

CONCERNS & COMPLAINTS POLICY AND PROCEDURE

Department / Service:	Corporate Nursing
Originator:	Associate Director of Patient Experience
Accountable Director:	Chief Nursing Officer
Approved by:	TMC
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Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust (WAHT)
Target Departments	All
Target staff categories	All

Purpose of this document:

- To outline Worcestershire Acute Hospitals Trust's (WAHT) process and procedures for managing all concerns and complaints made by our patients and their relatives / friends in relation to our service provision.
- To ensure that all such concerns and complaints are dealt with consistently, at the earliest possible opportunity, within appropriate timescales and that the caller or complainant is kept informed throughout.
- To ensure that all such feedback is welcomed as an opportunity to learn and improve and is used constructively across the Trust to reduce the likelihood of further similar concerns.
- To ensure that the Trust collects appropriate data regarding its management of complaints which is available to our regulators and the public
- To ensure that our processes for complaints and concerns are compliant with all relevant legislation and guidance and reflect best practice.

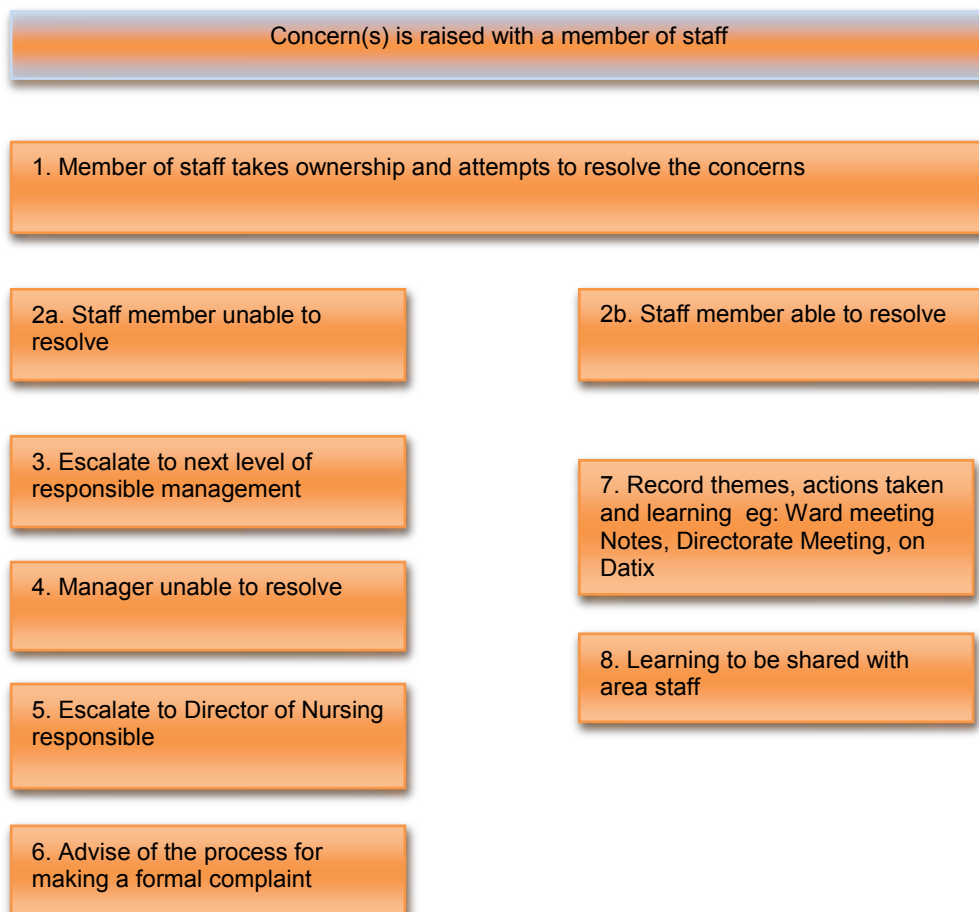
Key amendments to this Document:

Date	Amendment	By:
October 2016	Updated to reflect CQC recommendations following July 2015 inspection and PHSO best practice 'My Expectations'	Tessa Mitchell / Pauline Spenceley

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Quick Reference Guide - Flow Charts for Managing Concerns and Complaints

Flowchart 1 Resolution of concerns at initial point of contact



Flowchart 2 Early resolution of complaints/ deregistering to informal status

1. Complaints department advises the Division that this could potentially be an informal complaint. This only applies to where the complainant agrees.

2. Investigating Officer contacts the complainant and either resolves the complaint then, or decides that no investigation is required, and the complaint can be resolved quickly.

3. Investigating Officer will confirm with the complainant that they are happy that their concerns have been resolved and they no longer wish to pursue the formal complaints process, either verbally or by letter, and will advise the Complaints Department and record the outcome on Datix.

4. The Complaints Department will deregister the formal complaint and record it as informal on Datix.
All outcomes and learning will be recorded in Datix by the Investigating Officer and shared appropriately

Flowchart 3 PALS Process

1. Call is received by PALS helpline/in person; PALS officer or assistant will ensure the caller is aware that the PALS will attempt to resolve their immediate concerns. and is not a formal complaint process

2a. Caller wishes to follow PALS resolution

2b. Caller wishes to make a formal complaint

3. PALS officer or assistant will identify the appropriate department or person who can assist the caller and will contact them.

8. Caller is given details of how to make a formal complaint, or is passed to the Complaints Team who will take details of their complaint, which will then be treated as if it had been received in writing

4. The staff member who receives contact from PALS will be aware that PALS calls need to be resolved within one working day or the caller has the option of following the formal complaints process

9a If an investigation is required follow Flowchart 4

5. Staff member must contact the enquirer

9b. If no investigation required follow Flowchart 2

6. Staff member to Follow Flowchart 1

7. PALS will close on Datix when the staff member advises that the concern has been resolved to the enquirer's satisfaction or that they intend to make a formal complaint.

Flowchart 4 Complaints Process

OPENING A COMPLAINT Day 1 -3

1. Complaint logged and acknowledged

2. Complaints can be received by any member of staff in the organisation. Any notification of a formal complaint must be passed to the complaints team to be logged.

3. Complaints Team log in to Datix as a formal complaint.

Complaint Team will decide if this is:

- Potentially an informal complaint
- Potentially a complaint where an extension to the 25 working day timescale can be negotiated (Complex complaints)

4. Complaints Team log in Datix; acknowledgement letter sent within 3 days providing the name of the responsible investigating officer (Directorate Manager) and their contact details, and leaflets about Healthwatch, Advocacy and the Ombudsman.

5. Consent form sent with acknowledgement - if required - with a 3 week timescale for return (letter to emphasise that early return of consent helps us as staff can recall events more clearly)

NOTIFYING LEAD Day 1 -5

6. Complaint notification email sent to Directorate Manager copying in Divisional Director of Nursing plus any other specified by the Division.

7. Email will contain a link to the complaint record in Datix and also:

- Who to contact to get access to Datix if they do not have it
- Whether this is a potential informal complaint
- Whether this is potentially a complaint where the 25 working day timescale can be negotiated
- An explanation that they are expected to make telephone contact with the complainant within 5 working days unless complainant has been explicit that they do not want this

The email will outline the expectation that the investigating officer must – when they contact the person who has complained:

- Apologise that they had to formally complain
- Clarify and understand their complaint
- Establish consent if not done and check this box in Datix
- Offer an initial meeting to discuss or resolve and an opportunity to meet after the complaint investigation
- Confirm investigating officer's contact details
- Agree the timescale for the complaint to be responded to (this would usually be 25 working days except in complex complaints where up to 40 working days can be agreed)
- Agree how the complainant will be kept updated throughout the process, by phone or by email using the complaints department generic email account

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8. Timescale for response to the complaint will be 25 working days except in the following circumstances:

- It is a complex complaint with a serious incident investigation running alongside
- The complaint requires an independent review
- It is both complex and multi-agency

In these circumstances a response date of up to 40 working days can be agreed.

If a new date within 40 working days is agreed the investigator must notify the Complaints Team who will amend Datix.

If this date is not amended any response over 25 working days will count as a breach.

If no investigation is required follow Flowchart 2 'Early Resolution of Complaints'

INVESTIGATION

Day 5 – 23
(Standard)

Day 5 – 35
(Complex)

9. Investigating Officer will convene a round table meeting to include everyone involved to establish the root cause of the complaint. This should include:

- Peer review
- Challenge and learning

In the rare circumstance that an individual cannot attend this meeting they will submit a statement which will inform the meeting.

Notes of this meeting must be attached to Datix.

This *must* happen if there is a negotiated timescale of over 25 working days, and should happen for other complaints if the complexity warrants it.

10. Investigating officer will advise the person who has made the complaint of any delay in response, agree a new target date and inform the Complaints Team who will also send a holding letter.

The investigating Officer will keep the person making the complaint updated about ongoing delays and advice the Complaints Team will send further holding letters as required.

RESPONSE LETTER

Day 5 – 23
(Standard)

Day 5 – 35
(Complex)

11. The investigating officer will draft the letter of response and share it with everyone who was at the round table meeting (if held) and anyone who provided a statement because they could not attend the round table, and anyone who had been asked for information for the investigation, with a date for them to provide comments, corrections or changes

12. The investigating officer will send the agreed, draft, response to the Divisional Governance Lead for quality assurance. This will involve:

- Reading the original complaint and the information following the telephone discussion
- Reading the complaint response and checking that:
 - o It is written in plain English
 - o It is empathetic
 - o It addresses all the points of concern and that it says what we are going to do as a result of the complaint

13. The Governance Lead for that area will ensure the complaint outcome is on Datix and the lesson to learn has been completed along with an Action Plan to include:

- What happened
- What action are we taking/ have we taken to change, or correct, this?
- Who is carrying out the action?
- When will the action be completed?
- What evidence do we have that confirms that the action has been completed? (i.e. notes of meetings, You Said We Did in newsletters, complaint study published to website, changes made outlined in annual reports.

**EXECUTIVE
SIGN OFF**
By Day 22
(Standard)

By Day 35
(Complex)

14. The final draft is forwarded to the Divisional Management Team for approval and sign off. Person who signs off checks that the lessons to learn has been completed on Datix

15. The final draft is forwarded to the Complaints Team for final formatting, proof read and final quality assurance.

16. The Complaints Team arranges for Executive officer sign off within 2 working days

CLOSURE
By Day 25
(Standard)

By Day 40
(Complex)

17. Complaints Team close on Datix with the date that the letter is signed by the Executive Officer. Letters will be sent in the Chief Executive's name but can be pp'd by another Executive officer.

18. The division/area Governance team will monitor the action plan and ensure that it has been delivered and assure that the lessons have been learnt and evidenced in

LEARNING & SHARING

19. The Investigating Officer and the Quality Governance Lead are responsible for communicating information about the complaint and sharing the learning.

This will be through:

- Area/Ward meetings
- Directorate Quality Governance meetings
- Divisional Quality Governance meetings – an overview of all complaints in the past month and the changes made, themes and trends
- Patient and Carer Expert Forum – overview of all complaints and performance (performance percentage will be for all complaints closed in that month)
- Monthly Complaints and Incident meeting – forum for sharing with all staff

And in conjunction with the Associate Director of Patient Experience

- Quality Governance Committee – overview of all complaints and performance
- Trust Board
- Website

Quality assurance will be sought through sampling by Quality Governance Leads, patient representatives, Clinical Commissioning Group leads and other interested parties.

Flowchart 5 Reopened Complaints (Further Concerns)

1. Complaints Team reopen in Datix; acknowledgement letter sent within 3 days providing the name of the responsible investigating officer (Directorate Manager) and their contact details and leaflets about Healthwatch, Advocacy and the Ombudsman.

2. Complaint notification email sent to Directorate Manager copying in Divisional Director of Nursing plus any other specified by the Division.

3. Process as Flowchart 4

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1. Introduction

At WAHT we pride ourselves on delivering high quality services to all of our patients and service users. Regrettably we recognise that, at times, things do go wrong and standards may fall below accepted levels. When this happens and a concern or complaint is made this policy and procedure will be implemented to ensure that all those using our services and those acting on their behalf are confident that their concerns are acknowledged, listened to and dealt with effectively, in a timely manner and that a proportionate investigation takes place. They can be reassured that the complaint will not affect their on-going treatment and no complaint correspondence will be filed in their medical records; that they will be treated fairly and that their complaint will be managed in the strictest confidence. We expect our service users to receive the same standard of care that we would expect for ourselves and our family members.

As a Trust we welcome feedback about the services we provide and take a transparent and positive approach to complaints seeing this as valuable intelligence which we can use to improve our services.

2. Scope of this Document

This policy and procedure applies to all individuals acting on our behalf including: employees; contractors; volunteers; students; locum / agency staff and those employed on honorary contracts. It covers all services provided by what. All complaints will be dealt with in line with the NHS Complaint Regulations and in the spirit of the Parliamentary Health Services Ombudsman (PHSO) 'My Expectations for Raising Concerns and Complaints' guidance. (References at section 9)

This policy will demonstrate adherence to the Trust's PRIDE values:

- Patients at the centre of what we do
- Respect treating everyone as you would want to be treated yourself
- Improve and innovate to deliver the best patient pathway
- Dependable getting things right first time and learning from mistakes
- Empower staff to take personal responsibility for their actions

3. Definitions

A Concern

A concern can be a matter of interest, importance or anxiety from any user of our services and can be received by any member of staff. Many concerns will be raised directly with staff on wards / areas and will be dealt with immediately. Others will come in via our Patients Advice and Liaison Service (PALS). Where this happens PALS will seek to resolve the individuals concern, by liaising with relevant teams, to their satisfaction within one working day. PALS will call the lead within the area concerned to request the

patient is spoken to within a day. If this does not resolve the patient concern then the Director of Nursing or Divisional representative will ask if the patient wishes to have their concern investigated under the NHS Complaint Regulations (2009) and it will be formally logged as a complaint.

Alternatively the individual may choose for their concern to continue to be dealt with by PALS. The important thing is that the concern / complaint is dealt with in the most effective manner in line with the individuals wishes and that lesson are learnt for the service where the complaint arose.

A Complaint

Anyone in the organisation can receive a formal complaint; all formal complaints must be passed to the Complaints Department to be logged and to ensure that the process required by legislation is followed. The complaint will be logged by the Complaints Team, who will acknowledge receipt within three working days - with the complainant - and forward on to the Division for investigation.

A complaint is an expression of dissatisfaction or perceived grievance / injustice which requires investigation. An individual may wish to pursue a formal complaint from the outset, rather than seeking to address their concern via local resolution or through our PALS process and their wishes will be honoured.

The Investigating Officer will call the complainant within 5 working days to establish what their complaint is about and what outcome they are seeking; at this point the complaint may be able to be resolved locally within the Division or corporate department. If it is resolved (this means that no investigation was needed and the complainant was happy for it to be resolved informally) the Investigating Officer will inform the Complaints Team that it has been resolved and can be deregistered to an informal complaint.

The Trust expects most complaints to be responded to within 25 working days.

A more complex complaint such as:

- involving a serious incident investigation
- an independent review
- complex and multi agency i.e. safeguarding concerns

The more complex complaint should be discussed with the complainant and an appropriate timescale agreed to ensure a thorough investigation is undertaken. This should not exceed 40 days. In such circumstances the investigating officer will agree the response date in conjunction with the complainant, and advise the Complaints Team.

Both concerns and complaints can be made verbally or in writing. A complaint should be made within 12 months of the event which the complaint is about. If a complaint / concern is raised outside this timescale the Trust will deal with it as an 'enquiry' unless there is a substantive reason for the delay. (More information regarding this can be found under **Appendix 5** Who Can Make a Complaint, Timescales and Exclusions From This Policy).

4. Responsibility and Duties

The **Trust Board** is responsible for ensuring that the Trust has policies in place which comply with its legal and regulatory obligations. It will seek assurance that this policy is being complied through Quality Governance Committee who gains assurance from the Patient and Carer Expert Forum.

The **Chief Nursing Officer** has designated responsibility for all aspects of Patient Experience including management of complaints and concerns.

The **Associate Director of Patient Experience** is responsible for:

- Managing the strategic development, implementation and arrangements for managing complaints locally.
- Co-ordinating policy implementation and providing regular updates to The Patient and Carer Expert Forum and the Clinical Governance Group.
- Overseeing the corporate team responsible for assuring this policy is complied with.

Divisional Directors are operationally responsible for ensuring that:

- this policy is rolled out and that staff understand complaints management
- mechanisms are in place within Divisions to ensure that complainants know who their investigating officer is and that contact is maintained throughout the process.
- effective and efficient investigations are undertaken and timescales adhered to
- Signing off Divisional response letters prior to Executive approval and agreeing upheld status
- staff are adequately trained, and supported, to undertake investigations and to draft quality response letters.
- they have working practices in place to demonstrate how learning from concerns and complaints has been used to improve patient experience.
- the Investigating Officer liaises with the Complaints Team for guidance and assistance on points of process and policy, and to ensure the appropriate response letter is returned to them by no later than day 23 (standard) and day 35 (complex)
- Patient feedback is linked to quality improvement within their area and across patient pathways

Investigating Officers, appointed by the Divisional Management Team, are responsible for leading the investigation, liaising with the complainant and ensuring agreed timescales are met. They should:

- Contact the complainant within five working days of receiving the complaint to clarify the issues of complaint and ensure that the investigation and the response meet the complainant's expectations.
Please note: in some cases the investigating officer will be able to resolve the complaint through this discussion; the complaint may then be deregistered and recorded as an informal complaint. This will be recorded appropriately in Datix and, if required, a letter drafted which confirms actions taken (**Appendix 2 Response Letter Template 1**). (**See Flowchart 2**). If a complaint is to be deregistered it must be with the consent of the person who has made the complaint.
- Ensure that the investigation is proportionate and co-ordinate any investigations being undertaken by other Divisions or departments. It is recommended that a round table meeting should be convened at the outset to bring all those involved in the complaint together to examine what happened and identify the root cause.

- Ensure that the investigation template is followed and Datix fields are fully completed.
- In conjunction with the area/service/division, Quality Governance Lead reach a conclusion based on the investigation, make recommendations, and identify the action needed to prevent a recurrence. Decide, and record in Datix, if the complaint is upheld, partially upheld or not upheld.
- Draft a letter of response in plain English which clearly covers all the concerns raised by the complainant, an explanation, an apology where appropriate and an indication of what action the Trust is taking to prevent this happening again in future. Complainants should also be offered an appointment to go through the complaint findings if they wish to do so. (**Appendix 3 Response Letter Template 2**)
- Ensure everyone involved in the investigation is updated regarding the findings. A further round table meeting should be held, if appropriate, to share the findings and identify any changes needed and how learning will be shared.

The **Patient Relations Manager** is responsible for:

- the day to day management of the complaints team and PALS.
- ensuring appropriate systems and processes are in place to support this.
- providing regular information pertaining to complaints performance, trends and patterns to assist with improvement actions both at Divisional and Trust wide levels.
- membership at regional and national forums to keep up to date with best practice and ensure regulatory compliance.
- Identifying, developing and delivering appropriate training and support to improve Divisional complaints handling.
- co-ordinating monitoring and quality assurance processes with Divisional Quality Governance Leads to ensure the policy is being adhered to and that we are upholding the principles contained in the PHSO Guidance 'My Expectations for Raising Concerns and Complaints'.
- Undertaking audits to assure the trust that the complaints process is being adhered to.

Divisional Quality Governance Leads are responsible for:

- supporting complaints management within their Divisions in line with this policy
- focusing on areas of concern
- undertaking regular quality assurance audits in conjunction with the Patient Relations Manager.
- Ensuring that learning is shared within their Division and throughout the organisation

The **Complaints Team** is responsible for:

- the day to day implementation of this policy
- ensuring complaints are acknowledged and sent to the Divisions in a timely manner;
- assuring appropriate systems and processes are maintained to provide corporate oversight and tracking of complaints including logging on Datix
- delivering advice, training and support as needed
- final checking and quality assurance of responses before sending for Chief Executive sign off
- providing monthly complaints performance data

The Patient Advice and Liaison Service (PALS) are responsible for:

- ensuring appropriate systems and processes are maintained to provide corporate oversight and tracking of PALS calls including logging on Datix.
- Provide support and advice to patients and their relatives
- giving staff advice, training and support .
- providing monthly PALS performance data.

WAHT staff / volunteers

All staff are responsible for the effective implementation of this policy through:

- Being familiar with our complaints and concerns processes
- Seeking to resolve concerns and anxieties at initial point of contact to reduce patient anxiety and worry.
- Escalating where this is not successful to an appropriate responsible person
- Co-operating fully with complaint investigations and ensuring that they, and any staff they are responsible for, respond in plain English to requests for information as quickly within agreed timeframes and as fully as possible to enable the investigating officer to compile a formal response.
- Having an awareness of any issues and concerns within their own areas and what actions have been taken to improve services and address issues raised.
- Attending training and briefings to ensure an up-to-date knowledge around concerns, complaints and lessons to learn.

All staff and volunteers have a role to play in reducing complaints and concerns by ensuring that they:

- have the right attitude, approach and behaviour
- are positive and helpful
- deal with issues courteously and efficiently
- keep good records
- escalate appropriately if they are unable to deal with an issue.

5. Policy Detail

5.1 Listening to and responding to concerns and complaints

All concerns and complaints provide valuable feedback and the Trust actively seeks user feedback in a variety of ways including surveys, Task and Finish Groups, NHS Choices and from external groups and forums such as Healthwatch. The Trust can identify trends and themes from feedback and we can use this help improve patient experience and service delivery. Even if we cannot do what a complainant suggests, it is important to acknowledge the issues raised and explain any constraints that may currently preclude us from fully acting on their suggestions.

5.2 Resolution at Point of First Contact

Many concerns are raised and dealt with immediately in the area where they are raised. Staff deal with these daily, and should continue to do so. Any themes and trends should be talked through at

ward and area meetings and related processes and actions reviewed, and revised, to enhance future patient experience.

See **Flowchart 1 Resolution of concerns at initial point of contact**

5.3 Early resolution of complaints

Concerns and complaints can be made verbally or in writing to any member of staff. Regardless of how they are raised our first response should be to seek quick local resolution, allowing a speedy and effective outcome for the complainant.

If a complaint can be resolved immediately, and without investigation, the Investigating Officer can negotiate with the person making the complaint for the complaint to be deregistered; the Complaints Team will record as an informal complaint.

(Reference: KO41a Guidance Notes 2015; see section 9).

See **Flowchart 2 Early resolution of complaints/ deregistering to informal status**

5.4 Patient Advice and Liaison Service (PALS)

Patients, relatives and members of the public may raise concerns through PALS. PALS will act as a point of contact and signposting. PALS will contact the ward or area and ask a local manager to contact the caller to try to resolve the issue. PALS concerns will be dealt with, and resolved, within one working day. If they take longer than this they will become a formal complaint unless the complainant explicitly states that they wish the matter to continue to be dealt with as a PALS concern.

PALS reports are available from Datix and PALS provide monthly Divisional reports detailing all the PALS concerns that they have been involved in and any patterns and themes.

PALS is not a referral service for staff who cannot resolve patients or their relatives' concerns. Staff should follow Flowchart 1 for local resolution of concerns.

The PALS Process is outlined in **Flowchart 3**. More information about our PALS service can be found in **Appendix 6 Role of the WAHT Patient Advice and Liaison Service**

5.5 The Formal Complaints Process

The Trust will accept complaints made in any format including written, verbal, electronically or through an appropriate third party such as an advocate or an interpreter.

Complaints made on behalf of patients or relatives, through MPs, are subject to this policy however queries or concerns raised by MPs or Parliamentary case workers will be passed to the Communications Department.

All complaints will be logged by the Complaints Team who will formally acknowledge the complaint in writing to the complainant within three working days of receipt. Leaflets providing an outline of

the complaints process and timescales, including details of the Parliamentary Health Service Ombudsman (PHSO), advice on how to access advocacy and support and details of Healthwatch are included with this acknowledgement.

If the complainant has requested a copy of their medical records, a request form will be included and if the complaint is via a third party and consent is required then the consent form will also be enclosed.

If consent is required then the Complaints Team will request this and ask for a response within three weeks; the timescale for the response will not commence until that form is returned. However Divisions are encouraged to commence their investigations immediately so that they can respond promptly once consent is received.

For cross organisational complaints the Complaints Team will request consent to share with the other organisation, agree which organisation will lead the response and ensure that the complainant receives one coordinated response.

The Complaints Team will log the complaint on Datix and forward a notification to the Investigating Officer (usually the Directorate Manager) with a copy in to the appropriate Divisional Director of Nursing and any other person the Division has agreed and advise the Complaints Team to include. The team's aim is to ensure that all notifications are sent within three working days of receipt.

Where the complaint covers a number of Divisions it will be forwarded to the area deemed, by the Complaints Team, to have had the most contact with the complainant; the Divisional Management Team may negotiate the lead Division between themselves and advise the Complaints Team accordingly; this needs to be done within a maximum of two working days. To ensure on-going continuity of contact with the complainant the complaint will remain with the allocated Division and investigating officer throughout the investigation and during any subsequent further concerns. See **Appendix 7** for more detailed information on the role of the Complaints Team.

If the Complaints Team consider that the complaint raises an incident that should have been reported in line with the Trust's Incident Reporting procedures, or if they suspect that the Duty of Candour may not have been followed when it should have been, they will liaise with the respective Clinical Governance Team to check, and highlight this with the Divisional Director of Nursing and the Investigating Officer.

The Investigating Officer is responsible for co-ordinating the complaint response and completing the investigation template in Datix. They should initiate contact with the complainant within five working days and follow the guidance in the template to ascertain the issues and what resolution the complainant is seeking.

Less Serious and Informal Complaints

Many complaints can be resolved following an early conversation with the complainant. If the complainant is still an inpatient the investigating officer will go and see them on the ward. If not then contact will be made by phone. The conversation must be recorded in the template on Datix along with the agreed actions within five working days.

The Investigating Officer must record this on Datix, and that the complainant is happy for the complaint to be informal. They will also notify the Complaints Team.

The Complaints Team will deregister any formal complaint that is resolved without an investigation being required, and record it as an informal complaint.

The Investigating Officer will outline how any learning from the complaint will be shared.

Formal Complaints; responses within 25 working days

These complaints are those, which, after discussion with the person making the complaint, the Investigating Officer feels require a more detailed investigation. If the complainant wishes to follow the formal complaints process regardless this must be respected. The Investigating Officer is responsible for co-ordinating this investigation, obtaining the medical records and contacting all those who need to provide comments and statements to answer the complaint.

The Investigating Officer will ensure all staff are made aware of any complaint that relates to the care they provide and be involved in round table discussions, where applicable, supported by their managers. Statements must be provided where requested and these alongside the meeting notes attached to Datix as part of the complaint evidence record.

An initial round table meeting of all those involved is good practice and can often assist with understanding the root cause of the issue through peer review, constructive challenge and shared understanding and learning. On rare occasions where someone is unable to attend the meeting they should provide a written statement to inform the meeting.

The Trust Policy is 25 working days from receipt of the complaint to response being closed. Therefore it is advisable for Investigating Officers to collate responses within no more than ten working days to allow for any follow up and meetings and for drafting a quality response.

The Investigating Officer is responsible for investigating the complaint in its entirety, even if other Divisions or departments are involved. This ensures that there is a single point of ownership, and continuity of contact with the complainant. Complaints must not be passed from one Division to another because one Division has addressed 'their' part of the concerns raised.

The Investigating Officer should ensure they complete the investigation template on Datix including: contacting the complainant within five days of receipt of the complaint; clarifying the complaint issues and resolution sought and recording the investigation process, attaching statements and letters and recording the outcome and findings and how these will be shared and used to prevent any subsequent reoccurrence. The actions module on Datix will assist with this and it can be helpful to share any action plan with the complainant so that they can see what we have changed, or are planning to change, as a result of their complaint.

The Investigating Officer, in discussion with the Divisional Quality Governance Lead will agree if the complaint is upheld, partially upheld or not upheld and recommend this to the Divisional Director of Nursing. This information will be recorded in Datix.

The complainant should be offered an appointment to discuss their complaint when contacted within the first five days, but the investigation should commence immediately upon receipt and not be delayed whilst waiting to arrange a meeting. Meetings can be very helpful, when background work has been done. There is no obligation for the complainant to engage with our processes or to meet with us and a complaint cannot be closed because the complainant refuses to meet with us.

Further information on the investigation process can be found in **Flowchart 4**

The Investigating Officer will draft a response letter to the complainant **Appendix 2 Response Letter 2** which will be understandable, and address clearly all the issues raised or discussed with the complainant. If it is necessary to use medical terminology then this needs to be explained. The response should be in plain English empathetic, open, honest and factual, referring, as appropriate, to current good practice, national guidance and Trust Policy.

If it is not possible to respond to an issue raised then this should be explained. Apologies made where we have done something that has caused concern or upset. Please remember apologising does not mean admitting liability.

A comprehensive and full response should be sent. If the complaint involves multiple agencies, the Complaints Team will co-ordinate the external responses and pass these to the Investigating Officer. If an external agency does not respond in a timely manner the response can be sent with the information we have and a full explanation given to the complainant. We will not delay our response because we do not have a response from an external organisation. But a clear and accurate response must be sent.

The Investigating Officer will pass their completed draft response letter to the Divisional Quality Governance Lead who will provide a quality assurance review. This will involve:

- Reading the original complaint and the information recorded on Datix following the initial telephone conversation with the complainant.
- Quality assuring that the response is written in plain English, answers the questions and concerns raised by the complainant, is empathetic, and clearly outlines what we are going to do as a result of the complaint.

The approved draft letter will be forwarded to the designated Divisional Management Team for Divisional sign off and confirmation of upheld status. The Divisional Director will check that the lessons to learn has been completed before signing off. Once quality assured and appropriate Datix entry had been completed the response will be forwarded to the Complaints Team by day 20 at the latest, to enable final formatting and Executive signing.

The Complaints Team will close the complaint on Datix on the date the response letter is signed off by the Executive officer.

The Divisional Quality Governance Lead will record the outcome, whether the complaint is upheld, not upheld or partially upheld, and any learning on Datix. The Trust applies the principles of root cause analysis to all investigations, including those for complaints, to look at who, what and why. This should inform any actions and learning.

If it becomes apparent during the investigation that timescales will not be met then the Investigating Officer will discuss this with the person who made the complaint and agree a new date. This should only be in exceptional circumstance and the Complaints Team need to be informed and will then send a holding letter.

If the investigation reveals the need for an incident review, or anything else which will impact upon our response, such as safeguarding concerns, then the complaint can be re-categorised as a Complex Complaint and the timescales can be extended, in liaison with the complainant, up to 40 working days. If a case is categorised as a Complex Complaint then the complainant should be made aware of this, an appropriate response timescale agreed and **Appendix 4 Letter 3** used to confirm the agreement.

The Divisional Directors will ensure that responses are not delayed because of the absence of the Investigating Officer, under this circumstance the investigating officer needs to be reassigned. The use of the Datix investigation template will assist with other staff being able to pick up and continue any investigation.

Complex Complaints: response time agreed with complainant - up to 40 working days.

Complex complaints may also have an incident investigation, independent review, or safeguarding concern running in tandem.

Where these will have an impact on the complaint investigation and response these can be categorised as Complex Complaints. The investigation process is the same as that for all complaints.

The Investigating Officer will contact the complainant and agree a timescale for a formal response taking into account the other enquiries taking place. The Investigating Officer will update Datix and inform the Complaints Team of the categorisation. They will also confirm arrangements, in writing, with the complainant using **Appendix 4 Letter 3**. All such investigations will be completed within 40 working days. If this is exceeded then a record of the exceptional reasons for this must be included on the investigation template and the investigating officer personally must ensure that the complainant is kept informed throughout.

For further information on dealing with safeguarding concerns please refer to our Safeguarding Children and Safeguarding Adults Policies.

5.6 Liaison with other organisations

Some complaints involve more than one organisation. If on receipt it is clear that the complaint relates to more than just issues relating to the Acute Trust, the Complaints Team will contact the complainant to obtain their consent to approach the other organisation(s). The complaint will be forwarded to the Division to appoint an Investigating Officer who will be informed of the other aspects of the complaint.

Upon receipt of the consent the Complaints Team will contact the organisation(s) concerned to agree who will lead on the response and, if WAHT is to lead, request a response to the complaint to be included in a multi agency response to the complainant as required under our regulatory requirements. The timescales for investigation will commence upon receipt of the consent and the third party organisation will be requested to work to our timescales.

If the complainant does not consent to the Trust approaching the other agency then our response will be confined to the issues relating to this Trust and this will be explained within the letter.

If a complaint is received that is found to relate to another organisation in totality, then the Complaints Team will contact the complainant to explain and forward to the other organisation or request that they contact the agency concerned and close the complaint for this Trust.

5.7 Consent

Consent will be obtained where the complainant is not the patient (or legally responsible for the patient) or where the Trust needs to contact a third party organisation in order to complete the investigation. The Complaints Team will request this at the acknowledgement stage within three working days for all formal complaints and ask for this to be returned within three weeks.

In relation to deceased patients, or where there is a question regarding capacity to consent, the complainant will need to provide evidence that they have sufficient interest in the patient and are suitable to represent them. Further information regarding consent and capacity can be found in our Consent to Treatment and Mental Capacity Policies.

5.8 Complaints involving Councillors / MPs

When a patient, or their relative, has asked an MP or a councillor to raise a complaint on their behalf, the complaint will be dealt with under the formal complaints process. The Complaints Team will establish with the MP or councillor if the response is to be sent directly to the complainant or to the MP or councillor.

If the response is to be sent to the complainant the process for formal complaints will be followed.

If the response is to be sent, or copied to, the MP or councillor the Communications Department will agree the final letter of response. The Complaints Team will liaise with the Communications Department for this to happen before it is sent to the Executive for sign off.

If an MP or councillor is raising concerns or queries about Trust policy, or general concerns, this communication will be passed in its entirety to the Communications Department to handle and it will not be recorded as a formal complaint.

5.9 Complaints from children and young people

Children and young people (defined as being under the age of 18, *npscc*) should have access to information about how to make a complaint and should have access to an independent advocate in order to do so.

Best practice is that children and young people will be able to make a complaint in a variety of formats and the Children's Commissioner suggests a best practice model. (Appendix 8)

5.10 Action Planning and Sharing the Learning

As part of our commitment to continuous improvement any learning from a complaint will be shared, both with the complainant and within the area or service, which gave, rise to the complaint.

An action plan will be needed to provide a framework for overseeing changes and evidencing actions taken. It is also good practice to share the action plan with the complainant so they can see what we intend to do as a result of their complaint to improve patient experience in future. **(Appendix 1 Datix Complaints Investigation Template and Guidance Notes incorporating the Action Module).**

Action Plan audits will be undertaken quarterly by Divisional Quality Governance Leads and Patient Relations Manager as part of monitoring and quality assurance.

Divisions will share learning within teams and Directorates. Complaints will form part of monthly Divisional Quality Governance Meetings, Directorate Meetings, Ward Meetings, Senior Staff Meetings and broad issues will be shared Trust wide through the Patient and Carer Expert Forum, Trust Complaints and PALS reports, management meetings, Weekly Brief, complaints and patient experience training events, via the website and monthly Complaints and PALS newsletters as well as through annual reports such as the Trust Quality Account, Annual Patient Experience Report and Annual Complaints Report.

5.11. Local Resolution Meetings

It is good practice to offer a meeting to the complainant, either during the investigation process or afterwards to share findings. Some complainants may not wish to meet and their decision will be respected. When meetings do take place these will be recorded, with the complainant's consent and the Complaints Team will arrange for copies of the recordings to be sent to complainants.

A complaint will not be closed following a meeting until a closing letter has been sent from the Chief Executive. Follow up of outstanding actions is the responsibility of the Division and needs to be delivered and evidenced on Datix.

5.12 Further Concerns (Reopened Complaints)

If a complainant is not satisfied with a response they may ask for further clarification or information. In this case the complaint is reopened on Datix. These are subject to the same timescales as the original complaint to a maximum of two weeks unless an independent or external review is sought; in which case the complaint will become a Complex Complaint and the response timescales will be agreed with the complainant. If this involves a serious incident refer to the Serious Incident Policy.

Further Concerns will be allocated to the same Division and where possible and appropriate to the same Investigating Officer to provide continuity for the complainant. The Investigating Officer will liaise with the complainant and offer a meeting. This may prevent protracted correspondence and

provide the additional clarification needed. The complainant may refuse such a meeting and in such cases the investigating officer will co-ordinate the response as before, addressing the areas of clarification to the staff who can best respond.

In some instances it may be that no further information can be given and the response letter will reiterate what was stated previously, and explain that there is nothing else that can be added.

5.13 Parliamentary Health Service Ombudsman (PHSO)

If a complainant remains unsatisfied with the Trust's response they have the right to approach the Parliamentary and Health Service Ombudsman (PHSO) and ask them to review our handling of their complaint.

The PHSO is independent of the Government and NHS. They will consider the review by assessing whether the Trust has applied the Ombudsman's principles in managing and responding to the complaint.

The PHSO will decide if they are going to investigate the complaint. If they decide to investigate they will ask the Trust to provide the complaints file (this will primarily consist of the completed investigation template) and the health records. They will review the documentation and consider whether the Trust could provide any further local resolution, whether the investigation has been sufficiently undertaken and whether anything else could be done to resolve the complaint.

There is no right of appeal once the Ombudsman has reviewed the complaint.

The PHSO shares complaints data recorded against individual Trusts, which can also be shared to provide aggregated analysis to the Care Quality Commission (CQC), NHS Information Centre (IC), NHS Litigation Authority (NHSLA) and any other organisation that has signed the joint working agreement.

The Complaints Team will notify Divisional Governance Leads and the Divisional Director of Nursing as soon as reports are received back from the PHSO and attach copies of reports to the appropriate complaints record on Datix. The Divisional Quality Governance Lead will develop an Action Plan to ensure that the actions needed to meet these recommendations are recorded, and evidence of delivery and assurance is recorded on Datix.

5.14 Seeking and Using User Feedback

The Complaints Team will oversee regular Complaint Users Surveys to ensure feedback is used to review and revise this policy and process and that it meets users' needs.

5.15 Concerns and Complaints Excluded from this Policy

This policy does not cover complaints by members of staff about their employment, or by responsible bodies. These are dealt with through different procedures including grievance and disciplinary policies and service concerns.

Further details regarding these exclusions are contained within **Appendix 5**.

5.16 Dealing with Complaints from Unreasonably Persistent Complainants

As a Trust we are committed to dealing with all complainants fairly and impartially and will make every effort to resolve a complaint. We operate an accessible service but will not tolerate threatening or offensive behaviour.

Organisations want to deal with complainants in ways that are open, fair and proportionate. A considered, policy-led approach helps staff to understand clearly what is expected of them, what options for action are available, and who can authorise these actions. A policy that can be shared with complainants if they start to behave unreasonably can help in managing their expectations and their behaviour, as far as possible, while the substance of their complaint is addressed (Local Government guidance on management unreasonable complainant behaviour).

The emotional state of a complainant can have a bearing upon their behaviour and aggression can be caused by fear and frustration. Such behaviour may also be the result of an underlying medical condition.

All complaints will be dealt with in accordance with this policy irrespective of any previous history of behaviour the complainant may have. However if a complainant is unreasonably persistent and demanding, and their behaviour is unacceptable, then we will discuss this with them and look at how the Trust can work with the complainant to resolve their concerns. If, despite this, their behaviour remains unreasonable the Investigating Officer and Patient Relations Manager will discuss the complainant's behaviour, and their on-going complaint. From this discussion they will ensure that:

- The complaint has been investigated proportionately and sufficiently
- Our response has fairly addressed all the issues raised
- The complainant is not providing anything new or significant which might affect a review of the case, for example by the PHSO

If following this review the complainant is judged to be unreasonably persistent the Trust will manage the complainant's behaviour by adopting some, or all, of the restrictions identified below:

- Identification of a single point of contact (who will be a senior manager) for the individual to liaise with in future (this will not be a member of the Complaints Team but the Complaints Team may be used as a contact point so that the complainant can make contact with a senior manager)
- Specifying how we will accept contact from the individual in future such as only in written format or at a specified time
- If a face to face meeting is to be offered then a witness will be present at all times to take notes

- The individual may be 'red carded' and flagged as 'aggressive' under the Trust's Management of Violence and Aggression Policy (WAHT-CG-006). Such flagging will be reviewed regularly in line with that policy.
- If the complaint has been fully investigated and responded to and is formally closed the complainant will be advised that they can raise on-going concerns with the PHSO.

They will be informed that we will not respond to any further communication about the issues already investigated and responded to, other than to acknowledge receipt.

If a complainant threatens a member of staff or other individual we may report the matter to the police.

Any complaints about any new matter, made by a person who had previously been deemed unreasonably persistent, will be dealt with as a new complaint, under this policy.

It should always be remembered that some complaints are about highly emotive issues and consideration should always be given to the complexity, nature and significance of the complaint to the individual.

5.17 Supporting Complainants

Raising a concern or complaint can be stressful and WAHT will ensure patients, carers and relatives are aware of what support is available to them throughout the process. All complainants will be made aware of appropriate advocacy bodies who can support them during the process. A leaflet regarding advocacy services is sent out by the Complaints Team with the initial complaints acknowledgement letter.

Frontline staff will assure complainants that their concerns are taken seriously and that whatever they say will be treated with appropriate confidentiality and sensitivity and any future care will not be affected.

Training and induction programmes will emphasise that complainants provide valuable feedback to review and improve services and that patients must not be adversely affected by raising such concerns.

The Trust's 'Being Open and Candid Following a Patient Safety Incident or Complaint Policy' requires the Trust to apologise and explain what has happened as part of the Trust's commitment to the 'duty of candour' principle of a culture of openness with other healthcare organisations, health care teams, staff, patients, relatives and carers.

5.18 Supporting Staff

It is recognised that complaints generate anxiety for staff and they should be supported during the process. Their line manager will inform them of the complaint and provide on-going support and information throughout the investigation in accordance with the Trust's 'Supporting Staff Involved in Traumatic / Stressful Incidents, Complaints and Claims Policy' (WHAT-HR-002). A referral to Occupational Health should also be discussed with the staff member.

Staff will be given the opportunity to reflect on the issues raised in the complaint and training plans may be jointly developed, alongside additional training and support, if this is identified as helpful to them to carry out their role in future.

Staff should be reassured that reference to them within the complaint will follow the Trust's processes for maintaining confidentiality and may be included in personal development reviews and appraisal.

Copies of this policy will be available on the Trust intranet and website and regular briefings and training sessions will be scheduled.

Complaints learning will be shared for training purposes to ensure local learning but details will be anonymised. Such learning will also be discussed at relevant forums such as Divisional Governance Meetings and the Patient and Carer Expert Forum.

Information gathered as part of the complaint investigation will not be privileged if any complaint indicates an at first sight (prima facie) need for referral to any of the following:

- An investigation under the Disciplinary Procedure
- A professional regulatory body e.g. GMC, NMC
- An independent inquiry into a serious incident under Section 84 of the National Health Service Act 1977
- An investigation of a criminal offence
-

Where it is decided to take action under any of the above before a complaint investigation has been completed, a full report of the complaint investigation thus far should be made available to the complainant

The complaints procedure will not deal with matters that are currently the subject of disciplinary investigation. If a disciplinary investigation is initiated the complainant should be advised accordingly

If there is a disciplinary process taking place the complainant should be informed and while the confidentiality of the staff member will be maintained the complainant should be informed in general terms of any disciplinary sanction imposed.

5.19 Complaints to the General Medical Council (GMC) / Nursing and Midwifery Council (NMC) and other regulatory bodies

Where the regulatory body requests details of complaints received in respect of individual members of staff the Trust is obliged to share this information. The Nursing & Midwifery Council (NMC) Code of Conduct outlines the need to be constructive and honest when responding to complaints. The General Medical Council (GMC) Code of Conduct outlines the requirement to promote openness to learning and feedback.

5.20 Claims of Negligence, Compensation and Potential Legal Proceedings

The Trust will endeavour to respond to all complaints even if the complainant has indicated an intention to take legal action. When the Trust is notified of legal action being taken the complaints procedure may be stopped if the two processes conflict, otherwise the complaints process will continue in tandem with the litigation process.

Additional information relating to claims of negligence, compensation claims and potential legal proceedings is covered in **Appendix 8**.

6. Implementation

6.1 Plan for Implementation

This policy will be launched after approval by the Patient and Carer Expert Forum and Clinical Governance Group (CGG).

6.2 Dissemination

This policy has been drafted in consultation with a range of staff and patients. Two workshops have been held, and the findings of the 2015-16 Complaints Users Survey have also been taken into consideration.

When approved it will be available on the Trust intranet and we will ensure articles are included on the Weekly Brief and that it is cascaded throughout Divisions via their Quality Governance, Directorate and Ward Meetings.

The Patient Experience Lead Nurse will also raise awareness of this policy in her regular ward visits with frontline staff. We will include on our Patient Experience Trust Induction slot and via other training avenues and via our Champions Networks to ensure wide spread awareness.

6.3 Training and Awareness

Divisional staff have already been involved in the development of this policy and in a range of wider work aimed at enhancing our governance arrangements. The Patient Experience Team will co-ordinate implementation and promote awareness of the policy through the Trust via Communications and working with Trust managers and staff. Divisional Management Teams will be responsible for ensuring implementation throughout their divisional areas.

Complaints Team will provide regular briefing sessions in addition to the scheduled complaints training.

The new policy will be incorporated within existing complaints training.

7. Monitoring and Compliance

Monitoring and compliance will be undertaken by the Patient and Carer Expert Forum and an agreed timetable of reports sent to Quality Governance Committee (QGC) which has delegated authority on behalf of the Trust Board to assure quality.

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: (Responsible for also ensuring actions are developed to address any areas of non-compliance)	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
P16	Patient Advocacy & Liaison Service (PALS)	PALS Reporting including numbers progressing to formal complaints	Monthly	PALS Officer	PCEEF/ CGG QGC / Trust Board	Quarterly Quarterly
P16	Oversight of Formal Complaints Process	Dashboard and regular reports from DATIX Weekly sitrep PCEEF Report Corporate team audit	Weekly Quarterly	Complaints Team	Divisions PCEEF QGC / Trust Board CCG	Weekly Quarterly Quarterly Quarterly
P21	Action Planning & Sharing the Learning	Divisional meetings – quality / Directorate/ Ward Divisional Newsletters Trust wide communications Annual Reports	Monthly Monthly Monthly Annual	Divisional Quality Governance Leads Communications ADPE / Head of Clinical Governance	Divisions PCEEF QGC / Trust Board CCG Divisions PCEEF QGC / Trust Board CCG	Weekly Quarterly Quarterly Quarterly Annually
P26.	Training and development of staff to ensure that they are aware of the Complaints and Concerns Policy	Effective launch of new Policy and Procedure Complaints Training part of Trusts core Training programme	Initial Launch Ongoing schedule	Patient Experience, Training Department	Divisions PCEEF QGC / Trust Board	Monthly Quarterly Quarterly

CONCERNS & COMPLAINTS POLICY AND PROCEDURE

Trust Policy

		Monthly audit with CCG	Monthly	External Provision	Divisional Quality Meetings PCEEF	Monthly Quarterly
		Weekly sit rep	Weekly	Divisional Quality governance Lead / Patient Relations Manager Complaints Team	Divisional Quality Meetings Senior Nurses	Monthly Weekly
P23	User Feedback - People know how to make a complaint and it is straightforward	Annual User Survey	Annual	Complaints Team	Divisions PCEEF QGC / Trust Board CCG	Annually
	Overall Compliance	Weekly sit rep	Weekly	Complaint Team/ Senior nurses		
		Datix Reporting	Weekly			
		Dashboards	Weekly	DDN/ Divisional Quality Governance Leads		
		Audits	Monthly			
		Internal Audit	Annual	CCG / Divisions / Patient Relations Manager		

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				Internal Team / Relations Manager / ADPE		
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8. Policy Review

This policy will be reviewed at least every 3 years.

9. References

Name	Code
Safeguarding Adults Policy	WAHT-CG-055
Safeguarding Childrens Policy	WAHT-CG-445
Incident Reporting Policy	WAHT-CG-008
Investigating Incidents, Complaints and Claims Policy	WAHT-CG-009
Being Open and Candid Following a Patient Safety Incident or Complaint	WAHT-CG-567
WAHT – ‘Patient, Public and Carer Experience and Involvement Strategy 2013-17’	
Disciplinary Policy, Procedures and Guidelines	WAHT – HR - 017
Whistleblowing Policy for Raising Serious Concerns at Work	WAHT – HR - 051
Health and Safety Policy	WAHT – CG - 125
Supporting Staff Involved in Traumatic / Stressful Incidents, Complaints and Claims Policy’	WAHT-HR-002
Management of Violence and Aggression Policy	WAHT-CG-006
Claims Handling Policy & Procedure	WHAT-CG-

External documents which have a direct impact on this policy include:

References:

‘Complaints Management Development Framework – An Organisational Diagnostic Tool for Effective Complaints Management’ Trust Development Authority – (February 2016)
‘Assurance of Good Complaints Handling for Acute and Community Care’ NHS England – (November 2015)
‘My Expectations for Raising Concerns and Complaints’ – Parliamentary Health Service Ombudsman (2015)
‘A Review into the Quality of NHS Complaints Handling’ - Parliamentary Health Service Ombudsman (2015)
NHS Constitution (2015)
‘Patients First and Foremost’ – Department of Health (2013)
Complaints Matter – Care Quality Commission
‘Principles of Good Complaints Handling’ – Parliamentary Health Service Ombudsman (2008)
‘Instructions and Guidance Notes KO41a NHS Hospital and Community Health Services Written Complaints BAAS R00030’ (September 2016)
‘Local Authority, Social Services and National Health Service Complaints (England) Regulations 2009’
‘Handling Complaints with a Human Touch-Complaints Charter’ - The Patients Association (2015)

'Good Practice Standards for NHS Complaint Handling' - Patients Association (2013)
'A Review of the NHS Hospitals Complaints System; Putting Patients Back in the Picture; Right Honourable Ann Clwyd & Professor Tricia Hart (October 2013)
'Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry' – Robert Francis QC (February 2013)
'Health & Safety at Work Act' (1974)
Local Government Ombudsman Guidance Note on the Management of Unreasonable Complainant Behaviour; lgo.org.uk; accessed 17/10 /2016
Health and Social Care Information Centre (NHS Digital) 2016

10. Background

10.1 Equality requirements

The Trust is committed to ensuring that as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This policy aims to ensure that we encourage a diverse range of volunteers to help us improve patient experience within our hospitals which reflects the composition of the diverse range of communities which we serve.

10.2 Financial risk assessment

Failure to comply with this policy which reflects best practice in complaints management leaves the Trust open to litigation and compensation claims. Adherence to this policy mitigates this risk.

10.3 Consultation

Consultation regarding this updated Policy has taken place with a range of internal and external stakeholders HealthWatch and liaison with other Trusts including University Hospitals Birmingham.

Contribution List

This key document has been circulated to the following individuals for consultation:

Designation
Divisional Management Teams
Divisional Quality Governance Leads
Lead for Safeguarding Adults
Lead for Safeguarding Children
Matrons and Senior Nurses
Involved Patients including our PPF members and individual interested patient and carers
Head of Legal Services
Deputy Director of Human Resources
Head of Clinical Governance
Health and Safety Manager
Lead for Patient Experience
Chief Nursing Officer
Deputy Chief Nursing Officer
Director of ICT and Asset Management

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
Patient and Carer Experience Expert Forum
Patient & Public Forum Members
Clinical Governance Group

10.4 Approval Process

This policy will be approved by the Patient, Carer Experience Expert Forum an expert group commissioned by Clinical Governance Group.

10.5 Version Control

This section should contain a list of key amendments made to this document each time it is reviewed.

Date	Amendment	By:
September 2016	Update to incorporate: CQC and Internal audit recommendations 2015 TDA Complaints Framework 2016 PHSO - My Expectations Guidance 2015-16 Complaints Users Survey	Tessa Mitchell
August 2014	Policy last updated originated	Pauline Spenceley

11. Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the Policy/guidance affect one group less or more favourably than another on the basis of:		
	Race	No	Applicable to all
	Ethnic origins (including gypsies and travellers)	No	Applicable to all
	Nationality	No	Applicable to all.
	Gender	No	Applicable to all
	Culture	No	Applicable to all.
	Religion or belief	No	Applicable to all
	Sexual orientation including lesbian, gay and bisexual people	No	Applicable to all
	Age	No	Applicable to all.

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	Disability	No	.
2.	Is there any evidence that some groups are affected differently?	Yes	Recognition that some groups are less likely to complain than others such as older people and those with Learning Disabilities. We are adding statements to our literature and website to positively support people to provide feedback to help us improve services.
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	As above we have recognised the potential for discrimination and are putting in place actions to try and mitigate these.
4.	Is the impact of the Policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the Policy/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

This policy has included consideration of all nine protected characteristics and recognises that some groups are less represented than others amongst our volunteers. It promotes inclusion and increasing diversity, through on-going partnership work and good links with our safeguarding leads to ensure appropriate recruitment and oversight.

We recognise that natural bias presents a risk of potential discrimination in human relationships and communication and we therefore require all staff to complete regular Equality and Diversity training updates.

If you have identified a potential discriminatory impact of this key document, please refer it to Assistant Manager of Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Assistant Manager of Human Resources.

12. Appendices

APPENDIX 1 DATIX COMPLAINTS TEMPLATE & GUIDANCE

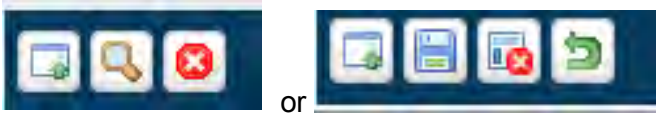
Datixweb - Complaints Module Guidance

Index


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 - i. Ombudsman
5. Dashboard
6. Adding Employee Contacts

1. Basic Operations

In any screen on Datixweb you will see buttons on the bottom left of the screen like this:



The magnifying glass is used to search. The blue disk saves changes, and the red cross and green arrow are to cancel and return without saving changes.

Certain fields will have a question mark symbol next to them:  You can click on these for hints and extra information.

2. Searching for Records


After logging into Datixweb, click on the “Complaints” tab to see the screen below – to find a particular record, click on the “New Search” button the left hand frame:

Options		Statuses	
■ Unapproved complaints	1 records		
■ Complaints awaiting acknowledgement	3 records	1 Overdue	
■ Complaints under investigation	199 records	66 Overdue	
■ Complaints awaiting holding letter	0 records	0 Overdue	
■ Complaints awaiting final reply	22 records	22 Overdue	
■ Completed complaints	23972 records		
■ Rejected complaints	0 records		

From this screen you can search for records via a number of fields – the most useful will be “ID” and “Name”.

Main Search Parameters	
ID ?	7110
Name ?	
Type	
Category	
Date Received (dd/MM/yyyy) ?	
Investigator	
Responsible Manager	
Closed (dd/MM/yyyy)	
Reopened (dd/MM/yyyy)	
Consent Confirmed?	
Active Flag	
Date Allocated to Division	

To search, type into either of these boxes and click the search button at the bottom of the screen or

the magnifying glass symbol in the bottom left corner of the screen:  You can use an asterisk (*) on either side of a particular word to search for any records that contain that word, e.g “*richard*” in the search box will find records where this is either the surname or the first name.

You will see a list of results – to access the record you want, move the cursor over the name and click once:

Complaints Search Listing
1 record found. Displaying 1-1.

- + Add a new complaint
- My reports
- Design a report
- New search
- Saved queries
- Generate KO41 Report
- List search results
- Clear the current search
- Help

Query: Choose

Type	ID	Name	First received	Closed	Directorate	Specialty	Unit
Number Only	7110	Test Complaint Registration	24/01/2012	25/01/2012	Emergency Med	Accident & Emergency (WRH)	Worcestershire Royal Hospital

Back

This will take you to the main screen for the record.

3. Types of Records

There are various types of registration on the Datixweb Formal Complaints Module – the system is mainly used for Formal Complaints (which are highlighted in dark green) and PALS Concerns (Yellow) but also records CCG Service Concerns (Red), MP Concerns & Informal Complaints (Blue) and Bereavement Meetings and Number Only Registrations (Grey). In addition, complaints where consent is outstanding are highlighted in light green.

The Type is specified on the front page of the record, and you can search for a particular type of record on the search screen, as detailed above.

4. Record Screens

Each record is divided into a number of tabs; **Registration Details, Documents & Linked Records, People & Timescales, Subject & Location, Investigation Details, Upheld Status, Actions, Communication & Feedback** and **Ombudsman**. Clicking on each tab will open a new screen with different information.

Complaint Record

Registration Details

ID: 7110

Reference Number: COM7110

Name: Test Complaint Registration

★ Type: Number Only

Category:

Method: Letter

Date Received (dd/MM/yyyy): 24/01/2012

Date of Admission/OP Attendance/Incident (dd/MM/yyyy): 01/01/2012

Date Allocated to Division: 25/01/2012

Date Closed (dd/MM/yyyy): 25/01/2012

Date Reopened (dd/MM/yyyy):

Lead Investigator:

Investigators: Marshall, Alexander

Responsible Manager: Marshall, Alexander

Registered By: Marshall, Alexander

Consent Confirmed?

Date Consent Requested (dd/MM/yyyy): 25/01/2012

Description: Test - Description of the complaint in question

This is a brief summary ; please see the 'Documents & Linked Records' Section for a copy of the Complaint

DO NOT USE NAMES IN THIS SECTION

When a tab has some information filled in, it will change from blue to Orange to highlight this:

Complaint Record

Registration Details

Documents & Linked Records

People & Timescales

Subjects & Location

Investigation Details

Upheld Status

Actions

Communication & Feedback

Ombudsman

4.a. Registration Details

This tab contains the ID Number, file name, the type and other relevant information. Most of the information in this section will be completed by the Complaints Team before it is sent to the Division, however the Divisional Team should add the name of the Lead Investigator and any additional Investigators to the fields shown below:

Date Reopened (dd/MM/yyyy)

Lead Investigator

Investigators

Responsible Manager

As long as they have a Datix username, anyone added to the “Investigators” field will be able to see the record, regardless of the level of their Datix access.

The Investigator needs to complete the “**Outcome**” field with a summary of what has been changed or implemented as a result of the investigation, e.g. changing policy/introducing new process.

Towards the bottom the record there is a section where you can record the date of the last contact with the complainant (this can be from a letter, phone call, email or face to face update):

Contact & Response Status

Last Contact/Holding Letter Date

This field should be updated with the date of the last letter, email or call to the complainant during the investigation

Below this is a field for use by the Complaints Team to record if a response for the complaint is currently awaiting signature or approval by an Executive.

4. b. Documents & Linked Records

Complaint Record

Registration Details

Documents & Linked Records

People & Timescales

Subjects & Location

Investigation Details

Upheld Status

Actions

Communication & Feedback

Ombudsman

Print

Audit trail

+ Add a new complaint

+ Generate from

My reports

Design a report

New search

Saved queries

Generate KO41 Report

List search results

Clear the current search

Help

Documents & Linked Records

A copy of the complaint and any investigation documents & statements must be attached here
DO NOT ATTACH DRAFT DOCUMENTS - ONLY FINAL VERSIONS

Created	Type	Description
15/06/2016	Letter	Ack Formal Consent established or not needed (merged on 15/06/2016)

Attach a new document

Linked Records

Any previous complaints, PALS calls or Incidents can be linked here; make a note of the Datix ID number that you wish to link to, as you will be asked for this.

Do you wish to link a PALS case to this Complaint?

PALS to Complaint

If a PALS has been linked because the same issues were later raised as a formal complaint, please check 'Yes' here

Do you wish to link an Incident to this Complaint?

Linked Records

Linked complaints (1)

Type	ID	Name	First received	Closed	Directorate	Specialty	Unit	Description	Link Notes
PALS	22785	TEST REGISTRATION	09/06/2014	09/06/2014				Test for linking complaints	test linking

Link another record.

On this tab you will be able to access any files linked to the record – i.e. the complaint letter, acknowledgement, any consent forms or responses etc. To open a document, click on the relevant line under the “Description” column. You can link any documents that are part of the complaint or your investigation by clicking on the “Attach a new document” button and following the steps.

Please only attach final versions of documents here – i.e. statements or signed versions of letters. Do not attach drafts.

Below this, you can see if any Incidents or PALS cases are linked to this record and you can click onto them to view them.

At the bottom of the tab there are also links to the Trust’s Complaints Policy and templates for responses.

Useful Documents & Information

[CLICK HERE for Complaints & PALS Policy.](#)

[CLICK HERE for Complaint Response Template.](#)

[CLICK HERE for Complaint Response - Closing Letter Template.](#)

4. c. People & Timescales – Including Complainant Screen

Complaint Record

Registration Details

Documents & Linked Records

People & Timescales

Subjects & Location

Investigation Details

Upheld Status

Actions

Communication & Feedback

Ombudsman

Print

Audit trail

+ Add a new complaint

+ Generate from

My reports

Design a report

New search

Saved queries

? Generate KO41 Report

People & Timescales

Click on the named individual for more information.
Click on the Complainant's name to see the Complaint Timescales & Due Dates

Contact role	Title	Forenames	Surname	Patient/staff number	Tel 1	Tel 2	Address	Postcode
Complainant		Firstname	Surname	4440000000	07000 000000		Address 1 Address 2 Address 3 Address 4	POSTCODE

Create a new Complainant link

Patient (if different)

Contact role	Title	Forenames	Surname	Patient/staff number	Tel 1	Tel 2	Address	Postcode	En
PAT	Mr	Test	Patient	test PAS number	tel 1	tel 2	1 Green Close Town City	WWW 1111	Te

Create a new Person Affected link

Employees

Contact role	Title	Forenames	Surname	Job Title	Email
Employee		Firstname	Surname	Complaints Officer	alexmars

Create a new Employee link

This screen will be completed by the Complaints Team. On this screen you can see the details of the people involved in the complaint, listed under Complainant, Patient (which can be the same person) and Employee. If you click on any of the names linked you will see a larger screen with additional information, such as Ethnic Origin and Date of Birth/Death etc. For the Complainant screen, this will look like so:

Complainant

Contact Details
Employee Details
Print
+ Create a new contact
List all contacts
My reports
Design a report
New search
Saved queries
Manage duplicates
Help

Contact Details
The 22 day target date for a response draft is listed next to **Response**
The 25 day target date for a final response is listed next to **Replied**
These fields are visible on the Complainant Details link only
Complaint Timescale
Date Received: 01/01/2014

	Due	Done
Acknowledged:	03/01/2014	
Response:	31/01/2014	
Holding:	04/02/2014	
Replied:	05/02/2014	
Re-opened		

Contact Information
ID: 39607
★ Approval status: Approved
Title:
Forenames: Firstname
★ Surname: Surname
Preferred Name:
Address: Address 1, Address 2, Address 3, Address 4
Postcode: POSTCODE
Tel 1: 07000 000000

At the top of this screen you will see calculated timescales; these will appear on every contact but are mainly relevant to Formal Complaints. The “Replied” Due date equates to the 25 working day (for Standard Timescales) or 40 working days (for Negotiated Timescales). When a case is reopened, you will see the newest set of target dates at the top and the previous timescales below:

Complaint Timescale
Date Received: 19/09/2016

	Due	Done
Acknowledged:	21/09/2016	19/09/2016
Response:	19/10/2016	
Holding:	21/10/2016	
Replied:	24/10/2016	11/10/2016
Re-opened		

Previous Timescales
Date Received: 30/08/2016
Re-opened: 19/09/2016

	Due	Done
Acknowledged:	01/09/2016	30/08/2016
Response:	29/09/2016	
Holding:	03/10/2016	
Replied:	04/10/2016	15/09/2016

At the bottom of this screen you can also see any other records that this contact has been linked to and then click onto them to see the details (access permitting).

Returning to the People & Timescales Tab; under Employees, anyone named in the complaint can be recorded here. The Complaints Team will record any names in the letter, but the investigator can also add the names of anyone involved that they become aware of here, by clicking onto the **“Create a new Employee link”** button (See separate section for instructions).

4. d. Subjects & Location

Complaint Record

[Registration Details](#)
[Documents & Linked Records](#)
[People & Timescales](#)
[Subjects & Location](#)
[Investigation Details](#)
[Upheld Status](#)
[Actions](#)
[Communication & Feedback](#)
[Ombudsman](#)

+ Add a new complaint
+ Generate from
☒ My reports
☒ Design a report
☒ New search
☒ Saved queries
? Generate KO41 Report
☒ List search results
☒ Clear the current search
? Help

Subjects & Location

Hospital Site: Worcestershire Royal Hospital
Directorate: Emergency Med
Specialty: Accident & Emergency (WRH)
Location (Type): Accident & Emergency Department
Location (Exact): Accident & Emergency
National Clinical Group:

KO41 Information

KO41 Type: A
Service Area: Inpatient
Subject: All aspects of clinical treatment
Profession: Medical (including surgical)
Patient Ethnicity: White - British

Sub-Subjects of Complaint

Subject Code
Order:

Subject Group: Access to treatment or drugs
Sub-Subject: Access to Occupational Therapy
Directorate (Attended/Admitted): Emergency Med
Specialty (Attended/Admitted): Accident & Emergency (WRH)
Location Exact: Accident & Emergency

The Complaints Team will complete this section. This tab will show the site and area concerned, along with detailed sub-subject codes about the concerns or issues. There is no limit to how many can be recorded so you may need to scroll down to view them all.

4. e. Investigation Details

Complaint Record

[Registration Details](#)
[Documents & Linked Records](#)
[People & Timescales](#)
[Subjects & Location](#)
[Investigation Details](#)
[Upheld Status](#)
[Actions](#)
[Communication & Feedback](#)
[Ombudsman](#)

+ Add a new complaint
+ Generate from
My reports
Design a report
New search
Saved queries
Generate KO41 Report
List search results
Clear the current search
Help

Investigation Details
Initial Contact
The Investigator should contact the complainant at the earliest available opportunity to discuss what outcome they are seeking and agree a way forward
Date Contacted 25/01/2012
Your Name Marshall, Alexander
Summary of Discussion
Include the name of the person you spoke to (Complainant or Patient)
Spoke about concerns - unhappy with nursing on ward
Issues/Actions
- speak to nurses
- circulate learning
Outcome Sought
Wants an apology from nurses
Feedback Format Letter

NOTE: This section and the others following it (up to “Ombudsman”) should be completed by the Investigator and Divisional Director from the Division concerned.

The first part of this section is used to record the investigator’s initial telephone conversation with the complainant – what was discussed, what outcome they are seeking, any actions that arise. **Do not complete this section unless you have actually spoken with the complainant – if you have tried to call but been unsuccessful, record this in the next section, “Progress Notes”:**

Investigation Progress Notes
Record any updates about the investigation, or details of meetings held here. Upload any meeting notes or documentation to **Documents & Linked Records**

New note

Marshall, Alexander
06/07/2016 15:17:02
Draft response prepared - sent to Alex Marshall for review
edit

Marshall, Alexander
26/05/2016 15:35:38
Accessed eZnotes and spoke to staff concerned
edit

To record a progress note, type into the blank text box next to “New Note” and then press the save button – you do not need to date or name these entries as the system will do this for you and record them sequentially as shown. Use this to note any updates on your investigation so they are visible to the complaints team or anyone accessing the record.

Below this is a section with a Root Cause Analysis Template, to help with your investigation and identify the particular issues and problems that led to the complaint. For guidance on what to record in each box, click on the :

Root Cause Analysis	
Overview of Complaint ?	
Care & Service Delivery Issues / Problems ?	
Contributory Factors ?	

It is crucial that the “Lessons Learned” field is completed as this is where any learning outcomes can be quickly identified and reported on:

Root Causes ?	
Lessons to Learn ?	Letter template had not been changed since initial implementation; shared with team the need to check existing templates whenever a process change is actioned

4. f. Upheld Status

This field should be completed by the Divisional Director who approved the complaint response before it is sent to the Complaints Team, or at the least their decision, which should be recorded here by a member of staff on their instruction. This can be audited.

Upheld Status	
To be completed by the Divisional Director who signs off the complaint response	
Did we get it right for this patient and/or their family?	No
Have we been customer-focused in our dealings with them?	Yes
Have we been open and accountable in our dealings with them?	No
Did we act fairly and proportionately in our dealings with them?	Yes
Is there something we need to put right?	Yes
Is there something we can learn from this complaint in order to seek continuous improvement?	Yes
This complaint is:	Upheld
Upheld Status Agreed by	Marshall, Alexander
Date of Decision	25/01/2012
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

4. g. Actions

Registration Details					
Documents & Linked Records					
People & Timescales					
Subjects & Location					
Investigation Details					
Upheld Status					
Actions					
Communication & Feedback					
Ombudsman					
Print					
Actions Divisions are responsible for ensuring that Actions are recorded and completed on Datix.					
ID	Responsibility ('To')	Assigned by ('From')	Module	Action	Due date
6030	Mr Jack Bevins	Alexander Marshall	Complaints	Test Action	10/06/2016
5930	Alexander Marshall	Alexander Marshall	Complaints	Test Action - Datixweb Project	30/06/2016
Create a new action <input type="button" value="Save"/> <input type="button" value="Cancel"/>					

This module can be used to assign actions to be completed by members of staff with access to the Datix system. The Assignee will receive an email with a link to the action, and when they mark it as completed the assigner will receive an email back. To do this, click the "Create a new action" button and follow the instructions.

4. h. Communication & Feedback

Complaint Record

Communication & Feedback

Recipients

Datix Users
Only users with e-mail addresses are shown

Additional Recipients
Enter e-mail addresses of other recipients not listed above. You can enter multiple addresses, separated by commas.

Message

Subject DatixWeb feedback message

Body of message ?
This is a feedback message from Alexander Marshall. Complaint form reference is 7110.
The feedback is:

Please select this link to view the record:
<http://kktcdat05/datix/live/index.php?action=record&module=COM&recordid=7110>

Send message

Message history

Date/Time	Sender	Recipient	Body of Message
04/10/2012 11:28:47	Surname, Firstname	alex.marshall@worcsacute.nhs.uk	This is a feedback message from Mr Alexander Marshall. Complaint form reference is 7110. The feedback is: Test message Please select this link to view the record: http://kktcdat03/datix/live/index.php?action=record&module=COM&recordid=7110

This section can be used to send emails with a link to the complaint that are then saved within the record – to do this, pick the name of the person you wish to send to from the menu “Datix Users”, then type your message into the empty section under “Body of Message” – when you have finished, click “Send Message”.

4.i. Ombudsman

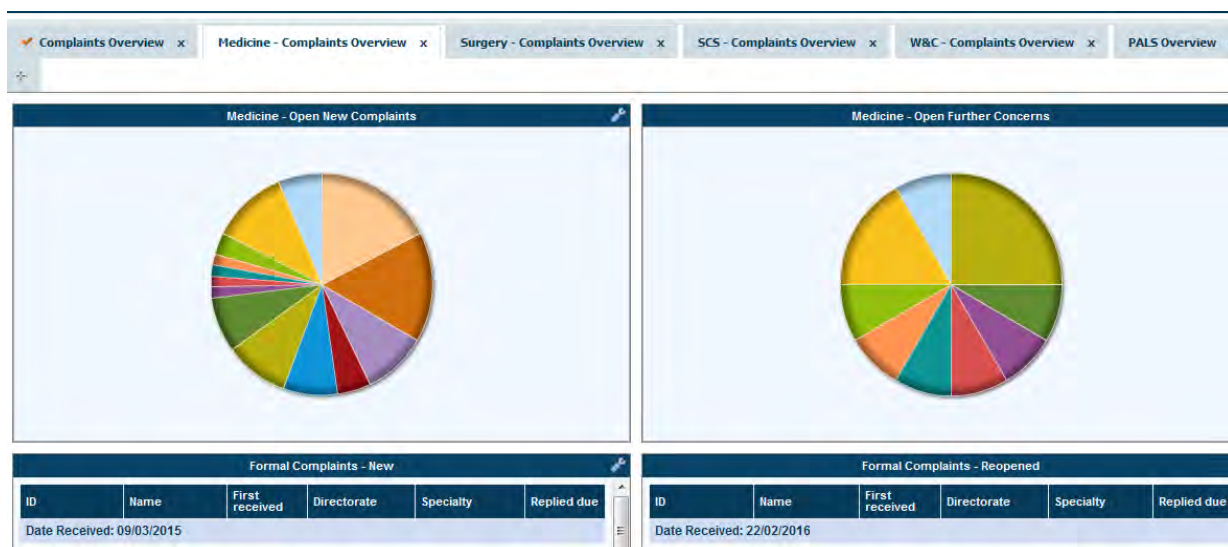
This section will be completed by the Complaints Team and will record if the complainant has approached the Parliamentary & Health Service Ombudsman with their case. The outcome of their investigation and any updates will be recorded here.

5. Dashboard

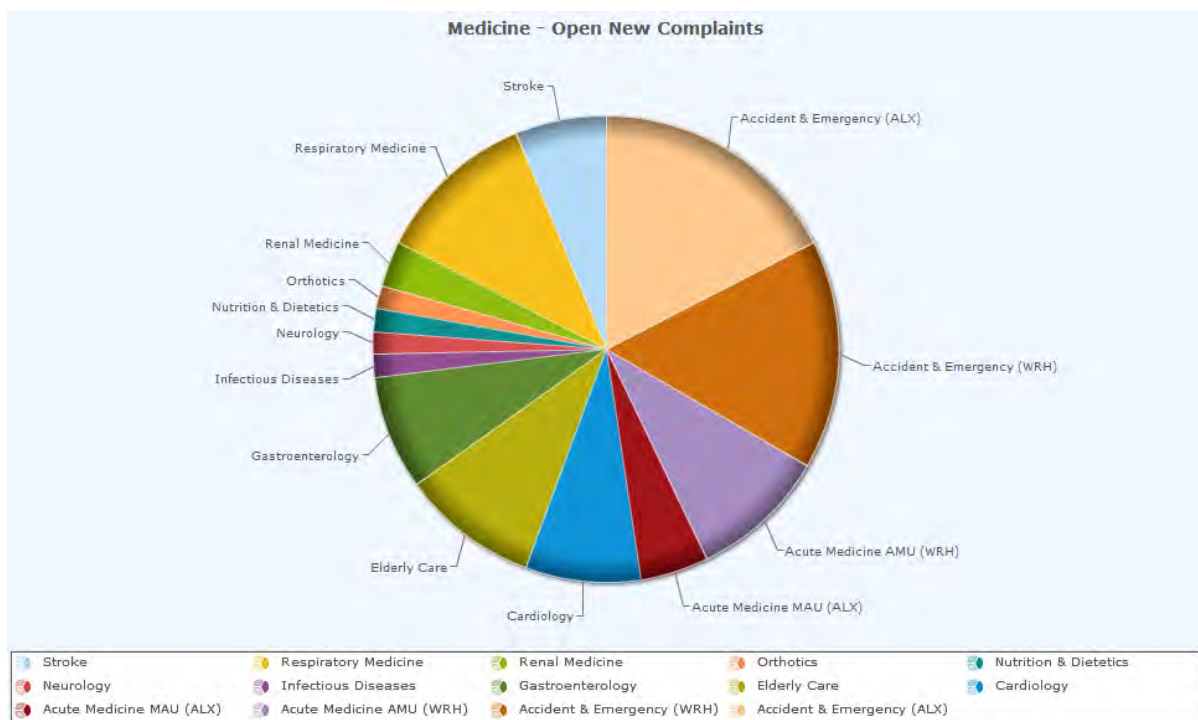
My Dashboard

To access your complaints dashboard, click this button on the top left corner:

You will see a screen with a number of report “widgets” laid out as below. The widget titles will illustrate what the reports show, and these will be governed by your level of Datix access.



To drill down into any of the reports, click onto the widget first and you will see a larger version:



You can then click onto the groupings (in this example, grouped into specialty) to see those particular records – you can then click onto the record to view them individually.

Query: Choose Save the current search as a query.

Type	ID	Name	First received	Closed	Directorate	Speciality	Unit	Description
Complaint	243		13/10/2016		Emergency Med	Accident & Emergency (ALX)	Alexandra Hospital - Redditch	Complaint from daughter about mother's long wait on a trolley in the corridor. There were other elderly patients also in the corridor and complainant would like to know what the protocol is for treating elderly patients
Complaint	241		10/10/2016		Emergency Med	Accident & Emergency (ALX)	Alexandra Hospital - Redditch	long wait for a bed and medical staffs' attitude and behaviour.
Complaint	241		23/09/2016		Emergency Med	Accident & Emergency (ALX)	Alexandra Hospital - Redditch	Complaint about missed diagnosis of fractured skull and doctor's attitude
Complaint	238		23/09/2016		Emergency Med	Accident & Emergency (ALX)	Alexandra Hospital - Redditch	Patient with suspected stroke was brought to A&E - Complainant feels staff did not do enough to ensure she was seen promptly
Complaint	241		20/09/2016		Emergency Med	Accident & Emergency (ALX)	Alexandra Hospital - Redditch	Would like to know why he wasn't x-rayed following injury. Has subsequently been diagnosed with fractured vertebrae
Complaint	238		31/09/2016		Emergency Med	Accident & Emergency (ALX)	Alexandra Hospital - Redditch	Patient was discharged from A&E at the Alex without any paperwork, still in pain and feeling unwell
Complaint	233		25/07/2016		Emergency Med	Accident & Emergency (ALX)	Alexandra Hospital - Redditch	Elderly patient passed away on ICU - Concerns regarding ambulance involvement, care in A&E and issues with Bereavement office process
Complaint	232		18/07/2016		Emergency Med	Accident & Emergency (ALX)	Alexandra Hospital - Redditch	Long wait in A&E
Complaint	227		05/06/2016		Emergency Med	Accident & Emergency (ALX)	Alexandra Hospital - Redditch	Complaint regarding care of elderly patient in A&E in the lead up to her death
Complaint	216		16/03/2016		Emergency Med	Accident & Emergency (ALX)	Alexandra Hospital - Redditch	Complaint regarding communication with family member - told that mother was well and she later died within hours
Complaint	209		03/03/2016		Emergency Med	Accident & Emergency (ALX)	Alexandra Hospital - Redditch	Complaint from daughter about mother's unsafe discharge and mix up over wrong medical records being used

Save the current search as a query.

6. Adding Employee Contacts

As per the section above about the **People and Timescales** tab, to record an employee on the complaint file click the **"Create a new Employee link"** button.

This will take you to the following screen – type the name of the staff member you wish to add and press the search button:

My Dashboard | Actions | Contacts | Admin | Logout |

Incidents ▼ Risk Register ▼ Complaints ▼

Add 'Employee' link to complaint

Contact Details

- + Create a new contact
- List all contacts
- My reports
- Design a report
- New search
- Saved queries
- Manage duplicates
- Help

Contact Details

Contact Information

ID

* Approval status ▼

Title

Forenames Firstname

* Surname Surname

Job Title

Organisation

If the staff member has already been recorded on the system, their name will appear in the search results window and you can click the "Choose" button on the left hand side to select them:

Choose	39607	Surname	Firstname	Employee	4440000000	Complaints Officer	21/05/1900
Cancel							

This will add their details to the contact screen:


Add 'Employee' link to complaint

Contact Details
Print

- + Create a new contact
- List all contacts
- My reports
- Design a report
- New search
- Saved queries
- Manage duplicates
- Help

Contact Details
Contact Information
ID 39607
★ Approval status Approved
Title
Forenames Firstname
★ Surname Surname
Job Title Complaints Officer
Organisation
Tel 1 07000 000000
Tel 2

To confirm this, press the save button.

If the search does not yield any results, you can add the name and details into the contact field and then press the save button to generate a new link.

Appendix 2 Response Letter Template 1 – for use as standard for formal complaints following discussion with complainant who is happy for matter to be resolved without a more detailed / formal investigation.

Our Ref: CT/IO initials /complaints or admin
staff initials/ [REFERENCE NUMBER]
DATE

Worcestershire Royal Hospital
Charles Hastings Way
Worcester
WR5 1DD

PRIVATE & CONFIDENTIAL

Address line 1
Address line 2
Address line 3
Address line 4
Address line 5

Dear,

Further to our discussion onI am writing to confirm that(whatever was discussed and agreed)

I understand that you now no longer wish to follow the formal complaints process. I can confirm that we have closed our file and will take no further action (other than that agreed above).

If you do have any further concerns or are unhappy in any way please do not hesitate to contact us again in any of the following ways:

- In writing to me
- By telephone to the Complaints Department on 0300 123 1733
- By email to wah-tr.pet@nhs.net

We are always willing to offer meetings with relevant Trust staff as we find that these can often be helpful. If this is something that you would like to pursue then please contact us, again via any of the methods outlined above.

Yours sincerely,
Investigating Officer/ Divisional Director of Nursing/ Medicine/ Operations/Directorate Manager

Appendix 3 Response Letter Template 2 – for use as standard for all formal complaints

Our Ref: CT/IO initials /complaints or admin
staff initials/ [REFERENCE NUMBER]
DATE

Worcestershire Royal Hospital
Charles Hastings Way
Worcester
WR5 1DD

PRIVATE & CONFIDENTIAL

Address line 1
Address line 2
Address line 3
Address line 4

Dear,

Thank you for your letter dated/received.... I was sorry to read about.....

I asked [NAME, JOB TITLE] to investigate your concerns on my behalf and it is on their findings that I base this response.

[INSERT MAIN RESPONSE TEXT HERE ENSURING EACH AREA OF COMPLAINANTS CONCERNS IS ADDRESSED POINT BY POINT]

I would like to thank you for taking the time and the trouble to send us your complaint as this is always valuable in helping us to improve the care and services we provide.

If you do have any further concerns or are unhappy in any way please do not hesitate to contact us again in any of the following ways:

- In writing to me
- By telephone to the Complaints Department on 0300 123 1733
- By email to wah-tr.pet@nhs.net

If you are unhappy about how we have dealt with your complaint you have the right to take your complaint to the Parliamentary and Health Services Ombudsman and they can be contacted as follows:

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

Customer helpline: 0345 015 4033 (Monday to Friday 8.30am to 5.30pm)
Text: 07624813005
Textphone (minicom): 0300 061 4298
Website: www.ombudsman.org.uk/make-a-complaint

We are always willing to offer meetings with relevant Trust staff as we find that these can often be helpful. If this is something that you would like to pursue then please contact us, again via any of the methods outlined above.

Yours sincerely,

Christopher Tidman
Interim Chief Executive

Cc: Divisional Director of Nursing/ Medicine/ Operations
..... Directorate Manager

Appendix 4

Template Letter 3 – for Complex Complaints to inform complainant that the complaints investigation will be reliant upon a separate investigation such as a Serious Incident / Independent Review / safeguarding investigation or anything else that will impact on complaint finding.

Our Ref: CT/IO initials /complaints or admin
staff initials/ [REFERENCE NUMBER]
DATE

Worcestershire Royal Hospital
Charles Hastings Way
Worcester
WR5 1DD

PRIVATE & CONFIDENTIAL

Address line 1
Address line 2
Address line 3
Address line 4
Address line 5

Dear,

Thank you for your letter/email/telephone call dated/received.... I was very sorry to read about.....

I am writing to confirm that your complaint is being investigated by :

LEAD INVESTIGATOR, TITLE, DIVISION.

And to confirm following our discussion on That because of the serious nature of your concerns a full incident review / serious incident review / safeguarding investigation is being undertaken alongside your complaint in order to ensure that you have as full and thorough response as possible. This will take approximately xxx weeks (**This should not exceed 40 working days**) . I apologise that this will take longer than the usual 25 days but it is important to fully investigate the matters raised.

I will contact you to discuss the investigation and to invite you to meet with relevant Trust staff once this has been concluded. If you would like to discuss the investigation further in the meantime please do not hesitate to contact me.

Yours sincerely

Investigating Officer

Appendix 5

Who can make a complaint?

Anyone who has been affected by, or likely to be affected by, an action or decision of the Trust.

A complaint can be made by someone acting on behalf of a former or existing patient if that person:

- **Is a child:** Anyone under the age of 18 is deemed to be under the care of their parents or guardian and their consent is not required for the Trust to respond to the parents.
- **Is unable to make the complaint themselves** because of physical incapacity or lack of capacity within the meaning of the Mental Capacity Act 2005.
- **Has died:** Whilst anyone can complain about the care of a deceased person, the consent of the person who is nearest next of kin, or Executor of the estate, must be obtained if clinical details are to be released.
- **The patient has requested that a representative act on their behalf and has provided consent.** Consent is implied for complaints raised through MPs.
- **The patient has not provided consent.** The Trust has a duty to preserve and uphold patient confidentiality and at the same time have a realistic approach to answering third party complaints. Unless the patient has given consent the only factors that will be included in such responses are those required to enable the Trust to adequately answer the complaint, excluding reference to clinical details. For many reasons it may not always be possible to obtain a patient's explicit authority, however reasonable steps must always be taken to obtain this.

The 25 working days timescale for responding to a complaint will only start when consent has been established.

Timescales for making a complaint

WAHT is obliged to adhere to the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (Statutory Instrument 309) which states that all complaints should be made as soon as possible after the incident and no later than 12 months after. The 12 month time limit will not apply if the complainant had good reason for not making the complaint within that time limit, and, notwithstanding the delay, it is still possible to investigate the complaint effectively and fairly.

If a complaint or concern is raised outside this timescale and the above does not apply, the Trust will deal with it as an 'enquiry', (informal), providing relevant documentation can be accessed and will follow the spirit of the complaints process. The complainant will be notified that any investigation may be limited if documentation cannot be accessed.

Likewise if a complaint is received from a third party, such as a GP and consent cannot be obtained, then, that will also be investigated as an 'enquiry' to enable any lessons to be learnt but no clinical / personal information will be included in the response.

Timescales for responding to complaints

The National Health Service Complaints (England) Regulations 2009 [section 14(3)] identify that the period for responding to complaints is six months commencing on the day the complaint is received.

The Trust identifies this timescale as a maximum . Our expectation is for 80% of all complaints responded to within 25 working days. This allows for Complex Complaints to be negotiated with the complainant. These will often take longer due to the accompanying investigations and possible meetings. However the Trust expects all complaints including further concerns to be completed within the six month regulatory requirement.

Exclusions

This policy does not cover the following complaints / concerns.

Complaints by members of staff about aspects of their employment.

These will usually involve disciplinary / grievance proceedings.

Complaints by other responsible bodies.

These are classified as Service Concerns and are dealt with by Divisions outside of the complaints process.

Freedom of Information Requests.

Complaints about the Trust's failure to comply with a request for information under the Freedom of Information Act 2000 are not required to be dealt with.

Appendix 6

ROLE OF THE PATIENT ADVICE AND LIAISON SERVICE (PALS)

The Patient Advice and Liaison Service (PALS) offer confidential advice, support and information on health-related matters. They provide a point of contact for patients, their families and their carers.

At WAHT this service is currently provided by one PALS Officer and a part time assistant, based at WRH. Consequently it is effectively a telephone helpline.

What PALS is:

- A patient and carer focused service which provides accurate information about local health and health related services, and wider health related issues, as requested by service users, families and carers, in a timely and efficient manner.
- A service which provides an identifiable and accessible service to the community served by the Trust.
- A service which provides assistance in the resolution of issues and concerns raised by service users through negotiation and liaison with Trust staff, other local NHS staff, and other health and health related organisations.
- A service which provides accurate and appropriate information to individuals wishing to access the NHS complaints procedure.
- A service which can help refer service users, families and carers to appropriate independent advice and advocacy services.
- A service which monitors concerns and trends and highlights information needs, including identifying gaps in services or problems with systems or processes with the relevant manager and acts as a catalyst for change and improvement.
- A service which supports staff at all levels of the Trust to foster a responsive culture through positive support, sharing good practice and providing swift advice.

What PALS isn't

- A service which can provide a helpline for all day to day operational issues within the Trust. Issues with appointments / poor letters etc should be dealt with by the originating area. Patients should always have a contact number which enables them to contact the relevant department.
- ☐ A service which by default becomes the first port of call for inpatients who are experiencing issues / concerns. Staff on wards should foster an environment which enables patients to tell them of any concerns. If a patient feels unable to discuss directly with staff on duty they should know that they can talk to the responsible Matron.
- ☐ A service which removes the responsibility from staff to deal with issues that are raised directly with them. All staff should be confident in addressing patient concerns and most issues can best be dealt with and resolved where they occur.
- ☐ A face to face service.
- Administrative support for PALS meetings between Trust staff and people who have raised concerns.

Responsibilities of other staff

- All members of staff are responsible for dealing with issues that are raised directly with them. They will not transfer responsibility for such issues to PALS.
- All staff working directly with patients and carers will provide patient information and liaison. Most issues are best addressed and resolved where they occur.

APPENDIX 7 - ROLE OF THE COMPLAINTS TEAM

The Complaints Team log and monitor all complaints received by the Trust. They also provide performance data, reports and trend analysis as well as providing advice and support to Divisions on complaint management and Trust wide training.

Upon receipt of a complaint the Complaints Team will:

- Log on Datix, ensuring appropriate subject and sub subject codes are used and necessary information required for the quarterly KO41a (NHS Digital) return is completed.
- Notify the Investigating Officer and DDN (and any other designated Divisional manager they have been asked to include) within three working days of receipt in 90% cases.
- In the case of cross Divisional complaints this will be sent to the Division judged to have had the most contact with the patient. If this is fairly equal the Divisional Managers will agree between themselves who will lead on the response and ensure that the Complaints Team is informed. The Divisional Investigating Officer is responsible for co-ordinating the response, including input required from other Divisions or departments. (Where input is required from external organisations the Complaints Team will request consent to share the complaint with that organisation and ensure that this input is included or enclosed with our response).
- Acknowledge the complaint with the complainant. This will include the expected timescale for resolution, unless this is identified as a potentially complex complaint, in which case this will be done by the investigating officer in conjunction with the complainant. The acknowledgement letter will be sent with information regarding the complaints process, advocacy services, Healthwatch and the Parliamentary and Health Service Ombudsman.
- Set up and maintain an electronic complaints file

Throughout the investigation the Complaints Team will

- Maintain regular contact with Divisional investigating officers, fostering and maintaining good working relationships
- Administratively support meetings for Complex Complaints between Divisional staff and complainants where required including recording meetings and advising staff on regulatory compliance and best practice. Availability of Complaints Team staff must be sought when meetings are arranged. If a team member cannot attend the Investigating Officer will be informed and a recording device will be provided. This should be returned to the Complaints Team after the meeting so they can transfer the recording onto a disc and send a copy to the complainant.
- Complete weekly sit rep which will highlight where there is delay in response, or meeting, or gaps in the Datix investigation template including phone conversations, missing documentation or outcomes and actions. These will be escalated through the agreed Divisional managerial structure.

- Assist with structuring / quality assuring response letters
- Quality checking response letters before submitting to the Chief Executive for sign off.
- In conjunction with the Investigating Officer send holding letters to the complainant if there is a delay in the investigation which will mean exceeding the 25 working day target. The investigating officer should have agreed and explained this to the complainant and informed the Complaints Team by day 22.
- Assist with quality assurance audits, providing access to files and arranging annual surveys of complainants regarding their experience of the complaints process.

The Trusts Complaints Team is part of the wider Patient Experience Team, located at Kings Court at WRH. The Team is available Monday to Friday 8.30 am – 4.30 pm. Out of hours messages can be left on the answer phone and will be responded to the next working day. Alternatively they can be contacted by email on wah-tr.pet@nhs.net

Appendix 8: Complaints from children and young people

Ideal complaints procedure

Before a complaint is made, the service should offer:

The process
clearly
signposted

Accessibility

Access to
Independent
support/advocacy

Communication
methods &
anonymity options

**STAFF TRAINING
SHOULD INCLUDE:**

Effective
listening

Procedures

How to work
with
advocates

Confidentiality
and data
sharing

Equalities
training

All staff training on complaints linked to staff CPD and supervision processes

LIAISON WITH OTHER AGENCIES FOR CYP

Provide info they can
tell the client

Work joined up, including
with service
commissioners

PROCESS

Simple: few sheets of
paper and alternative
non written formats

Regular
feedback on
progress

Feedback on
outcome

Use ICT and
mobiles

CLEAR INFORMATION PROVIDED ON:

Will it affect my
care?

How long will it
take?

What could my
complaint change?

Client to have
choices, &
alternatives

AFTER THE COMPLAINT

Provide clear
information on
actions taken or
planned

Provide ongoing
support to CYP to
ensure changes
happen

Use complaints to
monitor, evaluate and
improve services

(Source 'It takes a lot of courage' Children's Commissioner)

CONCERNS & COMPLAINTS POLICY AND PROCEDURE



Common Principles for a Child Friendly Complaints Process. England. These principles have been developed based on the views, experiences and voices of children and young people, as well as discussions with professionals who have a responsibility for complaints.

1. All organisations working with children and young people should value and respect them, and develop positive and trusting relationships.
2. All complaints from children and young people should be seen as positive, valuable service user feedback and considered from a safeguarding perspective.
3. Children and young people should be involved in the development and implementation of the complaints process they may wish to use.
4. All children and young people should have access to information about complaints processes. This should be provided in a variety of formats, including online, and should be age appropriate and take account of any additional needs that a young person may have.
5. All children and young people should be able to make complaints in a variety of ways.
6. Written responses to complaints should be timely and where possible discussed with the young person. The young person should always be given an opportunity to provide feedback.
7. Staff should be well trained and have access to training in listening to, and dealing with, complaints from children and young people.
8. Children who need support to make a complaint should have access to an independent advocate.

Appendix 9 Complaints relating to potential negligence, legal proceedings and / or compensation claims

Complaints relating to negligence or requests for compensation, or when there is intention to take legal proceedings.

Where a complainant expresses an intention to take legal proceedings, the Trust will continue to try to resolve the complaint quickly unless there are compelling legal reasons not to do so.

A complaint may only be put on hold where there are exceptional reasons to justify it, or the complainant has requested that the investigation is delayed. Exceptional circumstances for putting a complaint on hold may include formal requests to do so by the police, the Coroner or a judge.

If, exceptionally, a complaint is put on hold against the wishes of the complainant, the complainant should be informed of this and provided with a full explanation, in writing unless requested not to, and the reasons for it. Any decision to put a complaint on hold in these circumstances would be expected to be made with the involvement of the Trust's 'responsible person'. (NHS England Guidance Note, 2014).

If a complainant reveals a prima facie case of negligence, or if it is thought that there is a likelihood of legal action being taken, the Patient Relations Manager will inform the Head of Legal Services.

Where a complainant expresses a direct wish to claim compensation in respect of negligent treatment as opposed to maladministration or poor service the Patient Relations Manager will inform the Head of Legal Services. These claims will be managed by the Legal Services Department in accordance with the Claims Policy and the complainant advised accordingly. The complainant should also be advised that if they consider they are entitled to financial compensation as a result of clinical negligence they should discuss this with a solicitor.

The default position in a case where a complainant has expressed an intention to take legal proceedings would be to seek to continue to resolve the complaint unless there are clear legal reasons not to do so (i.e. progressing the complaint might prejudice subsequent legal action). In these circumstances the complaint should be put on hold and the complainant advised and given an explanation. (SOURCE Clarification of Complaints Regulations 2009, 28 January 2010, gateway reference 13508)

Where a complaint has involved allegations of fraud or necessitated the involvement of the police, the Director of Finance will be fully briefed by the Divisional lead before the final response letter is signed.

Requests for compensation for reasons other than clinical negligence e.g. due to maladministration, should be managed in accordance with Section 18 – Remedies.

Appendix 10 Parliamentary Health Service Ombudsman – My Expectations for Raising Concerns and Complaints

A user-led vision for raising concerns and complaints



CONCERNS & COMPLAINTS POLICY AND PROCEDURE

Appendix 11 The Patients Association Charter – Handling Complaints with a Human Touch

Handling Complaints with a Human Touch
A Plea from Patients and the Public – Person Friendly Charter

Before I make my complaint I want to know:
How to raise a concern or make a complaint easily
That my care or treatment will not be affected in any way by raising an issue
How I can find someone that will support me through the experience
How long it will take and what to expect at the end

When I make a complaint I want:
Someone to contact me to discuss my concerns and reassure me that I can speak to them if I need to throughout your investigation.
To be listened to, asked what I want and for you to check that you have understood me;
To be taken seriously and feel that I am believed and valued
To be treated with dignity and respect and not ignored

When you look into my complaint I want you to:
Give me confidence that you will learn from my concerns
Be honest, open and fair with me
Investigate thoroughly and independently and reassure me this has happened
Ensure that senior staff are aware of my concerns and that the whole organisation takes them seriously
Ask me if I want to see change and where
Recognise that this is not something I do lightly and that it may have a big impact on my life

When you have completed your investigation to my complaint I would like:
Someone to go through the response with me
Someone to take responsibility for things that have gone wrong and apologise to me
Action to be taken to make sure the same thing does not happen again
To be given the chance to get involved in making changes to benefit others
Make sure I am happy with the outcome

AS A PATIENT I WOULD APPRECIATE THE FOLLOWING:

1. Help me or a person on my behalf to make a complaint
2. Please actively listen to me and hear my concerns - take them seriously at all levels
3. Treat me with honesty, openness, dignity and respect
4. Acknowledge my right to complain and take me seriously
5. Please give me the right to remain anonymous if I want to
6. Give me assurance that my care will not be compromised if I make a complaint
7. Keep me fully informed of my right to an advocate or support to help me through my complaint
8. Offer me a face to face meeting at the start of my complaint
9. Give me a named person to contact throughout my complaint and offer me the opportunity to work with that person to resolve it
10. Keep me fully informed of progress at each stage of my complaint and give me timely responses
11. Give me reassurance that my complaint will be thoroughly and appropriately investigated
12. Please do not give me excuses
13. Please say sorry if mistakes have been made
14. Ensure I am given the findings and the outcome in a respectful and appropriate manner
15. Ask me if I am satisfied with the outcome and what I want to see happen next
16. Give me the opportunity to be involved in making positive changes
17. Make sure my complaint results in action to prevent the same thing happening again
18. Keep me informed of the progress of any actions taken following my complaint

020 84123 9111 www.patients-association.com Email: mailbox@patients-association.com

CONCERNS & COMPLAINTS POLICY AND PROCEDURE