

Complaints Policy

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Target Audience- who does the document apply to and who should be using it.	All employees directly employed by the Trust, whether permanent, part-time or temporary (including fixed-term contract). It applies equally to all others working for the Trust, including private-sector, voluntary-sector, bank, agency, locum, and secondees. For simplicity, they are referred to as 'employees' throughout this policy Employees directly employed by Wiltshire Health and Care Ltd		
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Equality Impact

Great Western Hospitals NHS Foundation Trust strives to ensure equality of opportunity for all service users, local people and the workforce. As an employer and a provider of health care, the Trust aims to ensure that none are placed at a disadvantage as a result of its policies and procedures. This document has therefore been equality impact assessed in line with current legislation to ensure fairness and consistency for all those covered by it regardless of their individuality. This means all our services are accessible, appropriate and sensitive to the needs of the individual.

Special Cases

There are no special cases where this policy does not apply.

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1 Document Details

1.1 Introduction and Purpose of the Document

Great Western Hospitals NHS Foundation Trust (the Trust) is committed to listening to the views of all stakeholders. By listening, the Trust can understand how the services it offers are received and can continue to develop and improve.

The Trust recognises that sometimes things go wrong, and that there is a need for a formal process through which stakeholders can raise concerns. This gives the Trust the opportunity to put matters right if needs be, and learn from past experience. Under the National Health Service (NHS) Constitution (Ref 29), people have the right to have their complaint dealt with efficiently.

The complaints function of the Trust is managed by the Patient Advice and Liaison Service (PALS). The team is led by the Head of PALS and responsible to the Quality Lead for Patient Experience and (and to the Head of Quality for Wiltshire Health and Care (WHC)

The PALS team actively seeks the views of patients and the public about the quality of the Trust's services. The team works with other departments to ensure appropriate action is taken to improve services as a result of feedback.

Compliments, Comments, Complaints and Suggestions from patients are encouraged and welcomed. Should patients be dissatisfied with the care provided they have a right to be heard and for their concerns to be dealt with promptly, efficiently and courteously. Under no circumstances should patients be treated any differently as a result of making a Complaint or raising a Concern.

This document is the Trust-wide policy on how individuals can make, and how the Trust will manage complaints and other forms of feedback.

The purpose of the Complaints Policy is to explain how the Trust acknowledges and implements the National Health Service Complaints Regulations (Ref 1) along with demonstrating how it listens to the views of its patients.

The aims of this policy are to:

- Ensure that the Trust's commitment to listen to, and learn from, patient feedback is documented.
- Fulfil the need to implement a complaints management procedure that is easy to understand and simple to use, whilst giving the Trust a robust assurance, that complaints are effectively managed and lessons can be learnt.
- Support Trust employees to conduct investigations which are thorough, fair, responsive, and open.
- Demonstrate that the Trust will learn from complaints and use them to improve the services for customers.
- Ensure that the Trust's service is accessible to everyone.
- Show the Trust will respect individuals' rights to confidentiality.
- Ensure the Trust and WHC Boards are accountable for improving the quality of services.
- Satisfy the complainant by conducting a thorough investigation and providing a full explanation.

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- Ensure that customers are not treated differently as a result of making a complaint and ensure that customers are treated with compassion and understanding of their circumstances.
- Reinforce positive behaviour by celebrating Compliments.

1.2 Glossary/Definitions

The following terms and acronyms are used within the document:

AHRA	Access to Health Records Act 1990
AMD	Associate Medical Director
CCTV	Closed Circuit Television
CEO	Chief Executive Officer
Complainant	Anyone who uses any part of the service the Trust delivers; predominantly patients, relatives and their carers
CQC	Care Quality Commission
CQC	Care Quality Commission
DD	Divisional Director
DDON	Divisional Director of Nursing
HOS	Head of Service
I casework	Complaint Management System
ICO	Information Commissioners Office
IP&C	Infection Prevention and Control
IR1	Electronic Incident Reporting Form
MP	Member of Parliament
NHS	National Health Service
NPSA	National Patient Safety Agency
PA	Personal Assistant
PALS	Patient Advice and Liaison Service
PAS	PALS Assistants
PHSO	Parliamentary and Health Service Ombudsman
QCF	Qualification and Credit Framework
SEAP	Support Empower Advocate Promote

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SEAP	Support Empower Advocate Promote
SIRI	Serious Incident Requiring Investigation
Stakeholder	Anyone who has an interest in the services the Trust delivers
WHC	Wiltshire Health and Care- the provider of adult community services in Wiltshire

2 Main Policy Content Details

2.1 Overview

This policy is mainly concerned with the management of Concerns and Complaints, however the Trust recognises that all types of feedback (which include Complaints, Compliments, Suggestions etc) must be managed appropriately and listened to in order to develop services.

Although in everyday language, terms such as 'complaint' and 'concern' may be interchangeable, in this policy:

- A **Concern** is an expression of dissatisfaction requiring an oral response, which can be given within 24 hours.
- A **Complaint** is an expression of dissatisfaction requiring an oral or written response.
- A **Comment** is an expression a views which may or may not require a response.
- A **Compliment** is an expression of appreciation and/or recognition.
- A **Suggestion** is an idea for service development, and may or may not require a response.

Under the Government's guidance on the implementation of the NHS Complaints Procedure (Ref 1) there are two stages for dealing with complaints:

- Stage 1 - Local Resolution.
- Stage 2 - Parliamentary and Health Service Ombudsman.

Complaints may be made about any matter reasonably connected with the exercise of the functions of the Trust, including any matter reasonably connected with:

- Its provision of health care or any other services.
- The function of commissioning health care or other services under an NHS contract or making arrangements for the provision of such care or other services with an independent provider or an NHS Foundation Trust.

Matters excluded from consideration under the arrangements are:

- A complaint made by an NHS body, which relates to the exercise of its functions by the Trust.
- A complaint made by an independent provider or an NHS foundation trust about any matter relating to arrangements made by the Trust with that independent provider or NHS foundation trust.
- A complaint made by an employee of the Trust about any matter relating to his or her contract of employment.

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- A complaint which is being or has been investigated by the Ombudsman.
- A complaint arising out of the Trust's alleged failure to comply with a data subject request under the Data Protection Act 1998 (Ref 30) or a request for information under the Freedom of Information Act 2000 (Ref 31).
- A complaint about which the Trust is taking or is proposing to take disciplinary proceedings in relation to the substance of the complaint against a person who is the subject of the complaint.

2.2 Who can Provide Feedback?

Complaints may be made by:

- A patient or service user.
- The carer of a patient, with the patient's consent.
- Any persons who are affected by or likely to be affected by, the action, omission or decision of the Trust.

General feedback, including comments, concerns and compliments can be received from anyone.

A complaint may be made by a representative acting on behalf of a patient or any person who is affected by or likely to be affected by the action, omission or decision of the Trust, where that person:

- Has died.
- Is a child who cannot demonstrate Fraser competence (*see section 2.4.3*).
- Is unable by reason of physical or mental incapacity to make the complaint himself.
- Has requested a representative to act on his behalf and given consent for this.
- Is a Member of Parliament acting on behalf of their constituents.

Where the patient or person affected has died or is unable to raise concerns themselves, the representative must be a relative or other person who, in the opinion of the PALS team, has a sufficient interest in their welfare and is a suitable person to act as representative.

PALS Officers are responsible for determining whether the complainant has 'sufficient interest' in the deceased or incapable person's welfare to be suitable to act as a representative. The need to respect the confidentiality of the patient is a guiding principle, guidance and advice may be taken from the Legal Services Team.

If in any case the PALS Officer establishes that a representative does not have a sufficient interest in the person's welfare or is unsuitable to act as a representative that person is to be notified of this in writing and the reasons for the decision are to be provided.

In the case of a child, the representative must be a parent with parental responsibility, guardian or other adult person who has 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.

2.3 Ways to Make a Complaint

Although the Trust advocates that all employees should be able to help those wishing to provide feedback, the PALS team is the central team responsible for administering concerns, complaints, Comments and compliments.

The PALS team can be contacted by:

- Visiting their office based at the Great Western Hospital on the ground floor,
 - Via email to pals.team@gwh.nhs.uk ;
 - Via telephone to 01793 604031
- Or in writing to Great Western Hospitals NHS Foundation Trust, Marlborough Road, Swindon, SN3 6BB.

The PALS team operates from 8.30am until 5pm, Monday to Friday.

For Wiltshire Health and Care, complaints can be made via e-mail to PALS.wiltshirehealthandcare@nhs.net

Via telephone to 0300 123 7797

2.4 Confidentiality & Consent

Some types of feedback will be made and responded to in the public domain, for example through the website 'NHS Choices (Ref 32), however the general principle is that all feedback should be confidential, unless consent is given for it to be disclosed.

The information about a complaint and all the people involved is strictly confidential, and will only be disclosed to those with a demonstrable need to know.

Complaint records will be kept separate from health records, subject to the need to record information which is strictly relevant to a person's health in their health records.

Correspondence about complaints will not be included in patient's health records. Informal discussions about concerns can be documented in the clinical records.

Employees are to be aware that should they be asked by the Investigating Manager to make a statement in relation to a complaint, this forms part of the complaint record and may be made public (disclosed to the complainant and others involved in the investigation). A standard format for an employee statement is shown at Appendix F.

2.4.1 Consent

It is not necessary to obtain the patient's explicit consent to use personal information when investigating a complaint as the patient has implied their consent by asking the Trust to investigate the matter. It is good practice to explain that information from health records may need to be disclosed to those involved.

The PALS team will request consent from patients between the ages of 16 and 17 where a complaint is made on their behalf. If this is not possible, the case will be referred to the Safeguarding Nurse or Safeguarding Lead for Wiltshire Health and Care for their input prior to forwarding the case for investigation.

Where a complaint is made on behalf of an existing or former patient, consent must be obtained from the patient to disclose personal health information and the results of any investigation in order to uphold the duty of confidentiality to the patient. The complainant will be asked to return a consent form to the PALS team within seven days. A longer time scale may be agreed.

If, once consent has been requested, there is a delay obtaining consent that affects the date on which the final response can be sent out, then the date the final response is due will be recalculated and the complainant advised accordingly.

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2.4.2 Complaints Made on Behalf of Others

Where a complaint is made on behalf of an existing or former patient who has not authorised the complainant to act on their behalf, care must be taken not to disclose personal health information without the patient's explicit consent. Matters of a non-personal or non-clinical nature may be investigated and a response provided to the complainant.

If the patient has died then consent will be taken from the person who has a legal interest in the deceased's estate (in some cases the person raising the complaint will have a legal interest in the estate negating the need to explicit consent). In these circumstances, the Trust will respect any known wishes that had been expressed by the patient.

If the patient is unable to act for him/herself the next-of-kin or Lasting Power of Attorney holder (if there is one) may be able to provide consent for the complaint to be investigated and details released. Where a complaint has been made on behalf of a patient by a Member of Parliament (MP) it will be assumed that implied consent has been given by that patient. If however, the Complaint relates to a third party, consent will need to be obtained from the patient prior to the release of personal information.

Where it is known that the complaint involves a vulnerable adult, vulnerable child or patient with Learning Difficulties the Executive Lead for Safeguarding or Learning Difficulties Lead will be informed.

2.4.3 Gillick Competence

Gillick competences state that a child below the age of 16 can consent for their own medical treatment if they demonstrate sufficient understanding. This principle is adopted within the complaints process and therefore, there is no minimum age for a young person to raise concerns about the care they have received. The young person will be offered support by the PALS team, and signposted to any additional resources such as Swindon or Wiltshire HealthWatch (Ref 24) or the Carers Centre (Ref 25) if required.

2.4.4 Confidential Marking

All letters regarding the complaint will be marked 'Private and Confidential'. All internal e-mails regarding the complaint must be marked 'Confidential' and where possible should not contain patient identifiable information in the email heading. Where possible the email contents should also be anonymised.

By ensuring that all complaints are dealt with in the strictest of confidence the scope for patients, relatives or carers being treated differently as a result of the complaint will be minimised.

2.5 Time Limits

Normally a complaint should be made within twelve months of the date on which the matter which is the subject of the complaint occurred or within twelve months of the date on which the matter which is the subject of the complaint came to the notice of the complainant.

Where a complaint is made after these times, the Head of PALS may choose to investigate if they are of the opinion that the complainant had good reason for not making the complaint within that period and it is still possible to investigate the complaint effectively and efficiently.

Those who wish to complain should be encouraged to do so as soon as possible after an event so that the investigation can be most effective.

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In any case where the Head of PALS decides not to investigate a complaint on the grounds that it was not made within the time limit, the complainant will be informed in writing with further guidance if necessary. The complainant can ask the Parliamentary Ombudsman to consider their complaint.

In accordance with the Records Management Code of Practice for Health and Social Care 2016 (Ref 22) complaint files will be kept for 10 years from the date of closure of the case.

Complaint files about babies and children where there is the possibility of future legal proceedings are kept until their 25th birthday. If the baby or child has died, the complaint file is kept for eight years.

2.6 Management Process

When a complaint is made, the Trust aims to resolve the issue as quickly and as fully as possible, by putting things right if they have gone wrong, and developing learning for the future.

A flow chart showing the entire process is attached as Appendix E.

2.6.1 On the Spot Resolution

The objective of 'On the Spot' resolution is to listen and respond to patient concerns and resolve issues at the same time. This might involve doing something, for example swapping a plate of food that is not hot enough.

Patients and relatives should be encouraged to raise concerns or make complaints as soon as possible and directly to the employees involved or to the manager of the ward/department.

The complainant's concerns should be addressed constructively and where possible will be dealt with immediately by the employee approached. The complainant's concerns must be treated with compassion and understanding and cared for sensitively and in an open and constructive manner. If the employee approached is unable to deal with the issue, they should promptly refer this to the more senior employee on duty at the time i.e. Senior Sister/Charge Nurse/ Matron/Deputy or Divisional Director (DD)// Head of Service (HOS) or Site Manager. Employee guidance for how to deal with 'On the Spot' resolution is set out at Appendix D.

Where it is not possible to deal with the complaint immediately, or if the complaint requires a fuller investigation or if the complainant wishes to address their concerns to somebody not involved, they should be referred to the PALS team, who will assist them further.

Whether the concern or complaint is being dealt with by the employee/ department concerned or the PALS team, the complainant should be given a contact name and telephone number.

Complaints resolved 'on the spot' are normally less serious and do not need to be formally logged, although good practice would be for all complaints to be recorded to capture themes. Actions resulting or any learning from the concern should be discussed in the next available team meeting and documented in the minutes of that meeting.

2.6.2 Lost Property

It is the responsibility of the ward to look for any lost property associated with a complaint and any reimbursements or ex gratia payments will be at the discretion of the DD/ HOS.

2.6.3 Triage

If a complaint was not able to be resolved on the spot, or if it was received directly by the PALS team, the first step is for it to be triaged.

The receiving PALS Officer will read or listen to the Complainant, understand the complaint and rate its level of 'seriousness' according to the matrix in Appendix H. They will also try to understand what the complainant would like to happen as a result of their complaint and the resolution they are hoping for. The PALS Officer may need to telephone and speak to the complainant to ascertain this information.

The PALS Officer will try to manage expectations at this stage and will advise complainants if the Trust cannot give the desired outcome – for example, financial compensation cannot be given as a result of a complaint investigation.

In all complaints literature and during the triage process, patients will be advised of independent advocacy services which can help them raise concerns, such as HealthWatch (Ref 24) and Support Empower Advocate Promote (SEAP) Advocacy (Ref 27) (depending on where they live).

At this point there are two possible routes to manage resolution. Depending on the issues raised, its seriousness and possible resolution, it could be treated as a 'Concern' or a 'Complaint'.

2.6.4 Concerns

'Concerns' are typically less serious issues which can be resolved within 24 hours, and are generally made orally. The Local Authority Social Services and National Health Service Complaint Regulations 2009 s8(1)(c) (Ref 28) excludes this type of feedback from being recorded as a 'complaint'.

An example might be a concern in relation to parking, or a cleaning issue in a public space where the resolution is to do something – e.g. arrange for a cleaner to undertake an additional clean of a public toilet.

Although the regulations exclude this type of feedback, the Trust recognises that recording it and responding to it is important to help develop services. Concerns are managed by the PALS team, and an Officer of the team will investigate what might have happened to cause the concern. All concerns must be resolved within 24 hours and are likely to conclude in a telephone call to provide the response.

Unlike 'On the Spot' issues, 'concerns' are formally logged and will be reported. Actions will be recorded as well as possible learning to prevent future concerns.

If an issue cannot be resolved through the 'Concerns' process, or if it is more serious, is in writing or will need investigation, it will progress to the 'Complaints' process.

2.6.5 Complaints

As well as including concerns unresolved after 24 hours, complaints may often need formal investigation.

The PALS team are the central team responsible for complaints. 'Complaints' are likely to be in writing, but not exclusively, and are subject to the same triage process set out above.

Where a complainant wishes to make a complaint and receive a response electronically, patient confidentiality is a guiding principle. Where any patient's personal information is to be disclosed electronically, the patient's consent must be received in writing.

When letters of complaint are received by the Chief Executive's office, or for Wiltshire Health and Care to the Managing Director, they will be date stamped and passed to the PALS team, who will deal with them on behalf of the Chief Executive/Managing Director.

All complaints will be logged onto the complaint management system and will be acknowledged by the PALS team. The team aims to do this within one working day, but in any case no later than within three working days.

The acknowledgment will include information about the right to ask for an independent review if the complainant is not fully satisfied with the Trust's response.

The complaint leaflet which includes this information is set out at Appendix G.

An employees first responsibility on receipt of a complaint is to ensure the patient's immediate health care needs are being met. This may require urgent action being taken before any matters relating to the complaint are dealt with.

The complaint will be sent by the PALS team (via e-mail) to the appropriate Division complaints lead(s) to start the investigation. Some complaints may involve more than one Division or service; in this case the PALS team will allocate a lead Division which will be responsible for ensuring the complaint is fully investigated.

Under this process the previously used terms 'formal' and 'informal' complaint are not used and are not part of the process.

2.6.6 Complaints and Incidents

When complaints come into the PALS team, a discussion may take place between the PALS Officer(s) and the Division (or WHC) complaint leads about whether an Incident Form (IR1) needs to be completed. This is documented on the complaints management system.

The PALS team and Clinical Risk teams discuss complaints regularly and if a serious incident has been identified, the case may be taken forward under the Incident Management Policy (Ref 12) as a serious incident requiring investigation (SIRI). The complainant will be kept informed by the Clinical Risk Team of the status of the investigation and will be offered a meeting to discuss the outcome of the investigation. Complaints which are no longer serious incidents follow this policy. Please refer to the Duty of Candour (Being Open) Policy (Ref 13) and the Incident Management Policy (Ref 12), both available on the t drive, for more information.

2.6.7 Division Complaints Lead

The allocated Division (or WHC) complaints lead/Investigation Manager will assess the complaint and either investigate themselves or allocate an appropriate senior member of their team to undertake the investigation. The Investigating Manager will make contact with the complainant within 48 working hours and if necessary clarify any issues raised in the complaint and provide a point of contact should the complainant wish to raise any questions during the investigation. This telephone call timeframe will be monitored and reported in the monthly Quality report as part of the overall Quality Strategy.

2.6.8 Record Keeping and Responding

Full records of the investigation should be kept by the Investigating Manager. These notes should include a record of discussions with employees and the support offered. Guidance on writing and collecting information can be found at Appendix F. Notes should also be uploaded onto the case via icasework.

The Trust has a standard 25 working day response time for complaints. Depending on the level of seriousness identified during the triage process, the response will either be signed off by the relevant DD or Divisional Director of Nursing (DDON), or the Chief Executive. All investigations (unless an extension has been granted) should be completed by day 20, to allow five working days for sign off.

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Any complaints which have been passed to the Trust to investigate and respond to from the local Commissioning Board (CCG) should be responded to within 15 working days, these complaint responses should be checked by the Head of PALS or PALS Team Leader before sending a copy to the local CCG.

Regardless of who will sign the response, DD or DDON or Head of Quality (in WHC) remains responsible for producing a response that:

- Communicates to the recipient compassion and understanding.
- Addresses all the issues raised.
- Is accurate.
- Gives a full and honest explanation.
- Provides an apology (or apologies) if appropriate.
- Explains the actions that have been/will be taken to improve the situation (action plans can be included where appropriate).
- Explains the monitoring arrangements to ensure actions will be implemented.

If, due to the seriousness rating the Complaint is due to be signed off by the Chief Executive or Managing Director (for WHC), the draft response and all supporting documents should be sent to the PALS team by the end of day 20. In this instance the PALS team will send the response as quickly as possible to the Chief Executive for sign off and will file all the complaint paperwork on the complaints management system.

If the response is due to be signed off by the Divisional Director (DD) /Associate Medical Director (AMD) / Divisional Director of Nursing DDON, then the Investigating Manager should send the draft response and all paperwork to them by the end of day 20.

By completing the investigation by day 20, the Chief Executive or DD/AMD/ /Divisional Director of Nursing will have several days in which to review the response and make any final changes. Once signed, Chief Executive signed letters will be uploaded onto the complaints database. DD/AMD /DDON signed letters should be sent out by the Divisions with a final copy uploaded to the complaints management system and the initial author of the complaint response in order that lessons be learnt about the appropriate style of response.

If the Chief Executive/ Head of Quality (for WHC) are unavailable, then their nominated deputy will assume responsibility.

Although most 'complaints' will be responded to in writing, the Trust will use the most effective method of communication, and will aim to match the communication preferences of the person making the complaint.

A complete documentary record of the handling and consideration of each complaint is kept on the complaints management system and is kept separate from health records.

The PALS team will ensure that all information relevant to the investigation of the Complaint is recorded on the complaints management system and is available without unnecessary delay to the Parliamentary Health Service Ombudsman (PHSO) if requested.

2.6.9 Extending the Investigation Period

Although the investigation and draft response should be completed within 20 working days, the Trust acknowledges that some complaints may require longer to thoroughly conclude the investigation and provide a full response.

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If a longer response time is required due to the complexity of the complaint or if a meeting with complainant within this timescale cannot be achieved, the division can ask the PALS team to negotiate an extension of up to 20 working days (giving a maximum of 40 working days).

If this is required, the appropriate PALS Officer will contact the complainant to discuss, unless it would be more appropriate for the Investigating Manager to do so.

2.6.10 Informing the Complainant of the Trust's Review Process

All final responses from both the Chief Executive or the DD/AMD/DDON/ Head of Quality (for WHC), will inform the complainant that if they have any outstanding or further concerns or feel that the complaint has not been satisfactorily resolved, they may contact the Investigating Manager for further information. It will also advise of details of the Trust's review process and how to refer the complaint to the PHSO.

2.6.11 Learning from Complaints

As a learning organisation, the Trust is committed to learning from complaints and taking action where an investigation has identified a need to alter practice.

The AMD and DD/ Head of Service (HOS) /DDON/ Head of Quality (for WHC) are responsible for ensuring any action plans resulting from the complaint investigation are implemented within the agreed timescale with actions being included in their Clinical Governance action plans. Support and monitoring with learning will be provided to the divisions from the PALS team.

Progress on action plans will be recorded through the complaints management system and included in the monthly Quality Report to enable organisational learning from all complaints. Where agreed with the complainant, they should be kept informed on the progress of the actions by the Investigation Manager.

2.6.12 Investigation Review

Although the Trust uses a quality approach to the investigation of complaints, there will be occasions when it will not be possible to resolve a complaint during the initial investigation.

In these cases, the reasons for continuing dissatisfaction should be discussed with the PALS team. If particular questions haven't been fully answered the complaint could be sent back to the Division, or if a review is needed then the PALS team will acknowledge the review request and will arrange for the complaint file to be sent to an appropriate senior, and preferable executive level, employee

The review will consider if the appropriate process was followed and if the outcome of the complaint was right. The review officer will have 20 working days to consider the review and draw up a formal response which will then be sent to the Chief Executive/ or Head of Quality (for WHC) for signing.

If the complainant remains dissatisfied with the response, they may request a review by the PHSO

2.6.13 Parliamentary and Health Service Ombudsman

The PALS Team will be the single point of contact for the PSHO. The PALS Team will manage all requests and will ensure deadlines are met. The team will arrange any conciliatory/ex-gratia payments recommended by the PHSO and agreed by the Trust. Any such payments would be at a cost to the relevant Division/service area.

Any action plans requested by the PHSO are the responsibility of the DD/ HoS /DDON/ Head of Quality (for WHC) who will be held accountable for their creation and quality. In most cases, the

PHSO give three months for an action plan to be created and sent back to them, Monitor, the Care Quality Commission (CQC), NHS England and the relevant Clinical Commission Group (CCG).

Action plans should be drawn up and signed off by the appropriate Division within two months. This then gives a further month for consideration by the Chief Nurse or MD (whoever is the most appropriate) Head of Quality (for WHC) who will provide 'sign off' on behalf of the Trust. The process of signing off and sending will be facilitated by the PALS Team, who will also advise if these timescales alter.

2.6.14 Independent Advice

All complainants have access to information about independent help, guidance or support service, provided through HealthWatch (Ref 24) and SEAP (Ref 27) advocacy when making a complaint. This information is available from the PALS team, and is included in the complaints leaflet.

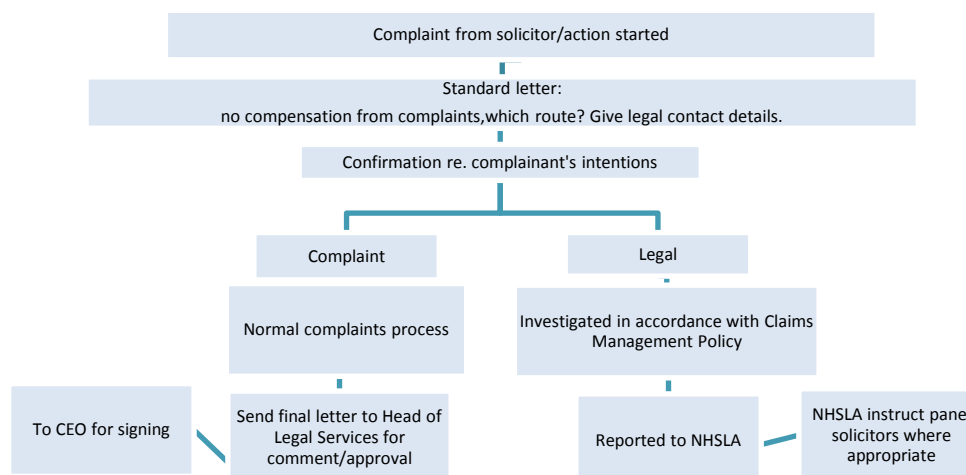
2.6.15 Legal Implications

If the complainant has instigated formal legal action the complaints procedure should continue as long as it does not compromise or prejudice a concurrent legal investigation. This is at the discretion of the Head of PALS and the Legal and Inquest Manager, with the complainant and person identified in the complaint being advised appropriately in writing.

Employees should not be concerned that an apology is an admission of negligence. The National Patient Safety Agency (NPSA) provides guidance on the principles of 'Being Open' with the Trust's patients and their carers. All professional bodies have also endorsed the principle of being open.

Potential complainants are informed that the Trust does not pay compensation as a result of the complaints process in the Trust's 'How to Make a Complaint' information leaflet.

The flowchart below shows the process to be followed:



2.6.16 Support for Employees Involved in a Complaint

As well as supporting complainants, the Trust must also ensure that it supports employees involved in a complaint investigation.

Immediate sources of support: internal

Employees who are named in a complaint are to be supported by their line manager. HR Business Partners for the clinical Divisions and for WHC are copied into the complaint investigation email to the DD/Head of Operations for WHC / HoS/DDON. which contains the letter of complaint.

Immediate source of support: external

Employees will also be notified of the support offered by Occupational Health in respect of access to external counselling services, should that be appropriate.

Ongoing support: internal

Line managers will continue to be a source of advice and support throughout the complaint process and will keep employees informed about the progress of the complaint. If the PALS team becomes concerned that employees are distressed during the process of the complaint investigation, this will be raised with the Matron or a member of the Division management team or Head of Operations (for WHC).

If line managers are concerned that the employee is not coping well with the complaints process, he or she will discuss this with the employee and refer them to Occupational Health if appropriate.

Ongoing support: external

Staff support services are able to offer support to employees named within a complaint.

2.6.17 General Feedback and Compliments

Along with complaints, the PALS team will also maintain a record of feedback left and compliments given. These will be included in relevant reports to give a balanced picture. All compliments should be passed to the PALS team for logging, and where applicable, acknowledged this does not include thank you letters received to the ward/service area.

2.6.18 Serious Allegations and Disciplinary Investigations

The complaints procedure is not intended to be used for the investigating of employee disciplinary issues. The purpose of the complaints procedure is to thoroughly investigate complaints with the aim of satisfying complainants, whilst being fair to employees

However, complainants may identify information about serious matters and the Trust may feel it appropriate to consider disciplinary investigation at any point during the complaints procedure. Consideration as to whether or not disciplinary action is warranted is a separate matter for the Trust.

The information gathered during a complaint investigation may be made available for a disciplinary investigation, although the consideration of disciplinary action is separate from the complaints procedure. The Trust has a duty to maintain employee confidentiality and must not share information regarding action against employees with the complainant other than that Human Resources Policies have been followed. (Please note that the duty of confidentiality does not extend to statements made as part of the complaints process – see Section 2.4 and Appendix F).

Where a complaint indicates the need for a referral to the disciplinary procedure, one of the professional regulatory bodies or agency such as the Police, the investigation under the complaints procedure will only take place if it does not compromise or prejudice the concurrent investigation.

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Where necessary other Trust-wide policies and procedures may need to be applied and could preclude compliance with this policy.

2.6.19 Employee Grievances

Employee grievances are handled outside of this document. The Trust has local procedures for handling employee concerns about health care issues, and established grievance and openness procedures. Employees should refer to the 'Duty of Candour (Being Open) Policy on the t drive for further advice and guidance. Employees can only use the Trust complaints procedure if their complaint relates to their own health care or if they are acting on behalf of a third party. In both situations they are acting as a patient or member of the public and not an employee

2.6.20 Complaints Brought by Members of Parliament (MP) on Behalf of Constituents

MPs in receipt of complaints about health services from members within their constituency often address personal letters to the Chairman or Chief Executive. These are acted upon in the same way as any other letter of complaint, recorded centrally and passed to the appropriate Investigation Manager for investigation and responded to formally within the recommended time scales. Letters from MPs on behalf of members of their constituency will automatically assume consent for the release of personal information.

2.6.21 Fraud and Corruption

Any complaint which concerns allegations of possible fraud or corruption is passed immediately to the Director of Finance for action, for WHC, this will be the Head of Finance.

2.6.22 Internal Evaluation of the Complaints Process

A section in the monthly Quality Report will be compiled by the Head of PALS related to PALS/Patient Experience. This will be sent to the Executive Committee and to the Trust Board. This will include the numbers of complaints received, themes and trends of complaints and the associated actions.

"10 week" evaluation complainant letters will be sent to complainants who have recently used the complaints process to gather feedback on how their complaint was handled. These letters will be sent by the PALS team and feedback will be provided to the divisions monthly.

The Governor Patient Quality Working Group will receive a copy of the monthly Quality Report and will receive a presentation from the Head of PALS on a quarterly basis.

A secure electronic database will be maintained for all complaints and PALS contacts. Information from the database can be used to inform the Early Warning Trigger Tool.

Records will be maintained for all contacts, the number and outcomes of CQC, the number and outcomes of PHSO requests and letters of praise formally received.

Each DD/Head of Locality/ Head of Operations (for WHC) /DDON is responsible for ensuring that the Trust's Complaints Policy is followed and that in their absence alternative measures are put in place and the PALS Team notified of these measures.

Each DD/ Head of Operations (for WHC) / HoS Division lead/DDON will meet with the Head of PALS on a monthly basis to discuss complaint themes and any concerns regarding the complaints process.

2.6.23 External Evaluation of the Complaints Process

The Trust will produce an annual report on its handling and consideration of complaints. This will be published on the Internet and will summarise the progress of action plans, the number of complaints received and the compliance with time scales for dealing with them is reported quarterly to the Trust Board. WHC will receive a report which will be reviewed by the Quality Assurance Committee.

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2.6.24 Complaints about Services Provided by Other Agencies

If the Trust receives a complaint that is solely concerned with areas dealt with by another health body or by a body outside the NHS, the PALS team will inform the complainant and forward the complaint to the correct body, with the permission of the complainant. If there are any doubts over which body is responsible for handling the complaint, this must be resolved before the complaint is dispatched. Details related to joint complaint handling is within the South West Protocol for Complaint Handling.

Where the Trust receives a complaint which is mainly concerned with services provided by the Trust, but includes issues regarding an external agency, the PALS team will forward a copy of the complaint as appropriate for investigation and a response. The PALS team will incorporate the response from the external agency into the Trust's final response. Where a complaint involves more than one NHS provider or one or more other bodies such as a local authority, there will be full cooperation in seeking to resolve the complaint through each body's local complaints procedure. The Trust and local authorities will ensure that all matters of concern are addressed.

Complaints which require 'Independent Review' under the NHS Complaints Procedure (Ref 1) and also involve either Social Services, or fall within the remit of the Care Quality Commission (relating to patients who are or have been detained under the Mental Health Act), remain subject to both the NHS and the local authority or Care Quality Commission procedures. The Trust advises complainants of what matters fall under which procedure.

2.6.25 Complaints about the Data Protection Act 1998 and the Freedom of Information Act 2000

The Trust may consult the Information Commissioner's Office (ICO) about complaints arising out of an alleged failure to comply with a data subject access request under the Data Protection Act 1998 (Ref 31) and with requests made under the Freedom of Information Act 2000 (Ref 32) .

2.6.26 Complaints about Carillion Facilities Management (including Closed Circuit Television (CCTV) Access)

Complaints about Facilities Management will be passed to the Director of Carillion Facilities Management for investigation and a full response, and will be copied to the Trust's Head of Estates and Facilities Management.

A written response will be sent to the PALS team to review and forward to the patient with a covering letter. Carillion PLC are encouraged to speak to complainants and are to send a file note and update to PALS.

Subject Access Requests for Closed Circuit Television (CCTV) footage will be sent to Carillion PLC for them to action. They are to keep the PALS team updated with the progress of these.

2.6.27 Complaints Regarding Private Care

The complaints procedure will cover any complaint made about the Trust's employees or facilities relating to care in the Trust's private beds, but not to the private medical care provided by the Consultant.

Complainants will be advised to contact the Consultant directly if they have concerns regarding private medical care.

Complaints regarding fixed prices will be forwarded to the Private Practice Manager.

Direct complaints about private health care services within the Trust will be dealt with within the Planned Care Division.

2.6.28 Access to Health Records

Complainants may request access to or copies of their medical records under the Data Protection Act 1998. They can access their own medical records, or a child's medical records (if they have parental responsibility). Consideration must be given to the duty of confidentiality owed to the child. The law regards young people aged 16 or 17 to be adults in respect of their rights to confidentiality. The PALS team is able to provide complainants with an Access to Health Records Form. Further information is available from the Department of Health.

The Access to Health Records Act 1990 (AHRA) (Ref 23) provides a small cohort of individuals with a statutory right to apply for access to information contained within a deceased person's health record.

The Department of Health accepts that the duty of confidentiality continues beyond death and this is reflected in their guidance. The AHRA defines these individuals as 'the patient's personal representative and any person who may have a claim arising out of the patient's death. (A personal representative is the executor or administrator of the deceased person's estate). Therefore individuals other than the personal representatives, who have a legal right of access under the AHRA, must establish a claim arising from a patient's death. Further guidance on a case-by-case basis can be sought from the Trust's Data Protection Officer or the Information Governance Team.

2.6.29 Recording Complaint Meetings

Where a client wishes to make a recording of a complaint meeting, a formal request must be made in writing to the PALS team or the Investigating Manager in advance of the meeting in order that the consent of all parties may be sought. All parties must consent to the recording being made before the request will be agreed.

A copy of the recording will be sent with a covering letter outlining the key responses to the concerns raised. It needs to be made clear to the complainant (and their representatives) that the minutes will not be transcribed.

It is the responsibility of the Division involved to arrange for any minutes of meetings to be taken and typed up. The complainant (and their representative) need to be informed that a summary of the discussions that took place will be sent, covering the key aspects of the complaint, and not a verbatim transcript.

To aid with ensuring that request for medical notes and minute takers have been arranged, the PALS Officer will email the Investigation Manager a template for the meeting of what should be taken to ensure everything has been fully arranged so that the meeting can be resolved appropriately.

2.6.30 Media Interest

Employees are to refer any media interest in a complaint to the Trust's Communications team. The Trust's Communications Manager is to be briefed where any complainant expresses their intention to contact the media.

2.7 Procedure for Handling Unreasonably Persistent Complainants

2.7.1 Definition of an Unreasonably Persistent Complainant

Complainants (and, or anyone acting on their behalf) may be deemed to be unreasonably persistent complainants where previous or current contact with them shows that they meet one or more of the following criteria:

- a) The complainant persists in pursuing a complaint where the Trust's complaints procedure has been fully and properly implemented and exhausted.

- b) The complainant continually raises new issues or seeks to prolong contact by continually raising further concerns or questions upon receipt of a response or whilst the complaint is being investigated (care must be taken not to discard new issues which emerge as a result of the investigation or the response. These might need to be addressed as either reviews of previous complaints or separate complaints). Independent advice services could be called upon to assist in such circumstances, ensuring that new and legitimate issues are answered.
- c) Despite the best endeavour of employees to confirm and answer the complainant's concerns and, where appropriate, involving Independent Advice Services, the complainant does not accept the response and/or where the concerns identified are not within the remit of the Trust.
- d) In the course of addressing a registered complaint, the complainant has had an excessive number of contacts with the Trust, which have placed unreasonable demands on employees. A contact may be in person or by telephone, email, letter 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.
- e) The complainant has harassed or been personally abusive or verbally aggressive on more than one occasion towards staff dealing with their complaint or their families or associates. Employees must recognise that complainants may sometimes act out of character at times of stress, anxiety, or distress and should make reasonable allowances for this.
- f) The complainant is known to have recorded meetings, face-to-face or telephone conversations without the prior knowledge and consent of other parties involved and used these recordings without prior permission.
- g) The complainant has focussed on a matter to an extent which is out of proportion to its significance and continues to focus on this point. It is recognised that determining what is justified can be subjective and careful judgement must be used in applying this criterion.
- h) The complainant displays unreasonable demands or patient/complainant expectations and fails to accept that these may be unreasonable (e.g. insist on responses to complaints or enquiries being provided more urgently than is reasonable or normal recognised practice).
- i) The complainant has threatened or used actual physical violence towards staff or their families or associates at any time.
- j) The complainant has sent indecent or offensive items to employees or their families or associates in the post, or has hand-delivered indecent or offensive items to employees or their families or associates at any time.

2.7.2 Options for Dealing with Unreasonably Persistent Complaints

Where complainants have been identified as unreasonably persistent in accordance with the above criteria, the Chief Executive (or nominated deputy) or Head of Quality (for WHC), will determine what action to take. The Chief Executive (or nominated deputy) will implement such action and will notify complainants in writing of the reasons why they have been classified as unreasonably persistent complainants and the action to be taken. This notification may be copied for the information of others already involved in the complaint, e.g. GPs, Independent advice services and Members of Parliament. A record must be kept for future reference, in the complaint file of the reasons why a complainant has been classified as unreasonably persistent. This will not form part of their own or their family's medical notes.

The Chief Executive (or nominated deputy) or Head of Quality (for WHC) may decide to deal with complainants in one or more of the following ways:

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- i. Try to resolve matters, before invoking this procedure by drawing up a signed 'agreement' with the complainant (if appropriate, involving the relevant advocate 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, reference to the Minimising Violence and Aggression in the Workplace Policy (Ref 16) . If these terms are contravened, consideration would then be given to implementing other action as indicated in this section.
- ii. Once it is clear that the complainant meets any **one** of the criteria above, it may be appropriate to inform them in writing that they may be classified as an unreasonably persistent complainant, copy this procedure to them, 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 the complainant seeks advice in processing their complaint, e.g. through an Advocacy Service.
- iii. Decline contact with the complainant either in person, by telephone, by email, by fax, by letter or any combination of these, provided that one form of contact is maintained or alternatively to restrict contact to liaison through a third party.
- iv. If employees are to withdraw from a telephone conversation with a complainant it may be helpful for them to have an agreed statement available to be used at such times.
- v. 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 the correspondence is at an end and that further letters received will be acknowledged but not answered. They should be informed of their right to appeal and of their right to go to the Ombudsman.
- vi. Enforce the Trust's Minimising Violence and Aggression in the Workplace Policy (Ref 16).

2.7.3 Withdrawing 'Unreasonably Persistent' Status

Once complainants have been determined 'unreasonably persistent' there needs to be a mechanism for withdrawing this status. For example:

- (i) The complainant subsequently demonstrates a more reasonable approach
- (ii) If the complainant submits a further complaint for which the normal complaints procedures would appear appropriate.

Employees should previously have used discretion in recommending unreasonably persistent status at the outset and discretion should similarly be used in recommending that this status be withdrawn when appropriate. Discussion will be held with the Chief Executive (or nominated deputy) or Head of Quality (for WHC and subject to their approval normal contact with the complainant and application of the Trust's Complaints Procedure will then be resumed.

3 Protected Characteristics Provisions

This policy does not discriminate against any of the protected characteristics. Where any gaps have been identified in the past they have been mitigated against as per the below

3.1 Environment

The PALS office at the GWH can accommodate wheelchair access and can also receive guide dogs if needed. The PALS Meeting room also has an Induction loop system.

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3.1 Communication

PALS can organise and plan for interpretation or translation services for any complainant that requires the contents of this document explained as part of a complaint if it has been identified that this would be a barrier to a complainant understanding their rights within this document.

PALS have a patient leaflet available in easy read, and large print to accompany this policy.

4 Duties and Responsibilities of Individuals and Groups

4.1 Chief Executive

The Chief Executive (or nominated deputy) or Head of Quality (for WHC) is accountable for ensuring effective management of complaints across the Trust and is the responsible signatory for complaints rated at High or Extreme 'seriousness' as set out in the matrix (see Appendix H)

4.2 Executive Directors

The Chief Nurse / or Head of Quality (for WHC) has the delegated responsibility for ensuring the efficient and effective implementation of the Complaints Policy and for the PALS Team. Complex cases will be discussed with the Chief Nurse or Medical Director.

4.3 The Chairman and Non-Executive Directors

The Chairman and Non -Executive Directors will receive a patient experience report, including complaints and will monitor the effectiveness of the Complaints process. For WHC, this will go to the Quality Assurance Committee, and taken to WHC Board quarterly.

4.4 Governors

Governors are provided with upon their induction a copy of the - Governor Guideline on how to deal with a complaint or concern (Ref 3). Governors provide an important link between the hospital and the local community, enabling the Trust to reflect the interest of current and prospective service users. While welcoming ideas, suggestions and general comments, it is not the responsibility of Governors to deal with individual personal complaints about the hospital, or the care and treatment received. Governors have a duty to inform the PALS team of any patient concerns and complaints they are made aware of as swiftly as possible.

3.2 Associate Medical Directors, Divisional Directors, Heads of Service, Divisional Directors of Nursing, and Head of Quality for WHC

AMDs, DD, DDONs and (HoS) are accountable for the thorough investigation of complaints within their Division. They are responsible for ensuring the investigation is carried out in line with this policy and where an action is identified it is implemented. AMDs/DD/DDONS /HOSs should, as a minimum, discuss complaints/responses each month. AMDs/DD/DDONS /HoS should ensure that anonymised complaints and the annual complaints reports are discussed at the Division and/or Division Clinical Governance meetings (whichever they feel is most appropriate). DDs/DDONs are responsible for the responses sent from their Division. The DD/DDON is responsible for ensuring the draft response, together with any supporting evidence and administration documents are returned to the PALS Team within 20 (or 25) working days.

4.6 Managers (Matron/ Deputy /Senior Sister/Charge Nurses) Heads of Operations for WHC

Managers are responsible for ensuring that employees in their areas are aware of the complaints policy. They are to carry out a thorough investigation of a complaint and give a full response to the DD or DDON. Managers are responsible for implementing changes identified through a complaint investigation. Senior Managers are to encourage employees to meet with complainants at the earliest opportunity to resolve complaints locally. Managers are to offer support to employees in their areas

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both with investigating complaints and where they are named in complaints. Posters are to be displayed in ward and department areas giving the name of the Senior Sister/Charge Nurse and Matron.

4.7 PALS

The PALS Team are responsible for administering the complaints process, ensuring thorough replies are provided to the complainant within the required timescales. Through the Chief Nurse or Head of Quality (for WHC) they will provide regular reports and so keep the Trust Board informed of complaint themes and trends, the actions which have been taken to rectify problems and improvements in the quality of the services provided by the Trust. Each Division has a PALS Officer assigned, who acts as a point of contact for the complainant and keeps the complaint log up to date on the complaints management system whilst also ensuring that outcomes from investigations are recording and monitoring that learning is taking place.

4.8 All Employees

All employees have a duty to listen to concerns and complaints raised by the Trust's patients and their carers, and to try to resolve these locally. Guidance for employees can be found at Appendix C.

4.9 Ward Managers, Matrons and Managers for Non Clinical Services

All Ward Managers, Matrons, Managers, and Heads of Service for Non Clinical Services must ensure that employees within their area are aware of this document; able to implement the document and that any superseded documents are destroyed.

4.10 Document Author and Document Implementation Lead

The document Author and the document Implementation Lead are responsible for identifying the need for a change in this document as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and resubmitting the document for approval and republication if changes are required.

4.11 Target Audience – As indicated on the Cover Page of this Document

The target audience has the responsibility to ensure their compliance with this document by:

- Ensuring any training required is attended and kept up to date.
- Ensuring any competencies required are maintained.
- Co-operating with the development and implementation of policies as part of their normal duties and responsibilities.

5 Monitoring Compliance and Effectiveness of Implementation

The arrangements for monitoring compliance are outlined in the table below: -

Measurable policy objectives	Monitoring / audit method	Monitoring responsibility (individual / group / committee)	Frequency of monitoring	Reporting arrangements (committee / group to which monitoring results are presented)	What action will be taken if gaps are identified
The process for listening and responding to patients, their	Formal complaints database	Head of PALS	Monthly	Incorporated into Patient Quality Dashboard forming part of Patient	

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relatives and carers				Experience Report	
	Patient Experience Report	Head of PALS	Monthly	Executive Committee / Trust Board / Commissioners	Executive Committee will agree corrective action as necessary and will escalate risks to the Board
	Exceptions Report	Head of PALS	Monthly	Patient Quality Committee	Patient Quality Committee will agree corrective action as necessary and will escalate risks to the Board
	External Report	Head of PALS	Quarterly	Copied to Commissioners	
The process by which the organisation aims to improve as a result of concerns and complaints being raised	Patient Experience Report	Head of PALS	Monthly	Executive Committee & Trust Board	As above
	Exceptions Report	Head of PALS	Quarterly	Patient Quality Committee	As above
	Complaint response writing Training	PALS	Ad hoc basis	PALS training file	As above
Actions for managers or individuals to take if employees involved with a complaint is experiencing difficulties associated with the complaint.	Audit of complaints policy	Head of PALS / External Auditors	Ad hoc	Clinical Managers, Patient Quality Committee	Action plan drawn up
	HR copied into emails to Division Managers containing complaint letters	PALS	As they come through	Head of Human Resources	Action agreed as necessary depending on the case

6 Review Date, Arrangements and Other Document Details

6.1 Review Date

This document will be fully reviewed every three years in accordance with the Trust's agreed process for reviewing Trust -wide documents. Changes in practice, to statutory requirements, revised professional or clinical standards and/or local/national directives are to be made as and when the change is identified.

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6.2 Regulatory Position

- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
- The National Health Service (Complaints) Regulations 2006.
- The Care Quality Commission inspections rely on information based on sound data.
- The Data Protection Act 1998 requires that personal data is processed in accordance with the Data Protection Principles.
- The Freedom of Information Act 2000 requires organisations to make some documents publicly available.
- The Access to Health Records Act 1990.
- Information Standards

6.3 References, Further Reading and Links to Other Policies

The following is a list of other policies, procedural documents or guidance documents (internal or external) which employees should refer to for further details:

Ref. No.	Document Title	Document Location
1	The NHS Complaints procedure	http://www.nhs.uk
2	The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009	http://www.legislation.gov.uk
3	Statutory Instrument 2006 No. 2084. The National Health Service (Complaints) Amendment Regulations 2006	http://www.legislation.gov.uk
4	The Mid Staffordshire NHS Foundation Trust Public Inquiry (Francis Report)	http://www.midstaffspublicinquiry.com/
5	Everyone Counts: Planning for Patients 2013/14	http://www.england.nhs.uk
6	Complaint Handling in NHS Trusts (Patient Association)	http://www.patients-association.com
7	Good Practice Standards for NHS Complaint Handling (Patients Association)	http://patients-association.com
8	NHS Governance of Complaints Handling (Parliamentary and Health Service Ombudsman)	http://www.ombudsman.org.uk
9	Health and Social Care (Community Health and Standards) Act 2003	http://www.legislation.gov.uk
10	Social Services Complaints Procedure for Adults	http://www.adviceguide.org.uk
11	Helping more people by investigating more complaints about the NHS	http://www.ombudsman.org.uk
12	Incident Management Policy	T:\Trust-wide Documents
13	Duty of Candour (Being Open) Policy	T:\Trust-wide Documents
14	Child Protection Procedures	T:\Trust-wide Documents
15	Safeguarding of Vulnerable Adults Policy	T:\Trust-wide Documents

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Ref. No.	Document Title	Document Location
16	Minimising Violence and Aggression in the Workplace Policy	T:\Trust-wide Documents
17	Health Records Subject Access Requests Procedure	Intranet
18	Freedom of Information Requests Procedure	Intranet
19	Parliamentary and Health Service Ombudsman Report: Care and Compassion February 2011	http://www.ombudsman.org.uk
20	Parliamentary and Health Service Ombudsman Principles of Good Complaint Handling	http://www.ombudsman.org.uk
21	Listening Responding Improving: a guide to better customer care. (including Seriousness Assessment)	http://webarchive.nationalarchives.gov.uk
22	Department of Health Records Management Code of Practice for Health and Social Care 2016	www.gov.uk
23	Access to Health Records Act 1990	http://www.legislation.gov.uk
24	Swindon Health Watch	www.healthwatchswindon.org.uk
25	Swindon Carers Centre	www.swindoncarers.org.uk
26	Clwyd/Hart complaints review	www.gov.uk
27	SEAP Advocacy Service	http://www.seap.org.uk
28	Complaint Regulations 2009	http://www.legislation.gov.uk
29	<i>The NHS Constitution</i>	www.gov.uk
30	Data Protection Act 1998	www.gov.uk
31	Freedom of Information Act 2000	www.gov.uk
32	NHS Choices	www.nhs.uk
33	Governor Guidelines on how to deal with a complaint or concern	<i>Available from the Trusts Governance and Membership officer</i>

6.4 Consultation Process

The following is a list of consultees in formulating this document and the date that they approved the document:

Job Title / Department	Date Consultee Agreed Document Contents
Information Governance Officer	12/12/16
Divisional Director of Nursing – Planned Care Division	13/12/16
Head of Health and Safety	12/12/16
Legal and Inquest Manager	12.12.16
Health Records Manager	12.12.16
Regulatory & Compliance Manager	13/12/16
Governance and Membership Officer	13/12/16

Note: This document is electronically controlled. The master copy of the latest approved version is maintained by the owner department. If this document is downloaded from a website or printed, it becomes uncontrolled.

Job Title / Department	Date Consultee Agreed Document Contents
Business Manager, Wiltshire Health and Care	29/12/16

Appendix A – Equality Impact Assessment

Equality Impact Assessment

Are we Treating Everyone Equally?

Define the document. What is the document about? What outcomes are expected?

Consider if your document/proposal affects any persons (Patients, Employees, Carers, Visitors, Volunteers and Members) with protected characteristics? Back up your considerations by local or national data, service information, audits, complaints and compliments, Friends & Family Test results, Staff Survey, etc.

If an adverse impact is identified what can be done to change this? Are there any barriers? Focus on outcomes and improvements. Plan and create actions that will mitigate against any identified inequalities.

If the document upon assessment is identified as having a positive impact, how can this be shared to maximise the benefits universally?

Our Vision

Working together with our partners in health and social care, we will deliver accessible, personalised and integrated services for local people whether at home, in the community or in hospital empowering people to lead independent and healthier lives.



Trust Equality and Diversity Objectives

Better health outcomes for all	Improved patient access & experience	Empowered engaged & included staff	Inclusive leadership at all levels
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Appendix B – Quality Impact Assessment Tool

Appendix B – Quality Impact Assessment Tool

Purpose To assess the impact of individual policies and procedural documents on the quality of care provided to patients by the Trust both in acute settings and in the community.		
Process The impact assessment is to be completed by the document author. In the case of clinical policies and documents, this should be in consultation with Clinical Leads and other relevant clinician representatives. Risks identified from the quality impact assessment must be specified on this form and the reasons for acceptance of those risks or mitigation measures explained.		
Monitoring the Level of Risk The mitigating actions and level of risk should be monitored by the author of the policy or procedural document or such other specified person. High Risks must be reported to the relevant Executive Lead.		
Impact Assessment Please explain or describe as applicable.		
1.	Consider the impact that your policy or procedural document will have on our ability to deliver high quality care.	Guidance to staff on the management and process of complaints handling. Reference for patients and carers on how to raise a concern and how that will be managed by the Trust.
2.	The impact might be positive (an improvement) or negative (a risk to our ability to deliver high quality care).	A clear process for staff to refer to ensures a swift, appropriate investigations and response to the complainant.
3.	Consider the overall service - for example: compromise in one area may be mitigated by higher standard of care overall.	Investment of Divisions to address themes will reduce the number of complaints received and the time spent working on them.
4.	Where you identify a risk, include in the Risk Register section and identify the mitigating actions you will put in place. Specify who the lead for this risk is.	Risk of delay in response and increase of secondary concerns resulting in poor patient satisfaction and referral to Parliamentary Health Service Ombudsman and alternative providers.
Impact on Clinical Effectiveness & Patient Safety		
5.	Describe the impact of the policy or procedure on clinical effectiveness. Consider issues such as our ability to deliver safe care; our ability to deliver effective care; and our ability to prevent avoidable harm.	Creating an open environment where patients and their carers are able to raise concerns at that time will reduce a poor patient experience and increase trust and confidence in the care that is being received.
Impact on Patient & Carer Experience		
6.	Describe the impact of the policy or procedural document on patient / carer experience. Consider issues such as our ability to treat patients with dignity and respect; our ability to deliver an efficient service; our ability to deliver personalised care; and our ability to care for patients in an appropriate physical environment.	A clear pathway for staff to follow and documented guidance to assure the patient and manage expectations of the complaints process.

Impact on Inequalities

7.	Describe the impact of the document on inequalities in our community. Consider whether the document will have a differential impact on certain groups of patients (such as those with a hearing impairment or those where English is not their first language).	The complaints policy and leaflets on how to raise a concern are available in alternative formats.
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Appendix C - Employee Guidance (Leaflet)

Dealing with a concern raised by a patient

Introduction

This leaflet explains the part you can play in dealing with concerns raised by patients, and how to try to avoid concerns turning into complaints.

Resolving an issue quickly and feeding back to the person concerned what you have done in response, is often enough to stop it becoming a formal complaint. It also helps the patient feel as if their views are taken seriously.

Valuing Feedback

The Trust welcomes feedback from patients about the care and treatment they receive. This helps us to learn how to improve the way we do things and put things right if we get them wrong. But often patients will not know who or to whom they can raise a concern. All employees have an important role to play in openly and actively encouraging patients to speak up, so that we can alleviate and resolve concerns promptly.

Equally as an employee you may be unfamiliar with what you should do if a patient raises a concern. We want staff across the Trust to feel empowered to deal with any issues a patient raises. Below are some top tips to help you to do this.

What is a concern?

Concerns are issues which cannot be resolved on-the-spot, but are typically less serious issues than complaints which can be resolved within 24 hours. Concerns are usually made verbally. A concern might be made in relation to the cleanliness of a public space; where the resolution is to arrange for a cleaner to undertake an additional clean of a public toilet.

All employees have a duty to listen to concerns raised by patients, their representatives and their carers. On receiving a concern, you should inform the PALS Team who will log the concern and assign a PALS Officer to investigate what might have happened to cause the concern.

Top tips for dealing with concerns

- **Take time to listen.** Many concerns are the result of a misunderstanding. Taking time to speak to the patient and understand exactly what they are unhappy about and how we can help to resolve the issue.
- **Take personal responsibility for dealing with the issue.** All employees should feel empowered to deal with any concerns. If you cannot deal with the issue yourself, seek support from your line manager or a more senior employee
- **Resolve the issue as quickly as possible.** Generally concerns are straightforward and can be resolved on the spot with an apology and action to put the matter right.
- **Keep the patient informed of progress.** If the issue is going to take some time to resolve, keep the patient informed of actions you have taken and tell them when you expect the issue to be resolved.

- **Seek advice from a senior employee.** If the patient is still unhappy or the issue you are dealing with is too complex, seek advice from your line manager or a more senior employee.
- **Manage expectations and keep your promises.** If you promise to resolve an issue within a certain time frame keep that promise. If, due to unforeseen events, you cannot respond in the timeframe promised, let the patient know the reasons for doing this. Manage expectations and do not leave the patient wondering what's going on.
- **Try to avoid a complaint.** The majority of patients that raise a concern don't want to make a complaint; they just want their issue resolved promptly. Do not automatically direct the patient to the Patient Advice and Liaison Service (PALS) or advise the patient to make a complaint. The majority of issues can be resolved within the ward or department.

PALS Team

The PALS Team can provide support to you as an employee if you are trying to resolve a concern or complaint from a patient or service-user. If the patient wishes to speak with a member of our team about their concern, they can call 01793 604031 or email Pals.team@gwh.nhs.uk. Alternatively, they can visit us at the address below.

PALS
The Great Western Hospital
Marlborough Road
Swindon
SN3 6BB

If you have tried to resolve the concern through the route above but the patient still wishes to make a complaint, please direct them to the PALS Team. The PALS Team are responsible for managing the complaints process on behalf of the Trust.

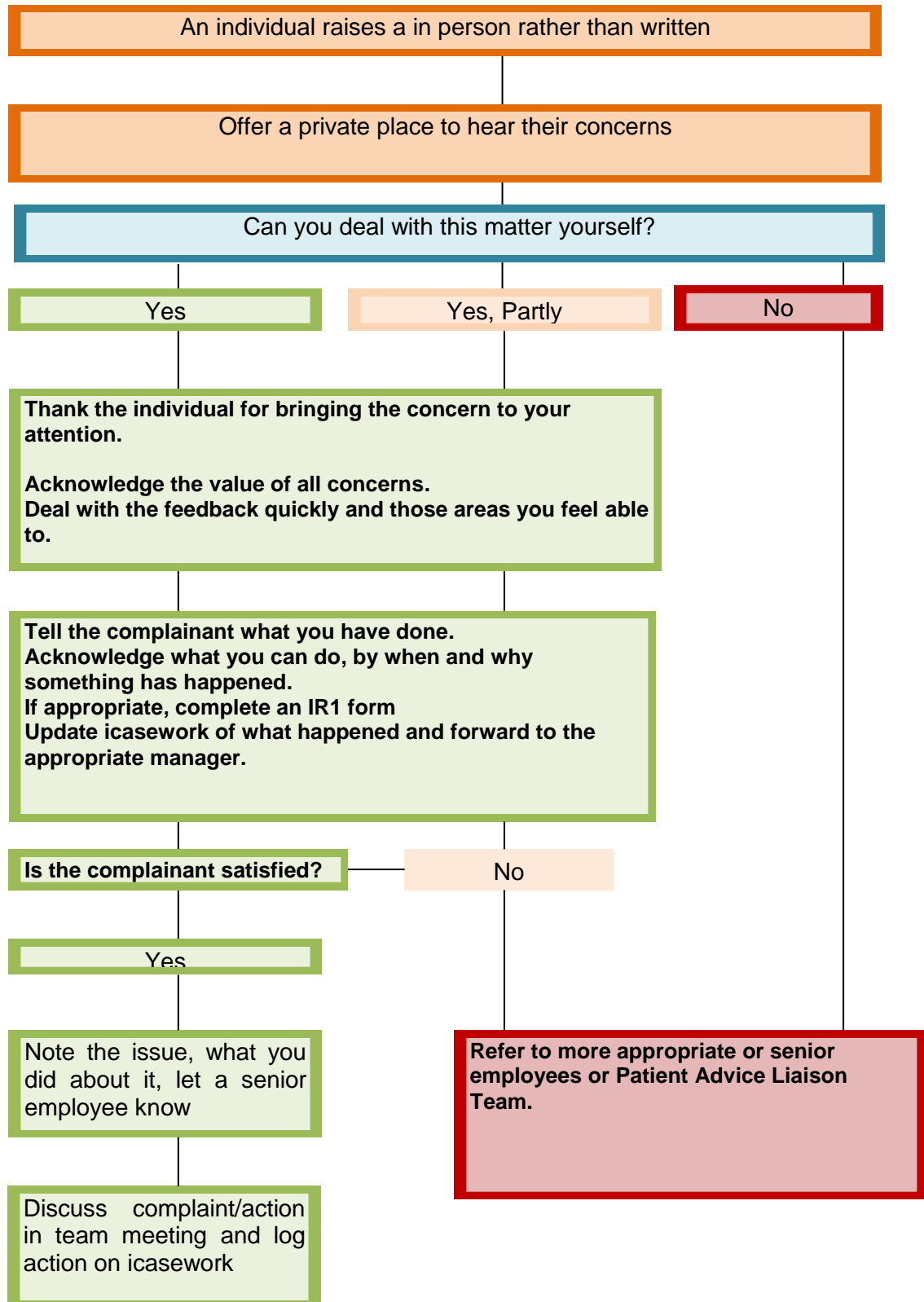
What happens next?

On receiving a concern, the PALS Officer assigned to the case will log the concern and investigate what has happened. They will look at all the information and speak to the employee/s involved. Any resulting actions will be logged and the patient will be responded to within 24 hours, ideally either by telephone or face-to-face.

Need help or advice? Call PALS on: 01793 604031.

Appendix D – Employee Guidance for Resolving ‘On the Spot’ Issues

Employee Guidance for Managing Concerns communicated verbally



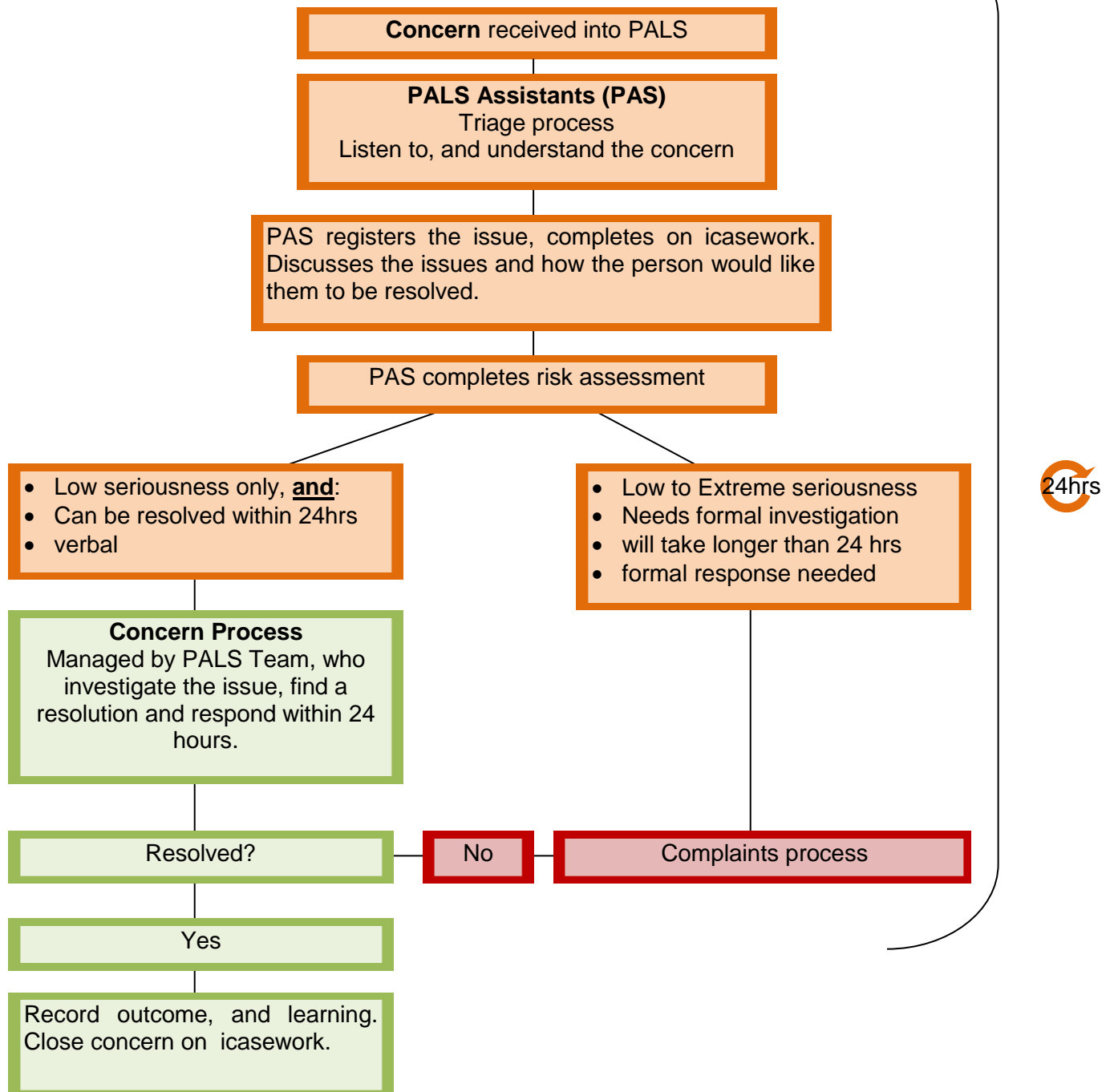
Feedback

If you referred the complaint to another person to deal with, that person should provide you with feedback about what happened.

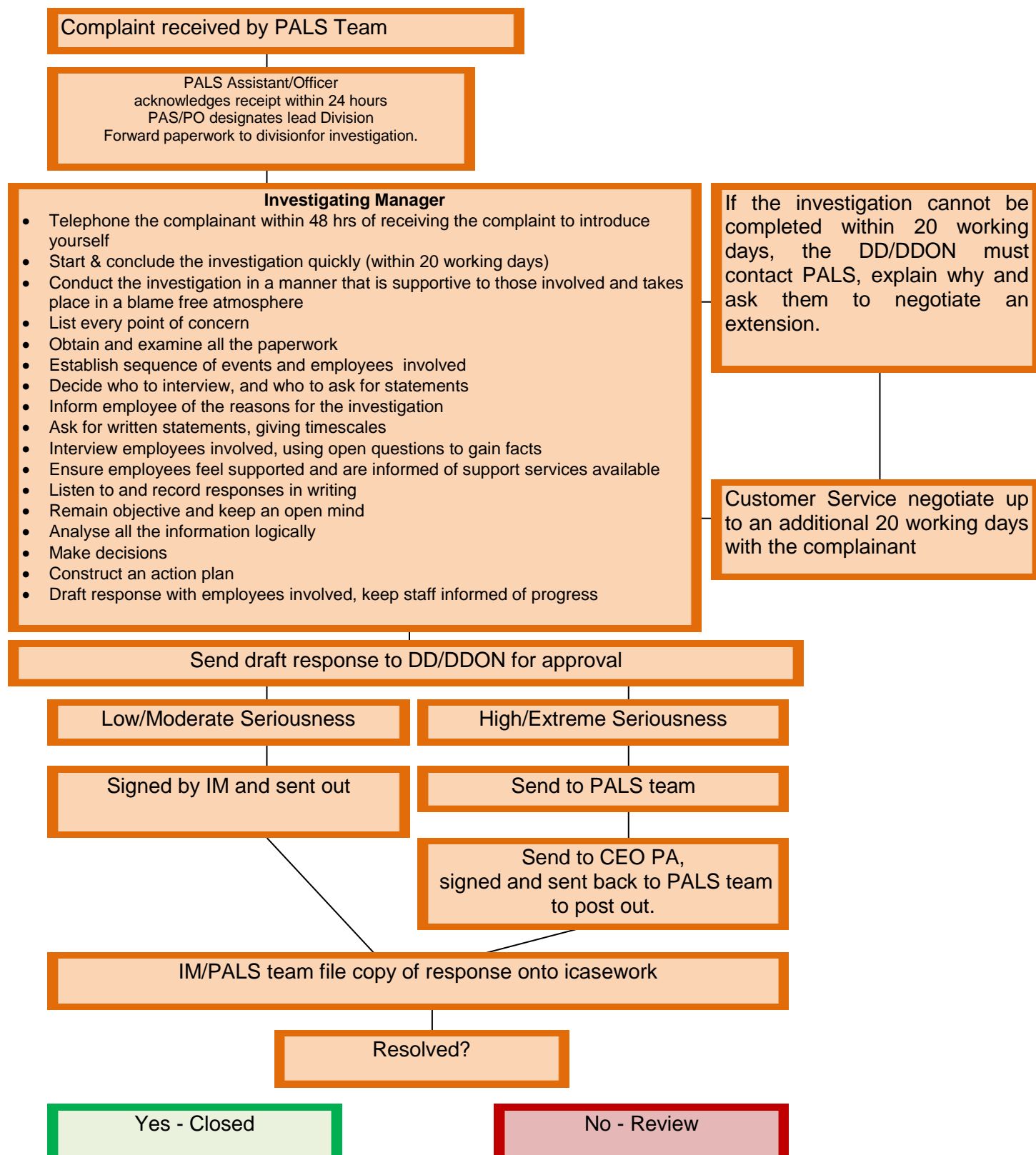
Further Queries

If you have any further queries please speak to your line manager in the first instance or the PALS Team on 01793 604031. Out of hours, contact the On-Call Manager.

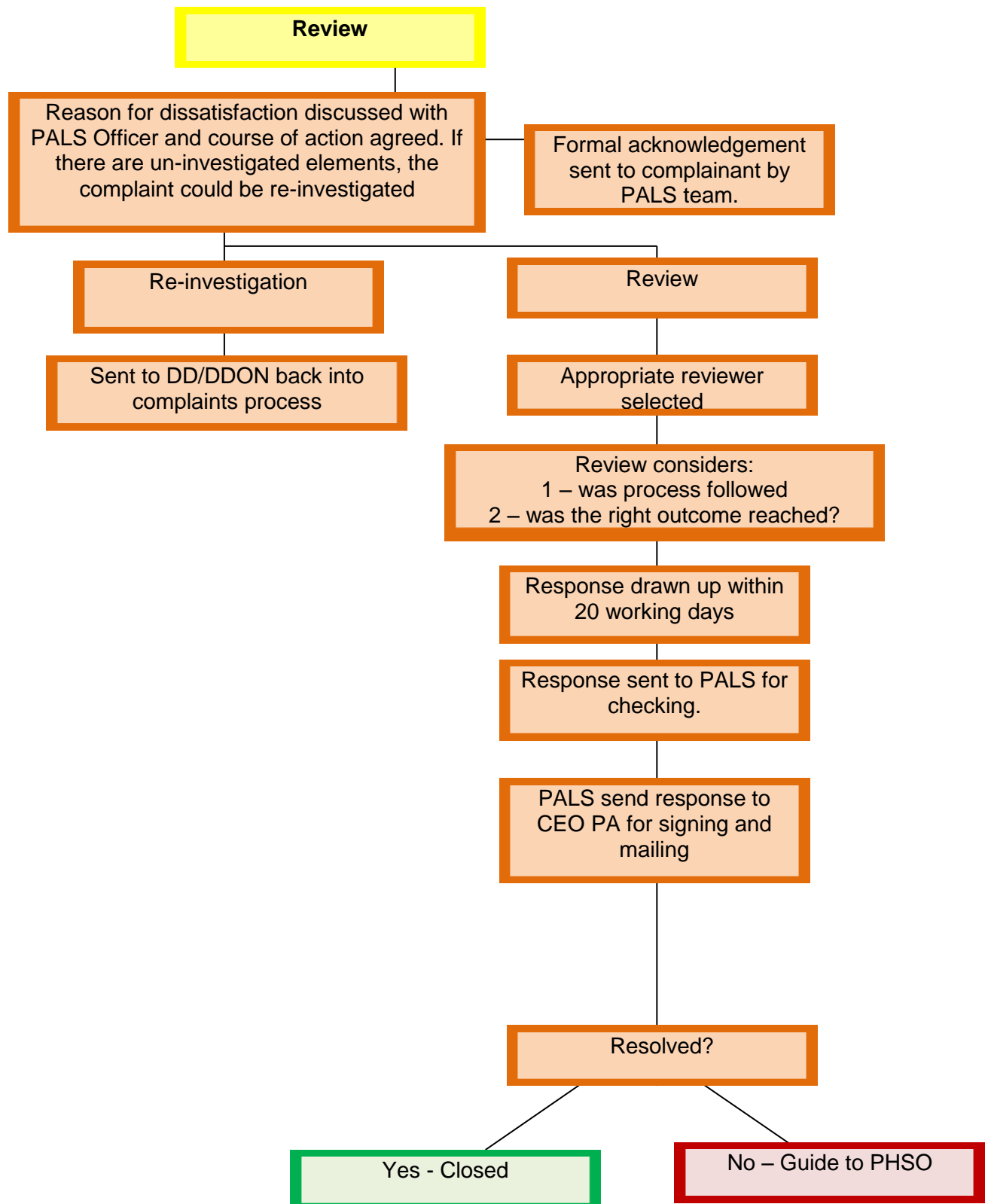
Appendix E – Full Process Concerns Process – Managed by the PALS Team



Complaints Process



Review Process



Appendix F – Employee Guidance

Obtaining Information for Complaint Investigations

Introduction

Any Trust employee directly involved in a complaint may be asked to provide information in connection with the investigation. Employees asked to provide information will be supported in this process by the Investigating Manager, their line manager and the DD's /DDON or HoS. Further advice and support can be obtained from the PALS Team.

Patient Consent

The PALS Team is responsible for ensuring that appropriate patient consent for the release of personal information is obtained.

A copy of any information that is given is kept in the complainants management system complaint file for that complaint, and may be passed on if the complainant requests an Independent or Parliamentary Health Service Ombudsman's Review of their complaint.

General Principles in Obtaining Information

Any written information you obtain or provide for a complaint should be:

- Written in ink or typed
- Legible and concise
- Factual, accurate and relevant
- Avoid abbreviations
- Explain any technical words, phrases or procedures and avoid jargon

Format - the following format should be followed when obtaining information to ensure to consistency and completeness of investigations into complaints:

Title - the title should indicate the date, place and time of the issue complained about.

Opening paragraph - please give the following information as it applied when the events under investigation occurred:

- Your Name
- Address
- Post in the Trust
- How you can be contacted most easily

Narrative of events – please provide a narrative of the events, keeping to the facts.

In date and time order state:

- When and what you did and why.
- Where relevant, identify your contributions to clinical notes, adding explanations if you feel there is any ambiguity.

Final Checks - as a trust we must be 100% confident with what we are saying.

- Remember your statement could be made public. Always reread what you have written.
- Once you are confident with your statement, date and sign it.
- Give your signed, written statement to your line manager, keeping a file copy for yourself.

Appendix G – Advice for the Public (Leaflet)

Making a Complaint

We Value Your Feedback

The Trust works hard to provide everyone that uses its services with an excellent experience. However we recognise that sometimes things go wrong. When this happens we want to learn from what people tell us so we can put things right and stop it happening again.

We are committed to listening to the views of our customers and have a team dedicated to helping you through the complaints process. Our PALS Team acts on your behalf to ensure that all complaints are dealt with fairly and thoroughly, and resolved quickly.

What is a complaint?

A complaint is any concern or issue you have with the service, care or treatment you have received from the trust which cannot be resolved with 24 hours. Complaints are usually made in writing, but can also be made in person or over the phone.

Some patients worry that making a complaint will affect their care. Please be assured, raising a concern or making a complaint will not affect the care you or a loved one receives.

Who can complain?

Anyone who is receiving or has used our services can make a complaint. If you are unable to do so yourself then someone else (usually a close relative, friend or a carer) can complain for you. If someone is making a complaint on your behalf then written consent is needed.

Are there time limits on making a complaint?

Yes. It is important that you make your complaint as soon as possible after the event. At the latest, all complaints must be made **within twelve months** of the problem occurring or within twelve months of it coming to your attention.

How do I make a complaint?

If you have a concern, we would always recommend that you first let a employees know at the time. For example, if you are staying in hospital, you could speak to the nurse in charge or ward manager. They will listen to you and try to resolve your concern on-the-spot.

If you have done this and are not happy with the outcome, or you wish to raise your concern with someone not directly involved in your care, the PALS Team can advise you on making a complaint.

Please put your complaint in writing and send it to the address below, or email it to pals.team@gwh.nhs.uk. You can also visit the PALS Team in person or speak to a member of the team by calling: 01793 604031.

PALS
The Great Western Hospital
Marlborough Road
Swindon
Wiltshire
SN3 6BB.

The PALS Team is available Monday to Friday, 08.30am-5.00pm.

What will happen next?

Your complaint will be acknowledged by the PALS Team within three working days. It will be assigned to a PALS Officer who will contact you to find out what you would like to see happen as a result of making your complaint.

The Trust aims to resolve and inform patients of the outcome of all complaints within 25 working days, although sometimes it does take a little longer if your complaint is complex.

Can I get help to make a complaint?

Yes. Our PALS Team can offer you help and advice on making a complaint.

Alternatively, you can get free and impartial advice on making a complaint from HealthWatch or SEAP (Advocacy Service)

Healthwatch Swindon, Sanford House, Sanford Street, Swindon, SN1 1HE.
info@healthwatchswindon.org.uk Telephone: 01793 497777

or if you live outside of Swindon, but within Wiltshire:

Healthwatch Wiltshire, Unit 20, Hampton Park West, Melksham, SN12 6LH.
enquires@healthwatch.co.uk Telephone: 01225 434218

Or

SEAP Hastings, Upper Ground Floor, Aquila House, Breeds Place, Hastings, East Sussex, TN34 3UY. info@seap.org.uk Telephone: 0330 4409000

What if I am not happy with how my complaint was handled?

If you are not happy with the way the trust has dealt with your complaint or the outcome, you can request an independent review from the Parliamentary and Health Service Ombudsman (PHSO). You can contact the PHSO by calling: 0345 0154033, or you can write to them at:

The Parliamentary and Health Service Ombudsman
Millbank Tower
Millbank
London
SW1P 4QP

For further information, you can visit their web site at www.ombudsman.org.uk

Exclusions to this NHS Complaints Process

As a general rule, the NHS complaints process cannot be used for the following:

- **If you are taking legal action against the hospital – the complaints process will cease once legal action has been taken.**
- **If you are seeking compensation from the Trust – claims for compensation cannot be sought through the complaints process.**
- **If your complaint is about private medical care – you should address your concerns directly to the consultant in charge of your care.**

Getting this leaflet in another format

If you would like this information in another format, i.e. large print or another language, please contact the PALS Team on: 01793 604031.

Appendix H – Seriousness Matrix, from the DH guide ‘Listening, Responding Improving’ (See reference ²³)

Step One

Decide on the ‘Seriousness’

Seriousness	Description
Low	Unsatisfactory service or experience not directly related to patient care. No impact or risk to provision of patient care. OR Unsatisfactory service or experience related to patient care, usually a single resolvable issue. Minimal impact and relative minimal risk to the provision of patient care or the service. No real risk of litigation.
Medium	Service or patient experience below reasonable expectations in several ways, but not causing lasting problems. Has potential to impact on service provision. Some potential for litigation.
High	Significant issues regarding standards, quality of patient care and safeguarding of or denial of rights. Complaints with clear quality assurance or risk management issues that may cause lasting problems for the organisation, and so require investigation. Possibility of litigation and adverse local publicity.
Extreme	Serious issues that may cause long-term damage to an individual, such as grossly substandard care, professional misconduct or death. Will require immediate and in-depth investigation. May involve serious safety issues. A high probability of litigation and strong possibility of adverse national publicity.

Step Two

How likely is it to re-occur?

Likelihood	Description
Rare	Isolated or ‘one off’
Unlikely	Rare – unusual but may have happened before
Possible	Happens from time to time – not frequently or regularly
Likely	Will probably occur several times a year
Almost Certain	Recurring and frequent, predictable

Step Three

Categorise the risk

Seriousness	Likelihood of Recurrence				
	RARE	UNLIKELY	POSSIBLE	LIKELY	ALMOST CERTAIN
LOW	LOW				
MEDIUM		MODERATE			
HIGH/EXTREME			HIGH	EXTREME	