actively listening and seeking and acting on feedback
- processes in place for support to access information
- websites provide information on how to make a complaint
- evidence is available to enable staff to deal with concerns immediately
- all staff are trained to deal directly with issues
- all avenues of making a complaint are offered

2 Making a complaint

- ascertain the outcome that is being sought at the beginning of the complaint
- provide a named contact who will provide updates and ongoing communications throughout the complaint
- agreement should be made with the complainant on how they wished to be addressed and contacted
- discuss and agree timescales

3 Staying informed

- patients are provided with information in a way they can access
- posters and leaflets available promoting complaints and how to make a complaint
- patients are offered support when making a complaint (including access to advocacy services)
- patients are given information to enable to choose who they make their complaint to e.g. commissioner or provider
- patients are assured their care won't be compromised by making a complaint

4 Receiving outcomes

- confirmation as to whether each element of the complaint has been partially or fully upheld given
- details of the evidence considered should be provided and explained
- provide details of any changes or remedies that have/will take place as a result of the complaint
- advice on what to do if complainant is not satisfied is provided

5 Reflecting on the experience

- complaints are reported and discussed at practice meetings
- patient feedback is used as a key measure in understanding the needs of patients
- complaints are reported regularly through the K041 process
- complaints are used as a learning tool at individual, team and organisation level
- complainants are asked about their experience of complaining
- providers should publicise how they have listened and used feedback e.g. 'You said, we did' posters

2 Considering and making a complaint (statements 1 & 2)

Signage and publicity

- 2.1 Many of the national reports mentioned previously in this document have made reference to a perceived confusion about how to complain and to whom. Local Healthwatch has responsibility for advising the local population on how to complain and where to make a complaint by providing signposting. However, each provider also has a responsibility in this area. In most hospitals, mental health and community providers a Patient Advice and Liaison Service (PALS) is embedded and provides help, advice and support to those wishing to raise a concern or make a complaint. The positioning of the PALS department both geographically and culturally will be an indicator of how seriously complaints and feedback are taken within an organisation.
- 2.2 It is good practice to have information about making a complaint in all public areas. It is also good practice for hospitals to hold and display information from other organisations e.g. ambulance services within an emergency department. For hospitals and community providers this could include wards, clinics and any general waiting areas. All providers should ensure that the information they provide is easy to understand, made clear who you should contact and offer the contact details of NHS complaints advocacy (which should be available to any person wishing to make a complaint). If appropriate, the information should include the location of the PALS/complaint staff, contact details and the times the service is open to the public.
- 2.3 It is important that potential complainants are not given the impression that they are not being deterred from making a complaint, or that it is made more difficult to do so. For example offering help, advice and potential resolution from PALS without the need for a formal complaint is helpful, but it should not be implied that this is a requirement before making a formal complaint. It is a statutory right to obtain a complaint investigation and this should not be denied and should only be delayed with the complainant's consent, or in the most exceptional circumstances. If a complainant has made or intends to take legal action or there is an inquest pending, this should not get in the way of the complaint being investigated. See guidance on this :
<http://www.england.nhs.uk/wp-content/uploads/2014/03/complaint-clarification-note.pdf>
- 2.4 Some people will choose to complain after they have left the hospital and so an organisation's website is an important tool for providing information about how to complain.

Top Tip

Whilst signage and publicity around the complaints system is important, the need for providers to prevent complaints by proactive listening, seeking and acting on feedback needs to be emphasised. Commissioners need to ask: "what is the evidence that this is being done regularly?"

Accessibility

- 2.5 As highlighted in the previous section the location of the PALS department within a hospital setting can say a lot about the profile it has within an organisation. Ideally, the PALS office should be well sign posted and accessible to all. Patients and members of the public should not have difficulty in locating or accessing the PALS office (and/or complaints team depending on the configuration of the services).
- 2.6 Organisations should allow complainants to be able to contact them by all means possible. Commissioners should seek assurance that providers are considering accessibility of complaints information. This would include a form, letter, telephone, in person, email, text and social media. Language support for non-English speakers and the cross referencing of information provided with the [Accessible Information Standard](#) ensuring accessibility considers both physical and communication access also need to be considered

How is this being addressed locally...

“We have recently developed a ‘PALS Outreach’ service which is a proactive approach to gathering feedback, offering help and information, and reducing complaints. A member of the customer care team each weekday visits a ward and speaks to patients and relatives asking them about their journey and experience, any issues are dealt with immediately. This has proved very successful with both patients and staff”.

- 2.7 In recognition of the move towards seven day services across more NHS services, consideration should be given to how patients and members of the public may raise a concern or complaint outside of traditional office hours. Organisations must ensure that senior managers on call have access to a range of sources of information to support complainants. Good practice in this area would see a PALS/complaints service available outside of normal working hours. The size of the organisation would be expected to be a consideration in the provision of services out of hours.
- 2.8 When the provider receives a complaint they should ensure that the complainant has been informed that they are able to exercise choice in terms of who they raise the complaint with and to advise that the complaint can also be handled by the commissioner.
- 2.9 Support and advice should be made available to patients when they are enquiring to make a complaint or are making a formal complaint. This should include access to information about NHS advocacy support such as [NHS Complaints Advocacy](#) and other local support such as local Healthwatch, and specialist national advice and support such as Action against Medical Accidents (AvMA) and condition specific organisations. Organisations may also want to consider drawing information and intelligence from local advocacy providers about performance when seeking assurance on local providers.

- 2.10 Commissioners may also want to discuss with advocacy providers how effectively hospitals, community and mental health providers are signposting patients to their support services. In addition to this commissioners should check what support and assistance the provider offers to those who are considering raising complaints and concerns.

How is this being addressed locally...

“A member of the midwifery team explained that they do a ‘de-brief’ at the end of care to ensure that the patient has understood. It also gives an opportunity to ask if they have any concerns or questions. They believed that this has led to a decrease in the number of formal complaints they receive”.

Assurance and evidence checklist - considering and making a complaint

What you should be looking for	✓	Supporting evidence	✓
<p>Patients are provided with information, in a way that they can access, about how to complain or raise a concern from their first correspondence with the provider.</p> <p>Information provided should meet the requirements of the Accessible Information Standard and should be available in other formats such as Easy Read and in other community languages upon request.</p> <p>Organisations are also expected to make reasonable adjustments to support for example blind/partially sighted, deaf/hard of hearing people to make a complaint.</p> <p>Posters and leaflets available promoting complaints and how to make a complaint or concern, ensuring images reflect the community or patient population.</p> <p>Patients are offered support when making a complaint/enquiry.</p> <p>Patients can access information on how to make a complaint electronically.</p> <p>Via their website providers should provide an anonymised list of complaints (with the consent of the complainants) - the elements of the complaints; whether they were upheld or not and why; and the learning gathered from each one with the date this was implemented.</p> <p>Provision of an accessible and visible PALS/Complaints Department or named person.</p>		<p>Paragraph or statement included on appointment letter providing information for a generic point of contact to support any queries e.g. PALS or customer service.</p> <p>Information available in a range of formats upon request.</p> <p>Process in place for patients to access support to access information e.g. access to interpreter or translation services.</p> <p>Providers may produce their own information which is appropriate to their organisation. The Department of Health (DH) has information on about how to complain How do I give feedback or make a complaint?</p> <p>Information should include examples of complaints, suggestions and feedback in all its forms, telling the reader how this was used and how it has improved services e.g. 'You said, we did'.</p> <p>Information available on how to contact Local Healthwatch or NHS Complaints Advocacy and specialist national advice and support providers.</p> <p>Provider website provides all the information on how to make a complaint (within two clicks from the home page).</p> <p>Use of mystery shoppers to local PALS/Complaints Department or information on how to access it.</p>	

3 Staying informed [standard 3]

Communication throughout the complaint investigation

- 3.1 Ensuring that the complainant felt listened to and understood throughout the complaints process requires consistent and timely communications between the complainant and the organisation or person to whom they have made the complaint.

How is this being addressed locally...

“We have implemented a courtesy call from a senior manager within 24 hours of a complaint being received.”

“We ensure interaction with, and involvement of, the complainant throughout the complaints process along with senior management support in relation to complaints.”

- 3.2 Good practice in respect of communication throughout a complaints process (this may include a telephone call or even the first face to face meeting with the complainant (if making their complaint verbally)) should cover the following points:

- Ascertain the outcome they are looking for - apology; change of service; things to be right next time; redress etc.
- How the person wishes to be addressed and record reasonable adjustments as required, including gender preference where possible, preferred language etc.
- How the person can be and wishes to be contacted
- The elements of the complaint need to be confirmed and the investigator (if a telephone call) needs to ensure they fully understand the complainant's point of view about each element. This should then be followed up with a full acknowledgement letter to ensure that the staff member has fully understood the issue being raised and to provide the complainant with written information re: process/advocacy etc.
- Explain to them to process to be followed internally in the investigation, response and learning and what if they do not agree the outcome
- Deal with any consent issues if necessary and again be sensitive to explain these with empathy
- Offer a face to face meeting with those staff who are involved (if and who appropriate) being careful to agree who they wish to see and wish not to see again
- Discuss and agree the period that will be needed for investigation and response

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- Discuss any involvement the complainant would like - from regular updates (agree how and when) to actually seeing records and attending interviews (where appropriate)
- Agree that at the end of the investigation and before the response is written a discussion will be held with them on the findings so they can comment
- A final response that is signed by the chief executive or the person to whom they have delegated this responsibility
- Give them contact details for the PALS/Complaints team and tell them how and when they can contact them in working hours

Acknowledgement

3.3 Whilst each complaint investigation should meet the needs of the individual complainant and be agreed with them, there is a core set of information which should be made available to a complainant when acknowledging their formal complaint.

3.4 We would recommend that an acknowledgement letter includes the following:

- Details of local NHS Complaints Advocacy provision including the relevant contact details
- Confirmation of an agreed timeframe for responding
- A named contact who will provide proactive updates regarding the progress of the complaint
- A summary of the main points raised in the complaint should be highlighted in the acknowledgement letter so as to ensure that both the complainant and the complaints manager understands what is to be investigated
- Information about how the complaint will be investigated, by who and what will be done with the resulting information
- Set out and agree how and when updates will be provided
- Reference to the fact that the care that the complainant/patient receives in the future should not be prejudiced by making a complaint and to report this if concerned in any way
- In the event that the complaint has complex clinical complaints; where an inquest is indicated or there is a potential clinical negligence claim or regulatory issues, provide information concerning specialist independent advice available from [Action against Medical Accidents \(AvMA\)](#)

4 Receiving outcomes

- 4.1 People are often motivated to make a complaint in order for others not to experience the same problems they have, and to feel that their complaint made a difference.
- 4.2 When providing a final response on a complaint it is important that the complainant is told about the resolution of their complaint and about actions that have been taken (or explanation as to why they have not) in response to their concerns.
- 4.3 Providers should aim to provide a final response to the complainant, which is accessible and written in a language that they understand, e.g. an Easy Read version, as soon as reasonably practical following the completion of the investigation. The written response should include each of the following elements:
- an explanation of how the complaint has been considered
 - confirmation as to whether each element of the complaint has been partially or fully upheld or not
 - conclusions reached in relation to the complaint and any remedial actions that are required as a result of the investigation
 - confirmation that if any action is required is taken by the responsible organisation and provide evidence, where appropriate, of the changes/remedy or involve complainant in implementation
 - setting out of the evidence considered and provide extracts where appropriate
 - if appropriate, explain that for clinical complaints an 'independent' clinical view has been sought and who from
 - advice on what to do if complainant is not satisfied with the outcome of the investigation and contact details for PHSO
- 4.4 Good practice when providing the complainant with complaint outcomes would include:
- the complainant to have received a resolution in a time period that was relevant to them and their complaint
 - the complainant was informed of the outcome of their complaint in an appropriate manner, in an appropriate place, by an appropriate person
 - the complainant was offered support to help them understand the resolution of their complaint
 - the complainant was able to receive a tangible demonstration that their complaint has been used to shape learning or improvement
 - the complainant was asked about their views and experience of the outcome process and outcome
 - the complainant felt the outcomes received directly addressed their complaint(s)

Assurance and evidence checklist – staying informed and receiving outcomes

What you should be looking for	✓	Supporting evidence	✓
<p>A commissioner may wish to request a copy of the provider's complaints policy to ensure that it complies with the complaint regulations.</p> <p>A commissioner could ask to see a copy of the organisation's standard acknowledgement letter (which would be personalised to each individual case).</p> <p>A commissioner may want to consider using local commissioning incentives such as a CQUIN to carry out peer review of complaints.</p> <p>The learning from complaints is demonstrated both within the organisation and fed back to patients to promote a positive culture for complaints.</p> <p>Commissioners should consider the learning from complaints and how this can be used when commissioning and designing new services.</p> <p>A commissioner may seek to understand complainant satisfaction of the complaints process through the use of a local complaint satisfaction survey.</p>		<p>Complaints policy.</p> <p>Standard acknowledgement letter.</p> <p>Report on the outcome of the peer review process and supporting action plans and evidence of improvements made.</p> <p>Patient stories taken from upheld complaints are used for learning and development (at Board, service and team level).</p> <p>Providers feeding back via 'You said, we did' posters.</p> <p>Action plans on how providers have taken the learning from complaints and used it to inform service improvement and patient experience.</p> <p>Regular satisfaction reports e.g. survey reports accompanied by improvement plans where necessary.</p>	

5 Reporting

- 5.1 Good quality reporting on complaints management along with understanding the experience of those who have used complaints services, identifying reporting pattern or trends such as equality characteristics, can be used as a key measure in understanding the needs of patients, both for commissioners and providers of services.
- 5.2 In April 2015 the [KO41a collection](#) of complaints data changed and resulted in a move from annual to quarterly provision by Hospital and Community Health Services providers. The categories and subjects changed to allow a more meaningful collection of data and an opportunity for commissioners to gain greater insights and challenge providers on quality of complaint handling.
- 5.3 However, in addition to this regulatory collection of data, information about complaints, concerns and wider patient experience feedback is reported in a variety of other ways and to a number of internal and external audiences ranging from Board level to service department level as part of quality and governance reviews.
- 5.4 Commissioners would expect to regularly review information about complaints as part of quality meetings, looking also at patient safety and other patient experience measures. As well as standard information about the number of complaints received, the commissioner should expect information about trends both by department and subject matter as well as information about their severity and whether they were upheld, partially upheld or not upheld.
- 5.5 Complaints information could also usefully be reviewed with information about PALS (general) enquiries as this is often where the volume of intelligence will be. Similarly a broader picture could be given with complaints data presented alongside Friends and Family Test (FFT), CQC inspections reports, Healthwatch and PHSO case summaries and moderated feedback from public opinion such as [Patient Opinion](#).

How is this being done locally...

“We are capturing all patient experience that we access as a CCG in a database”.

“We are working with our commissioning managers to use experiences to inform commissioning decisions”.

- 5.6 Complaints information that forms part of reports to commissioners at quality review meetings should include details of action taken in response to complaints and how improvements have been made, embedded and, where possible, more widely shared.

Top Tip

Commissioners could ask providers to provide a monthly or quarterly summary of the top five concerns in each of their clinical specialities units to help them understand themes and trends.

- 5.7 Commissioners should expect to see complaints reviewed at ward, directorate and Trust Board meetings and used in discussions about quality.
- 5.8 Commissioners should expect to see the volume and type of complaints upheld by the PHSO a useful measure of the quality of the complaints process. Through regular reporting mechanisms, information about any complaints which have been referred to the PHSO and detailed information in respect of any complaints partially or fully upheld should be provided.

How is this being done locally...

“The complaints team are recording the learning identified as a result of an investigation. This information is being shared across directorates and within the Trust through monthly reports where actions plans are developed which monitor completion.”

“We have clear identification of learning within governance reports and quality framework”.

- 5.9 In keeping with the regulations, the commissioner should expect to receive an annual complaints report, which would include a review of the complaints received over the previous financial year and would include information about lessons learned including those from reviews undertaken by the PHSO.

Top Tip

In addition to patient experience and complaints reports commissioners could request access to other reports used internally as part of the clinical governance set up of each department, especially if there was a concern about a specific department. Any specifics should be agreed between commissioner and provider but reviewed regularly to reflect relevant changes.

Assurance and evidence checklist – complaints reporting

What you should be looking for	✓	Supporting evidence	✓
<p>A commissioner could ask to see a copy of the organisation's standard acknowledgement letter (which would be personalised to each individual case).</p> <p>Within a visit information about local PALS/complaints office it would be considered good practice to find more detailed NHS Complaints Advocacy, the NHS Constitution and AvMA.</p> <p>Providers reporting and completing K041 returns on a quarterly basis.</p> <p>Complaints are reported and discussed by the Board.</p> <p>Complaints data is triangulated with patient safety and patient experience data such as FFT, CQC inspections reports, Healthwatch and PHSO case summaries and survey data and used in quality review meetings.</p> <p>Providers carry out a review of the complaints received over the previous financial year including information about lessons learned including those from reviews undertaken by the PHSO.</p> <p>Commissioners and providers use reports to be shared and used as a useful discussion point e.g. identification of common themes.</p> <p>Complaints data, alongside patient experience feedback forms part of the revalidation process and is regularly shared with clinical staff.</p>	✓	<p>Standard acknowledgement letter.</p> <p>Information leaflets and posters detailing:</p> <ul style="list-style-type: none"> • NHS Complaints Advocacy • Action against Medical Accidents (AvMA) • Local Healthwatch <p>KO41 return reports.</p> <p>Patient stories taken from upheld complaints are used for learning and development (at Board, service and team level).</p> <p>Governance reports:</p> <ul style="list-style-type: none"> • Board reports. • Quality Accounts and Quality Schedules. <p>Action and improvement plans</p> <p>Annual complaints report.</p> <p>Evidence of discussions at clinical quality review groups; local quality meetings; contract meetings.</p>	✓

6 CQC Inspection

- 6.1 From October 2014, as a result of the amended [Care Act 2014](#), the CQC has introduced a new approach to regulating, inspecting and rating NHS Hospitals, mental health and community services. Services are inspected and rated against five key standards:
- Are they safe?
 - Are they effective?
 - Care they caring?
 - Are they responsive to people's needs?
 - Are they well-led?
- 6.2 Each standard has a number of [Key Lines of Enquiry](#) which are used to assess how practices are meeting the needs of local people. The key line of enquiry that relates to complaints falls within the responsive standard and asks "How are people's concerns and complaints listened and responded to and used to improve the quality of care?" The following prompts are used to provide assurance:
- Do people who use the service know how to make a complaint or raise concerns, are they encouraged to do so and are they confident to speak up?
 - How easy is it for people to use the system for complaining or raising concerns? Are people treated compassionately and given the help and support they need to make a complaint?
 - Are complaints handled effectively and confidentially with a regular update for the complainant and a formal record kept?
 - Is the outcome explained appropriately to the individual? Is there openness and transparency about how complaints and concerns are dealt with?
 - How are lessons learned from concerns and complaints and is action taken as a result to improve the quality? Are lessons shared with others?

7 Resources and satisfaction

- 7.1 The commissioner can seek assurance that the PALS/complaints function at an organisation is appropriately resourced to provide a good service which includes ensuring the right level of staff with the appropriate skills and authority and working at the appropriate level.

Top Tip

The contract with a service provider should not reference a number of days to respond to a complaint but should instead measure the performance of the organisation against the timeframe agreed with the complainant e.g. 95 per cent of all complaints answered with the complainant agreed timeframe.

7.2 Quality of service provision can be assessed in many ways:

- the timeliness of responses (although there is no regulated timeframe for responding to formal complaints and this is agreed individually with a complainant and more broadly contractually between commissioner and provider)
- number of complainants making further contact after response provided
- number of cases referred and subsequently partially or fully upheld by the PHSO
- measure of complainant satisfaction sought via survey or proactive feedback process

None of these measures should be seen in isolation, rather as a suite, with timeliness not seen as more important than number of referrals to the PHSO. For example if an organisation has scored well on the timeliness of its responses but had a disproportionate number of cases being referred to the PHSO it could be indicative of speed being prioritised over quality.

How is this being done locally...

“We have attempted to use the ‘I’ statements at the end of a complaint to understand the complainants experience. We have tried doing this via telephone surveys but it proved quite difficult and so we are also exploring how we can use them in focus groups over the next year to see if we get a better reaction.”

8 Training

8.1 There is an expectation that any member of staff would be able to demonstrate some knowledge and understanding of the complaints process if asked by a patient or relative. However, training for those staff tasked with managing and investigating complaints needs to be delivered at different levels to reflect the capability and skills required for good complaints management.

8.2 To understand the skills and capability of complaints staff commissioners could request, via the regular reporting mechanism, details of training provided to staff regarding complaints. Evidence may include training provided at induction and as part of ongoing development (such as at ward/clinic away days, departmental themed sessions or training arranged by profession), and through the annual Personal Development Review process.

How is this being done locally...

“We are using the ‘I’ statements in our staff training on complaints handling”.
“We are sharing examples of complaints at the Board, who provide challenge and recommendation”.

- 8.3 It cannot be presumed that the more senior staff who are most likely to take a lead in complaint investigations have the necessary skills to undertake this function. Some complaints managers can provide a level of training to all staff however, commissioners should seek assurance through evidence of training in areas such as how to carry out a robust investigation or root cause analysis training.

Top Tip:

A summary of the training undertaken in respect of complaints could be included in regular provider reports to the commissioner.

During a visit the commissioner could ask staff at different grades whether they have had any training regarding complaints and whether it was helpful.

9 Local Resolution Meetings (LRM)

- 9.1 A local resolution meeting could be held at different stages of the complaints process but more often takes place when a complainant is dissatisfied with their written response. These meetings are often the last opportunity to resolve a complaint before it may progress to the PHSO but also present an opportunity to win back the trust and confidence of the complainant as well as repair the provider's reputation.
- 9.2 Well managed local resolution meetings are chaired by a senior member of PALS/complaints staff with adequate preparation in advance including pre-meets with the staff in attendance.
- 9.3 It should not be underestimated how intimidating and daunting it can be for a complainant to attend such a meeting. With this in mind a number of considerations must be made prior to the meeting and during the set up for the meeting, including:

Local Resolution Meeting Checklist

- Obtain complaint file
- Obtain medical records
- List and check the people who need to attend (staff and complainants)
- By phone/letter obtain several dates/times when complainant and staff can attend
- By phone/letter ask complainant to provide a clear agenda outlining specific issues (ideally a week in advance of meeting)
- Are any additional family members attending?
- Does the complainant have an NHS Complaints Advocate (if not then provide details to complainant again)
- Does the complainant have access/travel issues?
- Agree a venue suitable to both complainant and staff
- Will refreshments be provided?
- Does any equipment need to be booked e.g. digital recorder/laptop
- Confirm in writing meeting details to complainant (include attendees and titles, venue, time and duration)
- Confirm in writing to staff - including relevant previous correspondence (include attendees, venue, time and duration)
- Arrange pre meet (by phone or in person) with staff – ideally with agenda and allocate agenda points to staff attending
- Confirm who is taking notes of the meeting
- Post meeting: Confirm actions and their ownership
- Post meeting: Send notes with covering letter confirming any action to both complainant and staff who attended
- Post meeting: Update database with actions arising from the meeting
- Post meeting: Seek feedback from staff who attended in terms of management of meeting – also provide feedback to staff in terms of their contribution

9.4 The focus for a local resolution meeting is on the outcome for the complainant in terms of resolving the complaint. Providers should be open about the right of the complainant to approach the PHSO if they remain dissatisfied. For an organisation the aim is to provide assurance and transparency in its complaint management and to regain the complainants trust and confidence. Good practice in relation to the outcomes from a local resolution meeting should focus on:

- the complainant felt that the complaint had been handled fairly;
- the complainant feeling that the response directly addressed the elements in their complaint and any systemic concerns raised;
- the complainant being reassured that matters will be put right and prevented from reoccurring in future;
- the organisation understanding how they might be able to improve their complaints processes in future;
- the complainant had confidence in the complaint handling procedure and the outcomes produced;
- the complainant was made aware of any improvements or changes in practice as a result of their complaint;
- the organisation providing an open and transparent account of the complaint investigation;
- the organisation to understand how the investigation had not met the needs of the complainant and to take further action that may be agreed.

10 Learning from complaints

10.1 An amalgamated patient experience report is an effective way to ensure learning is gained from a variety of sources within a trust. The complaint element of this report should be broken down into sub headings in order for the organisation to clearly identify what changes are required.

10.2 Commissioners should ensure that learning from complaints is embedded at all levels within the organisations they commission services from. They should ask for clear examples of how complaint data is scrutinised to identify any specific trends or themes. They should also pay particular attention to rises in complaints around specific areas, i.e. certain wards, or individuals. Organisations should use their complaint data as an early warning system for emerging problems around issues such as shortage of staff, specific training needs, infection control concerns, safeguarding issues etc.

10.3 It is important that complaint data is also triangulated with other organisational information such as PALS data, Friends and Family data, patient survey data and serious incident information to ensure they have a full picture of in terms of emerging issues.

- 10.4 Commissioners should look for evidence that once identified any learning required is shared as widely as possible within the organisation and owned by all relevant individuals.
- 10.5 Board reports should make reference to examples of learning from complaints within the organisation and the measure as to whether an organisation is learning from their complaints is the frequency with which the same issues continue to arise.
- 10.6 Staff induction training should focus on encouraging staff to own complaints as an organisation and that complaints should be seen as a learning opportunity to improve the quality of care provided. Learning from complaints, through use of patient stories and improved outcomes for patients as a result of changes implemented from complaints, should be a key element of the training.
- 10.7 Organisations should understand that anonymised complaint information must be shared with the commissioner who will be responsible for sharing the learning widely throughout their area.

How is this being done locally...

“During a visit to South Tees Hospitals NHS Foundation Trust we heard that complaints were dealt with within multidisciplinary team meetings. It was a standing agenda item so that the team shared joint responsibility for all complaints, owned them and worked together to respond so that no individual felt alone or unsupported. It was approached from the viewpoint of what can we learn from this complaint”.

11 Complaints satisfaction survey

- 11.1 Understanding the experience of the complainant during and after a complaint investigation should be considered good practice. By asking the complainant about their experience about the quality of the services that they have received, organisations can use the feedback given to make changes and improve their processes and procedures.

How is this being done locally...

“The ‘I’ statements have been incorporated into a survey that the team is undertaking. The complaints policy is also being reviewed and updated in view of the report.” “The CCG complaints survey addresses these questions at the closure of a complaint.”

- 11.2 PHSO and NHS England are working together to develop a model survey to enable providers across health and social care to measure service-user satisfaction with the local complaints service. We look forward to sharing this with you soon.

12 Duty of Candour

In addition to the contractual Duty of Candour in the standard NHS contract, all providers are now subject to the statutory Duty of Candour regulated by the Care Quality Commission. Under this duty it is required to notify patients (or their family) of any incidents that have caused or could lead to harm, irrespective of whether a complaint but including where this becomes apparent as a result of a complaint investigation. The Regulations for service providers and managers are available here [regulations for service providers and managers](#). The General Medical Council has published for doctors, nurses and midwives: [New Guidance: being open and honest when things go wrong](#).

Commissioners would expect to see that appropriate policies and procedures are in place to comply with the regulations, including training and support for staff in complying.

Assurance and evidence checklist - considering and making a complaint

What you should be looking for	✓	Supporting evidence	✓
<p>Patients are provided with information, in a way that they can access, about how to complain or raise a concern from their first correspondence with the provider.</p> <p>Information provided should meet the requirements of the Accessible Information Standard and should be available in other formats such as Easy Read and in other community languages upon request.</p> <p>Organisations are expected to make reasonable adjustments to support for example blind/partially sighted, deaf/hard of hearing people to make a complaint.</p> <p>Posters and leaflets are available promoting complaints and how to make a complaint or concern ensuring images reflect the community or patient population.</p> <p>Patients are offered support when making a complaint/enquiry.</p> <p>Patients can access information on how to make a complaint electronically.</p> <p>Via their website providers should provide an anonymised list of complaints (with the consent of the complainants) - the elements of the complaints; whether they were upheld or not and why; and the learning gathered from each one with the date this was implemented.</p> <p>Provision of an accessible and visible PALS/Complaints Department or named person.</p>		<p>Paragraph or statement included on appointment letter providing information for a generic point of contact to support any queries e.g. PALS or customer service.</p> <p>Information available in a range of formats upon request.</p> <p>Process in place for patients to access support to access information e.g. access to interpreter or translation services.</p> <p>Providers may produce their own information which is appropriate to their organisation. The Department of Health (DH) has information on about how to complain How do I give feedback or make a complaint?</p> <p>Information should include examples of complaints, suggestions and feedback in all its forms, telling the reader how this was used and how it has improved services e.g. 'You said, we did'.</p> <p>Information available on how to contact Local Healthwatch or NHS Complaints Advocacy and specialist national advice and support providers.</p> <p>Provider website provides all the information on how to make a complaint (within two clicks from the home page).</p> <p>Use of mystery shoppers to local PALS/Complaints Department or information on how to access it.</p>	

Assurance and evidence checklist – staying informed and receiving outcomes

What you should be looking for	✓	Supporting evidence	✓
<p>A commissioner may wish to request a copy of the provider's complaints policy to ensure that it complies with the complaint regulations.</p> <p>A commissioner could ask to see a copy of the organisation's standard acknowledgement letter (which would be personalised to each individual case).</p> <p>A commissioner may want to consider using local commissioning incentives such as a CQUIN to carry out peer review of complaints.</p> <p>The learning from complaints is demonstrated both within the organisation and fed back to patients to promote a positive culture for complaints.</p> <p>Commissioners should consider the learning from complaints and how this can be used when commissioning and designing new services.</p> <p>A commissioner may seek to understand complainant satisfaction of the complaints process through the use of a local complaint satisfaction survey.</p>		<p>Complaints policy.</p> <p>Standard acknowledgement letter.</p> <p>Report on the outcome of the peer review process and supporting action plans and evidence of improvements made.</p> <p>Patient stories taken from upheld complaints are used for learning and development (at board, service and team level).</p> <p>Providers feeding back via 'You said, we did' posters</p> <p>Action plans on how providers have taken the learning from complaints and used it to inform service improvement and patient experience.</p> <p>Regular satisfaction reports e.g. survey reports accompanied by improvement plans where necessary.</p>	

Assurance and evidence checklist – complaints reporting

What you should be looking for	✓	Supporting evidence	✓
<p>A commissioner could ask to see a copy of the organisation's standard acknowledgement letter (which would be personalised to each individual case).</p> <p>Within a visit to a PALS/complaints office it would be considered good practice to find more detailed information about local NHS Complaints Advocacy, the NHS Constitution and AvMA.</p> <p>Providers reporting and completing KO41 returns on a quarterly basis.</p> <p>Complaints are reported and discussed at the board.</p> <p>Complaints data is triangulated with patient safety and patient experience data such as FFT, CQC inspections reports, Healthwatch and PHSO case summaries and survey data and used in quality review meetings.</p> <p>Providers carry out a review of the complaints received over the previous financial year including information about lessons learned including those from reviews undertaken by the PHSO.</p> <p>Commissioners and providers use reports to be shared and used as a useful discussion point e.g. identification of common themes.</p> <p>Complaints data, alongside patient experience feedback forms part of the revalidation process and is regularly shared with clinical staff.</p>	✓	<p>Standard acknowledgement letter .</p> <p>Information leaflets and posters detailing:</p> <ul style="list-style-type: none"> • NHS Complaints Advocacy • Action against Medical Accidents (AvMA) • Local Healthwatch <p>KO41 return reports.</p> <p>Patient stories taken from upheld complaints are used for learning and development (at Board, service and team level).</p> <p>Governance reports:</p> <ul style="list-style-type: none"> • Board reports. • Quality Accounts and Quality Schedules. • Action and improvement plans. <p>Annual complaints report.</p> <p>Evidence of discussions at Clinical Quality Review groups; local quality meetings; contract meetings.</p>	✓

Good communication checklist

- Ascertain the outcome they are looking for - apology; change of service; things to be right next time; redress etc.
- How the person wishes to be addressed and record reasonable adjustments as required, including gender preference where possible, preferred language etc.
- How the person can be and wishes to be contacted.
- The elements of the complaint need to be confirmed and the investigator (if a telephone call) needs to ensure they fully understand the complainant's point of view about each element. This should then be followed up with a full acknowledgement letter to ensure that the staff member has fully understood the issue being raised and to provide the complainant with written information re: process/advocacy etc.
- Explain to them to process to be followed internally in the investigation, response and learning and what if they do not agree the outcome.
- Deal with any consent issues if necessary and again be sensitive to explain these with empathy.
- Offer a face to face meeting with those staff who are involved (if and who appropriate) being careful to agree who they wish to see and wish not to see again.
- Discuss and agree the period that will be needed for investigation and response.
- Discuss any involvement the complainant would like - from regular updates (agree how and when) to actually seeing records and attending interviews (where appropriate).
- Agree that at the end of the investigation and before the response is written a discussion will be held with them on the findings so they can comment.
- A final response that is signed by the chief executive or the person to whom they have delegated this responsibility.
- Give them contact details for the PALS/complaints team and tell them how and when they can contact them in working hours.

Acknowledgement letter checklist

- Details of local NHS Complaints Advocacy provision including the relevant contact details.
- Confirmation of an agreed timeframe for responding.
- A named contact who will provide proactive updates regarding the progress of the complaint.
- A summary of the main points raised in the complaint should be highlighted in the acknowledgement letter so as to ensure that both the complainant and the complaints manager understands what is to be investigated.
- Information about how the complaint will be investigated, by who and what will be done with the resulting information.
- Set out and agree how and when updates will be provided.
- Reference to the fact that the care that the complainant/patient receives in the future should not be prejudiced by making a complaint and to report this if concerned in any way.
- In the event that the complaint has complex clinical complaints; where an inquest is indicated or there is a potential clinical negligence claim or regulatory issues, provide information concerning specialist independent advice available from [Action against Medical Accidents \(AvMA\)](#).

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Glossary of publications

[Health Select Committee Inquiry Report](#)

This report details the findings from the inquiry by the Health Committee in reviewing progress in improving the handling of complaints from patients and the public, and concerns raised by staff

[Local Authority Social Services and National Health Service Complaints \(England\) Regulations 2009](#)

These regulations make provision for complaints made on or after 1 April 2009 in relation to local authority social services and the National Health Service

[Complaints Matter: Care Quality Commission](#)

This report by the CQC describes how complaints and concerns fit into their new regulatory model and presents the early findings on the state of complaints handling

[My Expectations for raising concerns and complaints: Parliamentary Health Service Ombudsman](#)

This report sets out the vision for developing a user-led complaints system and builds on the work carried out by the PHSO, Local Government Ombudsman and Healthwatch England

[Care Quality Commission – How the CQC Regulate: NHS and independent acute hospitals](#)

This handbook describes the CQC approach to regulating, inspecting and rating NHS and independent acute hospitals

[NHS England Guidance for NHS commissioners on equality and health inequalities legal duties](#)

This guidance aims to support clinical commissioning groups (CCGs) and NHS England to meet their legal duties in respect of equality and health inequalities

[PHSO Principles of Good Complaints Handling](#)

In this guide the PHSO give their views on what constitutes good complaints handling for public bodies. This guide forms part of a suite of guides which includes:

- **[PHSO Principles of Good Administration](#)**
- **[PHSO Principles for Remedy](#)**

[Department of Health, Listening, Responding and Improving: a guide to better customer care](#)

This guide was developed to help complaints professionals work with colleagues to make their organisations better at listening, responding and learning from people's experiences

NHS Constitution (2015)

The Department of Health has published an updated version of the NHS Constitution. The updated version responds to the failings at Mid Staffordshire NHS Trust and reflects that the NHS's most important value is for patients to be at the heart of everything it does.

Accessible Information Standard: NHS England

The Accessible Information Standard is formal guidance which health and social care organisations must follow by law.

Duty of Candour: Health and Social Care Act 2008

The intention of this regulation is to ensure that providers are open and transparent with people who use services.