

Complaints & Concerns Policy	
Summary statement: How does the document support patient care?	The policy aims to support the Trust's commitment to patient and service user satisfaction by ensuring that complaints handling is fair and impartial.
Staff/stakeholders involved in development: <i>Job titles only</i>	Patient Experience Matron, Customer Relations Manager, Director of Nursing & Patient Safety
Division:	Corporate
Department:	Patient Experience Team
Responsible Person:	Director of Nursing & Patient Safety
Author:	Customer Relations Manager
For use by:	All staff
Purpose:	This policy has been formulated to ensure staff respond to complaints to a satisfactory standard and comply with the requirements contained within The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.
This document supports: <i>Standards and legislation</i>	<ul style="list-style-type: none"> • The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 • Department of Health (1996) Complaints: 'Listening....Acting....Improving'. Guidance on the implementation of the current NHS Complaints Procedure • NHSLA Apologies and Explanations letter 1st May 2009. • Being Open Framework, NPSA 2009 NPSA/2009/PSA003 • CQC Regulation 16 – Receiving and Acting on Complaints • CQC Regulation 20 – Duty of Candour
Key related documents:	<ul style="list-style-type: none"> • Being Open Policy • Risk management Policy • Claims Policy • Safeguarding Vulnerable Adult Procedure • Child Protection Arrangements • Event investigation, Management & Analysis

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1. Introduction

Careful handling of comments, concerns and complaints is an essential requirement of the Trust in terms of patient safety, patient experience and reputation. The Trust cares passionately about providing the best quality care for its local population and effective management of these enquiries are key to the Trust's vision and objectives. This policy describes how staff are expected to respond to complaints, concerns and comments raised by users of the service, their relatives and their friends. It is in keeping with the Trust's values "We care: about the patient, quality, safety, local services, being joined up, improvement and sustainability"

Concerns should ideally be raised at the time by speaking to the healthcare professional or member of staff involved. Staff are usually best placed to deal with the issues and they will try to put things right 'on the spot'. Every member of staff has a responsibility for handling complaints and concerns, whatever their position in the Trust.

The policy covers the Local Resolution stage of the NHS Complaints Procedure through which complaints will be handled in the first instance, following national and local guidelines. If, following the completion of local resolution, complainants remain dissatisfied they will be advised that they have the option of asking the Parliamentary Health Service Ombudsman for an independent review. The Ombudsman's decision is final.

The Trust recognises complaints as being a valuable tool for improving the quality of health services and to identify training needs of the staff it employs. As well as ensuring the efficient handling of complaints, the Trust will identify good practice or areas of risk and will take necessary action to rectify matters.

The aim of the complaints policy is for the resolution of concerns raised by the complainant either verbally or in writing and for an improvement in the quality of services wherever possible, rather than the apportionment of blame. If *things go wrong*, service users and their families and carers deserve a timely explanation. Saying sorry meaningfully when things go wrong is vital for everyone involved. Patients expect to be told three things as part of an apology: a. what happened. b. what can be done to deal with any harm caused. c. what will be done to prevent a similar situation re-occurring. Every effort should be made to resolve the complaint to the satisfaction of the complainant whilst being scrupulously fair to the staff members concerned.

The objectives of this policy are:

- To endeavour to achieve resolution of a complaint.
- To ensure that complaints are handled efficiently and in a timely manner.
- To identify any areas of risk and take appropriate action where necessary.
- To learn from outcomes of complaints and share good practice throughout the Trust.
- A simple procedure common to all complaints about any services provided by the Trust.
- An open and honest process that is fair to complainants and staff.

2. Definitions

Concern – An expression of dissatisfaction (written or verbal) about a service provided or which is not provided which requires a response, but is resolved to the person's satisfaction by the department concerned or the PALS service within one to five working days.

Comment – A statement (written or verbal) that expresses a personal opinion or belief or adds information. This may or may not need a response depending on the requirement of the

person making the comment. Comments, whether written or verbal, may be responded to by the department concerned or by the PALS service.

Complaint - A complaint is defined as an expression of dissatisfaction, (written or verbal) about a service provided or which is not provided, which requires investigation and a response. Examples include: complaints about the quality of service provided, the following of standard procedures and good practice, poor communication and the attitude or behaviour of a member of staff.

A complaint must be made within 12 months of the date on which the matter occurred, or within 12 months of the date on which the matter came to the notice of the complainant. When a complaint is made outside the time limit, it will be for the Customer Relations Manager to decide whether or not to waive the time limit. The discretion to vary the time limit should be used flexibly and with sensitivity. If the decision is not to investigate the complaint, the complainant can request that the Parliamentary and Health Service Ombudsman consider it.

Complainant - Patients or any person who is affected by or likely to be affected by, the action, omission, or decision of the Trust may make a complaint. Where the complainant is not the patient, care must be taken to ensure the patient's confidentiality is not breached.

A complaint may be made by a person (representative) acting on behalf of another person in any cases where that individual:

- Has died.
- Is a child (16 years or younger)
- Is unable to by reason of physical or mental incapacity to make a complaint themselves.
- Has requested the representative to act on their behalf.

In the cases of a patient or person affected who has died or who is incapable, the representative must be a relative or other person who has a sufficient interest in their welfare and is a suitable person to act as a representative.

In the case of a child, the representative must be a parent, guardian or other adult person who has the care of the child and where the child is in the care of a local authority or a voluntary organisation, the representative must be a person authorised by the local authority or the voluntary organisation.

Where the complaint is made by a third person, e.g. made by a wife on behalf of her husband, the Trust must obtain written authorisation in order to respond to the complaint from the third party. This is not necessary if the response does not contain confidential information such as generic information e.g. car parking, service issues etc.

A complaint may be clinical or non-clinical and can be made in person, by telephone or in writing (by letter or e-mail).

3. Key Responsibilities

The Trust will ensure that there is a designated Patient Experience Matron who will be responsible to the Director of Nursing & Patient Safety for the handling of all complaints. They will ensure that there is a record of all complaints received and ensure that they are dealt with in accordance with this policy, reporting as necessary to the Chief Executive. S/he will liaise as required with other staff within the organisation at all levels to ensure that the appropriate information is available to enable full and open responses to be drafted within the appropriate timescale for the Chief Executive to consider.

The Board is responsible for:

- Monitoring the overall procedures, process and responses to complainants and action identified to prevent a recurrence.

The Chief Executive is responsible for:

- Signing the final responses to complaints, or in his/her absence their nominated deputy, when for good reason the Chief Executive is not able to do so.
- Ensuring that the complaints process, with support from the Director of Nursing & Patient Safety and Patient Experience Matron is followed in accordance with this policy.
- Ensuring matters of extreme seriousness are discussed with a relevant member of the Board and will be referred to the appropriate professional body, or the police in the case of criminal offences.

The Patient Experience & Feedback Committee is responsible for:

- Providing assurance to the Board that the Trust manages patients' complaints and concerns in a sensitive and effective manner, in line with the NHS Complaints Procedure.
- Providing assurance to the Board that a process of organisational learning is in place to ensure that lessons learnt are embedded within the organisational framework.

The Director of Nursing & Patient Safety is responsible for:

- Ensuring compliance with the arrangements made under The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, and that action is taken in the light of the outcome of any investigation. The Chief Executive has designated this role to the Director of Nursing & Patient Safety.
- In conjunction with the Medical Director, ensuring effective implementation of learning from complaints.

The Patient Experience Matron is responsible for:

- Analyse, interpret and present complex data to highlight issues, risks and support decision making.
- Developing the Trust Patient Experience Strategy and implement an annual plan for delivery of the strategy.
- Ensuring the Trust meets its statutory responsibilities in relation to: complaints handling and Parliamentary & Health Service Ombudsman requirements and code of practice.
- Providing strategic leadership for Patient Experience, Customer Relations services (PALS and complaints), Chaplaincy services and the Bereavement service.
- Produce reports for Trust Board, demonstrating compliance with statutory regulation, contract requirements and progress towards meeting patient experience strategy.
- Identifying, promoting and sharing best practice so that patient's voices are heard and continuous improvements are realised based on patient's feedback

The Customer Relations Manager is responsible for:

- Supporting patients, relatives and carers in problem resolution, at the earliest possible stage to prevent the escalation to a formal complaint.
- Meeting with patients, carers and relatives to advise on problem resolution, including action planning to support resolution.
- Manage the compliments and concerns process ensuring action planning takes place for lessons learnt.
- Ensuring patients are aware of how to complain.
- Ensuring the implementation of national guidance and requirements in relation to complaints and that robust systems are in place for the management of concerns and complaints.
- Providing support and expertise in complex complaints.
- Producing statistics to the Department of Health for their KO41a returns.

- Produce reports to the Board, Divisions and Patient Experience & Feedback Committee on the number and subject of complaints as well as lessons learnt and action taken. The outcome of investigations and any corrective action taken should be used to improve future service.
- Produce an annual report for the Chief Executive and the Board reflecting trends over the last year.
- Work with divisions to identify common themes for improvement and areas of best practice.

Directors of Clinical and Non Clinical Services are responsible for:

- Ensuring that divisional complaints are investigated in a timely way and monitored by the division board with regard to response times, trend analysis, the identification of common themes and for ensuring that lessons learnt and action taken are disseminated across clinical and non-clinical services within the division, as appropriate.
- Supporting the management of complex complaints when other mechanisms have failed to reach a resolution.

Chiefs of Service are responsible for:

- Monitoring clinical complaints within their division. They will ensure investigations are completed in a timely way, review trends, monitor outcomes and ensure in partnership with appropriate lead clinicians or other professional staff that plans are in place, training needs are identified and addressed to prevent recurrence. Also, share concerns and lessons learnt with other Chiefs of Service.
- Supporting the management of complex complaints particularly those relating to medical staff, when other mechanisms have failed to reach a resolution.

Heads of Nursing are responsible for:

- Ensuring that complaints are investigated appropriately and in a timely way, ensuring that lessons are learnt from complaints and shared throughout the division.
- Ensuring that the final letter is drafted within time.
- Supporting the management of complex complaints particularly those relating to nursing staff, when other mechanisms have failed to reach a resolution.
- Approving all draft responses to complaints on behalf of the Chief Executive.

Matrons are responsible for:

- Ensuring the complaint is investigated in a timely way and that this is undertaken by the most appropriate person.
- Ensuring responses to complaints are complete and factual.
- Ensuring staff are supported as necessary during the process of investigation.
- Ensuring that actions are taken according to the risk associated with the complaint.
- Ensure that lessons are learnt from complaints and shared throughout the division.
- Assisting ward and clinical staff to ensure a satisfactory early resolution of concerns/complaints. Matrons will support, as appropriate, staff in reviewing and responding effectively to complaints, and advising and assisting to ensure lessons are learnt and action is taken to prevent recurrence.
- Taking the lead in reviewing a complaint with staff and assisting with responses if requested.
- Making sure patients are aware of how to raise matters of concern.

Line Managers are responsible for:

- Informing the Customer Relations Team of complaints they have received directly, on the same day they receive them, (telephone, fax or email), followed up by sending the original details of complaint to the Customer Relations Team for processing.

- Undertaking complaint investigations within appropriate timescales in accordance with this policy.
- Root cause analysis of complaints.
- Informing staff involved in the complaint.
- Ensuring that their staff are familiar with the NHS Complaints Procedure.
- Ensuring that all written statements made by staff as part of the investigation process are accurate, legible, signed and dated.
- Providing a response, approved by contributors in a timely fashion.
- Liaising - information sharing and feedback - where the investigation indicates that external partner agencies should be involved. For example - Health & Safety Executive, Police.
- Using complaints/findings as a learning opportunity process for staff by cascading good and poor practice identified, and ensuring actions are taken to minimise and prevent future complaints to include - review of practice and systems in place and training thereby promoting good governance within area of responsibility.

Clinical Matron/Night Nurse Coordinator is responsible for:

- Ensuring complaints made out of hours are resolved by the appropriate care staff if possible. If a complaint is considered to be significant it should be recorded and reported to the relevant Director or General Manager as soon as practically possible. If a complaint identifies a matter recognised as of a potentially serious nature, the advice of the manager on call must be obtained.

All staff within the Trust are responsible for:

- Responding in a timely way to and satisfactorily resolving, whenever possible, verbal concerns/complaints raised by patients/clients or their representatives, and if significant, document the complaint. If it is not possible to reach a resolution then an offer to refer the case to the PALS service or manage the complaint in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 must be made.
- Being aware of the NHS Complaints Procedure and local policies and practice in relation to the management of complaints and to be able to explain the options available when service users/patients wish to make a complaint.
- Contacting the Customer Relations team for advice if they have any doubts about the handling of a complaint.
- Being aware that complainants may need to be advised to progress his/her concerns through other appropriate channels; Care Quality Commission, Professional Societies/Colleges, the Mental Health Act Commission, or the Parliamentary and Health Services Ombudsman.
- Ensuring that any verbal complaint, involving harm to a patient, is recorded and the relevant senior manager is informed as soon as practically possible.
- Ensuring that no patient who makes a complaint is discriminated against, allowing patients, relatives and carers to have confidence that, a concern/complaint raised will not prejudice their future care of treatment.

4. Principles of Complaints Management

The policy advocates adherence to the principles of good complaint handling as defined by the Parliamentary and Health Service Ombudsman (PHSO):

Getting it right

- Acting in accordance with the law and relevant guidance, and with regard to the rights of those concerned.
- Ensuring that those at the top of the public body provide leadership to support good complaints management and develop an organizational culture that values complaints.

- Having clear governance arrangements, which set out roles and responsibilities and ensure lessons are learnt from complaints.
- Including complaints management as an integral part of service design.
- Ensuring that staff are equipped and empowered to act decisively to resolve complaints.
- Focusing on the outcomes for the complainant and the public body.
- Signposting to the next stage of the complaints procedure, in the right way and at the right time.

Being customer focused

- Having clear and simple procedures.
- Ensuring that complainants can easily access the service dealing with complaints and informing them about advice and advocacy services where appropriate.
- Dealing with complainants promptly and sensitively, bearing in mind their individual circumstances and needs.
- Listening to complainants to understand the complaint and the outcome they are seeking.
- Responding flexibly, including coordinating responses with any other bodies involved in the same complaint, where appropriate.

Being open and accountable

- Publishing clear, accurate and complete information about how to complain and how and when to take complaints further.
- Publishing service standards for handling complaints.
- Providing honest, evidence-based explanations and giving reasons for decisions.
- Keeping full and accurate records.

Acting fairly and proportionately

- Treating the complainant impartially, and without unlawful discrimination and prejudice.
- Ensuring that complaints are investigated thoroughly and fairly to establish the facts of the case.
- Ensuring that decisions are timely, proportionate, appropriate and fair.
- Ensuring that complainants are reviewed by someone not involved in the events leading to the complaint.
- Acting fairly towards staff complained about as well as towards complainants.

Putting things right

- Acknowledging mistakes and apologizing where appropriate.
- Providing prompt, appropriate and proportionate remedies.
- Considering all the relevant factors of the case when offering remedies.
- Taking account of any injustice or hardship that results from pursuing the complaint as well as from the original dispute.

Seeking continuous improvement

- Using the feedback and the lessons learnt from complaints to improve service design and delivery.
- Having systems in place to record, analyse and report on the learning from complaints.
- Regularly reviewing the lessons learnt from complaints.
- Telling the complainant about the lessons learnt and changes made to services, guidance or policy.

5. Raising Concerns and Being Open

The Trust recognises the importance of raising concerns, and will ensure that matters are dealt with quickly in rectifying the situation so that the issue does not progress to a formal complaint. The trust's policy on raising concerns (whistleblowing) will be followed as appropriate and if a complaint is raised by a member of staff about themselves as a patient or a relative/carer of a patient both policies will be followed as appropriate. If a

patient is harmed as a result of a mistake or error in their care, the Trust believes that they, their family or those who care for them, should receive an apology, be kept informed as to what happened, have their questions answered and know what is being done in response. This needs to be done with honesty, clarity and in a timely and confidential manner in line with the Trust's policy and procedures on 'Being Open' and CQC Regulation 20 Duty of Candour.

Western Sussex Hospitals NHS Foundation Trust has a single point of access via the Patient Advice & Liaison Service (PALS) which triages all concerns raised by telephone, e-mail and letter. This approach provides service users, relatives, carers and general public with access to PALS and complaints via:

- A single telephone number on two sites: Worthing: 01903 285032
St Richard's: 01243 831822
- An e-mail box on both sites: Worthing: PALSWorthing@wsht.nhs.uk
St Richard's: PALSchichester@wsht.nhs.uk

This joined up service offers patients and members of the public easy access whether they wish to offer a comment, pass on a compliment, make an enquiry, get support or make a formal complaint. All contacts are recorded on Datix for monitoring purposes. Themes from these are used for service development. Compliments are also passed on to the staff involved to ensure they are aware of the positive things said about them.

The PALS team is responsible for ensuring a quick response and resolution to concerns raised by contacting relevant staff to advise them of the need for action to resolve issues whenever possible. The PALS service will ensure that patients, relatives and carers have clear and accessible information about procedures to raise informal concerns.

PALS will aim to;

- Provide information and advice to make using our health services as easy as possible.
- Listen to questions, suggestions, concerns and act on the spot to resolve issues as quickly as possible.
- Work in partnership with patients and staff to answer questions and concerns.
- Provide advice on how to make a formal complaint where appropriate.
- Provide information on voluntary organisations, support groups and advocacy groups.
- Help to guide people through the complexities of the different services provided.
- Provide information on local and national health services.
- Seek the views of patients and the public on the quality of services to help make sure that they are of the highest standards.

PALS is not a referral service intended to replace the problem-solving skills of staff within the Trust. It is a supplementary service intended to act as a safety net for patients who feel that their concerns have not been adequately answered, have not felt able to talk to staff directly about their concerns or wish to have independent support to address their concerns.

It is the responsibility of all staff to deal with and resolve concerns on the spot and PALS will support staff in achieving this through effective advice. However, sometimes concerns may not be resolved to the patient's satisfaction; the patient requires support from somebody outside of the immediate situation or requires further advice or assistance. The patient may contact the PALS service directly or staff may do this with the patient's consent.

The Customer Relations Manager has responsibility for the PALS service, ensuring that the requirements of patients, relatives and carers are met and their concerns are dealt with quickly and effectively. PALS forms part of the Customer Relations department.

Although PALS is not a complaints service it is often the first point of contact for someone who has concerns. The strength of PALS is that the service is often able to provide 'on the spot' help, support and information. Where PALS is unable to resolve concerns by the next working day, or where resolution would require considerable investigation, clients are referred to the formal complaints procedure.

6. Accessibility

The Trust is committed to make its complaints procedure as easily accessible as possible. The Trust will try to do this by:

- Providing complaints management information in different languages and formats on request (e.g. audio tape and web based and easy read) to meet the needs of individuals.
- Providing support through PALS or signposting to independent advocacy services.
- Using trained interpreters, when required, and ensuring interpreting services are aware of the complaints management process.
- Meeting complainants when face to face contact is necessary, at mutually agreeable venues.
- Ensuring that those with physical, mental impairment or learning disabilities are able to access the service.
- Building relationships with statutory capacity (IMCA), mental health (IMHA) and general (ICAS) advocates who support service users who may wish to make a complaint.
- Ensuring that complainants are treated with courtesy and that they receive appropriate support throughout the handling of a complaint; and reassured that the fact that they have complained will not affect their future treatment.

7. Local resolution

The Trust has a clear process in place for Local Resolution and every attempt will be made by the staff to try to resolve complaints at the point of contact.

The Customer Relations team will log all of the complaints received with an individual reference number on a central database (Datix). Each complaint will be graded using the process found in Appendix C in accordance with the trust's policy on Event Investigation Management & Analysis on severity of harm to the patient (which follows the NPSA severity grading). This will help determine the level or nature of investigation required and will be recorded on Datix. Written complaints are those received by letter or e-mail from the complainant, but may also include verbal complaints that have not been resolved locally and those of a serious nature, requiring a written response.

Verbal complaints are either resolved locally, in which case the details/outcome should be recorded as a PALS concern on Datix or confirmed in writing with the complainant and investigated in the same manner as a written complaint. All staff who receive a verbal complaint should attempt to resolve the issues as they arise. If this cannot be achieved, then they should send the details of the complaint to the Customer Relations team.

E-mail complaints will be treated in the same way as written complaints ensuring compliance with data protection legislation and that a comprehensive audit trail is maintained. If the complainant wishes any responses to their complaint via e-mail, they should be made aware that this information could be accessible by third parties once in the public e-mail system. Complaint responses cannot be sent via e-mail if staff are unable to verify the e-mail address and recipient.

All correspondence and investigation made in response to a complaint will be stored on Datix.

The Complaints process is shown in Appendix A. The Customer Relations Team will forward the complaint to the appropriate Care Group Manager(s) and Matron.

The Care Group Manager and Matron will endeavour to contact the complainant by telephone to acknowledge receipt of the complaint within 48 hours of the correspondence being logged, (see Appendix D Telephone Guidance).

The Care Group Manager/Matron are responsible for allocating investigating managers who can best respond to the issues identified in the complaint. If a delay in responding is anticipated, the Care Group Manager/Matron must notify the Customer Relations team and outline the reason(s) that will impede the division from providing a response to the points raised in the complaint within 8 working days. The Customer Relations team will then notify the complainant of the reason for the delay and attempt to agree an extension of the deadline for receiving a written response within 25 working days.

A comprehensive investigation, to identify root cause/s, should be undertaken by senior members of staff identified to carry out the investigation for the service the complaint is about. Investigations should be thorough, with statements and information being obtained in order to identify the circumstances of the complaint, why it happened, what could have been done to prevent it, and what actions, if any, are needed to prevent a similar complaint being made. This process should endeavour to support a culture of continuous improvement in the Trust in line with the Trust's Risk Management and Incident Reporting Policy.

The response should be written in 'plain English' - succinct, jargon-free, conciliatory in tone, clear on all clinical issues and should be written as though from the Chief Executive. A template for responding to a formal complaint is included in Appendix E. The Customer Relations Team may seek access or request any documentation or information that will assist with producing a response. This will usually require access to incident reports and medical records as a minimum.

The Customer Relations Team must prepare a written response to the complainant on behalf of the Chief Executive drawn from the facts and information obtained from the investigation undertaken. A response to the complaint (the final letter) must be signed by the Chief Executive, or a designated deputy. An opportunity will be given in the letter for the complainant to contact the Customer Relations Team if there are any questions arising from the response.

Should the complainant remain dissatisfied at the conclusion of local resolution, they will also be advised of their right to contact the Parliamentary Health Service Ombudsman to review their complaint.

In some cases, it may be appropriate to invite a complainant to meet with staff to address any outstanding queries, either initially or following an exchange of correspondence. Complainants should be supported if they wish, for example, by a friend, relative, carer, advocate or an Independent Complaints Advocacy Service (ICAS) Officer. Practitioners can also be supported if they wish, for example, by a colleague or staff representative.

All communications should be marked 'Private & Confidential'.

It may not be clear whether the complainant wants an explanation and apology, with assurances that any failures in service will be rectified for the future, or whether the complainant is in fact seeking information with litigation in mind. Prima facie evidence of negligence should not delay a full explanation of events and if appropriate, an apology (an apology is not an admission of liability).

Where complaint meetings take place, it is important to record accurately the discussion and outcome of that meeting. If appropriate, use digital recording equipment to accurately record the meeting as long as agreement has been obtained from all parties present. Meeting recordings will be held as part of the complaint file.

8. Reopened Complaints

Complainants that are not satisfied with the Trust's response are asked to write back to the Chief Executive with the points they feel are not responded to appropriately. The following could be considered:

- Attempt further local resolution by asking those who responded to the complaint to reconsider and offer further response to the complainant.
- A local resolution meeting may help to avoid protracted written correspondence. The complainant may request an independent review of their complaint via the Parliamentary Health Service Ombudsman.

9. Parliamentary and Health Service Ombudsman (PHSO) (Final stage)

The Parliamentary Health Service Ombudsman independently reviews NHS complaints. They can only review the complaint if it has already been raised with the Trust or practitioner concerned and if the complainant is dissatisfied with the local resolution process. The Ombudsman is completely independent of the NHS. The Ombudsman will only consider complaints, which have been through the NHS complaints procedure. There is no appeal against a decision made by the Ombudsman.

Full copies of any relevant files, including the patient's health records will be made available to the Ombudsman on their request and production of a valid consent form.

10. Outcome following Complaint Process

An outcome following acknowledgement by the Trust of the complainant's concerns can include an appropriate range of remedies:

- An apology, explanation, and acknowledgement of responsibility
- Remedial action, which may include reviewing or changing a decision on the service given to an individual complainant; revising published material; revising procedures to prevent the same thing happening again; training or supervising staff; or any combination of these
- Financial compensation for direct or indirect financial loss, loss of opportunity, inconvenience, distress or any combination of these.
- An explanation of options thereafter if the complainant remains dissatisfied with the Trust's response; the Ombudsman or seeking a legal remedy outside of the complaints procedure.

Once a final letter has been sent from the Chief Executive (or the process agreed with the complainant has been completed, if different) the complaint is closed on the system.

It may not be possible to resolve a complaint where the complainant's expectations of the outcome are unrealistic or a matter of opinion. However, complaints should only be reopened where evidence can be provided that the original issues raised have not been addressed. Any further investigation and letter should follow the process flow as for the original complaint. If the complainant makes comments on the Trust's final response, requests further information, access to health records or makes other enquiries without additional complaints, it will be regarded as a continuation of the previous complaint and be logged on Datix as a re-opened complaint.

11. Support for Complainants

The Customer Relations Team will be able to offer advice and act as a guide through the complaints process. The PALS team can help to resolve concerns and can provide advice, including information about local Independent Complaints Advocacy Services (ICAS).

ICAS is a separate service and provides independent advice and support to people who wish to raise a complaint about the NHS. Their services may include drafting letters for a complainant or accompanying them to a meeting with NHS staff, Primary Care Providers, Independent Providers (of NHS treatment) or their staff.

The Local Citizens Advice Bureau and the Patients Association may also be able to assist complainants.

12. Support for Staff/ Disciplinary Issues

If a member of staff is cited in a complaint they must be informed by their manager and advised where help and support can be found.

Being involved in a complaint can be very stressful for staff, especially if they are being personally criticised. Staff who are involved in a complaint are entitled to be supported both professionally and personally in accordance with the guidelines for supporting staff in appendix 9 of the Event Investigation Management & Analysis Policy.

All staff involved must be able to call upon guidance and support from within the Trust. This should come from their line manager. Staff may also wish to obtain support from their Professional Organisation or Trade Union. Further guidance is within the Trust's Risk Management Policy. The complaints management process is not designed to apportion blame but rather to help identify if anything has gone wrong so that corrective action can be taken to alleviate any distress it has caused and to prevent similar incidents occurring. This process of continuing learning is emphasised through the trust's customer care programme.

Managers should also ensure that any member of staff mentioned in the response to a complaint receives a copy of the final response to the complaint via their line manager.

It is not appropriate to address disciplinary matters through the NHS complaints procedure. However, evidence from complaints may be used as part of a disciplinary process.

13. Fairness and Equality

Making a complaint does not mean that a patient/complainant will receive less help or that things will be made difficult for them. Everyone can expect to be treated fairly and equally regardless of age, disability, race, culture, nationality and sexual orientation.

Section 22 of the Gender Recognition Act (GRA), makes it a criminal offence, with a fine of up to £5,000 on conviction, for any individual who has obtained the information in an official capacity to disclose that a person has applied for a gender recognition certificate (GRC) or, if the person's application has been successful, to disclose any information relating to that person's gender history. This includes employers or prospective employers, or a person employed by such an employer or prospective employer. It is a strict liability offence so there is no room for pleading 'reasonableness' as a defence. (<http://www.legislation.gov.uk/ukpga/2004/7/section/22>)

In relation to the complaints procedure it is the responsibility of the recipient to either redact the Person Identifiable element, and then request the Complaints Manager or a clinician to answer the complaint, or if this is not possible, they should redact the information that the complainant is undergoing or has undergone transition and that they have been granted or applied for a Gender Recognition Certificate before forwarding the complaint to be investigated. The Trust will honour this and protect confidentiality at all times.

Staff must also ensure that patients and their carers are not discriminated against when a complaint is made and that their ongoing treatment will be unaffected. To help achieve this aim, all staff are made aware when in receipt of a complaint that complaint records must be kept separate from clinical records. Line Managers are responsible for ensuring that this is monitored when reviewing the investigation responses to complaints and for considering whether it may be more appropriate in the circumstances to be referred to another clinician(s).

14. Legal matters and compensation

If formal legal action has been initiated by the complainant, the NHS complaints procedure can continue if it is deemed appropriate and does not impact on the legal case. However if it is considered by the Customer Relations Manager and Legal Services Manager that the complaint investigation would prejudice the legal claim, the complaint should be stopped. If the complaints procedure ceases, the complainant and complained against must be advised in writing. The case must be referred to the Trust's Legal Services Manager.

The NHS complaints procedure would not be able to assist complainants with claims for compensation. However, it may be appropriate to consider an ex-gratia payment as a gesture of goodwill and remedy to the complaint in the event of an injustice or maladministration in accordance with the trust's process for dealing with ex-gratia payments. Any letters requesting claims for compensation will be shared with the Legal Services Manager to assist in the decision making on the future management of the case.

15. Identification of a Serious Incident Requiring Investigation (SIRI) or Safeguarding/Police Issue

Where a complaint leads to the identification of a serious incident requiring investigation (SIRI), the policy for Event Investigation Management & Analysis must be followed.

Where a complaint leads to the identification of a Safeguarding issue, the trust's safeguarding procedures for adults or children must be followed.

If either of the above procedures is to be followed the Customer Relations Team must ensure that the complainant is fully informed that their complaint will be logged and responded to under the NHS Complaints Procedure; however all or part of their complaint will be investigated under another procedure, the details of which must be explained.

If the complaint is subject to a police investigation it will be handled in line with the memorandum of understanding between the Police and the NHS. If the Police become involved at any stage during a complaint, the complaint will be suspended until the Police have confirmed that continuation of the hospital's investigation will not prejudice their own investigation. The complainant will be notified in writing of this decision as necessary.

The incident report file/Root Cause Analysis report (RCA) should be shared with the Customer Relations Department to establish what investigations have been carried out already and whether any further enquiries need to be made. Contact will also be made with the complainant to confirm that all further communications will take place in accordance with the NHS Complaints Procedure. In conjunction with the Patient Safety team and relevant division(s), the Customer Relations team will liaise with all relevant parties who have already been in close contact with the family and/or patient in connection with the incident. If not, a decision should be taken to establish whether it should have been. Where an incident clearly should have been reported and an investigation undertaken, the investigation will be initiated on receipt of the complaint. This will ideally take place before any other investigation occurs however where time does not permit this, the Patient Safety Manager, the Customer Relations Manager and/or Legal Services Manager will liaise closely throughout the investigation to

avoid duplication of work and discuss any high grade cases that cross over at the trust's triangulation meeting.

16. Link with Incident Management and Complaints and Claims Management

The linking together of all events to ensure an effective interface between complaints, claims and incidents is key to the promotion of learning from mistakes and improving practice. The monthly Triangulation Committee has the responsibility for reviewing the links between each department and identifying trends. The Divisional Clinical Governance meetings ensure that trends are identified so that changes are implemented and lessons learnt.

The use of Datix for the recording of events allows the information to be collated and presented as part of the quarterly patient experience report to the Trust Board. The purpose of this paper is to ensure that it receives assurance on the management of events.

17. Other Providers

The Trust should ensure that all NHS providers and any private providers with whom it has a Contract or Service Level Agreement have robust arrangements in place for handling complaints from the Trust's residents about the services they provide.

The NHS Complaints Procedure does not allow for complaints about private medical care provided by a consultant. In these situations, complaints should be sent to the consultant directly. However any complaints about the Trust's private wards or overseas patients which are the responsibility of the Trust should be dealt with under the NHS Complaints Procedure.

MPs in receipt of complaints about health services from constituents often address personal letters to the Chief Executive. These are acted upon in the same way as any other complaints.

18. Multi-Agency/External Agency Complaints

Complainants will be informed of which aspects of the concerns raised are not within the Trust's jurisdiction. Where a complaint involves more than one NHS or non-NHS body, the Trust will forward the complaint to the other agencies concerned, with the complainant's permission. Agencies will work together to determine how best to respond and the complaint will be coordinated by the Trust which initially received the complaint. Consent must be sought from the complainant to approach the other agencies and receive information relevant to the complaint.

Where a complaint includes aspects relating to health and social care, these complaints can be handled by either organisation. The two bodies should seek to agree which organisation should take the lead. Both organisations are bound by duty to co-operate with each other in trying to resolve the complaint. Consent must be obtained from the complainant in order to share the relevant information.

19. Vexatious and Unreasonable Complaints

The PHSO has the final say in all complaints. Nevertheless, in extreme cases, complainants may continue with their complaint. This can happen when a complainant either refuses to accept the verdict of the ombudsman, or for whatever reason does not wish to complain to the ombudsman. In these cases, the Trust will consider following its Persistent and Unreasonable Complaints Procedure (Appendix C). All possible efforts will be made before this happens to resolve matters.

20. Media

Complainants should be dealt with on a strictly confidential basis. However, some may come to the attention of the media through the actions of complainants, staff or unconnected third parties. The Communications Team should handle such communications.

21. Record Maintenance & Storage

The complaints department will keep complaint records for 10 years after completion of action, after which time records can be destroyed under confidential conditions.

Complaints correspondence should be held separately from health records for reasons of confidentiality in accordance with the General Data Protection Regulation, 2018. The only instance where this may not apply is if the complaint relates to a clinical matter, information on which may be required for future care. In this case, a note should be included in the health records.

22. Compliments

Compliments are as important to the Trust as complaints and should be seen as a means of learning how things have gone well. Information on compliments will be reported to the Board and also cascaded to the staff. Compliments are collated by the divisions on a monthly basis and sent to the PALS team on a monthly basis for reporting (Appendix J).

23. Implementation /Awareness of the Complaints Policy

An information leaflet describing the PALS service and complaints procedures are available on the Trust's website and are stocked within wards and departments. The leaflet explains how to raise a concern or make a complaint, compliment or comment should they wish to do so. Information about the policy will also be on the Trust's website and on posters on each site.

24. Monitoring Complaints

The Trust monitors the subject trends of complaints as well as how they have been handled to identify areas of concern and disseminate good practice. This action is carried out at quarterly Patient Experience & Feedback Committee meetings on behalf of the Trust Board. The Patient Experience Feedback Committee seeks to provide assurance to the Board that the Trust manages patients' complaints and concerns in a sensitive and effective manner, in line with the NHS Complaints Procedure and that a process of organisational learning is in place to ensure that lessons learnt are embedded within the organisational framework. The Non-Executive Directors on the Committee audit a random selection of closed complaint files before each meeting against a number of standards (at Appendix H).

25. 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 whether or not the complaint has been upheld, partially or in full, so that learning can be focused on where there have been service failures of any kind.

Following the closure of a complaint root causes and actions arising as a result of the complaint will be reported within the division responsible for ensuring that actions are completed through their quarterly governance reviews.

A survey is sent to each complainant once their file is closed to ask questions about their experience of how their recent complaint was handled by the trust.

26. References

- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 – Statutory Instruments No. 309
- A Review of the NHS Hospitals Complaints System Putting Patients Back in the Picture – Right Honourable Ann Clwyd MP and Professor Tricia Hart – October 2013.
- Keogh
- Making Experience Count Framework for Responding to Health and Social care Complaints, DoH (2009)
- DH Resource Pack: Supporting the Implementation of Patient Advice and Liaison Services, (2009)
- National Patient Safety Agency (2005) Being Open
- The NHS Constitution (2010)
- Health Service Ombudsman (2009) - 'Principles of Good Administration', 'Principles of Good Complaint Handling' and 'Principles for Remedy'
- Francis R. QC (2010) The Mid Staffordshire NHS Foundation Trust Inquiry: DH
- CQC Legislation

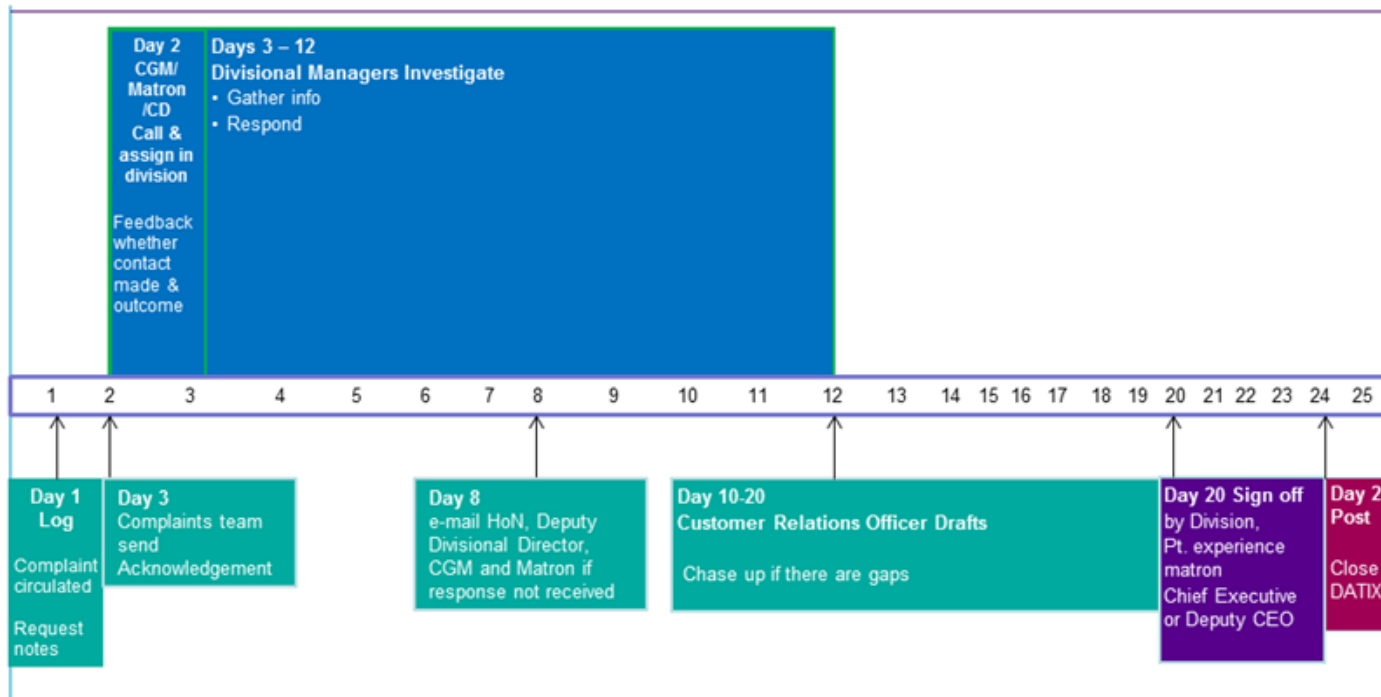
27. Good Practice

In addition to the Statutory Regulations, the following good practice guide is available to assist staff involved in the complaints procedure:

- Department of Health (2009) Listening, responding, improving: a guide to better customer care.

Appendix A Complaint's Procedure

WSHFT Complaints procedure



1

Appendix B Guidelines for managing persistent and/or unreasonable complaints

1. Introduction

Staff need to consider whether:

The complaints procedure has been correctly implemented as far as possible and that no material element of a complaint is overlooked or inadequately addressed.

To identify the stage at which a complaint is determined to be persistent and/or unreasonable, applying criteria with care, fairness and due consideration for the complainant's circumstances – bearing in mind any known physical or mental health conditions that may explain the reason for their difficult behaviour. This should also include consideration of the impact of bereavement, loss of significant/sudden change changes to the complainant's lifestyle, quality of life or life expectancy.

2. Purpose of the Guidance

This guidance should only be implemented following careful consideration by the Customer Relations Manager. It is emphasised that this guidance should only be used after all reasonable measures have been taken to resolve complaints following the Local Authority Services and NHS Complaints Procedure.

Reasonable measures to consider:

- Offering a meeting with staff as a means to dispel misunderstandings and move matters forward.
- The involvement and assistance of the Independent Complaints Advocacy Services (ICAS).
- If providing a copy of records and a follow up meeting to talk them through – may help dispel misunderstandings or misconceptions.

3. Persistent and/or unreasonable complaint criteria

A complainant may be deemed to have a persistent and/or unreasonable complaint if the complainant has met the following **single** criterion:

Has **threatened or used actual physical violence** towards staff or their families at any time - this will result in personal contact with the complainant and/or their representatives to be discontinued and only written communication will continue. Consideration will be taken regarding reporting the matter to the police, or using its risk management or health and safety procedures to safely manage the impact on staff.

Or **any two** of the following criteria:

- **Persist in pursuing a complaint** where the complaints procedure has been fully and properly implemented and exhausted (example - where investigation has been denied as "out of time".)
- **Change the substance** of a complaint or **continually raise new issues** or seek to prolong contact by **continually raising further concerns or questions** upon receipt of a response. (Care must be taken not to discard new issues significantly different from the original complaint. These might need to be addressed as separate complaints.)
- Are **unwilling to accept documented evidence** of treatment given as being factual, example - drug records, clinical manual or computer records, **or deny receipt** of an adequate response in spite of correspondence specifically answering their questions or **do not accept that facts can sometimes be difficult to verify** when a long period of time has elapsed or repeatedly focus on conspiracy theories.

- **Do not clearly identify the precise issues** which they wish to be investigated, despite reasonable efforts of staff and, where appropriate, the ICAS to help them specify their concerns, **and/or where the concerns identified are not within the remit** of the Trust to investigate.
- Have in the course of addressing a registered complaint, had **an excessive number of contacts** with the NHS placing unreasonable demands on staff. (A contact may be in person or by telephone, letter, e-mail or fax. 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. (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.)
- Are known to have **recorded** meetings or face-to-face/telephone **conversations without** the prior knowledge and **consent** of other parties involved.
- **Display unreasonable demands or patient/complainant expectations and fail to accept that these may be unreasonable** (example - insist on responses to complaints or enquiries being provided more urgently than is reasonable or normal recognised practice.)

4. Options for dealing with persistent and/or unreasonable complaints

Where complaints have been identified as persistent and/or unreasonable in accordance with the above criteria, the Chief Executive (or their nominated deputy) will notify complainant in writing of the reasons why the complaint has been classified as persistent and/or unreasonable and the action to be taken. In some cases it may be appropriate, to remind the complainants that they may seek advice in processing their complaint, example - through the ICAS. A record must be kept for future reference of the reasons why a complaint has been classified as persistent and/or unreasonable. This notification may be copied for the information of others already involved in the complaint, example - practitioners, ICAS, Member of Parliament.

The Chief Executive (or nominated deputy) may decide to deal with complaints in one or more of the following ways:

- Drawing up a signed “agreement” with the complainant (and if appropriate involving the relevant practitioner in a 2-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 these guidelines. The following example may be helpful in establishing ground rules prior to invoking further action:

Both Parties will agree to:

- *Explain what name we would like to be called when corresponding*
- *Take turns speaking and not interrupting each other*
- *Listen respectfully and sincerely to try and understand each other’s needs and interests*
- *Recognise that each of us is entitled to our own perspective, even if we do not agree with it*

- *Not engage in 'put downs' and will ask questions of each other for the purpose of clarification and understanding*
- *Make a conscious effort to use time constructively to work towards the resolution of the complaint*
- *Avoid using inappropriate language or take on a confrontational attitude to each other*
- *Avoid being physically aggressive or threatening*
- *Speak up if something is not working for us*

Signed and dated by both parties

- Placing time limits on telephone conversations and personal contacts
- Restricting the number of calls that will be taken or made
- Requiring contact be made with a named member of staff
- Limiting the complainant to one mode of contact
- Requiring any personal contact to be made in the presence of a witness
- Future correspondence will be read and placed on file, but not acknowledged unless new evidence is provided.
- Inform the complainant that in extreme circumstances the Trust reserves the right to pass correspondence or other material about complaints that is unreasonable to the Trust's solicitors. Temporarily suspend all contact with the complainant or investigation of a complaint whilst seeking legal advice or guidance from the Department of Health.

5. Reviewing and withdrawing 'persistent and/or unreasonable status

Once a complaint has been specified as 'persistent and/or unreasonable' there needs to be a mechanism for reviewing and/or withdrawing this status at a later date if, for example, complainants subsequently demonstrate a more reasonable approach or if they submit a further complaint for which normal complaints procedures would appear appropriate. Record all reviews of and appeals to the status.

The Chief Executive (or nominated deputy) will previously have used discretion in recommending 'persistent and/or unreasonable' 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 between the Chief Executive (or nominated deputy) and the Customer Relations Manager. Subject to their approval, normal contact with the complainant and application of NHS complaints procedures will then be resumed.

Appendix C Complaints Triaging Guidance

How to Grade a Complaint

Grade	Indicators/Examples	Level of Investigation/Action
Low	<ul style="list-style-type: none"> No harm or or minimal harm. Overall treatment or service suboptimal. 	<ul style="list-style-type: none"> Raised with staff or with PALS verbally resolved 'on the spot'. <p>OR</p> <ul style="list-style-type: none"> Written response within 5 working days.
Medium	<ul style="list-style-type: none"> Moderate increase in treatment which caused significant but not permanent harm. Multiple aspects to complaint involving more than two areas. Major patient safety implications if findings are not acted on. 	<ul style="list-style-type: none"> Divisional handler contacts complainant to confirm whether written response needed. Complaints officer sends acknowledgement within 3 working days of receiving complaint) Complainant receives a written response within 25 working days.
High	<ul style="list-style-type: none"> Any complaint that appears to have resulted in permanent harm or that directly resulted in death. Serious risk issue for the organisation 	<ul style="list-style-type: none"> Complaints serious in nature and require more/ extensive investigation Procedure for serious untoward incidents and Duty of Candour can be invoked

Appendix D Guidance for telephoning complainants

If a written complaint is received within the Trust, it may be possible to provide local resolution. Please consider the following:

- Consider a telephone call to apologise or to offer an explanation, an initial response may satisfy the complainant and be a more favorable option. (e.g. offering an earlier OP appt)
- It may be more appropriate to phone and acknowledge the complaint and explain that an investigation will commence. Please explain that a written response will be prepared within 25 working days and advise of the actions you will be taking in investigating the complaint. (e.g. complex multi-factorial issues raised)
- If the subject of the complaint constitutes a serious incident (SI), or there has been a significant harm to the patient you should discuss this with the Head of Clinical Governance. There may be times when the complaint also raises general patient experience concerns and this may require a response after the RCA process has been completed managed separately.
- Consent will be required if the complainant is not the patient or where the Trust will need to contact a third party organisation in order to complete the investigation. The customer relations team will highlight if this is necessary at the time that you are notified of the complaint. The customer relations team will obtain consent to release details in the Trust response.
- If it is clear that a longer timescale will be required to offer a more effective response due to key respondents being unavailable the Complaints officer must be informed. This enables an extension to be agreed or an alternative respondent to be considered in order to meet the deadline.

Often complainants are seeking;

- An acknowledgement that service has been poor and an apology.
- An explanation of what happened and why.
- Reassurance that the organisation is taking their complaint seriously.
- A commitment to action where appropriate.
- A speedy response.
- To see improvements in the service provided.
- Some form of redress.

PHSO principles for remedy are that we get the response right, we are open and accurate, fair and proportionate in our response and that we seek continuous improvement.

Complaints records are kept separate from health records and must not be filed in the medical records unless specifically requested by the patient.

Appendix E Template for Complaint Response

Complaint ID Number:

Patient's Name:

Response from:

Issues raised (bullet point the issues raised from the complaint letter in respect of care you were involved in or responsible for)

Response to issues above (if you cannot respond to all the issues raised explain why)

Conclusion (to include changes in practice, improvements to service, training issues highlighted and actions taken to avoid reoccurrence)

Issues raised:

- 1.
- 2.
- 3.
- 4.

- 1.
- 2.
- 3.
- 4.



the charity for patient safety & justice

MEDICO-LEGAL ADVICE SERVICE

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- Medical Accidents
- Clinical Negligence
- Inquests
- Health Professional 'Fitness to Practise'
- NHS or Private Healthcare Complaints
- Patient Safety



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www.avma.org.uk

*Action against Medical Accidents (AVMA) is registered as a charity
in England & Wales (number 299123), and in Scotland (number SC039683)*

How can we help?

Action against Medical Accidents ('AvMA') is the UK charity working for better patient safety and justice when things do go wrong in healthcare.

We have a team of specialist trained advisers who can provide advice, information and support when

- something has gone wrong which has caused or may result in harm
- you are concerned about a threat to patient safety caused by unsafe procedures or the 'fitness to practise' of a health professional.
- you need to challenge a decision about access to treatment which has serious consequences for you or your family. (However we can not provide clinical advice on ongoing treatment).

We can often help you understand your rights, and your options for getting your concerns addressed by giving advice on our helpline, answering a written inquiry, and/or providing information sheets (also available on our website). In some cases we are able to provide more intensive advice and casework support through one of our own casework staff. Where more specialist legal advice or representation is required, we are able to refer you to a specialist lawyer.

Some of the issues on which we can advise are:

- inquests following a healthcare related death
- NHS or private healthcare complaints procedures
- referrals of health professionals to their regulatory body's 'fitness to practise' procedures
- possible legal action to obtain compensation after clinical negligence
- other medico-legal disputes, public law and Human Rights
- working with the health service to ensure lessons are learnt and patient safety improved
- understanding investigation reports.

Our service is free, confidential, and totally independent

Contact us:

Helpline	0845 123 2352 <i>(Monday to Friday 10am – 5pm. Calls charged at local rate from anywhere in the UK).</i>
E-mail	advice@avma.org.uk
Write	AvMA, 44 High Street, Croydon CR0 1YB
Website	www.avma.org.uk <i>Our website has a range of useful information sheets/guides to help you help yourself.</i>

**Appendix G Patient Experience & Feedback Committee
Complaint Files Audit Form**

Complaint Reference:	ID/
Name of Non-Executive Director auditing file:	
Date:	

	Yes/No/NA	Date
Did the patient suffer significant harm (defined as moderate or greater harm) while in our care and if so, was the Duty of Candour process initiated?		
Was the complaint graded following triage?		
Was the complaint acknowledged within 3 working days?		
Were comments received within 14 days?		
Is there evidence of chasing comments where necessary?		
If the response target has not been met has the complainant been informed and kept updated of progress?		
Do the comments address the issues and is there relevant supporting documentation if applicable?		
Has the draft response been checked and approved by relevant staff?		
Does the response answer all the points of complaint?		
Are there any lessons to learn?		
General comments:		

V4. Jan 2016

Appendix H Protocol for finishing a telephone call with a customer who is using abusive or threatening behaviour

As a professional employee of the Trust, we will always endeavour to do our utmost to support patients, and the public and to resolve concerns or issues when they arise.

All reasonable steps should always be taken to **acknowledge a person's frustration**, anxieties and concerns and this may mean **listening** to their expression of this frustration before being able to move on and help them.

It is always alright to say that you are **sorry** for what they are experiencing and to offer to help where possible (this may include seeking further support from other colleagues).

We also have a professional responsibility to ourselves, our colleagues and the Trust. This responsibility includes how we safeguard ourselves and others from behaviour that is abusive or threatening.

This telephone protocol should be used after trying our best to resolve an issue and if a patient continues to use language that you find offensive or if they express threatening behaviour towards you or other members of the Trust.

It is never a failing to act in a professional manner even if this means that we may need to end a call with the purpose that we will offer to try and resolve it at another time. It is always ok to give your first name to a caller and you can be reassured that the Trust will fully support you in the use of this protocol.

All calls that are ended using the protocol should be reported to your line manager and the line manager will complete a DATIX form. If you are affected by the call please discuss it with your line manager/supervisor (Don't take concerns home with you).

Protocol wording: (Speak clearly, even if the person is shouting across you)

I'm sorry (Sir/Madam/Name), I would like to try and help you but I cannot do this while you are:

- a) Using offensive language towards me.**
- b) Expressing threatening behaviour.**

Sometime this may be enough to change the person's language/behaviour in which case you can carry on trying to resolve their concerns.

If the offensive language or threatening behaviour continues

I'm going to finish this call now, but we still want to help you, and so my name is () and...

- a) Please can I ask you to ring myself or one of my colleagues back when you feel we can have another conversation.**
- b) I will ask my manager/supervisor to telephone you and have a further conversation.
I'm sorry again that we've not been able to help you on this call.**

Finish call and report to supervisor, Supervisor to complete DATIX

Appendix I Monthly Plaudit Return

Month

Ward/Department:

Date	Letters/Cards	Telephone calls received	E-mails	Donations	Other	Comments <i>*optional</i>
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						

Numbers received	Letters/Cards	Telephone calls received	E-mails	Donations	Other	Comment's * <i>optional</i>
23						
24						
25						
26						
27						
28						
29						
30						
31						
Monthly totals						

Returned by:

Print Name

Date:

Please return by the **last Wednesday of every Month**

To: Tracey Nevell, Patient Experience Team Lead

01903 285222 x84989

tracey.nevell@wsht.nhs.uk

Worthing Hospital

Equality Impact Assessment

Name of Policy, Service, Function, Project or Proposal	Complaints Policy
<i>Department</i>	Patient Experience Team
Lead Officer for Assessment	Customer Relations Manager
What is the main Purpose of the Policy/Service/Function/Project/Proposal?	This policy has been formulated to ensure staff respond to complaints to a satisfactory standard and comply with the requirements contained within The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.
List the main activities of the policy or service re-design (e.g. Manual Handling would relate to health and safety of patients; health and safety of staff; compliance with NHS and Government legislation or standards etc)	Management of all formal complaints made by service users relating to all hospital services involving all staff
Is the policy or service relevant to:	
Promoting Good Relations between different people?	Yes
Eliminating discrimination?	Yes
Promoting Equality of Opportunity?	Yes
Which groups of the population do you think may be affected by this proposal?	
Minority Ethnic People	<u>No</u>
Women and Men	<u>No</u>
People in religious/faith groups	<u>No</u>
Disabled people	<u>No</u>
Older people	<u>No</u>
Children and young people	<u>No</u>
Lesbian, gay, bisexual and transgender people	<u>No</u>
People of low income	<u>No</u>
People with mental health problems	<u>No</u>
Homeless people	<u>No</u>
Staff	<u>No</u>
Any other group (please detail)	<u>No</u>

<p>Do you have any information that tells you of the current use of this service? Yes/No (if yes please detail)</p> <p>Complaints statistics for the Department of Health (KO41a return) and the Trust Board</p> <p>Is it broken down by ethnicity, gender, disability, age, religion and sexual orientation? Yes/No (please detail)</p> <p>The KO41a return requires data to be submitted about ethnicity of staff and complainants</p> <hr/> <p>Does this information reflect the proportions from the 2001 Census?</p> <p>Yes/No (If no, can you explain why)</p> <p>n/a</p> <hr/> <p>If there is no information available or if this is patchy, specify the arrangements that will make this available</p> <p>n/a</p>
--

Using the information above, please complete the grids below:

How will the Policy etc affect Men and Women in different ways?

Gender	Positive Impact	Negative Impact	Neutral	Reason/Evidence	Don't know
Women			-	This document is aimed at all groups of people who use the hospitals	
Men			-		

How will the Policy etc affect Black and Minority ethnic people?

Race	Positive Impact	Negative Impact	Neutral	Reason/Evidence	Don't know
White			-	Recognition for the potential for interpreting and communicating with those whose first language is not English.	
Mixed			-		
Other Ethnic Group			-		
Black/Black British			-	Identifying those cases where the use of Independent Complaints Advocacy Services/PALS may be appropriate	
Asian/Asian British			-		

How will the policy affect people with disabilities?

Disability	Positive Impact	Negative Impact	Neutral	Reason/Evidence	Don't know
Visually Impaired			-	This document could be provided in large print if required.	
Hearing Impaired			-		
Physically Disabled			-	Should this document be presented there may a requirement to have a hearing loop facility discussed.	
Learning Disability			-		
Mental Health Related			-		
				There should be a consideration if the document is presented at meetings.	

How will the policy affect people of different ages?

Varying ages	Positive Impact	Negative Impact	Neutral	Reason/Evidence	Don't know
			-		

How will the policy affect people of different sexual orientation?

Sexual Orientation	Positive Impact	Negative Impact	Neutral	Reason/Evidence	Don't know
			-		

How will the policy affect Transgender or transsexual people?

	Positive Impact	Negative Impact	Neutral	Reason/Evidence	Don't know
Transgender			-		
Transsexual			-		

How will the policy affect people of varying religious beliefs?

Varying beliefs	Positive Impact	Negative Impact	Neutral	Reason/Evidence	Don't know
			-		

How will the policy affect those with carer responsibilities or impact on basic human rights?

Carers / Human Rights	Positive Impact	Negative Impact	Neutral	Reason/Evidence	Don't know
			-		

Considering your responses above, what are the areas that are have a positive and / or negative impact?

	Positive + / Negative -	Reason Given for Impact
Gender		
Race		
Disability		
Age		
Sexual Orientation		
Religious Belief		

Has there been any consultation about this Policy etc? If there has, what were the key issues identified?

This document has had consultation at department, divisional and trust level. No issues have been raised in relation to Equality and Diversity.

Consultation	Date	Summary of Key Issues to be addressed
Gender		
Race		
Disability		
Age		
Sexual Orientation		
Religious Belief		

If consultation is planned, when will it happen and what are the key themes for consultation?

How do you intend to consult staff?

What does Local / Regional / National research show with regards to these groups and the likely impact?

n/a

Group	Source	Key Issues
Gender		
Race		

Disability		
Age		
Sexual Orientation		
Religious Belief		

As a result of consultation / information gathering, what changes do you intend to make to the policy etc? If 'None', please state as relevant:

Gender

Issue	Action Required	Lead Officer	Timescale	Outcome Measure	Review Date
None					

Race

Issue	Action Required	Lead Officer	Timescale	Outcome Measure	Review Date
None					

Disability

Issue	Action Required	Lead Officer	Timescale	Outcome Measure	Review Date
None					

Sexual Orientation

Issue	Action Required	Lead Officer	Timescale	Outcome Measure	Review Date
None					

Religious Belief

Issue	Action Required	Lead Officer	Timescale	Outcome Measure	Review Date
None					

Age

Issue	Action Required	Lead Officer	Timescale	Outcome Measure	Review Date
None					

Please outline the monitoring and reviewing process and timescale

This document will be reviewed and updated yearly in line with trust guidance or according to national standards as they arise.

Agreed Review Date: September 2018

Signed by: Policy / Service AuthorPatient Experience Matron

Trust Equality & Diversity Lead.....

Date: September 2017