

COMPLAINTS POLICY

POLICY REFERENCE NUMBER	CP2
VERSION NUMBER	3.0
KEY CHANGES FROM PREVIOUS VERSION	All content revised and updated in light of the Trust's new Complaints Process that was launched in January 2023.
AUTHOR	Claire Lawrence, Head of Complaints
CONSULTATION GROUPS	Trust Volunteers / PIPE (Patient Information & Plain English) Volunteers / Service User with Lived Experience of Complaints Process
IMPLEMENTATION DATE	01 April 2017
AMENDMENT DATE(S)	November 2019; July 2023
LAST REVIEW DATE	July 2023
NEXT REVIEW DATE	July 2026
PATIENT & CARER EXPERIENCE STEERING GROUP APPROVAL:	19 June 2023
RATIFICATION BY POLICY OVERSIGHT AND RATIFICATION GROUP:	5 July 2023
COPYRIGHT	<i>Copyright © Essex Partnership University NHS Foundation Trust 2017-2023. All rights reserved. Not to be reproduced in whole or in part without the permission of Essex Partnership University NHS Foundation Trust.</i>

POLICY SUMMARY
See Procedure, CPG2
The Trust monitors the implementation of and compliance with this Policy in the following ways:

Services	Applicable	Comments
Trust wide	✓	
Essex MH&LD	✓	
CHS	✓	

The Director responsible for monitoring and reviewing this policy is
Executive Director of Strategy, Transformation and Digital

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

COMPLAINTS POLICY

CONTENTS

This is an interactive contents page, by clicking on the titles below you will be taken to the section that you want.

- 1. INTRODUCTION**
- 2. PRINCIPLES**
- 3. SCOPE**
- 4. DUTIES**
- 5. DEFINITION OF A COMPLAINT**
- 6. CONSENT**
- 7. MATTERS EXCLUDED**
- 8. COMPLAINTS HANDLING PROCEDURE**
- 9. PATIENT ADVICE & LIAISON SERVICE (PALS)**
- 10. COMPLAINTS ABOUT SERVICES CONTRACTED TO OR BY THE TRUST**
- 11. MIXED SECTOR COMPLAINTS**
- 12. COMPLAINTS RELATED TO A PATIENT SAFETY INCIDENT (PSI)**
- 13. LEGAL CASES AND POTENTIAL LITIGATION**
- 14. COMPLAINTS INVOLVING VULNERABLE ADULTS OR CHILDREN**
- 15. ANONYMOUS COMPLAINTS**
- 16. PROVISION OF REDRESS AND EX-GRATIA PAYMENTS**
- 17. INDEPENDENT REVIEW BY THE PARLIAMENTARY AND HEALTH SERVICE OMBUDSMAN (PHSO)**
- 18. LEARNING LESSONS FROM COMPLAINTS**
- 19. MONITORING OF IMPLEMENTATION AND REVIEW OF EFFECTIVENESS**
- 20. HABITUAL, UNREASONABLE AND PERSISTENT (HUP) COMPLAINTS**
- 21. SUPPORTING STAFF**
- 22. CONFIDENTIALITY AND RECORD KEEPING**
- 23. TRAINING AND AUDIT**
- 24. REFERENCES TO OTHER TRUST POLICIES**
- 25. EXTERNAL REFERENCES**
- 26. GLOSSARY**

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST
--

COMPLAINTS POLICY

Assurance Statement

Equality and Diversity Statement

The Trust is committed to ensuring that equality, diversity, and inclusion is considered in our decisions, actions and processes. The Trust and all trust staff have a responsibility to ensure that they adhere to the Trust principles of equality, diversity, and inclusion in all activities. In drawing up this policy all aspects of equality, diversity, and inclusion have been considered to ensure that it does not disproportionately impact any individuals who have a protected characteristic as defined by the Equality Act 2010

1. INTRODUCTION

- 1.1 This document outlines Essex Partnership University Trust (EPUT)'s approach to complaints about the services we provide. It contains information about how we manage, respond to, and learn from complaints and feedback given about our services.
- 1.2 We are committed to meeting the requirements of the Local Authority Social Services and NHS England Complaints Policy (2009) and to uphold the principles of the NHS Constitution. Our complaints process has been designed to fulfil the expectations of the Parliamentary and Health Service Ombudsman (PHSO) for NHS Complaint Standards (2022).
- 1.3 We aim to create a positive experience for people making a complaint, by ensuring that they are supported, listened to and involved in how we resolve their concerns.
- 1.4 Our complaints process has been designed to provide open and honest responses, by investigating complaints thoroughly and fairly. We apologise and take accountability for mistakes, and we put matters right wherever possible.
- 1.5 We look for ways to resolve complaints at the earliest opportunity, but we recognise that some complaints require more detailed consideration and investigation. The time it takes to investigate a complaint will depend on the complexity of the matter, so we take this into account and set expectations about timescales with the person who raised the complaint. We keep them updated, and if we need more time to investigate we will explain the reason for this.
- 1.6 The Trust has a strong learning culture, and we recognise the value of complaints for providing opportunities to develop and improve our organisation. Our staff are encouraged and supported to routinely share learning from complaints, so that we can continuously build on insight and best practice.

- 1.7 The different available routes to raising complaints with the Trust are explained in this document, as well as in the Complaints Procedure (CPG2)
- 1.8 This policy replaces all other policies and procedures that relate to EPUT's management of Complaints that predate the publication and validation of this policy.

2 PRINCIPLES

- 2.1 The Trust's Complaint policy was co-produced by service users who have experience of making a complaint to the Trust, and staff who have experience in investigating and responding to complaints. The 5 key principles that underpin the policy are:
- We are Service User Led and Outcome Focussed
 - Our approach is Fair and Accountable
 - We communicate and respond in a timely manner
 - Our Staff feel Supported
 - We have a Just and Learning Culture
- 2.2 This Policy will ensure that individuals making complaints are treated with respect and are not penalised for making a complaint or raising a concern. A number of processes are in place to help ensure this principle is adhered to:
- The Trust promotes an open culture with all staff
 - All staff are encouraged to learn from complaints and not assign blame
 - Complaint records are kept separately from patient/residents records
 - If a member of staff is found to have penalised an individual for making a complaint / raising a concern this would be dealt with under the Trust's conduct process where appropriate.
- 2.3 The Trust welcomes and encourages feedback from service users/residents, carers and their families and members of the public. Feedback, including compliments and complaints, is valuable to the Trust, helping improve services by learning lessons from people's experiences. The Trust will provide a range of opportunities for people to comment and raise concerns (whether as complaints or not). These include:
- Complaints Satisfaction Surveys
 - PALS
 - Service user/resident and carer feedback through local organisations
 - Friends and Family Test / I Want Great Care
 - Forums and inpatient meetings
- 2.4 The Trust will offer a speedy and efficient system, that is open, fair (to all involved) and flexible to the needs of people wanting to make a complaint. This includes a commitment to endeavour to resolve concerns raised directly to the relevant service within 24 hours where possible.
- 2.5 The Trust adopts the Parliamentary and Health Service Ombudsman's Principles of Good Complaints Handling as a code of good practice to be followed by all staff and investigators who look into issues referred to them.

- 2.6 All allegations made will be taken as true at face value with an intervention from the Trust that is full and fair. Individuals will be given clear and specific reasons for any decision taken on their complaint (based on the evidence), and that those decisions address all of the concerns raised by the complainant.
- 2.7 The Trust will be clear in all its communications, using plain English and avoiding jargon throughout and implementing other appropriate means of communication as needed.

3 SCOPE

- 3.1 This policy and associated procedure is intended for use by all those employed by and working on behalf of (e.g. agency, bank, contractors etc.) the Trust. It applies to all sites to ensure that all staff are aware of and can apply best practice when dealing with complaints.

4. DUTIES

- 4.1 The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 require that the Trust designates the Chief Executive to take responsibility for ensuring compliance with the arrangements. The Trust designates the Executive Director of Strategy, Transformation and Digital to be responsible to the Chief Executive for ensuring compliance with the Regulations and the Trust Complaints Policy and Procedural Guidelines and that action is taken in light of the outcome of any investigation.
- 4.2 The Executive Director of Strategy, Transformation and Digital has overarching responsibility for the complaints process.
- 4.3 All Directors of the Trust are responsible and accountable for the implementation of this policy and associated procedures within their area of responsibility. They will ensure that all complaints are managed in accordance with the policy and procedure and ensure agreed timeframes and assurances are met.
- 4.4 The Head of Complaints will act as the Trust's lead for the management and handling of complaints. This post will oversee the Complaints and PALS Team and ensure any learning from complaints is triangulated with all other forms of patient/resident feedback, through the Learning Lessons Collaborative Group, to ensure it informs on-going work to improve the patient/resident experience.

4.5 The Head of Complaints will

- Provide complaint and compliment data for the Trust's monthly reports and include information on lessons learned on a quarterly basis.
- Provide a quarterly Thematic Report, highlighting any trends and emerging themes, to the Patient and Carer Experience Steering Group
- Complete an annual Complaints Report for publication on the Trust website, which also contains data about compliments that have been received.
- Be responsible for ensuring that regular assurance reports are developed which will include aggregated information about complaints, qualitative and quantitative analysis of information, action plans to deal with the management of risks identified and information about lessons learnt and compliments received by the Trust.
- Work collaboratively with partnership organisations to ensure there is a coordinated approach to handling complaints and queries that cross over between organisations.

4.6 All members of staff have a responsibility to:

- Familiarise themselves with the content of the complaints policy and procedure, and work within the standards and guidelines
- Take responsibility for responding to a concern/complaint made directly to them by ensuring they listen to the complainant and take the appropriate action in line with the complaints procedure.
- Review their practice as a result of any complaint raised or received and ensure that service users/residents, their relatives and carers are not treated differently as a result of raising a concern/complaint

4.7 Line managers of staff who are the subject of a complaint will provide support to those staff. This is fully described in section 21 of this policy.

4.8 Non-Executive Directors will undertake reviews of randomly selected complaint responses, to monitor adherence to process and any identified learning.

5. DEFINITION OF A COMPLAINT

5.1 A complaint is an expression of dissatisfaction about any matter reasonably connected with services supplied by this Trust. This includes NHS services and local authority services delegated to the Trust under its partnership agreements.

5.2 Complainants will generally be existing or former patients/residents of the Trust's services, or people who are directly affected by the Trust's actions and decisions in relation to a patient's care, such as the family or carer of a patient.

6. CONSENT

- 6.1 A complaint can be made on behalf of another person, if the complainant;
- has been requested by the person to act as a representative on their behalf.
 - has delegated authority to do so, for example in the form of Power of Attorney.
 - is an MP acting on behalf of and by instruction from a constituent about their own care and treatment. (implied consent)
- or if the person at the centre of the complaint (e.g. patient):
- has died;
 - is a child;
 - is unable to make the complaint themselves because of
- (i) physical incapacity; or
- (ii) lack of capacity within the meaning of the Mental Capacity Act 2005.
- 6.2 In order to provide the complainant with the full outcome of the investigation, the Trust is required by law to ensure:
- (i) consent is obtained from;
- the person at the centre of the complaint e.g. patient/ servicer user or
 - whoever has legal authority to make decisions on the person's behalf
- (ii) the consent is given freely, i.e. the person understands that:
- they are authorising the representative to act on their behalf
 - they are consenting for The Trust to discuss their complaint and share their personal information with the complainant
 - they are consenting for the Complaints Team to look at any relevant personal information, such as their clinical records as part of their investigation of the complaint, and that other relevant people inside (and potentially outside) EPUT may need to see this information as part of the investigation
- 6.3 The consent can be written, verbal or received by email but the decision must be recorded on our complaints system (Datix).
- 6.4 If any part of the complaint is about the complainant's own experience of our service (e.g. how they were treated as a carer or visitor to the patient) we do not require the patient's consent to respond to those elements if doing so would not breach the patient's confidentiality. In these circumstances we would identify which issues required consent and which ones we can respond to without consent, and this would be explained to the complainant.

- 6.5 Where consent is declined or not obtained, we will consider the merit of investigating the concerns that have been raised, so that we can take action to address any potential issues that are identified. However, the outcome of any investigation would not be shared with the complainant where we do not have consent to do so.

7. MATTERS EXCLUDED

- 7.1 The following types of complaint are outside of the Trust Complaints procedure:
- i. Complaints made by an NHS body which relates to the services provided by another NHS body, except where a joint response is required under this procedure.
 - ii. Complaints made by an independent provider about any matter relating to arrangements made by an NHS body with that independent provider unless otherwise stated in the contractual arrangements.
 - iii. A complaint made by an employee about any matter relating to their contract of employment. Separate mechanisms exist under the Trust 'Grievance Policy Procedure.
 - iv. A complaint which has already been investigated by the Trust or is being or has been investigated by the Ombudsman except where they have referred an issue back to the Trust for further investigation.
 - v. A complaint arising out of the Trust's alleged failure to comply with a data request under the General Data Protection Act 2018 or a request for information under the Freedom of Information Act 2000. The Trust Information Governance Manager should be consulted with regard to complaints arising out of data subject requests under the General Data Protection Act 2016.
 - vi. A complaint by non-patient third parties, who have not been affected by an action, omission or decision of the Trust.

8. COMPLAINTS HANDLING PROCEDURE

- 8.1 A guide to the management of complaints is provided in the Complaints Procedure (CPG2).

9. PATIENT ADVICE & LIAISON SERVICE (PALS)

- 9.1 A guide to the role of PALS in the management of concerns and complaints is provided in the Complaints Procedure (CPG2) Appendix 2.

10. COMPLAINTS ABOUT SERVICES CONTRACTED TO OR BY THE TRUST

- 10.1 Where the Trust makes arrangements for the provision of services through an NHS contract or with an independent provider, it will ensure that the NHS Contract and/or independent provider has in place arrangements for the handling and consideration of complaints about any matter connected with its provision of services which shall be in line with this policy and procedure and passed to the Trust.
- 10.2 When the Trust undertakes to provide a service through a commercial arrangement with another organisation, the contract shall also state how complaints under that arrangement will be managed (which will usually be by the Trust) and this procedure will be used, unless the contractual arrangements provide otherwise.

11. MIXED SECTOR COMPLAINTS

- 11.1 Where a complaint involves more than one NHS provider, or one or more other bodies such as a Local Authority or a purchaser, there should be full cooperation and coordination in seeking to resolve the complaint through each body's local complaints procedure. NHS bodies and Local Authorities will need to ensure that, between them, they address all matters of concern to the complainant. Whichever body the majority of the complaint relates to will take the lead in this matter and will write to the complainant explaining this and asking for their permission to pass the relevant parts of the complaint on to the pertinent bodies.
- 11.2 If a complaint is a joint NHS/Social care complaint (requiring a Trust and Local Authority Social Care response), such complaints will be rated at least as 'moderate risk' and the Complaints Manager will agree with the relevant Social Care provider who will lead on the matter and how to coordinate the response. The issues raised about the Trust will be investigated according to this procedure.
- 11.3 If the complaint comes from an Integrated Care Board (ICB), on behalf of a complainant, the ICB will decide, with the Trust, how to handle the issue and will discuss this with a member of the complaints team. When an ICB decides, with the complainant's consent, that the Trust is the appropriate body to deal with the complaint, the complaint will be handled as if the complainant had complained directly to the Trust from that date.
- 11.4 If the Trust receives a complaint that is solely concerned with services provided by another organisation, a member of the complaints team will seek the complainant's permission to pass the complaint to the other organisation's Complaints Team. Any doubts over which body is responsible for handling the complaint should be resolved before the complaint is dispatched. This should then be recorded in writing.

12. COMPLAINTS RELATED TO A PATIENT SAFETY INCIDENT (PSI)

- 12.1 Complaints received by the Complaints Team are cross-checked against The Trust's Incidents Database (Datix) to identify any potential related Patient Safety Incidents.
- 12.2 If a complaint is found to be linked to an Adverse Incident or Serious Incident, the Patient Safety Team will be engaged to ensure a co-ordinated response is provided.

13. LEGAL CASES AND POTENTIAL LITIGATION

- 13.1 It should not be assumed that a complainant who has used a solicitor to lodge a complaint has decided to take formal action. However, the Complaints Team should be notified of any such complaint.
- 13.2 Where a complaint identifies a case of clinical error (or appears to be clinical error), the person dealing with the complaint should immediately inform the Complaints Team who will seek advice from the Trust's Legal Advisor regarding the Trust's Corporate Procedural Guidelines for Negligence and Insurance Claims.
- 13.3 In all such complaints relating to clinical error, there should be a full and fair investigation regardless of whether the complainant has indicated that they propose to start legal proceedings. The principles of good claims management and risk management should be applied.
- 13.4 A complaint must only be suspended if the Trust has legal advice that it would prejudice a legal process. (Department of Health guidance).

14. COMPLAINTS INVOLVING VULNERABLE ADULTS OR CHILDREN

- 14.1 Where it is known or suspected that a complaint involves an adult or child who is vulnerable to harm, the Associate Director for Safeguarding will be informed and the most appropriate route of investigation agreed.

15. ANONYMOUS COMPLAINTS

- 15.1 Where a service user/resident or carer or other concerned individual wishes to make an anonymous complaint, the Trust will review it outside of the complaints process. If a complaint is received totally anonymously, the Complaints Team will log it and pass it to the relevant Director for their consideration.
- 15.2 Whilst the Trust will act on anonymous information where it has concerns (in line with the intentions behind the Trust's 'Freedom To Speak Up / Whistleblowing Procedure', or the Safeguarding Policies) the Trust will not

bring any complaints about an individual or team to the attention of anyone mentioned or to the Team Manager unless it is a general issue.

- 15.3 The Trust's policy about raising a concern about practice, (Human Resources Policy, Whistle Blowing) offers staff a process to raise issues/concerns. This process recognises that staff may wish to remain anonymous when raising concerns. This does not preclude staff from using the complaints policy where they are considered to have sufficient interest in the patient's/resident's welfare.

16. PROVISION OF REDRESS AND EX-GRATIA PAYMENTS

- 16.1 Financial redress will not be appropriate in many complaints, but the Trust will consider proportionate remedies for those who have incurred additional expenses, losses or damages if the Trust determines this was a result of poor service or maladministration.
- 16.2 This does not include a request for compensation involving allegations of clinical negligence or personal injury where a claim is indicated as these would be considered through the legal process as per the requirements of the Trust insurers.

17. INDEPENDENT REVIEW BY THE PARLIAMENTARY AND HEALTH SERVICE OMBUDSMAN (PHSO)

- 17.1 Complainants may refer their case to the Parliamentary and Health Service Ombudsman for review where:
- They are not satisfied with the result of the Trust's investigation
 - The complaint has not been resolved within six months (or such longer period as may be agreed before the expiry of that period with the complainant)
 - The Trust has decided not to investigate the complaint on the grounds that it was not made within the time limits.
- 17.2 A complainant can approach the Parliamentary and Health Service Ombudsman directly with his/her complaint, but it is unlikely that the Ombudsman will take up the complaint prior to the completion of the Trust's Health Service Complaints Procedure. However, the Ombudsman does have the power to consider complaints that have not been put to the Trust and/ or where the stages of the complaints procedure have not been exhausted.
- 17.3 The Trust will make these arrangements for Ombudsman review known to all complainants at the end of the process and will include the Parliamentary Health Service Ombudsman's contact details in the final response letter.
- 17.4 Any reports from independent reviews conducted by the Ombudsman will be used as valuable sources of feedback for the Trust to learn from.

18. LEARNING LESSONS FROM COMPLAINTS

- 18.1 The Trust is committed to promoting a just and learning culture that is open and accountable when mistakes occur.
- 18.2 Every member of staff has a responsibility to promote a 'learning from complaints' culture, so that we take opportunities to learn from complaints rather than seeking to assign blame.
- 18.3 As part of the complaints investigation process, the Complaints Liaison Officer (CLO) will identify lessons and opportunities for service improvement, and these will be agreed in collaboration with the service, and where appropriate, with the person who made the complaint.
- 18.4 All lessons and improvement actions identified from a complaint will be:
- Recorded with the complaint record on Datix.
 - Followed up monthly with the Deputy Director of Quality & Safety for each Care Unit to ensure that actions have been completed and learning is embedded.
 - Shared at monthly Learning Lessons Collaborative meetings, for sharing Trust-wide in the Lessons Identified Newsletter.
 - Shared within various reports e.g. quarterly Care Unit Reports, Quality & Safety reports, Annual Report.

19. MONITORING OF IMPLEMENTATION AND REVIEW OF EFFECTIVENESS

- 19.1 The Complaints Team will provide:
- Monthly performance reports highlighting complaints received, complaints closed, and the number and age of outstanding complaints.
 - Monthly Lessons Learned reports to send to the Deputy Directors of Quality & Safety and to the Service Directors for assurance that improvement actions have been completed and learning embedded.
 - Quarterly Thematic Reports for each Care Unit, providing trend analysis, response times and highlighting any issues. These reports will include details of how lessons identified through complaints have had an impact on improving service quality.
 - A complaints annual report will be produced for the Trust Board which will be published on The Trust's website

20. HABITUAL, UNREASONABLE AND PERSISTENT (HUP) COMPLAINTS

- 20.1 The guidance relating to managing HUP complaints is intended for use as a last resort after all reasonable measures have been taken to try to resolve matters.
- 20.2 Please see the Complaints Procedure (CPG2) Appendix 3 for full guidance.

21. SUPPORTING STAFF

- 21.1 The purpose of the complaints procedure is not to apportion blame amongst staff but to investigate complaints with the aim of resolving matters, and learning lessons as an organisation.
- 21.2 The Complaints Team will advise the member of staff's Line Manager that the Trust has received a complaint about a member of staff that they manage.
- 21.3 The Line Manager will arrange to meet with the staff member to discuss the complaint and offer any support he/she may need. It is essential that line managers provide immediate and ongoing support as required.
- 21.4 The Trust has a policy and procedure in place for Employee wellbeing & management of sickness and ill-health, which provides a personal support line service to staff. Should it be identified that a staff member needs additional support, the manager must make the staff member aware of the service and how to access it. Support offered must be recorded in the staff member's personal file.
- 21.5 It will be the decision of the relevant Operational Manager, with advice from Human Resources, whether or not the complaint investigation identifies grounds to investigate under the Conduct and Capability Policy.
- 21.6 Any information collected in the complaints procedure can be used in the Conduct and Capability procedures, but the two procedures must remain separate, and confidentiality maintained at all times.
- 21.7 If there is any staff member at serious risk of personal criminal proceedings or action by any regulatory body, they will be advised to contact their trade union or professional representative for support.
- 21.8 Any staff members who are asked to act as witnesses in any complaints interventions or investigations will be given support by their Line Manager. The Line Manager will discuss any issues with the staff member and make suggestions of further support where this is necessary. The Complaints Team will provide advice to any staff member involved in a complaint.

22. CONFIDENTIALITY AND RECORD KEEPING

- 22.1 Complaints will be handled in the strictest confidence, and should be kept separately from patient /resident medical records. Care will be taken that information is only disclosed to those who have a demonstrable need to have access to it.
- 22.2 Anyone disclosing information to others not directly involved with the complaint may be dealt with under the Trust's internal procedures.
- 22.3 All data will be processed in accordance with Trust policy.

- 22.4 The Trust must not discriminate against either a person who has raised a complaint, nor the individual whose care and treatment is the subject of a complaint. There must be no detrimental impact on the care provided to a person as a result of a complaint being raised by them or on their behalf. Any identified discrimination will be managed according to Trust policies.
- 22.5 A complete documentary record will be maintained for each concern or complaint and recorded on Datix which is the name of the Trust's electronic complaints reporting system. This will include all written or verbal contacts with the person making a complaint, staff involved in the investigative process and all actions taken in investigating the complaint.
- 22.6 The complaint file is a confidential record and as such will be stored securely, and easily retrieved and understood in the event of further enquiry.
- 22.7 In accordance with the Records Management Policy, complaint files are kept and disposed of confidentially. Currently, complaint files are retained for 10 years.

23. TRAINING AND AUDIT

- 23.1 We ensure that all staff have the appropriate resources, support and protected time to consistently meet the expectations of the Complaints Policy, according to their role.
- 23.2 Training on complaints and PALS forms part of the induction training for all staff.
- 23.3 Complaints Training is available through the Managers Development Programme, and is also available on request to the Complaints Team.

24. REFERENCES TO OTHER TRUST POLICIES

- CP3: Adverse Incidents Policy and Procedure.
- CP10: Claims Policy and Procedure.
- HR27A / B: Conduct and Capability Policy.
- CP22: Criminal Behaviour Within a Health Environment (Zero Tolerance) Policy
- HR26: Employee wellbeing & management of sickness and ill-health policy.
- CP53: Freedom To Speak Up / Whistleblowing Policy.
- CLP39: Safeguarding Adults Policy.
- CLP37: Safeguarding Children Policy.

25. EXTERNAL REFERENCES

- Parliamentary and Health Service Ombudsman (February 2009) The Principles of Good Complaint Handling 0188-Principles-of-Good-Complaint-Handling-bookletweb.pdf (ombudsman.org.uk)
- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009: [The Local Authority Social Services and National Health Service Complaints \(England\) Regulations 2009](http://The-Local-Authority-Social-Services-and-National-Health-Service-Complaints-(England)-Regulations-2009) (legislation.gov.uk)
- The Local Authority Social Services and National Health Service Complaints (England) (Amendment) Regulations 2017 [Annex IV- Draft Complaints Regulations.pdf](http://Annex-IV-Draft-Complaints-Regulations.pdf) (publishing.service.gov.uk)
- CQC Essential Standards of Quality and Safety (January 2010)
- Report of Mid Staffordshire NHS Foundation Trust Public Inquiry, by Robert Francis QC, Executive Summary (February 2013)
- Clwyd/Hart Report recommendations (November 2013)
- Statutory Duty of Candour for Health and Adult Social Care Providers (Department of Health April 2015)
- Parliamentary and Health Service Ombudsman (December 2022) NHS Complaint Standards: [NHS Complaint Standards Summary of expectations December 2022 Final.pdf](http://NHS-Complaint-Standards-Summary-of-expectations-December-2022-Final.pdf) (ombudsman.org.uk)
- NHS Constitution for England - GOV.UK (www.gov.uk)

26. GLOSSARY

Term	Meaning
CLO	Complaint Liaison Officer
HUP	Habitual, Unreasonable and Persistent (complaint)
PALS	Patient Advice & Liaison Service
PHSO	Parliamentary and Health Service Ombudsman

END
