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## CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 INTRODUCTION</td>
<td>5</td>
</tr>
<tr>
<td>2 BACKGROUND</td>
<td>5</td>
</tr>
<tr>
<td>3 SCOPE OF POLICY AND OBJECTIVES</td>
<td>5</td>
</tr>
<tr>
<td>4 DEFINITIONS</td>
<td>6</td>
</tr>
<tr>
<td>5 DUTIES AND RESPONSIBILITIES</td>
<td>7</td>
</tr>
<tr>
<td>6 IMPLEMENTATION</td>
<td>10</td>
</tr>
<tr>
<td>7 PROCEDURES FOR HANDLING COMMENTS, COMPLIMENTS, CONCERNS AND COMPLAINTS (FOUR C’S)</td>
<td>10</td>
</tr>
<tr>
<td>7.1 COMMENTS</td>
<td>11</td>
</tr>
<tr>
<td>7.2 COMPLIMENTS</td>
<td>12</td>
</tr>
<tr>
<td>7.3 CONCERNS</td>
<td>12</td>
</tr>
<tr>
<td>7.4 COMPLAINTS</td>
<td>12</td>
</tr>
<tr>
<td>8 RISK MANAGEMENT</td>
<td>13</td>
</tr>
<tr>
<td>9 CONFIDENTIALITY/CONSENT</td>
<td>13</td>
</tr>
<tr>
<td>10 DEALING WITH MEDIA INTEREST</td>
<td>14</td>
</tr>
<tr>
<td>11 SHARING INFORMATION</td>
<td>14</td>
</tr>
<tr>
<td>12 IMPLEMENTATION AND TRAINING</td>
<td>14</td>
</tr>
<tr>
<td>13 FAIRNESS AND EQUALITY</td>
<td>14</td>
</tr>
<tr>
<td>14 FREEDOM OF INFORMATION</td>
<td>14</td>
</tr>
<tr>
<td>15 DOCUMENTATION</td>
<td>15</td>
</tr>
<tr>
<td>16 AUDIT/IMPACT ASSESSMENT STATEMENTS</td>
<td>16</td>
</tr>
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</table>

### Appendices

1. Process for compliments  
2. Investigation Response to Patient Experience Team
## Monitoring Compliance Document

<table>
<thead>
<tr>
<th>Monitoring Criterion</th>
<th>Response</th>
</tr>
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| Who will perform the monitoring?                         | Patient Experience Manager  
Associate Director Pt Exp & Safeguarding                                                                                               |
| What are you monitoring?                                 | Compliance of MEC Policy. Procedures for handling complaints, concerns, compliments and comments                                         |
| When will the monitoring be performed?                   | During one to one meetings and team meetings.                                                                                           |
| How are you going to monitor?                            | Via standardised KPIs                                                                                                                   |
| What will happen if any shortfalls are identified?       | Include shortfalls on Pt Exp Risk Register which is reviewed at team meetings.                                                          |
| Where will the results of the monitoring be reported?    | Team meetings and via one to one meetings with Pt Exp Manager and Associate Director Pt Experience                                   |
| How will the resulting action plan be progressed and monitored? | Monitored quarterly – Team Meetings and 1 to 1 meetings                                                                                |
| How will learning take place?                            | Improvement processes shared. Lessons learned shared.                                                                                  |
1.0 INTRODUCTION

County Durham and Darlington Foundation Trust (CDDFT) aspires to the highest standards of corporate behaviour and clinical competence, to ensure that safe, fair and equitable procedures are applied to all organisational transactions, including relationships with patients, public, staff, stakeholders and the use of public resources. In order to provide clear and consistent guidance, the Trust will develop documents to fulfil all statutory, organisational and best practice requirements.

The Department of Health (DH) guide “Listening, Responding, Improving: A guide to better customer care” 2009 was developed to help the Patient Experience team work with colleagues to make their organisations better at listening, responding and learning from people’s experiences. It is designed to be accessible to anyone working in health and social care organisations that is involved in receiving feedback and managing comments, compliments, concerns and complaints from patients, service users and their representatives.

- **Listening** – find out what the person wants to happen and agree a clear plan of action
- **Responding** – clearly gauge the impact on all parties involved, establish a clear plan of action and provide the person with relevant support and advice
- **Improving** – enhance your own professional development, make improvements to the service you work in and know that service users feel confident in you as an individual and the service as a whole

2.0 BACKGROUND

CDDFT fully recognises the importance and value of providing an effective and robust process for handling the four C’s, Comments, Compliments, Concerns and Complaints as part of a comprehensive framework of quality improvement and organisational learning.

The new arrangements now make the whole experience of making a complaint, comment, compliment or concern, simpler, more user-friendly and far more responsive to individual needs. It provides services with the opportunity to respond in the most suitable, sensitive and appropriate way for the individual and the circumstances. The emphasis is on early resolution and continual demonstrable improvements in services through lessons learnt.

In response CDDFT established a Patient Experience Team (PET) within the Directorate of Nursing and Transformation. PET comprises an Associate Director Patient Experience and Safeguarding, Patient Experience Manager, Patient Experience Officers, Patient Experience Assistants and Patient Experience Administration.

3.0 SCOPE OF POLICY AND OBJECTIVES

This document applies to all staff and services provided by County Durham and Darlington Foundation Trust and local authority functions delivered as part of
integrated care arrangements. Other organisations and their staff are welcome to use all or part of this document as a means of adopting good practice.

In the majority of cases it is possible to resolve issues locally, quickly and effectively. Staff should do everything possible to address issues at a local level, ensuring that those people raising them receive prompt and accurate information.

Staff should ensure that patients, their families and carers are provided with appropriate information to enable them to access PET for advice and support in raising issues. PET staff can liaise with relevant clinical and non-clinical staff on behalf of patients, families and carers to help resolve concerns. Options can also be discussed for taking issues forward as complaints should this be preferred by the individual(s).

Staff are responsible for ensuring that any complaint is forwarded to the PET within 24-48 hours after receipt.

The CDDFT aims to do everything possible to ensure that concerns, comments, compliments and complaints are dealt with speedily and efficiently and that individuals are treated courteously and sympathetically and, as far as possible, involved in decisions about how their concerns and complaints are handled and considered. The process will be:

- straightforward and easily accessible
- fair and impartial (to staff and individuals alike)
- effective
- speedy, but thorough
- a positive means of monitoring and making continual improvements to standards of care
- consistent and up to date with best practice contained in national guidance
- open, honest and timely communication

The policy outlines the handling of issues by the PET, including the investigation process, support available for those involved and the importance of openness, honest and timely communication after the issue is raised.

4.0 DEFINITIONS

Compliments
A compliment is defined as an expression of satisfaction about a CDDFT function, decision or service.

Comments
A comment is defined as an individual's observation of local health or social care services which does not routinely require a response.

Concerns
A concern is defined as an expression of dissatisfaction, concern or discontent (written or verbal) by an individual or persons about a CDDFT function, decision or service that requires a response and can be resolved quickly and informally, either locally by frontline staff or by PET staff.

Complaints
A complaint is defined as an expression of dissatisfaction concern or discontent (written or verbal) by an individual or persons about a CDDFT function, decision or
service that requires a response. Complaints will be dealt with strictly in accordance with the NHS complaints regulations and procedures.

Any other special terms or abbreviations used in this document are defined as they occur.

5.0 DUTIES & RESPONSIBILITIES

5.1 Legal and Statutory Duties and Responsibilities

This policy is based on the Department of Health’s “Making Experiences Count “

- NHS complaints regulations, as amended in the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.
- Statutory Instrument 2009 No 309 The Local Authority Social Services and National Health Service Complaints (England) Regulation 2009
- Statutory instrument 2004 No 1768 the NHS (Complaints) Regulations 2004 made by the secretary of state for health, in exercise of the powers conferred on him by the National Health Services Act 1977
- The Health and Social Care (Community Health and Standards) Act 2003
- NHS (Complaints) Amendment Regulations 2006
- Directions to health authorities on dealing with complaints about family service practitioners and personal medical services (amendment) directions 2002

This policy also takes into account:

- Department of Health “Listening, Responding, Improving: A guide to better customer care” 2009
- The Healthcare Commissions Annual Health Check as it relates to standards in handling complaints, Standards for Better Health – core standard 14.
- Healthcare Commissions good practice guides:
  - Management of complaint files
  - Effective responses to complaints about health services – a protocol.
  - Complaints Toolkit
- Health Service Ombudsman’s good practice guides
  - Principles of good complaints handling
  - Principle of remedy
- Supporting the implementation of patient advice and liaison services – a resource pack; Department of Health, January 2002

This policy does not seek to duplicate the regulations and guidance but aims to harness the recommendations, and clarify the CDDFT policy and procedures in meeting the regulations and guidance.

5.2 Specific duties and responsibilities

The following specific duties and responsibilities apply to:
5.2.1 Chief Executive

The Chief Executive has overall responsibility for the strategic and operational management of the CDDFT, including ensuring that the CDDFT Making Experiences Count (MEC) policy complies with all legal, statutory and good practice guidance requirements. The Chief Executive is ultimately responsible for implementation of this policy within the Trust.

5.2.2 CDDFT Board/Non-Executive Director

The CDDFT Board is responsible for the formal review of trends identified from all feedback. A non-executive board director will champion the MEC process and will be a full member of the Quality and Healthcare Governance Committee where the Complaints, Litigation, Incidents and PET Review Panel (CLIP) report is presented. They will also be responsible for ensuring compliance with the arrangements made under the Regulations and that actions are taken in the light of any outcome of investigations.

The CLIP Report will focus on themes, lessons learned and good practice and ensure these are disseminated across all services. The PET will review action plans to ensure that required actions for service improvement are implemented within three months.

5.2.3 Director of Nursing and Transformation

The Director of Nursing and Transformation is the Executive Director responsible for MEC Policy.

5.2.4 Associate Director of Patient Experience and Safeguarding

The Associate Director of Patient Experience and Safeguarding will be responsible for:

- Implementation of the MEC procedures
- Agreed training and awareness programme for implementation of the policy
- The evaluation of the policy and instigating adaptation to the policy if needed or when national or local policy dictates

5.2.5 Patient Experience Team

Patient Experience Manager

The Patient Experience Manager is responsible for the operational management of the Patient Experience Team. The Patient Experience Manager works with the team to ensure that there is an effective and efficient system in place to manage feedback and lead on the analysis to determine trends. The Patient Experience Manager is responsible for the development of systems to ensure lessons are learned and disseminated throughout the organisation.

Patient Experience Officers (PEO)

The PEOs are responsible for the day-to-day handling of complaints and will be readily available to receive complaints, support staff with the local resolution process and to give information and advice where required. The PEOs will co-ordinate and collate all the information required in order to produce a draft response to the complainant. All actions arising as a result of a complaint...
investigation will be monitored by the Patient Experience Officer to ensure implementation, in conjunction with line managers and heads of service. The PEOs are responsible for entering information onto the Safeguard risk management database and producing appropriate reports as required, including the collection of data to enable the annual complaints Körner return to the Department of Health. The PEOs will keep up to date with current legislation and advise others as appropriate. In cases that involve a referral to the Health Service Ombudsman, the PEO will be the point of contact for the Ombudsman, and will liaise in any investigation (POL/COMP/03 Complaints Handling Policy).

PEOs and PET

The PET will act as the first point of contact for members of the public. The PET will triage each case and, if necessary, refer on. Where an issue remains within PET the staff member dealing with this will become the client’s identified contact or case handler. The role of the case handler is then to liaise with staff and client to obtain a speedy resolution, while looking for lessons learnt that can improve service delivery. The PET will give support to all CDDFT staff when they are dealing with service users who raise issues of concern. With the information recorded from PET cases the PEO will contribute to the analysis and production of anonymised reports to identify opportunities for learning and early identification of trends or gaps in service.

5.2.6 Assistant Directors and Heads of Service

All Assistant Directors and Heads of Service are responsible for ensuring:

- the policy is brought to the attention of all staff within his/her specific area of responsibility, and implemented by all staff
- all staff are aware of the policy and their role in handling patient/service user feedback
- that comments, compliments, concerns and complaints are managed in line with the policy, and staff work with the PET to ensure timely and satisfactory resolution of issues and implementation of any lessons learned
- that those individuals raising issues are not treated differently as a result of raising an issue
- suitable and accessible information is available to patients/service users, relatives and carers to enable them to raise issues

5.2.7 Service Managers

The service managers are responsible for:

- undertaking, where appropriate, a thorough and timely investigation of comments, compliments, concerns and complaints and, where necessary the introduction of measures to improve service quality
- establishing the underlying causes of issues to ensure that they are properly understood, lessons are learned and improvements to patient care are implemented
- ensuring that action plans are shared with the PET to ensure implementation is monitored
- recognising that being involved in a matter raised as an issue can be stressful for staff and ensuring that members of staff are offered appropriate support
5.2.8 All CDDFT Staff

In the great majority of cases it is possible to resolve concerns locally, quickly and effectively. Staff should do everything possible to resolve issues at a local level, ensuring that those individuals raising them receive prompt and accurate information.

Staff should ensure that patients, their families and carers are provided with appropriate information, leaflets, posters etc to ensure that those individuals are able to access the services of the Patient Experience Team to raise issues. When a matter is unable to be resolved locally, all staff are responsible for ensuring that the matter is referred to the Patient Experience Team within 24-48 hours after receipt.

All staff, including temporary and agency staff, are responsible for:

- Compliance with CDDFT policies and procedures. **Failure to comply may result in disciplinary action being taken.**
- Co-operating with the development and implementation of policies and procedures and as part of their normal duties and responsibilities. This will include ensuring that any issues raised directly with them are handled effectively or referred to PET in the first instance for triaging.
- Identifying the need for a change in policy or procedure as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and advising their line manager accordingly.
- Identifying training needs in respect of policies and procedures and bringing them to the attention of their line manager.
- Attending training / awareness sessions when provided.

6.0 IMPLEMENTATION

This policy/procedure will be available to all CDDFT Staff, (in particular the staff described on the title page) for use in the circumstances described on the title page. This policy will be disseminated widely throughout the CDDFT as well as being posted on the intranet and internet.

All Directors and Managers are responsible for ensuring that relevant staff within their own directorates and departments have read and understood this document and are competent to carry out their duties in accordance with the procedures described. All Managers must ensure that appropriate arrangements are in place for the document to be available (electronic or hard copy) for the relevant staff, and to identify any training required to reach specific competencies identified in this document.

Leaflets and posters will be used to promote awareness of the policy and procedure to patients, visitors and other service users.

7.0 PROCEDURES FOR HANDLING COMMENTS, COMPLIMENTS, CONCERNS AND COMPLAINTS (Four C’s)

CDDFT is keen to receive any communication about the Services it provides. It is recognised by the Board that patient feedback is a very valid and important way of monitoring the patient experience of services provided and also an excellent way to learn and make changes to current practice to improve the services provided.
Deciding which process to follow
The options for pursuing an issue should be fully explained to the person raising this in order that they can make an informed decision on the most appropriate way to proceed. Support with this is available from the PET.

Raising an issue does not mean that a client will receive less help, things will be made difficult for them or the quality of their care will be compromised. Every client can expect to be treated fairly and equally regardless of age, disability, race, culture, nationality, gender, sexual orientation and faith. For those people needing language or signed interpreting these will be made available throughout the process.

7.1 COMMENTS
Gathering patient/user views is important to all staff in County Durham and Darlington Foundation Trust. The comment and suggestion scheme is a key mechanism used not only to seek the views of people using local NHS services but also to identify any suggestions they have regarding improvement of services.

Completed slips are returned to the PET which ensures that appropriate action is taken for each individual comment.

7.1.1 Procedure
Comment and suggestion slips will be readily available for patients, carers and visitors to collect in appropriate local NHS premises or from members of community based staff.

Comments and suggestions received relating to services managed by other organisations (for example, Primary Care Services) will be forwarded to the PET or service manager in the organisation highlighted. Correspondents will be advised of this in writing where their name and address is supplied.

Correspondents are asked on the comment slip whether or not they require a response to their comment/suggestion. This will determine those which:

- Require no further correspondence or response (for example, where a comment or compliment has been made but the individual declines to provide their contact details)
- Require an acknowledgement letter only (for example, in response to positive feedback about a service)
- Require an investigation into their comment and response (for example, in response to a concern)

Where comments and suggestions are received verbally by staff they should be recorded in the patients records along with details of any actions taken. The member of staff should seek consent to share the information with the PET.

The organisation will also explore other methods of capturing the patient experience, for example: patient stories, telephone interviews, online, touch screens, etc.
7.1.2 Recording

All comments and suggestions received by the PET will be shared with services and recorded on the Safeguard electronic database.

7.1.3 Reporting

All comments and suggestions relating to County Durham and Darlington Foundation Trust services, which are recorded on the database will be included in the quarterly CLIP Report and will include details of action taken and any changes in practice resulting from the comment.

7.1.4 NHS Choices

A member of the PET will check the website on a monthly basis for patient feedback on County Durham and Darlington Foundation Trust services.

7.2. COMPLIMENTS

Compliments are an important form of feedback and provide a balance with negative issues received by the CDDFT.

It is important to record the many examples of excellent customer service carried out on a daily basis by healthcare professionals across County Durham and Darlington Foundation Trust.

All services are asked to keep a note of the numbers of compliments received – cards, letters etc.

Data is collected on a quarterly basis from each service and the information received will be collated for inclusion in the quarterly CLIP report, for consideration by the Quality and Healthcare Governance Committee.

A compliments report form (Appendix 1) is emailed to an identified member of staff in each service towards the end of each quarter for completion and return. The reverse of the form can be used for any examples qualitative information relating to compliments and good service.

7.3 CONCERNS

A concern (written or verbal) about a CDDFT function, decision or service that requires a response is often able to be resolved quickly and informally, either locally by frontline staff or by PET.

Front line staff should be able to provide information to resolve concerns quickly and effectively. Where they cannot be managed in this setting or where the client chooses to take their case to someone who is not part of the service team, staff should give them information on and contact details of the PET, this will ensure that options for pursuing their concern can be fully explored. PET information leaflets and cards will be made readily available to frontline staff to pass to their patients/clients as required.
7.4 COMPLAINTS

Complaints must be managed using County Durham and Darlington Foundation Trust’s Complaints Handling Policy (POL/COMP 03) which is available on the organisation's website/intranet.

Complaints leaflets are available from the PET.

8. RISK MANAGEMENT

One of the key aims of this local policy and procedure is to minimise risk to patient safety and enhance the quality of care provided to patients. This policy therefore is a crucial part of the overall strategy and approach to the management and minimisation of risks identified or arising from comments, compliments, concerns or complaints.

Specific risks related to the application of this policy and procedures are:

- Delay or failure to respond appropriately to complaints or concerns in accordance with NHS regulations, leaving the organisation open to potential action by the Health Service Ombudsman;
- Not addressing concerns raised resulting in loss of public confidence;
- Failing to identify risk or patient safety issues and address or reduce them;
- Failing to identify trends or recurrent themes identified from comments, compliments or concerns and other forms of service user feedback;
- Failing to build on areas of good practice identified from compliments;
- Potential litigation arising from the MEC management process.

In accordance with risk management procedures, all complaints will be graded according to risk. The grading system will consider the severity or impact of risk identified within the complaint and the likelihood of this occurring in the future producing an assessment of low, medium, high to significant risk. Any risk identified will be managed in accordance with risk management procedures, please refer to Risk Management Strategy. Root cause analysis techniques will be used, where appropriate, in the investigation and follow up of complaints. All risks identified will be placed onto the risk register.

9. CONFIDENTIALITY/CONSENT

Care must be taken at all times throughout the MEC procedure to ensure that any information disclosed about the patient/service user is confined to that which is relevant to the investigation of the issue. Information will only be disclosed to people who have a demonstrable need to know it for the purpose of investigating the issue or ensuring that the MEC process is followed.
Any person wishing to raise an issue on behalf of an adult patient/service user must have written consent to do so from the patient/service user. Every attempt must be made to obtain consent including enlisting help from specialist advocates when appropriate. If the patient or service user has died or is not capable of providing consent the staff member or PET case handler will determine whether the person raising the issue has sufficient interest in the patient/person’s individual’s welfare, or is suitable to act as a representative. If the PEO does not consider this to be the case, then the case handler will notify that person in writing stating the rationale behind their decision.

The PET records should not be filed within the clinical record but held as a separate file. Please refer to the Data Protection Act 1998.

10. DEALING WITH MEDIA INTEREST

All media enquiries should be directed to the Communications Team during office hours or the on call manager out of hours.

11. SHARING INFORMATION

When sharing issues across agencies (including the Ombudsman) it is particularly important to ensure that confidentiality is maintained at all times. Every effort should be made to obtain the patient/service user (or their representative’s) consent before sharing confidential information with another body or organisation. Consent should be obtained in writing, where this is not possible the PET will seek further advice from the CDDFT’s Caldicott Guardian or Information Governance Department.

All staff to follow the Procedure for Moving Non-Electronic Records and Other Sensitive Information when sending or transporting sensitive information and for electronic information this should only be done via the secure site nhs.net.

12. TRAINING

Customer Care training should be available for all members of staff.

13. FAIRNESS AND EQUALITY

Raising an issue does not mean that a client will receive less help, things will be made difficult for them or the quality of their care will be compromised. Every client can expect to be treated fairly and equally regardless of age, disability, race, culture, nationality, gender, sexual orientation and faith. For those people needing language or signed interpreting these will be made available throughout the process.

14. FREEDOM OF INFORMATION

This policy is freely available from the CDDFT website.
15. DOCUMENTATION

15.1 Other related Policy documents.
- Complaints Handling Policy POL/COMP 03
- Writing CDDFT Policies
- Trust Equality/Diversity policy, strategy and action plan.
- CDDFT Media Policy

15.2 Relevant Legislation / Statutory Requirements

15.2.1 Legislation

Health & Safety At Work Act 1974
General duties of Employers and Employees. Requirement that employers assess and manage risks to health and safety.

Human Rights Act 1998

Freedom of Information Act 2000
Trust policies and procedures are subject to disclosure under the Freedom of Information Act 2000 (FOI). From January 2005 the Act allows anyone, anywhere to ask for information held by organisations, although some information, such as patient identifiable information, is exempt.

Mental Capacity Act 2005
Statutory framework to empower and protect vulnerable people who are not able to make their own decisions. It makes it clear who can take decisions, in which situations, and how they should go about this. It enables people to plan ahead for a time when they may lose capacity. See also Clinical Policy CL.034 (HR Policy HR.034) “Mental Capacity Act Policy”.

Equality Act 2006

15.2.2 Statutory Requirements / Best Practice Recommendations

- NHS Litigation Authority “Standard for Primary Care Trusts”: guidance on minimum policy and procedure requirements.
- Department of Health “Making Experiences Count” 2009
- Department of Health “Listening, Responding, Improving: A guide to better customer care” 2009
- Health Service Ombudsman’s good practice guides
  - Principles of good complaints handling
  - Principle of remedy
- Supporting the implementation of patient advice and liaison services – a resource pack; Department of Health, January 2002

15.3 References
The major references consulted in preparing this document are described above.
16. AUDIT / IMPACT ASSESSMENT STATEMENTS

16.1 Risk Assessment

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<td>2. Risks to patient experience / outcome</td>
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<td>3. Risk to or from service / business interruption</td>
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</tr>
<tr>
<td>8. Specific health and safety (inc. fire) risks to anyone (staff, patients, public etc.)</td>
<td>No</td>
</tr>
</tbody>
</table>

OUTCOME (tick appropriate box): ACTION

- No significant risks identified: Proceed with ratification process.
- Significant risks identified: Complete a full risk assessment form and action plan for all risks identified. Include in the Appendices.
- There is doubt about whether risks are significant or relevant: Take further advice from appropriate directorate or department.

16.2 Equality Audit

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does this policy contain any criteria which could restrict availability, or access to facilities or services?</td>
<td>No</td>
</tr>
<tr>
<td>If the answer to the above question is &quot;yes&quot;, is there a clear evidence base for this?</td>
<td>No</td>
</tr>
<tr>
<td>Will this policy have a disproportionate effect on certain people or groups of people?</td>
<td>No</td>
</tr>
</tbody>
</table>
### QUESTION
**RESPONSE**

<table>
<thead>
<tr>
<th>OUTCOME (tick appropriate box):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Potential for discrimination is very low or non-existent.</td>
<td>✓ Proceed with ratification process.</td>
</tr>
<tr>
<td>Potential for discrimination exists.</td>
<td>Amend the document as appropriate to clarify exceptions or remove potential. If in doubt, take further advice from the Equality Lead Manager.</td>
</tr>
<tr>
<td>There is doubt about the potential for discrimination</td>
<td></td>
</tr>
</tbody>
</table>

### 16.3 Human Rights Audit

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the policy document interfere with a Convention right?</td>
<td>No</td>
</tr>
<tr>
<td>Could the actions described in the policy document touch on one of the Convention rights?</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OUTCOME (tick appropriate box):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No rights affected.</td>
<td>✓ Proceed with ratification process.</td>
</tr>
<tr>
<td>Potential to affect a right has been identified.</td>
<td>Amend the document as appropriate to clarify exceptions or remove potential. If this is not possible, take further advice from Corporate Services Manager / Legal Advisers.</td>
</tr>
<tr>
<td>There is doubt about the potential to affect a right.</td>
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</table>
## Appendix 1  Process for compliments

### PATHWAY FOR COMPLIMENTS

<table>
<thead>
<tr>
<th>Steps</th>
<th>Actions</th>
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</table>
| **Step 1**  
Compliments and gifts received by staff member from patient/service user/member of the public via letter, card, email, comment card, etc. | Refer to Gifts and hospitality policy, regarding procedure on accepting and recording gifts received. |
| **Step 2**  
Verbal acknowledgement by member of staff  
Letters of appreciation forwarded to appropriate line manager  
Letters of appreciation acknowledged where contact details are provided | Ensure staff member is informed of compliment |
| **Step 3**  
Compliment logged by service | Staff member to inform nominated member of staff who logs compliments within that service, for reporting at the end of quarter. |
| **Step 4**  
Compliments Form completed and returned to Patient Experience Team | At end of quarter, nominated member of staff completes compliments form, circulated by Patient Experience Team, ensuring any particular compliments, or examples of outstanding good work, are included on page 2 of the form. |
| **Step 5**  
Data from compliments forms returned by each service and collated by Patient Experience Team | Data collated for inclusion in CLIP Report. Qualitative data on any examples of particular good work recorded in repository of good practice and also used in staff newsletters. |
Appendix 1

Recording Appreciation - Quarter X

Month Year – Month Year

In order to raise the profile of all of the good work that is carried out by services across County Durham and Darlington Foundation Trust, PET is collecting data relating to compliments that you, your staff, or your service receive on a quarterly basis.

Please complete the template below, including the numbers of compliments that have been received. The figures supplied will be included within the CLIP report and will be discussed at the Quality and Healthcare Governance Committee.

If you would like to inform us about a particular compliment that was received, or you want to highlight some particularly good work that was appreciated by patients, please turn over and use the back of the form.

<table>
<thead>
<tr>
<th>Service</th>
<th>Base/premises (where multiple sites are served)</th>
<th>Month Year</th>
<th>Month Year</th>
<th>Month Year</th>
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<tbody>
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</tbody>
</table>

Total number received: [ ]

Date completed: .................................................................

Completed by: .................................................................

Contact telephone number: .................................................

Please return to Michelle Robinson, PET Administrator, County Durham and Darlington Foundation Trust
Darlington Memorial Hospital
Email: michelle.robinson2@nhs.net or Sheila.featherstone@nhs.net.
By Thursday return date

Ref/Title: Making Experiences Count-Managing Patients Comments, Compliments, Concerns and Complaints
Authors: Maureen Grieveson, Associate Director Patient Experience and Safeguarding
         Jill Salkeld, Patient Experience Manager
APPENDIX 1
Qualitative information about outstanding compliments and good work

PATHWAY FOR COMMENTS AND SUGGESTIONS SCHEME

Completed comment slip returned to PET

Positive comment/suggestion

Correspondent’s contact details provided
Reply will be sent to correspondent from PET thanking them for their comment/suggestion. Details will be provided to appropriate head of service/manager to acknowledge with the member of staff or team identified.

No contact details provided
Details of the comment/suggestion will be provided to appropriate head of service/manager and acknowledged with the member of staff or team identified.

Negative comment/concern

Correspondent requires response
Issue will be treated as a PET case and process for handling of PET cases subsequently followed. To include liaison with appropriate head of service/manager in order to reach an outcome and feedback to client.

Correspondent does not require response
Where correspondent has provided contact details, comment will be acknowledged by PET. Details of the comment will be provided to the service concerned to investigate as far as possible with the information available and outcome reported to PET.

All comments/suggestions and action taken is reported anonymously via agreed reporting and communication mechanisms

Ref/Title: Making Experiences Count-Managing Patients Comments, Compliments, Concerns and Complaints
Authors: Maureen Grieveson, Associate Director Patient Experience and Safeguarding
         Jill Salkeld, Patient Experience Manager

Valid to March 2014
Appendix 2 Investigation Response to Patient Experience Team (PET)

Issue received into PET – Acknowledgement within 3

Issues clarified with

Information to Service – 5 – 7 days

Service Lead nominates an investigation office – within 48 hours

Retrieve patient notes and request statements from relevant staff and proide

Response to investigation produced and returned to Service Lead within

7-14 Days

Exception 7 – 21

Investigation response sent to patient/carer

All notes, statements and reports stored with PET