

## Complaint Handling Policy

<b>Document No</b>	Corp - 00005	<b>Version No</b>	2.0
<b>Approved by</b>	Policy Governance Group	<b>Date Approved</b>	01/09/2021
<b>Ratified by</b>	Trust Board	<b>Date Ratified</b>	05/08/2021
<b>Date implemented ( made live for use)</b>	14/09/2021	<b>Next Review Date</b>	05/08/2024
<b>Status</b>	LIVE		
<b>Target Audience-</b> who does the document apply to and <u>who should be using it.</u> - The target audience has the responsibility to ensure their compliance with this document by:	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		
<ul style="list-style-type: none"> <li>• Ensuring any training required is attended and kept up to date.</li> <li>• Ensuring any competencies required are maintained.</li> <li>• Co-operating with the development and implementation of policies as part of their normal duties and responsibilities.</li> </ul>			
<b>Special Cases</b>			
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<b>If developed in partnership with another agency ratification details of the relevant agency</b>			
<b>Regulatory Position</b>	<p>The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (Ref 2)</p> <p>The National Health Service (Complaints) Regulations 2006. (Ref 1)</p> <p>The Care Quality Commission inspections rely on information based on sound data.</p> <p>The Data Protection Act 2018 requires that personal data is processed in accordance with the Data Protection Principles. (Ref 28)</p> <p>The Freedom of Information Act 2000 requires organisations to make some documents publicly available. (Ref 29)</p> <p>The Access to Health Records Act 1990. (Ref 21)</p>		
<b>Review period.</b>	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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# 1 Introduction & Purpose

## 1.1 Introduction & Purpose

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 two teams the Patient Advice and Liaison Service (PALS) and the Complaints team. Both teams are led by the Head of PALS and Complaints and responsible to the Associate Director of Quality.

The PALS and Complaints 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 service users.
- Ensure that the Trust's service is accessible to everyone.
- Show the Trust will respect individuals' rights to confidentiality.
- Ensure the Trust Board is accountable for improving the quality of services.

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- Satisfy the complainant by conducting a thorough investigation and providing a full explanation, addressing all issues raised in a detailed complaint response. Lessons are learnt and actions are in place to ensure learning has taken place.
- Ensure that service users are not treated differently as a result of making a complaint and ensure that everyone is treated with compassion and understanding of their circumstances.
- Reinforce positive behaviour by celebrating Compliments.

The Trust will follow the principles for “Good Complaint Handling” as identified by the Parliamentary Health Service Ombudsman (PHSO).

The PHSO principles for Good Complaint Handling (Ref 8) is:

- Getting it right
- Being Customer Focused
- Being Open and Accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement

## 1.2 Glossary/Definitions

The following terms and acronyms are used within the document:

<b>CCG</b>	Clinical Commissioning Group
<b>Complaints</b>	Facilitators of the complaint handling process.
<b>CQC</b>	Care Quality Commission
<b>DD</b>	Divisional Director
<b>DDON</b>	Divisional Director of Nursing
<b>EIA</b>	Equality Impact Assessment
<b>IP&amp;C</b>	Infection Prevention and Control
<b>NHS</b>	National Health Service
<b>PALS</b>	PALS front door service (Concerns, Compliments, Queries, Interpreting)
<b>PALS &amp; Complaints Team</b>	Joint teams PALS and Complaints
<b>PHSO</b>	Parliamentary Health Service Ombudsman

## 2 Main Document Requirements

### 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 that can usually be resolved in one working day. On certain occasions it may require a longer timeframe to be resolved successfully and an

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extension of up to a maximum of 7 working days can be agreed before the case is escalated to a complaint.

- A **Complaint** is an expression of dissatisfaction requiring a formal investigation and a written response or a meeting.
- A **Comment** is an expression of 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.
- A complaint which is being or has been investigated by the Parliamentary Health Service Ombudsman.
- A complaint arising out of the Trust's alleged failure to comply with a data subject access request under the GDPR/Data Protection Act 2018 (Ref 28) or a request for information under the Freedom of Information Act 2000 (Ref 29).
- 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.

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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 Gillick competence (*see section 2.4.2*).
- Is unable by reason of physical or mental incapacity to make the complaint themselves.
- Has requested a representative to act on their behalf and given consent for this.
- Has appointed a legal power of attorney, which has been enacted.
- 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 and Complaints team, has a sufficient interest in their welfare and is a suitable person to act as representative.

Complaints Facilitators 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 Complaints Facilitator 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

We always encourage our patients and families to raise a concern with the department or ward manager in the first instance, all employees should be able to help those wishing to provide feedback. Our focus is on resolving any concerns promptly for our patients and their families.

The PALS and Complaints team is the central team responsible for administering Concerns, Complaints, Comments and Compliments.

The PALS and Complaints team can be contacted by:

- Visiting their office based at the Great Western Hospital on the ground floor.
- Via email to [gwh.pals@nhs.net](mailto:gwh.pals@nhs.net)
- Via telephone to 01793 604031
- In writing to The Patient Advice and Liaison Service, Great Western Hospitals NHS Foundation Trust, Marlborough Road, Swindon, SN3 6BB.
- Using the online contact form available on the Trust website [https://www.gwh.nhs.uk/patients-and-visitors/patient-advice-and-liaison-service-\(pals\)/contact/](https://www.gwh.nhs.uk/patients-and-visitors/patient-advice-and-liaison-service-(pals)/contact/)

The PALS and Complaints team are available from 9.00am until 5.00pm, Monday to Friday. Out of hours telephone messages may be left and a telephone call will be returned on the next working day.

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## 2.4 Confidentiality

Some types of feedback will be made and responded to in the public domain, for example through the website 'NHS Choices (Ref 30); 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 the patient's health records; however 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; this statement should be saved on the Complaint Management System.

### 2.4.1 Consent

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 and Complaints team within seven days. A longer time scale can be agreed.

Day one of investigation will commence on the day consent is received to the PALS and Complaints team.

If a patient is deemed to not have capacity to consent to a complaint investigation or if the patient is an inpatient the PALS and Complaints team will make contact with the ward manager to confirm that the patient does not have capacity and next of kin details. It is then the decision of the PALS and Complaints team to commence the investigation in the interest of the patient.

Should a consent form not be received the PALS and Complaints team will write a follow up letter to the patient copied to the complainant advising the case will be closed as consent has not been received.

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

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) a blood relative or someone who can satisfy the complaints team of the patient details. The Trust will respect any known wishes that had been expressed by the patient.

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

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third party, consent will need to be obtained from the patient prior to the release of personal information.

If a complaint is received from the local Commissioning Group (CCG), Care Quality Commission (CQC), Healthwatch or any other Advocacy Service a copy of the consent form will be requested for the case file by the PALS and Complaints team.

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.

#### **2.4.2 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 and Complaints team, and signposted to any additional resources such as Swindon or Wiltshire Healthwatch (Ref 22) or the Carers Centre (Ref 23) if required.

#### **2.4.3 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 and Complaints 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.

In any case where the Head of PALS and Complaints 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 (PHSO) to consider their complaint for an Independent Review.

In accordance with the Records Management Code of Practice for Health and Social Care 2016 (Ref 21) 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 ten years.

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## 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 member of staff 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 member of staff approached is unable to deal with the issue, they should promptly refer this to the more senior member of staff 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 concern or complaint immediately, or if the complaint requires a fuller investigation or if the complainant wishes to address their concerns/complaint to somebody not involved, they should be referred to the PALS and Complaints team, who will assist them further.

Whether the concern or complaint is being dealt with by the member of staff/ department concerned or the PALS and Complaints team, the complainant should be given a contact name and telephone number as a point of contact.

Concerns/Complaints resolved 'on the spot' are normally less serious and do not need to be formally logged, although good practice would be for all issues to be recorded to capture themes. Actions resulting or any learning from the concern/complaint 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/ DDON/HOS please refer to the Patient Property Policy.

### 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 and Complaints team, the first step is for it to be triaged.

The receiving Complaints Facilitator 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 Complaints Facilitator may need to telephone and speak to the complainant to ascertain additional information. Once the complaint is passed to the Investigation Manger and they feel that as part of their investigation the complaint can be downgraded, the Investigation Manager will need to discuss the reason for the change with a member of the division's tri and Head of PALS and Complaints.

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The Complaints Facilitator 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 22) and Support Empower Advocate Promote (SEAP) Advocacy (Ref 25) (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 usually be resolved within 24 hours, and are generally made verbally. The Local Authority Social Services and National Health Service Complaint Regulations 2009 s8 (1) (c) (Ref 10) excludes this type of feedback from being recorded as a 'complaint'. It is recognised that more information may be required to resolve successfully and may take a little longer than 24 hours. A maximum of 7 working days can be agreed before the case is escalated to 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 a PALS Assistant with the support from the relevant service area to establish what might have happened to cause the concern. All concerns must aim to be resolved within 24 hours and are likely to conclude in a telephone call to provide the response. The Pals team will monitor the response time and ensure contact is maintained with the person raising the concern.

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 and will be handled by the Complaints team.

#### **2.6.5 Complaints**

As well as including concerns unresolved after 7 working days, complaints may often need formal investigation.

The Complaints team are the central team responsible for complaints, working alongside the PALS team. '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, they will be date stamped and passed to the PALS and Complaints team, who will deal with them on behalf of the Chief Executive.

All complaints will be logged onto the complaint management system and will be acknowledged by the Complaints Facilitators. 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.

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 Complaints team (via e-mail/complaint management system) to the appropriate Division Investigating Manager to start the investigation. Some complaints may involve more than one Division or service; in this case the Complaints team will allocate a lead Division which will be responsible for ensuring the complaint is fully investigated. The Complaints Facilitator will work jointly with the lead investigator to help with the facilitation of gaining comments for the overall joint response.

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

#### **2.6.6 Additional Needs**

PALS will ensure that wherever possible the individual needs of complainants are identified and met. This will include meeting the needs of people with learning disabilities, physical disabilities or communication problems such as hearing or visual impairment.

#### **2.6.7 Complaint Training**

All investigation managers must attend the Complaint Response Writing training, ideally before any cases are assigned to them to investigate. In addition, training on the Complaints Management system will also be provided as 1:1 training by the relevant Complaints Facilitator, this is to set up the user on the system and to ensure that the required level of access has been set up correctly. Training will be provided on navigation of the Complaints management software and the use of template letters.

A "Buddy" system will be put in place to support new investigation managers with the writing and quality checking of response letters.

#### **2.6.8 Complaints and Incidents (SI)**

When complaints are received to the Complaints team, a discussion should take place if relevant between the Complaints Facilitator and the Investigation Manager about whether an Incident Form needs to be completed. This is documented on the complaints management system. A prompt for consideration of an incident form to be completed is in the template of the complaint response letter.

The Head of PALS and Complaints and the Clinical Risk Manager will meet monthly to discuss complaints and if a serious incident has been identified, the case may be taken forward under the Incident Management Policy (Ref 11) as a serious incident requiring investigation (SI). 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 SI investigation.

Complaints which are related to a serious incident will be closed in agreement with the complainant to allow for the Serious Incident Investigation to take place. The complainant will be informed that their

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complaint will be closed in the Duty of Candour letter (DOC). If this has already been sent out an additional letter will be sent to the complainant to inform them of the closure. Please refer to the Duty of Candour (Being Open) Policy (Ref 12) and the Incident Management Policy (Ref 11), and the Data Security and Protection Incident Reporting Procedure, all available on the t drive, for more information.

If not all aspects of the complaint are covered by the SI TOR then a separate complaints response will run concurrently.

The procedures for managing complaints, incidents and claims for negligence are dealt with under separate policies. However, if during the course of investigating an incident, a complaint is received, the incident procedure should take precedence in terms of investigation.

If the investigation of a complaint reveals the need to take action under the serious incident procedure, the investigator should inform the Clinical Risk Team and Complaints Facilitator. Again the incident procedure should take preference in terms of investigation. This will be discussed at the weekly PERF meeting to ensure that a clear direction of managing the complaint/SI is documented and all parties informed of how the complaint/SI will actively be managed and agreed timeframes.

Any complaints that involve a sudden unexpected death, allegation of abuse, potential safeguarding issues, suicide or serious self-harm, data loss and information security should be immediately escalated to the Head of PALS and Complaints or PALS and Complaints Team Leader who will discuss the management of the complaint with the most appropriate Head of Service/Lead Clinician and take for discussion at the weekly PERF meeting.

However, during the course of the complaint investigation, it is noted that potentially serious harm has occurred; it is the Investigating Manager's responsibility to escalate their concerns to the divisions Complaint Facilitator and the Clinical Risk Manager. If it is felt that the incident should be investigated under the Serious Incident Investigation (SI) or Clinical Review (CR) process, the Clinical Risk Manager will keep the complainant informed of the progress of the investigation.

If the complainant has raised serious concerns that are not being investigated under the serious incident investigation, or question raised within the complaint is not covered by the scope of the review, then they will be investigated under a Complaint Process. It is essential that lines of communication is maintain between the Clinical Risk department and the Complaints Facilitator and the Investigating Manager; to ensure of a cohesive approach to the feedback in the Clinical Risk report.

If the complainant feels that all issues of the complaint were not fully responded to in the Clinical Risk report, the complaint can be reopened and responded to.

### 2.6.9 Investigation Manager

The allocated 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 review the complaint and 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 by the complaints team and discussed at the divisional complaint review/audit meetings.

The investigation manager should notify the Complaints team if the complaint assigned to them has not been sent to the correct person/service to investigate. If the Complaints team are not notified within 3 working days the complaint will remain with the allocated division/service. Only in exceptional circumstance will this be changed.

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Investigation Managers should not have any more than four cases assigned to them to investigate. If an Investigation Manager has four cases already assigned to them and a new case is received to investigate, the Complaints Facilitator will speak with the divisional tri for guidance on who the new case should be assigned to.

### 2.6.10 Record Keeping and Responding

Full records of the investigation should be kept by the Investigating Manager and detailed on the complaint management system. 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 the complaint management system.

The Trust has a standard 25 working day response timeframe for complaints. Depending on the level of seriousness identified during the triage process which is carried out by the complaint's facilitator using the Seriousness Matrix, from the DH guide 'Listening, Responding Improving' Appendix H, the response will either be signed off by the relevant Divisional Director 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.

Any complaints which have been passed to the Trust to investigate and respond to from the local Commissioning Group (CCG) or the Care Quality Commission (CQC) should be responded to within 15 working days, these complaint responses should be checked by the Head of PALS or PALS Team Leader (after approval has been given by the DD or DDON) before sending a copy to the local CCG or passed to the Associate Director of Quality for final checking and forwarding to CQC.

Regardless of who will sign the response, DD or DDON 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, the draft response and all supporting documents should be sent to the Complaints Facilitator by the end of day 20. In this instance the Complaints Facilitator 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/ /DDON 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 management system. DD/AMD /DDON signed letters should be sent out by the Divisions with a final signed copy uploaded to the complaints

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management system and the initial author of the complaint response in order that lessons are learnt about the appropriate style of response.

If the Chief Executive is unavailable, then a 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 Complaints 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.

### **2.6.11 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 due to the complexity to thoroughly conclude the investigation and provide a full detailed response.

If a longer response time is required or if a meeting with the complainant within this timescale cannot be achieved, the division can ask the Complaints Facilitator to negotiate an extension of an additional 35 working days (giving a maximum of 60 working days). However trigger points will be put in place at day 40 by the Complaint's Facilitator, as a progress update to ensure that the complainant is advised of the progress of the investigation and to ensure that the target date will be met.

If this is required, the Investigation Manager will need to contact the complainant to discuss this extension and advise the Complaints Facilitator that this has taken place and a Holding Delayed Letter will be sent by the Complaint's Facilitator detailing the response due date. The date will be amended on the Complaint Management System by the Complaints Facilitator.

Only one extension will be granted as the expectation is that the complaint investigation will be completed within the 60 working day timeframe. In extreme circumstances where the investigation is expected to go over the 60 working days (i.e. due to an external investigation) the Associate Director of Quality or Head of PALS and Complaints will agree this with the Divisional Tri, a case will be put together and final approval will be made at the Patient Experience Review Forum (PERF).

### **2.6.12 Informing the Complainant of the Trust's Review Process**

All final responses from both the Chief Executive or the DD/AMD/DDON, 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 should they remain dissatisfied.

### **2.6.13 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/DD/DDON are responsible for ensuring any action plans resulting from the complaint investigation are implemented within the agreed timescale with actions being included in their monthly Divisional Quality meeting. Support and monitoring with learning will be provided to the divisions from

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the Complaints team with action trackers sent out weekly detailing learning and actions from learning on all closed complaint cases.

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

A divisional audit will be carried out by the DDON/DD and Head of PALS and Complaints monthly to discuss key learning and divisional action trackers.

### **2.6.14 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 Complaints 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 Complaints Facilitator 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 should be carried out by an independent investigation manager.

The review will consider if the appropriate process was followed and if the outcome of the complaint was right. The review investigating manager will have 20 working days to consider the review and draw up a formal response which will then be sent to the Chief Executive for signing to be sent out by day 25. An extension may be applied if complex following the same rules as detailed in 2.6.11.

If the complainant remains dissatisfied with the response and consideration has been given to no additional actions (i.e. one more meeting) to be carried out to change the outcome of the investigation, the complainant should be referred to the PHSO detailing that all areas of local resolution have been exhausted.

### **2.6.15 Parliamentary and Health Service Ombudsman (PHSO)**

The Complaints Team will be the single point of contact for the PHSO. The complaints 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 service area/Division.

Any action plans requested by the PHSO are the responsibility of the DD/ HOS /DDON who will be held accountable for their creation and quality. In most cases, the PHSO give three months or a specific date for an action plan to be created and sent back to them, on occasions the local CCG or CQC may be requested by the PHSO to receive a copy of the action plan.

Action plans should be drawn up and signed off by the appropriate Division within one month before the agreed timeframe. This then gives time for consideration by the Chief Nurse or Medical Director (whoever is the most appropriate) who will provide 'sign off' on behalf of the Trust. The process for signing off and sending will be facilitated by the Complaints Team, who will also advise if these timescales alter.

### **2.6.16 Independent Advice**

All complainants have access to information about independent help, guidance or support service, provided through Healthwatch (Ref 22) and SEAP (Ref 25) advocacy when making a complaint. This information is available from the PALS and Complaints team, and is included in the complaints leaflet.

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### 2.6.17 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 Complaints and the Legal and Inquest Manager, with the complainant and person identified in the complaint being advised appropriately in writing.

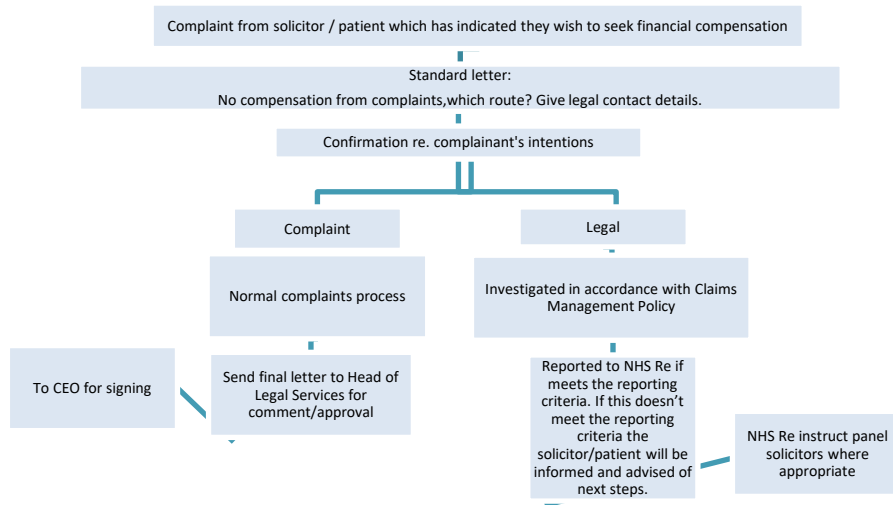
Employees should not be concerned that an apology is an admission of negligence. The NHS Resolution (NHS Re) provides guidance on the principles of 'Being Open' with the Trust's patients and their carer's. All professional bodies have also endorsed the principle of being open.

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.

Where a complaint wishes to seek compensation for medical negligence, they should be advised that this is not possible though the complaint process, but their complaint will still be investigated. PALS or the investigating manager should notify Legal Services of this complaint and send the final draft to them for review.

Legal Services team can be contacted and asked to review any complaint which the investigator feels may pose a legal risk.

The flowchart below shows the process to be followed:



### 2.6.18 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. Complaint responses should be shared with staff who are named in a complaint before sending for approval to the divisional tri.

#### 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 copied into the complaint investigation email to the AMD/DD/DDON which contains the letter of complaint.

#### Immediate source of support: external

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

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### **On-going 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 Complaints team become concerned that employees are distressed during the process of the complaint investigation, this will be raised with a member of the Divisional management team.

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.

### **On-going support: external**

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

## **2.6.19 General Feedback and Compliments**

Along with complaints, the PALS and Complaints team will also maintain a record of feedback left and compliments received. 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.

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

## **2.6.21 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 Candor (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

## **2.6.22 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

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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.

### 2.6.23 Fraud and Corruption

Any complaint which concerns allegations of possible fraud or corruption is passed immediately to the Director of Finance for action.

### 2.6.24 Internal Evaluation of the Complaints Process

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

Evaluation 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 and Complaints 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 and Complaints on a quarterly basis.

A secure electronic complaints management system will be maintained for all Complaints and PALS contacts. Information from the management system can be used as an early warning trigger tool identifying themes and trends.

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/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 and Complaints Team notified of these measures.

Each DD/DDON will meet with the Head of PALS and Complaints to discuss complaint themes and any concerns regarding the complaints process. A monthly audit will be carried out on closed cases to ensure process is being followed and discussed at the divisional meeting ensuring that actions which have been identified from learning of closed cases are carried out.

A Quality Audit of complaint response letters will also be carried out and reported in the quarterly PALS/Patient Experience report.

### 2.6.25 External Evaluation of the Complaints Process

The PALS and Complaints team will contribute to the Trust's annual report on its complaint handling and performance of responding to complaints within timeframe.

### 2.6.26 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 Complaints 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.

Where the Trust receives a complaint which is mainly concerned with services provided by the Trust, but includes issues regarding an external agency, the Complaints team will forward a copy of the

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complaint as appropriate for investigation, consent must be gained from the patient prior to any discussions or sharing of documents with another party. The Complaints 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.

### **2.6.27 Complaints about the Data Protection Act 2018 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 2018 (Ref 31) and with requests made under the Freedom of Information Act 2000 (Ref 32). It is standard practice to conduct an internal review before this step.

### **2.6.28 Complaints about Serco Facilities Management (including Closed Circuit Television (CCTV) Access)**

Complaints about Facilities Management will be passed to the Director of Serco 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 Complaints team to review and forward to the patient with a covering letter. Serco are encouraged to speak to complainants and are to send a file note and update to the relevant Complaints Facilitator.

Subject Access Requests for Closed Circuit Television (CCTV) footage will be sent to the Head of Security (GWH) for them to action. They are to keep the Complaints team updated with the progress of these requests.

### **2.6.29 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 patient unit, but not to the private medical care provided by the Consultant in line with the NHS Complaint Procedure.

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 and recorded on the Complaints management system and facilitated by the PALS and Complaints team.

Direct complaints about private health care services within the Trust will be dealt with within the Planned Care Division, recorded on the Complaints management system as a division called Shalbourne Private Patients to be kept separate from NHS complaints.

### **2.6.30 Access to Health Records**

Complainants may request access to or copies of their medical records under the Data Protection Act 2018. 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

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regards young people aged 16 or 17 to be adults in respect of their rights to confidentiality. The PALS and Complaints team are able to provide complainants with an Access to Health Records Form. Further information is available from the Department of Health and Social Care.

The Access to Health Records Act 1990 (AHRA) (Ref 20) 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 and Social Care 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.

### 2.6.31 Recording Complaint Meetings

Where a client wishes to make a recording of a complaint meeting, a formal request must be made to the PALS and Complaints 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.

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 if a recording has been requested.

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 Complaints Facilitator 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.

Microsoft Teams meetings may be offered when it is not appropriate or not possible to hold face to face meetings. A recording of the meeting may be requested prior to the meeting to the complaints facilitator; consent will be gained from all parties attending.

### 2.6.32 Media Interest

Members of staff 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.

### 2.6.33 Process following death of a complainant

The common law duty of confidentiality continues after death and we need to respect the wishes of our patients from when they were alive. If the patient did not provide consent or authority for anyone else to have the information or act on their behalf, then it would not be advisable to proactively share the information about the complaint with anyone else. In these cases, we would undertake a preliminary investigation to ensure that an incident has not occurred, document the findings and close the case.

However, if a subsequent complaint is received by the next of kin about the same circumstances then we would look to share the findings with them at that point.

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## 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 staff 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.

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### 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), 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 or their family's medical notes.

The Chief Executive (or nominated deputy) may decide to manage complainants in one or more of the following ways:

- 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 15). 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 15).

### 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.

Staff 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) and subject to their approval normal contact with the complainant and application of the Trust's Complaints Procedure will then be resumed.

### 3 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 relatives and carers	Complaints database	Head of PALS & Complaints	Monthly	Incorporated into Patient Quality report (slides) and the quarterly Patient Experience Report	
	Patient Experience Report	Head of PALS & Complaints	Monthly	Executive Committee / Trust Board / Quality Governance, Commissioners	Executive Committee will agree corrective action as necessary and will escalate risks to the Board
	External Report	Head of PALS & Complaints	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 & Complaints	Monthly	Executive Committee & Trust Board	As above
	Complaint response writing Training	PALS/Complaint Facilitator	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 & Complaints /External Auditors	Ad hoc	Clinical Managers, Patient Quality Committee	Action plan drawn up
	HR copied into emails to Division Managers containing complaint letters	PALS/Complaints Facilitator	As they come through	Head of Human Resources	Action agreed as necessary depending on the case

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## 4 Duties and Responsibilities of Individuals and Groups

### 4.1 Chief Executive

The Chief Executive (or nominated deputy) 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 / Associate Director of Quality have the delegated responsibility for ensuring the efficient and effective implementation of the Complaints Policy and for the PALS and Complaints 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 quarterly Patient Experience report, including complaints and will monitor the effectiveness of the Complaints process.

### 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 31). 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 and Complaints team of any patient concerns and complaints they are made aware of as swiftly as possible.

### 4.5 Associate Medical Directors, Divisional Directors, Divisional Directors of Nursing

AMDs, DD and DDONS 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 should, as a minimum, discuss complaints/responses each month. AMDs/DD/DDONS 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 Complaints Team within 20 (or 25) working days.

### 4.6 Managers (Matron/ Deputy /Senior Sister/Charge Nurses)

Managers are responsible for ensuring that staff 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 staff to meet with complainants at the earliest opportunity to resolve complaints locally. Managers are to offer support to staff in their areas 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 and Complaints Team

The PALS and Complaints 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 Associate Director of Quality they will provide regular reports and 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 Complaints

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Facilitator 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 has taking place.

#### **4.8 All Staff**

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

#### **4.9 Ward Managers, Matrons and Heads of Service 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 Further Reading, Consultation and Glossary

### 5.1 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	<a href="http://www.nhs.uk">http://www.nhs.uk</a>
2	The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009	<a href="http://www.legislation.gov.uk">http://www.legislation.gov.uk</a>
3	Statutory Instrument 2006 No. 2084. The National Health Service (Complaints) Amendment Regulations 2006	<a href="http://www.legislation.gov.uk">http://www.legislation.gov.uk</a>
4	The Mid Staffordshire NHS Foundation Trust Public Inquiry (Francis Report)	<a href="http://www.midstaffspublicinquiry.com/">http://www.midstaffspublicinquiry.com/</a>
5	Everyone Counts: Planning for Patients 2013/14	<a href="http://www.england.nhs.uk">http://www.england.nhs.uk</a>
6	Complaint Handling in NHS Trusts (Patient Association)	<a href="http://www.patients-association.com">http://www.patients-association.com</a>
7	Good Practice Standards for NHS Complaint Handling (Patients Association)	<a href="http://patients-association.com">http://patients-association.com</a>
8	NHS Governance of Complaints Handling (Parliamentary and Health Service Ombudsman)	<a href="http://www.ombudsman.org.uk">http://www.ombudsman.org.uk</a>
9	Health and Social Care (Community Health and Standards) Act 2003	<a href="http://www.legislation.gov.uk">http://www.legislation.gov.uk</a>
10	Social Services Complaints Procedure for Adults	<a href="http://www.adviceguide.org.uk">http://www.adviceguide.org.uk</a>
11	Incident Management Policy	T:\Trust-wide Documents
12	Duty of Candour (Being Open) Policy	T:\Trust-wide Documents
13	Child Protection Procedures	T:\Trust-wide Documents
14	Safeguarding of Vulnerable Adults Policy	T:\Trust-wide Documents
15	Minimising Violence and Aggression in the Workplace Policy	T:\Trust-wide Documents
16	Health Records Subject Access Requests Procedure	T:\Trust-wide Documents
17	Freedom of Information Requests Procedure	T:\Trust-wide Documents
18	Parliamentary and Health Service Ombudsman Principles of Good Complaint Handling	<a href="http://www.ombudsman.org.uk">http://www.ombudsman.org.uk</a>
19	Listening Responding Improving: a guide to better customer care. (including Seriousness Assessment)	<a href="http://webarchive.nationalarchives.gov.uk">http://webarchive.nationalarchives.gov.uk</a>
20	Department of Health Records Management Code of Practice for Health and Social Care 2016	<a href="http://www.gov.uk">www.gov.uk</a>
21	Access to Health Records Act 1990	<a href="http://www.legislation.gov.uk">http://www.legislation.gov.uk</a>
22	Swindon Health Watch	<a href="http://www.healthwatchswindon.org.uk">www.healthwatchswindon.org.uk</a>

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Ref. No.	Document Title	Document Location
23	Swindon Carers Centre	<a href="http://www.swindoncarers.org.uk">www.swindoncarers.org.uk</a>
24	Clwyd/Hart complaints review	<a href="http://www.gov.uk">www.gov.uk</a>
25	The Advocacy People (SEAP)	<a href="https://www.theadvocacypeople.org.uk/">https://www.theadvocacypeople.org.uk/</a>
26	Complaint Regulations 2009	<a href="http://www.legislation.gov.uk">http://www.legislation.gov.uk</a>
27	The NHS Constitution	<a href="http://www.gov.uk">www.gov.uk</a>
28	Data Protection Act 2018	<a href="http://www.gov.uk">www.gov.uk</a>
29	Freedom of Information Act 2000	<a href="http://www.gov.uk">www.gov.uk</a>
30	NHS Choices	<a href="https://www.nhs.uk/services/hospital/the-great-western-hospital/P1661/ratings-and-reviews">https://www.nhs.uk/services/hospital/the-great-western-hospital/P1661/ratings-and-reviews</a>
31	Governor Guidelines on how to deal with a complaint or concern	Available from the Trusts Governance and Membership officer

## 5.2 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
Governance Facilitator	23/09/2020
Divisional Director Planned Care	24/09/2020
Legal and Inquest Manager	17/06/2020
Primary Care Lead	28/05/2020
Regulatory & Compliance Manager	15/12/2020
Head of Information Governance and DPO	05/08/2020
Complaints Facilitator	04/08/2020
PALS and Complaints Team Leader	13/08/2020
Clinical Risk	30/06/2020
Associate Director of Quality	09/09/2020
Deputy Chief Nurse	26/08/2020
Chief Nurse	18/09/2020

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## 6 Equality Impact Assessment

An Equality Impact Assessment (EIA) has been completed for this document and can be found at Appendix A.

### Appendix A - STAGE 1: Initial Screening For Equality Impact Assessment

At this stage, the following questions need to be considered:			
1	What is the name of the policy, strategy or project? Complaints policy		
2.	Briefly describe the aim of the policy, strategy, and project. What needs or duty is it designed to meet? A policy to support the complaint handling process throughout the trust to ensure that concerns, complaints are dealt with promptly, lessons are learnt to improve services from direct feedback from service users.		
3.	Is there any evidence or reason to believe that the policy, strategy or project could have an adverse or negative impact on any of the nine protected characteristics (as per Appendix A)?		<b>No</b>
4.	Is there evidence or other reason to believe that anyone with one or more of the nine protected characteristics have different needs and experiences that this policy is likely to assist i.e. there might be a <i>relative</i> adverse effect on other groups?	<b>No</b>	
5.	Has prior consultation taken place with organisations or groups of persons with one or more of the nine protected characteristics of which has indicated a pre-existing problem which this policy, strategy, service redesign or project is likely to address?	<b>No</b>	

Signed by the manager undertaking the assessment	D L Tapley
Date completed	16/12/2020
Job Title	Head of PALS and Complaints

On completion of Stage 1 required if you have answered YES to one or more of questions 3, 4 and 5 above you need to complete a [STAGE 2 - Full Equality Impact Assessment](#)

## Appendix B - 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 usually be resolved within 24 hours. On occasions resolution may take up to 7 days. 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 carer's. 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 [GWH.PALS@nhs.net](mailto:GWH.PALS@nhs.net). Alternatively, they can visit us at the address below.

The Patient Advice Liaison Service (PALS)  
The Great Western Hospital  
Marlborough Road  
Swindon  
SN3 6BB

An online form can be completed [https://www.gwh.nhs.uk/patients-and-visitors/patient-advice-and-liaison-service-\(pals\)/contact/](https://www.gwh.nhs.uk/patients-and-visitors/patient-advice-and-liaison-service-(pals)/contact/)

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.

### **Feedback**

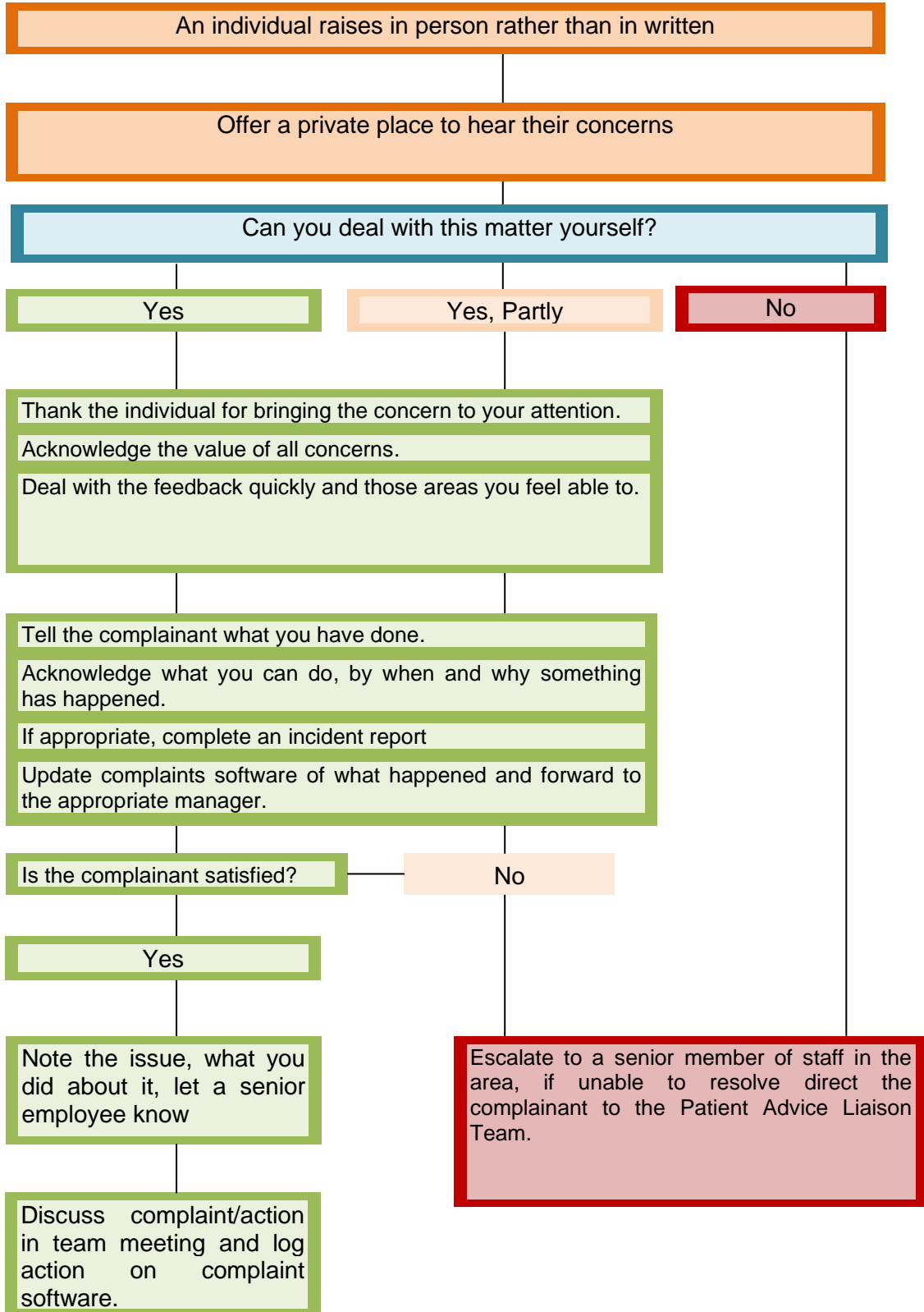
If you referred the complaint to another person to deal with, that person should provide you with feedback about what happened.

### **Further Queries**

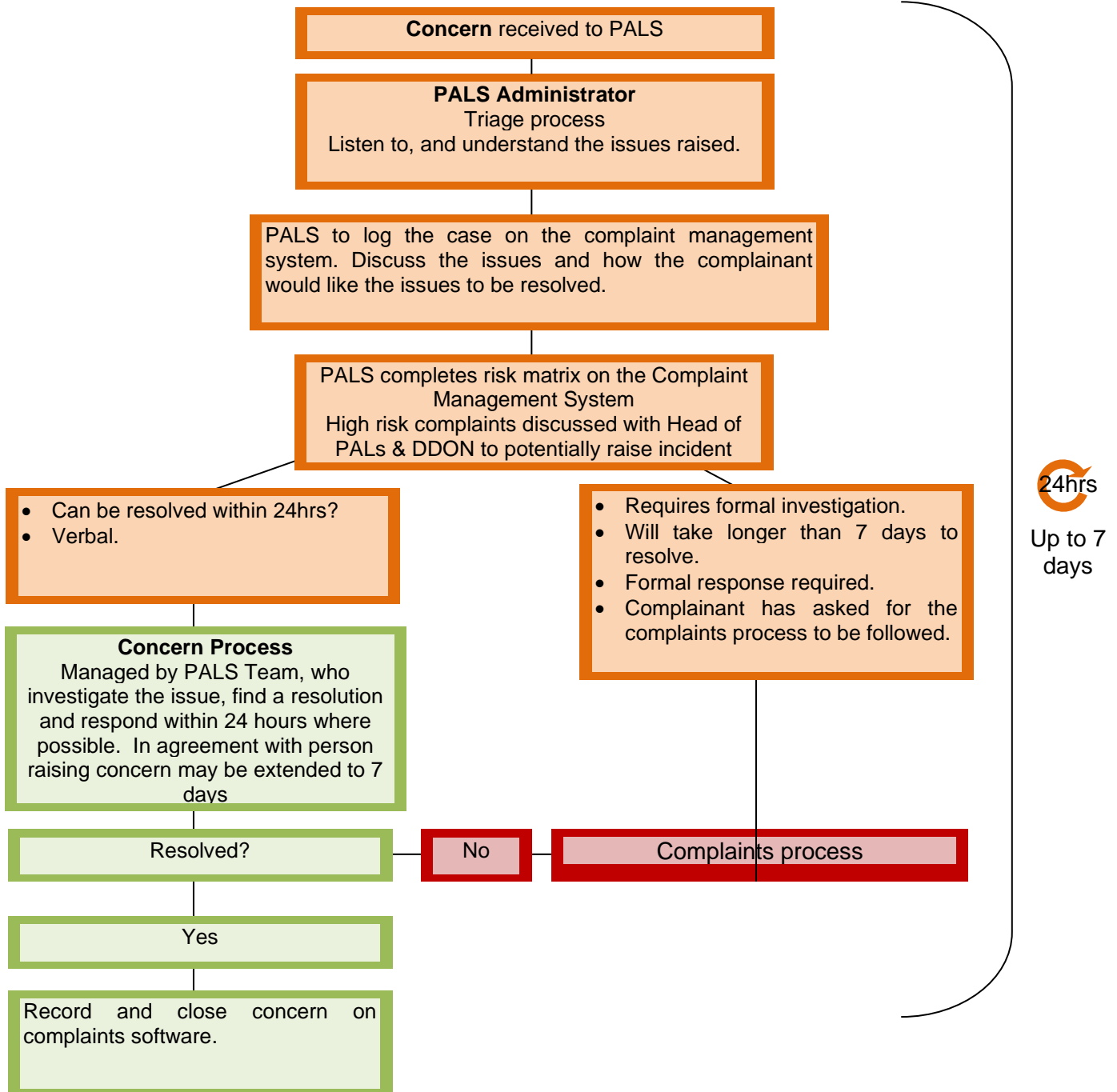
If you have any further queries please speak to your line manager in the first instance or the PALS Team on 01793 604031. Out of hours, contact the On-Call Manager.

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

### Employee Guidance for Managing Concerns communicated verbally



## Appendix D – Concerns Process – Managed by the PALS Team



## Trust Wide Complaints Process

**Complaint received by PALS Team**

**PALS Assistant (PAS) /Complaints Facilitator (CF)**

- Acknowledge receipt within 3 working days.
- Confirm consent, obtain if required.
- Agree with DDON allocation to investigating manager (no more than 4 per manager)
- Discuss if incident needs to be raised
- If immediate issues need to be addressed i.e. an inpatient CF to escalate to the most appropriate manager/clinician.

**Investigating Manager**

- Telephone the complainant within 2 working days of receiving the complaint to introduce yourself, agree verbal or written reply and clarify concerns/scope of investigation (divisions may delegate this to a PA).
- Provide the complainant, the option to perform Teams or a Face to Face meeting with them to determine which route they would like to take and how they would like their feedback addressed.
- If manager feels that complaint has been allocated incorrectly contact the complaints facilitator within 3 working days for reallocation.
- Undertake initial review and ensure contact made with any employees to gain feedback, medical records ordered, other divisions contacted etc. within 3 working days of contact with complainant, ensuring that all notes of the investigation are documented on the Complaint Management system.
- If written response, list every point of concern with the appropriate response. Ensure all points of concerns are replied to.
- Identify learning and actions in place to ensure the learning takes place and document on the complaints software.

Complaints team to send divisions weekly dashboards of all open cases, highlighting upcoming cases.

If the investigation cannot be completed within 25 working days, the Investigation Manager must contact the complaints facilitator ASAP, explain why and ask them to negotiate an extension up to a maximum of 60 working days. A 40 day trigger will be added to the case for an update.

The Complaints Facilitator to advise the complainant of delays and new target date.

Investigating Manager sends draft response to DD/DDD/DDON for approval DD/DDD/DDON to review initial complaint and response together to ensure all concerns have been answered, the letter is factually accurate and addresses all the issues raised and actions and learning are approved.

Low/Medium Seriousness

High/Extreme Seriousness

Signed by investigating manager and sent out

Send to the Complaints Facilitator

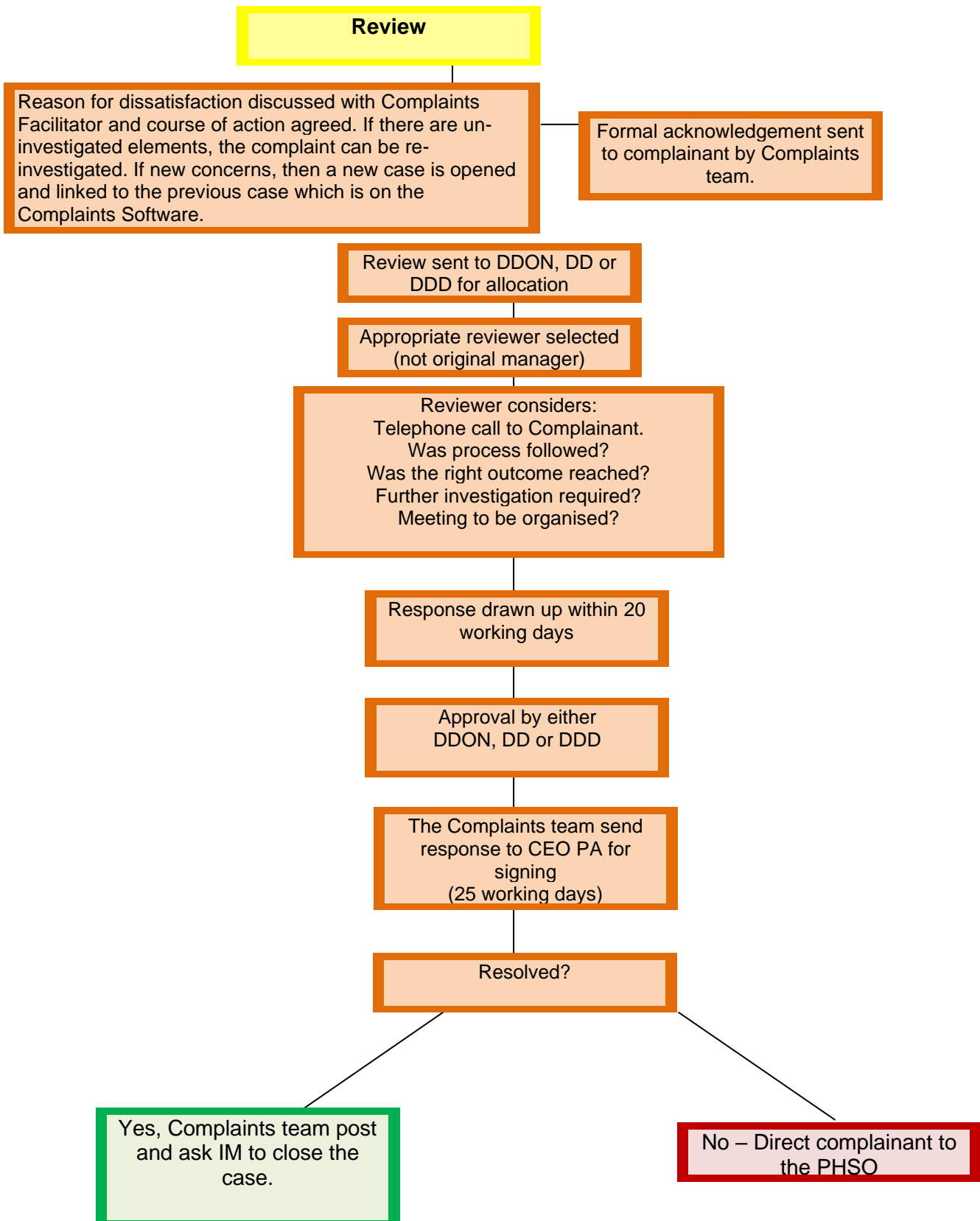
Send to CEO PA, Signed and returned back to complaints facilitator to post.

Investigating manager updates complaint software (letter sent, actions logged, complaint closed with outcome, learning and actions).

**Investigating manager**

To record Learning and Actions  
Inform leads of actions to be implemented.

**Review Process**



### **Exemplar complaint handling process**

- Start & conclude the investigation quickly (within 25 working days)
- Conduct the investigation in a manner that is supportive to those involved and takes place in a blame free atmosphere
- List every point of concern
- Obtain and examine all the paperwork
- Establish sequence of events and employees involved
- Decide who to interview, and who to ask for statements
- Inform employee of the reasons for the investigation
- Ask for written statements, giving timescales
- Interview employees involved, using open questions to gain facts
- Ensure employees feel supported and are informed of support services available
- Listen to and record responses in writing
- Remain objective and keep an open mind
- Analyse all the information logically
- Make decisions
- Construct an action plan
- Draft response with employees involved, keep staff informed of progress
- Saving on the Complaints Management system records, such as your notes, gathered statements, clinical pathways, observations and findings as evidence.

## Appendix E – 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 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.

**Statement form**

Complaint No:.....

Patient Name:.....

Hospital Number.....

I, ..... currently employed by the Great Western Hospitals

NHS Foundation Trust, as .....

Contact telephone number/extension.....

Narrative/statement of events:

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Signature..... Date.....



## Appendix F – 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 patient's 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 an employee 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 [gwh.pals@nhs.net](mailto:gwh.pals@nhs.net). You can also visit the PALS and Complaints Team in person or speak to a member of the team by calling: 01793 604031.

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

The PALS and Complaints Team are available Monday to Friday, 09.00am-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](mailto:info@healthwatchswindon.org.uk) Telephone: 01793 497777

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

Healthwatch Wiltshire, The Independent Living Centre, St Georges Place, Semington, Trowbridge, BA14 6JQ

[info@healthwatchwiltshire.co.uk](mailto:info@healthwatchwiltshire.co.uk) Telephone: 01225 434218

**Or**

SEAP Hastings, Upper Ground Floor, Aquila House, Breeds Place, Hastings, East Sussex, TN34 3UY. [info@seap.org.uk](mailto: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](http://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 G – Seriousness Matrix, from the DH guide ‘Listening, Responding Improving’

### 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	

## Appendix I – CQC Case Handling Process

CQC Enquiry form received from the Trusts CQC inspector. Normally emailed directly to the Deputy Chief Nurse, who will forward the case to an investigation manager and cc to [gwh.pals@nhs.net](mailto:gwh.pals@nhs.net) for the complaints team to log on the complaints management system.

CQC Safeguarding Enquiry form received from the Trusts CQC inspector. Normally received by the Deputy Chief Nurse or Safeguarding Lead, who will forward the case to the investigation manager and cc to [gwh.pals@nhs.net](mailto:gwh.pals@nhs.net) for the complaints team to log on the complaints management system.

Complaints Facilitators to log the case as a CQC complaint, CQC safeguarding or CQC incident and to liaise with the investigation manager, advise of the process and the complaints management system case number. The Complaints Facilitator may need to contact CQC or the care home for further patient information such as the full name, DOB, NHS number.

The Deputy Chief Nurse will acknowledge the email to CQC inspector and copy to the [gwh.pals@nhs.net](mailto:gwh.pals@nhs.net).

Any notifications received from CQC will have consent already received.

The CQC template should be added onto icasework for the investigation manager to complete if only responding to CQC. If responding to the complainant but cc to CQC a normal response letter should be completed.

The CQC Enquiry number (ENQ ..... ) to be noted in the summary box and CQC box ticked on the complaint management system so that the case is on the CQC dashboard in the Enterprise Report.

With all CQC cases responses are to be approved by the division and Deputy Chief Nurse within **15 working days** (The complaint management system will need to be amended for dates).

The final approved response should be sent to the Deputy Chief Nurse for her to email the CQC Inspector for the case to be closed, please do not send to the complainant until agreed by the Deputy Chief Nurse. Complaints team to mark the case as sent and inform the investigation manager to outcome the case.

Learning should be added by the investigation manager in the normal way and tracked to ensure the improvements are made.