Policy Document

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University Hospitals of North Midlands NHS Trust

Handling Complaints and Concerns

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Policy Author:	**Associate Chief Nurse – Quality and Safety**
Executive Lead:	**Chief Nurse**

Version Control Schedule

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10	September 2020	There have been minor amendments to include the DATIX verbal complaint process within the policy, and working groups that have had their titles changed. The timescales for escalation have been made clearer, and some unnecessary appendices have been removed.
11	June 2021	

Statement on Trust Policies

The latest version of 'Statement on Trust Policies' applies to this policy and can be accessed here

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1. INTRODUCTION

Feedback/comments on services provided, suggestions for improvement, and complaints when services fail to satisfy the user, are actively sought by the Trust. They are seen as a means of identifying and rectifying errors or faults and enhancing the quality of the service. Complaints should therefore, be seen in a positive light, as an opportunity for improvement. This Policy has been formulated in order that all Trust staff may be aware of what constitutes a complaint, and the actions which should be taken when a complaint is received.

Prior to 1st April 2009 there were two different processes for handling complaints related to health and social care services. These processes differed in stages and timescales; investigations were also carried out in different ways. Many people use services which cross health and social care boundaries. If problems arose, it was hard for people to know who to go to and difficult for different services to respond jointly.

The Government wished to make it simpler for people to complain about their experiences of using health and social care services. In the White Paper, Our health, our care, our say (January 2006), the Department of Health set out its commitment to develop a single system across health and social care by 2009 that would 'focus on resolving complaints locally with a more personal and comprehensive approach to handling complaints' (Page 160).

In September 2006, the National Health (Complaints) Amendment Regulations 2006 came into force which imposed a reciprocal duty on NHS organisations and local authorities to co-operate and to provide a co-ordinated response to the complaint.

In June 2007 the Department of Health launched a public consultation, 'Making Experiences Count' (MEC) and new regulations were passed by Parliament in February 2009 (Statutory Instrument No 309) to take effect on 1st April 2009.

In December 2009 the Care Quality Commission published their essential standards of Quality and Safety, setting out what Providers should do to comply with section 20 regulations of the Health and Social Care Act 2008. This policy takes into account the requirements set out within Outcome 17 of the Act.

The policy also takes into account the minimum standards set out within the NHSLA Risk Management Standards 2010/11.

In reviewing this policy the Trust has taken into account lessons learnt following the inquiry into the care provided by other healthcare organisations which found that the poor experiences of patients and their families were not taken into account in the delivery of safe and effective services. The University Hospitals of North Midlands is committed to ensuring that feedback from patients, service users and staff are an integral component in the planning, delivery and continuous improvement of its services.

This Policy and Procedures for the handling of complaints is entirely separate from the Trust's Disciplinary Procedures. Its purpose is not to apportion blame amongst staff but to investigate complaints to the complainant's satisfaction while being scrupulously fair to staff. Any matter referred for disciplinary proceedings ceases to be covered by this Policy.

An "Equality Impact Assessment" has been undertaken and no actual or potential discriminatory impact has been identified relating to this document.

2. POLICY STATEMENT

As referenced in the NHS Constitution patients and/or their representatives have the right to:

- have any complaint made about NHS services dealt with efficiently and to have it properly investigated,
- know the outcome of any investigation into their complaint,
- take their complaint to the independent Parliamentary Health Service Ombudsman (PHSO) if they are not satisfied with the way their complaint has been dealt with by the NHS,

- make a claim for judicial review if they think they have been directly affected by an unlawful act or decision of an NHS body.

The NHS commits to:

- ensure the patient/representative is treated with courtesy and receive appropriate support throughout the handling of a complaint and feel assured that the fact that a complaint has been made will not adversely affect the future treatment of the patient,

- when complaints happen, to acknowledge them, apologise, explain what went wrong and put things right quickly and effectively,

- ensure that the organisation learns lessons from complaints and uses these to improve NHS services.

The Policy of the Trust is to ensure:

- that responses to complaints are outcome-based and focus on achieving the best possible results for complainants, by providing the answers and explanations that complainants need to help them understand if, when and how something went wrong or why something happened that they perceived to be wrong, Such investigations allow the Trust an opportunity to address issues and improve services for others.

- that complaints are responded to promptly, avoiding unnecessary delays, keeping the complainant regularly informed about progress,

- that the barriers which could prevent or inhibit service users from expressing dissatisfaction with the service are removed,

- that complainants are aware of their right to refer their complaint to the Parliamentary Health Service Ombudsman (PHSO) if they are not satisfied with the Trust's response to their complaint,

- That all staff are aware of the Trust's Policy and Procedures for the handling of complaints and that these are followed uniformly across the Trust,

- That feedback and lessons learned from complaints are used to improve service design and delivery all across the Trust.

3. SCOPE

This policy applies to all disciplines of staff across the Trust but the degree of responsibility will vary throughout the organisation.

4. DEFINITIONS

Complaints
A complaint can be defined as an expression of discontent which requires a response. It is a generic term for any sort of complaint, raised either orally or in writing by people using health/social care services.

First contact resolution of a complaint
This is defined as a complaint which is made orally and is resolved to the complainant's satisfaction not later than the next working day after the day on which the complaint was made. These complaints are not reportable under The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 but should be recorded electronically on DATIX for monitoring purposes.

DATIX
DATIX is the organisation's risk management software which is used for the recording and reporting of

Adverse Incidents, Complaints, and Claims, PALS, FOI (Freedom of Information) requests, Inquests and organisational risks.

Patient Advice and Liaison Service (PALS)
PALS provides support to patients, carers and relatives, representing their view and resolving local difficulties on-the-spot by working in partnership with Trust staff. In addition to helping resolve patients' concerns quickly and efficiently, and improving the outcome of care in the process, PALS provide information to patients to help make contact with the NHS as easy as possible. There are Information boards regarding the PALS service in clinical and non clinical areas throughout the Trust.

Complaints Advocacy Service
Complaints Advocacy Services help individuals to pursue complaints about the NHS, ensuring that complainants have access to the support they need to articulate their concerns and navigate the complaints system, thereby maximising the chances of their complaint being resolved more quickly and effectively at a local level. The Complaints Advocacy Services will determine the level of service required according to complainants' needs. As well as providing advice the service provides advocacy in terms of writing letters and attending meetings to speak on the complainant's behalf.

Patient Information 'Compliments, Concerns and Complaints' is a leaflet, produced by the Trust which encourages patients, relatives and visitors to share their experiences whether positive or negative. The leaflet contains information about how to raise concerns at ward and department level, how to contact PALS and how to escalate complaints if they have not been resolved. Copies of the leaflet should also be available in areas around the Trust for patients/visitors etc. to review, as required

'Making a Complaint' is a leaflet designed to guide a complainant through the complaints procedure. Each complainant should be provided with a copy of this leaflet when a formal complaint is made and acknowledged. This leaflet focuses on what the complainant can expect from the Trust, how to obtain support from the NHS Complaints Advocacy Service and how to contact the Parliamentary Health Service Ombudsman (PHSO)

5. ROLES AND RESPONSIBILITIES

5.1 Chief Executive/Associate Directors/Divisional Senior Management Teams

The Chief Executive has overall responsibility for the management of complaints and, together with the Trust Board, Associate Directors and Divisional Senior Management Teams, is responsible for ensuring that lessons are learnt and the standard of care and treatment afforded to patients, carers and relatives is improved following the investigation of a complaint. They are also responsible for ensuring that this policy is implemented in an effective and timely manner across the organisation.

5.2 Executive Complaints Manager

The role of the Executive Complaints Manager is fulfilled by the Chief Nurse who reports directly to the Chief Executive in all matters relating to the implementation of the Trust's Policy and Procedures for handling complaints.

5.3 Head of Patient Experience

The role of the Trust's Head of Patient Experience is to;

a. Identify trends.
b. Discuss analysis at Patient Experience and involvement meetings.
c. Supply complaint reports to specific groups e.g., Quality & Safety Oversight Group Trust Executive Committee.

5.4 Associate Chief Nurse/Professional Head of Clinical Service

The Associate Chief Nurse/Professional Head of Clinical Service is responsible for ensuring:

a. effective complaints management within their Division and for providing clinical support to investigations,
b. that all nursing/midwifery / AHP staff receive training in complaints management,
c. That a process is in place which encourages patients to provide feedback prior to discharge from hospital.

5.5 Directorate Managers

Directorate Managers are responsible for overseeing and monitoring the management of complaints within their Directorate, nominating leads to liaise with the Corporate Complaints Team in providing information, support and assistance throughout investigations. Directorate Managers must ensure there is a robust system in place for the Directorate teams to regularly review complaints with the Patient Experience Advisors which will include updates on the status of recommendations.

5.6 Operational Complaints Manager

The Operational Complaints Manager will oversee the complaints process supporting the Head of Patient Experience and manages the day-to-day activity of the Corporate Complaints Team. Ensuring response letters for signature, prepared by the central complaints team; are delivered in a timely and accurate way, ensuring a sensitive and high quality written response is sent to families/service users. Assists in the processes that ensure the department and the Trust achieve statutory standards such as Care Quality Commission and NHSLA requirements.

5.7 Patient Experience Advisors (Lead Investigating Officers)

Patient Experience Advisors report to the Operational Complaints Manager and are responsible for investigating complaints in line with Trust policy, ensuring that all appropriate actions are taken to achieve local resolution, which includes the writing of reports, deadlines and completion dates and agreeing recommendations and action plans with the Directorate Teams. The Corporate Complaints Team will ensure that DATIX is updated and all complaint documents are uploaded.

5.8 Complaints Administrator

The Complaints Administrators report to the Operational Complaints Manager and administer the complaints system, in accordance with Trust policy.

5.9 Patient Advice & Liaison Service (PALS) staff

The PALS team report to the Quality Improvement Facilitator and are responsible for ensuring that all complaints /concerns received into the PALS department are dealt with proactively, ensuring fast and effective resolution of patient concerns.

5.10 Front Line Staff

Front line staff have a responsibility to manage, and where possible resolve, verbal complaints, in line with Trust policy and to distinguish those serious issues that, even if raised verbally, need to be brought to the attention of senior managers within the organisation, for example where they raise patient safety issues.

5.11 Independent Reviewers (Internal & External)

Independent Reviewers (internal) have the responsibility of considering a complaint, outside of their own area, where the initial investigation has failed to resolve the complaint to the complainant's satisfaction. Independent review may be undertaken outside of the Trust (external), if it is felt that an internal review would not offer a true independent opinion or if the complainant rejects an internal independent review.

5.12 Senior Clinicians

Senior clinicians have a responsibility to co-operate in the investigation of a complaint relating to treatment provided by them or one of their team, including meeting with complainants, if requested. They also have a responsibility to provide their opinion on treatment provided by a clinician outside their team, if necessary.

5.13 All Employees

All employees have a responsibility to abide by this policy, including procedural guidance in Appendix A and any decisions arising from the implementation of it.

6. TRAINING

In accordance with the Trust's Training Needs and Analysis, training on the management of complaints is delivered, dependent on the needs of each job role (See Policy HR53). All training records should be held in the staff personal record, ideally within ESR.

Training compliance target of 90% will be reported in the monthly complaints report which is presented at the Patient Experience Group.

7. MONITORING AND REVIEW ARRANGEMENTS

The process for monitoring compliance with this policy is as follows:

- Duties, including process for listening and responding to concerns/complaints. The Corporate Complaints Team will monitor compliance with the standards on an ongoing basis. Where concerns with the handling of a complaint are identified, these will be flagged up to the Associate Chief Nurse/Professional Head of Clinical Service and, where appropriate, the Chief Nurse.

- Where joint investigations are undertaken, the process will be monitored by the Complaints Administrator at UHNM, alongside the appropriate Complaints Manager in the other organisation(s).

- In addition Complaint Survey forms (Appendix J) will be sent to everyone raising a formal complaint at the Trust. These will be used to annually monitor how their complaint was handled, including ensuring that patients are not treated differently as a result of their complaint. The findings will give a corporate overview of how well the Trust is managing its complaints from the complainant's perspective and will be included in the quarterly and annual Patient Experience Reports. These reports will also monitor the process by which improvements are made as a result of concerns/complaints being made.

- In accordance with Care Quality Commission regulations, an annual report will be submitted to the Care Quality Commission.

- The Performance Report will also be used to monitor the time frames for responding to complaints.

- Where the monitoring identifies deficiencies, divisions are responsible for ensuring that this is included in their local risk register with an action plan to address any shortfalls.

Additional means by which this policy is monitored include the following:

- There must be a record of all complaints made to the Trust. All complaints must be entered onto DATIX which should be maintained both centrally and within each division.

- There should be regular monitoring of the incidence and the handling of complaints both centrally and within the divisions.

- The Chief Executive and/or the Chief Nurse may, at any time, initiate a formal review of the overall investigation, management and outcome of a complaint.

- Divisional Senior Management should ensure that all actions identified from a complaint are implemented, monitored and completion dates achieved.

- Complaints Management will be monitored via the Directorate Monthly Performance reviews.

- A summary of complaints is included in the Quality Report and issues discussed at the Clinical Quality Meeting as required.

Information contained in the reports should be anonymised to ensure patient/complainant confidentiality.

RM02 Policy and Procedure for Handling Complaints Monitoring Table					
Aspect of compliance or effectiveness being monitored	Monitoring method	Individual or department responsible for the monitoring	Frequency of the monitoring activity	Group/committee/ forum which will receive the findings/monitoring report	Committee/ individual responsible for ensuring that the actions are completed
duties	Datix	Line Manager	As exception	Divisional Governance Group	Divisional Governance Group
process for listening and responding to concerns/complaints of patients, their relatives and carers	An audit of a random selection of closed complaint files against a number of standards (appendix B)	Complaint Manager/Head of Patient Experience	Quarterly	Patient Experience Group	Patient Experience Team
process for ensuring that patients, their relatives and carers are not treated differently as a result of raising a concern/complaint	Complaints Satisfaction Surveys	Quality, Safety and Compliance Department	Monthly	Patient Experience Group	Patient Experience Team
process by which the organisation aims to improve as a result of concerns/ complaints being raised	Complaints	Patient Experience Department	Quarterly	Patient Experience Group	Patient Experience Group

The policy will be reviewed in 3 years to ensure that it remains relevant.

8. REFERENCES

Department of Health ‘Our health, our care our say: making it happen’ (October 2006)
National Health (Complaints) Amendment Regulations 2006
Department of Health ‘Making Experiences Count’ (February 2008)
Statutory Instrument 2009 No. 309, the Local Authority, Social Services and National Health ServiceComplaints (England) Regulations 2009.
NHS Core Standard C14
NHS Confidentiality Code of Practice (gateway reference 1656)
Freedom of Information Act
The NHS Constitution (21 January 2009)

Appendix A

PROCEDURAL GUIDANCE WHEN MANAGING A COMPLAINT

Time limit on initiating complaints

A complaint should be made as soon as possible after the action giving rise to it. The time limit for making a complaint will be within 12 months from the date the matter occurred or the matter came to the notice of the complainant. There is discretion to investigate beyond this, if there are good reasons for a complaint not having been raised sooner, e.g. bereavement, and it is still possible for the Trust to investigate the complaint effectively and fairly.

Principles on which the policy is based

It is the right of every health service user to bring to the attention of Trust management aspects of their care and treatment about which they are unhappy. All staff must be aware of an individual's right to comment on the standards of service provided by the Trust and must therefore be familiar with the Trust's policy for dealing with complaints.

Any complaints system should be simple, easy to understand and as devoid of bureaucracy as possible, while ensuring that it is effective in responding to the satisfaction of complainants.

Service users, regardless of their position in society, age, race, language, gender, sexuality, literacy level or physical or mental ability should be able to register a complaint.

At all times NHS staff should treat patients, carers and visitors politely and with respect. However, violence, racial, sexual or verbal harassment of staff will not be tolerated. Neither will NHS staff be expected to tolerate language that is of a personal, abusive or threatening nature.

All complaints should be taken seriously regardless of how trivial they may appear to the recipient of the complaint.

Responses to complaints must address the substance of the complaint with the aim of satisfying the complainant.

In the case of verbal complaints, front-line staff should be empowered to resolve complaints at source.

Complainants should be involved from the outset and Investigating Officers should seek to determine what complainants are hoping to achieve from the process. The complainant should be given the opportunity to understand all possible options for pursuing the complaint and should be kept informed

Both complainant and anyone complained against must feel that any investigation carried out has been impartial and that all points of view have been listened to and judged fairly.

Respondents should be willing to accept the validity of the complainant's point of view, even if they do not share it; to give an explanation of events and apologise if appropriate.

Complainants must be assured that the fact that they have made a complaint will not jeopardise their care or treatment in the future. Concerns regarding discrimination in relation to treatment as a result of raising a concern or complaint will be highlighted to the Trust through the questionnaire which is issued to all complainants following completion of a complaint.

Complaints should be viewed as opening up opportunities for quality enhancement and, therefore, should be responded to positively rather than reacted against negatively.

General guidelines

- All complaints, whether they are received within divisions or centrally, must be checked on receipt.

- Ensure response letters for signature, prepared by the central complaints team; are delivered in a timely and accurate way, ensuring a sensitive and high quality written response is sent to families/service users Against the criteria for referral to the Chief Executive (See Section 4). If referral is required, immediate action must be taken.

- To ensure that the complaint does not indicate that a service user, patient or member of staff is at immediate risk. If the service user, patient or member of staff is at risk, action must be taken without delay to ensure their safety.

- Actual or intended litigation should not be a barrier to the processing or investigation of a complaint at any level and the duties of the system to respond to complaints should be regarded as entirely separate from the consideration of litigation. The Centralised Complaints Team will liaise with the Medico-Legal Team as required.

- As to whether the complaint has been made within the timescale for making complaints.
- As to whether the complaint concerns have been referred to the appropriate Directorates or Trust with responsibility or jurisdiction. If this is not the case, the complaint should be returned to the Complaints Administrator for appropriate re-direction.

- To see whether the complaint has been sent by a third party. The actions set out in Section 6.10 must be taken in the case of third party complaints.

The principle of confidentiality must be respected throughout.

The complained against, as well as the complainant, should be kept informed of the progress of complaint investigations and be made aware of the outcome. The final draft response to complainants must be shared with the complained against .

Complete and accurate records must be kept throughout the investigation of complaints. A complaint file has the same status as any other created by a healthcare organisation. It is a public record; its contents are confidential and should be maintained to an appropriate standard. All records/correspondence must be dated and kept on file electronically, using the Complaints Module of the Trust's Risk Management System (DATIX). Electronic and paper records should be kept separate from the patient's health records, for 10 years after the resolution of the complaint in line with the Information lifecycle and Corporate Records Management Policy.

If investigation of a complaint reveals a possible need for disciplinary action against staff at any point in the investigation, the matter must be referred at once by the appropriate manager to the Chief Nurse who, if appropriate, will liaise with Human Resources and any other relevant professional lead. If disciplinary proceedings are to be initiated, then the complaints process and the matter should be taken forward under the Trust's Disciplinary Procedures. The complainant and complained against should be advised accordingly. Relevant information gathered in investigating the complaint may be handed over for the purpose of the disciplinary investigation. However, if any part of the complaint is not the subject of the disciplinary proceedings, proceedings under this Policy may continue for that part of the complaint.

The Complaints Administrator will ensure that a check takes place to establish if there has been a previous Adverse Incident Report or Request for Disclosure, related to the complaint.

If investigation of a complaint reveals an unreported adverse incident, the matter must be referred at once by the appropriate manager to the Quality Safety and Compliance Department.

For complainants who have difficulty communicating, or for whom English may not be their first language, the Trust has access to a range of services to facilitate understanding. These can be accessed by contacting the Complaints Administrator or PALS service.

The fact that a death has been referred to the Coroner's Office does not mean that the Trust cannot carry out a complaint investigation. Any investigations involving the Coroner must be signed off by the Chief Executive. The Complaints Administrator should liaise with the Coroner's Office and forward a copy of the report to the Coroner on completion of the investigation, if requested to do so, and advise the complainant of this.

The NHS complaints procedure does not cover complaints about private medical treatment, provided in an NHS setting but it does cover any complaint made about an NHS body's staff or facilities relating to care in their private pay beds.

The Trust is committed to providing safe and effective care for patients and individual employees have a right and duty to raise any concerns. This policy should be read in conjunction with the Trust's Whistleblowing Policy (HR30) which has been drawn up to provide an avenue for staff to raise issues of concern and to protect patients from harm.

The Chief Nurse should be notified immediately of any concerns arising from a complaint which require referral to professional regulatory bodies, the police, the coroner, or protection agencies (vulnerable adults and children).

IF YOU ARE UNSURE HOW TO DEAL WITH A COMPLAINT, INVOLVE YOUR LINE MANAGER/DIRECTORATE MANAGER.

Stages of Complaint

Stage One (Local Resolution)

When those providing the service are able to resolve the complaint to the complainant's satisfaction, within the Trust's complaints procedures.

Stage Two (Parliamentary Health Service Ombudsman) (PHSO)

When the complaint is not resolved at Stage 1 and the complainant takes up the option to refer the case for review by the PHSO. The Ombudsman is independent of the NHS and the Government and derives their powers from the Health Service Commissioners Act 1993.

1. Stage One – Local Resolution

A complaint may be made verbally or in writing (including electronically).

1.1 Verbal Complaints

Verbal complaints can be made face to face or by telephone. If a telephone complaint is received out of hours this should be referred to the relevant Senior Manager. In the absence of such a manager the complaint should be referred to the Site Manager on duty or on call manager.

The member of staff receiving the complaint should listen courteously to what the complainant has to say and should identify the issues of concern and the outcomes expected by the complainant. These should be recorded on DATIX by completing the verbal complaint form (located in additional forms within the module) If the complainant does not wish to discuss their concerns over the telephone they should be offered the opportunity of a face to face meeting.

The member of staff should apologise if appropriate, and seek to resolve the complaint immediately if at all possible. If the complaint is resolved at first contact (by the end of the next working day), the member of staff should update Datix Verbal Complaint Form

In the case of a clinical complaint, the relevant consultant, senior nurse, midwife or allied health professional must be contacted without delay. The offer of a meeting with a clinician at this stage may resolve the complaint.

When verbal complaint is received by a member of the PALS team, the PALS officer will record the information directly onto DATIX and if resolved at first contact will update and close the DATIX file.

If it is not possible for the PALS officer to feedback to the complainant by the end of the next working day, for example because the member of staff has to obtain information from another source which cannot be provided immediately, the PALS officer will agree a timescale and respond as agreed. This should be no longer than 8 working days, with the Divisional Management having a maximum of 5 working days to respond to PALS. The PALS officer will update the DATIX file and close the complaint. Follow up on implementation of any recommended actions will be undertaken by the Division in which the complaint occurred.

If the PALS officer is unable to resolve the complaint within the maximum agreed 8 working days timescale they should update DATIX and escalate to the relevant divisional manager for support in obtaining a response. The PALS officer will inform the complainant of the reasons for the delay, and discuss with them whether they are happy for their concern to continue to be managed through the PALS process or whether they would prefer to escalate to a formal complaint. This request must be documented in the progress notes of the case by the PALS officer

If the complainant is verbally or physically abusive the matter should be escalated up to the Divisional Nurse/Professional Head of Clinical Service, Associate Director, Chief Nurse, as necessary, for discussion re the management of the case.

1.2 **Written complaints**

Written complaints can be received by letter, or electronically. All written complaints should be forwarded to the Corporate Complaints Team who will acknowledge receipt of the complaint and open a file within DATIX.

The Corporate Complaints administrators will allocate the complaint to a Patient Experience Advisor to act as the lead complaints investigator. The Corporate Complaints team will forward the complaint to the relevant Directorate. The Directorate will review the complaint and allocate a directorate lead to liaise with the Patient Experience Advisor in the investigation of the complaint in conjunction with the Matron as required for clinical input to the complaints process.

2. The Investigation

The Patient Experience Advisor (lead investigating officer) should assess the seriousness of the complaint using the Risk Matrix (Appendix C). The complaint should be categorised using the information contained in the written complaint or the information provided as part of the verbal complaint.

The Trust aims to resolve formal complaints within 40 working days of receipt. Should the Patient Experience Advisor believe that this is not a realistic timescale, given the number/complexity of issues, they may use the investigation timescale scoring matrix (Appendix D) to determine a more appropriate timescale, using the information contained in the written complaint or the information provided as part of the verbal complaint.

Unless exceptional circumstances prevent, the Patient Experience Administrators should acknowledge receipt of the complaint in writing within 3 working days. The Patient Experience Advisor should then produce a complaints plan/letter by contacting the complainant and confirming with them the issues of concern and the outcomes expected by them and agree a timescale and preferred format for response, including the offer of face to face meeting if preferred by the complainant (The offer of a meeting must be supported by the Trust at all times). This information will be recorded on DATIX on a Complaints Plan letter (Appendix E). On completion of the Complaints Plan, the Patient Experience Advisor should notify the Complaints Administrators who will send a copy of the Complaints Plan to the complainant together with a copy of the Trust's complaints leaflet, Making a Complaint, and consent form, if appropriate. This includes information on the services provided by the NHS Complaints Advocacy Service.

If the complainant does not wish to discuss their concerns over the telephone they should be offered the opportunity of a face to face meeting. If the Patient Experience Advisor is unable to contact the complainant by telephone or the complainant does not wish to discuss the complaint with the Patient Experience Advisor either over the telephone or in a face to face meeting, the Patient Experience Advisor will determine the response period. The Patient Experience Advisor should notify the Complaints Administrators who will send the Complaints Plan letter to the complainant as above.

Complaints received from a third party such as an, MP, GP or solicitor still require the completion of a complaints plan.

Any communication by email must be with the consent of the complainant. Consent should not be implied if the complainant's first contact is by email, consent should be confirmed with the complainant. Caution must be exercised regarding the sensitivity around emailing of reports and confidential information. See appendix

The investigation should be managed discreetly and confidentially in a manner appropriate to resolve it speedily and efficiently. Any meetings with staff should be in private, written notes of the discussion should be taken or taped recorded, agreed by all parties and a copy retained in the electronic complaint file. Telephone conversations should not take place in public places, and records concerning complaints should be stored in such a way that only those with a need to know have access. Correspondence should be conveyed electronically, where possible. In cases where this is not possible correspondence should be in sealed envelopes marked "Private and Confidential".

The Patient Experience Advisor should liaise with the directorate leads/Matrons in writing to the ward/department manager and to any other relevant parties enclosing a copy of the complaint or extract, as appropriate, asking for the individual's comments. The Patient Experience Advisor or directorate lead/Matron may consider it more appropriate to meet with the staff concerned to obtain a statement or to clarify events. It is also useful to make it clear to those members of staff being asked to make a statement, exactly which elements of the complaint they need to answer. Statements should either be typed or neatly hand written, stating the individual's name, position and the date the statement was written.

The Patient Experience Advisor should ensure that staff understand the procedure to be followed and offer support and guidance, if necessary. Staff should also be made aware that they can request professional support from their line manager or staff side representative if necessary.

If the Patient Experience Advisor encounters difficulties obtaining a statement from a member of staff this should be escalated up to the Associate Chief Nurse/Professional Head of Clinical Service/Clinical Director/Head of Department as appropriate, (see escalation flow chart Appendix F). It is anticipated that 10 working days is a reasonable timeframe for statements to be submitted.

If the complaint surrounds clinical issues, the Investigating Officer should involve the Associate Chief Nurse/Professional Head of Clinical Service/Clinical Director/Head of Department or other professional lead, as appropriate, in the investigation.

As part of the investigation the Investigating Officer should review relevant Trust policies to ascertain whether the care/service complained about was in line with established standards.

The Patient Experience Advisor should telephone/write to relevant members of staff who have left the Trust, if contact details are available, and ask for their comments. The member of staff is not legally obliged to respond although they should be encouraged to do so under their duty of continuing care.

Clinicians (not only doctors) are given the opportunity within a 5 working day period to agree any response which refers to matters of clinical judgement and, in the case of medical care, by the patient's consultant prior to being fed back to the complainant. This should be completed during the sign off process. (If nil response is received during this time the complaint response will proceed to the next level of sign off)

The Patient Experience Advisor, in liaison with the Associate Chief Nurse/Professional Head of Clinical

Service/Department Manager, and Chief Nurse may seek advice, where appropriate, from independent experts (clinical and otherwise) from both within and outside the Trust.

The Patient Experience Advisor should keep the complainant informed of the progress of the investigation. Divisions should establish a 'bring forward' system whereby they automatically monitor the time taken to investigate the complaint in support of the Patient Experience Advisor. The Complaints Administrator will work alongside the Patient Experience Advisor to ensure timescales are met. If it is clear that the deadline cannot be met the Patient Experience Advisor or nominated administrator should contact the complainant, apologise for/explain the reason for the delay and agree an extension which should be documented with the rationale for any delay. The Complaints Administrators will update DATIX.

When the investigation is complete this should be signed off prior to feedback being given to the complainant. All responses should be signed off by the Chief Executive/Deputy. (See sign off flowchart Appendix G) Feedback should be given to the complainant as agreed in the Complaints Plan. Verbal feedback (telephone or meeting) should be followed up in writing, unless the complainant indicates that they do not wish to receive a written record. The complainant should be given the opportunity to contact the Patient Experience Advisor should they be dissatisfied with the response or require clarification.

The Chief Nurse will intervene if the submission of a final response for the Chief Executive's signature is unreasonably delayed. She may involve the Associate Director/Clinical Director in reviewing the cause of delay.

If a response is not sent to the complainant within a reasonable timescale, a telephone call must be made to the complainant or a letter sent from the relevant Patient Experience Advisor explaining the reasons for the delay and the response should be sent as soon as is reasonably practicable thereafter.

The Complaints Administrators will send a Complaint Survey form (Appendix I) to each complainant after completion of the investigation. The purpose of this contact is to ascertain whether the response has resolved the complaint to the complainant's satisfaction and to elicit suggestions for improvement.

3. Learning from Complaints

The Trust will use any comments, compliments, concerns and complaints received to:

- Identify what is working well through compliment trends – share good practice.
- Help identify potential service problems through trends in concerns raised – early warning system
- Highlight potential system failure and or human error – identify need for improvement
- Provide the information required to review services and procedures effectively – respond to requests for patient experience data for service reviews/evaluations

The Trust records, within the complaint file front sign off sheet, whether or not the complaint has been upheld, partially upheld or not upheld so that learning can be focused on where there have been service failures of any kind. The rational for the decision should also be explained.

At the end of each investigation, if shortfalls have been highlighted recommendations will be developed and an individual action plan generated. The action plan should be updated as and when the actions are completed. Divisional Senior Management should share any issues that have Trust wide implications with the Corporate Clinical Governance Team.

Where a complaints investigation has highlighted that a patient has been caused harm this should be recorded on DATIX retrospectively if not reported at the time of the incident.

A summary of lessons learnt arising from complaints investigations will be included in the Quality & Safety and Patient Experience reports. These are reported at a corporate level to the Quality and Safety Oversight Group and locally within divisional Clinical Governance Groups to ensure that lessons are shared as widely as possible.

The Patient Experience Advisor should feedback the outcome of the investigation to the staff involved.

The Patient Experience Advisor should review the Risk Assessment (Appendix C) made on receipt of the complaint, based on the results of the investigation and re-categorise as necessary.

4. Complaints involving more than one organisation

A local agreement is in place across Health and Social Care for complaints involving more than one organisation. The Complaints Administrator will be responsible for co-ordinating this process.

5. Action to be taken when the complainant is not satisfied

In those situations when complainants are not satisfied with the response made by the Trust to their complaint, the Patient Experience Advisor or Complaints Administrator should contact the complainant to identify why the complainant is dissatisfied, what issues have been resolved, what issues remain outstanding and the expected outcomes. The Complaints Team will then review the outstanding issues and the action taken so far to resolve the complaint and identify an appropriate course of action. The Patient Experience Advisor or Complaints Administrator should then contact the complainant again to agree the proposed course of action, and timescale.

The following actions may be explored in order to affect resolution:

- Further investigation by the Patient Experience Advisor

- Meeting with Trust representatives
  - Any meeting with complainants should be in line with Trust protocol

- Mediation/Conciliation
  - Mediation/Conciliation is a method of facilitating a dialogue to resolve an issue. It is an intervention whereby a third party helps the parties to reach a common understanding. It gives space to resolve issues, preserve on-going relationships and time to defuse or calm heightened situations. The Chief Nurse may consider the use of mediation/conciliation in the resolution of a complaint.

- Independent review by internal/external reviewer

The Patient Experience Advisor should make every effort to resolve the complaint locally.

On completion of the further work a written response should be sent to the Complainant, signed off by the Chief Executive, which should again invite the complainant to refer back to the Investigating Officer, should they require further clarification or remain dissatisfied.

If the complainant does not wish the Trust to investigate the complaint further, or if the Division believe that all avenues for local resolution have been exhausted, the complainant should be reminded of their right to ask the Parliamentary Health Service Ombudsman (PHSO)to review their case and information should be provided concerning this process. The final decision as to whether the Division have exhausted local resolution will be made by the Chief Nurse, in liaison with the Directorate Manager.

6. Complaints referred to the Chief Nurse/Associate Chief Nurse/ Chief Executive

Complaints requiring referral to the Chief Nurse/Associate Chief Nurse/ Chief Executive

Complaints requiring referral include those which:

- involve allegations of serious misconduct;
- involve the police in the investigation of possible criminal activity;*
- could attract media attention;
- indicate a serious breakdown in clinical management;
- are detrimental to the image of the Trust;
- include serious criticism of the implementation of the Trust's policies and procedures, particularly those

regarding suspected abuse of children or vulnerable adults;
- relate to a serious adverse incident.

* Where allegations of theft or misuse and abuse of assets are involved, the matter should also be reported to the Director of Finance in accordance with Standing Financial Instructions.

If the Chief Executive decides that he/she wishes to handle a complaint personally, he/she will, in collaboration with the relevant senior managers, identify the course of action required and will seek legal and professional advice as is appropriate in each individual case.

7. Stage Two – Parliamentary Health Service Ombudsman (PHSO)

If the complainant remains dissatisfied with the Trust's attempt(s) at Local Resolution, they can ask the PHSO to review their case. The complainant should be advised in the Trust's final response of their right to refer their case to the PHSO if they are not satisfied. Any correspondence received from the PHSO relating to such requests should be forwarded to the Complaints Administrator for action.

8. Prolific Complainants

We are committed to dealing with all complainants fairly and impartially. However, people who bring prolific complaints can be difficult to deal with. Whether they are right to persist with their complaint or not, they need your support to resolve the issue. It is important to remember that if a person contacts you with what they believe is a complaint, then it is to them. If the complainant raises the same or similar issues repeatedly, despite receiving a full response, there may be underlying reasons for this persistence.

A prolific complainant is someone who raises the same issue despite having been given a full response. They are likely to display certain types of behaviour such as:

- Complains about every part of the health system regardless of the issue.
- Seeks attention by contacting several agencies and individuals.
- Always repeats full complaint.
- Automatically responds to any letter from the Trust.
- Persistently insists that they have not received an adequate response.
- Focuses on trivial matters.
- Is abusive or aggressive.

Regardless of the manner in which the complaint is made and pursued, its substance should be considered carefully and on its objective merits.

Complaints about matters unrelated to previous complaints should be similarly approached objectively, and without any assumption that they are bound to be frivolous, unreasonable or unjustified.

Particularly if a complainant is abusive or threatening, it is reasonable to require him or her to communicate only in a particular way – say, in writing and not by telephone – or solely with one or more designated members of staff; but it is not reasonable to refuse to accept or respond to communications about a complaint until it is clear that all practical possibilities for resolution have been exhausted.

If you are faced with a prolific complainant you should refer the matter to the Associate Chief Nurse/Professional Head of Clinical Service (in the case of the Central Functions and Support Services Divisions, the relevant Directorate/Department Manager) who should liaise with the Chief Nurse in order to consider whether the complainant is unreasonably persistent or unreasonably behaved.

The Unacceptable Actions Strategy is a document to support staff in managing an unreasonably behaved or persistent complainant and is available from the Complaints team when a patient has been identified as falling into this category. The Unacceptable Actions Strategy must only be implemented following discussion and agreement at Executive team level, and a copy can be included in any correspondence with the complainant.

9. Identifying an unreasonably persistent or unreasonably behaved complainant

Complainants (and/or anyone acting on their behalf) may be deemed to be unreasonably persistent or unreasonably behaved where previous or current contact with them shows that they meet TWO OR MORE of the following criteria:

- Persist in pursuing a complaint where the NHS Complaints procedure has been fully and properly implemented and exhausted.

- Change the substance of a complaint or seek to prolong contact by continually raising further concerns or questions upon receipt of a response or whilst the complaint is being addressed. (Care must be taken not to discard new issues which are significantly different from the original complaint. These may need to be addressed as separate complaints).

- Are unwilling to accept documented evidence of treatment given as being factual, e.g. medical or nursing records, deny receipt of an adequate response in spite of correspondence specifically addressing their concerns or do not accept that facts can sometimes be difficult to verify when a long period of time has elapsed

- Do not clearly identify the precise issues which they wish to be investigated, despite reasonable efforts of Trust staff and/or others, e.g. NHS Complaints Advocacy Service, to help them specify their concerns.

- Focus on trivial matter to an extent which is out of proportion to its significance and continue to focus on this point. (It is recognised that determining what a trivial matter is can be subjective and careful judgement must be used in applying this criterion).

- Have threatened or used actual physical violence towards staff or their families or associates at any time – this will in itself cause personal contact with the complainant and/or their representatives to be discontinued and the complaint will thereafter only be pursued through written communication. (All such incidents must be documented).

- Have, in the course of pursuing a complaint, had an excessive number of contacts with the Trust placing unreasonable demands on staff. (A contact may be in person or by telephone, letter, email or fax). Staff should be instructed to keep a clear record detailing the number, type and nature of contacts. Discretion must be used in determining the precise number of excessive contacts applicable under this section, using judgement based on the specific circumstances of each individual case.

- Have harassed or been personally abusive or verbally aggressive on more than one occasion towards staff dealing with their complaint or their families or associates. This could include over friendly complainants who repeatedly contact the member of staff dealing with their complaint .(Staff must recognise that complainants may sometimes act out of character at times of stress, anxiety or distress and should make reasonable allowances for this. They should document all incidents of harassment.)

- Display unreasonable demands or expectations and fail to accept that these may be unreasonable (e.g. insist on immediate responses to complaints or enquiries being provided more urgently than is reasonable or normal recognised practice).

Once it is clear that complainants meet any of the criteria above, it may be appropriate to inform them in writing that they may be classified as unreasonably persistent or unreasonably behaved complainants, make them aware of the criteria and advise them to take account of the criteria in any further dealings with the Trust. In some cases it may be appropriate at this point to suggest that complainants seek advice in processing their complaint, e.g. through the NHS Complaints Advocacy Service.

Judgement and discretion must be used in applying the criteria to identify potential unreasonably behaved/ persistent complainants and in deciding action to be taken. This should only be used as a last resort and after all reasonable measures have been taken to assist the complainant.

10. Options for dealing with unreasonably behaved/ persistent complainants

Where a complainant has been identified as unreasonably behaved/ persistent in accordance with the above criteria, the Chief Nurse should liaise with the Chief Executive to determine what action to take. The Chief Nurse/Chief Executive will implement such action and will notify the complainant in writing of the reasons why they have been classified as unreasonably behaved/ persistent and the action to be taken. This notification may be copied for the information of others already involved in the complaint, e.g. Trust staff, conciliator, NHS Complaints Advocacy Service, MP. A record must be kept for future reference.

The Chief Nurse/Chief Executive may decide to deal with the complaint in one or more of the following ways:

- Try to resolve matters by drawing up a signed 'agreement' with the complainant (and if appropriate involving the relevant practitioner in a two-way agreement) which sets out a code of behaviour for the parties involved if the Trust is to continue processing the complaint. If these terms are contravened, consideration would then be given to implementing other action as indicated in this section.

- Decline contact with the complainant either in person, by telephone, fax, letter, email or any combination of these provided that one form of contact is maintained or alternatively restrict contact to liaison through a third party.

- Notify the complainant in writing that the Chief Executive has responded fully to the points raised and has tried to resolve the complaint but there is nothing more to add and continuing contact on the matter will serve no useful purpose. The complainant should also be notified that correspondence is at an end and that further letters received will be acknowledged but not answered. The complainant should also be reminded of their right to refer their case to the Health Service Ombudsman, if appropriate.

- Inform the complainant that in extreme circumstances the Trust reserves the right to pass unreasonably behaved/persistent complaints to its legal advisors.

- Temporarily suspend all contact with the complainants or investigations of a complaint whilst seeking legal advice or guidance from the NHS West Midlands, Health Service Ombudsman or other relevant agencies.

11. Withdrawing unreasonable behaviour/persistent status

Once a complainant has been identified as being unreasonably behaved/persistent there needs to be a mechanism for withdrawing this status at a later date if, for example, the complainant subsequently demonstrates a more reasonable approach or if they submit a further complaint for which normal procedures would appear appropriate.

Staff should previously have used discretion in recommending unreasonably behaved/persistent status at the outset and discretion should similarly be used in recommending that this status be withdrawn when appropriate.

Where this appears to be the case, discussion will be held with the Associate Chief Nurse/Professional Head of Clinical Service (in the case of the Central Functions and Support Services Divisions, the relevant Directorate/Department Manager), Chief Nurse and Chief Executive. Subject to their agreement, normal contact with the complainant and application of the NHS Complaints Procedure will then be resumed.

12. GMC/NMC Complaints

Complaints referred directly from the General Medical Council or Nursing & Midwifery Council should be forwarded to the Medical Director or Chief Nurse, as appropriate. If the Medical Director or Chief Nurse are aware of further issues that suggest that the GMC/NMC should undertake a full investigation into the doctor's/nurse's fitness to practice they should notify the GMC/NMC accordingly. If this is not the case, the complaint should be investigated as described above.

13. Confidentiality

Refer to Trust Policy IG10 Data Protection, Security and Confidentiality and the NHS Confidentiality Code of Practice (gateway reference 1656)

Patients entrust the UHNS with, or allow the gathering of sensitive information relating to their health and other matters as part of their treatment. They do so in confidence and they have the legitimate expectation that staff will respect their privacy and act appropriately. In some circumstances patients may lack competence or may be unconscious, but this does not diminish the duty of confidence. It is essential, if the legal requirements are to be met and the confidence of patients is to be retained, that this Trust provides a confidential service. For full guidance on the disclosure of patient identifiable information refer to the NHS Confidentiality Code of Practice or contact the Head of DSP.

14. Subject Access Requests

Complainants may request when making a complaint to receive copies of any correspondence that they were named in, Subject Access Request (SARS) If a request is made this request should be forwarded to the Data Security & Protection Team (DPS) for processing.

14. Third party complaints

If a third party submits a complaint on behalf of another, a thorough check must be undertaken to ensure that the complaint is being made with the knowledge and consent of the person concerned. Patient-identifiable information must not be used or disclosed, for purposes other than direct healthcare, without the individual's explicit consent, some other legal basis, or where there is a robust public interest or legal justification to do so" (NHS Confidentiality Code of Practice).

A complaint may be made by a representative acting on behalf of the patient who:

- has died
- is a child
- is unable to make the complaint themselves due to:
  (i) physical incapacity
  (ii) lack of capacity within the meaning of the Mental Capacity Act 2005(a)
- has requested the representative to act on their behalf

If there is any doubt that a person complaining on behalf of another may be making a complaint without the knowledge of the person concerned, the person on whose behalf the complaint is supposedly being made should be contacted to ensure that they are content for personal information concerning themselves to be released to the complainant. The conversation should then form part of the electronic complaint file.

It may be appropriate, when a number of complaints raising similar issues are made on the same person's behalf, to contact the person concerned and agree that one composite response will be sent to him or her personally, rather than multiple responses being sent to each complainant.

If the Chief Nurse is of the opinion that the person making a complaint on behalf of another is not a suitable person to pursue the complaint, a letter should be sent to the complainant stating the reasons for this decision.

15. Health records

Documentation relating to complaints and PALS issues must not be stored in health records and no reference to the complaint/PALS issue or that the person has raised an issue should be made in a health record.

16. Reports

Extreme caution must be exerted when writing letters or reports as part of the complaints procedures that

third party confidence is not breached. Any people mentioned by name in a letter or report must be made aware of what is written and agree to its inclusion.

17. Freedom of Information Act

Many complaints contain requests for corporate information. The Freedom of Information Act 2000 (FOIA) is an Act which makes legal provision and creates a legal gateway for the disclosure, to the public, of corporate information held by this Trust.

There is a legal requirement to provide any information requested under the FOIA (or site an exemption allowed for under the Act) within 20 days and for a record to be kept of all such requests. If corporate information is requested as part of a complaint **this must be sent to the complainant within 20 working days,** irrespective of whether the complaint investigation/response have been completed. In such cases the relevant part of the complaint should be forwarded to the Data, Security & Protection department who will register the request and compile a response. The complaints department should inform the complainant that the FOI section of their response will be dealt with by the Data, Security & Protection department, who will respond to the complaint direct. In the case of the complainant stating in their original response that they do not wish their details to be passed to another department, the FOI response will be given to the complaints department who will then send it directly to the complainant.

If the Trust feels an exemption allowed for under the FOI Act applies to the requested information and therefore does not propose to disclose the requested information, complainants should be informed of this along with their right to appeal to the Trust and, if still unsatisfied, to complain directly to the Information Commissioner's Office (ICO). Contact details for the ICO are given with each FOI response. If they wish to pursue their complaint through the Trust's Complaints Procedure this should be processed as described in Section 5. The Data, Security & Protection Manager will be responsible for the investigation of all FOIA complaints. Complainants who remain dissatisfied at the end of Local Resolution should be advised to progress their complaint via the Information Commissioner.

Appendix B

Patient Experience Team
Complaint Files Audit Form

Complaint Reference:	
Name of Person auditing file;	
Date:	

	Yes/No/NA	Date
Did the patient suffer harm whilst in our care, if yes was an incident raised?		
Was the complainant contacted and offered a meeting at the offset if not what reason was given?		
Was the complaint graded following receipt?		
Was the complaint acknowledged within 3 working days?		
Were comments/statements received within 10 working days?		
Is there evidence of chasing comments where necessary? Examples of this:		
If the response target has not been met has the complainant been informed and kept updated on progress?		
Do the responses address the issues and is there relevant supporting documentation if applicable?		
Does the response answer all the points of complaint?		
Has the draft response been checked and approved by relevant staff?		
Are there any lessons Learned:		
General Comment: e.g. Identification of cause of any delays.		

Appendix C

COMPLAINTS RISK SCORING MATRIX (PRE AND POST INVESTIGATION)

SECTION 1 – IMPACT	
1. Negligible	• Local to a specific location/service and organisation • Outcome for the patient is minor and temporary • Reduced quality of patient experience not directly related to the delivery of clinical care (logistics/transport/waiting)
2. Minor	• Local to one organisation • Involving <3 Specialties/Services/Directorates • Suboptimal treatment with minor implications for patient outcome or safety • Unsatisfactory patient experience directly related to clinical care/readily resolvable
3. Moderate	• More than one organisation involved • Involving <4 Specialties/Services/Directorates involved • Significant impact on timeliness or effectiveness of treatment/intervention • Mismanagement of patient care – short term effects less than one week
4. Major	• Multiple organisations involved • Impact across many services/specialities/directorates • Mismanagement of patient care which fails to meet national requirements for timeliness or intervention • Mismanagement of patient care, long term effects (more than a week)
5. Catastrophic	• Totally unacceptable level of treatment or quality of service • Gross failure of patient safety • Gross failure to meet national standards • Totally unsatisfactory patient outcome or experience • Irreversible consequence/outcome on patient care

Likelihood Descriptions		Likelihood Score	✓
Rare	This will probably never happen / recur.	**1**	
Unlikely	Do not expect it to happen / recur but it is possible it may do so.	**2**	
Possible	Might happen or recur occasionally.	**3**	
Likely	Will probably happen / recur but it is not a persisting issue.	**4**	
Almost Certain	Will undoubtedly happen / recur, possibly frequently.	**5**	

To identify your risk score, you must take the result of your likelihood assessment and the result of your impact assessment and use the multiplication table below.

For example, if the likelihood score is ‘3’ and the impact score is ‘4’, when multiplied together, these you will give you a risk score of ‘12’.

		Impact Score				
		1	**2**	**3**	**4**	**5**
Likelihood Score	**1**	**1**	**2**	**3**	**4**	**5**
	2	**2**	**4**	**6**	**8**	**10**
	3	**3**	**6**	**9**	**12**	**15**
	4	**4**	**8**	**12**	**16**	**20**
	5	**5**	**10**	**15**	**20**	**25**

The numerical risk score will fall within a range as shown below, this will determine whether the risk is either, ‘low, ‘moderate’, ‘high’ or ‘extreme’.

Risk Score	
1 – 3	**Low**
4 – 6	**Moderate**
8 – 12	**High**
15 – 25	**Extreme**

Appendix D

Complaints Investigation Scoring Matrix

Name of complainant:	
Complaint number:	
Date matrix completed:	
Matrix completed by	

Scoring Indicators:					**Enter Scores**
Number of Organisations Involved (Excluding CCG)	**1**	**2**	**3**	**4**	
CCG				**4**	
Number of Divisions Involved	**1**	**2**	**3**	**4**	
Number of Specialities Involved *e.g. imaging, medicine, surgery*	**1**	**2**	**3**	**4**	
Size of Complaint *i.e. number of issues identified*	**(1-5) 2**	**(6-10) 4**	**(11-14) 6**	**(15+) 8**	
Number of staff involved	**0 (1-3 staff)**	**2 (4-5 staff)**	**4 (6-7 staff)**	**6 (8+ staff)**	
Risk category of complaint	**0 (low)**	**1 (moderate)**	**2 (major)**	**4 (catastrophic)**	
	5	13	21	34	

Total score: 34

Using the total score, use the table below as a **guide** to agreeing the number of days at which you will provide a response to the complainant. You should still apply your own knowledge/judgement depending upon the issues raised.

Score:	**5**	**6 to 21**	**22 to 34**
Days:	**5 to 15**	**16 to 40**	**41 to 60**

Number of days allocated:	
Factors affecting Timescale:	
Reasons for extended timescale:	
Date response due:	

Appendix E

Complaints Plan

Our reference:

DATE

Private and Confidential
xxxxxxxxxxxxxx
xxxxxxxxxx
xxxxxxxxxx
xxxxxxxxxx

Royal Stoke University Hospital
Patient Experience Team
Yoo Building 'D Block'
Newcastle Road
Stoke on Trent
Staffordshire
ST4 6QG
complaints.department@nhs.net

Tel: 01782 676453

Dear Mrx xxxxxxx

Thank you for your complaint received on *[insert date received]* in which you detailed your concerns regarding the care provided to *[you or person care provided to if patient is not the complaint]* at the University Hospitals of North Midlands NHS Trust (UHNM). I am very sorry to learn of the difficulties that you have brought to the Trust's attention.

[Insert condolences if appropriate]

Further to our conversation in which we discussed your concerns, I can confirm that the following issues will be investigated. To assist with the complaint investigation staff will be provided with a copy of your complaint letter and the key points below. At the end of the investigation you will be provided with a written response. Alternatively if you would like to meet with representatives from the Directorate to discuss your concerns please contact myself, or a member of the Patient Experience Team and the necessary arrangements can be made.

[Insert list of concerns, numbered]

1.

If these *questions/issues* do not accurately reflect your concerns please do not hesitate to contact me on the telephone number above.

Your complaint will be fully investigated by me, and our aim is to complete the investigation and provide you with a written response by *[insert date]*. The COVID-19 pandemic is still placing pressures on our NHS, therefore, please be aware that this is a provisional date and should I not be able to meet this date I will keep you updated regarding the progress of your investigation.

It may be necessary to access *[your/the patient's]* healthcare records to allow us to respond to your complaint. Please be assured that any such access will be treated confidentially.

Sometimes, those who have had cause to make a complaint may feel anxious about any impact that this might have on any care that the Trust provides to them or their family. Please be assured that *their/your* care and treatment will not in any way be adversely affected by raising concerns.

We are keen to receive feedback on the quality of our complaints service and would like to take this opportunity to inform you that you will receive a Complaints Survey with your response at the end of the investigation. We would like to encourage you to complete and return the survey using the pre-paid envelope that will also be provided.

Thank you again for bringing your concerns to our attention.

Yours sincerely

[Name]
Patient Experience Advisor

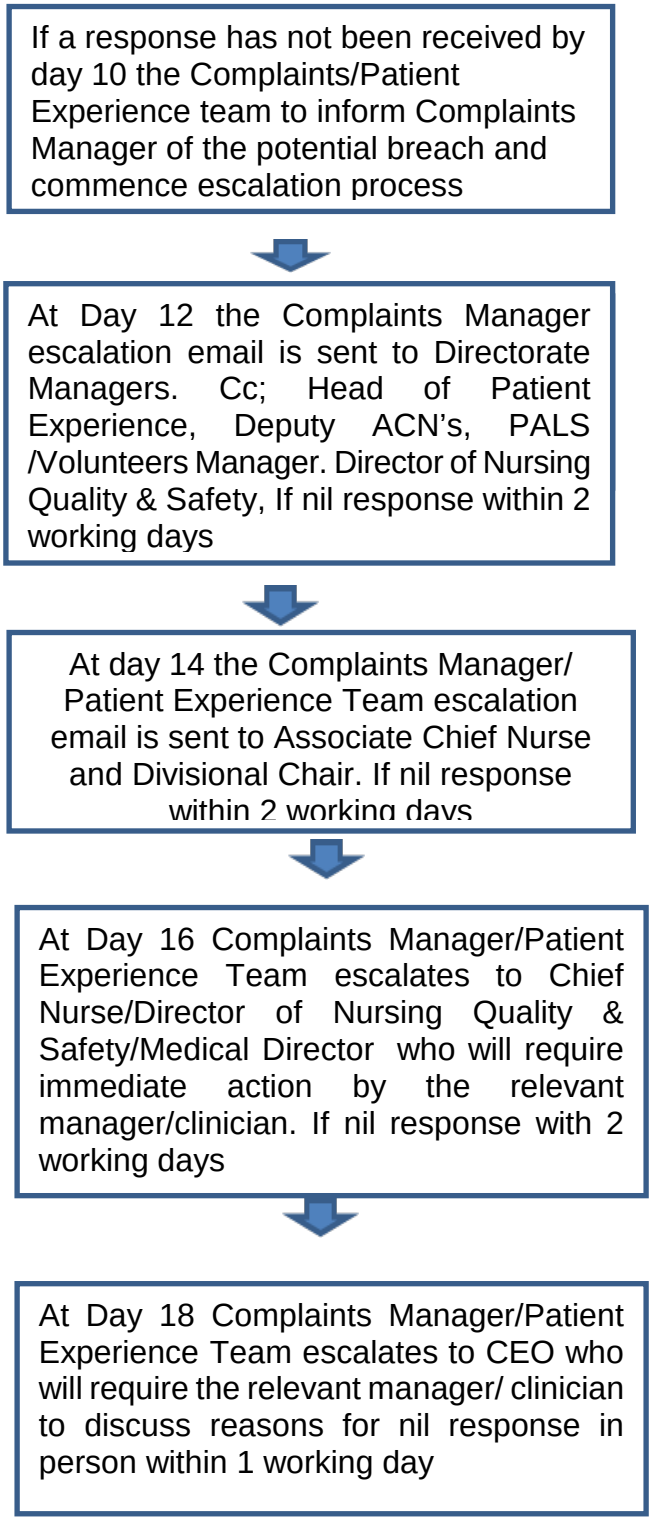
Encs Consent form

Appendix F

1. The Escalation Process

To effectively manage open complaints which have passed the agreed deadline, and to prevent future investigations from breaching there needs to be a clear and robust escalation process. Exceptions to this will be agreed on an individual basis in conjunction with the investigating Officer and Complaints Manager

This will be as follows:



The escalation process will support the centralisation of complaints to ensure complaints are handled appropriately and in a timely manner.

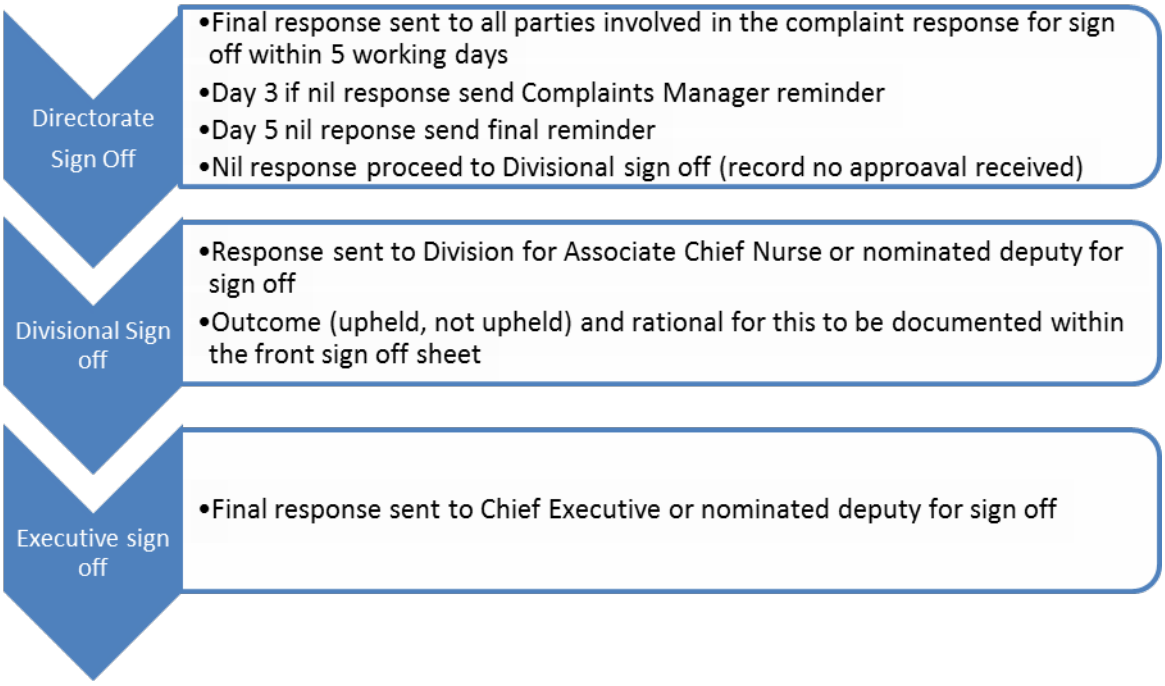
If at any point of the escalation process the complaints team are asked for an extension to deadline, if the extension date is not met, the escalation process restarts on the day and moves to the next level.

If the Chief Executive escalation receives nil response, email to be sent to the Chief Executive advising of this, and requesting further support

Appendix G

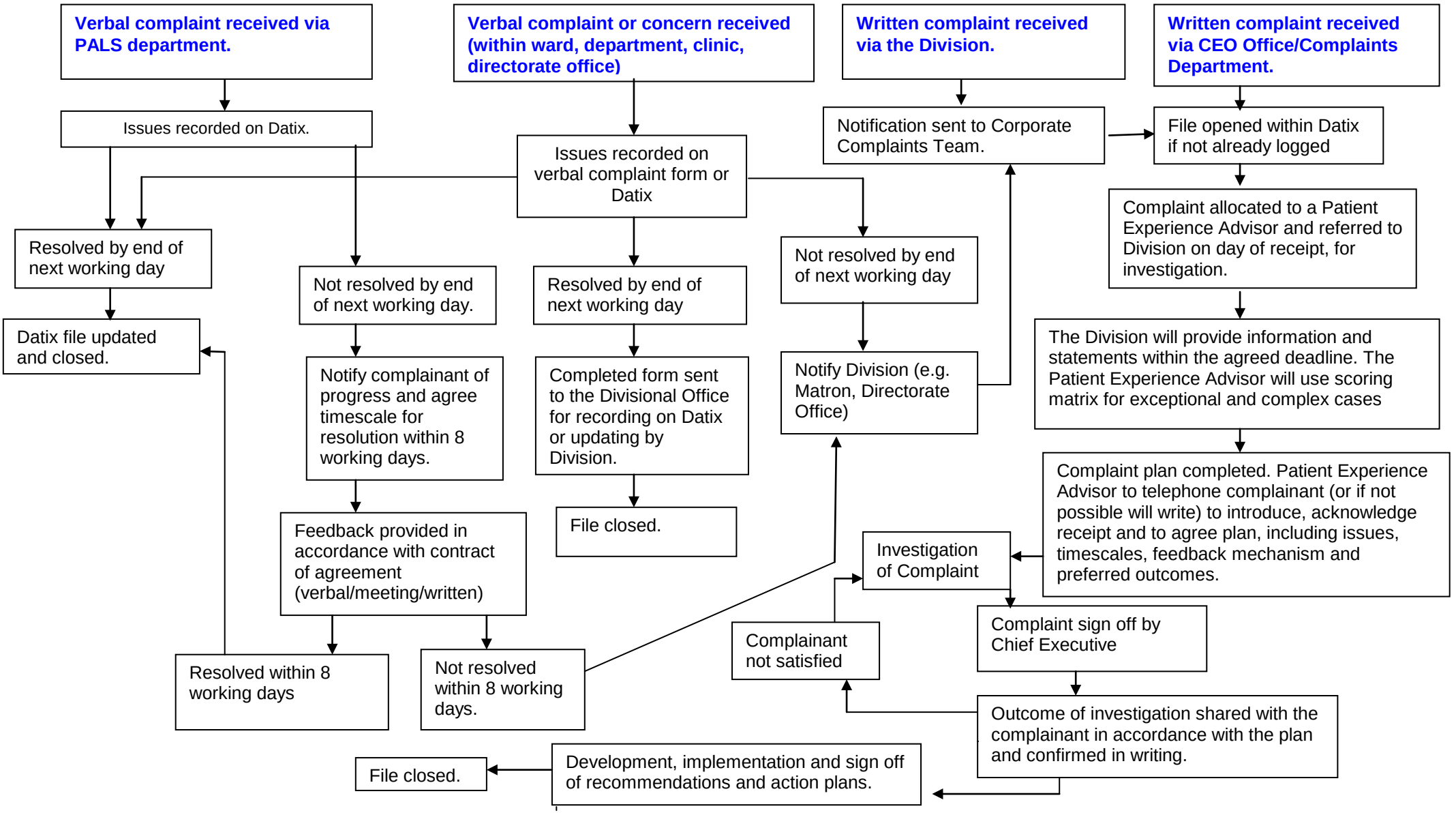
Complaint sign off Process

To ensure that the correct sign off is achieved at all levels throughout the process, which finalises the response and validates the quality and content, all parties must take responsibility for reading and authorising their part in the response



Appendix H

LOCAL RESOLUTION



Appendix I

STANDARD OPERATING PROCEDURE (SOP)		
Title	**Complaints and PALS Consent Process**	
Purpose	The purpose of this document is to provide guidance and support to the complaints and PALS teams when requesting consent to release information to respond to a complaint or concern.	
Scope	This SOP highlights the process for requesting consent to provide information to a complaint from patients, relatives or other external requesters.	
	Instruction	**Photograph /Diagram**
1.	**Whilst consent is being sought a complaint can be looked at within the Organisation to see if it has substance and if any serious issues are included however, if consent not received all information will be deleted??** For patients who are deceased, the evidence required from the complainant would be: ▪ Copy of patients will, will identify the complainant as executor or a person who is named in the will. If it is a named person in the will it is best practice to advise the Executor to keep them in the loop. The first page naming the complainant as executor and last page complete with signature is required Or ▪ A power of attorney (for health) Also ▪ Identification that complainant is who they say they are and confirm where they live (passport/birth certificate/ marriage certificate or utility bill/bank statement top section to confirm address) **Copies of this evidence may be received by email if it is not appropriate for the complainant to bring the original copies in directly. However the provider must be made aware that unless the information is password protected they will be sending it via an unsecure process** Most recent admission notes can be looked at if you are unable to identify next of kin/nearest relative, and or speaking with the ward Manager to see if the complainant spent time on the ward with the patient. ***If no evidence can be provided, unfortunately the complaint response cannot be provided***	
2.	For complainants who are the patient consent has been provided by them writing or speaking to us, name and address has usually been provided within the letter of complaint, (PALS will need to gain this for verbal complaints) also either date of birth or hospital patient number is also required.	

3.	For complainants who are the relative of a patient ▪ Consent is required in writing from the patient, a consent form is to be posted out directly to the patient (PALS if the complaint is received verbally consent must be sought from the patient either by telephone/ ward visit etc. and ID of patient required such as hospital unit number, date of birth, address. How and what information was gained must be logged within progress notes on DATIX) ▪ Relatives (complainant) must also provide evidence of who they say they are (birth certificate/passport/driving licence) or utility bill bank statement top section If consent not received the complaint response will not be released (process for this in section 9)	
4.	For complaints where the patient lacks capacity ▪ A power of attorney (for health) Also ▪ Identification that complainant is who they say they are (passport/birth certificate/ marriage certificate or utility bill bank statement top section to evidence where they live) **Copies of this evidence may be received by email if it is not appropriate for the complainant to bring the original copies in directly. However the provider must be made aware that unless the information is password protected they will be sending it via an unsecure process** Most recent admission notes can be accessed if you are unable to identify next of kin/nearest relative, and or speaking with the ward Manager to see if the complainant spent time on the ward with the patient. ***If no evidence can be provided, unfortunately the complaint response cannot be provided***	
5.	For complaints where the patient is a child. If the child is under 16 years of age consent is not required, however the mother / father or in some circumstances other relative or carer, must provide evidence of who they say they are, child's birth certificate and their own ID showing the capacity in which they care for the child. **Over 16 consent must be gained from the child as above processes** (point 3)	
6.	For complaints where the patient resides in a nursing/care home and the care home are making a complaint: ▪ Consent must be gained from the patient if they have capacity to do so. ▪ Consent must be gained from nearest relative and ID check that they are who they say they are ▪ If there is no next of kin/nearest relative the nursing/care home can raise the complaint on the basis of direct healthcare and in the best interest of the patient	

7.	For third party complaints such as MP/Advocacy Consent must be provided in writing by the enquirer/representative of the patient	
8.	Relatives/visitors who drop in at PALS to locate a patient ▪ Consent where appropriate must be gained from the patient (in a private area). PALS can check demographics on Medway to locate patient, a call must be made to the ward to advise of the enquiry to see if the patient wishes the person to be told of their whereabouts. The enquirer must show some form of ID as to who they say they are (driving licence/passport proof of address) ▪ Alerts must also be checked.	
9.	For complaints that fail at PALS ▪ PALS Officers will advise the complainant that as their complaint has progressed to the formal process, this stage will require a signed consent form and relevant Identification, and that this request will be sent out to them from the complaints department in due course before the investigation commences. PALS must document this conversation on progress notes within DATIX	
10.	When requesting consent a consent form is to be posted to the patient directly (If appropriate) ▪ Consent not received within 2 weeks send a second letter and consent form (c.c. complainant) ▪ If no consent after a further 2 weeks, write to the patient advising that without consent we cannot continue with complaint (c.c. complainant)	
11.	If consent is not received: ▪ Original complaint letter and consent chaser letters must be retained as evidence of trying to gain consent. ▪ This documentation must be kept in secure file separate from the active complaints, to be retained in line with the retention of complaints records for 8 years	
12.	PALS Log books used within the quiet room/ward visits ▪ Log books should not be retained the information per complainant should be scanned into a secure location on the computer either DATIX or a secure drive and the page within the log book destroyed ▪ Separate pages should be used per complainant and not multiple complainants on one page to prevent data breaches	
13.	Escalation process: If at any point a problem arises that none of the above covers, advice should be sought and a decision provided by either: ▪ Complaints Manager ▪ PALS / Volunteer Manager ▪ Head of Patient Experience (in liaison with the Information Governance Team)	

I have read and understand this Standard Operating Procedure

Signed:……

Print Name: ……..

Date: ……

Appendix J

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University Hospitals of North Midlands NHS
NHS Trust

Patient Complaints Survey

Dear Sir / Madam

In an effort to review and improve the service provided by the University Hospitals of North Midlands NHS Trust, we would like to hear about your experiences of the complaints team following your recent formal complaint.

Please could you spare the time to complete this anonymous questionnaire. Your responses will be combined with those of other patients / family members and will be used to highlight areas the hospital can improve upon in the future. The information that you provide will be treated confidentially and it will not be possible to identify you unless you provide contact information.

The completion of this survey does not affect any decision you may make to question the complaint response you have received in the first instance.

Please return your questionnaire in the pre-paid envelope provided.

Thank you for your help.

Yours faithfully,

Pam Goodwin
Complaints Manager

The Quality, Safety and Compliance Department works on behalf of the University Hospitals of North Midlands NHS Trust, which is registered with the Information Commissioner for the purpose of processing health related information and complies with the Data Protection Act 1998.

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Please complete this questionnaire in black ink, placing a cross in the box of your choice as shown: ☒

Please answer all questions in relation to your most recent dealing with the complaints team.

1. The Complaints Team treated me in a polite manner?

☐ **Always** ☐ **Most of the time** ☐ **Some of the time** ☐ **Never**

2. The Complaints Team treated me with respect?

☐ **Always** ☐ **Most of the time** ☐ **Some of the time** ☐ **Never**

3. Throughout the complaints process:-

a. I was able to voice my opinions?

☐ **Always** ☐ **Most of the time** ☐ **Some of the time** ☐ **Never**

b. My opinion was seriously listened to?

☐ **Always** ☐ **Most of the time** ☐ **Some of the time** ☐ **Never**

c. I was treated in a just manner?

☐ **Always** ☐ **Most of the time** ☐ **Some of the time** ☐ **Never**

d. I was treated fairly?

☐ **Always** ☐ **Most of the time** ☐ **Some of the time** ☐ **Never**

NHS Complaints Advocacy

3252102443

4. I felt that the Complaints Team were competent?

☐ **Always** ☐ **Most of the time** ☐ **Some of the time** ☐ **Never**

5. I felt that the Complaints Team were professional?

☐ **Always** ☐ **Most of the time** ☐ **Some of the time** ☐ **Never**

6. Would you be happy for your anonymised views to be used for trust wide learning?

☐ **Yes** ☐ **No**

7. Please comment on your experiences of the complaints process?

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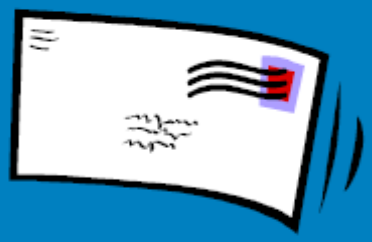
Thank you for taking the time to complete this questionnaire.

Please return the questionnaire to the Quality, Safety & Compliance Department in the pre-paid envelope provided.



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