

Changes in this version

Completely re-written, [no purple text](#)

Policy

1. Introduction

1.1 This Complaint Policy ensures a consistent approach is taken to complaints handling across NHS Blood and Transplant. The procedure follows the relevant requirements as given in the Local Authority, Social Services and National Health Service Complaint Regulations 2009 and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (referred to in this guidance as the 2009 and 2014 Regulations).

1.2 It is based on the NHS Complaint Standards (2023) model procedure to deliver [what our donors and service users say they want](#) when they make a complaint. All available information about the NHS Complaint Standards can be found on the [Ombudsman's website](#).

2. Accountability, roles and responsibilities

- 2.1 Overall responsibility and accountability for management of complaints lies with the 'Responsible person' (as defined by the 2009 Regulations). In our organisation this is the Chief Executive and the Chief Nursing Officer.
- 2.2 We have processes in place to make sure that the responsible persons and senior leaders across the organisation regularly review insight from the complaints we receive, alongside other forms of feedback on our care and service. Further details can be found in Appendix 1.
- 2.3 They demonstrate this by making sure we listen and learn from complaints and there is a strong commitment to the duty of candour so there is a culture of being open and honest when something goes wrong and making sure we learn from the issue that occurred.

Complaints management, roles and responsibilities

- 2.4 We have customer service functions across all blood products, organ and tissue donation, therapeutic apheresis services (TAS) and hospital services. These functions are responsible for managing this procedure and for overseeing the handling and consideration of any complaints we receive.
- 2.5 The 2009 Regulations allow us to delegate cases from these functions to other staff where appropriate to ensure we can provide an efficient and responsive service.

3. Identifying a complaint

Everyday conversations with our users

- 3.1 Our frontline staff speak to people who use our services every day. They answer questions, provide advice and may address worries or concerns that they have whilst on our premises. We encourage people to discuss any issues they have with our staff, as they may be able to sort the issue out to their satisfaction quickly and without the need for them to make a complaint.

When people want to make a complaint

3.2 We recognise that we cannot always resolve issues as they arise and that sometimes people will want to make a complaint after the event. The NHS Complaint Standards (2023) define a complaint as an expression of dissatisfaction, either spoken or written, that requires a response. It can be about:

- an act, omission or decision we have made
- the standard of service we have provided.

We will log feedback as a complaint using the language chosen by the donor, patient or their representative, when they describe the issues, they raise.

If we consider that a complaint (or any part of it) does not fall under this procedure we will explain the reasons for this. We will do this in writing to the person raising the complaint and provide any relevant explanation and signposting information.

4. Who can make a complaint

4.1 As set out in the 2009 Regulations, any person may make a complaint to us if they have received or intend on receiving services from our organisation.

4.2 If the person affected does not wish to deal with the complaint themselves, they can appoint a representative to raise the complaint on their behalf. There is no restriction on who may represent the person affected. However, they will need to provide us with their consent for their representative to raise and discuss the complaint with us and to see their personal information.

4.3 If the person affected has died, is a child or is otherwise unable to complain because of physical or mental incapacity, a representative may make the complaint on their behalf. There is no restriction on who may act as representative but there may be restrictions on the type of information, we may be able to share with them. We will explain this when we first look at the complaint.

4.4. If a complaint is brought on behalf of a child, we will need to be satisfied that there are reasonable grounds for a representative bringing the complaint rather than the child. If we are not satisfied, we will share our reasons with the representative in writing.

4.5 If at any time we see that a representative is not acting in the best interests of the person affected we will assess whether we should stop our consideration of the complaint. If we do this, we will share our reasons with the representative in writing. In such circumstances we will advise the representative that they may complain to the Parliamentary and Health Service Ombudsman if they are unhappy with our decision.

5. Timescale for making a complaint

5.1 Complaints must be made to us within 12 months of the date the incident being complained about happened or the date the person raising the complaint found out about it.

5.2 If a complaint is made to us after that 12-month deadline, we will consider it if:

- we believe there were good reasons for not making the complaint before the deadline, and

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- it is still possible to properly consider the complaint.

If we do not see a good reason for the delay or we think it is not possible to properly consider the complaint (or any part of it) we will write to the person making the complaint to explain this. We will also explain that, if they are dissatisfied with that decision, they can complain to the Parliamentary and Health Service Ombudsman.

6. Complaints and other procedures

6.1 Our customer service teams are properly supported and trained to identify when a complaint should be handled through a different procedure. This can happen at any stage in the complaint handling process and may include identifying issues that could or should:

- trigger a patient safety investigation
- trigger our safeguarding procedure
- involve a coroner investigation or inquest
- trigger a relevant regulatory process, such as fitness to practice investigations or referrals
- involve a relevant legal issue that requires specialist advice or guidance.

6.2 When another process may be better suited our staff will seek advice and provide clear information to the individual raising the complaint. We will make sure the individual understands and also signpost the individual to sources of specialist independent advice.

6.3 This will not prevent us from continuing to investigate the complaint. We will make sure that the person raising the complaint gets a complete and holistic response to all the issues raised. The only exceptions to this are if:

- the individual requests or agrees to a delay
- there is a formal request for a pause in the complaint process from the police, a coroner or a judge. In such cases the complaint investigation will be put on hold until those processes conclude.

6.4 If the person raising the complaint chooses to refer their matter to a health professional regulator, or if they subsequently choose to, it will not affect the way that their complaint is investigated and responded to.

6.5 If our customer service teams identify at any time that anyone involved in the complaint may have experienced, or be at risk of experiencing, harm or abuse then they will discuss the matter with relevant colleagues and initiate our safeguarding procedure.

7. Confidentiality of complaints

7.1 We will maintain confidentiality and protect privacy throughout the complaints process in accordance with UK General Protection Data Regulation and Data Protection Act 2018. We will only collect and disclose information to those staff who are involved in the consideration of the complaint. Documents relating to a complaint investigation are securely stored on our internal complaint management systems. They are only accessible to staff involved in the consideration of the complaint.

7.1 Complaint learning and outcomes may be anonymised and shared within our organisation and may be published on our website to promote service improvement.

8. How we handle complaints

Making sure people know how to complain and where to get support

8.1 We publish clear information on our website on how people can get advice and support with their complaint by contacting one of our customer service teams or through the [NHS independent advocacy service](#). [Healthwatch](#) can also help find independent NHS complaints advocacy services in local areas.

What we do when we receive a complaint

Acknowledging a complaint

8.2 Complaints can be made to us in person, by telephone, in writing or by email. We will acknowledge a complaint within three working days of receiving it. This can be done in writing, electronically or verbally. We will also discuss with the person making the complaint how we plan to respond to the complaint.

We will consider all accessibility and reasonable adjustment requirements of people who wish to make a complaint in an alternative way. We will record any reasonable adjustments we make on our internal complaint management systems.

Focus on early resolution

8.3 When we receive a complaint, we are committed to making sure it is addressed and resolved at the earliest opportunity. Our staff will aim to contact you in up to 10 working days over the telephone, or in writing (by email or letter) in line with the individual circumstances.

8.4 We will capture a summary of the complaint and how we resolved it on our internal complaint management systems. This will make sure we build up a detailed picture of what people experience when they use our services.

A closer look into the issues

8.5 While we strive to resolve complaints promptly, some cases require a more in-depth investigation to establish what happened and what should have happened. Our aim is to complete all complaint investigations within 18 working days. If additional time is required, we will inform you from the outset and provide a realistic timescale.

If there are any delays in the investigation, the Customer Services Team will send a holding letter explaining the reason for the delay and the expected timeframe for completion. They will continue to oversee the case until it is fully resolved, and a final response is issued.

Referral to the Ombudsman

8.6 We will always try and resolve your complaint to your satisfaction. In every complaint response we will also signpost to the Parliamentary and Health Service Ombudsman, if you remain dissatisfied with the outcome of your complaint. The PHSO is a free service who make final decisions on complaints that have been resolved by the NHS in England. Further details can be found at www.ombudsman.org.uk or by calling 0345 015 4033.

Multiple teams or services

8.7 If your complaint involves several services across the organisation or another organisation, separate from NHS Blood and Transplant, our customer services teams will make sure the person who raised the complaint is kept involved and updated throughout the investigation process. They will also make sure that the individual receives a single, joint response in a realistic time frame.

9. Monitoring, demonstrating learning and data recording

9.1 We expect all staff to identify what learning can be taken from complaints, regardless of whether mistakes are found or not.

9.2 On our internal complaint management systems we maintain a record of:

- each complaint we receive
- the subject matter
- the outcome
- whether we sent our final written response to the person who raised the complaint within the timescale agreed at the beginning of our investigation.

9.3 To measure our complaint handling and timescales for responding to all complaints and our delivery of the NHS Complaint Standards, we seek feedback on our service by:

- Sending a complaint handling survey to people who have made a complaint about blood donation
- Providing support to staff who have been specifically complained about
- Providing regular complaint performance reports to staff who carried out the investigation.

9.4 We monitor all feedback and complaints over time, looking for trends and risks that may need to be addressed and report on these on a monthly, quarterly and half yearly basis.

In keeping with the 2009 Regulations section 18, as soon as practical after the end of each financial year, we will produce and publish a report on our complaint handling. This will include how complaints have led to a change and improvement in our services, policies or procedures.

10. Support for Staff

10.1 We ensure that all staff involved in handling complaints receive appropriate training, resources, support, and sufficient time to investigate and respond effectively, in line with the NHS Complaint Standards (2023). This includes training on managing challenging conversations and behaviours.

10.2 Staff who are the subject of a complaint will be informed and provided with guidance on available support, both within the organisation and externally through our Employee Assistance Programme.

10.3 Staff involved in a complaint will always have the opportunity to share their perspective, and their input will be considered if new information emerges. Investigators will conduct their inquiries with openness, transparency, and empathy, ensuring staff are kept informed throughout the process. They will also explain how any comments or statements provided will be used and share any final written response with the staff involved.

Appendix 1 - Roles and responsibilities

The roles and responsibilities of staff within our organisation, when dealing with complaints, are set out below. Regulations 4(2) and 4(3) of the 2009 Regulations allow us to delegate any complaint handling function to relevant staff where appropriate.

	Responsibility
The Chief Executive The Chief Nursing Officer	<p>Has overall responsibility for making sure we:</p> <ul style="list-style-type: none">• comply with the 2009 and 2014 Regulations• comply with the NHS Complaint Standards and this procedure• take any necessary remedial action.• report annually on how we learn from complaints. <p>Also responsible for:</p> <ul style="list-style-type: none">• signing the final written response to the complaint (unless delegated to an authorised person, such as the Head of a specialist service.
Assistant and Deputy Directors	<p>Are responsible for:</p> <ul style="list-style-type: none">• overseeing complaints and the way we learn from them• overseeing the implementation of actions required because of a complaint, to prevent failings happening again• contributing to complaint investigations• deputising for the Responsible Person, if authorised. <p>They retain ownership and accountability for the management and reporting of complaints. They are responsible for preparing, quality assuring or signing the final written response. They should be satisfied that the investigation has been carried out in accordance with this procedure and guidance, and that the response addresses all aspects of the complaint.</p> <p>They review the information gathered from complaints regularly (at least quarterly) and use this to consider how services could be improved, or how internal policies and procedures could be updated. They report on the outcomes of these reviews via the organisation's governance structure.</p> <p>They are also responsible for making sure complaints are central to the overall governance of the organisation. They make sure staff are supported both when handling complaints and when they are the subject of a complaint.</p>

Customer Service functions	<p>Is responsible for overall day-to-day management and oversight of procedures for handling complaints and the teams that deliver those services.</p> <p>Working with senior managers across the organisation they will upload and assign cases to identify the areas of concern and agree and record remedial action to improve services.</p>
Assignee	<p>Assigned to oversee and co-ordinate the investigation of the complaint and the response to the complaint, by the customer services function.</p> <p>If needed, they seek out support and input of others. They make sure the information and responses they receive from the person making the complaint, and from staff being complained about, clearly addresses all the issues raised.</p> <p>They are trained in investigative techniques. Where possible they are also trained in advanced dispute resolution skills. This enables them to seek a mediated resolution to the concern or complaint at any time during the investigation of the issues.</p>
All staff	<p>We expect all staff to proactively respond to our donors, patients and their representatives and support them to deal with any complaints raised at the 'first point of contact'. We will provide training so they can do this in a sensitive and empathetic way. This includes making sure people are aware of our local independent advocacy provider and/or national sources of support and advice.</p> <p>We expect all staff to listen, provide an answer to the issues quickly, and capture and act on any learning identified.</p>